

EBS In-utero Referral

Date and time of referral:	Details	s taken by:	Callers name and position:
Referring Hospital: Conta		t 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: GP. Gravida = number of pregnancies Parity = number of live births	Gestation: weeksdays (EoE level 3 units to be contacted for every referral of < 27/40))		Singleton / Twin / Triplet / Other
Past obstetric history:	Current pregnancy complications: Cervical dilatation? Yes / No		Estimated baby weight (If scan in last 7 days)g Last US scan date// Estimated due date// Cervical Length measured? (By ultrasound assessment):
Membrane rupture? Yes / No Date Time			Yes / No Result:mm Reason for transfer request at this time? Gestation □
Any predictive tests for preterm birth? (Please circle) Fibronectin / Partosure / Actim Partus/ Amnioquick		Contractions? Yes / No	Capacity Other (Please give details below)
Result: Positive / Negative (Fibro Steroids given? Yes / No 1 st dose Date	nectinNg/ml) Magnesium Sulphate Yes / No Time started		Any queries please discuss with PaNDR Consultant on call
Local Paediatrician/Neonatologist aware of transfer request? Yes / No < 27 wks: has a Neonatal Dr (Consultant /Registrar) discussed transfer with parents? Yes / No (< 24 wks: discussion Ideally by a consultant, if no discussion please request this is done) * Outcome of discussion:		Ref Consultant Obstetrician aware of transfer request? Yes / No < 27 wks: has an Obstetric Dr (Consultant /Registrar)	
*This can be done in parallel and should NOT stop the referral process Mum aware of transfer: Yes / No Distance agreed: (Please circle) Region / Region and London / as far as necessary (If region and no cot in region EBS will call back to confirm mother is willing to travel out of region)		*This can be done in parallel and should NOT stop the referral process Other relevant Issues / social concerns:	