



Bwrdd Iechyd Prifysgol
Cwm Taf Morgannwg
University Health Board



Cwm Taf Morgannwg
Bwrdd Diogelu
Safeguarding Board

Guidance in Relation to Pre-birth Referrals and Child Protection Conferences

Cwm Taf Morgannwg Safeguarding Board	Date: December 2020	Status: Approved
Author: J Evans/J Eyre	Previous version: December 2018	Review Date: December 2021

Concerns about the risk of abuse, neglect and harm to an unborn child, should be referred, by the relevant professional, to Children's Services via the Multi-Agency Safeguarding Hub (MASH) for RCT and Merthyr Local Authorities and via Bridgend MASH for Bridgend Local Authority, in accordance with Wales Safeguarding Procedures. Professionals must consider all children within the family as part of the referral process and in line with relevant referral guidance using established referral processes in accordance with the duty to report in the Social Services and Wellbeing Act (SSWB 2014).

The following guidance sets out how to manage unborn referrals:

Referrals

Referrals from the midwifery service will usually be made at the point where midwifery is aware there may need to be involvement from children's services.

On receipt of referral an assessment may be undertaken in accordance with Social Services and Wellbeing Act (Wales) 2014 (SSWB Act 2014). It may be most appropriate for the pregnant mother to have non statutory services at this point. Consent is needed for this to occur. If the expectant mother's consent is not given and there are clear child protection concerns then child protection procedures will be implemented. There may be relevant assessments by other professionals who are involved in the care of mother and the unborn child that will inform the proportionate assessment and are essential to decision making prior to birth.

Information about fathers should be actively sought by health and social work professionals in all assessments of pregnant women. Professionals should make every effort to involve and engage fathers in assessments. When risks are identified professional curiosity should be used to seek collateral information in attempts to corroborate facts when information is provided by parents. Adverse Childhood Experiences (ACEs) and their potential impact on both parents and their parenting capacity should be identified and analysed within the assessment.

Strategy Discussion/Meeting

The strategy discussion/meeting will always be conducted in accordance with the Wales Safeguarding Procedures. The Strategy meeting/discussion is to be arranged to facilitate the midwife (via telephone conference) and other key agencies (health visitor if young children in the family) to be involved in the sharing of information between agencies and to inform the discussions.

Child Protection Conference

In the majority of cases the optimum time to hold a Child Protection Conference will be between 24 – 28 weeks gestation. However if a professional feels the level of concern warrants an earlier child protection conference then an earlier strategy discussion/meeting can be considered to decide if the initial child protection conference should be held prior to 24 weeks gestation (viability).

The function of the Initial Child Protection Conference for an unborn child is to decide if the child's name is to be placed on the child protection register (CPR) at birth and to develop a plan to reduce the risks.

Child Protection Conference Chairs will ensure that if the child's name is placed on the child protection register a child protection care and support plan is completed. A pre-birth plan will be finalised in the first core group alongside Community Midwife and other key agencies.

The social worker will ensure that that the initial pre-birth plan is available to Maternity Services (named Midwife safeguarding, labour ward, community midwife), Emergency Duty Team and the Police no later than 32 weeks gestation. If safeguarding concerns are identified after 32 weeks gestation (e.g. concealed pregnancy) a birth plan will available to Maternity Services as soon as is practicable and in time to reflect the risk involved to the mother or baby.

Named Midwife Safeguarding (or delegate) to notify Welsh Ambulance Services NHS Trust (WAST) Safeguarding Team of concern(s) that require specific action by WAST.

If the initial pre-birth plan is required to be updated the social worker will forward the updated plan to the agencies above, ensuring that the plan is clearly identified as version two and dated.

If a referral is received in relation to an unborn child where there are other children in the family already included on the CPR, the initial conference for the unborn child can be incorporated into an existing review conference arrangement for any siblings. However, Initial conferences may be held outside this optimum timescale.

Midwife responsible for the birth/Midwifery services must ensure children's services are informed as soon as possible in the immediate post birth period, to ensure the implementation of child protection registration procedures. When the social worker is informed of the baby's birth they will arrange a pre-discharge planning meeting within the next 24 working hours or as soon as is reasonably practicable.

Considerations should be given as to whether the Police should be notified if there is a likelihood of the child being removed by parent/s. Police can use their Powers of Protection if the child is likely to suffer significant harm.

Where there are no clinical or legal (awaiting court proceedings) reasons to remain in the acute maternity setting all mothers and babies will be ready for discharge from hospital. All pre-birth plans must identify agency roles and responsibilities following discharge. Maternity services will provide post-natal visits in accordance to CTHUB post-natal guideline (clinical need of mother or baby).

Relevant Guidance

The All Wales Child Protection Procedures 2008 are due to be replaced by the Wales Safeguarding Procedures in 2019.

Cwm Taf Morgannwg Guidance for Pre-birth plan (Appendix 1 & 2):

- The 32 week deadline for a pre-birth plan should be met in all cases whenever practicable. If this is not possible the pre-birth plan must be made a priority and consider all known risks.
- The pre-birth plan will need to include information for the acute and community maternity services to inform their care of the mother and baby prior to and following birth (Safeguarding files are held within the community services as women carry their handheld records).

NB: consideration of any restrictions to place of birth for example if client wishes home birth, will need to be discussed and considered with the midwife at the first core group meeting. Legal advice may be required.

- Visiting restrictions, security concerns: information to ensure the safety of the mother and unborn/child and any staff safety concerns must be clearly identified and what plans have been shared with the individual concerned e.g. not allowed access etc.
- One to one supervision of mother and baby cannot be provided by maternity services. In cases where there are complex needs e.g. need for continuous supervision of mother when caring for baby in the hospital setting, a meeting will be required between the community midwife, senior midwife for child protection, social worker, social worker's team manager and any other relevant agency to discuss and agree provision of supervisors within the pre-birth plan.
- It is a requirement that all new-born babies who are placed on the CPR at birth will require a pre-discharge planning meeting.
- If the case identifies a risk of not accessing maternity services or risk of flight the social worker can request maternity services to circulate pre-birth plan to Health Boards across Wales or to specific Hospital Trusts identified in the UK. If a UK national alert is required this must be arranged via Social Services Departments.
- Key worker must share a copy of the care and support plan with the Emergency Duty Team.

APPENDIX 1

Pre Birth Plan

(To be completed and available to maternity services by 32 weeks gestation)

Unborn EDD
Of
Mothers Full Name
Address,
Date of Birth

Summary of Children’s Service involvement
(Highlighting Risks/Concerns):

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	Agreed Plan of Care
Legal status	
Antenatal	Children’s services to be informed of any admission / discharge in the antenatal period. Social worker:
Plan for place of Birth	Lead Professional for Antenatal Care: Planned place of birth:
Labour	Children’s services to be informed of delivery:

	<p>Social worker: Out of hours emergency duty team:</p> <p><i>To be completed by delivering midwife:</i> Birth Notified to Children services:</p> <p>Date:</p> <p>Time:</p> <p>Midwife's Name:</p> <p>Signature:</p>
Post-natal	<p><u>Post-natal advice</u></p> <p>Give leaflet "Reduce the risk of cot death" (WAG) and discuss and ensure parents understand the importance of safe sleeping arrangements. Document in maternity care plan.</p> <p>Introduce "Prevention of Non Accidental Head Injury" DVD (NSPCC) follow NAHI pathway. Document if parents view, or decline (including reasons why declined) in maternity care plan and neonatal records.</p>
Visiting	
Security	<p>In line with Hospital security guidelines:</p> <p>Identity band to be placed on baby at birth. Security tag to be attached to baby on arrival to postnatal ward.</p> <p>Mother/parents to be informed of their responsibility in keeping baby safe. (Cwm Taf Health Board)</p>
Observation of parenting skills	<p>Midwifery and maternity staff to support, monitor and document parent's interaction and care of baby in maternity records.</p> <p>Any concerns regarding parenting skills/ability children's services to be informed.</p>

<p>Pre-discharge Planning meeting</p>	<p>Baby not to be discharged from maternity unit until pre-discharge planning meeting held, or on the direction of Children's services.</p>
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Key contacts:

	Name	Contact Number
Social worker:		
Community midwife:		
Safeguarding midwife:	Fiona James	07388950232
Health visitor:		

Birth plan completed by:

	Name	Contact Number
Social worker:		
Version:		
Date:		

APPENDIX 2

Guidance for completing Pre-Birth Plan

Guidance and explanation for each section

Pre Birth Plan

(To be completed and available to maternity services by 32 weeks gestation)
To ensure information is held on the labour ward and community midwifery services

Unborn.....

All babies must be identified as infant of mothers Surname within Maternity Services

Estimated date of Delivery (EDD)

Any change in EDD must be updated on pre-birth plan

Mothers Full Name, Address, Date of Birth

All 3 of the mothers' demographics are required on the pre-birth plan in line with health board's procedures for client identification.
(All Health boards IT systems are on mothers demographics)

Summary of Children's Service involvement

(Highlighting Risks/Concerns):

A summary of the case is required to inform the acute maternity services of the concerns/risks to mother and baby.

(Maternity records are handheld and the full safeguarding case file is held within the community services).

	Agreed Plan of Care
Legal status	Include: Child Protection Date of Case Conference Outcome of conference/ Category PLO Care and Support Plan

<p>Antenatal</p>	<p>Children's Services to be informed of any admission / discharge in the antenatal period.</p> <p>Social worker:</p> <p>Please include: Any restrictions to visitors e.g. perpetrators of Domestic abuse, due to mixed ward other babies on ward etc.</p> <p>Name the individuals and relationship to mother</p> <p>Any other concerns that maternity staff need to be aware</p>
<p>Plan for place of Birth</p>	<p><i>To be discussed with community midwife:</i></p> <p>Lead Professional for Antenatal Care: This will be assessed on Obstetric/Medical history: Low Risk = Midwifery Led Care High Risk = Consultant Led Care</p> <p>Planned place of birth: Within Cwm Taf Morgannwg UHB there are 5 options for pregnant women for place of birth:</p> <ol style="list-style-type: none"> 1. Home 2. Tirion Free standing Birth Centre - midwifery led unit (home from home) at Royal Glamorgan Hospital 3. Tair Afon alongside birth centre at Prince Charles Hospital 4. Obstetric unit at Princess of Wales Hospital 5. Obstetric unit at Prince Charles Hospital <p><i>** If there are safeguarding concerns around clients planned place of birth e.g. home birth these concerns need to be discussed/legal advice sought to inform the pre-birth plan.**</i></p> <p>Planned birth support It is every women's right to choose who she wishes to support her in labour.</p> <p>If children services have significant concerns for the father/partner that requires 1:1 supervision following birth they can remain for up to 1 hour after the birth under the supervision of hospital staff and will then need to leave.</p> <p>1:1 supervision of mother and baby cannot be provided by maternity services. In cases where there are complex needs e.g. need for continuous supervision of mother when caring for baby in the hospital setting, an early meeting will be required between the community midwife, senior midwife for child protection, social worker and social worker team manager to</p>

	discuss and agree children services provision of supervisors within the pre-birth plan. These plans are to be shared with the father/partner prior to the birth.
Labour	<p>Children's services to be informed of delivery:</p> <p>Social worker: Out of hours emergency duty team:</p> <p><i>To be completed by delivering midwife:</i> Birth Notified to Children services:</p> <p>Date:</p> <p>Time:</p> <p>Midwife's Name:</p> <p>Signature:</p>
Post-natal	<p>We have 6 bedded bays and single side rooms within the hospital setting, please state if:</p> <ul style="list-style-type: none"> • Mother and baby are to be roomed in the main ward NOT a side room • Mother and baby if wishes may be roomed in a single room. <p>Maternal Substance Misuse: Due to mothers history of substance misuse baby will be required to have Neonatal Abstinence Scoring</p> <p><u>Post Natal advice</u></p> <p>Give leaflet "Reduce the risk of cot death" (WAG) and discuss and ensure parents understand the importance of safe sleeping arrangements. Document in maternity care plan.</p> <p>Introduce "Prevention of Non Accidental Head Injury" DVD (NSPCC) follow NAHI pathway. Document if parents view, or decline (including reasons why declined) in maternity care plan and neonatal records.</p>
Visiting	<p>Visiting Any restrictions to visitors e.g. perpetrators of Domestic abuse, due to mixed ward other babies on ward etc.</p> <p>Name the individuals and relationship to mother</p> <p>Any other concerns that maternity staff need to be aware</p>

	<p>If children services have significant concerns for the welfare of the mother and/or baby or Hospital staff these need to be shared with the senior midwife for safeguarding and legal advice sought to inform and agree the pre-birth plan.</p>
Security	<p>In line with Hospital security guidelines:</p> <p>Identity band to be placed on baby at birth. Security tag to be attached to baby on arrival to postnatal ward.</p> <p>Mother/parents to be informed of their responsibility in keeping baby safe. (Cwm Taf Health Board)</p> <p>**Include additional information of any individuals who have the potential to pose a threat to security**.</p>
Observation of parenting skills	<p>Midwifery and maternity staff to support, monitor and document parent's interaction and care of baby in maternity records.</p> <p>Any concerns regarding parenting skills/ability children's services to be informed.</p>
Pre-discharge Planning meeting	<p>Baby not to be discharged from maternity unit until pre-discharge planning meeting held, or on the direction of Children's services.</p> <p>For all babies on the Child Protection Register a pre-discharge planning meeting must be arranged as soon</p>

Key contacts:

	Name	Contact Number
Social worker:		
Community midwife:		
Safeguarding midwife:	Fiona James	07388950232
Health visitor:		

Birth plan completed by:

	Name	Contact Number
Social worker:		
Version:		
Date:		