

TO CONTACT A MIDWIFE?

Please complete this form when you are in your 8th week of pregnancy. We will arrange your first booking appointment. Please return the completed form via post or email to the address below. Before then please:

- 1. Please notify your GP of your pregnancy.
- 2. The following vitamins can be purchased as over the counter medication.
 - Folic acid = 400micrograms per day NB. IF THERE IS A FAMILY HISTORY OF EPILEPSY, DIABETES, SPINA BIFIDA OR YOUR BMI IS ABOVE 30 OR YOU ARE PERSCRIBED SPECIFIC MEDICATIONS THIS DOSE MAY NEED TO BE HIGHER, PLEASE CONTACT YOUR GP
 - Vitamin D = 10micrograms per day
 - Alternatively, you can buy a suitable pregnancy multivitamin that contains both of these. If you have not already started this medication, it is very important you start as soon as possible and continues for at least the first 12 weeks of your pregnancy.

Please ensure ALL details are accurate to ensure a smooth and timely referral to maternity services. Please note your antenatal appointments may be allocated by geographical area

and not where you intend to give birth.	-	-					
I would prefer to give birth at: Ulster Lagan Valley Birt	hing Centre						
Previous blood transfusion at any stage before or af	ter the birth	No	Yes				
Height: Weight:		BMI:					
Do you have any disability in accessing facilities, ple needs:	ease detail so w	e can ac	commod	ate yo	our		
Illnesses or operations:							
Prescribed medications: IF YOU ARE ON PRESC CONTACT YOUR GE							
Allergies:							
Before your booking appointment, if you experience any vaginal bleeding or abdominal pain please contact your Gp immediately. If bleeding is heavy or there is severe abdominal pain contact emergency services in the normal way.							



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Title:		Forenames in full:					
Age:		Surname :					
Date of Birth:	Previous surname :						
Address (including postcode)							
Health and care number			Email address:				
Home Tel Number:			Mobile Number:		_		
Can we contact you via text message		age		Yes _	No	<u> </u>	
Can we contact you via email message			Yes L	No	Ш		
Marital status:		Nationality:					
	Interpreter required first language:						
Ethnic group:	No \square	No Yes					
GP - Name/Address	s/Postcode	First day of	last menstr	rual perio	d or best es	stimate:	
Name of Baby	Type of birth Year of birth birth Type of birth (normal vaginal birth, caesarean section, Assisted birth)						
If you have not received an appointment by the 12th week of your pregnancy please phone							
(028) 90 561364	4 (028) 92 633534		(028)	(028) 44 616995			
	nity.Reception@setrust. LaganValley.Midwiv		idwives@se				
<u>hscni.net</u>		ust.hscni.net		scni.ı	<u>scni.net</u>		
Maternity outpatie Ulster Maternity He Upper Newtownard Dundonald. Co Down. BT16 1RH	ospital. ds Road.	Midwifery Birth Lagan Valley H 39 Hillsboroug Lisburn. Co. Antrim. BT28 1JP	lospital.	Dowr 2 Stru	ne Midwifery ne Hospital. uell Wells R npatrick. 6RL		
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