

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 email address at end of form.

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 YOUR COMMUNITY MIDWIFE before 8 weeks of pregnancy.**

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, EPILEPSY OR YOUR BMI IS >30, you will require a higher dose ie Please contact your GP for a prescription.
- Vitamin D= 10 micrograms per day throughout your pregnancy.
- You can buy a suitable multivitamins 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 completed 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?	Altnagelvin		SWAH		Other? Please submit form to relevant Trust	

Name of GP			
GP Address			
Title			
Forename in Full			
Surname			
Date of Birth			
Maiden Name / Other (if applicable)			
Full Address including Postcode			
Health & Care Number (if known)			
Email Address			
Contact Numbers	Home	Mobile	
Next of Kin	Name	Contact Number	Relationship
Can we contact you via text / email	Yes	No	
Marital Status			
Partner's Name			
Partner's Contact number			
Partner's Address			
Name of Baby's Father if different from above			
Religious Affiliation			

Nationality		
Ethnic Group		
Do you require an interpreter?	Yes	No
If yes please specify language		
Sign Interpretation	Yes	No
Do you have a Social Worker	Yes	No
Have you previously has a Social Worker	Yes	No
What date was the first days 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 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

Please Email completed forms if possible 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
Community 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