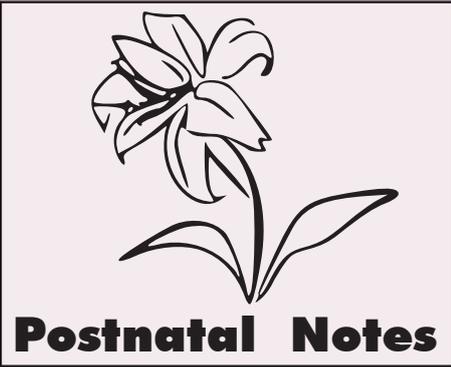


NHS no

Maternity Unit

**CONFIDENTIAL**

These notes should be kept safe by the mother during the postnatal period. If found, please return immediately to the owner, or her midwife or maternity unit.



Name

Address

Postcode

Date of birth

Unit No.

Consultant

**Communication**

Assistance required No  Yes  Details  Your preferred name

Do you speak English No  Yes  What is your first language

Preferred language  Interpreter

Baby's Name  D.O.B  Baby's birthweight

Baby's Name  D.O.B  Baby's birthweight

**Unit of booking**

**Place of birth**

**Maternity contacts**

Specialist midwife

Community midwife

9am - 5pm contact  24 hr contact

Neonatal nurse contact  Religious leader/Chaplain

**Primary care contacts**

Centre  Other(s)

GP

Postcode (GP)

Health Visitor/ Family Nurse Practitioner

**Next of kin**

Name  Relationship

Address

## Previous history



### Medical history

Details:- including sensory/physical disability

### Obstetric history

Para

Details (antenatal screening/diagnosis)

### Social assessment (Record any referrals on page 6 - management plan)

Needs help understanding Postnatal Notes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Faith/religion	<input type="text"/>
Do you have support from partner / family / friend	<input type="checkbox"/>	<input type="checkbox"/>	Occupation	<input type="text"/>
Any household member had/has social services support	<input type="checkbox"/>	<input type="checkbox"/>		
Have appropriate housing	<input type="checkbox"/>	<input type="checkbox"/>		
How many people live in your household?	<input type="text"/>			
<input type="text"/>				

These notes are a guide to your options in the postnatal period and are intended to help you make informed choices. This is to promote care which is safe and personalised to you. However, the explanations in these notes are a general guide only and not everything will be relevant to you. Please feel free to ask if you have any questions.

Some of the information in these notes will be recorded electronically, to help your health professionals provide the best possible care. The National Health Service (NHS) has very strict confidentiality and data security procedures in place to ensure that personal information is not given to unauthorised persons. The data is recorded and identified by NHS number, and your name and address is removed to safeguard confidentiality.

The NHS also wishes to collect some of this information about you and your baby, to help it:

- Increase our understanding of poor outcomes
- Strive toward the highest standards
- Make recommendations for improving maternity care
- Monitor health trends.

In some cases, details of the care are looked at by independent experts working for the NHS, as part of special investigations (e.g. confidential enquiries) by regional and/or national organisations, but only after the records have been completely anonymised.

While it is important to collect data to improve the standard and quality of care, you can opt out and have information about your care excluded. This will not in any way affect the standard of care you receive. For further details, please ask your midwife (page 1).

However, your information may be shared with other agencies where the midwife believes or suspects, that you are suffering or likely to suffer significant harm. In these cases, information will be shared without your consent.

Data collection and record keeping discussed

Date

Signed\*:  
Care provider

### Investigations/immunisations Including antibodies, hepatitis B, syphilis, HIV, sickle cell, thalassaemia, if **NOT** done antenatally.

Antenatal Serology Screening Yes  No

Postnatal follow-up required Yes  No

Signed\*

Test	Explained	Accepted by mother Yes No	Date taken/ Date given	Results/Actions/Comments	Signed *
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text" value="D D M M Y Y"/>		
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

Name

Unit No/  
NHS No

**Following admission.** To aid communication, the following should be informed of admission and appointments cancelled.

Action required	Yes	No	N/A	Signed *	Professionals informed	Yes	No	N/A	Signed *
Obstetric Consultant/Registrar on call informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Community Midwife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ultrasound performed to confirm diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		GP (General Practitioner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Named Consultant Obstetrician informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Spiritual support i.e. chaplain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bereavement support midwife informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Antenatal clinic/USS co-ordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Specialist team informed e.g. Haematologist, Diabetologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Medical secretaries co-ordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Partner/next of kin contacted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Health Visitor if indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Induction of labour procedure explained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Bounty pack organisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unit of booking informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Parentcraft co-ordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social worker/other multi-agency professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Pre delivery investigations.** Specific clinical assessments and laboratory investigations should be offered to assess maternal wellbeing, to try to determine the cause or the chance of recurrence and possible means of avoiding future pregnancy complications.

Test	Explained	Accepted Yes No	Date taken	Results/Actions/Comments	Signed *
Full blood count	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Kleihauer	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
C-reactive protein	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Group and save	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Coagulation screen	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Random blood glucose	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
HbA1c	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
TORCH screen	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Parvovirus	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Liver enzymes, bile acids	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Urea & electrolytes, uric acid	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Bacteriology: MSU	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
High vaginal swab	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Blood cultures	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Thyroid function	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Serology	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Thrombophilia/Lupus	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		
Anticardiolipin antibodies	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	DDMMYY		

**Documentation.** If you complete any of the following forms please document in the relevant boxes. This will facilitate communication between health professionals. These will be completed at varying times, not all the following will be required for all women.

	Completed Yes	N/A	Actions/Comments	Date	Signed *
TOP : form and consent	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	
Birth notification	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	
Non registerable form	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	
Stillbirth/death certificate	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	
Congenital anomaly form	<input type="checkbox"/>	<input type="checkbox"/>	Number:	DDMMYY	
Incident Form	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	
Post mortem : form and consent	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	
MBRRACE Perinatal and Infant Death Form	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	
Child death notification form	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	
	<input type="checkbox"/>	<input type="checkbox"/>		DDMMYY	

N/A = not applicable  
 MBRRACE = Mother and Babies: Reducing Risk through Audits and Confidential Enquiries  
 TOP = Termination of Pregnancy  
 \* Signatures must be listed on page 26 for identification

Name	
Unit No/ NHS No	

**Post-birth investigations:** specific clinical assessments and laboratory investigations of the baby should be offered to the parents, to try to determine the cause of the death. They should be advised that often no specific cause is found, but when one is it can influence the care of future pregnancies. Even when no cause is found, this can be helpful.

Test	Explained	Accepted		Date taken	Results/Actions/Comments	Signed *
		Yes	No			
Initial examination of baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
Swab from baby <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
Swab from baby <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
Placental swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
Karyotyping if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
Post mortem discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
● Leaflet given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
● Full post mortem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
● Limited post mortem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
● External examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
● Placental pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DDMMYY		

**Creating memories:** The death of a baby is unique; it is the loss of someone very important to the parents, who has changed their lives, but of whom there are few or no tangible memories and no memories that can be shared with other people. Most parents have a desire to remember their baby. Physical items connected to their baby may help. Health professionals can help by offering parents opportunities to create memories. Parents should be given the information to make choices and health professionals should be aware of possible variations in individual and cultural approaches to death. (Record any discussions on page 6 - management plan)

Offer	1st offer		Accepted		Date	Signed *	2nd offer		Accepted		Date	Signed *
	Yes	No	Yes	No			Yes	No	Yes	No		
Photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Hand and foot prints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lock of baby's hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
To bath/dress baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Keep first set of clothes baby wore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Memory boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Baby gift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Time alone with baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Taking baby home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Spiritual or pastoral support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Blessing/ naming ceremony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Visiting for family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bereavement support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Information about support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Funeral arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
● Hospital burial/cremation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
● Private burial/cremation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Name	<input type="text"/>
Unit No/	<input type="text"/>
NHS No	<input type="text"/>





































## Birth summary

Birth order	Date of Birth	Gestation	Mode of Delivery	Sex	Birth weight (g)	Centile	Outcome	Date of Death	Details / comments
1									
2									

## Postnatal management plan - to be completed at postnatal follow up

LMP	Discussed/Comments	Signed*
D D M M Y Y		
Test results		
Post mortem results		
Circumstances of death and cause if known		
Any abnormal tests - follow up		
Any referral required		
Future plans		
Pre-conception / lifestyle advice		

Comments

## Alcohol and drug use

Details

**Smoking**

Do you currently smoke Yes  No  No. per day

When did you give up D D M M Y Y

Have you tried to stop smoking in the last 12 months Yes  No  Do you want to be referred to a smoking cessation advisor Yes  Declined

Follow up required Yes  No  Who with  When D D M M Y Y

Date D D M M Y Y Time H H M M Signed

**Key to abbreviations:**  
LMP = Last Menstrual Period

\* Signatures must be listed on page 26 for identification

# SUMMARY of BIRTH

To be completed by midwife present at birth

Para

+

<b>Name</b> <input type="text"/> <b>Address</b> <input type="text"/> <input type="text"/>		Unit /Place of birth <input type="text"/>	
<b>Postcode</b> <input type="text"/>		GP/Health visitor <input type="text"/>	
<b>Date of birth</b> <input type="text"/>		EBL <input type="text"/>	
<b>Unit No.</b> <input type="text"/>		Perineum <input type="text"/>	
<b>NHS No.</b> <input type="text"/>		Perineum <input type="text"/>	

	Baby 1	Baby 2
Name	<input type="text"/>	<input type="text"/>
DOB	<input type="text"/>	<input type="text"/>
Time	<input type="text"/>	<input type="text"/>
Sex	<input type="text"/>	<input type="text"/>
Mode of delivery	<input type="text"/>	<input type="text"/>
Gestation	<input type="text"/>	<input type="text"/>
Birth weight	<input type="text"/>	<input type="text"/>
Birth weight centile	<input type="text"/>	<input type="text"/>
Unit no.	<input type="text"/>	<input type="text"/>
NHS no.	<input type="text"/>	<input type="text"/>
Outcome	<input type="text"/>	<input type="text"/>
Date of death	<input type="text"/>	<input type="text"/>
Duration of labour	<input type="text"/> h	<input type="text"/> m

<b>Summary</b> e.g.labour onset, prolonged rupture of membranes, 3rd stage management <input type="text"/> <input type="text"/> <input type="text"/>
<b>Explanation of death given and any comments</b> <input type="text"/> <input type="text"/> <input type="text"/>

<b>Date</b> <input type="text"/>	<b>Signature*</b> <input type="text"/>	<b>Title</b> <input type="text"/>
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# MATERNAL DISCHARGE SUMMARY from Midwifery Care

To be completed by midwife at discharge to Health Visitor/ GP.

<b>Perineum</b> <input type="text"/>	<b>Blood test results</b> Blood group <input type="text"/> Last Hb <input type="text"/>
<b>Contraception</b> Discussed <input type="checkbox"/> Leaflet given <input type="checkbox"/> Comments <input type="text"/>	<b>Investigations / immunisations</b> Date <input type="text"/> Anti D <input type="checkbox"/> BN <input type="text"/> Site <input type="text"/> Signed* <input type="text"/>
<b>Appointments</b> 6-8 week postnatal check arranged (GP) <input type="checkbox"/> Yes <input type="checkbox"/> No 6-12 week postnatal review arranged (Hospital) <input type="checkbox"/> Yes <input type="checkbox"/> No	MMR <input type="checkbox"/> BN <input type="text"/> Site <input type="text"/> Signed* <input type="text"/>
<b>Mental health and emotional wellbeing</b> Normal grieving process : feeling down, little interest in doing things, low mood, anxious, nervous or on edge <input type="checkbox"/> No <input type="checkbox"/> Yes Additional concerns : <input type="checkbox"/> <input type="checkbox"/> Referral required <input type="checkbox"/> <input type="checkbox"/> To <input type="text"/> Comments <input type="text"/>	<b>Comments (e.g. details of any postnatal problems)</b> <input type="text"/> <input type="text"/>

<b>Date</b> <input type="text"/>	<b>Signature*</b> <input type="text"/>	<b>Title</b> <input type="text"/>
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## Important symptoms

**Abnormal vaginal bleeding.** Varying amounts of blood loss during and after the birth affect women in different ways. If you begin to develop symptoms including palpitations (aware of your own heartbeat), dizziness, a rapid pulse, weakness, sweating and restlessness following or during a heavy blood loss, you should contact your midwife or GP **immediately**. You may need treatment/medication.

**Infection.** The midwife will check your temperature, pulse and breathing rates as required. Signs of infection to look out for are: fever and chills; sore throat or a cough with mucous or respiratory infection; lower abdominal pain and tenderness; offensive, foul-smelling vaginal discharge; a tender uterus; pain or frequently passing urine; high temperature 38° c or higher; rash on your body. If you develop any of these please seek **immediate** medical advice. You may need treatment with antibiotics. There are ways you can reduce the risk of infections. It is important to try and reduce the risks by; good personal hygiene, washing your hands properly before and after preparing food, using the toilet, changing your sanitary pads or sneezing/blowing your nose.

**Headache with neck stiffness, fever and visual disturbances.** Some women may suffer from tension headaches and/or migraines after the birth. These usually resolve with mild pain relief (e.g. paracetamol) and rest. If, however, you have a sudden onset severe headache with neck stiffness and a high temperature you should contact your midwife or GP **immediately**. If the severe headache occurs within 3 days of the birth and is accompanied with heartburn-type pain, blurred vision/spots before your eyes, nausea or vomiting, you should also contact your midwife or GP **immediately** as this may indicate a sudden rise in blood pressure, which may require treatment. If you had an epidural and then develop a headache which worsens when you are upright but is relieved when you lie down and is accompanied by nausea and vomiting and ringing in the ears, this could be symptomatic of epidural complications and you should speak to your midwife or GP **immediately** for advice.

**Backache.** This is common after childbirth and is likely to improve with mild pain relief and normal activity. If you experience pain radiating down one or both legs, this could be nerve pain (sciatica) and you should consult your GP.

**Persistent fatigue, faintness/tiredness, dizziness, pale complexion, heart palpitations.** These are all symptoms of anaemia, which is caused by too little haemoglobin (Hb) in the red blood cells. This can be treated with iron supplements and dietary advice. If you are concerned, discuss this with your midwife or GP.

## Additional care

**Care and support at home.** You will be offered support once you are home from the primary care team. This team consists of GP's, community midwives and health visitors. All women will receive postnatal care and support from a community midwife. Some women may want a health visitor to visit, especially if they have other children. They will be able to offer support for the whole family. One of the purposes of a home visit is to check your physical health, and offer help with physical symptoms such as vaginal bleeding, stitches and pain. If you don't want a visit at home, you can arrange to see your midwife at another location such as your GP surgery. The midwife will be able to offer emotional support to you and your partner. Please feel free to discuss any questions you have. The Trust where you delivered your baby may have a bereavement support midwife who can provide additional support for you.

**Appointments.** You will be offered an appointment to come back to speak to the consultant/bereavement specialist midwife caring for you. It's an opportunity for you to ask any questions you have. The results of any blood tests, or investigations that were carried out should be available for you to discuss, this will include post-mortem results, if it was done. Depending on these results, you may be referred to a specialist e.g. genetic team to discuss any specific results with you. It may be a good idea to write down any questions or worries you may have, and take this to the appointment. A written summary of this appointment will be sent to you, and a copy will be sent to your GP (family doctor). It is advisable that you see your GP for a postnatal check-up around six weeks after the death of your baby.

**Another pregnancy.** The timing of another pregnancy is a very individual decision that will be different for each family. Many parents are very frightened and worried about another baby dying. It's not unusual for some parents to feel under pressure to have another baby as soon as possible, sometimes to relieve the anxiety of their family and friends who love them and want them to be happy. Some parents feel the need to find out as much as possible as to why their baby died before even considering trying to get pregnant again, to try to prevent losing another baby in a future pregnancy. There may be no reason or cause for your baby's death, and this may be very stressful for you to plan another pregnancy.

Staff caring for you will offer time to discuss your feelings. This can be offered to you either together as a couple or on your own. It's important to look after yourselves both physically and emotionally. A future pregnancy will be stressful but staff caring for you will realise this and will offer additional antenatal support. You should be offered a link with a named person that you can contact as soon as you find out that you are pregnant.

# Checklist for transfer of care to community midwife

To be completed by midwife prior to mother leaving hospital after the birth

Professionals informed : Specialist Midwife  Community Midwife  Health Visitor  GP  Other

	Yes	No		Yes	No	Not required
Discharge address checked	<input type="checkbox"/>	<input type="checkbox"/>	Prescription given if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact numbers given	<input type="checkbox"/>	<input type="checkbox"/>	Urinary/faecal incontinence referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of postnatal visits explained	<input type="checkbox"/>	<input type="checkbox"/>	Anti D given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal exam appointment explained	<input type="checkbox"/>	<input type="checkbox"/>	MMR vaccine given	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-patient appointment	<input type="checkbox"/>	<input type="checkbox"/>	Registration discussed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serology results checked	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handover of care tool (as per Trust guideline)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relevant details

Date       Time  Signed

## Appointments

Date	Day of week	Time	Where	With	Reason
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

## Signatures

Anyone writing in these notes should record their name and signature here

Abbreviations: BSM/SBM = Bereavement Specialist Midwife/Specialist Bereavement Midwife; CMW = Community Midwife; MW = Midwife; StM = Student Midwife; HCA = Health Care Assistant; GP = General Practitioner; Con = Consultant; ST = Specialist Trainee; FY = Foundation Year Doctor; MSW = Maternity Support Worker

Name (print clearly)	Post	Signature*

Name (print clearly)	Post	Signature*

## Support groups/additional information

Alcohol Concern	0203 815 8920
Antenatal results and choices	0207 713 7486
Bladder and Bowel Foundation Helpline	01926 357 220
Bliss Charity	0808 810 0322
Childline	0800 11 11
Child Bereavement UK www.childbereavement.org.uk	0800 0288 840
Citizens Advice Bureau (CAB)	0345 404 0506
Frank About Drugs	0300 123 6600
Maternity Action Advice Line	0808 802 0029

The Miscarriage Association	01924 200 799
MIND-for better mental health	0300 123 3393
National Domestic Violence Helpline	0808 2000 247
NHS Choices	www.nhs.uk
<b>NHS Direct</b>	<b>111</b>
Stillbirth and Neonatal Death Charity (SANDS) www.sands.org.uk	0808 164 3332
The Money Advice Service	0300 500 5000
Tommy's Charity	0207 398 3400
Working Families (rights and benefits)	0300 012 0312