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Pre-Birth Guidance and Processes for Vulnerable Pregnant Parents and Babies

January 2024

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1. Introduction

Improving outcomes for children and young people is a fundamental objective for all services and organisations. Ensuring that families get the help they need, when they need it, will give children the opportunity to flourish.

Agencies can improve outcomes for vulnerable children and families, by using common frameworks of assessment that identify needs and risks early, and by devising and implementing appropriate plans/actions. A continuum of support from universal services to specialist targeted provision may be required to meet the varying needs of families.

Within the United Kingdom, the law dictates that there is a difference between an unborn and a new-born child (European Council on Human Rights, 2008) and in a number of respects it is not legally possible to take action, as it would be if the child had been born. The intention should therefore be to do whatever can reasonably be done, to ensure a child's safety before, during, and after birth.

The early identification of and responses to factors which may place an infant at risk, during pregnancy and/or the postnatal period is crucial for proactive planning for the protection of vulnerable children.

2. Purpose and scope

The guidance should support all professionals in identifying risk factors for vulnerable parents which might impact on how well they are able to care for and keep their babies safe. The guidance should assist professionals to work in partnerships with parents to develop multi-agency plans in a timely way that will protect their unborn child from harm whilst supporting their development.

It has been developed by health and social work services in consultation with other professionals who work with children and their families and is informed from the findings of self-evaluation work, overseen by the Pre-Birth Steering Group. The guidance is underpinned by the GIRFEC principles and aligned with the National Child Protection Guidance and local multi-agency child protection procedures.

3. Aims and Goals of the Guidance

The overall aim of this protocol is to support staff across the partnership to:

- Identify and offer vulnerable parents and their unborn babies the right help and support, at the right time, by minimising the impact of risk factors during pregnancy and supporting their baby's development before and after birth.
- Support parents to give nurturing care to their babies which will promote strong attachments to enable their babies to grow healthily and safely within their families and network of support.
- Involve parents and families in the assessment and planning for unborn babies using a relationship and strengths-based approach.
- To clarify what is meant by pre-birth social work assessments and set out the processes to be followed in order to undertake these from an inclusive and rights-based approach.

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4. Identification of vulnerability and risk in the Pre birth Period.

Various factors can lead to a direct/indirect risk of harm towards an unborn child and effective pre-birth planning is crucial in reducing risk. In assessing risk to an unborn child, it is important to make a clear distinction between actual harm that has been or is being experienced by the unborn child and potential risk of harm if adult behaviours are present and nothing changes.

Midwives have a key role in supporting expectant parents and they undertake a comprehensive wellbeing assessment ('GIRFEC') for all pregnant parents at the point of antenatal booking. This should be done in partnership with the pregnant parent and enables early identification of vulnerability and risk in pregnancy. This should be inclusive of partners, families and support networks, and should consider existing strengths, safety and supports already in place. Any concerns regarding the partner's vulnerabilities should be explored and assessed using principles of information sharing, professional curiosity and consent.

Vulnerabilities/risks which can cause additional stress on a pregnant parent and could impact on them or their network's ability to care for their baby both during pregnancy and following birth include:

- Domestic Abuse
- Learning Difficulties/Learning Disability
- Physical Disability/Impairment
- Mobile Families (families that frequently move)
- Substance Misuse (including prescribed medication)
- Homelessness/housing issues
- Financial difficulties
- Teenage Pregnancy
- Previous Social Work Involvement /Current Social Work Involvement
- Criminal History
- Mental Health Issues
- Current or previous Exploitation /Trauma
- Concealed Pregnancy/Late Booker- without an adequate explanation.

The above list is not exhaustive and is highly reliant on professional judgement and individual assessment. Vulnerabilities rarely exist in isolation and combinations of factors are often identified. There needs to be consideration that some of the above factors may be complicating factors and not a current and direct source of risk/harm to the unborn child. It is critical that when considering past and current behaviours that a prediction of whether those behaviours will continue and if so, what impact will they have on the unborn child and the baby once born.

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5. Referrals to the Specialist Midwife/Community Midwifery Team Leaders for Vulnerable Parents and Families

Please refer to Pre-Birth Process Flowchart (**Appendix 1)**. For concerns of a child protection nature, please see **Section 9 – Child Protection**.

At any stage in pregnancy where additional or new vulnerabilities are identified, or there is an escalation of concern not requiring immediate action, Midwives can create safeguarding referrals (generated from the electronic pregnancy record 'Badgernet') to the specialist pre-birth team mailbox dg.specialistprebirthteam@nhs.scot for review by the specialist midwife/community midwifery team leaders**.** If advice or reflective discussion would be beneficial to inform whether a safeguarding referral is needed, this can take place with the specialist midwife, appropriate team leader or the public protection health advisors if advice is required.

When a safeguarding referral or pre-birth query is received by the specialist midwife/community midwifery team leaders, information is then gathered and reviewed to inform a decision on any future recommendations for pregnancy i.e. 'screening' of Health records.

If the midwife concludes, based on an analysis of their own records, there are vulnerabilities present which may impact upon a baby being cared for safely, they should complete a Request for Assistance and submit this to social work via the Single Access Point Team.

When considering a referral to social work, vulnerabilities and risk factors must be considered and professional judgement applied to the analysis of the information which should include the seriousness, impact (on the unborn child) and likelihood of harmful behaviours happening in the future.

The Specialist midwife/community midwifery team leaders will determine that a pregnancy is ongoing, before advising if a referral to social work is advised.

If a Request for Assistance is not required, the named midwife should continue to assess and support the parents and their families using GIRFEC principles. The Specialist midwife/community midwifery team leaders will share any relevant and proportionate information obtained from screening with the named midwife, which may contribute to ongoing recommendations and care planning. The Named Midwife can facilitate a Child's Plan Meeting if they consider this necessary with other appropriate health professionals to address any identified unmet needs or concerns.

6. Referrals to Family Nurse Partnership

The Family Nurse Programme (FNP) programme is a voluntary psychological behaviour change programme based on 40 years of research which shows improved outcomes in pregnant women's outcomes and child development. Family Nurses are trained as specialist public health nurses to work with young people and their babies to promote attachment and responsive care giving and assess child emotional, physical and social development. The programme aims to complete 13 visits in pregnancy and often gathers information regarding the client and her wider world building a therapeutic relationship with the clients as assessments are completed. The assessments involve using wellbeing indicators and National Framework tools which can add to the pre-birth assessment and support of the women. There is continuity after birth as the Family nurse will continue working with the family until the child is 2 years old. The Midwife should refer all women aged 20 and under at Last Menstrual Period (LMP) who fit the eligibility criteria to the FNP Data Manager through the agreed Pathway after the booking appointment.

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7. Information Sharing

When a midwife or any other agency is considering sharing information around a vulnerable pregnancy, the parents should be informed of this explicitly unless it is unsafe or inappropriate to do so. If parents have concerns about this, this should be included in the referring information.

If a referral to Social Work is assessed to be necessary, this should be supported by the completion of a Request for Assistance within 7 working days (24 hours for Child Protection concerns).

8. Referral and Initial Assessment

When vulnerabilities have been identified as above, referral for the unborn child will be forwarded to the Single Access Point (SAP) within social work for initial screening. If it is felt a visit is required to further explore some of the concerns, a joint visit will be arranged between social work (Duty) with the named Midwife within 10 working days of the Request for Assistance being received by Social Work.

This initial assessment should include social work and midwifery providing an explanation of the pre-birth process and give parents/partners an opportunity to share their views of the concerns identified. Care should be taken to support parents to talk about additional strengths and safety, including an exploration of their support network and what they do to help. Consent should be sought to make contact with the network and all the information gather from this and other agencies who might be involved with the family should be collated in a 'mapping'. This mapping will form the initial assessment and should include clear information relating to what it is people are worried about relating to the child's safety and wellbeing, what parents and network can do to safely care for the baby and recommendations for next steps.

This assessment will be forwarded to the relevant Senior Social Worker who will make the decision regarding the next steps.

If, as a result of this, it is concluded that a fuller assessment is required, this will be allocated within social work for them to lead on a Pre-Birth Assessment.

If a Pre-birth assessment is not necessary and supports are in place from the wider family network and universal services, responsibility will be handed back to the named midwife.

The decision made by Senior Social Worker, mapping and feedback should be sent to referrer ensuring midwifery have a copy (if they are not the referrer).

9. Child Protection

To assess if an unborn child is at risk of harm or exposed to parental behaviours which could have a significant impact on their health, safety and development, consideration needs to be given to the seriousness of the behaviours, the impact (on the unborn child) and likelihood of the harmful behaviours happening in the future.

Examples of child protection concerns for an unborn child could be:

- Significant and / or escalation of domestic or honour-based violence,
- Where a parent is being sexually exploited or a victim of trafficking or abuse which is impacting on their vulnerability to safeguard themselves and their baby,

- Unpredictable or impulsive parental behaviours as a result of mental illness or substance abuse (NB mental illness and substance misuse are not in themselves a child protection concern – it is the behaviours arising from these),
- Where parent has a learning disability which has a severe impact on their capability to interpret and meet the needs of their baby,
- Parent has older children who are currently subject to Child Protection Registration,
- Baby will likely be in regular contact with or in care of an adult who could cause a significant risk of harm to a child,
- The pregnancy has been deliberately concealed from agencies.

The above list is not exhaustive and is highly reliant on professional judgement and individual assessment.

If an unborn child is considered to be at significant risk of harm, the above process should still be followed with a referral sent to the Single Access Point, highlighting the level and nature of the concerns. If Child protection concerns are agreed then Police, Health and Social Work within the Multi-agency Safeguarding Hub (MASH) will assess if there is the need for an Inter-Agency Referral Discussion (IRD). An IRD should take place within 24 hours of receipt of the referral to decide whether or not a child protection investigation and risk assessment is required.

The Specialist midwife/community midwifery team leaders should be advised of an IRD for an unborn child by either health or social work from MASH and updated of the outcome and recommendations the same working day the IRD takes place. Confirmation of an ongoing viable pregnancy should occur with the specialist midwife/community midwifery team leaders if this is unclear prior to the IRD.

If a Child Protection investigation is agreed by the IRD, child protection procedures and timescales will then apply (please refer to Dumfries and Galloway's Child Protection Guidance).

If the decision is not to progress under child protection processes a recommendation should be made as to whether or not a Pre-Birth assessment and plan are required.

As with current child protection procedures, Police may refer directly to Child MASH if they become aware of immediate child protection concerns for siblings of the unborn child.

If child protection concerns arise at any stage of assessment these should be referred to Child MASH. If an assessment is in the process of being completed or has recently been completed, this can be updated to include the details of the concerns and the analysis and outcome of the IRD with a recommendation regarding whether an Initial Child Protection Planning Meeting is required, which will then be forwarded to the social work Team Manager for a decision.

If child protection concerns are identified for an unborn child and there are older children in the care of the parent, the older children's needs and vulnerabilities should also be considered within the risk assessment.

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10. Pre-Birth Assessment and Planning

If a pre-birth assessment and plan is required, this will be allocated to a Social Worker / Family Support Worker at the earliest opportunity for completion with oversight from a Senior Social Worker.

A Child's Plan meeting should be convened within 10 working days following the decision for an assessment to be completed. This meeting should include both parents/partners/support network where possible, Named Midwife, and any other agencies supporting the parents. This meeting will be chaired by the allocated worker from Social Work or a Senior Social Worker. This meeting will create an initial plan and timeline of supports and actions in partnership with families and agencies.

The Pre-Birth assessment and plan should be shared with parents / family and circulated to agencies by 30 weeks gestation. The assessment and plan should be supported by a multi-agency chronology. All significant events / changes in circumstance should be noted within the chronology. The team around the baby should always notify the Named Midwife and Social Work of any new information or significant changes.

The Health Visitor/Family Nurse who will take over responsibility as Named Person for the baby following birth should also be included in meetings prior to the baby's birth.

Subsequent child's plan meetings should take place to review progress and update the plan and timeline, which includes roles and responsibilities for all agencies. The plan and timeline should be created in partnership with parents/partners and support networks and incorporate what parents tell us about their strengths.

A copy of the plan should be circulated to parents, support network as agreed by parents and relevant agencies.

11. Pre- Discharge Meetings

Consideration should be given to the requirement for a pre-discharge meeting or a longer stay in hospital within the plan as the estimated delivery date gets closer, based on the analysis of risk and concern within the assessment. Factors to consider within this include whether there are concerns regarding unpredictable parental behaviours or home environment or whether the capacity to parent and safely care for the baby is unknown. If a pre-discharge meeting is necessary, it should be combined with planning meetings such as child protection core groups to avoid unnecessary duplication and minimise stress for new parents.

A pre-discharge meeting should take place prior to baby leaving the hospital if this has been agreed as part of the child's plan or if there is an escalation of concern during hospital admission.

Babies who are subject to child protection plans should not be discharged from hospital on a Friday, weekend or public holiday.

If baby requires a longer stay in hospital i.e. to monitor for neo-natal withdrawal or if additional support with new parenting skills is recommended, this will be confirmed by Midwifery at the child's plan meeting. If observations during hospital stay suggest unexpected withdrawal / additional complications for baby's health / development, consideration needs to be given to post-birth meeting(s) to review the plan. Babies who have experienced a longer stay in hospital should have a pre-discharge meeting, factored into the planning process to agree any required changes to the plan, in advance for discharge home.

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12. Role of Midwifery during the Pre Birth Assessment and Planning Process

The WINGS team (*Women Individually Nurtured Grow Strength*), are a team of Midwifery Practitioners who provide additional support and monitoring to women who have been identified as having additional vulnerabilities during pregnancy. Midwives can refer women into the WINGS team for additional support through enhanced antenatal pathways for their pregnancy care. A further part of their role is to signpost women to partner agencies to ensure ongoing support are in place. The team can be flexible in their approach to appointments, have capacity to spend more time with women and liaise with partner agencies who are involved with them and their families.

Midwives should contribute proportionate health and wellbeing information about a pregnancy when a pre birth assessment is being undertaken and should actively contribute to the plan. Midwifery are well placed to advise and guide professional partners and parents in relation to how parenting behaviours might be impacting on the health and welfare of the unborn baby.

There are various pre birth indicators which can assist practitioners to the prediction of harm and can guide midwives on what information to share with social work to contribute to an ongoing pre birth assessment.

- **Attendance at antenatal care/presentation** – attendance and engagement should be meaningful. Is the pregnant parent seen to be proactive in seeking midwifery support? Are they seen to be taking on advice, accessing information available to her etc, consideration of the pregnant parent's own presentation and self care skills? Relevant clinical findings such as urine toxicology's should be shared appropriately with social work.

- **Fetal wellbeing** –Impaired fetal growth can be an indicator of self neglect/increased maternal cortisol levels. This can prove challenging when there can be other reasons for restricted growth i.e. placental insufficiency, hypertension which can be difficult to determine if directly related to concerns which have been highlighted to social work. Generally, the whole clinical picture needs to be taken into account to complete a holistic assessment.

- **Preparation for parenthood** –are the parents proactive around preparation for baby, seeking support if needed, making evidential preparations ahead of birth and are they being proactive around supports that might be available to them?

- **Attachment towards pregnancy**- signs that the pregnant parent is emotionally making bonds and attaching to their pregnancy, this can be evidenced through general observations i.e. body language, the conversations around their worries or excitement around becoming a parent, auscultation of the fetal heart rate and observing interactions. Factors such as poor mental health may have an impact on this and as stated above, the entire clinical and holistic picture needs to be taken into account as each pregnant parent and their pregnancy are unique.

When a baby is born, growth, development and reaching milestones, age appropriate routines, stimulation and parents accessing health care and advice are all factors which can be used to inform overall wellbeing and assess potential risk.

If at any point there is a **pregnancy loss** then the **named/specialist midwife/community midwifery team leaders** must alert social work at the earliest opportunity if they have an ongoing role.

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Ongoing liaison should occur regularly from midwives with other relevant care providers for the pregnant parent during pregnancy. This may include family nurses, health visiting (as per the communication pathway), to ensure corroboration and triangulation of information and to share any strengths/concerns.

The named midwife is responsible for a full handover of vulnerabilities and details of any post birth plans to the allocated health visitor. All health visitors/family nurses also have access to Badgernet where they are also able to access relevant reports and assessments. Health Visitors/Family nurses should be included within Child's Plan Meetings during the pre-birth period and the Pre-Discharge Meeting if required.

Named Midwives should try to ensure that attendance and representation at multi agency meetings is consistent, to assist in building up trusting relationships with parents/partners and family. Midwives should be aware of the importance of using language uncomplicated by jargon, to explain their worries and concerns. Information should always be delivered directly to the parents during these meetings. Parents should always be made aware of their midwife's worries or concerns prior to meetings unless circumstances have dictated this to be unsafe for the clinician.

Chronologies are a record of significant events used to support agencies in providing help to vulnerable pregnant parents, their partners and families. They have become increasingly recognised as not only of significant use but as a **required tool** in maternity care and in working with children, families and vulnerable individuals. Chronologies provide a **key link** in the chain of understanding needs/risks, including the need for protecting the unborn from potential and predicted harm. Setting out key events in sequential date order, they provide a 'summary timeline' of circumstances, patterns of behaviour and trends in lifestyle that may assist with risk assessment.

The chronology tool within badgernet assists midwives in documenting key events. This includes a **quick link** to the chronology tool within various other forms i.e. antenatal assessment, DNA, communications and clinical note forms**. A social chronology report** can be saved, printed/electronically shared with other agencies when appropriate, and used to support cases brought to multi agency meetings such as initial child protection planning meetings. On transfer of care Health Visitors/Family Nurses will commence a child's chronology in Clinical portal and add to parent's chronologies as necessary.

Named midwives should be proactive in planning for any period of admission during the pregnancy/postnatal period regarding any particular circumstances which may affect the pregnant parent's stay. For example: increased length of postnatal stay based on neonatal withdrawal observations, increased parenting support or any other specific recommendations surrounding their needs at that time. All relevant information required should be documented on the child protection birth plan if they are open to social work and consideration should be given to formal SBAR to senior charge midwives if it is a significant/complex case.

When a baby is born who has current social work input, the Midwife providing initial care in the **post birth period** will inform the allocated social worker or Senior Social Worker during office hours (Mon – Fri, 9-5) or social work's Out of Hours Service if outwith normal office hours. The NHS public protection team should be notified if the baby is subject to a child protection plan. Any specialist recommendations will also be found within the archived reports on badgernet. The Midwives should inform social work as soon as possible if the child is admitted to the Neonatal Unit for specialist attention where applicable and/or where they may have concerns about any parenting abilities. Ongoing communication between all agencies should continue during parents' stay in hospital and during initial days following discharge.

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13. Escalation Process

If any partner to the unborn baby's plan believes there are risks which are not being addressed through the existing plan and process, then they should contact their line manager in the first instance. If necessary, advice and guidance can be sought from the Public Protection senior advisor/nurse consultant and/or Social Work Team Manager.

14. Timescales

Pre-Birth Performance indicators relating to timescales within the pre birth process are:

- Request for Assistance received by Social Work (within 24 hours for Child Protection / 7 working days following screening decision).
- Background checks and recommended next steps by SAP (within 3 working days of RFA being received).
- Initial assessment completed in partnership by social work and midwifery (within 10 working days of RFA being received).
- If threshold has been met to progress to MASH child protection timescales as within Dumfries and Galloway's Child Protection Guidance will apply.
- Child's Plan Meeting to take place within 10 working days of decision being made that a Pre-Birth Assessment and Plan is required.
- Pre-Birth Assessment and Plan to be completed, agreed and circulated to all members of the network by 30 weeks gestation.
- Child's Plan Meeting to take place by 32 weeks gestation to agree post birth safety plan and update timeline to reflect any ongoing role for Social Work.

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15 Key Contacts

Specialist Midwife
07771974274
dg.specialistprebirthteam@nhs.scot

Social Work
Telephone 030 33 33 3001
Out of Hours 01387 273660

Maternity Services
Birthing Suite: 01387 241207/241208
Maternity Suite: 01387 241231
Antenatal Clinic: 01387 241200
Neonatal Unit: 01387 241234
WINGS Midwifery Team –available on individual mobiles, through switchboard on ext 33116 or dg.wings@nhs.scot
Blue/Red team midwives – 01387 246964/ 01387 246963 dg.blue-team@nhs.scot
Orange team midwives – 01461 202017 dg.orange-team@nhs.scot
Yellow Team midwives – 01556 505711 dg.yellow-team@nhs.scot
Green Team midwives - 01776 707722 dg.green-team@nhs.scot

(Paediatric Ward - DGRI)
'Children's ward' -Telephone 01387 241305

NHS Public Protection Team
Telephone 01387 244300
dg.childprotectionteam@nhs.scot

NHS Specialist Drug & Alcohol Service
Telephone 01387 244555
dg.das-admin@nhs.scot

NHS Perinatal Mental Health Service
Telephone via switch board - 01387 246246
dg.perinatalmhs@nhs.scot

Family Nurse Partnership
Telephone 01387 244409
dg.family-nurse-partnership@nhs.scot
FNP Supervisor – 07825 227 933

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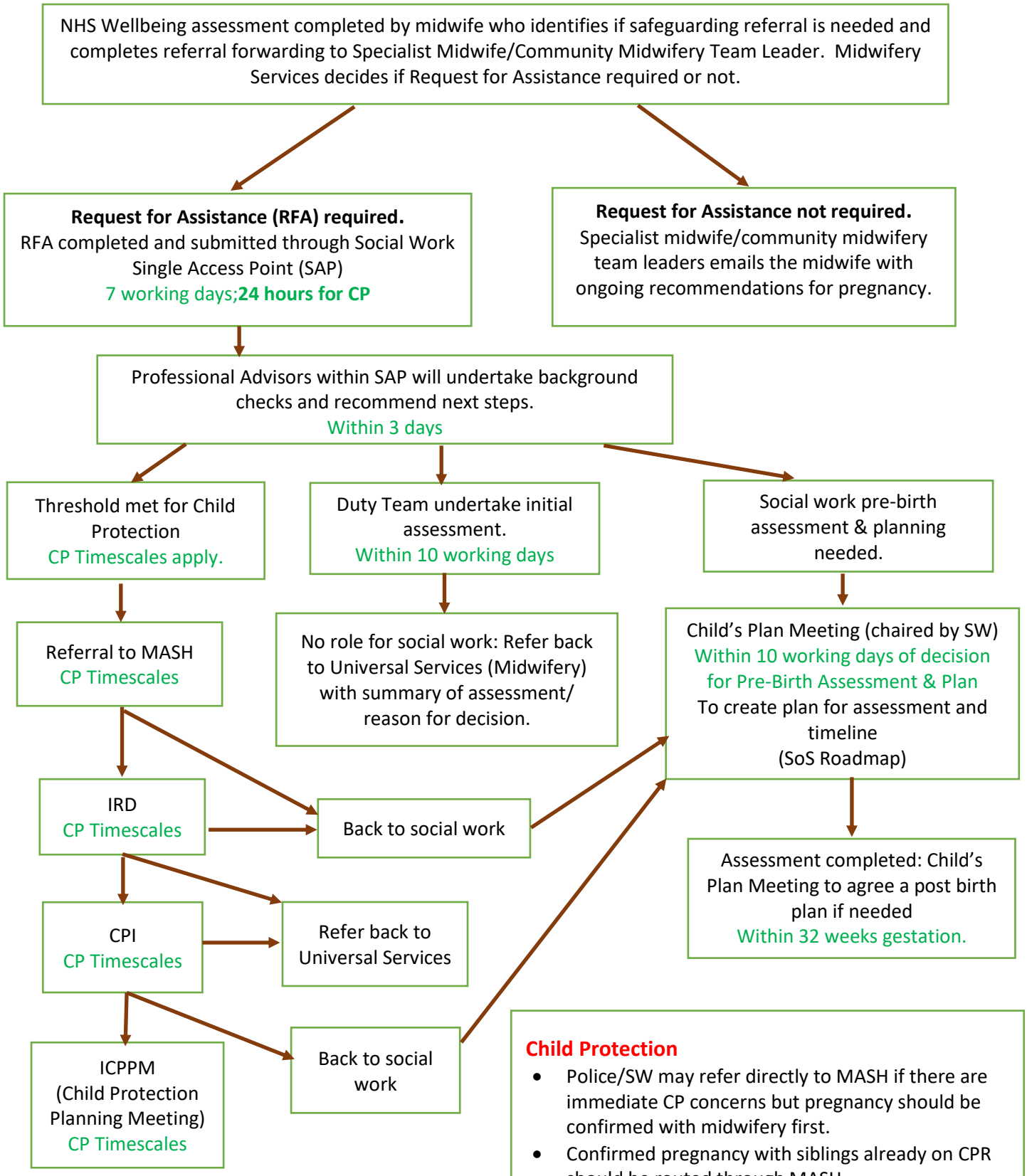
16. Pre-Birth Flow Chart



Child Protection

- Police/SW may refer directly to MASH if there are immediate CP concerns but pregnancy should be confirmed with midwifery first.
- Confirmed pregnancy with siblings already on CPR should be routed through MASH.
- Specialist midwife/community midwifery team leaders to be notified same day if IRD is agreed through MASH.
- If CP concerns arise during assessment these should be routed back through MASH.