

Call Number IU.....

EBS reviewed by on



EBS In-utero Referral

Date and time of referral:		Details taken by:	Callers name and position:
Referring Hospital:		Contact Number:	Referring Obstetric Consultant:
Mother's name:	Date of birth:	NHS No:	
Post Code:	GP Post code:	Location of mum: Delivery Unit / Triage / Ward	
Parity: G.....P..... <i>Gravida = number of pregnancies</i> <i>Parity = number of live births</i>	Gestation:weeks.....days <i>(EoE level 3 units to be contacted for every referral of < 27/40))</i>	Singleton / Twin / Triplet / Other	
Past obstetric history:	Current pregnancy complications:	Estimated baby weight <i>(If scan in last 7 days)g</i>	
		Last US scan date/...../..... Estimated due date...../...../.....	
		Cervical Length measured? <i>(By ultrasound assessment):</i> Yes / No Result:.....mm	
Membrane rupture? Yes / No Date Time	Cervical dilatation? Yes / No Result:cm	<u>Reason for transfer request at this time?</u> Gestation <input type="checkbox"/> Capacity <input type="checkbox"/> Other <input type="checkbox"/> (Please give details below) Specialist / Fetal medicine input required? Yes / No (Please give details below) <i>Any queries please discuss with PaNDR Consultant on call</i>	
Any predictive tests for preterm birth? <i>(Please circle)</i> Fibronectin / Partosure / Actim Partus/ Amnioquick	Contractions? Yes / No		
Result: Positive / Negative (FibronectinNg/ml)			
Steroids given? Yes / No 1 st dose Datetime 2 nd dose Date..... time	Magnesium Sulphate started? Yes / No Time started		

Local Paediatrician/Neonatologist aware of transfer request? Yes / No < 27 wks: has a Neonatal Dr (Consultant /Registrar) discussed transfer with parents? Yes / No <i>(< 24 wks: discussion Ideally by a consultant, if no discussion please request this is done) *</i> Outcome of discussion: <i>*This can be done in parallel and should NOT stop the referral process</i> - Has Mum agreed to the transfer: Yes / No - Distance Mum happy to transfer: (Please circle below) Region / Region and London / as far as necessary <i>(If circled region and no cot in region EBS will call back to confirm mother is willing to travel out of region)</i> - Are you aware if a bed is found in the specified distance and Mum decides not to go, we will not be able to accommodate further bed location. Yes / No	Ref Consultant Obstetrician aware of transfer request? Yes / No < 27 wks: has an Obstetric Dr (Consultant /Registrar) discussed transfer with parents? Yes / No <i>(< 24 wks: discussion Ideally by a consultant, if no discussion please request this is done) *</i> Outcome of discussion: <i>*This can be done in parallel and should NOT stop the referral process</i> Other relevant Issues / social concerns:
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PLEASE DO NOT FILE UNTIL 7 DAYS UPDATE HAS BEEN COMPLETED

DATABASE ☐ **POST CODE DATABASE** ☐

DATE: **INITIALS:**

MUM SENT OUT OF REGION? YES / NO

Mileage:

Time taken to locate:

EBS IUT UPDATED 09/07/2024

