

Antenatal Liaison Form (Substance Misuse)

SM103

Mother's name:
 Date of birth:
 Address:
 Tele.

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Postcode: EH __ / _ (only 1st number of 2nd part) Hospital Unit No

Mother's age:..... Mother's Chi No.

E.D.D: Parity:

Tele. No.

GP:

Midwife:

Health Visitor:

CDPS / APS worker:

Other drug / alcohol worker:

Social Worker:

Maternity Unit:

Consultant Obstetrician:

Smoker?... Yes/No If yes, number per day?

Prescribed medication at booking (drugs & dosage)

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Dispensing Arrangements?.....

Pharmacy? Tele:

Name of Prescriber? Tele:

Injecting drug use during pregnancy?... Yes/No If yes, please detail frequency

If no, ever injected drugs in the past?... Yes/No

Illicit (street) drug use since conception?

(all drugs used, excluding those prescribed, enter average daily amounts taken in 1st trimester)

Heroin Diazepam/Temazepam

Dihydrocodeine Other tranquillizers?

Methadone Amphetamines ('speed')

Other opiates?..... Cocaine / Crack

Cannabis Ecstasy

Solvents / Volatile substances

Other drug use?

Referred to **Community Drug Problem Service (CDPS)?... Yes/No** Attended?... Yes/No

Outcome?

Alcohol use (tick average weekly consumption in 1st trimester)?

0-14 units 15-21 units 22-28 units 29-35 units 36-42 units over 42 units

Pattern of alcohol use? (daily use?, weekend use? binge drinking? etc)

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Referred to **Alcohol Problems Service (APS)**? ... Yes/No Attended? ... Yes/No
 Outcome?

History of drug/alcohol misuse in any **previous pregnancies**?... Yes/No
 If yes, **outcome** of previous pregnancies?.....

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Additional concerns? (e.g. not registered with GP, homeless, mental health problems, debts, legal problems, literacy problems, relationship difficulties, domestic abuse, sex industry worker etc)

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Child care concerns?... Yes/No Pre-birth child protection case conference held?... Yes/No

Antenatal testing for Blood Borne Viruses?

HIV	- test accepted/declined	
Hepatitis B	- test accepted/declined	HBV immunised? ... Yes/No
Hepatitis C	- test offered?... Yes/No	If yes, accepted/declined?

Referred to **high risk clinic**?... Yes/No If yes, attended?... Yes/No

Date of antenatal **case discussion** (around 28th week):

Professionals involved?.....

Drug / alcohol use of **partner**? (please detail illicit & prescribed drugs taken / alcohol units per wk)

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Partner's HIV / hepatitis B / hepatitis C status (if known)

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Date form completed:

Signature of key midwife:

Later changes to prescribed drugs? (record any medication/dose changes and date of change)

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Completed by:

***Form SM103. Photocopy and send to Link Midwife (Substance Misuse).**