

**Appendix 1**

Woman's details  
 Name  
 Registration Number  
 Date of Birth

<b>Maternal transfer to specialist area outside of maternity unit</b>		
<b>SITUATION</b> (Reason for transfer)		<b>NAME &amp; SIGN</b>
<b>BACKGROUND</b> (Medical / Obstetric history)		
<b>ACTION</b> (Treatment given, personnel informed)	Informed: (please circle) Cons Obstetrician <span style="float: right;">Yes/No</span> Cons Anaesthetist/Registrar <span style="float: right;">Yes/No</span> Physician/Surgeon/other – please specify or N/A  SOM <span style="float: right;">Yes/No</span>	
<b>RECOMMENDATION</b> (Investigations/ Transfer to / from and time of transfer, arrangements made)		