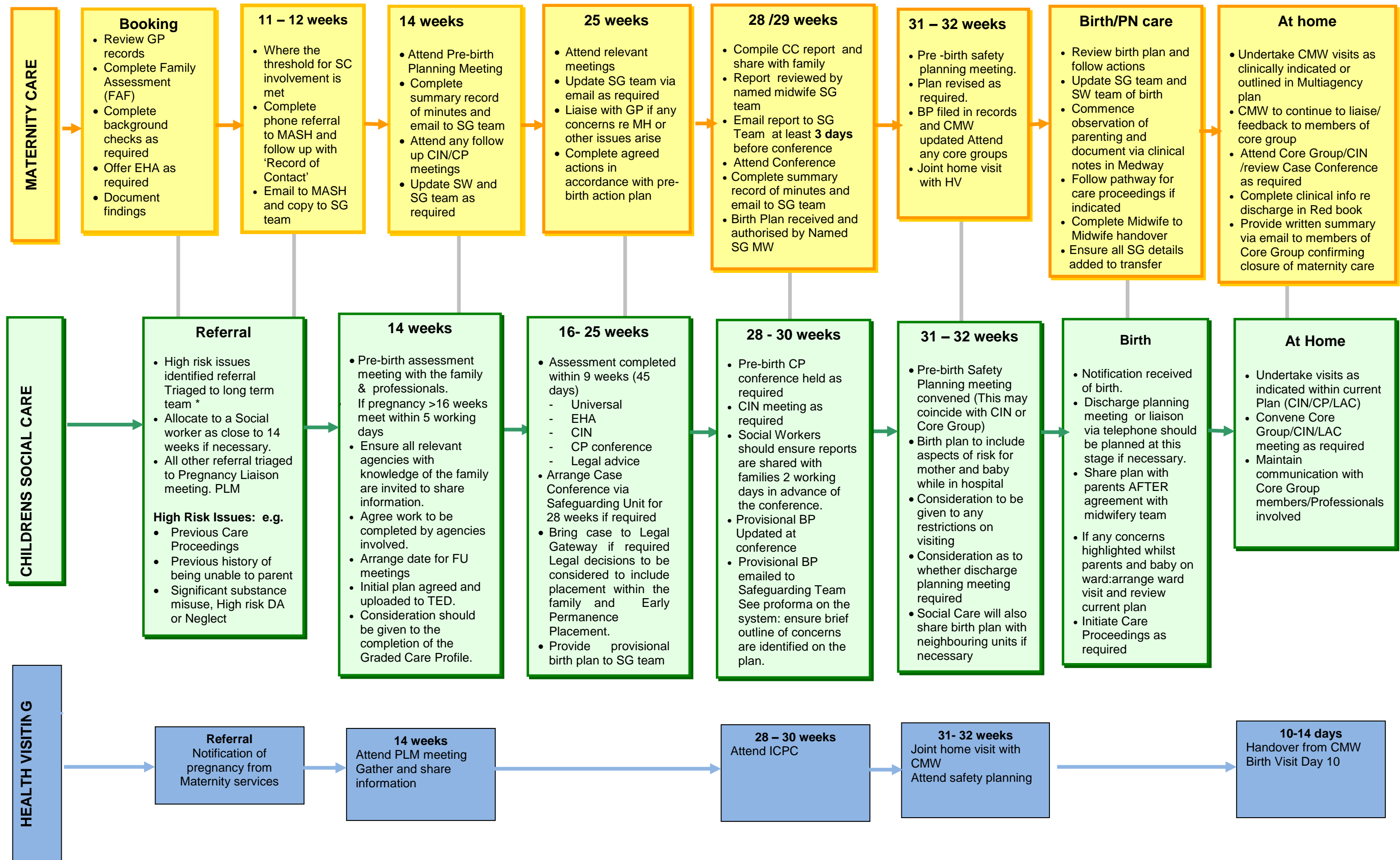


INTEGRATED CARE PATHWAY FOR PRE BIRTH ASSESSMENTS – April 2020



Pre Birth Safety Planning Meeting: Practice Guidance – 31 32 week meeting



Timing:

Aim for 32 weeks due to high number of premature delivery in high-risk group

Attendance:

Chair by Children Young People and Families

Attendees as with case conference/core group – must include Midwifery & Health visiting so that unborn needs can be addressed

Proposed agenda

Outcome of assessment thus far

- Overview of outstanding aspects related to assessment
- Review of risks in general (short & long term)
- Outline risks in hospital setting using assessment framework
- Risks for mother – prebirth/delivery/postnatal – capacity issues
- Risks for baby – in utero/post delivery
- Risks for staff
- How can risk be managed:- labour ward; postnatal ward
- What can hospital routine care offer?
- What additional support is required:- family; CYPF/health – funding implications
- Consider if Public Law Outline (PLO) can assist with process? Is Interim care Order (ICO) or Emergency Protection Order (EPO) required? Should hearing be expedited?
- Has this been approved by Case review Panel?
- Options for transfer home
- Family; extended family; foster care; mother & baby unit.

Childs Developmental Needs

Although baby is unborn, aspects related to fetal development should be considered: for example attending ANC care and following advice re fetal health is a helpful predictors of potential response to new born baby. Are there any health issues already identified e.g. growth/development/anomalies. Are there aspects that may take a longer term follow up in order to assess needs for instance alcohol related harm. Consideration to be given to identity as paternity issues may be identified.

Parenting Capacity

Basic care – monitored by midwifery antenatally regarding attendance for appointments. Is mother addressing fetal needs: consider ability to take on board and accept advice; ability to acting on advice. Is mental health/capacity/substance misuse impacting on capacity to follow through Is relationship e.g. domestic abuse or con-commitment drug use in partner impacting capacity to ask without undue influence. Consider adequate preparation for labour/care of siblings/care of baby?

Ensuring safety – Consideration given to mental health/emotional/learning and physical needs/ability of parent. Plans for feeding/preparation for feeding breast/bottle feeding. Understanding of risk re co-sleeping, Violent controlling partner/ Person Posing Risk (PPR). Who should visit? Is supervision required?

Emotional warmth – observations of professional re fetal attachment; discussing/naming baby; planning for birth. Considering fetal needs.

Stimulation – professional view on parent’s understanding of newborn needs.

Guidance & Boundaries – Parent’s understanding/discussions held re newborn needs

Stability – Lifestyle/drug use/relationships/housing etc.

Family and Environmental Factors

Family History and Functioning – to be gathered via core assessment and shared by social worker.

Wider family – Identify support networks, significant relationships. Who can support mother to care for baby during planned stay on ward?

Housing – Discharge details for mother and baby. Home conditions checked?

Employment – Does this impact on the support available to mother/care she provides to child?

Income – financial ability to manage care of children. Is this affected by substance misuse/debts/budgeting ability?

Family’s Social Integration – Are they engaged with services? What support networks are available?

Community Resources – Which agencies are involved? Family Centre/ Peri natal/ adults//Doula/Foster carer?