# 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 / intermediate  Infant/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: |

|  |
| --- |
| Infant placed on Child Protection Register Y/N  Category of abuse: emotional/physical/sexual/neglect  Infant has Care and Support Plan Y/N  Discharged to Parent and Baby Placement Y/N  Infant removed from care of parent at birth Y/N |
| **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 to pregnant person’s GP Practice manager / HV generic email / copy to be filed in**

**hospital records when discharged from maternity services**