

How does it work?

A referral can be made with your permission by anyone who thinks you will benefit from this programme.

A Multi disciplinary team (MDT) can support you to ensure you have the resources to safely look after your newborn baby.

Consent

To participate, your consent is required. This will be discussed with you when you complete the referral form on the other side of this pamphlet.

Who can support you

An MDT of health and community organisations may be involved in creating a plan for you.

- West Coast DHB
- GP
- Family Start
- Child, Youth & Family
- Well Child Providers
- Housing New Zealand
- Plunket
- Poutini Wairora
- Womens Refuge
- Work & Income
- Youth Service
- Relationship Services
- Homebuilders
- Strengthening Families
- Whanau Centred Services

This will help to provide a wrap around service to support you in preparation for parenting.



West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

He aha te mea nui o te ao?

He tangata! He tangata!
He tangata!

What is the most important
thing in the world?

It is people! It is people!
It is people!

For further information, please talk to
your Lead Maternity Carer or phone
McBrearty Ward, Greymouth Hospital:

(03) 769 7400 ext: 2803
PO Box 387, Greymouth



This programme is supported by the
Violence Intervention Programme as
part of its strategic plan in accordance
with Ministry of Health guidelines.



Maternal Care & unborn wellbeing

Health & community support for pregnant
women & their families

Our Purpose

- Sharing responsibility for protecting children
- To support and strengthen families to stay together
- To ensure the safety of the unborn baby
- A smooth transition for women through Maternity Services
- Early identification with a preventative focus



If possible, place patient label here

Maternal Care & Unborn Wellbeing MDT Referral

Parent's details

Mother's name			
Date of birth	/	/	
Home address	Street		
	Suburb		
	City	Postcode	
Contact phone			
Father's name			
Date of birth	/	/	
Home address	Street		
	Suburb		
	City	Postcode	
Contact phone			

Date of referral: / / Self referral? Yes No

Reason for referral

Agencies currently involved

Risk factors possible (*tick all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Family violence | <input type="checkbox"/> Child/parent disability |
| <input type="checkbox"/> Safety of woman | <input type="checkbox"/> Isolation & lack of support |
| <input type="checkbox"/> Social/cultural issues | <input type="checkbox"/> Drug & alcohol issues |
| <input type="checkbox"/> Mental health outcomes | |
| <input type="checkbox"/> Concerns for safety of unborn child | |
| <input type="checkbox"/> Child, Youth & Family history | |
| <input type="checkbox"/> Lack of engagement in antenatal care or lack of planning for baby's birth | |

Pregnancy details

Gravida/parity			
LMC			
Estimated due date	/	/	
Current gestation			
FV	<input type="checkbox"/> Positive <input type="checkbox"/> Negative		
Reason for not screening			

Current living situation & relationship status

History/relevant information

Referrer details

Name			
Home address	Street		
	Suburb		
	City	Postcode	
Contact phone			

Consent statement

I give consent for my information to be shared with members (as per this pamphlet) of the Maternal Care and Unborn Wellbeing Multi-Disciplinary Team Meeting.

I also agree to be contacted by a lead agency.

Name:.....

Signature:..... Date: / / i

Send completed form to:

Post: Child Protection Coordinator, Greymouth Hospital, PO Box 387, Greymouth. **Fax:** 03 769-7728,

Email: Belinda.ballantyne@westcoastdhb.health.nz or via Internal Mail.