**Referral form: Birth Reflections Clinic**

The birth reflections clinic is a single appointment with a midwife and a clinical psychologist where women, birthing people and supporters can engage with a therapeutic review of their birth experience. Please complete and email this referral form to [loth.birthreflections@nhslothian.scot.nhs.uk](mailto:loth.birthreflections@nhslothian.scot.nhs.uk)

**Date of referral:**

**Please review the following. If you are unsure about referring, please contact the team to discuss:**

☐If the birth required obstetric intervention, the referral has been discussed with consultant obstetrician regarding suitability for obstetric led clinical debrief or birth reflections clinic appointment

☐The clinic is for individuals with emotional difficulties related to their birth experience that have not attenuated over the first 4-6 weeks after the birth

☐Due to likely waiting times this clinic is not suitable for people seeking review before the birth of a next baby if more than 18 weeks gestation on date of referral

☐Individuals seeking assessment/treatment of difficulties that include all of: intrusive memories, hypervigilance, avoidance of triggers, and persistent changes in mood and negative beliefs for more than 1 month that are affecting day-to-day functioning, should be referred to MNPI if within the first year post birth, or to sector adult mental health teams if out with the first postnatal year

**Please consider these exclusion criteria (may be more than one):**

☐ currently acutely unwell with serious physical or mental health difficulties

☐ less than 6 weeks following birth

**REFERRER DETAILS**

Name: Job title: Phone number:

**WHO ARE YOU REFERRING?**

NAME: CHI: Baby’s DOB or EDD:

Our service requires a direct discussion of the referral and consent to refer.

***Has the parent consented to a referral?*** Yes / No

**REASON FOR REFERRAL/PARENT’S GOALS** (e.g. does not understand events at birth, concerns re. care or future/current pregnancy):

**WHAT QUESTIONS ABOUT THE BIRTH DOES THE INDIVIDUAL WANT TO HAVE ADDRESSED?**

1

2

3

**HOW HAVE THESE CONCERNS/QUESTIONS BEEN SUPPORTED PRIOR TO REFERRAL?**

**PLEASE IDENTIFY PROFESSIONALS INVOLVED IN THE BIRTH:**

**MIDWIFE OBSTETRICIAN OTHER PROFESSIONAL (please describe):**

**NEONATAL TEAM ANAESTHETISTS …………………………………………………………………**

**ANY ADDITIONAL INFORMATION** (**mental health concerns**, **known mental health history**, current medications /medical conditions and management, social factors, **language/communication needs (INTEPRETER REQUIRED?), accessibility needs**)

**OTHER SERVICES INVOLVED** (e.g. mental health services, Family Nurse Partnership , social work, 3rd sector supports):