BIRTH REFLECTION SERVICE

**SOMETIMES IT IS HELPFUL TO TALK THROUGH YOUR EXPERIENCE.**

We offer mothers who have had their baby with us at North Bristol Trust the opportunity to spend time talking this through with a midwife.

You can refer a patient into the service using the below form. **Please note all patients must be three months postnatal, or your referral will not be processed. Please provide as much information as possible on the form for us to assess accordingly.**

We can offer patients an initial telephone appointment. Following this if we feel a patient may need more support we can refer them to our health psychology service, or one of our medical services.

This form will be used for assessment, and the patient will be contacted by a member of the maternity team. **Please note this is a busy service and wait times can vary.**

This information is held securely, and this information will only be used for the purpose stated in each case. We will not distribute personal information collected in this way to any third party (unless this has been communicated to the patient and they have agreed).

Any comments you submit to North Bristol Trust will be treated as confidential and will be safeguarded and processed in accordance with the requirements of the Data Protection ACT 2018 (GDPR).

Please submit your completed form to BirthAfterthoughts@nbt.nhs.uk and our secretary will be able to

process your form.

How did you hear about the birth reflection service?

Please give us some details about your patient:

Name\*:

Date of Birth (DD/MM/YYYY)\*:

Address\*:

Telephone Number\*:

Email Address\*:

NHS Number:

Hospital Number:

Place of Delivery\*:

Date of Delivery (DD/MM/YYYY) \*:

As the referrer, please give us some details about yourself:

Name\*:

Work Address\*:

Telephone Number\*:

Email Address\*:

Do we have permission to contact you if required for more information?

[ ]  Yes [ ]  No

Patient Pregnancy History:

Is this your patients first baby?

[ ]  Yes [ ]  No

If no, how many children do they have?

[ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  5+

Are they currently pregnant?

[ ]  Yes [ ]  No

If yes, please state their gestation and estimated date of delivery if known:

It would be helpful if you can give us some basic information about their delivery. Was their delivery…

[ ]  Vaginal Delivery

[ ]  Vaginal Delivery with instrumental assistance (for example: forceps)

[ ]  Induction

[ ]  Elective Caesarean Section

[ ]  Emergency Caesarean Section

Did their baby unexpectedly go to NICU?

[ ]  Yes [ ]  No

Are their concerns specifically related to baby unexpectedly going to NICU?

[ ]  Yes [ ]  No

Birth Reflection:

Can you give us an idea of the most important thing that they would like to address with the help of birth reflection (tick all the options that feel relevant)?

[ ]  They have some questions about delivery and would like to talk it through.

[ ]  Patient is struggling with their emotions related to delivery and would like to talk it through.

[ ]  They some questions about their delivery and would like to talk it through and then decide if they would like some further support.

[ ]  Patient is unhappy with the standard of my care.

If your patient is unhappy with the standards of care, can you please let us know why?

[ ]  General Standards of Care

[ ]  Staff Attitude

[ ]  Service Processes and Availability

Please tell us a little about the birth experience. Please try to be as specific as possible to allow us to direct the patient to the most appropriate service:

We will be in touch as soon as possible. \* = mandatory information.