**APPENDIX 5: GP letter / Primary MW**

Useful contacts:

…………………– Day Assessment Unit Date:

………………… – Specialist Midwife

Dear Doctor,

Name:

Identifier number:

Address:

Re:

The above patient has been

Commenced Home Blood pressure monitoring during pregnancy with support from the day care unit. (OmronM4 Intellii -.................... serial number – Essential for device safety) Device has been loaned to her for the duration of pregnancy and postnatal period.

Advised to take Aspirin at 150mg at night from 12 weeks until ----- delivery/ weeks gestation.

(Contra indications would include severe asthma, stomach ulcers or known allergy to aspirin)

Discharged from hospital follow-up on ..........................medication. I would be grateful if you could review her in [insert number] weeks.

Kind regards

\_\_\_\_Hospital