

# MIDWIFERY GROUP PRACTICE

## WOLLONGONG (MGP)

### Request for care

Complete and submit form to [ISLHD-TWHAntenatalServices@health.nsw.gov.au](mailto:ISLHD-TWHAntenatalServices@health.nsw.gov.au)

We can offer you care by a midwife through pregnancy, birth and two weeks after birth. Our care focuses on your needs and those of your baby. Active labour, normal birth, breastfeeding and early discharge home from the Birthing Unit are important to us. We have limited places available and priority is given to women having their first baby. We may also be able to care for you if you want a vaginal birth after having one previous caesarean section, want a homebirth, had a traumatic birth experience last time or do not have a lot of support at home or in the community.

Your request for care will be considered when you are around 12 to 14 weeks pregnant. If we can offer you a place on the program a midwife will contact you by phone. If we are unable to offer you a place at this time you will be notified by text message and your name placed on a waiting list. You will then need to choose another option of care for your pregnancy.

First name: \_\_\_\_\_ Surname: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Do you need an interpreter:  Yes – language spoken: \_\_\_\_\_

Are you having your first baby?  Yes  No, this is baby number: \_\_\_\_\_ Pregnancy number: \_\_\_\_\_

The due date for this baby is: \_\_\_\_ / \_\_ / \_\_\_\_

First day of last menstrual period: \_\_\_\_ / \_\_ / \_\_\_\_  Certain  Uncertain

Did you require fertility treatment to get pregnant?  No  Yes: \_\_\_\_\_

Height: \_\_\_\_\_ (cm) & Weight: \_\_\_\_\_ (kg)

### Previous Pregnancy Details:

Year	Type of Birth (vaginal, vacuum, forceps, elective or emergency caesarean)	Any complications in pregnancy, labour, birth or six weeks after the birth

Who was your care provider in previous pregnancy/pregnancies (tick all relevant)?

- MGP Wollongong                       MGP other health service                       Private/Independent Midwife  
 GP Shared Care                       Midwives in Antenatal or Outreach Clinic  
 Doctor in Antenatal Clinic                       Private Obstetrician                       Other: \_\_\_\_\_

**Do you have ANY past or current medical conditions?**  No     Yes – please provide details:

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**Do you have ANY past or current mental health issues?**  No     Yes - please provide details:

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**Do you take ANY medications or did you stop ANY before pregnancy?**  No     Yes – please provide details:

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PLACE HOSPITAL STICKER HERE  
*(Ensure correct name, address and contact phone number)*

**OFFICE USE ONLY**

Date received:                      Staff Initial:  
ANC History date:                      1<sup>st</sup> Dr date:

Thank you for your interest in Midwifery Group Practice Wollongong.

**Need an Interpreter?** Interpreters are available if you need help to communicate with staff. The service is free and confidential. We will book the interpreter for you. You can also call the Translating and Interpreting Service on 131 450 if you need to speak to someone before your appointment.

**Need an Aboriginal Health Worker?** An Aboriginal Health Worker (AHW) advocates for the needs of consumers who identify as Aboriginal or Torres Strait Islander. They can provide support and information to help you. Tell staff you would like to speak to an AHW, or let them know if there is an AHW you would like us to contact.