



Attached Patient Label Here

**ST. PAUL'S MATERNITY CENTRE  
POSTPARTUM REFERRAL**



**FAX relevant clinical information with this completed referral.**

**Date of Referral:** \_\_\_\_\_

**Referring To:**  St. Paul's Primary Care Maternity Clinic  Midwifery: \_\_\_\_\_

**Newborn Being Referred:**

**Newborn - First name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**DOB:** (DD/MMM/YYYY) \_\_\_\_\_ **PHN:** \_\_\_\_\_

**Mother/Caregiver - First name:** \_\_\_\_\_ **Last name:** \_\_\_\_\_

**DOB:** (DD/MMM/YYYY) \_\_\_\_\_ **PHN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number(s):** \_\_\_\_\_

**Clinical Information:**

**Date of discharge:** \_\_\_\_\_ **Type of birth:** \_\_\_\_\_

**Post-partum complications:** \_\_\_\_\_

**Newborn complications:** \_\_\_\_\_

**Birth weight:** \_\_\_\_\_ **Discharge weight:** \_\_\_\_\_

**Bilirubin:** \_\_\_\_\_ **Date of bilirubin draw:** \_\_\_\_\_

**First appointment within:**  3 to 7 days  7 to 14 days

**Attached Documents:**

- Antenatal Record  Birth and Newborn Summary  OB Discharge Summary  Newborn Discharge Summary
- Newborn Labs  Other: \_\_\_\_\_

Before making a Postpartum Referral, complete the **VANCOUVER DIVISION OF FAMILY PRACTICE MOTHER-INFANT DYAD FORM\*** and fax to them at 604-440-7208.

*\*Postpartum referrals will NOT be accepted until this form is completed; ideally it would be completed prior to admission for labour and delivery.*

If patient does NOT live in Vancouver, they should contact their local division of family practice. (see page 2)

Provide patient with St. Paul's Primary Care Maternity Clinic or Midwifery Postpartum Welcome Letter

**Referral Source:**

**Printed name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**MSP No:** \_\_\_\_\_

**See contact information on reverse for SPH Primary Care Clinic and Midwifery Offices.**



## POSTPARTUM CLINICS ACCEPTING REFERRALS

Name	Specialized care	Phone	Fax	Emergency phone (weekends)
<b>Family Physician – Maternity/Newborn Care</b>				
<b>SPH Primary Care Maternity Clinic</b>	One French speaking physician Six family physicians	604-806-9342	604-639-8506	Call 3MC and patched through to physician on-call
<b>Midwifery care</b>				
<b>Mitra Latifiyan</b>	Lactation support, Farsi	778-990-0300	604-770-2154	778-990-0300
<b>Li Yan</b>	Mandarin	778-995-3634	604-565-0900	778-995-3634
<b>Bloom Midwives</b>	Post-partum team French speaking team	604-605-3550	604-628-3369	604-605-3550 # 88
<b>Strathcona Midwifery Collective</b>	Indigenous team (Huckleberry) Spanish speaking RMs	604-558-1701	604-558-1702	604-558-1703

### Divisions of Family Practice (outside of Vancouver)

Please see <https://divisionsbc.ca/divisions-in-bc> and have the patient contact their Division.

Each Division has its own referral process for attaching mothers and babies. If not able to find a referral form, please have the patient call the Division directly.