



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 via your midwife.

Please complete this form and email it to either OPD4.AAH@northerntrust.hscni.net (Antrim Hosp) or Appointments@northerntrust.hscni.net (Causeway Hosp). If you have any queries contact the local Community Midwife on 028 9331 5833.

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 <input type="checkbox"/> No <input type="checkbox"/>			
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			

Maternity Services SELF REFERRAL FORM for Pregnant Women

Number of previous pregnancies

Type of birth and number	Normal <input type="checkbox"/>	Vacuum <input type="checkbox"/>	Forceps <input type="checkbox"/>	Caesarean section <input type="checkbox"/>	Miscarriage <input type="checkbox"/>
--------------------------	------------------------------------	------------------------------------	-------------------------------------	---	---

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:

If you have any queries regarding this form or if you have not received an appointment by the 12th week of your pregnancy please contact:

<p>Antrim Area Hospital, OPD4 Bush Road, Antrim . BT412RL Tel: 028 9442 4537 email: OPD4.AAH@northerntrust.hscni.net</p>	<p>Causeway Hospital 4 Newbridge Road, Coleraine. BT521HS Tel:028 7032 7022 email: Appointments@northerntrust.hscni.net</p>
---	--