



LACTATION SERVICES REFERRAL FORM (MATF014b)

Surname: NHI:

First Names:

Date of Birth: / / Sex:

PLACE PATIENT ID HERE

COPY: ORIGINAL INTO MOTHERS NOTES

REFERRER DETAILS				
Date		Referred by		Contact phone
BABY'S DETAILS				
NHI		Baby's Name		Date of birth
Weight		Gestational age		Mode of birth
REFERRAL DETAILS				
Maternal risk factors (Tick all that apply)	<input type="checkbox"/>	Polycystic ovarian disease	<input type="checkbox"/>	Hypothyroidism
	<input type="checkbox"/>	Breast/chest surgery	<input type="checkbox"/>	Mental health
	<input type="checkbox"/>	Infertility Issues	<input type="checkbox"/>	Raised BMI
	<input type="checkbox"/>	Type 1 Diabetes	<input type="checkbox"/>	Type 2 / Gestational Diabetes
	<input type="checkbox"/>	Induced Lactation	<input type="checkbox"/>	History of low milk supply
	<input type="checkbox"/>	No breast growth in pregnancy	<input type="checkbox"/>	Maternal GBS / PROM
	<input type="checkbox"/>	Caesarean birth	<input type="checkbox"/>	EBL > 500 mls at birth
	<input type="checkbox"/>	Cracked, sore, or bleeding nipples	<input type="checkbox"/>	Medication / Drug use
Infant Risk Factors (Tick all that apply)	<input type="checkbox"/>	37 weeks or less gestation	<input type="checkbox"/>	< 10 th centile on GROW
	<input type="checkbox"/>	Intrapartum IM/IV opioid	<input type="checkbox"/>	Epidural
	<input type="checkbox"/>	Caesarean birth	<input type="checkbox"/>	Forceps or ventouse birth
	<input type="checkbox"/>	Meconium exposure	<input type="checkbox"/>	APGAR score (<7 at 5-mins)
	<input type="checkbox"/>	Early onset jaundice (< 24 hours)	<input type="checkbox"/>	Reluctant feeder
	<input type="checkbox"/>	Latching Issues	<input type="checkbox"/>	Disorganized sucking pattern
<input type="checkbox"/>	Outpatient	<input type="checkbox"/>	Inpatient	<input type="checkbox"/>
		<input type="checkbox"/>	Whiteboard updated	NEWS score _____
Additional Information:				



HUTT maternity

Hutt Valley Maternity Care

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Referral can be emailed to Lactation Services [HVDHB] @ Consultants@huttvalleydhb.org.nz

For urgent enquiries please telephone the Lactation Consultant on 04 587 2556 ext 2556