

**Antenatal Referral Protocol****Key Messages for Antenatal Care referrals****Please provide all of the following information that you have available to you**

Parity

LMP including any abnormal menstrual history

Details of previous pregnancies including where possible:

- Mode of birth
- **Where there has been a previous caesarean section please include this fact.**
- Outcome (Live or stillbirth)
- Birth weight of babies
- Previous miscarriages
- Has this pregnancy been conceived using assisted technology e.g. IVF etc

Flu and Pertussis vaccine has been recommended for all pregnant women, please indicate:

- Whether these have been discussed
- Date of administration if given

Please confirm that folic acid has been commenced and dose

Please indicate whether the patient has been commenced on Vitamin D 10mcg daily

**Women with significant long term medical conditions/those on long term medication should be referred as URGENT referrals for antenatal booking and highlighted**