



Are you newly pregnant and wish to contact your midwife?

As soon as you have a positive pregnancy test you can now refer yourself directly for maternity care within the South Eastern HSC Trust

Please complete this form and upon receipt of it we will arrange the first booking appointment for you. Please notify your GP of your pregnancy.

You will also need to order a prescription from your GP for the following:

- **Folic acid** = 400micrograms per day **NB. YOU WILL NEED TO SEE YOUR GP IF THERE IS A FAMILY HISTORY OF SPINA BIFIDA OR YOUR BMI IS >30 AS THE DOSE WILL BE HIGHER**
- **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

I would like to book to have my antenatal care at:

Ulster Maternity Unit Midwife- led unit Lagan Valley Midwife- led Unit Downe

I would prefer to give birth at:

Ulster Maternity Unit Midwife- led unit Lagan Valley Midwife- led Unit Downe

Title:		Forenames in full:	
Surname:		Date of Birth:	
Previous Surname		Age:	
Address (including postcode)			
Health and care number		Email address:	
Home Number:		Mobile Number:	
Can we contact you via text message		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can we contact you via email message		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nationality:		Ethnic group:	
Language spoken:		Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>	



GP – Name/Address/Postcode				
First day/date of last menstrual period or best estimate:		Number of previous pregnancies		
Type of birth (more than one can be selected if applicable)	Normal	Vacuum	Forceps	Caesarean section
Years of Births/Miscarriages (more than one can be entered in each column)				

Height:		Weight:	
Do you smoke:	No <input type="checkbox"/> Yes <input type="checkbox"/>	Previous blood transfusion at any stage before or after the birth:	No <input type="checkbox"/> Yes <input type="checkbox"/>

Do you suffer from any of the following conditions:

	Yes	No		Yes	No		Yes	No
Mental Health			Diabetes			Epilepsy		
Hyperthyroidism			Hypothyroidism					

Have you any previous illnesses/operations:
Prescribed medications: IF YOU ARE ON PRESCRIBED MEDICATION PLEASE CONTACT YOUR GP ASAP
Allergies:

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

Ulster Maternity: (028) 90 561364
Lagan Valley Midwifery Led Unit: (028) 92 633534
Downe Midwifery Led Unit: (028) 44 616995

Please return via post or email your completed form to:

LaganValley.Midwives@setrust.hscni.net
Downe.Midwives@setrust.hscni.net
Maternity.Reception@setrust.hscni.net

Ulster Maternity Outpatients
Ulster Hospital
Upper Newtownards Road
Dundonald
BT16 1RH

Midwifery Led Unit
Lagan Valley Hospital
39 Hillsborough Road
Lisburn
BT28 1JP

Midwifery Led Unit
Downe Hospital
2 Struell Wells Road
Downpatrick
BT30 6RL