

Maternal addressograph

Patient information:

Name:	DOB:	NHS no:	Pro-nouns:
--------------	-------------	----------------	-------------------

Communication:

Referring consultant	
Accepting consultant	
Name and title of person completing form	

Timing:

Date & time of decision to accept transfer	
Date & time of arrival at Level 3	
Receiving department (e.g. MAU/Delivery Suite)	
Ambulance reference number	

Situation:

<input type="checkbox"/> Threatened preterm labour	<input type="checkbox"/> Rescue cerclage
<input type="checkbox"/> Established preterm labour	<input type="checkbox"/> Service capacity (for IUT >27/40)
<input type="checkbox"/> PPROM	<input type="checkbox"/> Maternal concerns (detail below)
<input type="checkbox"/> Fetal concerns (detail below)	<input type="checkbox"/> Other (detail below)
<input type="checkbox"/> Details:	

Background:

Gestation:	Blood group:
Parity:	Antibodies:
EDD:	GBS status:
Singleton or Multiple:	Allergies:
Current obstetric history:	Medical/surgical history:
Previous obstetric history:	Current medications:
Mental health/ communication barriers / safeguarding issues:	Interpreter required? (Y/N) If yes, which language? Any hospital admission indicating CPE/ MRSA swabs? (Y/N)

Assessment:

	MOEWS score	Uterine activity	PV loss / liquor colour	FH auscultated and present	Clinical signs of infection (Y/N)
Before departure					
On arrival					

**Health Innovation Oxford & Thames Valley
 Regional Preterm IUT record (Level 3 unit)
 Version 1 updated November 2024**

Indwelling devices						
Date & time inserted	Type of device		Comments (e.g. gauge, site, VIP score)			
	<input type="checkbox"/> Urinary catheter					
	<input type="checkbox"/> IV cannula					
Blood results						
Were these bloods taken <u>BEFORE</u> the administration of AN steroids?			Yes	No		
Date & time	Hb	WCC	CRP	Platelets		
PV assessment						
Date & time	Dilation	Effacement	Membranes	SR0M date, time & colour		
Point of care assessment						
Date & time	Amnisure / Actim-Prom	Partosure / Actim-Partus	Cervical length (USS)	QUIPP app score		
Fetal assessment:						
Date of USS	Baby order (if multiples)	EFW	Presentation	Placental site	Dopplers	Liquor volume
Medication:						
	Date & time	Drug name	Route	Dose		
1 st steroid						
2 nd steroid						
MgSO ₄						
Antibiotics						
Tocolytics						
Analgesia						
Transfer checklist:						
Communication	<input type="checkbox"/> Receiving area/ward contacted and informed of IUT <input type="checkbox"/> Delivery Suite co-ordinator aware <input type="checkbox"/> Neonatal sister aware <input type="checkbox"/> Preterm Team aware					
Paperwork requested	<input type="checkbox"/> Booking history <input type="checkbox"/> Handheld AN record (if applicable) <input type="checkbox"/> Blood results (Booking & recent) <input type="checkbox"/> USS reports and CTGs (if applicable) <input type="checkbox"/> Drug chart <input type="checkbox"/> Safeguarding / support plan (if applicable)					
Handed over by:			Handed over to:			