



Antenatal Rockabye

REFERRAL FORM

Referral Guidelines for Antenatal Rockabye.

- 1. Who can refer to Antenatal Rockabye?** GPs, midwives, health visitors, family support workers and other relevant health professionals and organisations. Parents may also self-refer upon completion of a referral form.
- 2. What is Antenatal Rockabye?** ~~Due to the Covid19 situation, Antenatal Rockabye is currently being offered as an online group using Zoom.~~ Antenatal Rockabye is a small group for pregnant women which runs for 6 weeks. Antenatal Rockabye offers women a safe and supportive atmosphere in which to reflect on their hopes and fears about becoming a parent and to explore anything that might get in the way of connecting with their baby. The sessions also include creative activities and mindfulness relaxation exercises, focusing on nurturing the mum's connection with her unborn baby.
- 3. Why do people come to Antenatal Rockabye?** A pregnant woman can be referred or self-refer to this group when it is felt that she will benefit from having time to reflect on any difficulties that might be getting in the way of connecting with her unborn baby. Most common reasons for attending Antenatal Rockabye:
 - Previous miscarriage.
 - Bereavement of a baby.
 - IVF.
 - Difficulty becoming pregnant.
 - Previous mental health difficulties.
 - Low mood/depression or anxiety – these do not have to be diagnosed.
 - Previous premature or traumatic birth.
 - Physical health difficulties in pregnancy.
 - Unexpected or unwanted pregnancy.
 - Disability- of mother, or of unborn baby.
 - Worries about becoming a parent.
 - Isolated, lack of social/family network, difficulty attending groups.
 - Young parent.
 - Finding pregnancy difficult.
 - Mixed feelings or difficult feelings towards unborn baby.
 - Other family circumstances such as: drug or alcohol misuse, domestic violence, learning difficulties, housing problems. Whilst these difficulties can't be directly

addressed by Antenatal Rockabye groups, these may be having an impact on feelings about the pregnancy and adjusting to becoming a parent.

Please fully complete **ALL THREE SECTIONS** of this form in capital letters, or write N/A if not applicable to this referral. Please circle the appropriate answer where questions are stated.

Once completed, please return forms to Katy Taylor, Antenatal Rockabye, 25 Upper Belmont Rd, Bristol, BS7 9DG, and mark it 'Private and Confidential'.

This form will be held in confidence unless we have a concern for the safety of the mum or baby. The information included will be used to plan support.

On receipt of your form, one of the course facilitators will ring you for an initial chat. Once you have been offered a place, the course facilitators will then arrange an appointment over Zoom to meet with you prior to starting the group. This allows us the chance to discuss the group further and answer any questions.

Groups are limited to 7 participants.

SECTION 1: BACKGROUND TO REFERRAL

Is this a self-referral - are you referring yourself to attend one of Rockabye's Antenatal groups? **Yes / No**

If no, have you discussed this referral with the person named above prior to completing this form? **Yes / No**

Have you or the person being referred attended Rockabye previously? **Yes / No**

All of Rockabye's work is conducted in small groups. Is the referred person able to participate in groups? **Yes / No / With Support** (if support is needed, please give further details in section 3 below)

Does the person being referred have access to a device on which they can participate in a Zoom meeting? **Yes / No**

Does the person being referred have access to a quiet, confidential space for the duration of the group? **Yes/ No**

SECTION 2: REFERRAL INFORMATION

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|------------------|--|
| Date of Referral | |
|------------------|--|

| | |
|---------------|--|
| Name | |
| Date of birth | |

| | |
|--------------|--|
| Address | |
| Phone number | |
| Email | |

| | |
|--------------------|--|
| Estimated due date | |
|--------------------|--|

| | |
|--------------------------------|--|
| Name(s) and Age(s) of children | |
|--------------------------------|--|

| | |
|---|--|
| Details of priority contact (in case of emergency) Name | |
| Emergency Contact Number | |
| Relationship Status (optional) | |
| Who lives at home? | |

| | |
|-----------------------------|--|
| GP Name | |
| Surgery Name | |
| Surgery Number | |
| Midwife/Health Visitor Name | |
| Midwife/Health Visitor Base | |
| Contact Number | |

| |
|--|
| Please provide full details of other professional support currently given to the individual and / or their family (eg name of Social Worker, CAMHS / Infant Mental Health Specialist, Adult Mental Health Service contacts, Specialist Health Service contacts, Children's Centre Family Support Worker details) |
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Is there a Child Protection Plan / Child in Need / or any other Social Services Involvement?

Yes / No

If yes, please give further details:

******PLEASE COMPLETE SECTION 3 BELOW******

SECTION 3: REASON FOR REFERRAL

Please explain the reason for this referral, and include any details that may be relevant to working with this individual and/or family:

(please see our referral guidelines at the start of this form for a list of reasons why people attend Antenatal Rockabye)

Please provide details of any previous and/or current mental health difficulties:

Please provide details of additional support that may be needed to participate in the group:

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Please use this space for any other details you would like to include about this referral:

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|--|--|
| Name of person completing this referral form | |
| Job Title | |
| Organisation | |
| Address | |
| Phone Number | |

**THANK YOU FOR COMPLETING OUR FORM. PLEASE POST TO KATY TAYLOR, ANTENATAL ROCKABYE,
25 UPPER BELMONT ROAD, BS7 9DG.**

ROCKABYE LOOK FORWARD TO CONTACTING YOU ABOUT THIS REFERRAL.