

Maternity Self-Referral Booking Form

As soon as you have a positive pregnancy test you should refer yourself directly to a midwife for maternity care. It is not necessary to see your GP on this occasion.

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

If you have family history of Cystic Fibrosis or Duchene muscular dystrophy PLEASE INFORM THE MIDWIFERY TEAM before 8 weeks of pregnancy. See telephone numbers at bottom of form.

All women are advised to commence folic acid supplements 3 months prior to conception and to continue until 12 weeks of pregnancy.

- 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. Please contact your GP for a prescription
- 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 complete ALL sections

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		<u>If other?</u> Please submit form to relevant Trust.	

Name of GP:				
GP Address:				
Title				
Forename in Full: (As per birth certificate)				
Surname:				
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	
Do you have a Social Worker?	Yes		No	
Have you previously had a Social worker?	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 rd or 4 th 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 state 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 to:

Altnagelvin - shc.midwives@westerntrust.hscni.net

OR

SWAH – swah.midwives@westerntrust.hscni.net

If unable to email, post to:

For Altnagelvin 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**

An appointment will be sent to your home address inviting you to attend the Midwife for booking. This appointment normally takes place before 10 weeks of pregnancy.

If you have not received an appointment date, 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