



PREBIRTH

October 2010

INTRODUCTION

This practice guidance is to be used alongside BSCB Pre-Birth procedures, and therefore follows the same procedural sequence. The use of this combined framework of procedures and guidance is aimed at avoiding a reactive, crisis-led response, and enabling a more considered, proactive, and needs led response.

The birth of a baby is a significant life event which will bring about many changes in its parents' life. Increased professional support is the norm in pregnancy and during the early months of a baby's life. Such support is non-stigmatising and therefore may seem more acceptable to vulnerable parents. Parents themselves are often motivated to change their behaviour during pregnancy because they want what is best for their children

Pregnancy can create special circumstances/influences for both parents, which need to be accommodated and understood by all professionals who come into contact with these families. Pregnancy will have a major impact on some people's lives and will affect both behaviour and relationships. Pregnant women's health and their responses to external factors often change in pregnancy - and the physiological, emotional and social influences that both cause and are affected by these changes can have a direct impact on their behaviour and health and how they manage in key relationships.

RECOGNITION and REFERRAL

Midwifery and Health Visiting services

Antenatal care begins as soon as the pregnancy has been confirmed. Midwives continue to be involved until at least 10 days following birth.

A booking interview with the midwife takes place ideally between 8-12 weeks gestation. The booking interview is a time of collection of information, and an opportunity for the midwife and mother to plan her care in pregnancy. It is an ideal time for the midwife to assess health and social needs of families and to consider packages of care and support suitable for individual needs.

Considering the role of the birth father from the beginning

Local Serious Case Reviews have identified that professional attention has often almost entirely focussed on the mother, with assessment of the father being through the mother's views. Practice indicated insufficient direct independent assessment of the father, or insufficient attention being paid to establishing his views, his involvement and interest in the children, particularly when not living in the same household. This guidance therefore, deliberately raises the profile of the father.

At this early stage, in the context of assessing support needs it is important to gather full information about the father of the unborn. Even if not living with the mother, the father and his family may be an important source of support and care once the child is born. In addition, there may be previous issues of concern in regard to the father which remain a threat to both mother and baby.

Cultural, ethnic and religious implications must also be considered whether the parents are living together or separately. If their backgrounds vary, then efforts should be made to ensure that the influence of both parents is fully taken into consideration.

When the mother is living with a partner who is not the father of the unborn, the implications of their involvement must be born in mind. The partner (this may include same sex partner) must be included in the assessment and any planning independently, in the same way as the birth father.

Learning Disabled Parents

The ability of learning disabled parents to provide a reasonable standard of care will depend on their own individual abilities, circumstances and the individual needs of the child.

Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their child.

Such support is particularly important if they also experience additional stressors e.g. having a disabled child, domestic violence, poor physical or mental health, substance misuse, social isolation, poor housing, poverty or a history of growing up in care.

Learning disabled parents are sometimes more vulnerable to exploitation by individuals who may pose a risk to children. The children could in these situations, be vulnerable to abuse and neglect.

It is important to assess the needs and provide support for learning disabled parents as early as possible.

The GP and midwife should make referrals to the community team for people with learning disabilities (CTPLD), for a common assessment of the pregnant woman's needs, her capacity for self care and her ability to provide adequate care for the baby. This assessment should consider strengths and the nature of any support available from family and partner.

If any professional or agency has **any** concerns about the capacity of the pregnant woman and her partner to self-care and/or to care for the baby, a referral should be made to Children's Social Care

Subsequent assessment should be in accordance with pre-birth procedures, but the involvement of CTPLD is essential.

Where evidence of a learning disability is present in one or both parents, the paramount consideration of all the agencies will be the welfare and protection of the child/ren with each service providing assessment and support directed at the family members identified as the primary focus of that service's provision.

Parents with learning difficulties are likely to require long term support to be able to meet their child's needs. Where this cannot be provided within the family or community, the parent is likely to require support from professionals

Parental misuse of drugs

When a professional is aware a pregnant woman or her partner is involved in significant substance misuse a referral must be made to Children's Social Care if 1 or more of the following criteria are met:

- A previous child has been removed or is living permanently with another carer.
- The woman has been using illicit drugs and/or has an alcohol dependency
- The woman is misusing methadone and/or is non compliant with a related treatment programme
- The family's lifestyle is known or reported to be chaotic and / or unhygienic – including notable absence of appropriate preparation for the baby
- Another household member is known or reported to be involved in significant substance misuse
- The absence of extended family / friends able to provide extensive support to the substance misusing prospective parent/s

The midwifery or other involved service must initiate a telephone and written referral as soon as it becomes aware of any of the above circumstances.

The midwife should ensure Hep B and HIV screening has been recommended to all drug abusers (Hep C screening is also recommended for intravenous users or for those who are Hep B or HIV+) and that the results are available in the hospital notes

Parents with Mental Health problems

Buckinghamshire Safeguarding Children Board has an inter agency protocol with Adult services for working with parents who have mental health problems

(<http://bucks.phewinternet.co.uk/sites/all/files/assets/documents/Procedures/2010%20JULY%20Mental%20Health%20Protocol.doc>)

However, adult mental health problems are often not formally diagnosed and treated by adult professionals and so it is important that child care professionals have some basic understanding of key issues.

Mother's mental health problems can be associated with a prior history post birth, domestic violence or childhood abuse that remains unresolved. This can also apply to the birth father or current partner.

Understanding predictors of mental health problems in pregnancy and the postpartum period is important for the prevention of negative outcomes for both mothers and children.

Pregnancy and the first year postpartum is a particularly important period in the lives of many women and their partners. The emotional impact of fathering a child is often not taken into consideration. Emotional distress during this time may have a long-term impact on the mother, her child, and the family system.

Therefore, professionals working with families where there is no previous history of involvement of mental health services should be alert to the vulnerabilities of the adults, including any history of abuse or trauma, during the course of assessment and planning.

PRE-BIRTH CORE ASSESSMENT

Our goal is to try and enhance the prospect of maintaining the baby with their parents, either through an inter-agency child protection plan or an alternative detailed package of support. The aim of the assessment is to accurately identify the level of anticipated risk and look at whether this risk is manageable or not.

The fact that a Pre-birth Core Assessment has been considered necessary indicates that at the very least, a support package may be needed. Therefore if low risk is identified, a Child in Need meeting should be held to form an inter-agency Child in Need Plan.

A good plan should ensure that everyone is clear about what should happen when the baby is born. The pre-birth risk assessment conclusions must be reviewed once the baby has been born and the actual observation of parenting can be started.

When working with families it is important to '*Think Fathers*' as part of the '*Think Family*' approach. When the father is a young person, especially if he has a history of being looked after, he may need specific support for himself in order to parent his child appropriately.

A child's father can have a significant, positive impact on the child's outcomes, but only where he is causing no harm to the child; for example, research shows that children with highly involved fathers do better at school and are more empathic in the way that they behave.

Many fathers want to be involved within their family and in their children's upbringing, even if they are no longer living with the children and their mother. However, many fathers find this difficult and feel they are not recognised or encouraged to get involved, by schools or health services.

Children's services as a whole can still be very mother-focused and fathers can, often inadvertently, be made to feel unwelcome or uncomfortable when they try to use them. Managers and commissioners should therefore make sure that their services take account of the needs of fathers and actively look for ways to engage them.

INITIAL CHILD PROTECTION CONFERENCE

Wherever possible, the pre-birth conference should take place after a pre-birth assessment is completed. However, the Initial Conference should be held at least 10 - 12 weeks before the due date of delivery, so as to allow as much time as possible for planning support for the pregnancy and the birth of the baby.

Where there is a known likelihood of a premature birth, the conference should be held earlier. This might mean that the Core assessment may not be completed and it might therefore, be necessary to hold a Review before the birth.

Where the pregnancy comes to light at a Child Protection Conference (i.e. when other children are already subject to Child Protection Plans) then, unless the birth is imminent, a Pre-birth assessment should be the recommendation.

When an unborn baby is subject to a CP Plan, a CP Birth and Discharge plan ([LINK to Plan](#)) must be completed by the Core group, who will include any extra professionals that might be involved at the time of the birth, for example the Police or the Neonatal Unit.

1. SAFEGUARDING AROUND THE TIME OF BIRTH

Specific Guidance for Midwives

This guidance has been developed to ensure that babies are adequately safeguarded both pre birth and immediately after their birth. When safeguarding issues have been identified before the birth, plans should be in place and all professionals who come into contact with the family and baby should be aware of these plans and their role and responsibilities.

The purpose of this guidance is to ensure timely and clear planning for the needs of the unborn/newborn child, it will also help to alleviate some of the confusion and anxieties around decisions taken for both parents and staff.

Child Protection Plans are Multi-Professional with the Lead Professional responsible for the 'Child Protection Birth Plan' being the Named Midwife it is developed in agreement with the Social Worker and Professionals involved.

Currently where a Child Protection Plan has been developed or issues of concern have been identified requiring information to be shared to ensure appropriate care is delivered or in rare occasions where it is necessary to remove a child at birth the details will be found in the file on Delivery Suite and a copy should be placed in the notes.

The hand-held records should indicate the need for staff to access the 'birth plan'

It will never be possible to make timely plans for all babies who need safeguarding, as there will be times when agencies are not aware of a pregnancy or only become aware in the very late stages of pregnancy. In these cases when staff that have concerns they must follow the Child Protection Procedures developed by Buckinghamshire Safeguarding Children's Board and Trust Procedures for referral and discuss at the earliest opportunity with the Named Midwife.

Emergency Protection Orders (EPO)

On very rare occasions a Child Protection Conference may decide the risk to an unborn is so great that the child would not be safe in the care of the parents. In these cases the conference would recommend that legal advice be sought on obtaining an EPO when the baby is born. **It is not possible to obtain a legal order until the child is born.** In these circumstances it is important staff are aware of the plans agreed to 'protect' the child before the EPO is obtained.

Legal has found that one of the most effective ways of ensuring all agencies are part of the planning process and agree to the plan/know what is required of their agency is for a meeting to take place between social care, health and the police where appropriate so that there is a clear plan which all agencies are signed up to. You may wish to consider whether this should be part of the procedure.

A police log number known as the URN (Unique Reference Number) will be obtained and included in the plan and if there is any attempt to remove the child before the order is obtained the police must be contacted quoting the URN. The police will then be requested to exercise their powers of **Police Protection** and remove the baby to a place of safety.

If an EPO is to be sought at birth the allocated social worker must be informed when the mother goes into labour. If out of hours the Emergency Duty Team (EDT) must be informed (tel: 01494 675802) Legal services must be notified of the impending birth as soon as possible.

Legal Services will alert the Magistrates Court Officer that the Local Authority will be applying for an Order. The social worker will have prepared their statement, care plan and supporting paperwork prior to the baby being born, it is therefore important once baby is born that midwife inform the social worker or EDT to update them with details of delivery in order for the application to be made. Once the EPO has been obtained the social worker will bring it to the hospital and serve it on the mother.

When the baby is removed from the parents following an EPO being made or the child being taken into Police Protections the baby may be required to be accommodated on the neonatal unit for a short period of time. This is not automatic and should only be resorted to in exceptional circumstances where foster carers have not been identified at the time of birth. An application should have been made prior to birth to the Family Placement Team to identify appropriate foster carers.

In the situation where an EPO is to sought but the **mother chooses to have her baby at home** it will be necessary to make plans not only to protect the child but also the professionals involved. In these circumstances if the mother has expressed her intention to have her baby at home it will be necessary to convene a multi-agency Management of Risk meeting.

Management of Risk meeting must include: police; social worker; midwife; Named Midwife; or a Supervisor of Midwives; and Ambulance Trust. Any actions decided upon will be added to the hospital plan. The Supervisor of Midwives who may be called to support midwives involved and Head of Midwifery should also be included. The outcome of this meeting must cover all the elements of predicted risk and be added to the Birth and Discharge Plan.

For example in these circumstances a Plan might include:

- The social worker and police will be informed when the woman goes into labour
- It would be necessary for two midwives to be present at delivery.
- The police may accompany the midwives to the home but remain outside, or some other security arrangements would be made.
- Once the baby is born the social worker should be notified (it may be prudent to notify once mother in second stage).
- The police may accompany the social worker to serve the order and remove the baby.
- The midwives must remain with the family until this happens and offer appropriate care and support. The baby will be transferred straight to hospital and then to the identified foster carers.

A BABY CANNOT BE REMOVED FROM A MOTHER WITHOUT HER CONSENT UNLESS AN EMERGENCY PROTECTION ORDER HAS BEEN GRANTED BY THE COURT, OR THE POLICE EXERCISE THEIR POWERS OF PROTECTION

It is not possible to obtain a legal order until the child is born, nor can the police make a Police Protection Order.

Accommodation under Section 20 Orders Children Act 1989

In some cases it may have been agreed with parents prior to birth that the baby may be accommodated with foster carers whilst court proceedings are on-going or further assessments are undertake. In these cases parents retain full parental responsibility differing from those children accommodated under a care order where parental responsibility will be shared with the local authority. A written agreement will have been 'drawn-up' by the social worker which parents may sign prior to the birth a copy of this should be available to staff at the time of delivery and be included in the birth plan

Where a baby is born suffering from withdrawal symptoms the midwives must refer the baby to Children's Social Care immediately. The baby has suffered Significant Harm and normal procedures described in chapters Referral and Assessment, Section 47 Enquiries and Child Protection Conferences apply. Unless the baby is already the subject of a Child Protection Plan, a Strategy Discussion should be held with CAIU, medical professionals and any other relevant professionals.

2. BIRTH AND DISCHARGE PLAN

A format for a birth and discharge plan has been agreed between Social Care and health and is attached as a separate document.

FURTHER DETAILED PRACTICE GUIDANCE, including *Engaging men in the life of their families- a practice agenda* can be found in ***A Framework for conducting Pre-Birth assessments: Martin C Calder: 2008***. This document also includes over 20 other references for practice guidance and research papers, so provides excellent source material in this area of work.