

Maternity self-referral

I'm pregnant - what happens next?

If you're more than five weeks pregnant you can refer yourself directly to our maternity service using this form. Please provide as much information as possible, as this will help us to provide you with the most appropriate care.

Once your form has been processed, the information will only be shared with the people caring for you. You'll be contacted by our triage midwife to discuss your referral and let you know the next steps. We aim to do a full booking appointment in week 10 or 11 of your pregnancy. We'll also advise your GP that you're pregnant, as we're obliged to let them know we're caring for you as it may affect other health conditions they are helping you with.

We will send you a confirmation email to let you know we have received your form (please make sure you enter your email address correctly in the form below). Please allow up to 10 working days for us to process your booking. If you don't hear from us, please call our maternity admin team on 023 8120 8714.

If you have any queries or would prefer not to use this form, please contact our triage midwives on 023 8120 8513 or 07468 755695, Monday to Friday between 9am and 5pm.

For information on how we use your personal data and your rights, please read our leaflet here: www.uhs.nhs.uk/yourdata

Information submitted through this form is held and processed in accordance with our data protection policies. To read more about how we process the information on this form, please visit our privacy notice page www.uhs.nhs.uk/privacy

Please complete this form as fully as you can. Please make sure that you have filled in all the required information in section 1, and signed the box giving consent for your information to be shared.

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| Are you completing this form as a pregnant woman or as a health professional? | <input type="checkbox"/> Health professional <input checked="" type="checkbox"/> Pregnant woman |
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1. Pregnant woman's details

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| Full name | |
| Previous surname(s) | |
| Date of birth | |
| Home address | |
| Postcode | |
| Mobile telephone (this will be used to text you information) | |

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| Other telephone | |
| Email address | |
| NHS number - this is important for making sure we have the correct records. You can get your number from your GP surgery. | |
| Hospital number (if known) | |
| Your ethnic group | |
| Is English your first language? | |
| Do you need an interpreter present at your booking appointment? | |

2. GP's details

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|--------------------|---|
| Name of GP surgery | University Health Service |
| GP address | Building 48, University of Southampton Highfield, Southampton SO17 1BJ soccg.uhs@nhs.net |

3. Current pregnancy

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| What was the date of the first day of your last menstrual period (or as close as you know)? Please note: you must be more than five weeks pregnant to refer to the maternity service. | |
| What was the date of your first positive pregnancy test? | |
| If you are completing this form at more than 12 weeks pregnant, please tell us why. | |
| Have you been taking folic acid? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| We recommend that you take 400mcg a day of folic acid, or 5mg prescribed by your GP if you: have a family history of neural tube defects (spina bifida)/ have epilepsy/ have diabetes/ have coeliac disease/ have a body mass index (BMI) over 30. You can calculate your BMI online www.nhs.uk/livewell/loseweight/pages/bodymassindex.aspx | |
| Have you been taking vitamin D? (You should be taking 10 mcg a day of vitamin D) | |

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| Where would you like your antenatal care to be? | <input type="checkbox"/> Southampton <input type="checkbox"/> Hampshire (Winchester and Basingstoke) <input type="checkbox"/> Isle of Wight <input type="checkbox"/> Portsmouth <input type="checkbox"/> Other <input type="checkbox"/> Undecided |
| Where would you like to give birth to your baby? | <input type="checkbox"/> Southampton <input type="checkbox"/> Hampshire (Winchester and Basingstoke) <input type="checkbox"/> Isle of Wight <input type="checkbox"/> Portsmouth <input type="checkbox"/> Other <input type="checkbox"/> Undecided |

4. Previous pregnancies and births

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| How many times have you been pregnant before? | |
| Do you have any children? If yes, please enter their name(s) and birth date(s) and where they were born. | |
| Have you had any problems in a previous pregnancy? | |
| Anything else you would like to tell us about previous pregnancies and births. | |

5. History

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| Do you or the father of your baby have or carry sickle cell or thalassaemia? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know |
| Do you have any medical conditions, such as a heart or lung condition, epilepsy or diabetes? | |
| Are you taking any regular medication (including prescribed or bought over the counter)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| If yes - please provide details. For example medication name, dose and how often you take it. | |
| If you are taking any regular or prescribed medication please check with your GP that it is safe to take during your pregnancy. Some medication and doses may need to be altered whilst you are pregnant to be safe for you and your baby. Please do not stop taking any prescribed medication before checking with your GP first. | |

6. About you

Please answer these questions honestly so we can plan and tailor your care to you and your baby. If you don't feel comfortable giving information here, you can speak to a midwife instead.

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| What is your height? | |
| What is your weight? | |
| What is your BMI (if known)? | |
| It is important for us to know your body mass index (BMI). You can calculate your BMI online www.nhs.uk/livewell/loseweight/pages/bodymassindex.aspx | |
| Do you have any problems with: | <input type="checkbox"/> Your physical abilities and movement <input type="checkbox"/> Your hearing <input type="checkbox"/> Your eyesight <input type="checkbox"/> Learning |
| If yes to any of the above, please provide more details. | |
| Do you smoke? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, how many cigarettes do you smoke? Stopping smoking is one of the most important things you can do for your own health and the health of your baby. We can help and support you to do this and will discuss this with you at your booking appointment. | |
| Before pregnancy - did you drink alcohol? If so, how much on average per week? | |
| Since finding out you are pregnant - | |

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| do you drink alcohol, and if so how much on average per week? The best thing you can do for your baby is to not drink alcohol whilst pregnant. | |
| Anything else you'd like to tell us about smoking or alcohol: | |
| Who lives in your home with you? | |
| Have you ever been affected by domestic abuse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or your partner ever used recreational drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you or your partner ever misused alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have social services ever been involved with you or your children? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please give more details if needed. | |
| Do you have any historic, recent or ongoing mental health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, you can tell us more here. | |
| Anything else you would like us to know about you: | |
| By providing this information, I give my consent for it be shared with the people involved with my care. | Signature: |

Please email your completed form to: UHS.MaternityAdminEnquiries@nhs.net
Or post to: Maternity Administration, E-Level Outpatients Dept, Princess Anne Hospital,
Coxford Road, Southampton SO16 5YA