



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Pregnancy Information Sharing Pathway for Safeguarding Children (Midwifery, Health Visiting and Primary Care)

July 2010

Originator:	Women and Child Health /Primary Care/Safeguarding Team
Submitted by:	Head of Safeguarding Children
Approved on:	7 th September 2010
Review Date:	7 th December 2011
Version:	Final

Contents

1. Introduction	2
2. Guidelines for Completion of Pregnancy Information Sharing Form (PISF1)	3
Form PISF 1	4
3. Guidelines for Use and Completion of Pregnancy Information Form 2 (Safeguarding Children) (PISF 2)	6
Form PISF 2	7
4. Guidelines for Sharing Post Natal Information regarding Safeguarding Children, Prior to Primary Visit by the H/V - PISF3	8
Form PISF 3	9
5. Across Health Board Boundary Movement	10
6. Implementation and Training	11
7. Audit	11
8. Risk Management	11
9. Other Relevant Health Board Policies/Protocols	11
Appendices	12.13.14
Bibliography	15

1. Introduction

- 1.1** This information sharing pathway is intended to assist in the transfer of safeguarding information from midwife to health visitor and GP and vice versa, and was originally developed by the Supervisors of Midwives in Dyfed Powys following a serious Child Protection Incident. This revised Pathway (2010) has been produced in direct consultation with all stakeholders including Health Board staff and GP representation.
- 1.2** In adhering to this protocol staff will become more effective in the lawful sharing of information for the benefit of vulnerable babies who may be in need of protection during the ante and post natal period of pregnancy
- 1.3** This pathway should be read in conjunction with local multi agency protocols for referral to other agencies, the All Wales Child Protection Procedures and ABMU Health Board Safeguarding Policies/Protocols.
- 1.4** Section 28 of the Children Act 2004 stipulates that all health professionals have a statutory duty to safeguard and promote the welfare of children and young people. 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.

This process does not replace the Routine Enquiry for antenatal and post natal mothers, however if concerns regarding Domestic Abuse emerge as a result of Routine Enquiry, these must be shared by following the process within this protocol.

2. GUIDELINES FOR COMPLETION OF PREGNANCY INFORMATION SHARING FORM (PISF 1)

2.1 The Process

- 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.
- The routine nature of this information gathering and the requirement to share any information of a safeguarding nature with other health professionals must be discussed with the mother prior to completion of the **PISF 1 Form**
- Midwife completes form PISF1 with mother at booking appointment.
- Form to be sent to Health Visitor and to GP simultaneously.
- If it is indicated that there is information of a safeguarding nature to be shared, the midwife will complete and attach PISF2 (Detailed below) which is sent to the Health Visitor and GP.
- If on receipt of PISF1 the Health Visitor or GP has concerns of a safeguarding nature these concerns must be discussed with the named community midwife or if unavailable a member of her midwifery team, as identified on the form within 5 working days.
- If there are no concerns PISF1 is to be filed as per arrangements within Health Visiting and General Practice.

Pregnancy Information Sharing for Safeguarding Children (PISF1)
To be completed by the midwife at the booking interview

Name	Maiden Name	Midwife
Address	Previous Surname	Team
DOB	GP	Contact No
Hosp No	HV	EDD

I have been informed of the information sharing process.
Signature of Mother _____

Father of Unborn: DOB..... Current Partner (if different): DOB..... Other Adults in Household & DOB	Any children at home/looked after/living elsewhere		
	Surname:	First Name:	D.O.B.

Midwife - Please tick one of the following

- I have relevant information to share and attach PISF2
- I do **not** have relevant information to share

GP and Health Visitor - If either professional has any relevant information in relation to safeguarding issues please contact named community midwife **(as above)**.

"All health professionals have a statutory duty to safeguard and promote the welfare of children. In order to 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)

Signature of Midwife completing form.....

Print Name..... Date of Completion.....

Top copy (white) – Health Visitor / Middle Copy (yellow) – GP / Bottom Copy (pink) – Maternity Notes

3. Guidelines for Use and Completion of Pregnancy Information Form 2 (Safeguarding Children) (PISF 2)

3.1 Where a safeguarding concern has been identified PISF 2 will be completed and forwarded to the HV and GP.

3.2 **Appendix 2** aids the '**Identification of Risk Factors**' that may constitute a safeguarding concern. (All Wales Child Protection Procedures 2008)

3.2 The original copy of PISF 2 will constitute a midwifery cause for concern (CFC) file which will be filed appropriately in or near to the labour wards where the women is booked to deliver her baby.

3.4 The mother **should** be informed if there are concerns and that the midwife will share this with relevant professionals as is appropriate.

3.5 If at any point during the pregnancy initial or further concerns of a safeguarding nature are identified by the midwife then the HV and GP are to be informed and PISF2 will be completed and forwarded to the relevant professionals as above.

3.6 It is essential that PISF2 is documented in the Special Considerations Box on the midwifery hand held records.

This is the only information to be recorded. The detail of the concern must not be documented.

N.B. If you are concerned about the sharing of information where there are identified Child Protection issues, please refer to relevant documents/policies as contained within the Reference list.

Confidential



Pregnancy Information Sharing for Safeguarding Children (PISF2)
To be completed by the midwife if any concerns identified

Unborn/baby of	DOB	GP	EDD/Baby DOB
Hosp No	Midwife Name: Contact No: Midwifery Team:		
Address			
Partner's name and DOB (& address if different)		Health Visitor & Tel No:	
Any other children of both partners: Name DOB 		Social Worker & Tel No: Any other relevant agency & Tel No:	
Multi Agency Referral Form Submitted to Social Services Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Submission		Other Agencies Referred to Date of Submission.....	
Brief Details of Concern			
Signature..... Print name..... Date			

Top copy (white) – CFC File / Middle Copy (yellow) – HV / Bottom Copy (pink) – GP

4. Guidelines for Sharing Post Natal Information Regarding Safeguarding Children, Prior to Primary Birth Visit by the Health Visitor - PISF3

- If any safeguarding concerns have been identified at any point during the pregnancy, resulting in completion of PISF 2, then **PISF 3** must be completed and forwarded to the family Health Visitor and GP in the post natal period by the midwife.
- If it has not been possible for the midwife to follow the Routine Enquiry process then the midwife should communicate this information at this point to the Health Visitor and GP by indicating on the relevant section of form PISF3.
- The named community midwife has the responsibility to ensure that the Health Visitor receives Form **PISF 3**, prior to the primary visit (before the tenth day following birth).
- The named community midwife should file a copy of **PISF 3** in the original midwifery Cause for Concern (CFC) file held in each locality Hospital Midwifery Department.
- The Health Visitor should file **PISF 3** within the family records held for the child.

SAFEGUARDING SUPERVISION

It is the responsibility of each individual health professional to inform their lead for safeguarding supervision when a concern within a family has been identified, either in the ante or post natal period.

The individual health professional should access safeguarding supervision according to 'ABMU Health Board Safeguarding supervision policy'.

Confidential



Postnatal Information Sharing for Safeguarding Children (PISF3)
To be completed by the Community Midwife and submitted to Health Visitor
prior to 10th day of postnatal period

Mother's Name & DOB	Contact No	Infant Name & DOB	M / F
Address		Infant address (if different)	
		Midwife Name & Team	
Hosp No		Contact No	
Partner's name and DOB (& address if different)		GP	
		Health Visitor	
Update of Concerns and Routine Enquiry			RE 1 : Yes / No RE 2 : Yes / No
Other Professionals (Name and Contact Number):			
Multi-Agency referral form submitted to Social Services: Yes / No Submission date: Pre Birth Child Protection Conference: Yes / No Date: Child Protection Register: Yes / No Category of Registration*: Physical Abuse / Sexual Abuse / Neglect / Emotional Abuse (*please circle) Name of Social Worker & Contact Tel No:			
Signature of midwife: Print name..... Date			

Top copy (white) – Health Visitor / Middle Copy (yellow) – GP / Bottom Copy (pink) – CFC File

5. ACROSS LOCAL HEALTH BOARD BOUNDARY MOVEMENT

6.1 If a safeguarding concern has been identified about a pregnant mother, who moves into another LHB area, all information pertaining to the concern must be passed on to the new Health Board area.

6.2. It is the responsibility of the named community midwife to:

- Ascertain the new home address, contact details and new GP, if known.
- Inform Specialist Midwife or Named Midwife for Safeguarding verbally.
- Follow up by written confirmation within 2 working days, using attached proforma.

6.3. Specialist midwife/ Named Midwife for Safeguarding:

- To alert equivalent colleague in new area by telephone, with follow up in writing within 2 working days, this will include copy of documentation.
- If new address is not known the Named Midwife/Specialist midwife and the Named Nurse for Safeguarding Children will alert their counterparts across Wales and the rest of the UK.

6. Implementation and Training

The Information Sharing Pathway will be implemented in **June 2010** through a launch which will include training into the completion of the documentation. New employees will receive training as part of their Directorate Induction programme.

7. Audit

The pathway will be audited through a joint audit which will include midwifery, Health Visiting and GP records.

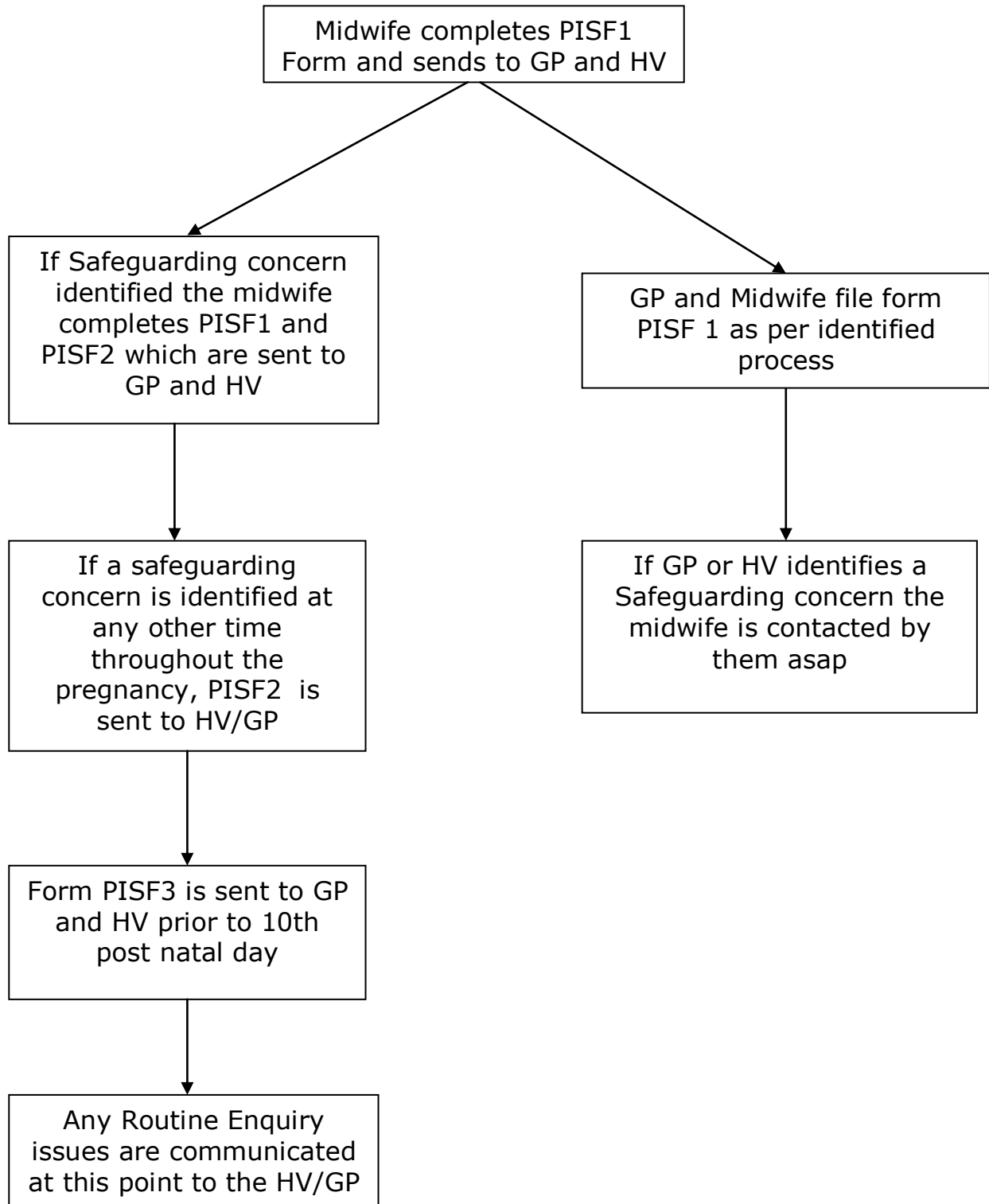
8. Risk Management

If any risks to staff are identified by those professionals involved in the care of pregnant women then it is the responsibility of that health professional to alert any others who may be involved in their care.

9. Other Relevant Health Board Policies/Protocols

- ABMU Health Board 'Safeguarding Children Guidance' (Operational Procedures) Policy (2009)
- ABMU Health Board 'Sharing Safeguarding Information Policy' (2009)
- ABMU Health Board 'Safeguarding Children Supervision Policy' (2009)
- ABMU Record Keeping Policy
- ABMU Health Board Safeguarding Adult Policy (2009)
- Multi agency Protocols/Guidance Documents
- Birth Planning guidance for Midwives and Social Workers (*Currently Swansea only*)
- National Policies/Guidelines
- All Wales Child Protection Procedures
- All Wales Routine Enquiry Pathway for Domestic Abuse

Flowchart for Pregnancy Information Sharing Process



Appendix 2

Identification of Risk Factors

(All Wales Child Protection Procedures 2008)

Identifying the Risk of Harm

Individual staff members and professionals, who have concerns about the future risk of harm to a child not yet born, must make a referral to Social Services Department by contacting the Duty Social Worker. In addition the appropriate professionals with the responsibility for Child Protection within the Health Board Organisation must be informed, as per guidelines contained within the Local Safeguarding Policy for the Board.

It is vital that assessments are carried out and plans formulated pre birth in order that the needs of the baby can be met following birth.

Serious Case Reviews reinforce the importance of pre-birth plans for protecting children.

Circumstances in which a referral would be appropriate are where:

- ❑ previous children in the family have been removed because they have suffered harm;
- ❑ concerns exist regarding either parent's ability to protect;
- ❑ there are concerns regarding parenting capacity, particularly where parents have significant learning difficulties or mental health problems;
- ❑ alcohol or substance abuse is thought to be affecting the health of any unborn baby, or where alcohol or substance abuse may significantly impair parenting skills;
- ❑ the expectant parent is very young and a dual assessment of her/his needs as well as her/his ability to meet the baby's needs, is required;
- ❑ there is a previous history of post-natal psychosis;
- ❑ other children in the family have their names included on the Child Protection Register and therefore have Child Protection Plans;
- ❑ there is concern about the new parents' capacity to parent and it is believed that any child of the family might suffer significant harm;
- ❑ the expectant mother/partner has previously abused or allegedly abused a child;

- the expectant mother has a partner, or is in contact with someone, who has abused a child;
- there are known to have been incidents of domestic abuse within the relationship;
- the lifestyle of the expectant mother and/or the people she is in contact with is such that the child may be at risk at birth;
- persistent non-attenders/defaulters – no access visits.

This list is not exhaustive.

Appendix 3

Useful Contacts

Health Board and Agency Professionals	Contact Telephone Number	Health Board and Agency Professionals	Contact Telephone Number
Named Doctor	01792 517950	CNS Child Protection Flying Start Bridgend	New post
Associate Named Doctor	01656 752861	CNS Child Protection Flying Start Neath Port Talbot	01639 875521
Named Nurse	01639 683164	CNS Child Protection Flying Start/ POVA Swansea	01792 517099
Named Midwife	01792 516690 Mb- 07766466949	CNS Child Protection – Hospital Liaison	01792 516573
Child Protection Facilitator	01639 683170 Fax - 01639683173	Specialist HV Refuge NPT	Vacant Post 01639 683027
Designated Dr Child Protection	Vacant Post	CNS LAC Neath Port Talbot	01639 685711/2/3
Designated Nurse Child Protection	01792 607536	CNS LAC Bridgend	01656 642381
CNS Child Protection NPT	01639 640615	LAC Team Swansea	01792 896543
CNS Child Protection Bridgend	01656 753873	Paediatric Liaison Nurse Bridgend	01656 754016
CNS Child Protection Swansea	01792 517926		

Bibliography

- All Wales Child Protection Procedures - 2008
- SAFEGUARDING CHILDREN WORKING TOGETHER UNDER THE CHILDREN ACT 2004 (2006))
- **NURSING AND MIDWIFERY COUNCIL**
 - Code of Professional Conduct May 2008
 - Record Keeping June 2009
- The Protection and Use of Patient Information, DOH Guidance
(March 1996)
- Data Protection Act 1998
- Human Rights Act 1998
- The Bichard Inquiry Report, The Home Office, 2004
- Too Serious a Thing: The Review of Safeguards for Children and Young people Treated and Cared For by the NHS in Wales, Lord Carlile,
(WAG 2002)
- Electronic Communications Act 2000
- The Children Act 2004
- Confidentiality : NHS Code of Practice 2006
- Confidentiality: General Medical Council (Oct 2009)