

Family and Newborn (FAN) Clinic:

OUTPATIENT REFERRAL GUIDE for HCPs

Referrals may be initiated by: OB/Paediatrics/Family Practice/ER MDs/MGH Breastfeeding Clinic/RMs

Patients who are eligible to be referred to the Family and Newborn Clinic:

- 1) Gave birth at Michael Garron Hospital or receiving care from MATCH or The Midwives' Clinic
- 2) Less than 8 weeks postpartum at the time of their appointment.

Services provided in the FAN Clinic include	
BIRTHING PARENT	NEWBORN
<ul style="list-style-type: none"> • Routine care in the first 8 weeks postpartum for the birthing parent without a primary HCP. • Reassessment appts. for birthing parent who do not require an inpatient admission. • Post caesarean or vaginal tear wound assessment, monitoring, and treatment. • Breast abscess, blocked duct/mastitis follow up assessments. • Blood pressure monitoring for stable postpartum hypertensive patients. • Interim routine care when primary HCP is unavailable i.e. long weekend/min office hours. 	<ul style="list-style-type: none"> • Routine assessment for newborns without a primary HCP including: <ul style="list-style-type: none"> ○ Weight/growth monitoring and management ○ Newborn feeding support ○ Monitoring milestones ○ Bilirubin testing/management ○ Immunization ie. RSV ○ Other non-urgent matters • Interim routine care when primary HCP is unavailable i.e. long weekend/min office hours. • Providing routine vaccinations if unattached at 8-week postpartum appointment.

If patient meets the above criteria:

- The FAN Referral form(s) will be completed and signed by the referring MRP. Each patient needs their own form, ie birthing parent and newborn.
- The referring MRP is responsible for ensuring their patient meets eligibility criteria for the FAN Clinic.
- The referring MRP will email the completed form(s) to FANCLINIC@TEHN.CA.
 - For patients requiring **time-sensitive FAN clinic follow**: Hypercare the FAN midwife or call the Family and Newborn (FAN) Clinic at ext. 6690 (or ext. 7716 if before December 11) between the hours of 0830 to 1600 for possible same day/next day appointment. The message should include the patient's name(s), their MRN and the reason for the semi-urgent referral.
- If a FAN appointment is NOT available within the requested timeframe, the referring provider should consider Emergency Department, Child & Teen Clinic, or a community walk-in clinic.
- If no sticker is available for the "patient label" ensure that the MRN or HC and address/phone number and name are included.