Self-referrals for maternity care are accepted from anyone registered with the following GP practices – please place a cross by your GP practice so we know where to schedule your first appointment.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Arbury Road Surgery |  | Mill Road Surgery |
|  | Ashwell Surgery |  | Milton Surgery |
|  | Bottisham Medical Practice |  | Newnham Walk Surgery |
|  | Bourn Surgery |  | Nuffield Road Medical Centre |
|  | Bridge Street Medical Centre |  | Oakfield Surgery, Newmarket |
|  | Burwell Surgery |  | Orchard House Surgery, Newmarket |
|  | Cambridge Access Surgery |  | Orchard Surgery, Melbourn |
|  | Cathedral Medical Centre |  | Over Surgery |
|  | Cherry Hinton Branch Surgery, High St |  | Petersfield Medical Practice |
|  | Cherry Hinton Medical Centre, Fisher’s Lane |  | Priors Field Surgery |
|  | Comberton Surgery |  | Queen Edith Medical Practice |
|  | Cornford House Surgery |  | Red House Surgery |
|  | Cottenham Surgery |  | Rookery Medical Centre, Newmarket |
|  | East Barnwell Health Centre |  | Roysia Surgery, Royston |
|  | Firs House Surgery |  | St Mary’s Surgery, Ely |
|  | Fulbourn Health Centre |  | St. George's Medical Centre |
|  | Gamlingay, Greensands Medical Practice |  | Staploe Medical Centre |
|  | Granta Medical Practice (if you pay council tax to Cambridgeshire, usually Linton, Sawston and Shelford) |  | Swavesey Surgery |
|  | Haddenham Surgery |  | Trumpington St Medical Practice |
|  | Harston Surgery |  | Waterbeach Surgery |
|  | Huntingdon Road Surgery |  | Willingham Medical Practice |
|  | Lensfield Medical Practice |  | Woodlands Surgery |
|  | Maple Surgery, Bar Hill |  | York Street Medical Practice |

Self-referrals are processed Monday to Friday. You will usually be notified within three working days of your first appointment via the MyChart hospital app or a letter to your home address. Based on the date of your last menstrual period (or assisted conception dates) your first appointment usually takes place when you are 6-8 weeks pregnant – this is called your “booking” appointment.

You will also receive a dating scan appointment which is performed when you are 11-14 weeks pregnant. If you wish to have screening for certain health conditions that may affect your baby it is important it is in this time frame. You can use the due date calculator to help you work out how many weeks pregnant you are: [Pregnancy due date calculator - NHS (www.nhs.uk)](https://www.nhs.uk/pregnancy/finding-out/due-date-calculator/).

**Important information to read:** Before your first appointment please read the following information about your antenatal screening options: [Antenatal screening - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/sct-screening-handbook-for-antenatal-laboratories/antenatal-screening) (alternative formats and languages are available on the website). Please also read the following information about folic acid and Vitamin D supplements which are recommended in early pregnancy: [Vitamins, minerals and supplements in pregnancy - NHS (www.nhs.uk)](https://www.nhs.uk/pregnancy/keeping-well/vitamins-supplements-and-nutrition/), and this information on foods to avoid: [Foods to avoid in pregnancy - NHS (www.nhs.uk)](https://www.nhs.uk/pregnancy/keeping-well/foods-to-avoid/)

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:**  Include any previous surnames | d | | |
| **Forename(s):** |  | | |
| **Date of birth:** |  | | |
| **NHS number:** |  | | |
| **Addenbrookes/Rosie hospital number (if known):** |  | | |
| **Your current address:** | **Postcode:**  **Date from which you lived at this address:** | | |
| **Telephone number:** | **Can we leave a voicemail?**  Yes  No | | |
| **Email address:** |  | | |
| **Please mark with a cross if you give consent for us to activate a MyChart account for you.** For this we just require your email address (further information below). MyChart will be our primary method of contact. If you do not wish to use MyChart please select your preferred method of contact: **Text / Email / Telephone** | | | |
| **Please include your ethnicity** (check box) | | | |
| **ASIAN OR ASIAN BRITISH:**  Indian  Pakistani  Bangladeshi  Any other Asian background | | | **MIXED:**  White and Black Caribbean  White and Black African  White and Asian  Any other mixed background |
| **BLACK OR BLACK BRITISH:**  Caribbean  African  Any other Black background | | | **WHITE:**  British  Irish  Any other white background |
| **OTHER ETHNIC GROUPS:**  Chinese  Any other ethnic group | | | **Do not wish to say** |
| **Next of kin**  **Name & relationship:**  **Telephone number:**  **Address if different from above:** | |  | |
| **Q1. Do you need an interpreter or British Sign Language (BSL) for your appointment?**  Yes  NoIf ‘Yes’, state preferred language: | | | |
| **Q2. Do you have any needs related to mobility, sight, hearing or anything else that we should be aware of?**  Yes  No If ‘Yes’, state requirements: | | | |
| **Q3. What was the date of the first day of your last menstrual period?**  **OR when is your estimated due date based on assisted conception?** | | | |
| **Q4. Do you smoke tobacco?**  Yes  No  We provide an in-house specialist opt-out smoking referral service for pregnant women which you will be referred to. | | | |
| **Q5. Do you have diabetes?**  Yes  No If yes, indicate which type: | | | |
| **Q6. Do you have a history of 3 or more consecutive miscarriages (i.e. 3 or more in a row), ectopic pregnancy or hydatidiform molar pregnancy?**  If yes, please call clinic 24 (01223 217636) to arrange a 7 week scan. | | | |
| **Q7. Do you have any of the following risk factors which would indicate a referral to our specialist preterm pregnancy clinic?** (Check all relevant boxes and include date where requested)  You have needed any treatment in a previous pregnancy to prevent preterm birth  You have been told you need to be under a preterm birth clinic for cervical scans  Cervical trachelectomy (for cervical cancer)  Significant cervical excisional event, i.e. LLETZ where >15mm depth removed, or >1 LLETZ procedure carried out. **Date of procedure(s):­­­**  Previous cervical cone biopsy. **Date of procedure(s):­­­**  Uterine anomaly e.g. bicornuate or unicornuate uterus, uterus didelphys, uterine septum  Intrauterine adhesions (Asherman’s syndrome)  Incidental finding of short cervix ≤25mm on ultrasound scan before 26 weeks.  Two or more surgical terminations of pregnancies over 12 weeks’ gestation  Previous 2nd trimester loss (16 to 24 weeks gestation)  Previous spontaneous premature labour and birth (before 34 weeks)  Previous preterm prelabour rupture of membranes  Previous birth by caesarean at full dilatation (at 10cms / “fully dilated”) | | | |
| **Q8 Have you previously had a pregnancy or baby affected by any of the following?**  **Down’s syndrome**  Yes  No  **Edwards’ syndrome**  Yes  No  **Patau’s syndrome**  Yes  No  Early referral to Fetal medicine is essential.  If yes, please call Fetal medicine as soon as possible on 01223 216185 (Mon-Fri 8am to 5.30pm) as you may be eligible for non-invasive prenatal testing. | | | |
| **Q9. Have you already received any antenatal care from another hospital in this pregnancy?**  Yes  No If ‘Yes’, please provide the following information:  Hospital name:  How many weeks pregnant are you?:  Estimated due date:  Reason for transfer: | | | |
| **Q10. Are there any dates when you would not be able to attend your booking appointment or dating scan (e.g. you are out of the country)?**  Please note we have limited appointments so please provide as much availability as possible. You are legally entitled to paid leave from work for your antenatal appointments. Further information available here: <https://www.gov.uk/working-when-pregnant-your-rights> | | | |

## MyChart and My Pregnancy Journey Care Companion

MyChart is the electronic patient portal at Cambridge University Hospitals NHS Foundation Trust that allows patients to securely access parts of their health record held within the hospitals’ Epic electronic patient record system. This includes appointment information, test results and communications from your midwife or obstetrician. **My Pregnancy Journey** is a feature within MyChart which takes you on your pregnancy journey and includes updates, essential information, and the option to message your midwife team directly. Further information available here: [MyChart | CUH](https://www.cuh.nhs.uk/visiting-our-hospitals/your-appointment/mychart/)

If you do not receive an email inviting you to join MyChart (please check your junk email) within 3 working days of submitting this form please call 01223 348981 and leave a voicemail with your name, date of birth and contact number.

**Disclaimer**

We share information with other professionals responsible for your care and will inform your GP that you have booked your maternity care with us. For further information about information sharing please refer to [Your data and privacy | CUH](https://www.cuh.nhs.uk/patient-privacy/) and [Consent to share information and your information sharing preferences | CUH](https://www.cuh.nhs.uk/patient-information/consent-to-share-information-and-your-information-sharing-preferences/)

**Typed name as signature:**

**Date:**

**Please complete all pages of this form and email to:** [**cuh.cmwnewbooking@nhs.net**](mailto:cuh.cmwnewbooking@nhs.net)

Please note it is your responsibility to check that you have correctly entered the email address when sending your self-referral form before you send your personal information. You will receive an automated confirmation email to confirm that your form has been received.