The Dudley Group NHS
NHS Foundation Trust

Maternity Referral Letter and Antenatal Risk Assessment

Please Attach Patient Label (if available)	HOSPITAL BAR CODE

DATE SEEN BY MW/GP……..... WEEKS GESTATION…….
(if > 13weeks:date appt requested)……

LMP……. EDD…… REFERRAL: URGENT/ROUTINE

MIDWIFE…… G.P Name……

TEAM……. Surgery…….

PATIENT DETAILS: Mrs/Miss/Ms

FORENAME: …… DATE OF BIRTH……

SURNAME: …….. PREVIOUS SURNAME ……...

USUAL ADDRESS ……

……. POST CODE ……..

TEL NO ……. NHS NO ……..

PREVIOUS ADDRESS – IF KNOWN ……..

Has the patient previously been an In Patient? YES/NO

If YES – Unit No (or approximate year) ……..

Gravida …… Parity ……Number of live Births ☐

Miscarriage before 24 weeks ☐ (Number) Pregnancy loss after 24 weeks ☐ (Number) TOP ☐ (Number)

REFFERRAL AGREED FOR - (TICK AS REQUIRED):

HOME CONFINEMENT ☐ COMMUNITY CARE/LOW RISK ☐

CONSULTANT CARE/HIGH RISK ☐ JOINT DIABETIC CLINIC ☐

CHOICES FOR LABOUR AND BIRTH DISCUSSED ☐

Dating USS Booked: Yes/No Date: …… Form for 18-20wk scan: Yes/No

Maternal Antenatal Screening Discussed: Yes/No Arranged: Yes/No

Please fully complete Risk Assessment and Information (overleaf)

Maternity Referral Letter and Antenatal Risk assessment

Surname: **Forename:** **Unit No:**

Smoking at assessment

Has the woman smoked in the last 12 months? Yes/No Does/did the woman smoke at time of booking? Yes/No

Does anyone else in the household smoke? Yes/No Referral sent to Dudley Stop Smoking Service? Yes/No

SOCIAL ASSESSMENT

DA discussed? Yes/No Referral made to Specialist Midwife: Yes/No
Referral made (specify):

Safeguarding Concerns Discussed? Yes/No Referred made to Specialist Midwife: Yes/No
Referral made (specify):

One parent family? Yes/No

BMI ☐ Referral MAEYS accepted (BMI of ↑30 or 27.5 in Asian Origin): Yes/No

CONSULTANT BOOKING REQUIRED FOR ALL RISK WITH **

	Tick		Tick/No.
Pre-existing respiratory problems		Maternal age over 40 years	
Pre-existing spinal / or trauma pelvic abnormality (please clarify)		Maternal age 18 years or below **	
Pre-existing diabetes **		Booking weight BMI score less than 18 or greater than 40 **	
Pre-existing epilepsy **		Maternal alcohol dependence **	
Fertility treatment		Maternal drug dependence **	
Previous perineal reconstruction surgery / FGM / Previous 3rd/4th degree tear**		Smoker	
Previous GUM referral eg. Hepatitis, HIV/AIDS **		Recurrent miscarriage (3 or more consecutive) **	
Previous uterine surgery (please clarify)**		Previous known APH / Placenta praevia	
Pre-existing heart disease **		Previous history of pre-eclampsia/ eclampsia **	
Pre-existing hypertension on treatment **		**Number** of pre-term delivery <36 weeks **	
BP diastolic >90 mm Hg **		Previous placenta abruption	
Pre-existing renal disease/incontinence **		Previous difficult instrumental delivery	
Pre-existing liver disease/problem **		**Number** of LSCS (give details) **	
Pre-existing mental health problem **		**Number** of low birth weight, below 10th centile on customized growth chart **	
Pre-existing TB / exposure to TB **		Previous large baby >4.5kg	
Hypothyroidism		**Number** of Stillbirth **	
Hyperthyroidism **		**Number** of Neonatal death **	
Women who decline blood / blood products**		Sickle Cell Disease / Thalassaemia **	
Previous clotting disorder i.e. venous thrombo-embolic disease/thrombophilia /DVT/ PE/VTE score >3 **		Rhesus disease/ other isoimmunisation **	
		Previous Shoulder Dystocia	
Family history eg. Cystic Fibrosis, diabetes, genetic abnormality - please specify:		Allergies – (qualify)	
		Problems with Anaesthesia	

Risk indicated but booked for community care ☐

Give reason …….
Other relevant information
……
Initial Assessment made by …… Title ……
Please print name ……..Date……..

PLEASE RETURN THIS FORM VIA COMMUNITY MIDWIFE
OR POST TO: A.N.C, RUSSELLS HALL HOSPITAL, DUDLEY,DY1 2HQ
OR FAX TO: 01384 244529

Please do not use the Choose and Book system for Maternity referrals to Russells Hall Hospital – May 2011