Queensland Government

Gold Coast Health

LAVENDER MOTHER AND BABY UNIT REFERRAL

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Referrer Details

Date of Referral:	Time of Referral:
Name:	Designation:
Referral Agency:	Contact Person: (if not referrer)
Address:	Telephone:
	Mobile:
Fax:	Email:
Hospital Health Service:	If not from Gold Coast Health, please complete Travel Subsidy Scheme documents. Consumers nearest hospital must be greater than 50kms away from GCUH to be eligible.

Mother's Details

Given Name(s):	Family Name:
Date of Birth:	Email:
Address:	Phone number(s):
	Homeless / At risk of homelessness? ☐ Yes ☐ No
Country of Birth:	Preferred Language: ☐ English ☐ Other:
Year of arrival: ☐ N/A	Interpreter required? ☐ Yes ☐ No

Aboriginal or Torres Strait Islander Status:

☐ Aboriginal ☐ Torres Strait Islander ☐ Not stated / Unknown ☐ Neither ☐ Both

Is the mother a current inpatient? ☐ Yes ☐ No

Private Health Insurance with hospital admission cover? ☐ Yes ☐ No

MHA Status: ☐ Voluntary ☐ Involuntary

Is client aware of referral: ☐ Yes ☐ No Is client accepting of referral? ☐ Yes ☐ No

Baby's Details

First Name:	Last Name:
Date of Birth:	Gender:
Immunisation Status:	Country of Birth:

Mode of feeding: ☐ Breast ☐ Formula ☐ Solids ☐ Weaning

Is mother the primary carer? ☐ Yes ☐ No ☐ Unknown

Who has parental responsibility? ☐ Father ☐ Mother ☐ Other:

Father of baby first name:	Father of baby last name:
Is father of the baby involved in care?	☐ Yes ☐ No ☐ Unknown
Address of father of baby (if different to mother's):	Mobile:
	Email:
Is father of baby consenting to admission of infant?	☐ Yes ☐ No ☐ N/A

Any concerns regarding baby's physical health? (if yes, please state below) ☐ Yes ☐ No

Any concerns regarding baby's mental health? (if yes, please state below) ☐ Yes ☐ No

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Infectious Disease Status

Mother is free of infectious disease for >48 hours? ☐ Yes ☐ No

Baby is free of infectious disease for >48 hours? ☐ Yes ☐ No

Family Composition

Current partner's first name: (if different to father of baby)	Current partner's last name:
Address (if different to mother's):	Mobile:
	Email:

Other Children

First Name	Last Name	Age/DOB	Gender	Who has parental responsibility?	Who will be the caregiver during admission?

Please state name and contact details for who else is actively involved in the children / family's care:
(e.g. family/friends)

Please state name and contact details of others who live in the same house:

Referral Details

Reason for Referral
(include referrer's rationale for inpatient treatment, onset, duration, triggers, mental state and current social circumstances)

Physical health problems / Comorbidities (including birth-related and postpartum)? ☐ Yes ☐ No ☐ Unknown
(e.g. thyroid problems, anaemia / low iron, hypertension, pain, gestational diabetes and sepsis)

Alcohol or substance misuse problems (If yes, please state below) ☐ Yes ☐ No
Adult Mental Health Services to complete a CIMHA risk assessment

	Current – Amount / Frequency	Past
Nicotine		
Alcohol use		
Other substances (please list)		

Relevant past mental health history:

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Concerns with Parent-Child relationship

☐ Problems bonding with baby

☐ Lacks confidence with practical baby's cares
(circle if applicable: feeding, sleeping, settling, nappy changes, bathing, identifying baby's cues)

☐ Other:

Strengths and protective factors (insight, good social support, resilience)

Current Medication

Risk factors (Adult Mental Health Services complete a CIMHA risk assessment) ☐ Completed – Date:

☐ At risk of harm to self: ☐ At risk of harm to baby:

☐ Criminal offences: ☐ At risk of harm to others:

Please outline your intended care plan until admission (if accepted for admission)

Custody arrangements:	☐ Formal	☐ Informal	☐ No	☐ Unknown
Domestic Violence Orders	☐ Yes	☐ No	☐ Unknown	

Professional Networks

General Practitioner

GP Name:	Telephone:
GP Clinic:	Mobile:
Address:	Fax:
	Email:

Mental Health Service

Adult Mental Health Service involved with the family?	☐ Yes ☐ No ☐ Unknown
Mental Health Service and team name:	
Community MH case manager:	
Consultant Psychiatrist:	Telephone:
Address:	Mobile:
	Fax:
	Email:

Does the mother have any of the following:

☐ Advance Health Directive ☐ Nominated support person – Name:

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Other Services – Current or Planned post-discharge

Service	Name	Contact details
☐ Private Psychiatrist		
☐ Child Health		
☐ NDIS		
☐ Family Support Services		
☐ Private Psychologist		
☐ Other:		

Child Safety

Current child protection concerns? (If yes, please specify below) ☐ Yes ☐ No ☐ Unknown

Any child protection notifications been made? ☐ Yes - Date : ☐ No ☐ Unknown

Previous involvement with Child Safety Services? ☐ Yes ☐ No ☐ Unknown

Please state nature of involvement below:

Child Protection Orders: ☐ Yes ☐ No ☐ Unknown Details:

Name of Child Safety Office:

Address:

Telephone:

Email:

Referrer

Name: Designation:

Signature: Date:

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Information only - Do not scan this page into ieMR

Who can refer to Lavender Mother and Baby Unit

We will accept referrals from

- Medical Practitioners
  - General Practitioners
  - Psychiatrists
  - Obstetricians
  - Paediatricians
- Mental Health Services

It is expected that General Practitioners, Obstetricians and Paediatricians will have actively discussed with their Mental Health Service escalating the level of local mental health support and intervention to the mother before referral to the Lavender Mother and Baby Unit.

Eligibility criteria for referral:

- Woman will or be expected to require mental health inpatient treatment as their mental health needs cannot be met by community care or there are significant risks to safety of the woman or her infant requiring inpatient management
- Have diagnosis of severe mental health problems:
  - severe depression
  - severe anxiety
  - schizophrenia
  - psychosis including postpartum psychosis
  - bipolar affective disorder
- Be the primary carer of the baby / babies who are not walking and under 12 months
- Women with a substance or alcohol use disorder will only be considered for admission following detox and completion of withdrawal treatment
- Medical clearance that mother and infant are no longer contagious (as per latest guidelines) from any infectious disease
- Must reside in Queensland and not be homeless or at risk of homelessness
- Lavender Mother and Baby Unit will not admit women for the sole purpose of assessment of parenting capacity

Referral Process

1. Assessment of mother for severe mental health problem and determination she meets above eligibility criteria. Telephone Lavender Mother Baby Unit Intake on (07) 5687 7064 to discuss the referral between 0800 – 1600 Monday to Friday
2. Complete attached referral form and fax to (07) 5687 7814 or email to GCUH_Lavender@health.qld.gov.au
3. Referrals will be discussed, and the referrer will be notified of the outcome within two (2) working days
4. If the referral is deemed suitable for admission a pre-admission assessment for suitability may be arranged either face to face or via skype with the patient and referrer
5. The baby will require a pre-admission health screen to ensure that the baby is well. This to be completed by the baby's General Practitioner, or the local HSS Child Health Nurse, Paediatrician. There is no capacity to admit ill infants
6. Referrals are prioritised according to the following criteria
   a. Acuity
   b. Babies under 6 weeks will be prioritised
   c. Breastfeeding status
   d. Availability of alternate outpatient management
7. To ensure your referral is appropriately prioritised please provide weekly updates or more frequent if required, particularly if the woman's clinical presentation changes
8. When a bed becomes available the referrer and patient will be contacted
9. The local HSS to arrange transport of the patient and the baby
10. Lavender Mother and Baby Unit admissions are planned and will occur Monday to Friday 0800 – 1600hrs
11. If there is a delay prior to admission, the Lavender Mother and Baby Unit can take no responsibility for management or support of the patient. The referring professional or service hold the responsibility and governance of the woman and baby's care and management until they are admitted to the Lavender Mother and Baby Unit. Alternative supports from the following services can be recommended

Support Services

Women, children and fathers need ongoing support if there is a wait time prior to admission. The following services have been identified as providing support and referral to community services (please note that the list is not exclusive)

- Acute Care Treatment Team contactable in your local area on 1300 642 255
- Emergency Department of your local hospital
- General practitioner can advise and refer under Mental Health Care Plan or Perinatal ATAPS to psychological services