

## Multidisciplinary Obstetrics Handover Sheet

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff	New Team (present for handover)	Departing Team (present)
Consultant Obstetrician		
Registrar Obstetrics (ST)		
Registrar Gynaecology (ST)		
ST 1-2 Obstetrics / Gynaecology		
Anaesthetic Consultant		
Anaesthetic Registrar (ST)		
LW Coordinator		
Person completing form at handover:		

**Delivery Suite**

**NICU Status:** \_\_\_\_\_

Room No.	Woman's Name / Hosp. No.	Situation	Background	Assessment	Recommendation
<b>Urgent Review Room No:</b>					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>HDU</b>					
<b>LDU 1</b>					
2					
3					

**Able to accept Intrauterine Transfers:** Yes / NO If no Why? \_\_\_\_\_

**Safety Briefing:** \_\_\_\_\_

## Multidisciplinary Obstetrics Handover Sheet

### Elective Sections:

Woman's Name/Hosp. No.	Indication for CS	Consent/Electronic Issue	Any Risk Factors

### High Risk women on Antenatal Ward

Bed No.	Woman's Name / Hosp.No.	Situation	Background	Assessment	Recommendation

### Women waiting for transfer to Delivery Suite for ARM / Labour Augmentation

Bed No.	Woman's Name / Hosp.No	Situation	Background	Assessment	Recommendation

### High Risk Postnatal women on Postnatal ward

Bed No.	Woman's Name / Hosp.No	Situation	Background	Assessment	Recommendation

### Women in Other Wards / HDU / ITU

Bed No.	Woman's Name / Hosp.No	Situation	Background	Assessment	Recommendation