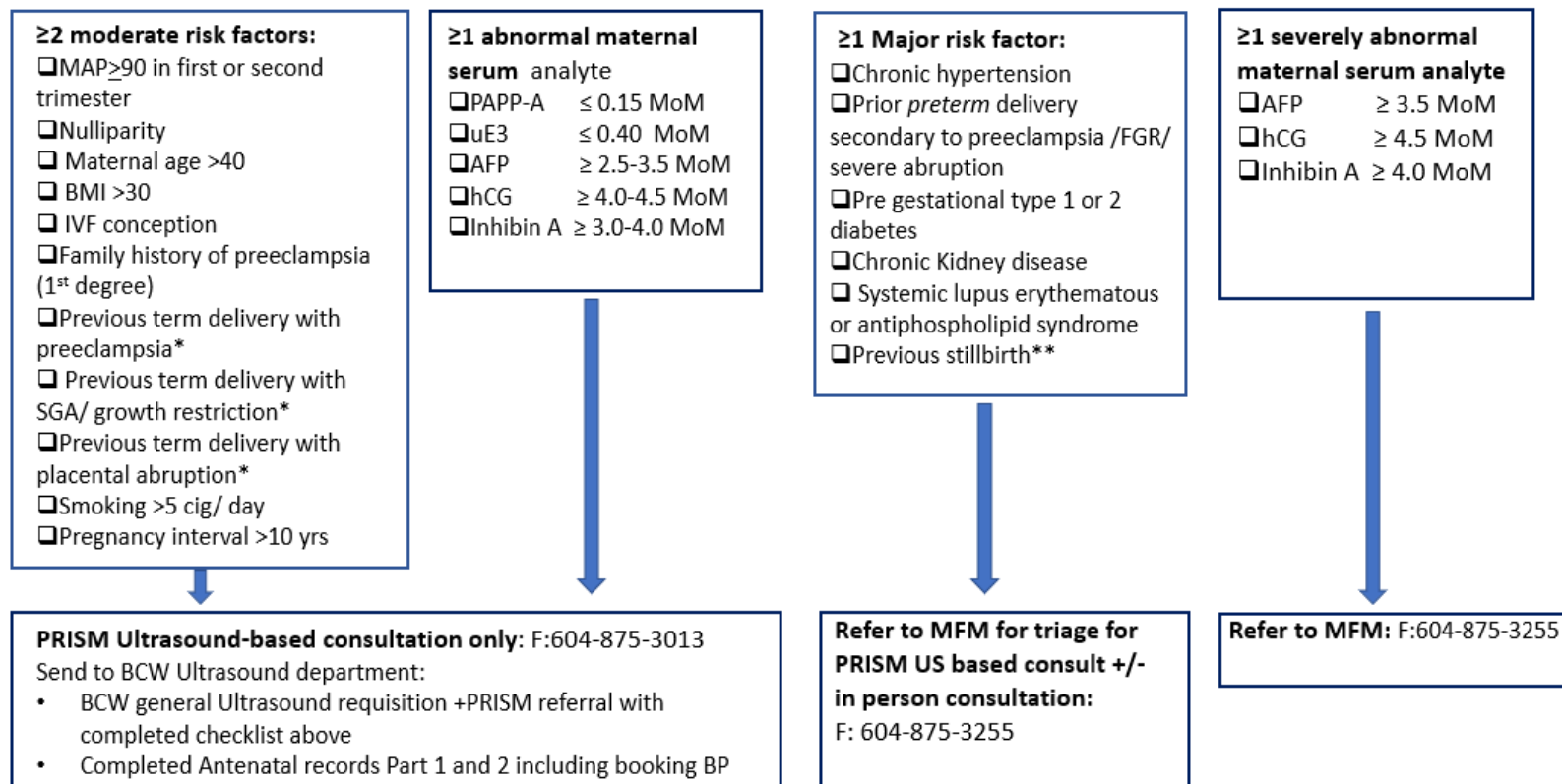


SURNAME		FIRST NAME	
PERMANENT ADDRESS			
POSTAL CODE	CELL PHONE	HOME PHONE	WORK PHONE
DATE OF BIRTH DD/Mth/YEAR		AGE	
PHN			

Placental Insufficiency Ultrasound risk assessment (PRISM) eligibility criteria:

- Singleton pregnancy at 19-23 weeks without previous detail ultrasound
- ASA for prevention of pre-eclampsia recommended as per MFM OBIM Provincial Guideline



*As isolated risk factors, fetal growth assessment is recommended at 32-34 weeks

** where cause of stillbirth is either suspected to be related to placental insufficiency or unexplained

Provincial Language Service Interpretation criteria:

- ☐ Patient will be asked to sign **Informed Consent** for treatment/procedure and patient is not fully fluent in English
- ☐ Patient has little or no English skills and has no family/friend to translate for them during clinical encounter

Provincial Language Service does not come without significant cost.

If your patient has basic English language skills and can manage her appointment that does not include consent, diagnosis or treatment, please do not request an interpreter.

All information and medical terminology is explained in simple English so the use of an interpreter is not necessary for most appointment types. Should we determine that there is in fact a need, we will access interpretation support via telephone which is an effective modality for interpreting health care as indicated in the most recent literature and current best practices.

Thank you for your cooperation and support.

Diagnostic & Ambulatory Programs BC
Women's Hospital & Health Centre

****Complete this section ONLY if you are requesting a placenta pathology review**:**

The following criteria must be met for consideration for review:

- ☐ Placental pathology report(s) available (conducted in BC) with
 - chronic histiocytic intervillitis, or
 - chronic intervillitis of unknown etiology
 - high grade chronic villitis, or
 - massive perivillous fibrin deposition, or
 - maternal vascular malperfusion and/or fetal vascular malperfusion in a pregnancy where delivery occurred preterm (prior to 37+0 weeks' gestation).

AND

- ☐ History of placentally-mediated obstetrical complication (e.g. fetal growth restriction, preeclampsia, abruption) with unclear implications for future pregnancy management

AND

- ☐ Patient is considering or planning future pregnancy

What to send us:

- ☐ Pregnancy and clinical history (antenatal records, delivery records, pre-pregnancy BMI, booking blood pressure, past medical history, medications outside of pregnancy, paternity history).
- ☐ Placenta pathology/ autopsy/ embryopathology report(s) for all available previous pregnancies.

Planning to attempt pregnancy within the next 6 months? Y/N, comments: _____

Has the patient agreed that their case may be reviewed at multidisciplinary (obstetric internal medicine, pathology, maternal fetal medicine, other subspecialists as needed) placental pathology rounds? ☐Yes ☐No

As the referring provider, you will receive confirmation with the date your patient has been booked for review in placental pathology rounds.

Please be advised that it may take 3-6 months for the case to be reviewed. If your patient is planning pregnancy within 6 months we will attempt to review as soon as possible.

The patient will be given an appointment for a **MFM virtual consultation dated after the placental rounds, if applicable**, to review the discussion and recommendations. **This MFM appointment may be cancelled if**, at the rounds, it is determined that an alternate provider is better positioned to review this with the patient.