Appendix 1

Salisbury NHS
NHS Foundation Trust
Maternity Services

Woman's details
Name _____
Date of Birth _____

Maternal transfer within Salisbury District Hospital (SDH), into SDH and to another hospital (Includes homebirths)		
SITUATION (Reason for transfer)		NAME & SIGN
BACKGROUND (Medical obstetric history)		
ACTION (Treatment given, personnel informed)	Informed: (please circle) Cons obstetrician Yes/no Cons anaesthetist/Registrar Yes/no Physician/surgeon/other – please specify or N/A SOM Yes/no	
RECOMMENDATION (Investigations/ Transfer /to from and time of transfer, arrangements made)		