

Shared Information in Pregnancy Procedure (Safeguarding Children)

Procedure information

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Summary of document:

This document provides guidance on the arrangements for the Sharing of Information in Pregnancy (SIP) following the antenatal assessment from the Midwife, Health Visitor and GP and vice versa.

Scope:

This document relates to all Hywel Dda University Health Board (the health board) Midwives, Special Care Baby Unit/Neonatal Unit (SCBU/NNU) Nurses, Health Visitors (HV) and General practitioners (GP).

To be read in conjunction with:

[192- Health Records Management Policy](#) (opens in a new tab)

[320 – Acceptable use of Information and Communication Technology \(ICT\) Policy](#) (opens in a new tab)

[422 – Consumer Device Policy \(smartphones/tablets\)](#) (opens in a new tab)

[1042- Information Sharing Protocol for the Safeguarding of Children, YP and Adults within West Wales Procedure](#) (opens in a new tab)

[714 - Management and Reporting of Female Genital Mutilation \(for Health Professionals\) Procedure](#) (opens in a new tab)

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Keywords

SIP, Safeguarding Children

Glossary of terms

SIP	Sharing Information in Pregnancy
ROC	Record of Contact
SCBU/NNU	Special Care Baby Unit/Neo Natal Unit
GP	General Practitioner
ACE	Adverse Childhood Experiences
FGM	Female Genital Mutilation
CSE	Child Sexual Exploitation
Health board	Hywel Dda University Health Board
HV	Health Visitors
ROC	Record of Contact
DTR/MARF	Duty To Report/Multi Agency Referral Form

Contents

SCOPE	4
AIM OF PROCEDURE	4
OBJECTIVES	4
PROCEDURE.....	4
TRAINING AND AWARENESS RAISING.....	4
TRANSFER OF AN ANTENATAL, INTRAPARTUM OR POSTNATAL PERSON REQUIRING INPATIENT SERVICES WITHIN ANOTHER HEALTH BOARD AREA	8
PREGNANT PERSON MOVES INTO THE HEALTH BOARD AREA.....	8
COMMUNITY MIDWIVES WORK MOBILE PHONE SG MATERNITY DATABASE APP.....	9
IDENTIFYING THE RISK OF HARM.....	9
AUDIT.....	9
REFERENCES	10
APPENDIX 1 - FLOWCHART.....	12
APPENDIX 2 - SHARING INFORMATION IN PREGNANCY (SIP1).....	13
APPENDIX 3 - SHARING INFORMATION IN PREGNANCY (SIP2) TO SAFEGUARD	16
APPENDIX 4 - SAFEGUARDING MATERNITY INFORMATION (SIP3).....	20

SCOPE

This document relates to all Hywel Dda University Health Board (the health board) Midwives, Special Care Baby Unit/Neonatal Unit (SCBU/NNU) Nurses, Health Visitors (HV) and General practitioners (GP's).

AIM OF PROCEDURE

The procedure is to promote the safeguarding of the pregnant woman and pregnant person, the unborn and new-born infant, through the sharing of safeguarding information between services and agencies.

OBJECTIVES

The aim of the procedure will be achieved by:

- The secure electronic transfer of all SIP documentation throughout the person's pregnancy and postnatal period.
- Ensuring all community midwives have the Safeguarding in Pregnancy database app, on their work mobile phones to ensure timely access to information.
- Ensuring the effective sharing of information relating to safeguarding concerns. Ensuring all staff are compliant in using this mechanism of sharing information.

PROCEDURE

TRAINING AND AWARENESS RAISING

The relevant health board staff will be made aware of this procedure upon commencement with the health board, during their departmental induction training. This will be the responsibility of the Manager.

All current health board employed Midwives and SCBU/NNU Nurses will receive training to ensure they are competent and confident in complying with this procedure. Training will be provided via a cascade system within their service.

Dissemination of the procedure will be shared via the Health Board Safeguarding Clinical Care Groups, Strategic Safeguarding Steering Group and Global email.

The procedure will be available to all staff on the health board Intranet and Corporate Safeguarding Team Intranet site.

RECORDS MANAGEMENT

All completed **SIP** templates generated under this procedure are official records of the health board and will be managed, stored and utilised in accordance with the health board [192- Health Records Management Policy](#) (opens in a new tab) and processed in accordance with [Data Protection legislation](#) (opens in a new tab)

The Sharing of Information in Pregnancy

The completion of all **SIP1**, **SIP2** and **SIP3** templates must be completed in line with this procedure – [See Appendix1](#).

All the completed **SIP** templates are to be saved to the Safeguarding in Pregnancy Database.

a. [Completion of SIP1 template](#)

- The procedure of completing a **SIP 1** must be performed for all women and pregnant people, at the time of the pregnancy booking with a Midwife. All completed SIP1 forms will be stored on the **Safeguarding in Pregnancy** database and shared securely by email to the pregnant woman or pregnant person's GP and HV.
- It is the responsibility of the Midwife completing the **SIP1**, to follow up with the GP and HV for a response to the **SIP1**.
- The Midwife completing the **SIP1** is to **sign and confirm** that they have discussed and made the with pregnant person aware, that the **SIP1** is to be completed and that it will be shared with their GP and HV.
- If there is difficulty in receiving responses from specific GP practices and/or HV's. It is the responsibility of the Midwife completing the SIP 1 to make efforts to contact the GP practice and or HV and escalate persistent non compliance to the Safeguarding Midwife.
- The **SIP 1** must be printed and filed within the pregnant person's hospital notes.

b. [Completion of SIP2 template](#)

- If at any time during the antenatal, intrapartum or postnatal period, safeguarding concerns are identified by the Midwife, HV or GP, a **SIP2** record is to be completed on the **Safeguarding in Pregnancy database**. The **SIP2** record will need to be shared by secure email to the GP and HV. The **SIP2** needs to be securely shared, by attaching the **SIP2** record as a downloaded word document file. The email should

be secure by password protecting the **SIP2** with the generic password, before sending out to the GP and HV.

It is the responsibility of the Midwife creating the **SIP2** record, **to send and check that the email and documents have been received by all the intended recipients**.

- If the Midwife is unable to download **SIP2's** from the Safeguarding in Pregnancy database, it is their professional responsibility to find a colleague who may support them, in downloading the **SIP2** records.

Any database profile issues should be escalated to the Safeguarding Midwife.

- Any safeguarding concerns to be discussed with the pregnant person, who has the right to be informed that the **SIP2** will be shared with the relevant health professionals.
- Once a **SIP2** has been completed, acknowledgement of this should be recorded in the All Wales Maternity Record, as an alert for all health professionals.

Inpatient transfer during the antenatal, intrapartum or postnatal period, to another Health board.

- It is the responsibility of the Midwife providing care to the pregnant person, to share the safeguarding information held on the **Safeguarding in Pregnancy** database, to the receiving health professional, now responsible for their care. **SIP2** information can be shared via secure email to the receiving health professional and email should include the Safeguarding Midwife for Hywel Dda.

The Safeguarding Midwife for Hywel Dda will share this information directly to the receiving Health board's Safeguarding Midwife or team.

If during the antenatal period, any pregnant woman or pregnant person is seen in a hospital Obstetric Led Antenatal Clinic or in the Maternity Triage, the **Safeguarding in Pregnancy database** should be accessed and reviewed for the presence of a **SIP2**. This should be for every woman, at every attendance.

Antenatal Inpatient admissions, the Safeguarding in Pregnancy database should be reviewed and any presence of a **SIP2** record should to be documented appropriately, in the health boards, Antenatal Inpatient Record. This is to indicate to staff that there is an identified safeguarding concern.

- On the birth of the baby acknowledgment of the **SIP2** is to be documented in the health board's Postnatal Care record.

- Any pregnant person with a **SIP2** during the antenatal, intrapartum and postnatal period, should have any new safeguarding information or observations, recorded as contemporaneous entries in the ROC in their **SIP2**. This is ensuring safeguarding information is recorded and shared equitably between health care professionals involved.

c. Completion of SIP3 Template

- A **SIP3** must be completed **on discharge** from Maternity Services for all persons where a **SIP2** had been initiated, **this is an auditable indicator for the handover of information from maternity.**

d. If a Pregnant person moves out of the Health Board area

- If a safeguarding concern has been identified relating to a pregnant person booked in the health board who moves/receives part of their care in another health board area. The **SIP1**, **SIP2** and any other safeguarding information, must be shared with the relevant Midwife, HV, GP and Safeguarding Midwife/Team in the other health board area.

It is the responsibility of the Named Community Midwife to:

- Confirm the pregnant person's new address and telephone number.
- Confirm the address, telephone number and email address of the new GP and HV.
- Contact and handover verbally and by email to the new Community Midwife, GP practice and HV.
- It is the responsibility of the **Midwife discharging** from Maternity care; to email and password protect with the generic password. The **SIP 2/3** record ROC and all relevant safeguarding documentation attached to the **SIP 2/3** and relating to the pregnant person. The receiving Community Midwife is to be advised of the need, to share the information with the receiving HV and GP by email if this has not been able to be completed by the HDUHB Community Midwife. Completion of this action is to be documented on the Safeguarding in Pregnancy Database, in the ROC.
- Complete an **updated SIP2** and email to the current HV and GP informing them of the pregnant person's move out of health board area.
- Share all safeguarding information with the Safeguarding Midwife of the relevant Health Board via emails and password protect documents as previously stated. A copy of this notification must also be sent to the receiving health board's Safeguarding Midwife.

- Document in pregnant person's All Wales Maternity Record/Postnatal Record, details of the transfer prior to photocopying the records.
- Original records to be retained by the health board.
- All SIP documentation will remain visible and allocated to the named Midwife for 365 days. After 365 days of being a live document the SIP record and documents attached, will be automatically archived. SIP records should not be deleted, unless the record was created in genuine error.

TRANSFER OF AN ANTENATAL, INTRAPARTUM OR POSTNATAL PERSON REQUIRING INPATIENT SERVICES WITHIN ANOTHER HEALTH BOARD AREA

- If at any time during the antenatal, intrapartum or postnatal period, the transfer is required whilst an inpatient out to another Health board. It is the responsibility of the discharging/accompanying Midwife, to share any safeguarding information and SIP 2, with the receiving Health Board.
This must be performed confidentially and verbally at the time of handover of care to the receiving professional within the new health board.
This must be followed with a hardcopy of the up-to-date **SIP2 and ROC**, with the handover of the photocopy of health board records.
- The Safeguarding in Pregnancy database is to be updated with the details of the transfer by the discharging Midwife.
- The health board's Safeguarding Midwife is to be notified of the transfer of care to another health board, so contact can be made with the receiving health boards Safeguarding midwife. Safeguarding information will be shared via secure email.

PREGNANT PERSON MOVES INTO THE HEALTH BOARD FROM OUT OF AREA

When a pregnant person with safeguarding concerns moves into health board area, a **SIP2** must be completed in line with this procedure.

It is the responsibility of health board Community Midwife to:

- Contact the referring Midwife for additional information and to request safeguarding documentation.
- Liaise with all professionals involved in the pregnancy.

- Inform health board Safeguarding Midwife.
- Document details of the transfer in the All Wales Maternity Record/Postnatal Record.

It is the responsibility of the GP to:

- Liaise with the named midwife and share information of any new pregnant person that presents or transfers care into the area.

COMMUNITY MIDWIVES WORK MOBILE PHONE SG MATERNITY DATABASE APP

The new Safeguarding in Pregnancy database app to be downloaded by the community midwives onto their work phones. This app provides midwives with an easily accessible tool to enable them to access the Safeguarding in Pregnancy database securely and in a timely manner.

IDENTIFYING THE RISK OF HARM

The Mid and West Wales Safeguarding Children Board (CYSUR) Regional Threshold and Eligibility for Support Document: The Right Help at the Right Time (2017), provides guidance for multi-agency professionals, advising when and where to refer a child and or children and their families for support, depending on their needs.

The importance of pre-birth plans has been highlighted in Child Practice Reviews. Statutory intervention cannot begin prior to birth. However, an assessment can be initiated by Local Authority Children's services, providing professionals with a plan of protection and support for when the unborn baby is born.

This procedure must be used in conjunction with the Wales Safeguarding Procedures, 2019.

AUDIT

The Safeguarding Midwife will be responsible for the biannual audit of the compliance with this procedure. Learning and best practice will be shared via the Women and Children Service Safeguarding Delivery Group and any action plans monitored by this group.

Criteria for completion of SIP2 (this list is not exhaustive)

Pregnant person who:

- Has undergone FGM (Female Genital Mutilation).
- Seeking Asylum.

- Has significant mental health concerns requiring prescribed medication which adversely impacts on the parenting ability e.g. history of psychosis, schizophrenia.
- Has history of domestic abuse with the current partner of unborn baby.
- Has history of alcohol or substance misuse which adversely impacts on the parenting ability.
- One or both Parents of the unborn baby has a history of incarceration.
- Is under the age of 18yrs.
- Is under the age of 18yrs and the pregnant person's partner is 4yrs older or more, consider risk of CSE (Child Sexual Exploitation).
- Risk of Exploitation.
- History of psychological, physical, sexual, financial abuse or neglect.
- One or both Parents of the unborn baby, was a Looked After Child (LAC).
- Any children currently or previously been placed on the Child Protection Register/have been removed at birth/adopted.
- Has a partner/relative/friend who is a Registered Sex Offender (RSO).
- Has a significant learning difficulty or learning disability, which may potentially impact on the parent's capacity to safeguard the child.
- Is a persistent non-attender of antenatal appointments/no access visits
- Presents with a concealed pregnancy.
- Non-compliant with treatment which could potentially have a detrimental effect on the unborn baby.
- By 34 weeks gestation been unable to ask the Routine Enquiry.

REFERENCES

- [Wales Safeguarding Procedures](#)

- [Safeguarding children: reporting suspected abuse, neglect or harm](#)
- [Social Services and Well-being \(Wales\) Act, 2014](#)
- [Welsh Adverse Childhood Experiences \(ACE\) study, 2015](#)
- [CYSUR: The Mid and West Wales Safeguarding Children Board, Regional Threshold and Eligibility for Support Document, 2017](#)
- [General Data Protection Regulations 2016](#)
- [Data Protection Act 2018](#)
- [Children Act 2004](#)
- [The Eight Caldicott Principles 2024](#)

APPENDIX 1 - FLOWCHART

SIP1 completed for all pregnant persons. Share electronically via secure email to the GP Practice and HV.

SIP1 to be returned electronically via secure email, to the responsible Midwife/ Named Midwife within **5 working days**.

SIP1 to be saved on the Safeguarding in Pregnancy Database. It is the responsibility of the booking midwife to contact the GP Practice Manager / HV and HV Team Leader if no response is received.



Safeguarding concerns identified by Midwife, complete SIP2

SIP2 to be shared via secured email to the HV and GP Practice. This is the responsibility of the Named Midwife/ to email the HV and GP Practice.

Safeguarding concerns identified by HV or GP

Completed **SIP2** to be returned to the Named Midwife and Midwifery Team leader within **5 working days**.
Non compliance - should be escalated to the relevant service manager and Safeguarding Midwife/Child Safeguarding Team.

No safeguarding concerns identified by Midwife, HV or GP.

No Action



Midwife to activate Safeguarding Keynote on **Welsh PAS**



Midwife to complete **Updated SIP 2** during pregnancy with any new significant safeguarding information share electronically with HV and GP practice via secure email

34 week Updated SIP 2 to be completed and shared electronically **via secure email** with HV and GP Practice..



SIP 3 to be completed electronically by the discharging Midwife and emailed securely to the HV and GP Practice.



Discharging Midwife to print all **SIP's and Safeguarding documentation** attached to the SIP 2/3 record from the Safeguarding in Pregnancy database and the postnatal records

APPENDIX 2 - SHARING INFORMATION IN PREGNANCY (SIP1)



Confidential

Sharing Information in Pregnancy (SIP 1)

(To be completed by the Midwife at the initial antenatal assessment)

Full name:	GP:	EDD:
Previous surname/ other surnames:	Address:	Midwifery Team:
NHS no:	Postcode:	Named Midwife:
Hospital no:	HV:	Contact no:
DOB:		Email address:
Address:		Team leader Midwife:
Postcode:		Contact no:
		Email address:

Other parent of Unborn: DOB: Address: Postcode:	Current Partner of pregnant person (if different from parent of unborn): DOB: Address: Postcode:	Other Adults living in household: 1.Full name: DOB: 2.Full name: DOB: 3.Full name: DOB:
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Children living at home / looked after by LA / living elsewhere		

Midwife to tick box if

I have relevant safeguarding information to share and have attached a **SIP 2**

I do not have any relevant safeguarding information to share

GP / Health Visitor

Please **email** the named community midwife **and** team leader within **5 working days**,
to confirm

I **have** relevant safeguarding information to share and attach **SIP 2**

I **do not** have relevant safeguarding information to share

I **have discussed and made this pregnant person aware of the information sharing process between Midwifery, Health Visiting and GP services.**

Midwife Signature and print:

Date:

Electronic copy to be emailed to the GP Practice Manager / HV's email / and a copy to be saved on the Safeguarding in Pregnancy Database. Copy to be filed in hospital records when discharged from maternity services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

APPENDIX 3 - SHARING INFORMATION IN PREGNANCY (SIP2) TO SAFEGUARD

UNBORN BABIES/CHILDREN

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Initial SIP2

Update SIP2

34wk Update SIP2

Full name: NHS no: Hospital no: DOB: Address: Postcode:	Midwifery Team: Named Midwife: Contact no: Email: Team leader: Contact no: Email:	EDD: Place booked to deliver baby: SBAR Y/N
	GP: Surgery: Contact no: Practice email: Health Visitor: Surgery: Contact no: Email:	

<p>Local Authority responsible for UBB</p> <p>Social worker:</p> <p>Contact no:</p> <p>Email:</p>	<p>Support/PA/IDVA worker:</p> <p>Contact no:</p> <p>Email:</p>
<p>Substance Misuse Team</p> <p>Contact no:</p> <p>Email:</p> <p>Substance Misuse worker:</p> <p>Contact no:</p> <p>Email:</p>	<p>Perinatal MH/ CPN:</p> <p>Contact no:</p> <p>Email:</p>
<p>Team Around the Family (TAF)/ Family Support Team (FST) Pems::</p> <p>Contact no:</p> <p>Email:</p>	<p>Flying Start Midwife:</p> <p>Contact no:</p> <p>Email:</p>

Any other agencies involved:

Contact no:

Email:

Current partner's name: DOB: Address if different: Postcode:	
Children of pregnant person and current partner Name of child DOB	Children with former partners Name of child DOB
Routine Enquiry asked: Y/N Negative/positive: DASH ricform completed: Y/N Date completed: MARAC completd: Y/N Date completed:	DTR/MARF for UBB sent on: (Please circle) Information share- Care and Support or Neglect/Abuse Care and Support Plan Y/N Child Protection Register Y/N Strategy Meeting Y/N Date: Category of abuse: Emotional/Physical/Sexual/Neglect

APPENDIX 4 - SAFEGUARDING MATERNITY INFORMATION (SIP3)



Confidential

Sharing of Information (SIP3)

(To be completed by the midwife at discharge from maternity services)

Parent's full name: Hospital no: NHS no: DOB:	Infant's place of birth:
Address: Postcode:	Midwifery Team: Midwife's name: Contact no: Email:
Infant / s Name: DOB: Male / female / indeterminant Infant/infant's discharge address: Postcode	GP: Contact no: Practice Email Health visitor: Contact no: Email: Local Authority Responsible: Social Worker: Contact no: Email:

Summary of concerns

Has the Routine Enquiry (RE) been asked: Y/N

Has a referral been made to MARAC: Y/N

If RE has not been asked please give reason why:

Discharging Midwife:

Date:

Email securely to the pregnant person's GP Practice / HV's email .Copy to be filed in the hospital records when discharged from maternity services.