

# Useful contact numbers

## **My community midwifery team will be visiting from:**

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(hospital name)

## **My community midwifery teams contact details are:**

Daytime/Monday-Friday

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Evenings/weekends

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## **My maternity triage/assessment unit contact details:**

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## **Other useful contact details:**

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This booklet was developed by the NHS in North West London as part of the maternity early adopters project and customised by Suffolk and North East Essex CCG.

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