Pre-Birth Guidance

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Contents

Purpose and Scope

The National Guidance for Child Protection in Scotland (2021) acknowledges the collective responsibilities to work together to prevent harm from abuse or neglect from pre-birth onwards and it is essential that everyone understands the contribution they make in keeping babies safe and protected from harm and abuse.

The UNCRC makes it clear all children need safeguarding and care, including appropriate legal protection, before as well as after birth; and Article 24(2)(d) requires public authorities to ensure appropriate pre-natal and post-natal health care for mothers in the context of access to health care services.

The national policy directive (Best Start, Scottish Government 2017) highlights the need for women to experience real continuity of care, across the whole maternity journey, with vulnerable families being offered any additional tailored support they may require.

All practitioners who work with expectant mothers must be aware of parental behaviour and circumstances that could cause significant harm to an unborn baby. They must be aware of how to refer concerns about potential harm to statutory services; and be confident about the lawful basis for information sharing (National Guidance for Child Protection in Scotland 2021).

The early identification of and responses to factors which may place a child at risk, during pregnancy and/or the postnatal period is crucial to enable proactive planning that supports the reduction of risk.

Professional curiosity is important when working with children and families. Practitioners should be inquisitive, open-minded and analytical in their approach, seeking to understand the full context of an unborn/child's circumstances and the impact of parental behaviour. Through applying professional curiosity, practitioners, can identify risks, hidden issues and provide more effective support for children and families.

This guidance is for all practitioners who are involved in the care of pregnant women and their families across Scottish Borders, to make clear the roles and responsibilities in ensuring that children and adults are safe from abuse, harm and neglect.

It aims to support practitioners to:

- Consider and identify risks, needs and vulnerabilities that have the potential to have a significant impact on the safety and wellbeing of unborn children so they can be proactively and sensitively assessed at the earliest opportunity.
- Identify the pathway for referral to promote multi-agency information sharing, assessment of risk and/or need and care planning.
- Ensure a multi-agency response to assessment and planning to achieve the best possible outcomes for the child and family.
- Provide a framework for what should be considered within pre-birth assessments.

Associated Procedures and Guidance

The guidance should be read in conjunction with the Scottish Borders Child Protection and Adult Support and Protection Procedures.

- Link to Keeping Children Safe and Well Tool
- United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024
- Children and Young People Act (Scotland) 2014
- National Guidance for Child Protection in Scotland 2021 - updated 2023
- Management of 'Was Not Brought' for Children and Young People' (unseen child) | Right Decisions
- Children and Families Social Work: Comprehensive Parenting Assessment Framework-Guide and Analysis (accessed via SBC intranet)
- CP Section 3: Additional protocols, forms and templates | Scottish Borders Child Protection & Adult Support and Protection Procedures
- Getting it right for every child | GIRFEC Planning Manual | Scottish Borders Council
- Voice of the Infant: best practice guidelines and infant pledge

Importance of Pre-Birth Assessment and Planning

Young babies are particularly vulnerable to abuse and neglect. Early assessment can identify when a woman and / or her partner may require additional support to enable them to achieve the best health and wellbeing outcomes for their baby and minimise any potential risk of harm.

The early identification of factors which may place a baby at risk, during pregnancy and / or during the postnatal period following birth, is therefore crucial for a proactive prevention approach for the protection of children.

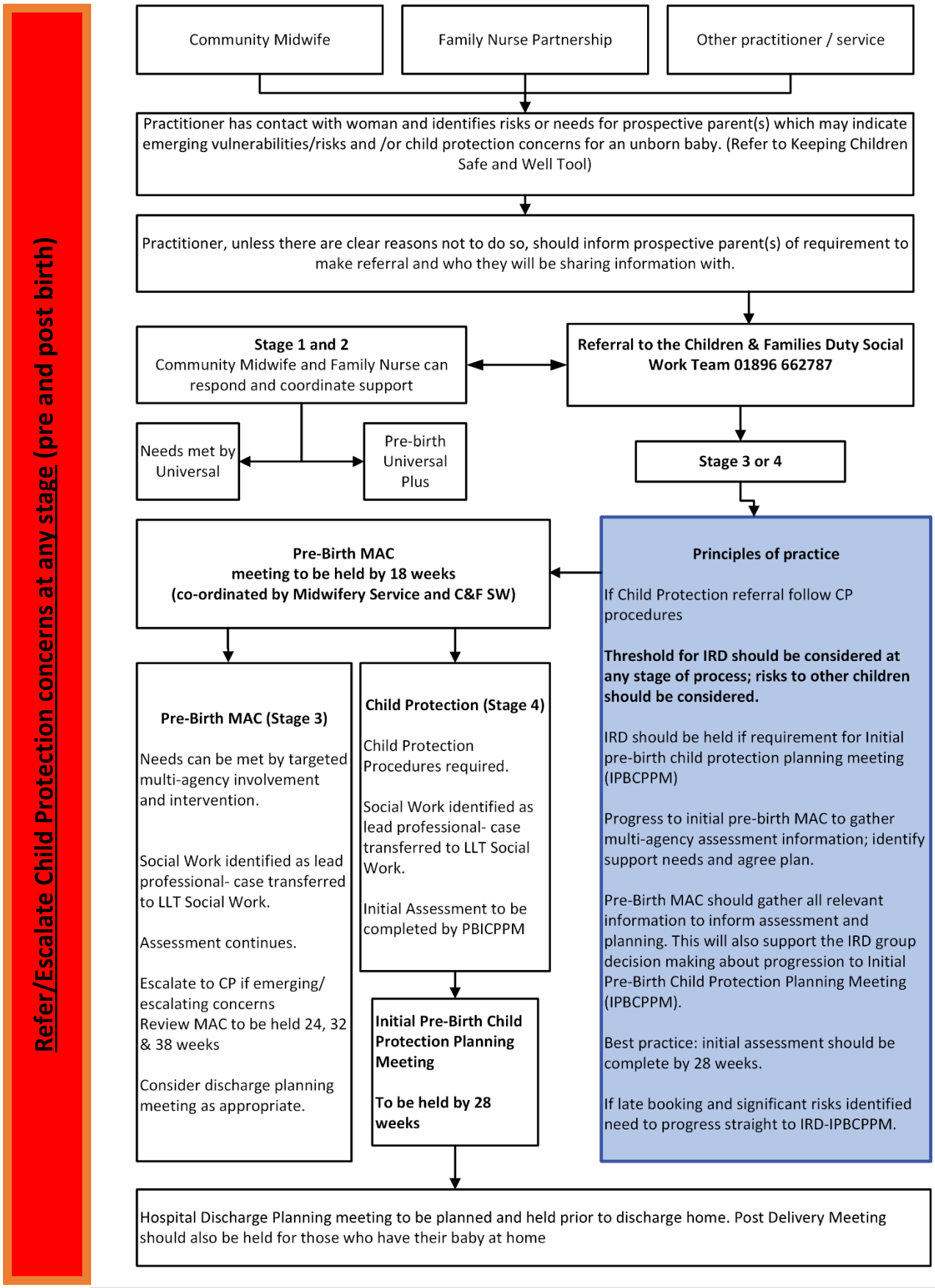
The antenatal period gives a window of opportunity for practitioners and families to work together to:

- Form relationships with a focus on the unborn baby; approaching families and their wider networks and communities with empathy, respect, compassion, and creativity;
- Identify risks and vulnerabilities at the earliest stage
- Understand the impact of risk to the unborn baby when planning for their future
- Explore and agree safety planning options
- Assess the family's ability to adequately parent and protect their unborn baby/baby once born and what supports may be needed
- Identify if any assessments or referrals are required before birth
- Recognise and understand the impact of past and current trauma and how these experiences may present during the pre-birth period.
- Recognising self-protective behaviours and where they originate from and consider how best to overcome these barriers using a trauma informed approaches, adapting their responses to the specific challenges being faced
- Ensure effective communication, liaison and collaborative working with other services and/or partners that are providing on-going care, treatment and support to a parent(s); such as mental health, addiction services, housing
- Plan on-going interventions and support required for the child and parent(s)
- Assess whether legal measures are likely to be needed when a child is born and parent(s) understanding of this.
- Assess, discuss, and share information known about parent/s whose circumstances, past experiences or needs make it difficult to access or engage or avoid services that support them and the pregnancy/unborn child
- Explore and agree safety planning options
- Being mindful of negative stereotypes and discrimination which might lead to false assumptions

A pre-birth assessment can begin whenever a pregnancy is confirmed. When there is a risk of significant harm, it should begin as soon as possible. This provides the unborn child with the best opportunity to thrive and gives parents the maximum opportunity to engage, achieve an understanding with key practitioners and family supports; and begin to work towards necessary changes.

National Guidance for Child Protection in Scotland (2021)

Scottish Borders Multi-Agency Pre-Birth Pathway



Recognising Risk

Risks for an unborn child (this list is not exhaustive and, if there are a number of risk factors present, then the cumulative impact can mean increased risk of harm.

Refer to Scottish Borders Keeping Children Safe and Well Tool

- A previous child of the parent has suffered significant harm and has been removed from the parent's care
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
- A brother or sister is subject to care proceedings or is care experienced
- A brother or sister in the household, or if parents live in separate households, is or was subject to a child protection plan
- The parent or another adult in the household is known to pose a risk to children
- The parent/s are under the age of 18
- Where either or both parents are care experienced
- The parent's lifestyle and behaviour during pregnancy may harm the unborn child or raises concerns about future care of the child. Some areas of risk and not totally exclusive:
- Substance use that impacts unborn and parents ability to engage with support and provide for baby's needs
- Parent has enduring and /or severe mental ill health
- Domestic abuse
- Family Violence
- Criminality
- Homelessness and/or chaotic lifestyles that impacts on parenting
- Parental learning disabilities that impacts on parenting
- Impact of parents own experience of childhood abuse and neglect
- One parent is thought to be a risk to children
- A concealed pregnancy/no engagement with ante-natal services
- FGM risk assessment indicates that the baby is at risk
- History of fabricated and induced illness
- Resistant or evasive to service involvement/support

Referrals to Children and Families Duty Social Work Team

Where a practitioner considers that a prospective parent(s) may need additional support to care for their baby, or that the baby may be at risk of harm (at level 3 or 4 of the Scottish Borders Keeping Children Safe and Well Tool) then they must refer to Children and Families

Duty Social Work as soon as the concerns are identified. **Referring in a timely manner provides sufficient time for a full and informed assessment.**

A Child Protection Referral to Children and Families Social Work must be made if:

- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
- There has been unexplained injury or non-accidental injury to a child in the care of either parent
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk to children. This may be due to domestic abuse, violence, problematic substance/alcohol use, significant learning disability, serious mental illness (particularly involving a risk of postpartum psychosis or delusions involving the baby).
- Children in the household / family currently subject to a child protection plan or previous child protection concerns.
- A sibling (or child in the household of either parent) has previously been removed from the household temporarily or by court order.
- Where there are serious concerns about parental ability to care for the unborn baby or other children.
- Where there are maternal risk factors e.g. denial of pregnancy, concealed pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby.
- Any other concern exists that the baby may be at risk of significant harm (FGM, trafficking, exploitation, forced marriage).

This list is not exhaustive and if a practitioner is in doubt about making a referral they should aways seek advice from line manager/team leader or NHSB Public Protection Team (NHS staff).

If you believe there is concern, a **Child Protection referral** to Children and Families Duty social work should be made, via telephone and followed up with;

When practitioners make a referral to Children's and Families social work, they should include an up-to-date chronology and any relevant pre-existing assessments. Any information they have about the unborn child's developmental needs, the capacity of their parents and carers to meet these within the context of their wider family and environment should also be provided as a part of the referral information.

NB: Consideration should be given as to whether the parent(s) meets the three point criteria for Adult Support and Protection (ASP) and if they do an ASP referral should be made as per Scottish Borders Adult Support and Protection Procedures.

Outcomes of Referral:

- Referral to Children and Families Social Work is accepted.
- Initial Pre-Birth MAC meeting will be arranged by Midwifery Service and Children and Families Social Work who will agree date with parent(s) and ensure relevant practitioners are invited. Father and extended family, as appropriate, should be involved unless there are clear reasons to prevent this. Initial Pre-Birth Meeting Around the Family/Child needs to be held by 18 weeks.
- Pre-Birth MAC should gather all relevant information to inform assessment and planning. This will also support the IRD group decision making about progression to Initial Pre-Birth Child Protection Planning Meeting (IPBCPPM).
- Child Protection concerns (stage 4) – progression to Inter Agency Referral Discussion (IRD). Health, police or social work will initiate an inter-agency referral discussion when there is reason to believe an unborn baby may be at risk of significant harm. The potential impact of an interaction of risk factors such as the removal of previous children; the impact of drug use; and/or the impact of domestic abuse and mental ill health upon mother and unborn baby should tip professional judgement towards the need for an IRD
- The IRD group will make decision whether a pre-birth child protection planning meeting is indicated and arrange details.
- Needs can be met by targeted multi-agency involvement and intervention (stage 3); continue with MAC meetings.
- Social Work referral is not accepted - continue with Universal plus meetings, to ensure that those involved in supporting the family are clear about roles and responsibilities and there is an outcome based plan in place. Father and extended family must be involved unless there are strong reasons to prevent this.
- If you remain concerned discuss with your line manager/team leader and/or seek consultation from Child Protection/Public protection Nurses or Nurse Consultant for Public Protection (NHS staff).
- Consideration should be given to following Scottish Borders Child Protection escalation procedure if you are not satisfied with decision making (following discussion with manager).
- If you have not been informed of the outcome of your referral you should follow up with social work.
- Re-referral to Children and Families Duty Social Work can be made at any point during the pregnancy or post- delivery if new concerns emerge and/or escalate.

At the initial pre-birth MAC a decision should be made regarding the Lead professional role. If the decision is that the case is to be allocated to a Children and Families social worker the case should be transferred to the Locality Long Term Children and Families Social Work team who will progress the required assessment. Best practice is that an initial pre-birth assessment should be completed by 28 weeks.

Assessment- Pre-Birth and post-natal period

To optimise the protection of children all relevant agencies need to collaborate and undertake the responsibilities of assessment and analysis of family circumstances together.

A pre-birth assessment is a means of gathering and analysing information regards potential risks to the baby when there are concerns about pregnant women and/or their partner and immediate family.

It is important that the reasons for the assessment are made clear to the parent(s) at the onset and that there is clarity of understanding between professionals as to the purpose of the assessment.

The Overall Aim of the pre-birth assessment is to Identify and understand:

1. What the needs and risks to the baby may be
2. Parental and family history, lifestyle and support networks and their likely impact on the baby's well-being
3. Strengths in the family and their wider world
4. Parental Capacity and need; factors likely to change, factors that might change and those that will not change
5. Whether the parent/s are able to recognise support needs and are working with professionals so that the needs can be met and the risks reduced.
6. What supports will be required
7. The parent(s) views

1. Gather Information

Current and historical information is needed to build a full history to support understanding, assessment and analysis to inform decisions about parenting capacity.

Historical information can significantly inform assessment;

- Make sure that you are accessing historical records, as appropriate, for pertinent information about parents and sharing proportionate and relevant information with other agencies. This could also include reviewing case records of any children where there have been previous child protection concerns and/or have been removed from the parents' care.
- Ensure information has been requested from previous local authority area and/or health board.
- If there are any indications that a parent has a specific learning need, learning disability or poor mental health, relevant health services and partner agencies should be consulted (including Education as appropriate).
- If there are other assessments available it is important to take them into account to inform assessment, for example a parent assessment such as PAMs if diagnosed with Learning Disability, Mental health/Addiction Assessment, Adult Support and Protection Assessments.
- Exercise professional curiosity. Consider who may have information that could clarify indications around potential learning disability, additional support needs or other specific characteristics, and ask them whether all appropriate information has been shared.

Consider the expertise of others

Ensure you are giving adequate weight to concerns raised by other health colleagues and/or partner agencies.

Contact specialist services for information and advice to help you understand how specific characteristics or vulnerabilities such as a learning disability, drug and/or alcohol use or a mental health condition may impact the parent, carer or unborn child you are working with. If there is criminality and offending have Justice Services been included.

A learning disability is significant and lifelong. A person with a learning disability will be likely to need help to understand information and learn new skills so this is particularly significant in the context of parenting.

Adults with a learning disability have an overall cognitive impairment, which may be mild, moderate or severe, but will in most cases need some additional support to function well in daily life. This may be provided informally by family members, or when there are higher levels of need, by agencies including health and adult social care. People with a learning

disability tend to take longer to learn and may need support to understand complicated information, interact with other people, and develop new skills (such as parenting). Many people are diagnosed with learning disabilities as children. Although, it is possible for an individual to reach adulthood having never received a diagnosis.

Adults with learning difficulties do not always need a high level of support in day to day life but may need professionals to make adjustments to take into account issues such as literacy or communication needs.

2. The Assessment

Assessment should be a continual process throughout pregnancy and post-natal period and should consider all information gathered;

- Previous history (vulnerabilities/adversities, strengths and protective factors
- All members of the household should be considered particularly any new partners in the household.
- Relationships between parents/carers and other children in family.
- How past experience has influenced current experiences and the context within which the family is living now.
- Up to date chronologies with analysis from all involved agencies need to be included.
- Research - what does it tell us about risk factors?
- Practice experience - what does it tell us about how parents may respond in different circumstances?
- Practitioners' professional knowledge of the family.
- The views, wishes and feeling of the parent/s

3. Tools to Support Assessment

Consider the 5 GIRFEC questions:

1. What is getting in the way of the parent/s and baby's wellbeing?
2. Do I have all the information I need?
3. What can I do now to help?
4. What can my agency do to help?
5. What additional help- if any- may be needed from others?

Consider the 5 risk questions:

1. What has been happening?
2. What is happening now?

3. What might happen?
4. How likely is it?
5. How serious would it be?

National Risk Framework to Support the Assessment of Children and Young People (2012)

This guidance aims to support and assist practitioner at all levels to be able to approach the task of risk assessment, analysis and management with more confidence and competency.

Medical and Obstetric history

Consider is there anything that is likely to have a significant impact on the baby? If so, what? Can strengths and protective factors be identified?

- Planned/unplanned pregnancy
- Estimated date of Delivery (EDD)
- Is Pregnancy the result of a sexual assault
- How do parent(s) feel about pregnancy
- Practical preparations- have they bought/planned to buy what they need for the baby
- Are they aware of the baby's needs and able to prioritise; do they have realistic expectations
- Chronic or acute medical conditions – how this impacts now and previously.
- Mental health history including pattern of illness, symptoms and previous post natal episodes
- Learning Disability- how this impacts daily living
- Communication; cultural/language/disabilities
- Smoking
- Problematic Alcohol and/or drug use
- Attendance at appointments/compliance with treatments/medications
- Neonatal Abstinence Syndrome / fetal Alcohol
- Concealed Pregnancy
- Circumstances of previous abuse/neglect concerns and severity
- Complex health needs /disability of baby
- Need for antenatal information/learning
- Any likelihood of early delivery. Where do they plan to deliver?

4. Assessment of Parents and Potential Risks to Baby

The list below is guide to support conversation and consideration for assessment (not exhaustive). See Appendix 4 pre-birth assessment tool.

Relationships

Consider is there anything that is likely to have a significant impact on the baby? If so, what? Can strengths and protective factors be identified?

It is important that all agencies involved in pre-birth and post-natal assessments and support, fully consider the significant role of fathers, partners and wider family members in the care of the baby even if the parents are not living together and should, where possible, involve them in the assessment.

Assessments should include the father's or partner' attitude towards the pregnancy, the woman and newborn child and their thoughts, feelings and expectations of becoming a parent.

Consider:

- Support from partner and current status of relationship
- Is domestic abuse a concern in the parent/s relationship
- Strengths and vulnerabilities of relationship
- Who will be the main carer for the baby
- Circumstance that may lead to the baby being perceived as 'unwanted'
- Support networks
- Engagement with services/supports/professionals (present and past)

Role of the Father and/or invisible men

Lack of information regarding the father or partner should be further explored to ensure there are no underlying issues or concerns that could impact the well-being or safety of the child, the pregnant woman, or the family dynamic as a whole.

- Consider whether there is enough information available about the father; Is there information missing?
- What impact may paternal control have on the future care of the baby?
- Consider whether there are partner agencies involved with father or partner such as Criminal Justice, Police, Mental health/addiction services or Domestic Abuse services who could hold relevant information.
- Consider making application to Disclosure Scheme for Domestic Abuse Scotland if you are concerned about domestic abuse.
- Information should also be gathered about partners who are not the biological father at the earliest opportunity to ensure that any risk factors can be identified.

Social History and Current Circumstances

Consider is there anything that is likely to have a significant impact on the baby? If so, what? Can strengths and protective factors be identified?

- Housing (homelessness/poor home conditions/overcrowding/frequent house moves)
- Financial hardship and benefit
- Self care skills/neglect
- Anti-social behaviour/criminality/court orders/schedule one offences
- Gatekeeping
- Experiences of being parented
- Experiences as a child/YP such as Care Experienced, Adverse Childhood Experiences, trauma/abuse/neglect, domestic abuse
- Circumstances of previous abuse/neglect concerns and severity/previous Child Protection concerns/Child removed for care
- Experience of being responsible for children
- Exploitation/trafficking/FGM/Honor based violence/forced marriage

Parental Ability/Willingness to Change

Consider is there anything that is likely to have a significant impact on the baby? If so, what? Can strengths and protective factors be identified?

- Ability to identify and appropriately respond to risks
- Ability to understand and meet needs of baby as they grow and develop
- Willingness to address identified concerns
- It is particularly important to ascertain the parents' views and attitudes towards previous experiences of child protection or children being removed from their care. Relevant questions would include;
- Do parent(s) understand and give clear explanation of the circumstances in which the abuse occurred
- Do they accept responsibility
- Do they blame others
- Do they acknowledge the seriousness
- What were their responses to supports and interventions
- What has changed for the parent(s) since the child previous child protection intervention.

Ability and Willingness to address issues identified such as:

- Violent behaviour
- Drug and/or alcohol use

- Mental health
- Reluctance to work with professionals
- Criminality
- Chaotic lifestyle
- Issues of Neglect
- Lack of knowledge/understanding

5. Analysis – Impact on Child

Analysis within the multi-agency assessment will evaluate all of the strengths and the risks within the family and extended networks. It will consider the information shared from all partner agencies in order to formulate a clear understanding of the support required, or protection needed, and will include the information from previous social care involvement.

The analysis should state;

- Concerns identified
- Strengths or mitigating factors identified
- Is there a risk of significant harm for this baby?

It is important to clarify the nature of any risk; what? From whom? In what circumstances? Be clear how effective any strengths or mitigating factors are likely to be in reality:

Will this arise:

- Before the baby is born
- At or immediately following birth
- Whilst still a baby (up to 1 year old)
- As a toddler or pre-school or as an older child

Is there anything regarding 'ability and willingness to address issues that seem likely to have a significant negative impact on the child? If so, what?

Is there a risk that the child's needs may not be appropriately met

1. What changes should ideally be made to optmise wellbeing of the child?
2. What changes must be made to ensure safety and an acceptable level of care for the child?
3. How motivated are the parent(s) to make changes?
4. How capable are the parent(s) to make changes? What is the potential for success?
5. Is a multi-agency plan required?

What actions should the Local Authority take?

6. Review

To manage risk and make good quality decision's, regular reviews are key to providing opportunities to consider new information and its impact on the baby.

The Level of risk a child is exposed to can shift, often rapidly, as circumstances change, or information emerges.
National Guidance for Child Protection Scotland 2021

Responses to Trauma in pregnancy and the Pre-Birth Period

It is important that all staff working with women in the pre-birth period recognise the significance of trauma and understand how this may impact on parent(s)

- During pregnancy and the pre-birth period, Parent(s) may revisit past experiences of trauma. These experiences can generate a range of responses and Parent(s) benefit from staff understanding and being attuned to these. Some women may disclose previous abuse or trauma for the first time.
- Parent(s) or significant others-to-be may reflect on their own childhood experiences and consider how they themselves were parented. This may be particularly challenging for those who have experienced attachment trauma (trauma caused by poor or disrupted parent-infant bonding, resulting from abuse, neglect, separation or loss) as they consider good models of parenting and what their relationship with their own baby might be like.
- Past trauma may impact on the parent(s) or significant other's ability to trust professionals, their understanding of risk and their ability to access support that is available. Parents or significant others may feel overwhelmed by the number of agencies involved in their care.
- Some women with a history of trauma may experience escalating levels of anxiety and flashbacks as pregnancy progresses. This can result in 'fight or flight' responses, in an effort to take control of their experience.
- Pregnancy and childbirth can trigger a relapse of pre-existing mental health difficulties or symptoms related to past trauma.

- Fathers and partners may also have experienced trauma, which may impact on their mental health and wellbeing during the perinatal period. This can include anxiety and fear around parenting and their needs should also be considered.

Open, honest and non-judgemental communication is a fundamental part of developing relationships. Positive relationships and engagement are built on trust, respect, involvement in decision making and collaboration.

Possible Outcomes to support co-ordination and planning

Pre- Birth Universal Plus

Stage 2 of Keeping Children Safe and Well Tool – low level needs identified that required additional planning and/or support are met by Health. Liaison with midwife, GP, HV and other relevant health professionals. Lead professional health.

Pre-Birth MAC (Meeting Around the Child)

Stage 3 of Keeping Children Safe and Well Tool – Complex needs identified that can be met by targeted multi-agency involvement and intervention. Medium level of known risk factors. Lead professional identified.

What is a pre-birth MAC?
A pre-birth MAC is a multidisciplinary meeting which brings together a pregnant woman and everyone involved in their care. This is essential where there are multiple vulnerabilities/risk factors or complexities identified. If the woman is in agreement, her partner and/or another appropriate family member or friend should also be invited.

Pre- Birth MAC can be held from 12 weeks.

What is the purpose of a pre-birth MAC?
To ensure that information about need and risks are clearly understood
To consider whether additional support is needed to promote parenting and plan accordingly.
To determine the extent of risk to the unborn child.
To ensure involvement and understanding of the pregnant woman/partner/family and that their views are included.
In partnership with other relevant agencies, to formulate a plan in response to identified need and/or risk.
Please refer to Appendix 2 for further information about holding a MAC

Pre-Birth Child Protection Planning Meeting (refer to Scottish Borders Child Protection Procedures)

Stage 4 of Keeping Children Safe and Well Tool – High Level Specialist Provision. Targeted intervention. Lead professional Social Work.

Pre-Birth Child Protection Planning Meeting

A decision to progress to a Pre-Birth Child Protection Planning Meeting (CPPM) will be made via an Inter-Agency Referral Discussion (IRD) in response to Child Protection referral and Risk Assessment information.

The purpose of a Pre-Birth Child Protection Planning Meeting is to decide whether professional concerns exist about the likelihood of significant harm through abuse or neglect of an unborn child when they are born.

The Pre-Birth Child Protection Planning Meeting should take place no later than 28 weeks pregnancy or, in the case of late notification of pregnancy, as soon as possible from the concern being raised but always within 28 calendar days of the concern being raised.

There may be exceptions to this where the pregnancy is in the very early stages.

However, concerns may still be sufficient to warrant a Multi-Agency assessment.

Professionals invited to attend a pre-birth CP planning meeting must ensure that a report and chronology is sent (and shared with family) prior to meeting.

Pre-Birth Protection plans need to address:

- Who should be the hospital contact when mother is admitted / in labour / baby delivered?
- What happens if baby is born out of hours?
- What are the arrangements for initiating legal proceedings (such as Child Protection Order)
- What level of contact / care [supervised or not] can the parents have and who will assume responsibility for supervising care/contact?
- Are parents aware of the plan & what are their views?
- Requirement for national alerts/risk of flight
- Possible need for further assessment (e.g. residential mother and baby unit)
- Assessment of parental capacity
- Outline of support required for mother and baby
- Hospital Discharge/Home birth Planning Meeting arrangements

MAC/Core Groups/Review CPPM meetings should take place to review progress and update the plan and timeline, which includes roles and responsibilities for all agencies. The plan and timeline for assessments should be created in partnership with parents/partners and support networks and incorporate what parents tell us about their strengths.

A copy of the plan should be circulated to parents, support network as agreed by parents and relevant agencies.

Comprehensive Parenting Assessment

There may be a requirement to progress to a comprehensive parenting assessment where initial assessments are indicating that parent(s) may not be able to safely and consistently meet the needs of the child. This assessment will be completed by Children and Families Social Work (Children and Families Social Work; Comprehensive Parenting Assessment Framework- Guide and Analysis Updated March 2023).

A framework to assess parental capacity will be used which focuses on the following themes;

- The parent's relationship to the role of parenting
- The parent's relationship to the child (ren)
- Family influences
- The parent's interaction with the external world
- The potential for change

NB Children and Families Social Work have a pre-birth parenting assessment template that is used to collate assessment their assessment information.

Family Group Decision Making

Family Group Decision making (FGDM) service should be considered and a referral made if appropriate via Children and Families Social Work. This service can help the child's wider family to come together to agree on a family plan to support the child.

Discharge and Post Delivery planning

Consideration should be given to the requirement for a pre-discharge meeting or a longer stay in hospital within the plan as the estimated delivery date gets closer, based on the analysis of risk and concern within the assessment.

Factors to consider within this include whether there are concerns regarding unpredictable parental behaviours or home environment or whether the capacity to parent and safely care for the baby is unknown.

It is important that the child's plan includes detail about post-delivery planning.

A pre-discharge meeting should take place prior to baby leaving the hospital if the child is on Child Protection Register or if there is an escalation of concern during hospital admission.

If baby requires a longer stay in hospital i.e. to monitor for neo-natal withdrawal or if additional support with new parenting skills is recommended, this will be confirmed by Midwifery at the child's plan meeting. If observations during hospital stay suggest unexpected withdrawal / additional complications for baby's health / development, consideration needs to be given to post-birth meeting(s) to review the plan. Babies who have experienced a longer stay in hospital should have a pre-discharge meeting, factored into the planning process to agree any required changes to the plan, in advance for discharge home.

Information Sharing and Documentation

If there is reasonable concern that a child may be at risk of harm this will always override a professional requirement to keep information confidential. This includes sharing information prior to the birth of a child to ensure protective plans are in place.

Staff should involve women and their partner (as appropriate) in decisions about the sharing of information unless this would increase the risk.

Staff should always seek advice if unsure and never refuse to provide information without considering the risks of not sharing.

Information can be shared cross border where a family either move from Scotland or arrive late in pregnancy, unknown to the service.

Each agency involved should ensure that Patient/Client Management systems are kept un-to-date in respect to documentation and that assessments and plans are accessible.

Information will be recorded on NHS Badgernet as part of the woman's maternal record and within the mother's medical records where there is involvement of other health services such as health visitor, mental health, addiction's or learning disability.

Social Work will record information within MOSAIC.

All staff (antenatal, labour ward, ward 17, community midwives, FN, health visitors) have responsibility to share and record information about concerns/risks/plan on the appropriate patient information systems.

All minutes from pre-birth Universal Plus or pre-birth MAC and Child Protection Planning Meetings should be shared with the practitioner who attended the meeting, who then have responsibility for uploading them to the client record.

The Child Protection Plan should be clearly documented on Badgernet and other relevant patient/client management systems as appropriate.

The 'Notification of unborn baby on Child Protection Register' **must** be completed and shared by midwifery staff (see Appendix 2).

A blue BGH record should be created by the midwifery team as soon as possible after birth for all babies where there has been a Pre-Birth Child Protection Planning Meeting.

All staff (antenatal, labour ward, ward 17, community midwives, FN, health visitors) have responsibility to share and record information about concerns/risks/plan on the appropriate patient information systems.

The 'Notification of unborn baby on Child Protection Register' **must** be completed and shared by midwifery staff (see Appendix 2).

Escalation

Working in a multi-agency context often means that there will be different perspectives and thresholds of concern. Questioning decision making (and being open to challenge yourself) should be seen as part of a healthy learning environment, which helps to ensure there is a common understanding of the situation and appropriate action is being taken.

Explore the situation and differences of opinion with your Line Manager. This may help you to understand the decisions being made and keeps your Line Manager informed.

Use the Escalation Policy within the Scottish Borders Child Protection Procedures if you believe that the actions being taken are not adequate to keep a child safe and have been unable to resolve the difference of opinion with your multi-agency colleagues.

Governance and Assurance Processes

The Multi-Agency Pre-Birth Over-Sight Group will have an overview of all cases that are referred to Children and Families Duty Social Work team.
Cases will be reviewed;

- At point of referral to ensure that appropriate plan for assessment is in place ie Child Protection IRD, Pre-Birth MAC, CPPM
- At 24 weeks and 32 weeks to ensure that agreed planning meetings have taken place, appropriate information has been gathered, assessments made and that outcome based plans are in place. Consideration will be given whether escalation to Child Protection is indicated (if this has not happened).

References

Barlow, J., Ward, H. and Rayns, G. (2020) 'Risk assessment during the prenatal period' in Howarth J. and Platt, D. The Child's World (Third Edition), London: Jessica Kingsley Publishers

Barlow J, Rayns G, Lushey C, Ward, H (2014). Risk assessment pre-birth: a practice model. NSPCC/Department for Education https://spi.web.ox.ac.uk/files/pre-birth-assessment

Best Start (2017) https://www.gov.scot/publications/best-start-five-year-forward-plan-maternity-neonatal-care-scotland-9781786527646/

Calder MC and Hackett S (Eds) (2013) Assessment in childcare: Using and developing frameworks for practice (2nd Ed). Unborn Children: A framework for Assessment and Intervention. Dorset Russell House publishing.

Calder Martin C (2000) Towards a framework for conducting pre-birth assessments. Child Care in Practice 6(1): 53-72

Children and Young People (Scotland) Act (2014) Scottish Government

National Guidance for Child Protection in Scotland 2021 - updated 2023 - gov.scot

National Risk Framework to Support the Assessment of Children and Young People (2012)

Critchley, A. (2018) Pre-birth Child Protection. Insight 42. Glasgow: Iriss. https://www.iriss.org.uk/resources/insights/pre-birth-child-protection

Herefordshire Safeguarding Children Partnership (2022) Pre-Birth Practice Handbook for Professionals.

Pre-Birth and Post Birth Planning (2024) Leicester and the Leicestershire and Rutland Safeguarding Children Partnerships Procedures Manual.

Pre-Birth Protocol (2019) Cambridgeshire and Peterborough-Safeguarding Children Partnership Board. Guidance for all agencies working with parents of unborn children.

Scottish Government (2023) Voice of the Infant Best Practice Guidelines and Infant pledge.

Somerset Pre-Birth Planning Toolkit (2024) Somerset Safeguarding Children Partnership

Summary of 'The Myth of Invisible Men' - safeguarding children under 1 from non-accidental injury caused by male carers (2021, NSPCC)

United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024

Appendices

Appendix 1 – Holding a Pre- Birth MAC

Criteria to consider a pre-birth MAC? (list not exhaustive)
• Mental health- current or previous illness or diagnosis that could have an impact on parent and unborn. • Physical health issues • Substance and/or alcohol use • Parental vulnerabilities, such as learning disabilities, childhood trauma/neglect/care experienced/criminality • Domestic Abuse • Previous Child Protection concerns • Resistant to engagement with services
Who is responsible for organising the pre-birth MAC?
Initial Pre-Birth MAC meeting will be arranged by Midwifery Service and Children and Families Social Work who will agree date with parent(s) and ensure relevant family and practitioners are invited. If the case is allocated to Children and Families Social Work, then the social worker should be the lead professional who will co-ordinate the multi-agency assessment in consultation with key practitioners including GP, midwives, family nurses, health visitors and relevant adult services (National Child Protection Guidance Scotland 2021).
Planning the meeting
• Discuss the purpose of the pre-birth meeting with the mother and relevant others regards how this can help to ensure that they, their family and the unborn baby have the care they need. • Discuss who should be invited to the meeting and provide information about venue and timing of meeting. • If a mother does not want to attend or declines to have a pre-birth planning meeting explore the reasons for this and explore alternative options if possible (fewer people present or agreeing info to be shared before the meeting with professionals if info is distressing). • Consider whether professionals meeting is required if mother is not able to engage with services. Every attempt should be made to involve the mother in decisions about their care and planning for their unborn baby.
Who needs to be invited to a pre-birth MAC?

It is important to ensure that all relevant parties who have involvement are invited and represented at the pre-birth planning.

When to have a pre-birth MAC?

Pre-birth planning meetings should begin as early in the pregnancy as is possible.

Information needed for a pre-birth MAC?

Practitioners attending pre-birth planning meetings should come prepared to share relevant, appropriate and proportionate information; each participant has an important perspective to bring to the meeting and active participation will ensure more robust decision making and planning. Ensure that you explore both current and historical information held by your agency.

Information that should be shared at the meeting includes;

- A summary of the current circumstances and relevant historical information
- Identified vulnerabilities and risks
- The parent(s) and families strengths/protective factors and available supports
- Views of the parent(s)and family as appropriate.

Outcome of a pre-birth planning meeting?

A plan should be agreed, with the parents, to ensure the parent(s) and their family have the support they need and that appropriate assessments, including need for comprehensive parenting assessment, are made during the pregnancy and once the baby is born.

Child and/or Adult Protection Concerns

- Are there any Child Protection concerns – if so has as referral been made to Children and Families Duty Social Work.
- Are there any Adult Support and Protection concerns- what has been done/what needs to be done to address these; has a referral been made?

Pre-Birth Plan

Those present at the pre-birth planning meeting, including the parent(s)/partner/family, should agree an outcome based plan with timescales for review. This should be formulated and shared with all those in attendance. Consider including in plan:

- Expectations regarding attendance at health appointments and engagement with supports such as addiction and mental health services
- Parenting Assessments; planning and timescales
- Information sharing: Who needs to be informed re labour / birth and how concerns will be escalated

- Plans for babies born to substance using mothers where there might need to be a period of time to monitor for withdrawal symptoms.
- Referrals to other services
- Contingency planning such as escalation to child protection
- Hospital Discharge/home birth planning arrangements and meeting planned

Those in attendance are responsible for ensuring that agreed actions are followed up. The Lead professional should co-ordinate subsequent meeting within agreed timescales to ensure that the plan is reviewed and updated accordingly.

Pre-birth Assessment and Planning Form

Pre-Birth Meeting Around the Child/Family	
Date of Meeting:	
Attendees	**Role**
Apologies	**Role**

Lead Professional	
Name:	**Role:**

Details of Unborn and family			
Expected Delivery Date (EDD):			
Parent(s)			
Mothers Name:	**DOB:**	**Address:**	**Telephone No:**
Fathers Name:	**DOB:**	**Address:**	**Telephone No:**
Significant others			
Name:	**Relationship:**	**Address:**	**Telephone No:**
Name:	**Relationship:**	**Address:**	**Telephone No:**

Note of Meeting
What is going well? What are the Strengths and Protective factors identified?
What is Parent(s) understanding of reason for meeting and views?

Do parents have an understanding of how and why information is shared?

What are we worried about? What are the Risks? (Please provide a summary of the multi-agency worries/risks)
What is the actual and potential impact on the unborn/baby? Are there concerns that the unborn/baby's needs may not be meet appropriately?
What needs to happen to reduce risks and support safety and well-being of unborn/baby? What supports are required?
What are the plans for ongoing support, assessments and planning?
What are the arrangements for delivery and discharge planning?
Is there a requirement for a Comprehensive Parenting Assessment?
No☐ Yes ☐ Detail reasons and arrangements for completion:
What other actions will be considered if worries increase?

If there is a risk of significant harm to the baby has a Child Protection referral been made?
No☐ Yes ☐ Details:

Are there concerns for the parent(s) that should be referred to Adult Support and Protection.
No☐ Yes ☐ **Details:**

What Actions have been agreed by parents and professionals	Timescale	By whom

Date for Review (including Discharge planning arrangements)

Appendix 3 – Key Timeframes

Booking Appointment During the booking appointment, collect information to build a full medical and social history about the parents. Gathering this information assists with identifying mothers for whom there are complex health and social factors that may impact on parenting capacity and impact the unborn	**8- 12 weeks** pregnancy
If concerns are identified discuss with the mother; explain that you need to talk with other professionals (such as social work) to make sure that the right support is in place for them and baby.	At Booking appointment or on recognition of concerns. Attendance at health appointments with another health professional involved (GP, CPN, LD Nurse, FNP etc)
If you have some concerns that indicate that the needs of unborn child's basic physical and/or psychological needs might not be met and the child's health or development is likely to be impacted a referral to Children and Families Social Work. **Refer to Keeping Children Safe and Well Tool** **Child Protection referral** to Children's Social Duty social should be made via telephone followed up with: - Child Protection confirmation of referral form - Share Completed Form with Public.Protection@borders.scot.nhs.uk	**12 weeks** or immediately on recognition of concerns
When a midwife makes a Social Work referral for an unborn child, an invite to an Initial Pre-Birth Meeting Around the Family/Child should be shared with Social work and other relevant professionals. Father and extended family (as	Initial MAC meeting to be held by **18 weeks**

appropriate) should be involved unless there are strong reasons to prevent this.	
If you have not been informed of the outcome of your referral you should follow up with social work.	Follow up after 5 working days or sooner if required
Ensure you have gathered relevant information to inform your assessment of the risks, vulnerabilities and protective factors that exist. Make an analysis- Ask **What is this Information telling me?** Ask / consider routine enquiry throughout pregnancy and the postnatal period. It is important to consider information relating to the Father and other relevant/significant others in your assessment.	Ongoing assessment throughout duration of pregnancy and immediate post-natal period.
Documentation on Badgernet should clearly outline risks and vulnerability and plans. GIRFEC page on Badgernet provides a good framework to document. Ensure that Chronology is up-to-date.	Ongoing assessment throughout duration of pregnancy and post-natal period.
Liaise with other services/agencies who are involved with family including health visitor. Consider referrals to other health services and/or agencies that can support; Learning Disability/mental health	Ongoing throughout duration of pregnancy and post-natal period. Health visitor pathway visit between **32-34 weeks**- consider joint visit

Seek Consultation from NHS Borders Public Protection team if need advice and guidance.	Anytime 01896 664580
If referral to Children and Families Social Work is accepted social worker will complete an assessment and contribute to the relevant planning processes (MAC/CP).	From **12 weeks**.
If necessary, Social work, will arrange a child protection planning meeting. Father and extended family must be involved unless there are strong reasons to prevent this. Midwife, FNP and other relevant professionals will be invited and should attend CP planning meetings and ensure that a report is sent (and shared with family) prior to meeting. If unborn is placed on 'Child Protection Register' the protection plan should be clearly documented on Badgernet. Detailed written plans need to address: • Who should be the hospital contact when mother is admitted / in labour / baby delivered? • What happens if baby is born out of hours? • What are the arrangements for initiating legal proceedings (such as Child Protection Order) • What level of contact / care [supervised or not] can the parents have and who will assume responsibility for supervising care/contact? • Are parents aware of the plan & what are their views? • Requirement for national alerts/risk of flight • Possible need for further assessment (e.g. residential mother and baby unit) • Assessment of parental capacity	CPPM's are recommended within 28 calendar days of the concern being raised and within 28 weeks of gestation, taking into account the mother's needs and all the circumstances in each case. There may be exceptions to this where the pregnancy is in the very early stages. However, concerns may still be sufficient to warrant an inter-agency assessment. If there is a late referral then plans for CPPM's must be agreed as soon as possible following identification of concerns.

• Outline of support required for mother and baby • Hospital Discharge Planning Meeting arrangements and home birth delivery/post-natal plan	
How soon should a Core Group meet after an Initial CPPM?	Within 15 working days
How soon should Core Group refer significant changes or concerns within the plan to CPPM Chair/lead professional?	As urgently as necessary and always within 3 calendar days of the change/concern being identified.
When should a CP Plan be reviewed?	Within 3 months of a pre-birth CPPM but there should be latitude for professional judgement about the most appropriate timing post-birth. Within 6 months of the initial CPPM and thereafter 6 monthly or earlier if circumstances change significantly.
A discharge planning meeting should always be convened prior to discharge for babies who are on Child Protection Register. A post-delivery meeting should be held for those who choose to deliver at home. Consideration for a discharged planning meeting should always be given for those in the MAC process.	At Birth Plans for such should be agreed at pre-birth MAC or CPPM
Consideration should be given to midwifery visits being extended beyond 10-day period.	Post-Natal period

Appendix 4 – Areas to consider in Assessment

The table draws on the work of Martin C Calder – as described in "Unborn Children: A Framework for Assessment and Intervention".

PART A – INFORMATION GATHERING	
Intimate Relationships	• History of relationships for adults • Current relationship status including strengths and risks • Domestic abuse including coercion and control • Who will be main carer for the baby? • What are the parents' expectations of each other as parents? • Concerns about 'choosing' between interests of partner vs child • Parental dependency on each other – is this appropriate? • Anything else about intimate relationships that seems likely to have a significant impact on the child.
Parenting Abilities	• Physical health needs and potential impact on care • Emotional regulation, resilience and coping strategies • Reflective functioning (capacity to hold the child's mental states in mind) • Ability to understand and meet the needs of a baby • Ability to understand how children's needs change and to meet these needs until adulthood • Knowledge and understanding of concerns arising in this assessment • Anything else about parenting abilities that seems likely to have a significant impact on the child.

Parenting Attitudes and Beliefs	• Context and circumstances of conception • Perception of self and each other in a parenting role • Aspirations for their child's future • Preparedness and looking forward to baby's arrival • Ability to access professional advice and support, and apply it appropriately • Antenatal engagement • Capacity to change • Anything else about parenting attitudes and beliefs that seems likely to have a significant impact on the child.
Social history and experience of being parented	• Experience of being parented as a younger child and adolescent • Experience and understanding of offences against / risks to children within the wider family • Views about these experiences and to what degree this influences their own parenting • Previous involvement with children's social care as a child (assessment, child protection, looked after, care proceedings, adopted – in any local authority area • Education and employment history • Anything else about social history that seems likely to have a significant impact on the child • Anything else about experiences of being parented that seems likely to have a significant impact on the child.

Parenting behaviours and previous parenting	• Violence to partners or others – current or previous • Violence to any child – current or previous • Substance use and its impact on functioning • Alcohol use and its impact on functioning • Chaotic or inappropriate lifestyle • Criminal convictions that may indicate a risk to children • Prior involvement with children's social care as a parent (assessment, child protection, looked after, care proceedings, adopted – in any local authority area) – ages and genders of children involved, nature and context of concerns • What happened and why? • Parents' views about previous concerns and the impact on the child/ren concerned • What is different now? • What do previous assessments say? – including expert / independent assessments, and regarding children from previous relationships • Anything else about parental behaviours or previous parenting that seems likely to have an impact on the child • If substances or alcohol are a significant issue more detailed assessment should be sought from professionals with relevant experience/specialist service.
Perception of risks	• Are previous convictions or findings, concerns understood and accepted? • Is response to these concerns appropriate? • Is the impact of these risks on the child understood? • How have these concerns been addressed or do they continue to pose a risk? • Anything else about perception of risks that seems likely to have an impact on the child • It may be appropriate to consult with the Police or other professionals with appropriate expertise.

Current circumstances and home conditions	• Unemployment / employment and its impact • Debt • Criminality or anti-social behaviour • Inadequate housing including overcrowding or homelessness • Chaotic home environment • Significant difficulties within local community • Home conditions unsuitable or hazardous for a child • Social isolation • Anything else about current circumstances or home conditions that seems likely to have an impact on the child.
Mental Health	• Mental illness and likely impact on parenting • Personality disorder and likely impact on parenting • Engagement with professional advice, support and treatment • History of postnatal mental health concerns • Any other emotional or behavioural issues • Anything else about mental health that seems likely to have an impact on the child. • If mental health is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise.
Additional Needs	• Learning disability or difficulties that seem likely to have an impact on the child • Sensory or communication difficulties (e.g. deafness, blindness) that seem likely to have an impact on the child. • If additional needs are likely to be a significant issue, more detailed assessment should be sought from professionals with relevant expertise.

Support network	• Support now and in the future from extended family or friends • Access to and engagement with support from professionals or other sources • Ability to access local resources including own / public transport is support likely to be available over a meaningful timescale? • Is it likely to enable change? • Will support effectively address any immediate concerns? • Anything else about the support network, or lack of, that seems likely to have an impact on the child.
Engaging with Professionals	• Access to and engagement with support from professionals or other sources – previously and currently • Understanding of current and previous concerns and willingness to make changes (consult with all involved professionals) • Is support likely to be available over a meaningful timescale? • Is it likely to enable change? • Has support facilitated sustainable change in the past? If not, what has changed to mean it will be sustainable now? • Will support effectively address any immediate concerns? • Anything else about engaging with professionals that seems likely to have an impact on the child.

Appendix 5- Role of Midwifery during the Pre-Birth Assessment and Planning Process

Midwives should contribute relevant, appropriate and proportionate health and wellbeing information about a pregnancy when a pre-birth assessment is being undertaken and should actively contribute to the child's plan.

Midwifes are well placed to advise parent(s) and multi-agency partners about how parental behaviours might be impacting on the health and wellbeing of the unborn baby.

There are several pre-birth vulnerability and risk factors that if identified should prompt the midwives to consider potential and actual risk of harm and whether there is a need for a referral to social work and/or information sharing with other services involved to support a comprehensive assessment.

- Attendance at antenatal care/presentation -Attendance and engagement should be meaningful. Is the pregnant parent seen to be proactive in seeking midwifery support? Are they attending appointments and responding to advice, are they attending and engaging with other support services such as addictions and Mental Health services.
- Fetal wellbeing -Is fetal growth impaired? What are the factors that are contributing to this?
- Preparation for parenthood -Are the parents proactive around preparation for baby and seeking the support they need. What is the evidence of this?
- Attachment towards pregnancy-Are there indicators that parent(s) attaching to their pregnancy/unborn baby. This can be evidenced through general observations i.e. body language, the conversations around their worries or excitement around becoming a parent, auscultation of the fetal heart rate and observing interactions. Factors such as poor mental health may have an impact on this.

If at any stage, there is a pregnancy loss then the midwife must alert children and families social work at the earliest opportunity if they are involved.

Midwives should ensure regular liaison with other relevant care providers for the pregnant parent(s) during pregnancy. This may include obstetrician, family nurses, health visiting, Learning Disability, addiction and mental health services, to ensure corroboration and triangulation of information and to share any strengths/concerns.

The named midwife is responsible for a full handover of vulnerabilities and details of any post birth plans to the allocated health visitor or Family Nurse.

All health visitors/family nurses have access to Badgernet where they can access relevant reports and assessments. Health Visitors/Family nurses should be included within Child's Plan Meetings during the pre-birth period and the Pre-Discharge Meeting if required.

Midwives should try to ensure that attendance and representation at multi agency meetings is consistent, to assist in building up trusting relationships with parents/partners and family.

Parent(s) should always be made aware of their midwife's worries or concerns unless considered it would be unsafe to do so.

Chronologies

The chronology tool within Badgernet assists midwives in documenting key events and should be kept up-to-Date to support the understanding of needs/risks, including the need for protecting the unborn from potential and predicted harm.

A chronology report can be saved, printed and electronically shared with other agencies to support multi-agency assessment.

On transfer of care Health Visitors/Family Nurses will continue the child's chronology in the child's EMIS record.

Named midwives should be proactive in planning for any period of admission during the pregnancy/postnatal period.or example: increased length of postnatal stay based on neonatal withdrawal observations, increased parenting support or any other emerging concerns.

All relevant information required should be documented on the child protection birth plan and consideration should be given to formal SBAR to senior charge and midwives and obstetrician if it is a significant/complex case.

When a baby is born who is on Child Protection Register or has current social work input, the Midwife providing initial care in the post birth period will inform the allocated social worker or Senior Social Worker during office hours (Mon – Fri) or EDT social work's Out of Hours Service if out with normal office hours.

The Midwives should inform social work as soon as possible if the child is admitted to the Special Care Baby Unit for specialist attention where applicable and/or where they may have concerns about any parenting abilities.

Midwifery/SCBU should support discharge planning meetings.

Ongoing communication between all agencies should continue during parents' stay in hospital and during initial days following discharge.