



Maternal Fetal Center

As part of the Valley Children's Healthcare network, the Maternal Fetal Center provides a broad spectrum of care for pregnant women whose babies have known or suspected congenital anomalies. With the strongest diagnostic and treatment capabilities in Central California, our maternal-fetal medicine specialists can work with you to diagnose, co-manage and treat both the mom and her baby to minimize risk in complex pregnancies.

The Maternal Fetal Center combines the best of maternal-fetal, neonatal, pediatric and genetic medicine. Our nationally recognized, board-certified surgeons and physicians provide highly specialized medical and surgical services to treat conditions ranging from common to the most unusual and complex.

We share your concern to keep your patient close to home. If the need arises, we coordinate care for your patient's baby with pediatric specialists equipped to manage the most complex cases during pregnancy and after delivery.

Access Center

24/7 access for referring physicians
866-353-KIDS (5437)

Maternal-Fetal Transport

866-353-KIDS (5437)

Outpatient Referral

Referral forms online at valleychildrens.org/refer

Maternal Fetal Center Office Numbers

Main: 559-353-6700
Fax: 559-353-6710

Physician Liaison

559-353-7229

To help process your referral, please ensure you provide the following information when referring a patient to the Maternal Fetal Center:

1. Patient information with most current demographics
2. Insurance information with authorization if needed
3. Information needed to come with referral:
 - a. Prenatal records
 - b. Prenatal labs
 - c. Labs relevant to medical diagnosis
 - d. Ultrasounds
 - e. Consult reports from outside physician relevant to medical diagnosis
4. Reason for referral / medical diagnosis / any information pertinent for care of patient
5. Diagnostic ultrasound: Please mark appropriate ultrasound box on referral form (i.e. 1st trimester anatomy (12-14 weeks), 2nd or 3rd trimester anatomy (19+ weeks), fetal echocardiogram)
6. Diagnostic testing if discussed or wanted by patient, i.e. chorionic villus sampling (CVS) or amniocentesis
7. Consultation - How does the referring physician want the perinatologist to manage their patient? Please indicate one of the following:
 - a. Consult - One-time visit with recommendations on care of patient with a complete history and physical
 - b. Co-manage – Includes consult and follow-up visits as needed per diagnosis
 - c. Limited office visit – One-time visit with recommendations, no consult
 - d. Pre-pregnancy consult – Reviewed on a case-by-case basis by medical director of clinic
 - e. Genetics – For any medical condition that is relevant to genetic issue, family history of known genetic syndrome, birth defects, teratogen exposure, abnormal ultrasound findings
8. Referring physician's information and signature
9. Date of referral