

Template for documentation of MDT outcome

Name:	Hospital number:	DOB:
Age:	Parity:	BMI:
EDD:	Previous CS/uterine surgery:	
Referral source:		
Local lead obstetrician:		
PAS lead obstetrician:		
MDT Date		
Gestation		
Hb	Document current +/- optimisation required	
Antenatal corticosteroids	Document gestation given	
Estimated fetal weight (centile)		
Imaging findings	US: MRI:	
Expected depth of invasion		
	FIGO grade 1/2/3	
Location of defect		
	Anterior inferior/anterior superior/right lateral/left lateral/posterior	
Size of defect		
Recommendation of MDT		
Elective delivery location		
Elective delivery gestation		
Elective delivery admission		

Planned surgical approach	Abdominal incision: Midline/pfannenstiel Attempt uterine conservation/BTL/hysterectomy Urology required: Yes/No Interventional radiology required: Yes/No
	Further imaging
Anaesthetic review	Date Completed
Neonatology review	Date completed
Gynaecology review	Date completed
Social work review	Date completed
Additional consultations	Date completed