How does it work?

A referral can be made with your permission by anyone who thinks you will benefit from this programme.

A Multi disciplinary team (MDT) can support you to ensure you have the resources to safely look after your newborn baby.

Consent

To participate, your consent is required. This will be discussed with you when you complete the referral form on the other side of this pamphlet.

Who can support you

An MDT of health and community organisations may be involved in creating a plan for you.

- West Coast DHB
- Womens Refuge

■ GP

Work & Income

Family Start

- Youth Service
- Child, Youth & Family
- Relationship Services
- Well Child Providers
- Homebuilders
- Housing New Zealand
- Strengthening Families

Plunket

- Whanau Centred
- Poutini Wairora
- Services

This will help to provide a wrap around service to support you in preparation for parenting.





He aha te mea nui o te ao?

He tangata! He tangata! He tangata!

What is the most important thing in the world?

It is people! It is people! It is people!

For further information, please talk to your Lead Maternity Carer or phone McBrearty Ward, Greymouth Hospital:

(03) 769 7400 ext: 2803 PO Box 387, Greymouth



This programme is supported by the Violence Intervention Programme as part of its strategic plan in accordance with Ministry of Health guidelines.

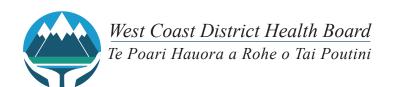


Maternal Care & unborn wellbeing

Health & community support for pregnant women & their families

Our Purpose

- Sharing responsibility for protecting children
- To support and strengthen families to stay together
- To ensure the safety of the unborn baby
- A smooth transition for women through Maternity Services
- Early identification with a preventative focus



If possible, place patient label here	
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Maternal Care & Unborn Wellbeing MDT Referral

Parent's details		Date of referral: / / Self referral? \square Yes \square No		Agencies currently involved		
Mother's name		Reason for referral				
Date of birth	/ /	Reason for referral				
Home address	Street					
	Suburb					
	City Postcode					
Contact phone				Risk factors possible (tick all that apply)		
Father's name				☐ Family violence	☐ Child/parent disability	
Date of birth	/ /]		☐ Safety of woman	☐ Isolation & lack of support	
Home address	Street			☐ Social/cultural issues	☐ Drug & alcohol issues	
	Suburb			☐ Mental health outcomes		
	City Postcode			☐ Concerns for safety of ur	nborn child	
Contact phone				☐ Child, Youth & Family his	tory	
Pregnancy details				☐ Lack of engagement in an for baby's birth	ntenatal care or lack of planning	
Gravida/parity		Current living situation & relationship	status			
LMC		_		Consent statement		
Estimated due date	/ /				ation to be shared with members	
Current gestation				(as per this pamphlet) of the being Multi-Disciplinary Tear	Maternal Care and Unborn Well-	
FV Reason for not	☐ Positive ☐ Negative			I also agree to be contacted by a lead agency.		
screening		History/relevant information		· ·	, , ,	
				Name:		
Referrer details				Signature:	Date: / /	
Name				Signature	Date. / /	
Home address	Street			Send completed form to:		
	Suburb			Post: Child Protection Coordi		
	City Postcode			PO Box 387, Greymouth. F	ax: 03 769-7728, vestcoastdhb.health.nz or via	
Contact phone				Linan. Bennua.Danantyne@v	vesicoasiumismealimiz or vid	