**Appendix 4 -** Wessex In-Utero Transfer Handover Sheet

|  |  |
| --- | --- |
| age15image4019194080age15image4019194688Patient ID label age15image4019197872 | EDD:  |
| Gestation:  |
| Gravida:  | Parity:  |
| Singleton/multiple pregnancy:  |
| Transfer from (obstetrics)  | Transfer to (obstetrics)  |
| Hospital:  | Hospital:  |
| Dr name:  | Dr name:  |
| Contact no/bleep: age15image4018396048 | Contact no/bleep: |
| Consultant:  | Consultant:  |
| Reason for transfer:  |
|  |
| Drugs administered (dates/times):  |
| Steroids:  | Magnesium sulphate: Loading- Maintenance |
| Other (e.g. antibiotics, tocolysis):  |
| Last ultrasound report (include gestation/ weight/ dopplers/ placental location/ any concerns):  |
|  |
| Obstetric history:  |
| GBS status:  |
| Past medical/ surgical history:  | Social history/safeguarding:  |
|  |  |
| COVID-19 status:  |