

# Are you newly pregnant? Please contact your midwife to arrange a booking appointment.

As soon as you have a positive pregnancy test you can refer yourself directly to a midwife for maternity care.

Please complete this form and forward immediately to the email address below. The community midwifery team will then arrange a booking appointment for you and notify your GP of your pregnancy.

**If you have an immediate family history of a genetic disorder of Cystic Fibrosis or Duchene muscular dystrophy PLEASE INFORM YOUR COMMUNITY MIDWIFE before 8 weeks of pregnancy.**

You will also need to arrange:

- Folic acid= 400 micrograms per day- Purchase from Pharmacy.  
IF THERE IS A FAMILY HISTORY OF SPINA BIFIDA, EPILESPY OR YOU BMI IS >30, you will require a higher dose ie Contact your GP
- Vitamin D= 10 micrograms per day throughout your pregnancy.
- You can buy a suitable multivitamin that contains both of these. If you have not already started this medication, it is very important that you start as soon as possible.

**Please ensure ALL details are accurate to ensure a smooth and timely referral to maternity services**

Preferred location of birth (please tick)	Home		Hospital Midwife Led Unit		Hospital Delivery Suite	
Which Hospital do you plan to deliver? – (Please tick)	Altnagelvin		SWAH		<b><u>If other?</u></b> Please submit form to relevant Trust.	

Title				
Forename in Full: (As per birth certificate)				
Surname: (As per birth certificate)				
Date of Birth				
Maiden Name/other: (if applicable):				
Address including postcode				
Health & Care Number (If known)				
Email address				
Home Number				
Mobile Number				
Can we contact you via text/ email message?	Yes		No	
Marital Status				
Partner's name				
Name of Baby's Father if different from above				
Partner's Address				
Religious affiliation				

Nationality			
Ethnic Group			
Do you require interpretation services?	Yes		No
If yes please specify Language			
Sign interpretation	Yes		No
What date was the first day of your last menstrual period?			
Is your current pregnancy the result of fertility treatment (e.g., IVF/ICSI or Frozen Embryo Transfer)?	Yes		No
How many previous pregnancies have you had?			
Have any of these deliveries resulted in a caesarean section?			

Please indicate if you have had any of the following associated with a previous pregnancy:	Gestational diabetes		
	Preterm birth (37 weeks gestation or earlier)		
	High blood pressure (during or following a previous pregnancy)		
	Caesarean section		
	3 <sup>rd</sup> or 4 <sup>th</sup> degree tear		
	Stillbirth		
	Neonatal death		
Have you ever been hospitalised for anything unrelated to childbirth?	Yes		No
Do you have any ongoing medical conditions (eg. diabetes, high blood pressure, heart disease, asthma, thyroid disease, inflammatory bowel disease, neurological conditions eg epilepsy)?	Yes		No
	If yes, please specify:		
Have you ever had any type of surgery?	Yes		No
If yes, please describe the surgery & date.			
Do you have a history of problems with anaesthesia?	Yes		No
Do you have objections to receiving blood transfusions or blood products?	Yes		No

Do you have, or have you had, any problems with your mental health?	Yes		No	
	If yes, please specify:			
Are you taking pregnancy supplements which include both folic acid and vitamin D?	Yes		No	
Please list any medications you have taken since your last period.				
Are you allergic to any medications?	Yes		No	
	If yes, please specify:			
Do you have any other allergies?	Yes		No	
	If yes, please specify:			
Is there anything in your life (past or present) that would make childbirth more difficult for you (e.g., trauma, fear of childbirth, sexual assault)?	Yes		No	
Do you smoke tobacco (including shisha, or cannabis)?	Yes		No	
Did you drink alcohol before your pregnancy?	Yes		No	
Do you drink alcohol now?	Yes		No	
Do you have a history of or are you currently using street drugs?	Yes		No	

**Email completed forms if possible to:**

**Altnagelvin - [shc.midwives@westerntrust.hscni.net](mailto:shc.midwives@westerntrust.hscni.net)**

**OR**

**SWAH – [Swah.midwives@westerntrust.hscni.net](mailto:Swah.midwives@westerntrust.hscni.net)**

**If unable to email post to:**

**For Altnaglevin Hospital –**

**Address: Midwifery Hub, Shantallow Health Centre, Racecourse Road,  
Derry/Londonderry, BT48 8NL**

**For SWAH –**

**Address: Community Midwives, Women's Health, South West Acute Hospital, Enniskillen  
BT74 6DN**

**When we receive your referral form, you should receive an appointment  
within 1 week and we aim to see you before 10 weeks of pregnancy.**

**If you have not received an appointment within 1 week, please contact the  
midwifery team, Monday to Friday 9.00am to 5.00pm on the telephone  
numbers below:**

**If booking for Altnagelvin ring: 02871 610800**

**If booking for SWAH ring: 02866382110 / 02866382770**

**Omagh Midwives : 02882833107**