
Policy for Safeguarding Children within Maternity Services

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Appendices (filed as separate document):

- App 1 Guidelines regarding Sharing Information in Pregnancy forms
- App 2 Sharing Information in Pregnancy (SIP 1) to safeguard Children
- App 3 Sharing Information in Pregnancy (SIP 2) to safeguard Children
- App 4 Postnatal Information in Pregnancy (SIP 3) to safeguard Children
- App 5 Midwifery Case Conference Report Proforma
- App 6 Birth and Discharge Plan for Cause for Concern (safeguarding file)
- App 7 Discharge Summary for Cause for Concerns
- App 8 Flowchart for Identifying and Managing Safeguarding Issues
- App 9 Framework Assessment Tool

Introduction

All staff working within Maternity Services have a role in identifying and ensuring children are protected from harm. Maternity staff are likely to have significant contact with families who may require support and interventions in relation to safeguarding children. All Maternity staff need to be aware of national and local procedures and their responsibility in relation to these.

Named Midwife for Safeguarding Children

This professional will have expertise in the effects of pregnancy on families in relation to child abuse and neglect and will provide advice and support to staff. The role will include policy development, audit, training and supervision as well as being responsible for conducting internal case reviews and participating in child practice reviews as required.

Training

Staff should have the knowledge and skills relevant to their area of practice to contribute to safeguarding children from harm. Staff working with children and families will be required to undertake specific training provided by ABMUHB and in addition any inter-agency training as identified by Western Bay Safeguarding Children Board (WBSCB). (*The training should be in accordance with the Intercollegiate Document: 2014*)

Safeguarding Supervision

Safeguarding supervision is essential for all staff when dealing with child protection issues to ensure practitioners are competent, confident and well supported in their role in Safeguarding Children in line with ABMUHB Safeguarding Children Supervision Policy.

The following arrangements for safeguarding children supervision for midwives are:

- One to one supervision for the named midwife involved in a child protection case. This should be provided at least once during the pregnancy and it is the responsibility of the individual midwife to ensure that she accesses supervision from the Named Midwife for safeguarding children.
- Group supervision will be provided for Community Midwives approximately every

four to six months. It is the responsibility of the Community Midwives to access this and the responsibility of the Team Leaders of each group practice to arrange this. Midwives will be encouraged to bring cases for discussion which could include child protection cases or those families identified as a cause for concern. The need for one to one supervision may be identified during these group sessions.

- All midwives who have been involved in a child protection case will be required to provide evidence of safeguarding children supervision at their Annual Professional Development Review (PDR). This can be further discussed at Revalidation.

Information Sharing

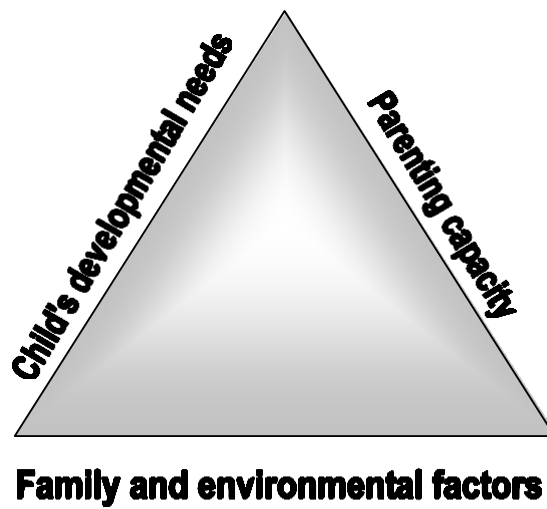
“There is nothing within the Caldicott report, the Data Protection Act 1998 or the Human Rights Act 1998, which should prevent the justifiable and lawful exchange of information for the protection of children.” (Carlisle Review, 2002)

Research and expertise show that keeping children safe from harm requires professionals and agencies to share information. Normally personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of the information. Where there are concerns that a child is or maybe at risk of harm, the needs of the child must come first and consent may not be possible or necessary.

The Welsh Assembly Government (2006) suggests that the best way to share information properly between professionals and agencies is to work within information sharing protocols. A Specific Sharing information in pregnancy Pathway for Midwifery, Health Visiting and GPs has been implemented across the Health Board to assist in the sharing of information between professionals. All midwives must be knowledgeable in the use of the process. (Appendix1)

Booking Interview

The booking interview gives midwives the opportunity to meet women and their families at the early stages of pregnancy. The purpose of the booking interview in relation to safeguarding children is to undertake an initial assessment using the framework for assessment tool.



(Appendix 9)

Child Safeguarding and promoting welfare
(All Wales Child Protection Procedure 2018)

At the booking interview women will be informed of the routine requirement to share information with other health professionals in order to assess the needs of the woman and her family. The SIP 1 form will be completed and sent to the relevant Health Visitor and GP (App 2). There is a requirement for the Health Visitor and/or GP to inform the Midwifery Service of any known concerns.

Where a midwifery cause for concern is identified, a SIP 2 form should be completed and a cause for concern (safeguarding) file initiated (App 3). The mother should be informed that there are concerns and that the midwife may contact the Named Safeguarding midwife for advice and support and may share information with other professionals as appropriate. Copies of the SIP 2 should be sent to HV and GP. If the mother is to deliver in a neighbouring hospital within ABMUHB the SIP 2 form should be copied to the relevant unit. Should the mother move to another area, a copy of the SIP 2 should be forwarded as soon as possible to the Named Midwife for Safeguarding in that area and supported by telephone call.

Identifying the risk of harm

Where there are serious concerns about the future risk of harm to an unborn child, the midwife needs to make a detailed assessment using the common assessment framework and consider a child protection referral to social services.

“Although statutory intervention cannot begin prior to the birth, an assessment can take place and plans formulated at a child protection conference with the purpose of

ensuring the needs of the baby can be met following birth. Child Practice reviews reinforce the importance of pre-birth plans for protecting children.” (All Wales Child Protection Procedures (2008: 331).

The circumstances for making a referral may include:

- Previous children in the family have been removed because they have suffered harm.
- Other children in the family have their names included on the child protection register.
- The expectant mother/father 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.
- Concerns about either parent’s ability to protect the baby
- Any concern about new parents’ capacity to parent and it is believed that any child of the family might suffer significant harm.
- A very young expectant parent may require a dual assessment of her/his own needs as a child as well as her/his ability to meet the needs of the child.
- The lifestyle of the expectant mother and /or the people she is in contact with is such that the baby may be at risk.
- Where the pregnant mother has Female Genital Mutilation (FGM) and the unborn baby confirmed by ultrasound scan or following the birth to be a female. (*FGM Act section 73 of the Serious Crime Act 2015; All Wales Child Protection Procedure 2008 3.5.1. FGM Act (2003)*)
- A history of non-cooperation with agencies in families for whom there are concerns, especially where there is a new partner.
- Persistent non-attendees for ante-natal care.
- Concerns about compromised parenting capacity for example,
 1. Significant learning difficulties
 2. Serious mental health problems (including a previous history of puerperal/post natal psychosis where there were concerns regarding parenting capacity)
 3. Alcohol or substance misuse (could be affecting the health of the unborn baby and may significantly impair parenting skills)
 4. Serious or persistent incidents of domestic abuse (within the relationship which give cause for concern about a child’s safety or well-being)

This list is from the All Wales Child Protection Procedure (2008), to be used as guide and is not exhaustive.

Maternity Safeguarding Files

Maternity staff will have access to the files of families identified as a Cause for Concern (CFC). The files are kept within the acute setting:

Princess of Wales Hospital - Maternity Unit

Neath Port Talbot Hospital – Birth Centre

Singleton Hospital - Maternity Unit.

The safeguarding files are a record of the assessment, planning and monitoring of the identified families and all midwives are responsible for documenting and maintaining the records regarding their involvement. The files provide up to date communication between professionals and agencies for all staff providing direct care.

It is essential that these records are maintained to a high standard so that verbal and written communication is clearly documented. The Named midwife for safeguarding children will monitor the completeness of these records in line with ABM UHB and national standards (eg, NMC Standards for Record keeping).

Responsibilities for Safeguarding

The responsibility for the overall care of the woman and her family is with the named Community Midwife. She is responsible for ensuring robust communication with her team colleagues so that all team members are aware of cause for concern families within their area of practice. In addition, she will ensure good communication with the Health Visiting Service and GP during the ante natal and post natal period.

- The named midwife for the woman will attend multi-agency meetings or ensure that a nominated colleague attends in her place.
- All midwives are responsible for maintaining good record keeping standards in the safeguarding files.
- Referrals to social services must include as much information as possible regarding the woman, her family and the specific concerns in relation to safeguarding children (the Common Assessment Training Tool).
- The midwife making the referral is responsible for following up the written referral in a timely manner.
- Where problems arise in relation to inter-agency communication, the midwife will be responsible for alerting the Named midwife for safeguarding children (The Policy for the Resolution of Professional Differences).

- Although a CFC is often identified at Booking, midwives are responsible for the on- going assessment of the woman throughout the pregnancy, labour and post natal period. Concerns may be identified at any time and the individual identifying such concerns is responsible for initiating a safeguarding file, completing a SIP 2 form and/or making a referral to Social Services.
- Where a midwife has concerns or suspects that there are safeguarding issues, early communication with Social Services is advised.
- Where appropriate, ensure that the Neonatal Unit is informed of specific concerns for example, substance misuse, domestic abuse, FGM.
- Through supervision, the midwife should discuss individual cases with the Named Midwife for Safeguarding Children.

Domestic Abuse (Ask and Act)

All midwives are required to routinely ask every woman about domestic abuse at least twice during the woman's pregnancy, as well as adopting a target approach where signs or indicators of domestic abuse are observed at any time throughout maternity services be it following the birth or during the post natal period (***Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015***). If domestic abuse is disclosed the 'All Wales' Risk Identification Check List for Domestic Abuse, Stalking and Honour Based Violence' paperwork should be completed (RIC-DASH forms) and acted upon accordingly.(Refer to ABMU Domestic Abuse Policy). A SIP 2 form will need to be completed and a safeguarding file to be commenced.

PPN Forms

These are police reports on domestic abuse and are submitted to midwives when the woman is pregnant. If there is a PPN it is the responsibility of the named community midwife to contact the woman, complete a SIP 2 form and create a safeguarding file.

If the routine enquiry has not been asked during the antenatal period or following the birth of the baby by the midwife in the post natal period, should be highlighted as a concern on the SIP 3 form and every effort should be made to consult with the Health Visitor.

Child Protection Case Conference

When a decision is made to convene an initial child protection case conference,

wherever possible this should take place between 8-16 weeks before the estimated date of delivery to allow appropriate assessment and planning (All Wales Child Protection Procedures 2008). Where it is agreed at conference that the baby will be registered at birth, the Core Group members will agree a detailed child protection plan in advance of the birth.

Core Groups

The core group is responsible for developing and implementing the child protection plan as a detailed working tool within the outline plan agreed at the initial child protection conference (All Wales Child Protection Procedures 2008). The key worker is usually the social worker and other members will include professionals with a specific involvement, including midwives. The core group should first meet within 10 working days of the case conference and the named midwife for the woman should ensure that either she or a member of her team attends.

Case Conference Reports

Prior to attending a child protection case conference, the midwife will be required to provide a written report. This report summarises the midwives involvement with the woman and her family during the pregnancy and/or the post natal period. It will also include the midwives view of the parents' capacity to safeguard the child and promote their welfare. Where there are sensitive or confidential issues, these should first be discussed with the Named Midwife for Safeguarding children particularly where there are potential violent or intimidation issues.

Reports should be made available to the 'conference chair' 48 hours before the conference. It is good practice for the midwife to share, discuss and explain their report with the families at least one day before the conference.

The Named Midwife for Safeguarding Children is available to discuss the report with the midwife if required. Birth plans –All safeguarding files need to have a completed birth plan in place by 32 weeks gestation. (Refer to the Western Bay Safeguarding Children's Board 'Birth Planning Guidance' 2016)

Child Protection Cases

An agreed plan from Social Services should be communicated to the maternity services and be in place by 32 weeks gestation at the latest. It is important that Social Workers ensure that all relevant paperwork (including legal) is prepared and completed by 37 weeks gestation. It is the named community midwife's responsibility

to make sure the plan is appropriate for maternity services and the safety of the newborn baby. For example, the maternity service is unable to offer total supervision of a mother whereby there maybe issues regarding the safety of the baby in her care nor can midwives remove babies from their mothers. It is the responsibility of Social Services and/or the police to do this (refer to Western Bay Safeguarding Children's Board Birth Planning Guidance (2016-2019) and Western Bay Multi-Agency for the Supervision of Parents and Carers of Children and Young People admitted to hospital where there are Safeguarding Concerns Policy 2016)

All Other Cause For Concerns

If there is no plan from Social Services then the named community midwife needs to complete a plan using the appropriate Performa (App 6).

All birth plans are retained within the individual safeguarding file.

All staff are responsible for accessing the plans and acting appropriately.

Staff involved in the care of the woman during the birth and the early post-natal period will be responsible for accurately documenting progress against the plan. This may later be required in the form of a report; for example a review case conference.

Safeguarding Children During the Post Natal Period

If the mother and the baby are to be discharged home together, midwives working within the acute area have the responsibility to ensure the appropriate community team of midwives are made aware of the ongoing care and support to maintain continuity. At each post natal visit, midwives should observe, discuss and document attachment, adaptation to parenthood and parenting ability. Capacity to parent and interaction with the baby should be assessed and documented in the postnatal records. Any issues associated with the CFC should be documented in safeguarding file.

Prior to the birth visit of the Health Visitor, a SIP 3 form must be completed so that any update plans of care are communicated from the Midwifery to the Health Visiting Service (App 4). A copy of the SIP 3 form should also be sent to GP and a third copy filed in the safeguarding file. On discharge from the maternity services a discharge summary should be written using the correct Porforma and placed in the safeguarding file and where appropriate, a letter should be written to Social Services by the woman's named community midwife (App 7).

Removal of the baby prior to leaving Hospital

When a decision is taken that a baby is not to go home with the parents, a birth plan needs to be in place that ensures clarity about arrangements. This plan should be available prior to the baby's birth and kept in the safeguarding file. Included in the plan should be;

- Contact number of social services/ named social worker/ emergency duty team for out of hours when the mother is admitted to hospital in established labour.
- Contingency plans if the baby is born outside of hospital.
- Parents level of contact with the baby whilst in hospital must be agreed taking into consideration the limitations of supervision available in a busy maternity unit i.e., the parents will have unsupervised contact during their stay.
- Practical care arrangements such as breast feeding.
- A decision of whether other hospitals need to be alerted to the plan.
- Agreement of who will be responsible for deciding removal arrangements.
- Arrangements for initiating legal proceedings.
- Action for midwives to take in the event of the parents attempting to remove the baby from hospital.
- Inclusion of a police incident or occurrence number where appropriate.

Conclusion

This protocol has been written to support and advise maternity staff how to recognise and manage safeguarding issues in maternity care. A pathway for safeguarding children in maternity services has been developed for midwives to use as a tool to support them when dealing with safeguarding issues (Appendix 8). This pathway is to be used in conjunction with the flowchart for child protection (App 9). Midwives are encouraged to contact the Named Midwife for Safeguarding Children for support, advice and supervision.

References

- The All Wales Child Protection Procedures (2008).
- 'Too serious a thing' Carlisle Review (2002)
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Welsh Assembly Government (2006) Safeguarding Children: Working Together Under The Children's Act, (2004).
- Western Bay Safeguarding Children's Board 'Birth Planning Guidance' (2016)