# appendix 4 - Safeguarding Maternity Information (SIP3)



**Confidential**

**Safeguarding Maternity Information (SIP3)**

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

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| --- | --- |
| Parent’s full name:Hospital no: NHS no: DOB: | Infant’s place of birth: |
| Address:Postcode: | Midwifery Team:Midwife’s name:Contact no: |
| Infant / s Name: DOB:Male / female / intermediateInfant/infant’s discharge address:Postcode:If baby not discharged to parent’s address document reason:TAF worker:Contact no: | GP:Contact no: |
| Health visitor:Contact no: |
| Social Worker:Contact no: |
| Support/PA/IDVA worker:Contact no: |
| Substance Misuse worker:Contact no: |
| Perinatal Mental Health/CPN worker:Contact no: |
| Flying Start worker:Contact no: |

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| --- |
| Infant placed on Child Protection Register Y/NCategory of abuse: emotional/physical/sexual/neglectInfant has Care and Support Plan Y/NDischarged to Parent and Baby Placement Y/NInfant removed from care of parent at birth Y/N |
| **Summary of concerns**Has the Routine Enquiry (RE) been asked: Y/NHas a referral been made to MARAC: Y/N**If RE has not been asked please give reason why:** |
| **Discharging Midwife: Date:**  |

**Email to pregnant person’s GP Practice manager / HV generic email / copy to be filed in**

**hospital records when discharged from maternity services**