**Are you newly pregnant and wish to contact your midwife?**

***As soon as you have a positive pregnancy test you can refer yourself directly for maternity care in the Northern Health and Social Care Trust area:***

**Please complete this form and email or post to either:**

|  |  |
| --- | --- |
| **Antrim Area Hospital**, **OPD4**  Bush Road,  Antrim .  BT412RL  [Tel: 028 9442 4537](TEL:-94424537)  email: [OPD4.AAH@northerntrust.hscni.net](mailto:OPD4.AAH@northerntrust.hscni.net) | **Causeway Hospital**  Referrals Office.  4 Newbridge Road,  Coleraine.  BT521HS  [Tel:028 7032 7022](file:///C:\Users\Brigid.McKeown\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\HNR8JSX8\%0dTel:028%207032%207022)  email: [Appointments@northerntrust.hscni.net](mailto:Appointments@northerntrust.hscni.net) |

**Please be aware that Causeway Maternity has closed its Inpatient services (ie Antenatal/Postnatal ward and Delivery Suite) as a temporary measure during the COVID Pandemic.**

**During this time all women booking for Causeway will continue to have their antenatal care in Causeway and will travel to Antrim to have their baby.**

***You will also need to notify your GP of your pregnancy and***

* **Folic acid = 400micrograms per day.**
* **Vitamin D = 10 micrograms per day especially from September to April**

***IF YOU ARE A KNOWN EPILEPTIC OR THERE IS A FAMILY HISTORY OF SPINA BIFIDA OR YOUR BMI IS >30 YOU NEED TO MAKE AN APPOINTMENT TO SEE YOUR GP AS YOU WILL PROBABLY NEED THE HIGHER DOSE OF FOLIC ACID***

**If you are planning a pregnancy, you can buy multivitamins that are suitable for pregnancy (your local pharmacist can advise) and start at least 12 weeks before you get pregnant. When you are pregnant, if you have not already started this medication, it is very important to start as soon as possible and continue for at least the first 12 weeks of your pregnancy.**

**Please ensure ALL details are accurate**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | |  | | | | | **Forenames in full:** | | | | | | |
| **Surname** | |  | | | | | **Date of Birth:** | | | | | | |
| **Address and postcode** | |  | | | | | | | | | | | |
| **Health and care number** | |  | | | | | **Email** | |  | | | | |
| **Home No** | |  | | | | | **Mobile No** | |  | | | | |
| **Can we contact you via text/email message Yes No** | | | | | | | | | | | | | |
| **Marital status** |  | | | | | | **Nationality:** | | | | | | |
| **Ethnic group** |  | | | | | | **Interpreter required Yes/No** | | | | | | |
| **Language spoken** |  | | | | | | **First day of last menstrual period or best estimate** | | | | | | |
| **Your occupation** |  | | | | | | **Your partners occupation** | | |  | | | |
| **GP – Name/Address/Postcode** | | | | | | | | | | | | | |
| **Number of previous pregnancies** | | | |  | | | |  | | | | |
|  | | |  |  | | | |  | | |  |  |
| **Type of birth and number** | | | Normal | | Vacuum | | | Forceps | | | Caesarean section | Miscarriage | |
| **Previous blood transfusion at any stage before or after the birth** | | | | | | No  Yes | | | | | | | |
| **Illnesses/operations:** | | | | | | | | | | | | | |
| **Prescribed medications:**    ***IF YOU ARE ON PRESCRIBED MEDICATION PLEASE CONTACT YOUR GP AS SOON AS POSSIBLE*** | | | | | | | | | | | | | |
| **Allergies:** | | | | | | | | | | | | | |
| **Social Worker: Yes No**  **Name of Social Worker:**  **Base:**  **Contact number:** | | | | | | | | | | | | | |

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| **If you have any queries regarding this form or if you have not received an appointment by the 11th week of your pregnancy please contact:** |