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Health Board

PREGNANCY INFORMATION SHARING Guideline

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The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Item No.	Contents	Page
1	Introduction	6
2	Objective	6
3	Definitions/Abbreviations	6
4	Roles & Responsibilities	6
5	Process	7
5.1	Booking/Antenatal Contact	7
5.2	Following Birth	8
5.3	Discharging from Midwifery Care	8
5.4	Summaries	9
5.5	Safeguarding	9
5.6	Cross Border Movement	10
6	Monitoring/Compliance Audit	12
7	Review & Change Control	12
Appendices		
1	Risk Assessment for Home Visiting	13
2	Information for Health Visitors	14
3	Handover to Health Visiting Discharge form	15
4	Birth Audit (for DGH births only)	19
5	Information Sharing Flowchart	20
6	Midwife (MW) to Health Visitor (HV) Handover Pathway	21
7	SIP 1	22
8	SIP 2	23
9	SIP forms pathway	25

Version Control:

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	Jan 2012
2	Review of initial issue, Updated with latest paperwork reflecting use of electronic patient records system	August 2015
3	Review. Update paperwork to reflect use of WCCIS system.	July 2017
4	Review. Update paperwork to reflect Wales Safeguarding Procedures (2019) and introduction of 'Sharing information in Pregnancy (SIP 1 and 2) forms	2020

Engagement & Consultation

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Practice Development Midwife
Lead Midwife North Powys
Lead Midwife South Powys
Lead Health Visitor South
Lead Health Visitor North
Assistant Head of Midwifery
Lead Midwife for Safeguarding

Circulated to the following for Consultation

Date	Role / Designation
20/08/2020	PTHB Midwives Head of Midwifery Health Visitors and School Nursing Team Women and Children Health Services Departmental Leads PTHB Safeguarding Team
20/08/2020	Information Governance team

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

All Wales Midwife Led Care guidelines

NICE Antenatal Care guidelines

Wales Safeguarding Procedures

Social Services & Wellbeing (Wales) Act 2014

Violence against women, domestic violence and sexual violence (Wales) Act 2015

Health and Care standards (Wales) 2015

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					Please remember policy documents are published to both the intranet and internet .
Age	X				The version on the internet must be translated to Welsh.
Disability	X				
Gender reassignment	X				
Pregnancy and maternity				X	
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Human Rights	X				
Risk Assessment Summary					
Have you identified any risks arising from the implementation of this policy / procedure / written control document?					
None identified.					
Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?					
None identified					
Have you identified any training and / or resource implications as a result of implementing this?					
None identified					

1. Introduction

This Information Sharing pathway is intended to assist in the transfer of information between health professionals involved in the care of pregnant women.

If the midwife identifies any safeguarding concerns including domestic abuse or significant mental health issues during the antenatal period, they must inform the Health Visitor, GP, School Nurse (if children of school age within family), Mental Health team, Local Authority Children's Services and PTHB Safeguarding team, as appropriate. If any other health professional is aware of historical or current safeguarding issues with a family, they must ensure they share this information with the midwifery service.

2. Objective

The overall aim must be to ensure safe and effective care is provided to families with effective communication between professional groups.

3. Definitions/Abbreviations

- **PTHB** – Powys Teaching Health Board
- **DGH** – District General Hospital
- **SIP** – Sharing Information in Pregnancy
- **HV** – Health Visitor
- **MW** – Midwife
- **SN** – School Nurse
- **CIS** – Clinical Information Sharing form
- **GP** – General Practitioner
- **WPAS** – Welsh Patient Administration System

4. Role / Responsibilities

It is the responsibility of all midwives and health visitors working in Powys to ensure safe and effective care is provided to mother and baby. This guideline is relevant to all Powys midwives and health visitors and covers the operational procedure for communication and sharing information across these services.

All Staff will need to complete mandatory training in Information Governance which covers information sharing.

4.1 Head of Department

The Head of the Department must:

- Ensure all staff read and understand this document.

4.2 Assistant Head of Midwifery/Assistant Head of Health Visiting

The Assistant HoM/Assistant Head of HV lead has responsibility for:

- Ensuring operational compliance
- Arrange regular review to monitor compliance with this procedure

5. Process

5.1 Booking/Antenatal Contact:

In order to make an informed assessment of the needs of the woman and her family, it is important wherever possible to undertake the booking visit in the woman's home. If this is not feasible, a clear reason should be documented in the woman's handheld record. A future arrangement to see the woman at home for an alternative appointment should be considered.

- Discuss with the woman the routine nature of information gathering. The woman should be informed that relevant information relating to clinical need will be shared in the best interest of the woman and unborn child.
- If there are safeguarding concerns, the woman's consent for information sharing is not required (Wales Safeguarding Procedures 2019). Information should only be shared on a need to know basis and midwifery and health visiting will consider other practitioners who may be involved with the family i.e. school nursing, mental health, drug and alcohol services. At the first home visit, midwife will complete a risk assessment for home visiting (Appendix 1) and share relevant information with midwifery colleagues. The risk assessment will be stored in the woman's hospital midwifery record (tracer) and ensure any relevant information is discussed with health visiting colleagues prior to their involvement.
- Midwives record information on WPAS and print antenatal booking sheet. Copies of the WPAS form and SIP 1 form are sent

to GP and HV [following dating scan] and DGH if required. A copy of the WPAS booking form is also filed in the woman's tracer.

- If it is identified that there is significant information to be shared, the professional with the information is to make arrangements to communicate with the relevant professionals as soon as possible. This includes communication with school nurse if there are children of school age within the home.
- Midwives will communicate with health visitors on the weekly handover sheet (Appendix 2) which will be emailed to the appropriate health visiting teams each Monday morning. The handover sheet will contain any births from the previous week (Powys and DGH births) and any relevant information for example, no longer pregnant or change of address. It may be appropriate to contact health visitor via telephone when a woman has given birth depending on individual circumstances or regarding vulnerable families.
- Health visitors have antenatal contact with the woman from around 28 weeks. Health visitor to liaise with midwifery team prior to contacting the family. A joint visit with midwifery should be considered, particularly for vulnerable families.
- There is an expectation that midwifery and health visiting colleagues will meet on a regular basis (4-6 weekly) to discuss and update information regarding caseloads. Band 7 Team Leaders to organise and monitor compliance in each area.
- Liaise with the school nurse if the pregnant woman is of school age.

5.2

Following Birth:

- For women who give birth in Powys, the midwife completes the birth/labour/neonatal details on WPAS maternity view. Print three copies of birth notification and send to GP, child health and a copy to be filed in maternal notes.
- Print birth register for unit birth file and/or complete local birth register record.
- For DGH births, midwife to file birth notification and neonatal discharge summary in maternal records.
- Midwife to complete weekly handover sheet for health visiting (Appendix 2).
- For DGH births, complete pregnancy as 'Born out of Powys' birth on WPAS in maternity view.

5.3

Discharging from Midwifery care:

- A woman will be routinely discharged from midwifery care around day 10 and 14, unless extended midwifery care is required, which is decided on an individual basis. Where this is the case, the midwife must discuss these issues with the health visitor and make an appropriate plan for follow up. If there are safeguarding concerns, the family must not be discharged from the midwifery service until this discussion with health visitor has taken place and the plan for follow up confirmed.
- When a woman is discharged from midwifery care the handover to health visitor form (Appendix 3) will be sent to the health visiting team and a copy retained in the maternal notes.
- Health visitor to contact midwife prior to birth visit for update and ensure face-to-face meeting if concerns are identified.
- For women who have given birth in Powys, WPAS should be updated by the midwife, the maternal and neonatal discharge completed, printed and filed in the maternal notes. The pregnancy can then be closed.
- Maternal and infant postnatal pathways will be retained in the maternal notes.
- Any concerns identified should be discussed with the health visitor prior to discharge from the midwifery service.
- Risk assessment for home visiting should be reviewed and any concerns identified should be communicated to the health visitor. The form should be sent to the health visitor with the handover to health visitor form.
- Midwife should ensure that every baby has a copy of the child health record (red book).
- Midwife to complete Powys birth audit form for all women (Appendix 4) and send to maternity support worker.

5.4

Summaries:

For the information sharing summary, see Appendix 5.
For the summary flowchart of midwife to health visitor handover, see Appendix 6.

5.5

Safeguarding

PTHB staff have a duty to report adults and children at risk and must follow Wales Safeguarding Procedures 2019 and SGP036 Safeguarding policy [PTHB | Safeguarding Policies and Guidance - Local](#) The PTHB Safeguarding Team can be contacted Monday to Friday contact details can be located on [PTHB | Safeguarding Team](#) via email

PowysTHB.Safeguarding@wales.nhs.uk for advice and support in regard to all safeguarding matters.

- Practitioners must ring the local authority 'Front door' in the first instance and then follow it up with a multi-agency referral form (MARF) within 24 hours.
- Practitioner must also complete SIP 2 form and send to relevant agencies and complete a DATIX incident report.
- If concerns are identified, a chronology of events should be commenced by the midwife.
- If there any change of circumstances during the pregnancy for example, a new partner, the practitioner aware of this information should notify the named midwife for the woman. The midwife will share this information with the health visitor, GP, School Nurse, PTHB safeguarding team and relevant local authority department when appropriate to do so.
- Where significant mental health issues have been identified, communication with the GP and/or community mental health team is essential and this should be communicated to the health visitor on handover.
- Liaise with the school nurse if there are older children in the home and there are safeguarding concerns.
- If any other health professional is aware of historical or current safeguarding issues with a family, they must ensure they share this information with the midwifery service.
- Midwives to share 'Safeguarding Alert' document for safeguarding cases to ensure midwifery colleagues within Powys and safeguarding team within DGH are aware of the plan for the family.

If the unborn child is to be placed on the child protection register, the birth plan must be shared antenatally with Powys Midwives and the DGH where the mother is planning to give birth or may potentially be transferred to. The plan must include details of the social worker and who to contact out of hours in the local authority if the baby is born out of hours. The social worker, health visitor and Powys safeguarding team need to be informed that the baby has been born and the child protection plan updated – the named or duty social worker needs to be informed immediately in order for the child to be placed on the child protection register with the correct and current details.

5.6 Cross Boundary Movement

When a pregnant or newly postnatal woman moves into another geographical/Health Board/Trust area, all relevant information should be shared with the midwifery team in that new area.

It is the responsibility of the midwife holding the information to:

- Whenever possible, ascertain the new home address, telephone number and GP details.
- Contact midwives in new area to ensure verbal handover of care.
- Follow up within two working days in writing, which may include copies of all documentation. Original documentation should be filed. If the unborn child is to be subject to a child protection or child looked after plan at birth the local authority must be informed immediately if it is believed the mother is missing (this is to ensure that a national missing alert will be triggered by the local authority), inform Operational Team Lead Midwife, Lead Midwife for Safeguarding, and the local authority children's services.
- If there are other children in the family, the midwife should inform the health visitor/school nurse if the family are believed to be missing
- Lead Midwife for Safeguarding must complete a safeguarding alert and inform safeguarding teams in neighbouring Health Boards/Trusts of the missing mother and unborn – this should include who to contact in PTHB and Powys Childrens Services
- With safeguarding cases, midwives will be part of the multi-agency safeguarding plan. Discharge from midwifery service should be discussed as part of this plan

Movement of a pregnant woman into Powys Teaching Health Board area

- The Midwife responsible for booking the woman must ensure that contact is made with the previous midwifery service and a request for records. This should be completed as soon as possible after the booking to ensure that any handover of care is received and follow up care can be planned appropriately. Wherever possible this should be named midwife to named midwife discussion.
- If the pregnant woman is receiving obstetric led care then clarity about any follow up appointments should be obtained and referral for obstetric-led care arranged in Powys.
- If the client is from a bordering Health Board or NHS Trust then clarity must be sought in terms of any care that will remain with that obstetric unit.

- If there are children in the family the midwife should inform the GP, health visitor and school nurse of the movement of the children into the area.

6. Monitoring Compliance / Audit

The Pathway will be audited through regular midwifery and health visiting records audit in the Women and Childrens Service.

Datix would be submitted where appropriate handover has not happened and cases reviewed accordingly.

Staff will be expected to maintain appropriate level of training in relation to safeguarding. Any adverse outcomes may be reviewed by the Health Board and through CYSUR; this may lead to wider shared learning as part of a review and a culture of learning in accordance with this is essential.

7. Review and Change Control

This document will be reviewed every three years or earlier should audit results or changes to legislation / practice within PTHB indicate otherwise.

Risk Assessment for Home Visiting

Family Name:				Family Address:						
Location				Yes	No	Comments		Action		
Is it an isolated property with risks?										
Is there safe access to and from the property?										
Is there a mobile phone signal?										
Environmental				Yes	No	Comments		Action		
Any concerns regarding external appearance e.g. black bags in garden?										
Are there any weapons evident e.g. guns, knives, swords etc?										
Is there evidence of damaged furniture or/and damage to walls or doors?										
Does the home appear cluttered or chaotic?										
Is there evidence of smoking taking place within the property?										
Is there evidence of substance misuse taking place within the property?										
Are there any pets in the property that could be a potential hazard e.g. dogs, snakes, spiders etc?										
People Factors				Yes	No	Comments		Action		
Is there any person living in or accessing the property who is known to be violent/aggressive?										
Are there any people living in or accessing the property known to be a cause for concern to staff?										
Is there an indicated risk to visiting this property?				Yes	Complete Below				Date	
				No	No Action Taken				Date	
Visit Plan	Lone Visit Managed Risk	Yes	No	Discuss with Line Manager		Yes	No	Lone Worker Policy	Yes	No
Risk Management Plan									Date:	
									Review Date if Required:	



Handover to Health Visitor

Midwifery Team	Maternal Addressograph
-----------------------	-------------------------------

Discharge from Maternity Services	Date

Maternal Discharge (Part 1)			
Safeguarding Concerns	YES / NO	Face to face handover?	YES/NO
	Safeguarding Status:		
	Child Protection Register:		
	Professionals Involved:		
	Care & Well Being Plan:		
RE completed:	YES/NO	Referred:	YES/NO
Plan:			
Home Risk Assessment:			
Emotional Health & Wellbeing	Any issues?		YES/NO
	Support plan:		
	EPDS (Date/Score):		
	Birth Trauma Service?		YES/NO
Parent – Infant Relationship			
Continence Assessment	Date completed:		
	Score:		



	Referral completed?			
Smoking	YES / NO	CO Monitor Reading:		
	Referral:	YES / NO	Date:	
	To Whom:			
	Quit Date?			
Alcohol & Substance Misuse	YES / NO	Referral Required:	YES / NO	
	To Whom:			
	Support in Place:			
Health Start Vitamins Eligible	YES / NO			
	Received antenatally?	YES / NO		
Any other relevant information				
Signed:				
Name & Role:				



Handover to Health Visitor

Midwifery Team	Maternal Addressograph
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<u>Name:</u>		<u>DOB:</u>		<u>NHS NO:</u>	
Infant Discharge (Part 2)					
Infant Feeding	Breast		YES / NO		
	Supplemented		YES / NO		
	Formula		YES / NO		
	Any concerns?		YES / NO		
Safer Sleeping & Safe environment	Date/s discussed:		Leaflet given:	YES/NO	
Jaundice	YES / NO	DATE:			
	TCB/SBR Completed:			YES / NO	
	Referral Required:			YES / NO	
	To Whom:				
Hospital admission or readmission	YES/NO				
	Details:				
BCG	YES/NO	If required, plan:			
Umbilicus					
Newborn Infant Physical Examination (NIPE)	Date completed :				
	Issues identified?				

	Referred to:			
Birth Marks	YES / NO	Date noted:		
	Location/Size/Colour?			
Subconjunctival Haemorrhage	Present	YES / NO	Date Noted:	
	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">L </div> <div style="text-align: center;">R </div> </div>			
Any other relevant information:				
Signed: Name & Role:				

Powys Maternity Services – Birth Audit for DGH births only
(V6.1 June 2020)

Addressograph:

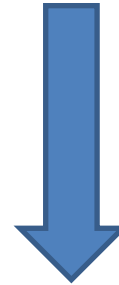
	To complete for women who birth in DGH only (GROW centile for Powys births must be generated by midwife at birth)
Grow Chart Number (please check record defaults to Powys)	
Gestation at Birth	
Gender	
Birth Weight	
SGA/FGR suspected AN by fundal	
SGA/FGR diagnosed AN by USS	
Low risk of SGA at booking	
Serial scans performed	
Serial scans not performed	
Birth Centile	
	MSW - For web form
Occurrence (number pregnancy on WPAS)	
Hospital baby born	
OLU/MLU	
Transfer between birth settings (including Powys to OLU and AMU to OU in DGH)	
Care type at onset of labour (MLC/OLC)	
Care type at birth (MLC/OLC)	
Mode of birth	
Mode of Birth Augmented	
Mode Birth Induced	
Date of birth	
Live birth	
Presentation birth	
Multiple Birth	
More than 37/40	
Aromatherapy used	
Blend/s used	

Information Sharing Flowchart

Appendix 5

BOOKING

- Commence tracer
- Complete new referral in maternity view (Remember to remove from list)
- Complete administration section in Maternity/Pregnancy view
- Complete booking information in antenatal section of Maternity view
- Print antenatal booking data form - copy to GP, HV, Tracer and DGH (if relevant)
- Complete all contacts throughout pregnancy on WPAS

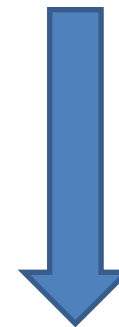


POWYS BIRTH

- Admit to Birth Centre via Admitted Patient View under emergency admission
- Complete birth/labour/neonatal details in pregnancy view
- Print notification of birth send to Child Health and a copy for Maternal Notes.
- Print Birth Register for unit birth file/complete paper birth register
- Remember to Discharge from Birth Centre under admitted patient view
- Around Day 10-14, complete neonatal and maternal discharge information - in pregnancy view. Print neonatal and maternal discharge information and file in maternal notes.

DGH BIRTH

- Copy DGH Birth summary and neonatal summary – file in maternal notes
- Update WPAS



POSTNATAL DISCHARGE

- Complete *Hand over to health visitor form* (Paper or electronic format) and send to health visitor and copy for maternal notes
- File baby postnatal pathway in maternal notes
- IF NIPE conducted in Powys original form to maternal notes and copy to GP
- Complete birth audit form and return to MSW
- Complete and close the pregnancy in maternity View

Midwife (MW) to Health Visitor (HV) Handover Pathway **Appendix 6**

MW sends WPAS antenatal booking data form and SIP1 after dating scan to HV (HV shreds form post birth)



Weekly email with any changes to circumstances/updates thereafter



HV antenatal contact from 28 weeks. HV to liaise with MW prior to making contact and before visit. Include discussion of risk assessment for home visiting. Consider joint visit.



MW email provides HV with New Birth information. Documentation from child health/ notification of birth received.



HV/MW discussion prior to birth visit for update and ensure face to face meeting if concerns identified.



MW to handover care to HV between 10 – 14 days via hand over to HV form. Risk assessment for home visiting commenced by MW and handed over by 10 – 14 days.



Extended midwifery care may be required on an individual basis up until 28 days.



Copy to GP / Copy to HV / Copy Maternity Records

Appendix 8

Sharing Information in Pregnancy/Postnatal period (SIP2) to Safeguard Children			
Unborn/Infant of:		DOB:	EDD:
Infants Name and DOB (if PN referral):			
Address:			
NHS Number:		Involved agency/carers	
WPAS No:		Named Midwife & Contact No:	
Contact No:		Midwifery Team:	
GP:		Health Visitor & Contact No:	
Partner's name and DOB (& address if different):		School Nurse & Contact No:	
Any other children of both partners Maternal (M)/ Paternal (P)		Social Worker & Contact No:	
M/P	Name	DOB	Any other relevant agencies & Contact No:
Date discussed with Local Authority (if relevant):		Routine Enquiry asked: Yes / No	
Date MARF/CAF completed (if relevant):		DASHRIC/MARAC: Yes / No	

Brief Summary of Concerns and Action Plan:

Completed by:

Date:

INFORMATION SHARING

<u>Copy to</u>	<u>By email – (read receipt) or post</u>	<u>Date</u>
Named midwife (if different)		
Named Midwife for Safeguarding (Powys)		
Safeguarding MW at DGH		
HV		
GP		

*Please complete DATIX when submitting MARF
 and attach MARF document prior to submission*

Sharing information in pregnancy and the postnatal period (SIP forms)

