

<p>The Townsville Hospital Townsville Health Service District</p> <p>Women's and Newborn Services</p> <p>TOWNSVILLE BIRTH CENTRE ELIGIBILITY CHECKLIST</p>	<p>PATIENT IDENTIFICATION LABEL:</p> <p>UR No.:</p> <p>Name:</p> <p>Address:</p> <p>DOB: ___/___/___ <input type="checkbox"/> Male <input type="checkbox"/> Female (or affix patient ID label here)</p>
Expected Date of Birth:	Parity:

Birth Centre Care is available to women choosing active birth and offers a natural approach to childbirth with care by midwives, and the minimal use of drugs and intervention. To use the Birth Centre, mothers need to be healthy and have a normal full term pregnancy. The woman may visit a Doctor early in the pregnancy but the remainder of her antenatal, intrapartum and postpartum care is completed by Birth Centre Midwives. Natural measures to relieve pain in labour, such as massage, water immersion and position changes are promoted at the Townsville Birth Centre.

Women requesting or requiring Epidurals will require transfer out of the Birth Centre across to Birth Suite.

Is the woman still interested in Birth Centre Care? Yes No
 Does the woman live within the catchment area for the Birth Centre? Yes No

The completion of this document does not guarantee a position at the Townsville Birth Centre. All eligible women will receive an appointment from their caseload midwife.

Please place ticks in the columns provided, Yes or No then Code B: Midwife to discuss and/or consult with Medical Officer at Case Conference or C : Consultant Care.

ARISING FROM MEDICAL HISTORY	Yes	No	Code
Anaesthetic difficulties/previous failures			B
Auto Immune Disorders / SLE, APS, Marfan's Syndrome, Rheumatoid Arthritis			C
Cardio-vascular			
Chronic Hypertension			C
Clinically significant cardio-vascular disease			C
Previous or present DVT and/or pulmonary embolus			C
Drug Dependence/Abuse			
Smoking > 10 cigarettes per day			B
Illicit drug use			C
Substance abuse addictive drugs/current therapy related to those addictions			B
Medicine use that complicates pregnancy, lactation and/or neonatal period			B
Endocrine			
Insulin-dependant or uncontrolled diabetes (including previous gestational DM)			C
Hypothyroidism & /or Hyperthyroidism			B
Addison's/Cushing's diseases			C
Gastro-enterology			
Hep B and /or Hep C			B
Haematological			
Clinically significant bleeding disorders or haemolytic disease.			C
Anaemia <100g/l			B
Major haemoglobinopathy			C
Thrombocytopenia			C
HIV			C
Varicella/Zoster virus Infections			B
Tuberculosis			C
Herpes Genitalis			B
Syphilis			B

The Townsville Hospital
Townsville Health Service District

**Women's and Newborn Services
TOWNSVILLE BIRTH CENTRE
CONSULTATION AND
REFERRAL CHECKLIST**

PATIENT IDENTIFICATION LABEL:

UR No.:

Name:

Address:

DOB: ___/___/___ Male Female

(or affix patient ID label here)

TOWNSVILLE BIRTH CENTRE CARE ELIGIBILITY CHECKLIST

ARISING FROM MEDICAL HISTORY continued	Yes	No	Action
Epilepsy			C
Psychiatric disorders - Previous/current schizophrenia or bi-polar disorders			C
Chronic renal disease			C
UTI's/ Pyelitis			B
Asthma and/or chronic bronchitis Mild / Moderate / Severe			B
Cervical surgery/abnormalities			C
BMI >35kg/m ²			B
Age < 16yrs and > 35 yrs			B
Previous Obstetric Problems			
Hypertension in previous pregnancy			B
Pre-eclampsia and/ or Eclampsia			C
Uterine surgery including LSCS and classical caesarean section			C
Cervical surgery/cervical incompetence and/or Shirodkar suture			C
Intrapartum stillbirth			B
Perinatal Death			B
Iso-immunisation			C
Clinically significant uterine malformation			C
Retained placenta/Manual removal of placenta			B
Recurrent miscarriage (3 or more times)			B
Previous Post partum haemorrhage > 1000 ml			B
Previous shoulder dystocia			B
Postpartum depression/ puerperal psychosis			B
Preterm birth < 37 weeks			B
Placenta-previa, accreta			C
Placental abruption			B
Forceps or vacuum extraction			B
Grand Multiparity defined as parity > 5			B

COMMENTS ON PHONE INTERVIEW

CASE CONFERENCE

Name	Designation	Name	Designation
Signature	Date	Signature	Date