

Sharing Information in Pregnancy Pathway

(Midwifery, Health Visiting and Primary Care)

Submitted by: Corporate Safeguarding Team
Approved on: 7 Dec 2023
Review Date: 7 Dec 2026
Version: 2

Contents

1.	Introduction	3
2.	Sharing of Information in Pregnancy Form (SIP 1)	3
3.	Sharing of Information in Pregnancy (SIP 2)	6
4.	Safeguarding supervision	12
5.	Where a family moves out of the area.....	12
6.	Transfer of an antenatal, intrapartum or postnatal women requiring inpatient services within another Health Board area.....	13
7.	Useful Links	14
	Appendix 1 – SIP 1 and SIP 2 Flowchart	15
	Appendix 2 - Identifying the risk of harm	16

1. Introduction

- 1.1 This sharing of information pathway is intended to assist in the transfer of safeguarding information following the antenatal initial assessment from Midwife to GP and Health Visitor and vice versa. The Pathway was originally developed by the Supervisors of Midwives in Dyfed Powys following a serious Child Protection Incident.
- 1.2 The procedure is to promote the safeguarding of the unborn and new-born infant through information sharing.
- 1.3 This pathway should be used in conjunction with the Wales Safeguarding Procedures <https://www.safeguarding.wales> and Local Health Board Safeguarding Policies/Protocols.
- 1.4 The Social Services and Wellbeing Act 2014 stipulates that all health professionals have a statutory duty to safeguard and promote the welfare of children and adults. In order to discharge these functions effectively this must include the sharing of information where it is thought that a child may or will suffer significant harm.

2. **Sharing of Information in Pregnancy Form (SIP 1)** **(to be completed at every booking interview)**

- 2.1 In order to make a full social assessment of the needs of the pregnant woman and family, it is important to undertake the booking visit in the home.
- 2.2 The routine nature of information gathering and the requirement to share any information of a safeguarding nature with other health professionals, must be discussed with the pregnant woman prior to completion of the **SIP (1)** form.
- 2.3 The booking midwife is responsible for completing the **SIP (1)** form with the pregnant woman at the booking appointment.
- 2.4 Copies of the **SIP (1)** form are to be sent via email to the Health Visitor and the GP following the booking **within 5 working days**. The midwifery copy of the form is to be filed in the maternity records in line with health board guidance.
- 2.5 If the midwife is aware that there is information of a safeguarding/vulnerability nature to be shared, the midwife will complete the **SIP (2) form and attach it to the SIP (1) form**.
- 2.6 If on receipt of the **SIP (1)** form if the Health Visitor or GP has concerns of a safeguarding nature it is their responsibility to discuss these with the named community midwife or if unavailable a member of the midwifery team, as identified on the form, within 5 working days.

Sharing Information in Pregnancy (SIP 1) to be completed for all pregnancies

Name:	DOB:	EDD:	Consultant Led Care: Nasser
GP name and Surgery:			
NHS Number:		<u>Involved agency/carers</u>	
Hospital No: 4		Named Midwife:	
Address:		Mobile no.:	
Email address:		Midwifery Team:	
Telephone Number:		Health Visitor:	
Father of Unborn:		Mobile No.	
Partner's name and DOB (& address if different):		Social Worker	
		Mobile No.	
		Other relevant agency:	
		Tel. No:	
Other Adults in Household:			
Any other children of both partners Maternal (M)/ Paternal (P)		Any children at home/looked after/living elsewhere (include place of residence)?	
M/P	Name	DOB	
<u>GP / Health Visitor</u>			
<p style="color: red;">I do have relevant information to share.</p> <p>(delete as required)</p> <p>If either professional has any relevant information in relation to safeguarding issues please contact named community midwife/team (within 5 working days).</p> <p>"All health professionals have a statutory duty to safeguard and promote the welfare of children. In order to</p>			

discharge these functions effectively this must include the sharing of information if it is thought that a child is/may/will be at risk of suffering harm.” (Section 2: Children Act, 2004)

Electronic copy to be emailed to the GP/HV generic email address and a copy saved to the maternity notes.

Health Visiting Service – SBU.HealthVisitingService@wales.nhs.uk

INFORMATION SHARING SIP 1

<u>Copy to</u>	<u>By email – (read receipt)</u>	<u>Date</u>
Named midwife		
GP		
Health visitor		
Maternity notes		

Name of Midwife completing the form:

(Swansea Bay UHB - Maternity)

Date:

3. Sharing of Information in Pregnancy (SIP 2)

- 3.1 Where a safeguarding concern has been identified the **SIP (2)** will be completed and forwarded with **SIP (1)** to the GP, HV, Lead/Named Midwife for Safeguarding and other key professionals according to Health Board guidelines.
- 3.2 The **SIP (2)** form will constitute the start of an electronic midwifery safeguarding file that is accessible to midwifery staff on the Midwifery shared Z drive. The form indicates which services the pregnant woman has been referred to and will be emailed electronically as required.
- 3.3 The pregnant woman **should** be informed if there are any concerns and that the midwife will be sharing these concerns with relevant professionals as appropriate.
- 3.4 If at any time following the booking interview including the post-natal period, concerns of a safeguarding nature are identified by the midwife, then the HV and GP are to be informed and the **SIP (2)** form completed and forwarded to the relevant professionals.
- 3.5 It is essential when a **SIP (2)** form has been completed, indicating safeguarding concerns the **SIP box** should be indicated with a number 2 in the midwifery hand held records (page 27). **If there are no concerns, it should be left blank.**
- 3.6 All Midwives must ensure that they check the **SIP box** of the All Wales Maternity Records during each consultation to inform their plan of care.
- 3.7 A maternity safeguarding alert is created on WPAS to indicate that there are safeguarding concerns and concerns should be documented and saved in the safeguarding file held on the Midwifery shared Z drive.
- 3.8 The **SIP (2)** can be used to refer and share with other agencies in health that will be involved in the care of the woman. This will enable the GP and Health Visitor to be aware of the services referred to such as substance misuse, JIGSO, mental health and bereavement services.

Sharing Information in Pregnancy (SIP 2)

Unborn/Baby of :	DOB	EDD	Infants DOB (if PN referral)
GP name and Surgery:			
NHS Number:		<u>Involved agency/carers</u>	
		Named Midwife:	
		Mobile no.:	
Hospital No:		Midwifery Team:	
Address:		Health Visitor	
Telephone Number:		Tel No:	
Partner's name and DOB (& address if different):		Social Worker	
		Tel No:	
Any other children of both partners Maternal (M)/ Paternal (P)		PRAMS:	
M/P	Name	DOB	Substance Misuse:
			Flying Start/JIGSO: yes
			Any other relevant agency & Tel No:
			YOS for Olivia
			Early Health Hub for Jay Jones
Referral to Children Services:			
Date:			

Background Summary

Past Mental Health history including family history

Please tick which internal maternity specialist service this is to refer to:

Substance Misuse

Please send to SBUMaternitySubstanceMisuseReferral@wales.nhs.uk

JIGSO

Please send to ABM.JigsoReferrals@wales.nhs.uk

Safeguarding

Please copy in SBU.SafeguardingMidwife@wales.nhs.uk

Individuals that have safeguarding needs require a separate referral to the Local Authority using the Integrated Reporting/Referral Form

Pregnancy following Loss

Please send to Christie- Ann Lang Specialist Bereavement Midwife

Christie-Ann.Lang@wales.nhs.uk

Perinatal Mental Health

Please refer to the Perinatal Pathway and consider a consultation with Perinatal Mental Health Midwife by calling 01792 517919 Or email SBU.PNMHMWife@wales.nhs.uk

[Edinburgh Postnatal Depression Score \(EPDS\) Score \(Only complete an EPDS if there are concerns about mental health\)](#)

* [PRAMS Referral](#)

[Please use the official Perinatal Mental Health referral form](#)

***Women with mental illness require a separate referral to PRAMS (Perinatal Mental Health Service)**

Safeguarding referral to Social Services:

Date: 14/01/24

Prescribed and non-prescribed drugs

Substance	Used	Smoked /IV Dose	Amount/Frequency
Alcohol			
Amphetamine			
Benzodiazepine e.g. Valium /diazepam			
Cannabis	yes	smoked	Nil since September 2023
Cocaine / Crack cocaine			
Codeine e.g. co-codamol/ codeine phosphate			
Ecstasy/NPS/MDNA/Ketamine			
Heroin			
Methadone			
Opiates e.g. MST, Oramorph			
Subutex /Buprenorphine /Buvidol			
Tramadol			
Prescription Medication e.g. Pregablin, Gabapentin, Migraine meds			
Mental Health Medication (psychotropic meds) **Women prescribed <u>psychotropic meds ONLY are to be managed via the Mental Health pathway</u>	Dose	Frequency	Prescribed by Who
Aripiprazole			
Amitriptyline			
Citalopram			
Fluoxetine			
Mirtazapine			
Quetiapine			
Propranolol			
Sertraline			
Any Other Mental Health Medication			

Birth Plan

Please tick the relevant Birth Plan

	Tick	Midwives name and Date plan stored in Z drive
Social Services Birth Plan	<input type="checkbox"/>	
Substance Misuse Plan	<input type="checkbox"/>	
Perinatal Mental Health Birth Plan	<input type="checkbox"/>	
Not open to Social Services (routine discharge for postnatal care to community midwives)	<input type="checkbox"/>	No Birth Plan required

Escalation referrals into additional services		
Date Referred	Service required	Reason for escalation

Transfer of care

Named Midwife at booking: Michelle Hirst (Swansea Bay UHB - Maternity)				
Transferred to new Named midwife	Date of transfer	Reason for transfer	Handover discussion	New HV informed including date.
			YES / NO	YES / NO
			YES / NO	YES / NO
			YES / NO	YES / NO

	Record of contacts and updates	

4. Safeguarding supervision

It is the responsibility of each individual health professional within the maternity service to inform the Lead/Named Midwife when a safeguarding issue has been identified. The Lead will discuss concerns and agree a plan of care for the woman and her family and provide ongoing support as necessary.

5. Where a family moves out of the area

5.1 When a safeguarding issue has been identified relating to a pregnant woman, who relocates or receives part of their care in another area, all information pertaining to the safeguarding issue must be passed on to the midwife, health visitor and GP in the new Health Board area.

5.2. It is the responsibility of the named community midwife/team to:

- Confirm address in new area, contact details, new GP and HV, if known.
- Inform midwife in new area.
- Send copy of safeguarding information to midwife in new area.
- Inform the Lead/Named Midwife for Safeguarding within the Health Board and document information in accordance with local Health Board guidelines.
- Document in the All Wales Maternity Record/Postnatal record, all the details of the transfer and update the electronic file, inform Named Midwife for Safeguarding and email copy.

5.3. It is the responsibility of the Lead/Named Midwife for Safeguarding to:

- Inform colleagues in the new area by telephone/email.
- If new address is not known the Lead/Named Midwife is to discuss plan of action regarding circulation of a national/regional alert.

6. Transfer of an antenatal, intrapartum or postnatal women requiring inpatient services within another Health Board area

- If at any time transfer of an antenatal, intrapartum or postnatal woman requiring inpatient services within another Health Board area is needed, it is the responsibility of the discharging/accompanying midwife to share this information with the receiving Health Board.
- The electronic safeguarding file is to be updated with the transfer by the discharging midwife
- The Named Midwife for Safeguarding needs to be informed of the transfer.

6.1 Movement into the Health Board area.

When a pregnant woman moves into the health board area and safeguarding concerns are identified a **SIP2** must be completed.

It is the responsibility of the 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 Named Safeguarding Midwife.
- Document details of the transfer in the All Wales Maternity Record/Postnatal Record.

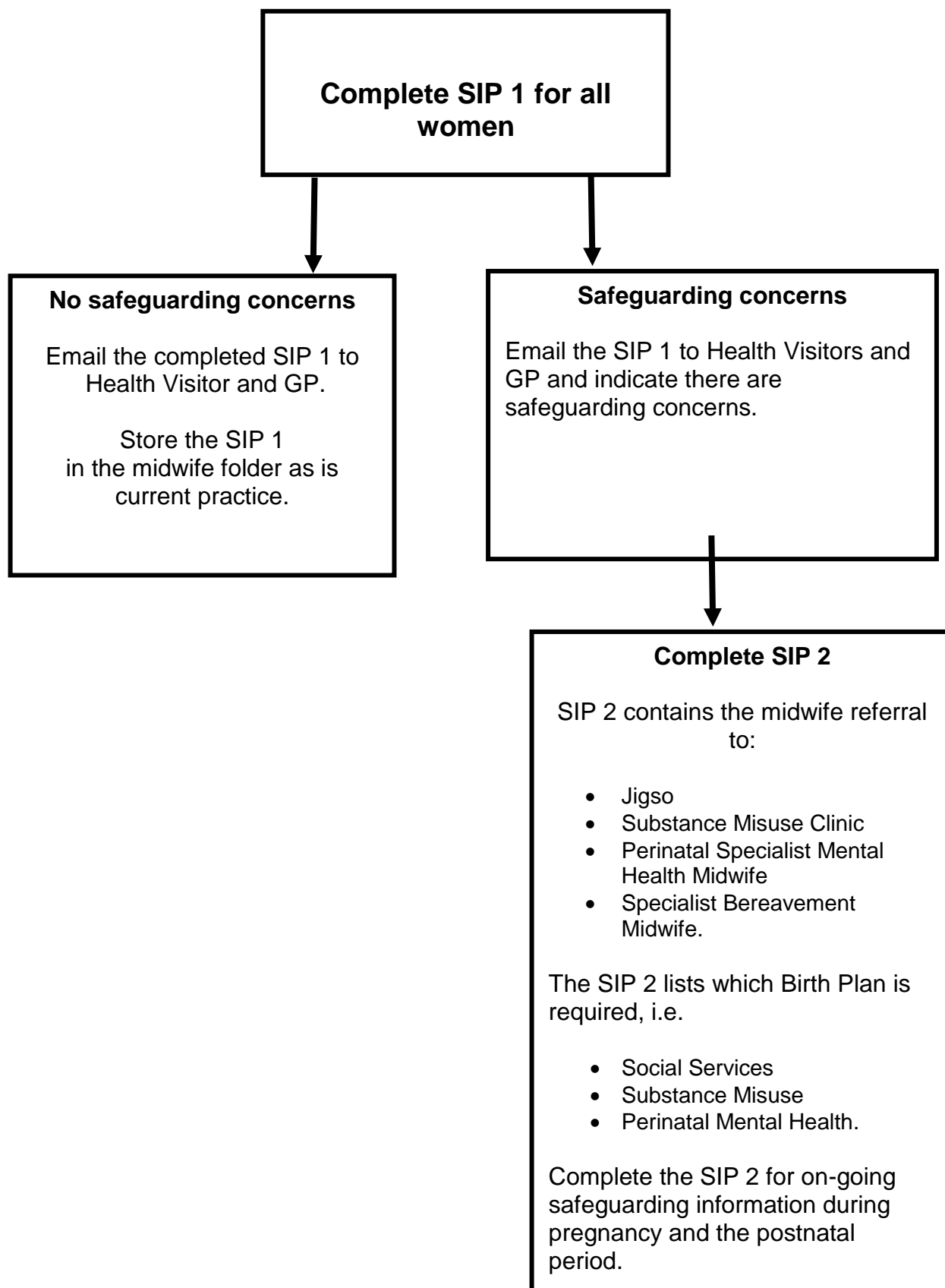
7. Useful Links

1. Social Services & Wellbeing (Wales) Act 2014
<https://www.legislation.gov.uk/anaw/2014/4/contents>
2. Wales Safeguarding Procedures 2019 <https://www.safeguarding.wales>
3. Data Protection Act 1998
4. Human Rights Act 1998 <https://www.legislation.gov.uk>
5. Serious Crime Act (2015) <https://www.legislation.gov.uk>
6. SCIE (2019) Safeguarding Adults: sharing information
<http://www.scie.org.uk/safeguarding/adults/practice/sharing-information>
7. H.M Government (2018) Working Together to Safeguard Children
www.gov.uk/government/publications

Appendices

Appendix 1 – SIP 1 and SIP 2 Flowchart

Flowchart for completion of revised Sharing Information in Pregnancy Forms
SIP 1 and SIP 2



Appendix 2 - Identifying the risk of harm

Individual staff members and professionals who have concerns about future risk of harm to an unborn child, must make a referral to social services. Although statutory intervention cannot begin prior to birth, an assessment can take place and plans formulated at a Child Protection Conference with the purpose of ensuring the needs of the unborn baby can be met following birth. Child Practice Reviews reinforce the importance of pre-birth plans for protecting children.

When to complete a **SIP 2**: (this list is not exhaustive)

Pregnant women who:

- Has undergone FGM (Female Genital Mutilation)
- 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.
- Has a history of alcohol or substance misuse which adversely impacts on the parenting ability
- Current partner been incarcerated.
- Is under 18 years and is at risk of CSE (Child Sexual Exploitation)
- Risk of exploitation
- Any children currently or previously been placed on the Child Protection Register/have been removed at birth/adopted
- Has a partner/relative/friend in current contact who is a Registered Sex Offender
- Has significant learning difficulties which may potentially impact on the parents capacity to care for and safeguard the child
- Is a persistent non-attender of antenatal appointments/no access
- Non-compliant with treatment which could potentially have a detrimental effect on the unborn baby

Maternity Services
Checklist for Clinical Guidelines being Submitted for Approval by Maternity Quality
& Safety Group

Title of Guideline:	Sharing Information in Pregnancy Pathway
Name(s) of Author:	Helen Griffiths
Chair of Group or Committee supporting submission:	Corporate Safeguarding Team
Issue / Version No:	2
Next Review / Guideline Expiry:	December 2026
Details of persons included in consultation process:	
Brief outline giving reasons for document being submitted for ratification	
Name of Pharmacist (mandatory if drugs involved):	
Please list any policies/guidelines this document will supercede:	Pregnancy information sharing pathway, safeguarding, midwifery, health visitor, primary care 2010
Date approved	December 2023
Keywords	SHARING INFORMATION IN PREGNANCY, SAFEGUARDING, MATERNITY
File Name: Used to locate where file is stores on hard drive	