Appendix 13. 7

ADDRESSOGRAPH

ALL WALES IN- UTERO TRANSFER COMMUNICATION FORM

Gravida Para EDD

Current Gestation.....Single or Multiple pregnancy .....

Anomalies ?
Yes..... No..... Details
.....

USS: Most recent estimated fetal weight
.....

Blood Group ..... Rh .....Antibodies .....

Medication .....

Reason for transfer (Select)

1. Preterm labour (neonatal gestational thresholds) □	**2. Neonatal indication (requiring specialist neonatal/paediatric care) □**
3. Maternal indication (requiring specialist care) □	**4. Maternity bed/ neonatal cot capacity/ staffing □**
Obstetric history.....	Medical history.....

Has mother received health care treatments (inc IVF), in other countries outside Wales during last year?
Y/N

If yes, details of treatment .....Country .....

Had any infections/positive screening results during pregnancy? Y/N

If yes, please specify .....

Safeguarding issues Y/N Details.....

PRE TERM BIRTH PREDICTION

SROM Y/N Date ..... Time	Pre-Term Labour Test: Pos/ Neg fetal fibronectin/Actim partus
QUIPP app risk score:	Transvaginal scan cervical length:
Speculum Examination: Date .....Time ..... Findings	

GBS Status: POSITIVE□ NEGATIVE□ UNKNOWN□
OUTSTANDING□

ANTENATAL OPTIMISATION BUNDLE CHECKLIST:

S: Steroids	1st dose ☐	Date given.....	Time .....
	2nd dose ☐	Date given.....	Time .....
T: Transfer needed	☐	Date of IUT	Time .....
A: Antibiotics GBS	☐	Date given.....	Time .....
M: Mg	Loading ☐	Date given.....	Time .....
	Infusion ☐	Date started.....	Time .....
P: Parent discussion	☐	Date seen.....	Time .....
E: Evaluate for tocolysis	☐	Date given.....	Time .....
D: Delivery plan made	☐	Monitoring, mode of birth, resuscitation plan	

** MAGNESIUM infusion should be discontinued for transfer

Referring hospital	Transfer to
Consultant Obstetrician	Consultant Obstetrician
Obstetric Registrar:	Obstetric registrar informed
	Labour Ward Coordinator informed
	Neonatal Unit informed
	NB: All must be informed prior to transfer

Person completing form:

Name: Designation: Signature:

GMC / NMC: Date: Time: