

Appendices 1

Guidelines for Completion of:

Sharing of Information in Pregnancy form (SIP 1)

to be completed at every booking interview

- 2.1 If the initial antenatal assessment has not been undertaken at the woman's home the named community midwife should arrange a home visit for one of the woman's antenatal appointments to ensure a full social assessment is undertaken.
- 2.2 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 **SIP (1) Form**.
- 2.3 The booking midwife is responsible for completing the **SIP (1)** form with the mother at the booking appointment.
- 2.4 Copies of the **SIP (1)** form are to be sent to Health Visitor and to GP following the booking **within 5 working days**. The midwifery copy of the form is to be filed in the maternity records.
- 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**.
- 2.6 If on receipt of the **SIP (1)** the Health Visitor or GP has concerns of a safeguarding nature it is their individual responsibility to discuss these with the named community midwife or if unavailable a member of her midwifery team, as identified on the form, within 5 working days.

Sharing of Information in Pregnancy form (SIP 2)

- 3.1 Where a safeguarding concern has been identified the **SIP (2)** will be completed and forwarded to the GP, HV, lead/named midwife for safeguarding children.
- 3.2 The **SIP (2)** form will constitute the start of the midwifery safeguarding file.
- 3.3 The mother **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 will be completed and forwarded to the relevant professionals.
- 3.5 It is essential that when a **SIP (2)** has been completed to indicate safeguarding

concerns the **SIP yes box** should be ticked in the Special Considerations Box in the midwifery hand held records (page 17) e.g.:

Special considerations

SIP yes

- 3.6** All Midwives must ensure that they check the **SIP box** in the special consideration section of the All Wales Maternity Records during each consultation to inform their plan of care.

Sharing of Information in Pregnancy form (SIP 3) – Post Natal

- 4.1** If any safeguarding concerns have been identified at any point during the pregnancy, resulting in completion of the **SIP (2)**, then the **SIP (3)** form must be completed and forwarded to the Health Visitor and GP following the 1st post natal home visit.
- 4.2** In cases where the baby has been discharged into local authority care it is the responsibility of the hospital midwife to forward a copy of the **SIP (3)** form to the Health Visitor and GP. As well as file the SIP 3 into the safeguarding file.
- 4.3** The community midwife should file the **SIP (3)** form in the safeguarding file .

Appendix 2

Sharing Information in Pregnancy (SIP1) form to Safeguard Children

Confidential

Sharing Information in Pregnancy (SIP1) to Safeguard Children (To be completed by the midwife at initial antenatal assessment)

<p style="text-align: center;">Addressograph</p> <p>Name Address DOB Hosp No</p> <p>Previous Surname</p>	<p style="text-align: center;">GP</p> <p style="text-align: center;">HV</p>	<p style="text-align: center;">Named Midwife</p> <p style="text-align: center;">Midwifery Team</p> <p style="text-align: center;">Contact No</p> <p style="text-align: center;">EDD</p>
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I have been informed of the sharing information process between midwifery, health visiting and GP services.

Signature of Mother _____

<p>Father of Unborn: Full Name..... DOB..... GP</p> <p>Current Partner (if different): Full Name..... DOB..... GP.....</p> <p>Other Adults in Household: 1. Full Name..... DOB..... 2. Full Name..... DOB.....</p>	<p>Any children at home/looked after/living elsewhere (include place of residence)</p>		
	<p><i>Full Name</i></p>	<p>DOB</p>	<p>Address (if different)</p>

Midwife - Please tick one of the following

- **I have** relevant safeguarding information to share and attach SIP (2)
- **I do not** have relevant information to share

GP / Health Visitor - If either professional has any relevant information in relation to safeguarding issues please contact named community midwife/team (**within 5 working days**).

“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)

Midwife: (Print)Signature.....Date

Copy to GP / Copy to HV / Copy to lead/named midwife for safeguarding / Copy maternity records

Appendix 3

Sharing Information in Pregnancy (SIP 2) form to Safeguarding Children

Confidential

Sharing Information in Pregnancy (SIP 2) to Safeguard Children

Unborn/baby of	DOB	GP	EDD/Infants DOB
Hosp No		Midwife Name:	
Address			
Partner's name and DOB (& address if different)		Contact No:	
		Midwifery Team:	
Any other children of both partners:		Health Visitor & Tel No:	
Name	DOB	Social Worker & Tel No:	
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.....		
.....		
.....		
.....		
Referral to Children Services:		Any other relevant agency & Tel No:	
Date:			
<u>Summary of Concerns</u>			
Routine Enquiry 1 : Yes / No			
Routine Enquiry 2 : Yes / No			
Mother informed of SIP 2 Yes / No			
Midwife: (Print)Signature.....Date			

Appendix 4

Post Natal-Sharing of Information in
Pregnancy (SIP 3) form to safeguard Children

Confidential

Post natal - Sharing Information in Pregnancy (SIP 3) to safeguard children
 (To be completed by the Community Midwife and forwarded to the Health Visitor ,GP and lead/named midwife following the 1st post natal home visit.)

Mother's Name	Date of delivery	Infant Name & DOB	M / F
Address Partner's name and DOB (& address if different)		Is infant home with mother Y / N If NO: reason why Infant discharge address (confidential)	
		Key professionals (agency/contact)	
GP			
Health Visitor			
Midwife Name & Team			
Contact No			

SUMMARY

Update of Routine Enquiry:

RE 1 : Yes / No RE 2 : Yes / No

If RE has not been asked please comment:

Signature of midwife: Print name..... Date

Appendix 5

Midwifery Case Conference Report Performa

MIDWIFERY CASE CONFERENCE REPORT

Case Conference Date

Mother's Name/Previous Name

Address

.....

Telephone Number

Date of Birth Gravida / Para

PREVIOUS PREGNANCIES:

Date	Place	Gest	Sex (M/F)	Birth weight	Alive / SB / Died	Comments and Child's Name

GP Name & Surgery

Midwife/Group Practice

Health Visitor

Social Worker

Date of First A/N Visit Booking

EDD (by scan) EDD (by dates)

Infant Date of Birth

Place of birth

Type of delivery

Type of feeding

MOTHER'S RELEVANT MEDICAL HISTORY:

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.....

OBSERVATIONS AND MOST RECENT CONTACT:

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PROFESSIONAL OPINION:

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.....

..... INFORMATION REGARDING
INCIDENT OR CONCERNS THAT LED TO THE CONVENING OF THIS CHILD PROTECTION CONFERENCE:

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BACKGROUND INFORMATION: SOCIAL

FACTORS

Alcohol/Drug Abuse

.....

Lifestyle Problems

.....

FAMILY HISTORY & FUNCTIONING:

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.....
.....

WIDER FAMILY & SOCIAL RELATIONSHIPS:

.....
.....
.....

HOUSING (HYGIENE, SAFETY FACTORS, HEATING ADEQUATE)

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.....
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EMPLOYMENT:

.....
.....
.....

..... FAMILY SOCIAL
INTEGRATION (RELATIONSHIP BETWEEN NEIGHBOURS,
FRIENDSETC):

.....

.....
.....

COMMUNITY RESOURCES (MOTHER & TODDLER):

.....
.....
.....

UNBORN CHILD

The child needs:

.....

Health:

.....

ASSESSMENT OF PARENTING CAPACITY OF CURRENT CHILDREN & OF UNBORN CHILD

Basic care:

.....

.....

Ensuring safety:

.....

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Emotional warmth:

.....

..... Midwife's assessment of risk:

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Signature of Midwife

Date

Midwifery Team

Tele No

Appendix 6

Birth and Discharge Plan for Cause
for Concern (CFC) File

Birth Plan for Safeguarding File

To be completed by Named Community Midwife by 34wks and placed in Safeguarding File

Addressograph

EDD:

Named Midwife:

Contact No:

Midwifery Team: Plan for

delivery:

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Plan for discharge – consider safety issues for professionals visiting home:

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Significant professional to contact at delivery – please give full name and contact number:

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Signature of Midwife:

Date completed:

Appendix 7

Discharge Summary for Cause for Concerns

Discharge Summary for Cause for Concerns

Please complete on discharge from Midwifery Services and file in CFC File

Addressograph

Name of baby:

Date of delivery:

Update regarding CFC:

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Professional informed of discharge: (* Please indicate)	Name, Contact Details and date notified:
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Health Visitor	Yes / No*
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Social Worker	Yes / No*
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(If yes please send copy of this form to named Social Worker)

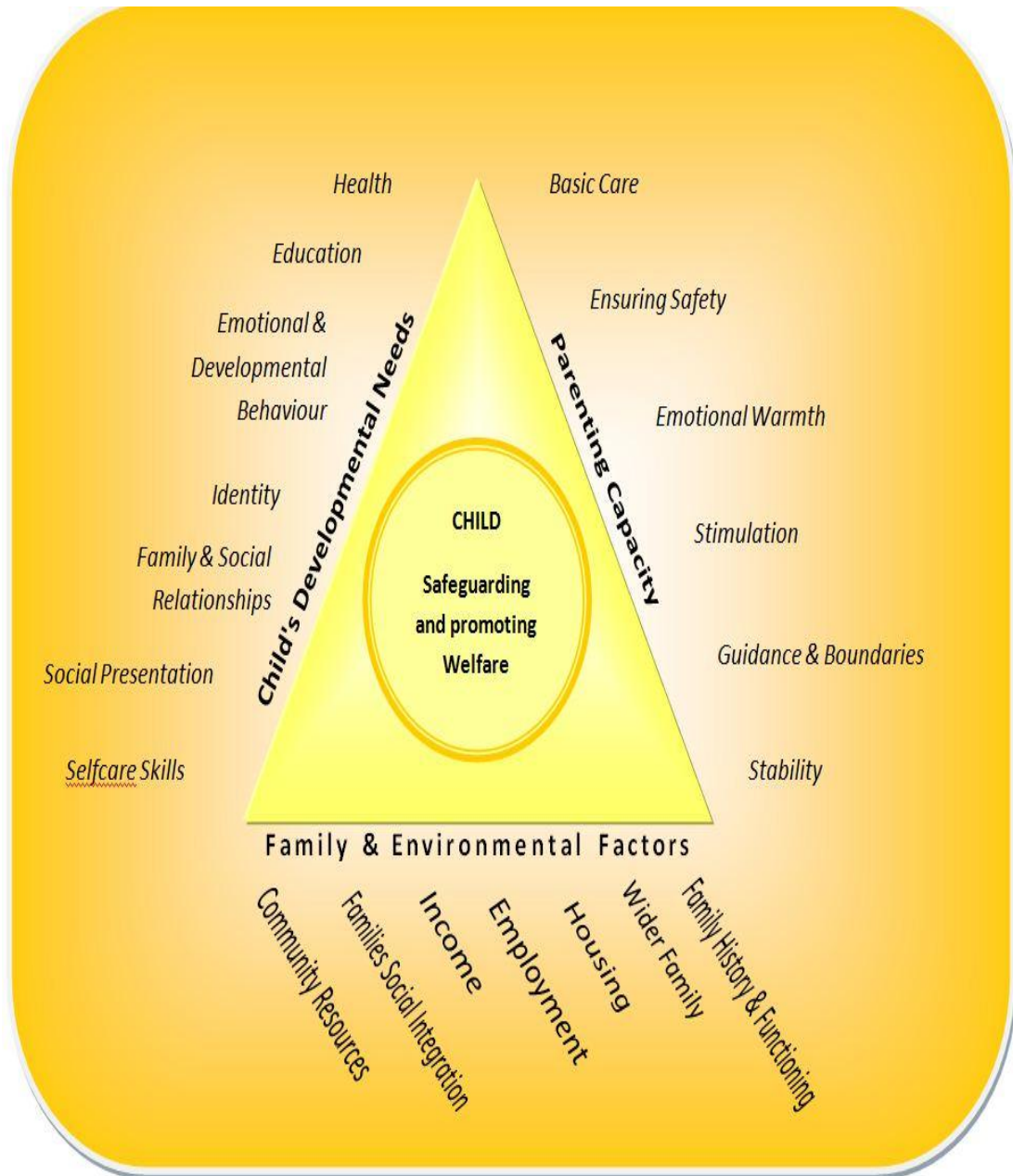
Other Professional	Yes / No*
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Date of discharge:

Name of Midwife completing form:

Appendix 8

The Framework Assessment Tool



Appendix 9

Flowchart for Identifying and Managing Safeguarding Issues in Maternity Care

Flowchart for Identifying and Managing Safeguarding Issues in Maternity Care

