BIRTH PLANNING GUIDANCE

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Introduction

It is recognised that young 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.

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 to provide a support plan.

The objective of this guidance is to assist in developing a consistent approach to practice in the pre-birth period of assessment 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. 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. 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 needs of the baby can meet following birth. Child Practice Reviews reinforce the importance of pre-birth plans for protecting children.

Circumstances for 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
- 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
- A very young expectant parent 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
- 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

(The All Wales Child Protection procedure 2008 4.6.1)

- Where the pregnant mother has female genital mutilation and the unborn confirmed by ultrasound to be a female (FGM: All Wales protocol 2011, All Wales Child Protection Procedure 2008 3.5.1, , FGM Act 2003,)

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

When a midwife or other relevant professionals 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

If a baby is born prematurely and child protection concerns may emerge 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). These units need to ensure 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. If any concerns of a safeguarding nature are identified a child protection referral should be made to the relevant Local Authorities' duty team.

2. Assessment and Plans

If the referral is deemed eligible following an initial assessment, a Pre-Birth Assessment will be carried out and will assist in the development of the Birth Plan. This should be in place by 32 weeks gestation at the latest. 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 retardation (IUGR) and babies born to mothers who misuse substances

On completion of the Pre-Birth Assessment the Local Authority will develop a multi-agency child's plan. This will also be accompanied by a more specific birth plan which is led by the named social worker in collaboration with the woman's community midwife.

Copies of the Birth Plan should be provided to all relevant professionals as appropriate, including the 'Emergency Duty Team'. (See Appendix 1 for Considerations to be incorporated within the birth plan)

3. 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 between 8 to 16 weeks before the estimated date of delivery to allow for appropriate assessment and planning (24 to 32 weeks gestation). Staff should escalate if this time is not met to prevent delays in making decisions at the time of birth.

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 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.

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. For example, if the Local Authority's position is clearly to issue legal proceedings following birth, then the need to convene conference may not be appropriate. However, the use of a birth plan in these circumstances is equally important.

All Core Group and multi-agency Pre-birth meetings should include appropriate professionals, including the Emergency Duty Team Manager.

Copies of the Birth Plan will be stored in the maternity safeguarding files which are stored in the maternity units within ABMU 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. The maternity 'Myrddin' Data base System will have a flag to indicate any safeguarding concerns, in the event that a woman attends a maternity unit within ABMU Health Board that she is not booked to deliver in.

The requirements of a Birth Plan

In circumstances 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 nature of concerns clearly documented in a specific and concise manner
- Specifically who the midwife should notify at birth. (Contact numbers should be included) This may include Social Services, including Emergency Duty Team and the Police.

- Parents and other relevant persons level of contact with the baby and supervision requirements

- Supervision arrangements –concerns may be so high that 24hour 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 mother and her baby **will** be supervised for up to 2 hours on the labour ward. However, 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 - Where there is indication that parents may discharge the baby against an agreed plan and there are concerns about such action the required preventative measures and emergency response will be included therein. This may include as appropriate:

    a. Notification to Emergency Duty Team

    b. Notification to Police for creation of incident and relevant markers, non emergency number 101

    c. Where immediate concerns or risk is apparent, ring police emergency number 999 and request immediate attendance where by 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 a constable has reasonable cause to believe that a baby would otherwise be likely to suffer significant harm , he 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

Any health and safety issues including threat of violence and aggression and issues 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 arrangements can be made for postnatal visiting by Midwifery and Health Visiting.

General Notes

Where the Care Plan is for Section 76 Social Services and Wellbeing (Wales) Act 2014 (voluntary) accommodation i.e. consented by parents, the allocated social worker will complete the 'Looked After Children' paperwork as far as possible i.e. the Placement Plan/Placement and Information Record and pass to the Emergency Duty Social Worker in the pre-empting event of birth out of office hours or weekend/holiday periods. The task of consent, signatories and placement of the child will then be undertaken by the Emergency Duty Social Worker.

Where babies are accommodated, the placing Social Workers should ensure the electronic notification is completed within two days to trigger a statutory health assessment

Discharge meetings are recommended as good practice particularly within high risk /emergency circumstances. Good practice would support this taking place pre discharge however if deemed appropriate may be post-discharge.

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

4. Specific Circumstances

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.

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

In the first instance the responsible authority must be notified immediately, and as appropriate neighbouring authorities will be advised of concerns. The Named Midwife for Safeguarding will alert the Named Midwife in the appropriate Health Boards. 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 and 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.

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)

In most circumstances BBAs will be brought in to the hospital with their mothers. There may be occasions where the mother refuses to attend the hospital and 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 (puerperal psychosis) should be managed according to the detailed plans for late pregnancy and early postpartum period, which should have been devised in collaboration with specialised perinatal mental health services i.e. ABMU 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.

Care of mothers where baby have been removed

The removal of a baby from the mother can be a stressful and emotional time. This needs to be acknowledged by **all** professionals involved. Midwives will continue to care and attend to the emotional and physical needs of the mother both whilst in hospital and within the community for up to 12 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

Mother's name	
Date of birth	
Home address	
Partner's name	
Date of birth	
Home address	

Father's name if not the partner	
Date of birth	
Home address	

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

Unborn baby's estimated date of delivery (EDD)	
Proposed surname of baby	
Hospital/Midwifery Unit for birth	

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

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	Order/Mandate	Relationship to unborn baby
restraining order)		

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:

Other issues in relation to parenting to be noted:

_____
_____
_____
_____
_____
_____

Observations of parental interaction with baby including strengths and concerns:

_____
_____
_____
_____
_____
_____

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 37 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 (2014-2017)

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