BIRTH PLANNING GUIDANCE

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Introduction

It is recognised that babies are vulnerable to abuse and that the work carried out during the antenatal period to assess risk and to plan intervention can minimise harm and promote well-being.

The period leading up to the birth should also be seen as a period to work proactively with families through a multi-agency approach, in both identifying potential needs and risk and if necessary to provide a support plan.

The objective of this guidance is to assist in developing a consistent approach to practice when there is a pre-birth period of assessment required and plans following birth. The guidance is based on the principles of collaborative multi-agency working, but in particular recognising the importance of consistent dialogue between social workers, midwives, and specialist midwives .i.e. Named Midwife for Safeguarding, Substance Misuse Midwife, Public Health Midwife, Consultant Midwife where it has been identified that there is a likelihood of harm. It is also important to involve other relevant professionals and agencies such as Health Visitors, General Practitioners, Mental Health, Community Drug and Alcohol Team (CDAT,) 'Welsh Centre for Action on Dependency and Addiction (WCADA).

Identifying the Risk of Harm

Individual staff members and professionals who have concerns about future risk of harm to a baby not yet born, must make a child protection referral to social services in the area that the baby will reside. Although statutory intervention cannot begin prior to birth, an assessment can take place and plans formulated at a child protection conference with the purpose of ensuring the well-being and safeguarding of the baby following birth. Child Practice Reviews reinforce the importance of pre-birth plans for protecting children.

Circumstances for considering making a referral include:

- Previous children in the family have been removed because they have suffered harm
- Other children in the family have their names included on the child protection register currently or in the past
- The expectant mother/father has previously abused or allegedly abused a child
- The expectant mother has a partner, or is in contact with someone, who has abused a child
- Concerns about either parent’s ability to protect the baby
- Any concerns about new parents’ capacity to parent and it is believed that any child of the family might suffer significant harm
- Concerns about compromised parenting capacity for example:
    a) Significant learning difficulties

b) Serious mental health problems (including a previous history of puerperal/post-natal psychosis where there were concerns regarding parenting capacity)
c) Alcohol or substance abuse (Could be affecting the health of an unborn baby, and may significantly impair parenting skills)
d) Serious or persistent incidents of domestic abuse, within the relationship, which gives cause for concern about a child/baby's' safety or well being

- An expectant parent under the age of 18 may require a dual assessment of her/his own needs as a child, as well as her/his ability to meet the baby's needs
- Less than 16 years old at the time of conception
- The lifestyle of the expectant mother and/or the people she is in contact with is such that the baby may be at risk at birth
- A history of non-co-operation with agencies in families from whom there are concerns, especially where there is a new partner
- Where there is a concern of Child Sexual Exploitation (CSE)
- Surrogacy – where there been a private agreement.
- If the expectant mother is a victim of Human Trafficking/Exploitation or if there are, concerns that the baby, once born, may be at risk of Human Trafficking.
- When the parent has been a Looked After Child themselves

- Where the pregnant mother has female genital mutilation and the unborn confirmed by ultrasound to be a female
- FGM

(All Wales Child Protection Procedures 2008)
(Serious Crime Act 2015)
(Modern Slavery Act 2015)
(FGM: All Wales protocol 2011)
(FGM Act 2003)

1. **When to refer to Social Services**

When a midwife or other relevant professional has concerns about risks of harm to an unborn baby and the pregnancy has been confirmed, they should refer as soon as the concerns are identified. Following a referral to Social Services, if a pregnancy does not remain viable (e.g. Termination of pregnancy or miscarriage) it is the responsibility of the midwife to inform Social Services as soon as possible.

If a baby is born prematurely or becomes unwell after birth, it may be that the baby will be cared for in the Neonatal Intensive Care Unit (NICU) or the Special Care Baby Unit (SCBU). If any concerns of a safeguarding nature are identified, a child protection referral should be made to the relevant Local Authorities' duty team. The unit needs to ensure that there is a thorough process for planning the discharge of the baby that includes an appropriate assessment of parenting capacity involving the relevant community based practitioners.

It is good practice for parents to be informed about a child protection referral concerning their unborn baby/ child unless there is a professional judgement that this would place the child at risk of further harm. *In Line with the Wales*

Safeguarding Procedures, whenever possible, consent should be obtained before sharing personal information with third parties, but the public interest in child protection always overrides the public interest in maintaining confidentiality or obtaining consent from families. A child's safety is the paramount consideration in weighing these interests.

2. Assessment and Plans

If the referral is deemed eligible following consideration from the relevant Intake Team at the relevant Local Authority, a Single Assessment will be carried out and will assist in the development of the Birth Plan. The Birth Plan should be in place by 32 weeks gestation **at the latest**. However, any immediate safeguarding issues need to be addressed in line with the All Wales Child Protection Procedures 2008. It is important to note that babies can be discharged home as early as 34 weeks gestation. It is also relevant to note that some of the mothers who have safeguarding concerns also may give birth to babies prematurely. For example, babies with intra uterine growth restriction (IUGR) and babies born to mothers who misuse substances.

On completion of the Single Assessment the Local Authority will develop a multi-agency Care and Support Plan for the child. This will include a more specific birth plan that is led by the named social worker in collaboration with the woman's community midwife and should be shared with all professionals working with the family and agreed within the relevant reviewing process i.e. Core Groups or CINCS (Child In Need of Care and Support) meetings.

Emergency Duty Team (EDT) should be made aware of this birth plan, as well as the Named Midwife for Safeguarding and Community Midwife.

3. Specific Circumstances

Late identification of safeguarding concerns, Late booking and concealed pregnancies

Midwives will refer to Social Services as appropriate in these circumstances, whilst preparations for a Birth Plan may be challenging, this must not prevent a Birth Plan being put in place with the available information. In these circumstances the pre-birth plan must be with maternity services by **32 weeks gestation or within 2 working days.**

Pregnant mothers moving out of area at short notice or no notice

In the first instance, the responsible authority must be notified immediately and appropriate neighbouring authorities to be advised of concerns. The Named Midwife for Safeguarding will alert the Named Midwife for Safeguarding in the appropriate Health Board. The allocated Social Worker will alert other Local Authorities and Police.

Babies relinquished at birth

Where there is notice of this scenario a Social Worker will have completed a Core Assessment plan and identified a placement. In planning for a birth, forms

should be completed by the Social Worker and a copy given to the Emergency Duty Team. Where the mother wishes to relinquish care of the baby at birth and where there is no prior notice, an immediate telephone referral should be made to the appropriate duty team. If out of hours, the Emergency Duty Team will be informed. A written referral must be submitted within 48 hours to Social Services by the Midwifery Department.

4. Pre-Birth Child protection Conference

In circumstances where agencies have, cause for concern that an unborn baby may be at risk after birth, of significant harm, the Social Service Department should consider convening an Initial Child Protection Conference prior to the birth of the unborn baby. The decision about whether to convene an Initial Child Protection Conference must be in accordance with Part 3 of the All Wales Child Protection Procedure 2008. The conference will have the same status and be conducted in the same manner as any other Initial Child Protection Conference.

The Child Protection Conference should take place as close as possible to 24 weeks gestation; staff should escalate with their manager if this time is not met to prevent delays. Conference members will share information and consider the need for registration of the baby at birth. The role of Midwifery and Health Visiting Services will be critical here and any input from GP's is also important. Therefore, attendance at conference accompanied with a written report by health professionals is essential.

When it is agreed that the unborn baby will be registered at birth, the key worker and members of the core group will agree a detailed child protection plan in advance of the birth.

A conference may not be convened where an alternative and safe plan is deemed appropriate. This should be clearly recorded on the unborn baby's /child's case file with reasons and is shared by the Local Authority with the multi-agency.

All Core Group and multi-agency Pre-birth meetings should include appropriate professionals, which may include the Emergency Duty Team representative as well as a Midwife and Health Visitor.

Copies of the Birth Plan will be stored in the maternity safeguarding files which are stored in the maternity units within the Health Board where the woman is booked to deliver her baby - Singleton Maternity Unit, Swansea, Neath Port Talbot Birth Centre (NPTBC) Baglan, and Princess of Wales (POW) Maternity Unit, Bridgend. If the woman is planning a home birth, the safeguarding file will be stored at Neath Port Talbot Birth centre. The maternity 'WPAS' (Welsh Patient Administration System) Data base System will have a flag to indicate any safeguarding concerns, in the event that a woman attends a maternity unit within the Health Board that she is not booked to deliver in. Upon admission to a maternity unit or a Midwives attendance at a home birth a woman's information will be checked on 'WPAS' to establish whether there have been any identified safeguarding concerns and if so what plans have been made following the birth. A copy of the birth plan should also be available to the

Emergency Duty Team for their records in the event that the birth takes place out of office hours.

Home Delivery

A Midwife has a duty of care to attend a woman in labour regardless of the woman's choice for place of birth. This is so, even if there are concerns about place of birth raised by other professionals or agencies. Any Birth Plan needs to take this into consideration and Social Workers/Emergency Duty Teams may be expected to attend the home at the time of birth or shortly afterwards in case of safeguarding supervision requirements.

Baby Born Before Arrival (BBA)

If the mother and baby are both well following a BBA, they may remain at home. If it is advised that a mother and baby are observed in a maternity unit following the birth and the mother refuses, appropriate liaison will then be necessary between Midwives and Social Workers.

Surrogate Pregnancies

Most surrogate pregnancies are organised through licensed clinics whereby an assessment of the family will have been undertaken and there are no concerns re the parenting of the expectant infant. However, this needs to be established by the midwife booking the woman. In circumstances whereby this has not been done and/or arrangements for the baby are, unclear further assessment is required and there may be a need for a Birth Plan. (ABMU HB Guidelines for Surrogate pregnancy 2014).

Mental Health /Puerperal Psychosis

Women identified as being high risk of early post-partum mental health illness or puerperal psychosis should be managed according to the detailed plans for late pregnancy and early postpartum period. Plans should be devised in collaboration with specialised perinatal mental health services i.e. Perinatal Response and Management Services (PRAMS) or, with the Local Primary Mental Health Support Service.

Provisions' for a mother and baby placement can only be sought following a thorough assessment by a Psychiatrist. If there is any doubt of the safety of baby being placed with mother, the baby should be best placed with the family to ensure safety of the baby, whilst provisions for a bed at the local psychiatric unit will be organised for mother. However if the psychiatric assessment proves that mother is capable of safeguarding her baby and she agrees to attend a mother and baby placement , it is the duty of the psychiatric department to secure a placement at either Bristol or Birmingham Psychiatric unit as there are no provisions in Wales.

The requirements of a Birth Plan

This plan should form part of the child's Care and Support Plan. Where professionals have cause for concern that a baby may be at risk, after birth, of significant harm, a plan needs to be in place to ensure clarity about arrangements (please note: this accompanies the Childs Care Plan) and should include:

- The date of formulation of the plan and the names/designations of all people formulating the plan
- Confirmation that the plan has been shared with parents and other identified safe people
- The nature of concerns clearly documented in a specific and concise manner
- Specifically whom the midwife should notify at birth. (Contact numbers should be included) This may include the social worker, Social Services team manager, including Emergency Duty Team and the Police.
- Parents and other relevant persons level of contact with the baby and supervision requirements
- Any health and safety issues including threat of violence and aggression and details of who should not have contact with the baby should be recorded, including any actions taken. Midwives/ward staff are expected to record professional observations including interaction between parents' and baby, positive aspects of care and any concerns noted.

These observations should be recorded in the Midwifery safeguarding files and baby's medical records. When a baby is assessed as healthy for discharge, this should not be delayed due to any legal debate on placement. Discharge placement details such as name and address of foster carer and GP details should be provided to hospital staff so appropriate Midwifery and Health Visiting can make arrangements for postnatal visiting.

- Supervision arrangements should be fully considered and arrangements agreed where possible prior to the woman going into labour – In specific circumstances, concerns may be so high that 24-hour supervision of parents and baby may be necessary. Any assessment relating to this should consider suitable options that may include extended family or other professional agencies. Following birth, a woman and her baby **will** be supervised for up to 2 hours. Midwives are not in a position to offer 24 hour supervision for safeguarding concerns. (WBSCB Multi-Agency Protocol for the Supervision of Parents and Carers of Children and Young People admitted to hospital where there are Safeguarding Concerns 2016).

- Actions to be taken in an emergency - This may include as appropriate:

    a. Where immediate concerns or risk is apparent, ring the police number 999 and request immediate attendance whereby Powers of Police Protection may be enforced – Section 46 of the Children's Act 1989 provides for the removal and accommodation of the baby/children by police in cases of emergency for up to 72

hours. Where an officer has reasonable cause to believe that a baby would otherwise be likely to suffer significant harm, the officer may remove the baby to suitable accommodation and keep him/her there; or take such steps as are reasonable to ensure that the baby's removal from the hospital, or other place, in which he/she is then being accommodated is prevented.

b. Notification to Emergency Duty Team
c. Notification to Police for creation of incident and relevant markers, non-emergency number 101

Discharge Planning

The Birth Plan should be agreed between professionals and if possible with parents.

Discharge planning meetings are recommended as good practice particularly within high risk /emergency cases in order to ensure the safeguarding and well-being of the baby. In addition, where the Core Plan is for the child to be accommodated under section 76 of the Social Services and Well Being Act (Wales) 2014, the allocated social worker will look to complete the child's paperwork as far as possible to the expected due date.

The task of consent signatories and placements of the child will then be undertaken as soon as possible following birth but before discharge.

If the Local Authority is seeking a Care Order prior to discharge of the baby then the Local Authority should make an urgent application to the local Courts to avoid any delays in discharging.

If the baby is on the Child Protection Register and is returning to family care in the community then consideration of an urgent Core Group should be given post discharge, which should include core members of the Multi-Agency network, and other identified safe people.

Care of mothers where baby have been removed – should we consider both parents?

The removal of a baby from the woman can be a stressful and emotional time. This needs to be acknowledged by **all** professionals involved and safety aspects considered. Midwives will offer to continue to care and attend to the emotional and physical needs of the woman both whilst in hospital and within the community for at least 14 days post-delivery. Consideration needs to be given with regards to any further support and/or referrals to other appropriate agencies.

BIRTH PLAN

Please see Appendix 1

BASIC INFORMATION

Date of Birth Plan/ update	Name of professional completing/ updating Birth Plan

Mother's name	
Date of birth	
Home address **Contact number:**	
Partner's name	
Date of birth	

Home address **Contact number:**	

Father's name if not the partner	
Date of birth	
Home address **Contact number:**	

Summary of concerns e.g. substance abuse, domestic abuse, sexual abuse etc.

Unborn baby's estimated date of delivery (EDD)	
Proposed surname of baby	
Planned place of birth	

Midwife's name	
Contact details	
Midwifery team	
Contact details	
Health Visitor's name	
Contact details	
Social Worker's name	
Contact details	
Team Manager's name	
Contact details	

Date of referral	
Date of pre-birth conference & registration category (if applicable)	
Contact South Wales Police for creation of police incident on Tel No. 101 (Non-Emergency)	**YES / NO** **Date:** **Incident/Occurrence/Reference Number:**
Police phone number if emergency assistance required on ward	**999**

BIRTH PLAN

Names of agreed birthing partners	**Relationship to unborn baby**

Persons to be excluded from the Maternity Unit (on the basis of an injunction or restraining	**Order/Mandate**	**Relationship to unborn baby**

Names of any person whose conduct and behaviour may pose difficulties.	Potential conduct/behaviour	Relationship to unborn baby

Any difficult or disruptive behaviour within the hospital will be dealt with in accordance with hospital policy and may include the Police and Hospital Security.

Personnel to be notified In Hours:

On admission to hospital:	Status/ designation	Contact details.	Date and time notified:
Following birth:	**Status/ designation**	**Contact details.**	**Date and time notified:**

Personnel to be notified out of hours:

On admission to hospital:	Status/ designation	Contact details.	Date and time notified:
Following birth:	**Status/ designation**	**Contact details.**	**Date and time notified:**

This must include all persons appointed for the care/supervision of the baby following birth.

Is the plan for the baby to go home with the mother?

YES / NO

If no what arrangements are in place at the point of removal

Does the Local Authority intend to seek any court order or agreement with the parents as part of the overall plan following the birth?

YES / NO

Details of Order or agreement being sought:

Whilst in hospital, will the mother care fully for the baby following birth?

YES/NO

Details (including arrangements for supervision/monitoring):

If there is any attempt to remove the baby from hospital, without agreement, are hospital staff to immediately contact South Wales Police for them to consider Police Protection?

YES/NO

Will any pre-discharge meeting be needed?

YES/NO

Person's to be contacted on discharge:

Name	Status/designation	Contact details	Date and time notified

To what environment is the baby being discharged from hospital e.g. home with mother, foster care, mother and baby unit. Do not specify address. This will be confirmed by the Social Worker following the birth of the baby.

If Mother and baby are to be discharged home together detail any action and support that has been agreed and needs to be in place prior to discharge home:

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Other issues in relation to parenting to be noted:

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Observations of parental interaction with baby including strengths and concerns:

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IF THE BABY IS ADMITTED TO NEO-NATAL/PAEDIATRIC WARD, PLEASE ENSURE THIS PLAN GOES WITH THE CHILD.

Written by:
Signatures:
Designation

Copies to:
Parent/s
Core group members
Named Midwife for Safeguarding
Emergency Duty Team
South Wales Police/Western BCU (as appropriate)

Appendix 1

Considerations when writing a Birth Plan:

- The average length of stay in hospital for all women following a vaginal delivery (including forceps/ventouse delivery) is 12 to 24 hours
- For women undergoing an elective caesarean section or emergency caesarean section the usual length of stay is 2 nights
- Any identified obstetric/medical concerns for the mother or/and baby may affect the length of stay and this will be reviewed on a daily basis
- Safeguarding concerns should not be the reason for a woman to remain on a ward longer than the usual length of stay as stated above
- It is **important** that Social Workers ensure that all relevant paperwork (including legal) is prepared/completed before **32** weeks gestation. This is to ensure efficient discharge and prevent bed blocking
- The layout of the maternity wards and the ratio midwives: women only allow for limited supervision of mothers with their babies.

Reference List

ABMU HB Guidelines for Surrogate pregnancy (2014)

Female Genital Mutilation (FGM): The Female Genital Mutilation Act section 73 of the Serious Crime Act 2015; All Wales Child Protection Procedure 2008 3.5.1, FGM Act (2003)

The All Wales Child Protection Procedure (2008) 4.6.1 **www.awcpp.org.uk :** The Office of the Children's Commissioner for Wales

Social Services and Wellbeing (Wales) Act (2014)

Children Act 1989