

Referral for maternity services

Criteria for Consultant booking

Maternal considerations

Yes

Maternal age >40 years	
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BMI <18 or >35 (at first visit)	
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Chronic Medical condition i.e. Renal, Cardiac or Thyroid disease	
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Epilepsy - requiring anticonvulsants	
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Severe asthma	
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Haematological disorder	
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Thromboembolic disease	
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Diabetes – (Circle) Type 1 / Type 2 / previous gestational / family history (If Type 1 or type 2 please refer to Diabetes Specialist Midwife)	
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Previous Antepartum/Postpartum Haemorrhage	
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Sub fertility – IUI, IVF, ICSI, donated egg and gonadotrophin therapy	
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Hypertension/Eclampsia/PIH/HELLP	
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Rhesus isoimmunisation/Autoimmune	
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Severe postnatal depression / Puerperal psychosis	
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Other serious medical conditions	
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Fetal/neonatal considerations

Recurrent miscarriage (3 or more)	
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Previous Mid-trimester pregnancy loss/Stillbirth/Neonatal death	
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Preterm birth <36 weeks gestation	
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Small for gestational age (SGA)	
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Congenital abnormality	
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Delivery considerations

Previous complicated instrumental delivery	
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Previous 3 rd / 4 th Degree tear	
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Women declining blood products	
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*If any of the criteria in the left hand column are ticked once or more then Consultant booking is necessary. Also clear information **MUST** be written in 'comments' box overleaf or attached to referral, including knowledge of treatments and/or current medication. Thank You.*

Gravida	Parity		
LMP	D/D	M/M	YEAR
EDD	D/D	M/M	YEAR

Known Allergies	
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Criteria for obstetric opinion and plan Yes

NB. May be suitable for MLU following review

Infections: i.e. GBS, Hep B, HIV, TB, Toxoplasmosis	
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Previous Shoulder Dystocia	
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Previous baby >4.5 kg	
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Previous caesarean section or uterine surgery/Anomaly – e.g. myomectomy, cone biopsy, fibroids, ectopic	
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Physical Disability	
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Consider obstetric opinion for: Yes

Grand Multips 4 or more deliveries	
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Maternal Height <152 cms	
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Teenage pregnancy <16 years	
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Previous assisted delivery	
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Antenatal screening*circle as appropriate

Discussed	*Y	*N	Leaflet	*Y	*N
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Booking bloods	*Accepted	*Declined
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Early dating scan performed (attach information/pg 2)	*Yes	*No
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Private screening Details in 'comments' box	*Yes	*No
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Referral to specialist Yes

Diabetes	
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Smoking	
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Mental Health	
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Female circumcision	
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Substance misuse	
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Social issues Incl. domestic violence and child protection	
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Anaesthetic (Consultant)	
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Urgent / routine referral (circle as required)	
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* to be booked at Heartlands & Good Hope ONLY

Assessors signature & Designation :	Date : -- / -- / 20--
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