

Name:	-
DOB:	
UNC MRN:	

FAX TO UNC OB CLINIC AT 984-974-9023 PHONE: 984-974-2131

Repeat C-Section Checklist/Worksheet for Repeat C-Section Consult Appointments

Please use this checklist as you complete a referral for a patient with a history of a C-section who is planning a Repeat C-Section at UNC Women's Hospital. The purpose of the checklist is to ensure that providers at UNC have *the necessary dating criteria, access to the prior C-section operative reports for surgical planning, clinical information, and reproductive planning information* to arrange a consultation.

<i>Dating Criteria</i> LMP:		EDD per LMP:	"Best" EDD
US date/GA:	/weeks days	EDD per US:	
	Copy of operative report for <i>ec</i> Patient's most recent C-section We have been unable to obtain following steps:	rative Report ach Cesarean section attached to n was performed at UNC n the operative report(s) in spite	of taking the
<u>Clinical Informa</u>	tion		
Weight:	Height:	BMI:	
Number of prio	r C-Sections		

Date of each C-Section and name of hospital(s):

Reproductive Planning Information:

- Patient desires BTL at time of repeat Cesarean
 - D Patient has Medicaid, Consent for Sterilization form included and patient has a copy
 - □ Patient is self-pay, she knows she must see a UNC financial counselor (can be done on same day as consult appointment)
- Detient is interested in LARC placement at time of Cesarean

Review of TOLAC Eligibility

□ The patient is not a candidate for TOLAC

OR

- D Possibility of TOLAC has been discussed with patient
- D Patient articulates desire for a Repeat C-section, needs referral for consult in UNC OBGYN clinic

Additional Documents attached to Referral

- $\hfill\square$ Prenatal record, including all labs and ultrasound reports not documented in the UNC EMR
- $\hfill\square$ Referring provider and clinic's name and contact information

Reviewed and redesigned February 2019 by UNC OB/GYN OB Leadership Team