

Appendix 2

Postnatal Transfer to Community

Situation					
<i>Ward</i>		<i>Parity</i>		<i>Area</i>	
Discharge Date				Back ground	
<i>Mothers name</i>				Type of delivery	
Address				Date of Delivery	
				Time of delivery	
				Feeding method	
Tel no.				Sex	
GP				Weight	
Actions and Recommendations					
Additional Information for Community Midwife				CODE A	Y / N
Name and signature				Concerns to be discussed with receiving service	
				Physical	
				Social	
				Mental Health	
Infant security tag removed by whom				Other	
Message passed to	Date and Time	Name and signature of staff passing on message			