Orkney Health and Care

Working together to make a real difference

NHS Orkney

Additional Support Pathway for Women with Vulnerabilities

Date Approved: September 2020	Review Date: (max 2 yrs) March 2021 then annual/bi-annually	Version: V2	Authors: Michelle Mackie Rachel Brown, Pamela Halliday

Contents

1. Introduction

1.1 Aims

1.2 Outcomes

1.3 Role of Midwife

2. Identifying and Managing an Unborn Baby Concern

3. Documentation

4. Pre-Birth Risk Assessment and Child Protection Case Conferences (CPCC)

5. Concealed Pregnancy

6. Information Sharing and Consent

7. References

Appendices

1. Maternity HPI
2. Unborn Baby at Risk Pathway
3. National GIRFEC Practice Model
4. GIRFEC Summary
5. Legal Aspect and Birth Protection Plan
6. Birth Protection Plan
7. NHS Orkney A/N Care Pathway
8. NHS Orkney P/N Care Pathway

1 Introduction

The contribution that maternity services make to a woman's experience of pregnancy and childbirth will have a far reaching impact on her own and her children's future health and wellbeing. Ensuring that additional help and support are in place at the earliest stages in pregnancy, when required, may offset the development or escalation of more complex needs and risks and offers an opportunity for early assessment, early support and early intervention.

In Scottish legislation, guided by European Law, an unborn child does not have the same rights as the newborn child (ECHR 2008) and decisions about the course of the pregnancy need to take account of the physical and mental health of the woman and any existing children (Abortion Act 1967, Human Fertilisation and Embryology Act 2008).

The concept of risk for an unborn baby must therefore take into account the interests of both mother and child. The range of complex non-medical factors which impact on the likelihood of vulnerability such as mother's self-esteem, educational attainment, mental health, culture, housing, social support and drug and alcohol use and the multiple perspectives from which vulnerability may be contextualised, further complicates the assessment process; therefore pregnant women with complex social factors may need additional support (A Pathway of Care for Vulnerable Families (0-3) Scottish Government, 2011).

This Protocol has been developed to ensure a standardised and quality assured method of assessment and BadgerNet documentation, GIRFEC principles (Scottish Executive 2005), Best Start framework for maternity services and Pathways for Maternity Care (NHS Quality Improvement Scotland (QIS), 2009).

It applies to staff who provide services for pregnant women and their families.

1.1 Aims:

- To provide a structured approach for midwives in the early intervention, assessment and management of an unborn baby where there are wellbeing concerns.
- To identify pregnant women where existing risk factors may impact on the wellbeing of the unborn baby and where additional support or protection is required.
- Determine a pathway for referral to promote multi-agency information sharing, assessment of need and care planning.
- To ensure that babies are adequately protected both pre-birth and immediately afterbirth
- To outline the key role midwives play in the protection and promoting the wellbeing of unborn babies and children
- To facilitate high quality care aimed at minimising the impact of risk factors on the pregnancy and the unborn baby and to contribute to protecting the interests of the child in the longer term.

1.2 Outcomes:

- Early identification of needs and risks.

- Maximise care and support and improve the health and wellbeing of pregnant women and their unborn/newborn babies.

- Work in partnership with parents, providing family-centred interventions, education and support, to address their needs and reduce the risks to the unborn / newborn child.

- Mobilisation of services which are accessible, appropriate and proportionate to address the identified needs / concerns for the unborn baby.

- Effective inter/intra agency sharing of information, assessment, co-ordinated joint working and care planning for pregnancy and the immediate postnatal period.

- Reduce the likelihood of the child requiring statutory intervention at birth.

Midwives have a key role in ensuring additional help and support is in place at the earliest stages of pregnancy when required. This early intervention may offset the development or escalation of more complex needs and risks if it provides a coordinated, appropriate and timely response from all services working with children and families. Midwives using the GIRFEC approach should ensure this response happens.

The Children and Young People (Scotland) Act 2014 sets out principles for every child to have a named person service in health and education. During pregnancy the Midwife will be the first point of contact for women and practitioners in regards to an unborn baby and will continue as the named Midwife until transfer to the health visitor as the named person service when the baby is born, as per Maternity Pathway.

The principles of GIRFEC are focused on the needs of a child; however within a maternity context the approach can be used as a model which provides the same principles and tools that can reflect the needs and risks to a woman and her baby. Therefore early assessment during pregnancy can identify when a woman may require additional support to enable her and her baby to achieve the best health and wellbeing outcomes. In addition, assessment and provision of support networks that promote health and wellbeing is core to the role of the midwife which is an important outcome of maternity care. A core element of the GIRFEC model is the involvement of children and families in decision making and respect for their rights (Scottish Government 2010), Reference - United Nations Convention on the rights of the child.

1.3 Role of Midwife:

- Identify the need for early intervention when planning care by undertaking a GIRFEC assessment.

- Plan care for the woman and her unborn baby, with the wider maternity team as required, and records the details of this in the BadgerNet Electronic Patient Record (EPR).

- Coordinate the health care from confirmation of pregnancy, including the wellbeing concerns for the unborn baby until hand over to the Health Visitor as the named person.

- Ensure the views of the parents are sought and are involved and informed in all decisions that affect them.

When considering if additional support is required around social need, the named midwife can use the adapted 5 key GIRFEC questions to help decision making.

These are:

1. What is getting in the way of this woman's or baby's wellbeing?
2. Do I have all the information I need to help this woman or baby?
3. What can I do now to help this woman and baby?
4. What can my service do to help?
5. What help, if any, may be needed form others?

The assessment of need and risk may identify that it is necessary to deliver additional support to a woman and baby through other disciplines within health or through a co-ordinated multi-agency approach, with one multi-agency plan. If a multi-agency plan is required the named midwife will contribute to this plan, which is co-ordinated by an identified Lead Professional. The named midwife will continue to provide her/his core role and function to support health and wellbeing in pregnancy based on assessment of risk and need. If any concerns are raised by any other agency, service or relative that has contact with the mother, which may have the potential to affect the wellbeing of her and her baby, these should be shared with the named midwife. The named midwife may need to discuss these concerns with their line manager and/or Designated Officer for Health for NHS Orkney and share these concerns as appropriate by following Orkney interagency child protection guidelines.

2 Identifying & Managing an Unborn Baby Concern

At the maternity services booking visit or on the first contact with maternity services in Orkney the Maternity Care Health Plan Indicator (Appendix 1) to identify level of need and record in the GIRFEC section of Electronic Patient Record (EPR). The Midwife will then refer to the Unborn Baby at Risk Pathway for guidance on how to proceed (Appendix 2).

If a pregnant woman requires additional support the midwife should assess the level of need using the GIRFEC staged intervention guidance approach and record within EPR (Appendix 3). An assessment will be commenced using the GIRFEC initial wellbeing assessment (Appendix 4). The named midwife will identify which of the wellbeing indicators of safe, healthy, achieving, nurtured, active, respected, and responsible and include are being impaired and need to be addressed.

Therefore any assessment should include analysis of the parent's health and social information
using the GIRFEC practice model and consider how these factors may impact on the
unborn/newborn baby (as per list in Appendix 1).

If the wellbeing concerns escalate or show no sign of improvement it may be necessary to begin a more comprehensive assessment.
Additional information may be sought from other professionals / agencies involved with the family. The midwife is responsible for the ongoing assessment of need and identification of women with vulnerability including the use of A Pathway of care for Vulnerable Families (0 - 3), Scottish Government 2011. Concerns for an unborn baby can be escalated at any point.

Where the concerns have been identified later than 28 weeks gestation, practitioners must alert their line manager and discuss their referral directly with the Designated Officer for Health for NHS Orkney. Even if a family has social work involvement for other children in the family, the midwife is still required to contact social worker to notify of the pregnancy.

If any member of staff is uncertain regarding the need for an unborn baby referral or the level of risk, they should discuss this with their line manager or Designated Officer for Health for NHS Orkney.

2.1 Referrals

Telephone duty social worker to discuss referral and forward GIRFEC summary report from BadgerNet to Social Work generic email address.

3 Documentation

Documentation within the GIRFEC Section of EPR must include:

- an outline of the concerns identified
- what action has been taken
- content of the discussion with the pregnant woman/partner
  - maternal/ parental consent for sharing information or refusal to provide consent
- rationale for sharing information without consent where applicable
- any meeting notes to be added as scanned document into BadgerNet (also in the GIRFEC section)

4 Pre-Birth Risk Assessment and Child Protection Case Conferences (CPCC)

Where there are serious professional concerns regarding the likelihood of serious harm or neglect for an unborn baby then a pre-birth risk assessment should be completed by the allocated social work team in consultation with health and other appropriate services.

The purpose of the pre-birth CPCC is to prepare an inter-agency plan in advance of the birth.

The outcome needs to consider:

- is it safe for the baby to go home at birth.
- is there a need to apply for a Child Protection Order (CPO) at birth.
- should the unborn baby be placed on the Child Protection Register (CPR) and have a child protection plan.
- whether there should be a discharge planning meeting for handover to community services following delivery.
- child protection plan should set out in detail perceived risks and needs and who is expected to take actions forward.
- contingency plan should be there be any changes in circumstances or non-compliance.

The Pre-birth CPCC should take place **no later than 28 weeks** of pregnancy and in case of late notification of pregnancy **within 21 calendar days of concerns being raised**. (Scottish Government, National Guidance for Child Protection in Scotland, 2014).

If a pre-birth child protection case conference decides that there is a need to remove the child at birth or on discharge from hospital. **Appendix 6** outlines the legal issues to consider and a Birth Protection Plan (**Appendix 7)** forms a working agreement between Children's Services, family members and other agencies involved in the birth of the baby.

If a pregnant woman receiving care in Orkney moves to another Health Board area and concerns about risks to the unborn child have been raised, Maternity Services in the new area should be contacted directly to transfer care and other Agencies involved in care informed.

Near Me consultations will be arranged for involvement with Grampian colleagues (for example CP Midwife, substance misuse midwife etc) as needed at 32 and 36 weeks to support planning individualised care.

If concerns are raised about an unborn child and the woman is missing with no known address consideration should be given to raising a Missing Family Alert (NHS Scotland 2014) by contacting the Designated Officer for Health for NHS Orkney.

5 Concealed Pregnancy

The concealment of pregnancy represents a real challenge for professionals in protecting the wellbeing of the unborn baby and the mother. A concealed pregnancy is when a woman knows she is pregnant but does not tell anyone or those who are told conceal the fact from agencies. It may also be where a woman appears genuinely unaware that she is pregnant.

Concealment may be an active act or a form of denial where support from appropriate carers and professionals is not sought. Concealment of pregnancy may be revealed late in pregnancy, in labour or following delivery. The birth may be unassisted. For the purpose of this Policy, late booking is defined as presenting for maternity services after 24 weeks gestation.

Some women may present late for booking and these pregnancies need to be closely monitored to assess future engagement with midwifery services and whether or not unborn UB referral is indicated. The reason for the late booking must be explored and documented.

There are many possible reasons for a woman to conceal her pregnancy. These could include ambivalence towards the pregnancy, immature coping styles and a tendency to dissociate, all of which are likely to have a significant impact on bonding and parenting capacity.

Where a concealed pregnancy is identified, the question to be considered is “why has the pregnancy been concealed or denied?” Information about the concealment of a pregnancy should be shared with relevant health staff (Midwife, Health Visitor, GP). A wellbeing concern referral and/or a child protection referral (due to gestation of pregnancy e.g. over 34 weeks) must always be made where there are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care, non compliance with treatment with potentially detrimental effects for the unborn baby. In cases of full concealment followed by unassisted delivery, a child protection referral must be considered.

6 Information Sharing and Consent

The safety and wellbeing of an unborn baby and child is of central importance when making a decision to share information. The reasons why information needs to be shared should be communicated openly with the pregnant woman and appropriate family members (Scottish Government 2014).

Staff should seek consent to share any information where possible. Where consent or agreement is not reached staff should use their professional judgement to decide if the information should be passed without consent. Staff should document and explain their reasons for sharing or not sharing. However where there is significant concern there is a duty to share information without consent. Consent is not essential in these circumstances. Professional judgement should be used to determine whether consent is sought and reasons for/against documented.

7 References

Council of Europe (2008) *The European Convention on Human Rights.* Council of Europe, Strasbourg.

NHS Scotland (2014) *Missing Families Alert Protocol*

NHS Orkney *Child Protection Support* childprotectionsupport.org

Nursing and Midwifery Council (2015) The Code, NMC London

Scottish Executive (2001) *Framework for Maternity Services,* Scottish Executive, Edinburgh.

Scottish Executive (2003*) Sharing Information about Children at Risk: A Guide to Good Practice*, Scottish Executive, Edinburgh.

Scottish Executive (2004) *Protecting Children and young people; Framework for Standards* Scottish Executive, Edinburgh.

Scottish Executive (2005) *Getting it Right for Every Child* Scottish Executive, Edinburgh.

Scottish Government (2007) *Keeping Childbirth Natural & Dynamic* Scottish Government, Edinburgh.

Scottish Government (2011) *A Pathway of care for Vulnerable Families* Scottish Government, Edinburgh

Scottish Government (2012) *National Child Protection Guidance: Guidance for Health Professionals in Scotland* Scottish Government, Edinburgh.

U.K. Parliament (1967) *Abortion Act.* U.K. Parliament, London.

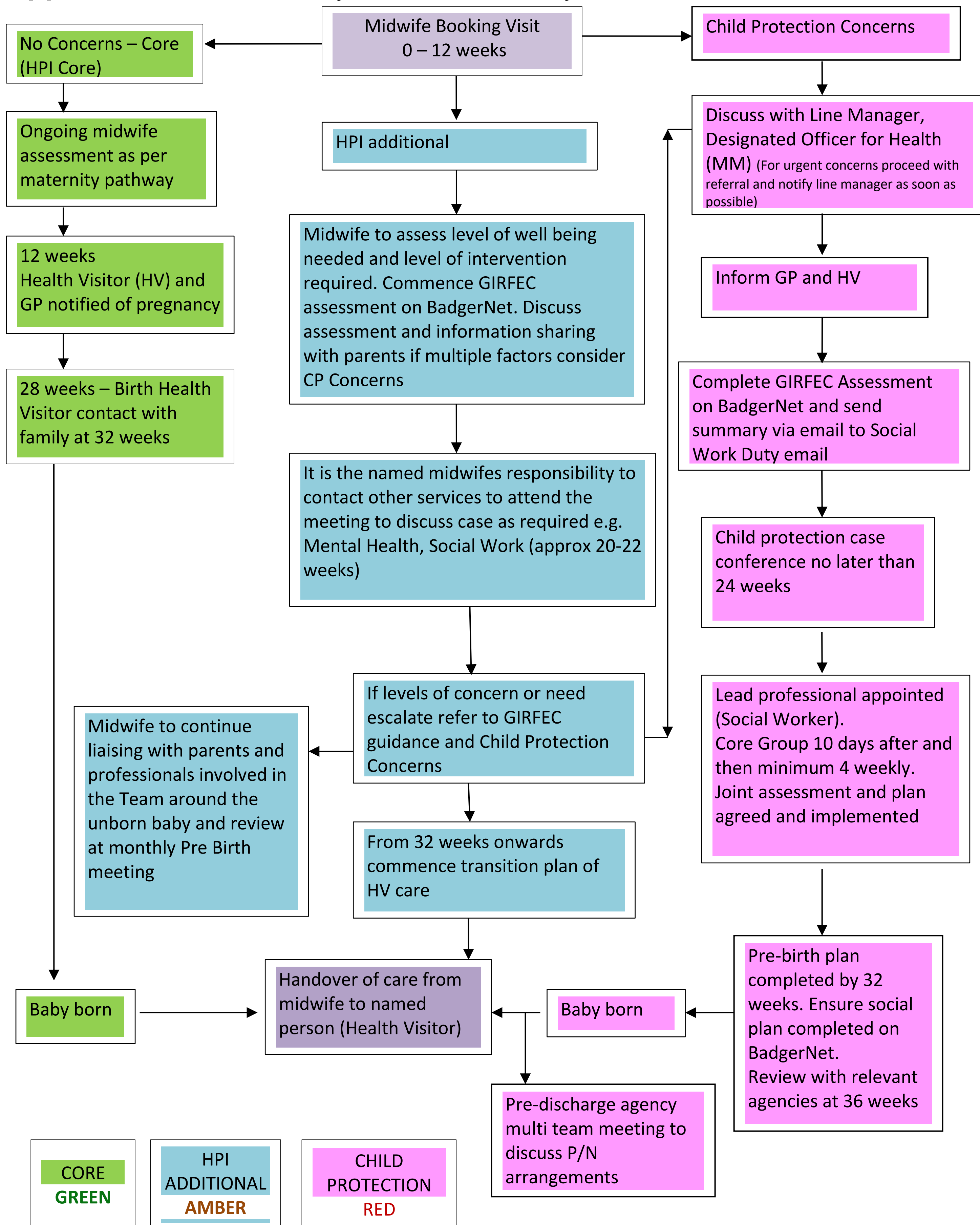
U.K. Parliament (2008) *Human Fertilisation and Embryology Act*. UK Parliament, London.

Orkney (2014) *Orkney Inter-Agency Child Protection Procedures*

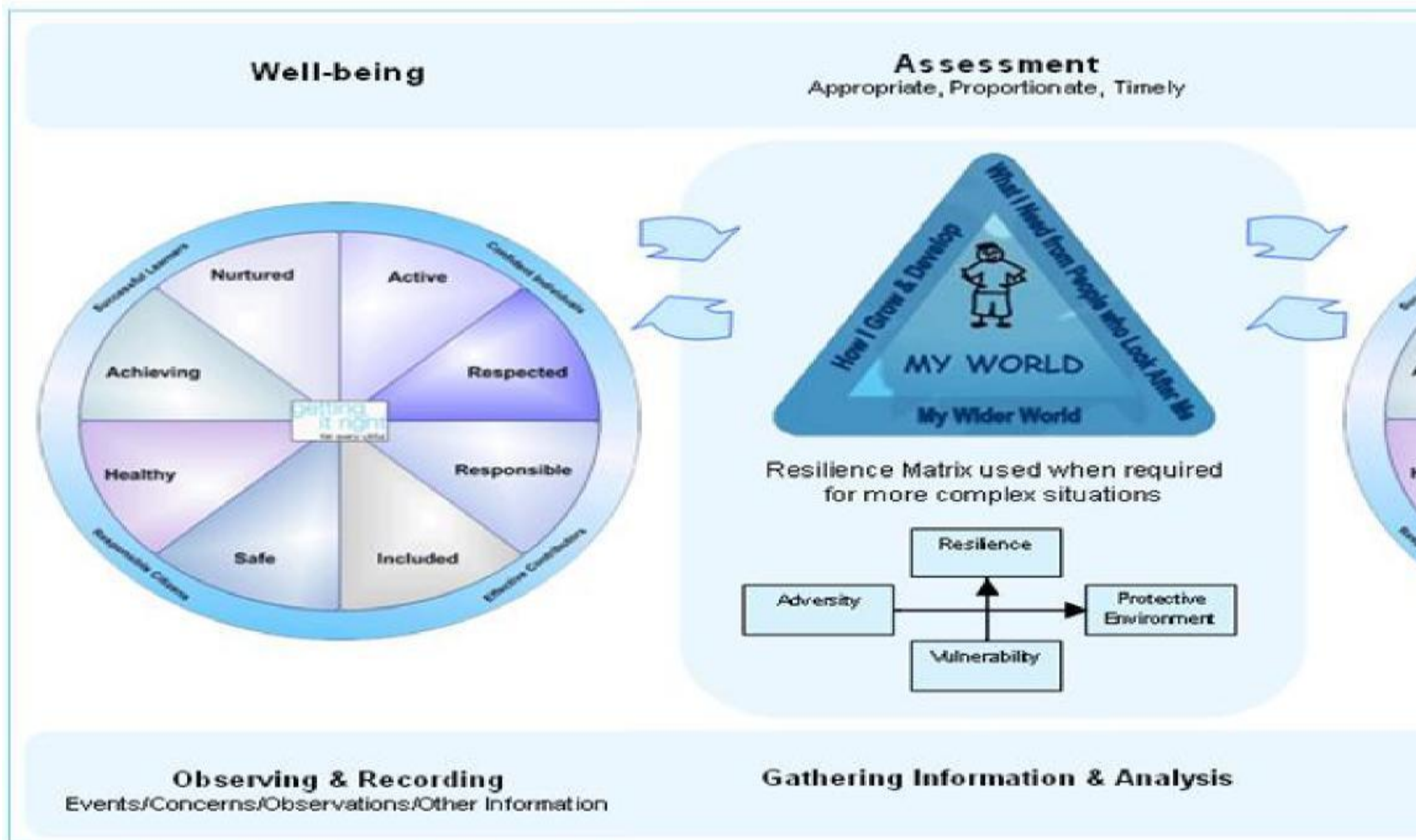
Appendix 1 MATERNITY HPI

GREEN/CORE – universal	**AMBER/ADDITIONAL – multi disciplinary**	RED/ADDITIONAL – multi agency
Women receiving antenatal and postanatal care with access to their named midwife for advice and support	**Women who may require additional support (including brief intervention and behavior change approaches) to ensure the best pregnancy outcomes and maintain their own and their babies health and wellbeing**	Women and babies whose health and wellbeing may be significantly impaired and require co-ordinated services to enable them to reach their full potential and maintain their safely and well being
- No risk factors or additional needs identified from continuous assessment - Women and health professional agreement with proposed plan of care - Knowledge of local support networks and agencies - Women proactive in managing her health and wellbeing - Network of social supports (family, friends)	- Teenage parents - Screening issues that require further support - Premature/low birth weight baby - Mothers recovering from a difficult birth - History of antenatal or postnatal depression or mood disorders - Poor social networks, social isolation, family breakdown - Previous history of child bereavement - Congenital anomalies or chronically sick baby - Families where English is second language or poor literacy skills/learning difficulties - Temporary accommodation/poor housing/travelling families - Refugee or asylum seekers - Smoking or alcohol use in pregnancy - Physical disability or sensory impairment - Financial poverty - Fabricated or Induced Illness (FII) - Late bookers of over 20 weeks gestation - Non engagement with maternity services If multiple ambers then consider red multi-agency approach	- Domestic abuse/gender based violence - Drug and/or alcohol misuse problems - Severe and enduring mental health issues - Significant parental stress - Severe deprivation - Homeless families - Learning disabilities or health issues that impact on parenting capacity - Women or partner has current or recent involvement with social work criminal justice system - Sexual exploitation - Current or previous child protection issues and/or child removed from parent's care

Appendix 2 Unborn Baby at Risk Pathway



Appendix 3 National GIRFEC practice model



National GIRFEC practice model

- **Use the wellbeing indicators to record information that may indicate a need, concern or strength.**
- **The My World Triangle aids understanding of the child or young person whole world, recognizing there are connections between the different parts of their world. This can be used to explore needs and risks.**
- **The Resilience Matrix may be used in complex situations to help organise and analyse information about risk.**
- **Planning action and review – when child or young person's needs are clear, develop a plan for action using the wellbeing indicators.**

Appendix 4 GIRFEC Summary

Orkney Health and Care

Working together to make a real difference

GIRFEC SUMMARY

Referral Details

Referring Agency		Referring To (agency or service)	
Name of Child/Children		EDD/DOB	
Address		Postcode	

Family Composition

Name	DOB	Telephone No	Relationship to Child/Children

Lead Professional/Named Person

Name of Named Person	
Address	
Telephone Number	
Email Address	
Name of Lead Professional	
Address	
Telephone Number	
Email Address	

Please list details of Team Around the Child (TATC)/other agencies currently involved:

Contact Name	Agency	Email Address (if known)

Issue of Concern:

Beyond Parental Control		**Neglect**	
Bullying		**Non-engaging Family**	
Child Alcohol/Substance Misuse		**Parental Alcohol Misuse**	
Children Placing Themselves At Risk		**Parental Drug Misuse**	
Child Sexual Exploitation		**Parental Mental Health Problems**	
Child with ASN		**Physical Abuse**	
Child with Mental Health Difficulties		**Sexual Abuse**	
Child Trafficking		**Young Carers**	
Domestic Abuse		**Youth Offending**	
Emotional Harm/Abuse		**Other Concern(s)**	

Summary of Concerns leading to Referral and Desired Outcomes (only relevant sections):

SAFE:
HEALTHY:
ACHIEVING:
NURTURED:
ACTIVE:
RESPECTED:
RESPONSIBLE:
INCLUDED:

Additional Information in Support of Referral:

Parent/Carers Understanding of Reason for Referral:

Name of Referrer		Signature	
Designation		Agency/Service	
Telephone Number		Date of Referral	

APPENDIX 5 LEGAL ASPECT AND BIRTH PROTECTION PLAN

If a pre-birth child protection conference decides that there is a need for a child protection plan, it should consider whether there is a need to remove the child at birth or on discharge from hospital and, if so, how this can be achieved –

- Lead responsibility for the decision whether to remove a child following birth lies with social work services;
- Social work services will make this decision in consultation with other agencies, and this will always include the local authority's legal department; and
- The conference must ensure that all key staff are clear about the roles of social work services, the Police and the Midwifery Service in the removal process.

If the Child Protection Plan includes the removal of the child from the mother this should be clearly detailed in the Child Protection (Birth Protection) Plan, it must also state clearly that either:

- The local authority intends to seek a Child Protection Order; or
- The mother has signed a Section 25 agreement, agreeing for the child to be accommodated by the Local Authority.

If the plan for the child is to initiate legal proceedings, a legal planning meeting will be convened; however, no application for a court order can be made until after the birth.

Sometimes sharing this plan with a parent would increase the risk to the unborn child. In this situation a social work manager may decide that this part of the plan should not be disclosed to the parents.

A baby can only be separated from its mother in the following circumstances –

- The mother explicitly, and with full understanding, agrees to that separation and the child is accommodated under Section 25 of the Children (Scotland) Act 1995; Failure to object when the child is removed is not explicit consent - the parent must understand what is planned and that they have the right to refuse to cooperate, and must clearly state that they consent to the planned action. It is always preferable that consent is given in writing, and all staff should be aware that the parent may withdraw it at any time.

- There is a Court Order authorising separation; This may be a Child Protection Order or Child Assessment Order granted by a Sheriff specifically stating the terms for separation or removal in the Order. Or

- In an emergency situation where there is a real and immediate risk to the baby of significant harm by a parent or carer and removal is necessary to protect the safety of the baby, in this case, emergency police powers may apply. Where a police officer has reasonable cause to believe that the conditions for making a Child Protection Order are satisfied and it is not practical in the circumstances to make such an application to the Sheriff, then the officer may remove the child to a place of safety (Section 61 (5) Children (Scotland) Act 1995). The power remove to the child only lasts 24 hours; thereafter the police (or another person) need to apply to the Sheriff for a Child Protection Order to secure the child's place of safety.

Any separation of mother and baby outside the circumstances set out above is unlawful and is likely to be a breach of Article 8 of the European Convention on Human Rights.

If the child is to be removed at birth, copies of all documentation supporting this plan must be kept at the hospital. At the time of the removal, the social worker will provide a copy of the court order or the section 25 agreement to be placed in the hospital records and send a copy to the Social Work Emergency Duty Team.

If the baby is not to remain in the parents' care:

- The social worker must agree a discharge plan with the hospital staff.
- The local authority must provide a car seat to transport the baby safely.
- On arrival at the hospital, the social worker must have on their person the appropriate form of identification. Midwifery staff will not allow the baby to leave the hospital with anyone who does not carry appropriate identification.

The social worker must provide the following information to the Hospital staff:

- Name, address and contact telephone number of the carer to whom the baby is to be discharged; Hospital staff must not disclose the baby's discharge address to the parents and their family: the decision to disclose this address is the responsibility of social care services.
- General Practitioner's name, address and phone number (baby will need to be registered); and
- The name, address and contact telephone number of the Health Visitor relevant to the baby's discharge address.

Hospital staff will inform the social worker about the Midwifery Service that will be visiting the baby, and about any health issues relating to the baby, including:

- The baby's feeding requirements;
- Health needs, birth marks/blemishes identified prior to discharge; and
- Follow up appointments.

ACTUAL OR ATTEMPTED REMOVAL OF A BABY FROM HOSPITAL CONTRARY TO THE CHILD PROTECTION PLAN.

If there is any attempt by a parent to remove a child contrary to the child protection plan and without the permission of the Local Authority, in order to minimise the risk of significant harm the health professional **must contact the police by dialing 999**. The health professional must also contact:

- Hospital security
- Designated Officer for Health for NHS Orkney Child Protection
- The Social Worker, or the Emergency Duty Team;
- The Maternity Services Manager; and
- Health Board Senior Manager on call.

APPENDIX 6 BIRTH PROTECTION PLAN

The following are the arrangements, which must be adhered to relating to the birth of Baby *(Initial)*

The Birth Protection Plan forms a working agreement between Children's Services, family members and other agencies involved in the birth of Baby (*initial)*.

This plan was agreed at a Birth Protection Planning Meeting on............................ **Agencies**

Present: (Example)

- **Team Manager, Children's Services**
- **Social Worker, Children's Services**
- **Midwife, Orkney Hospital**
- **Designated Officer for Health for NHS Orkney Child Protection**
- **Maternity Services Manager**
- **Clinical Services Manager**

***(PARENT(S) – name)* were invited to the meeting and were also in attendance. Or**

The (parent(s) - name) stated on *(DATE)* that they would / would not be attending
because .... (Delete as appropriate).

(PARENTS) have been provided with a copy of this Birth Protection Plan and they have been advised to seek their own legal advice, if required.

They have signed/refused to sign (delete as appropriate) the Pre Birth Consent to Accommodation Form giving written consent to the separation and accommodation of their baby from them following birth.

The parent(s) is/are aware that, if they are giving consent to the accommodation of their baby at birth, they will be required to sign further form(s) following the birth to give written consent to the accommodation under section 25 of the Children (Scotland) Act 1995.

The Section 25 paperwork will be given to the parents for signature following birth, at a time considered appropriate to do so and when the mother (parents) are able to understand what is being asked of them.

If the parent(s) has/have refused to give written consent to the accommodation of their baby and do not sign the section 25 paperwork, then in order to safeguard the baby, a legal order may be applied for to remove the baby following birth.

The Birth Protection Plan

The Birth Protection Plan outlines, as far as is possible, the actions that must be taken once *(MOTHER)* goes into labour and following the birth of Baby *(Initial).*

There are a number of concerns relating to *(PARENT (s) - name),* as discussed at the Initial child Protection Conference. They are as follows:

.
.
.

It is due to these concerns that it was agreed at an Initial Child protection Conference on (date) that baby *(Initial)*' will be subject to a Child Protection Plan at birth. The Social Workers Report for Initial Child Protection Conference is attached to this Birth Protection Plan for more details.

Due to the above concerns it is the local authority's plan to:

A. accommodate baby *(Initial)* from his/her mother's care shortly after his/her birth and prior to the mother's discharge from hospital. The Birth Protection Plan identifies how this separation will take place and confirms that *(PARENTS)* do/ do not consent (delete as appropriate) to the separation of the baby shortly after birth.

Or

B. separate Baby *(Initial)* from his/her mother upon discharge from hospital, with no formal supervision required prior to this and place him/her with Local Authority foster carers /with family members (delete as appropriate)

Or

C. separate Baby (*Initial)* from his/her mother upon discharge from hospital, with formal supervision required prior to this time provided either by social care or the family as agreed, and then place him/her with Local Authority foster carers/with family members (delete as appropriate)

DELETE AS APPROPRIATE

1. Once *(PARENTS)* are aware that *(MOTHER)* is in labour they are to telephone for an
   ambulance by dialling 999. They should then inform the on-call midwife. On-call Midwife (NAME / TEL NO)

2 As soon as any agency, including paramedic, midwife, hospital staff are aware that *(MOTHER)* is in labour they must inform Children's Services immediately.

   . Social Worker: (NAME / TEL NO)

If *(SOCIAL WORKER)* is not available they must advise that they need to speak to the duty social worker **urgently**.

- Day Duty Social Worker (NAME/ TEL NO)

If it is outside of office hours then the Emergency Duty Team need to be informed.

3 Should Children's Services become aware that *(MOTHER)* is in labour then they will inform the ambulance service and the midwife. A Social Worker will then attend the address/hospital.

4 There will be two midwifes present at the birth.

Hospital Delivery

Should baby *(Initial)* be born at hospital then the following plan needs to be implemented:

1 A midwife will remain with *(PARENTS)* until a social worker arrives. A Social Worker must arrive within an hour of the birth. It is agreed that *(FATHER*) can be present during the birth, if this is requested.

2. If the plan is to separate shortly after birth, Baby (Initial) should not be taken from his or her mother immediately after the birth. Include additional comments/plans: Examples include: *(MOTHER) (ON DATE)* requested that she does not wish to hold the baby as she does not want to spend time with the baby/ have contact with the baby.

3. Baby *(Initial)* will remain in hospital for at least *(NUMBER OF DAYS)*. Baby

(Initial) will then be placed with local authority foster carers under Section 25 of the Children (Scotland) Act 1995, Emergency Protection Order or Interim Care Order. During the hospital stay *(MOTHER)* and Baby *(Initial)* will be on separate wards and any contact between mother and baby will be arranged and supervised by Children's services, as detailed within this Birth Protection Plan.

4. If the plan is to accommodate the baby upon discharge from hospital, Baby *(Initial)* will be separated from *(PARENT(S))* under section 25 consent or in the absence of this, once police assistance has arrived, under Police Protection or under a Child Protection Order.

5. Should *(PARENTS)* try to remove the baby at any point whilst in hospital, then midwife/professional present must dial 999 immediately and ask for police assistance, if the police are not already present. ***A Police Officer will remove Baby (Initial).***

6. *(DESIGNATED OFFICER FOR HEALTH FOR NHS ORKNEY CHILD PROTECTION)* will contact *(Agency)* on (date). A decision will then be made by the hospital about whether *(FATHER)* will be allowed on to the hospital ward to see (*MOTHER).*

Home Delivery

Should baby *(Initial)* be born at home then the following plan needs to be implemented

1. Children's Services, namely *(SOCIAL WORKER)*, or the Duty Social worker or the EDT Social worker will inform the police immediately to attend the address. The purpose of this will be for the baby to be separated from his/her parent's care shortly following birth. Baby *(Initial)* will be separated under section 25 of the Children (Scotland) Act 1995 or removed under Police Protection or a Child Protection Order. The baby will be removed by a police officer or social worker.

2. Baby *(Initial) does* not need to be taken from parent immediately after the birth, (MOTHER) may hold baby for up to an hour. Include additional comments/plans: Examples include: *(MOTHER) (ON DATE)* requested that she does not wish to hold the baby as she does not want to spend time with the baby/ have contact with the baby.

3. Following the birth a Midwife must remain with the mother and baby until a social worker arrives. Should *(PARENTS)* try to remove the baby then midwife/professional present must dial 999 immediately and ask for police assistance, if the police are not already present. This may also need to be done if parents are violent or aggressive or a professional feels that the baby is at risk.

   After *(MOTHER)* has had time with the baby then a social worker or police officer will separate the baby from *(PARENTS)* care under section 25 of the Children (Scotland) Act 1995 or another legal option, as detailed above.

4. Baby *(Initial)* will be taken by ambulance to the hospital. *(MOTHER)* will go in a separate ambulance if she requires hospital admission.

   Baby *(Initial)* will remain in hospital for at least 4 days. Baby *(Initial)* will then be placed with local authority foster carers under section 25 or another legal order, as detailed above. During the hospital stay any contact between mother and baby will be arranged and supervised by Children's Services, as detailed within this Birth Protection Plan.
   Discharge of baby from the maternity ward must not take place on a weekend or on Public Holidays.

OTHER ACTIONS OR OUTSTANDING TASKS

a. ***(LEAD NURSE CHILD PROTECTION)***, following her discussion with x x x will inform Children's services of the decision as to whether *(adult)* will be allowed onto the ward.

b. ***(SOCIAL WORKER)*** will ensure EDT receive the Birth Protection Plan, section 25 consent paperwork and signed letter of consent and are aware of the actions needed should baby be born outside of office hours.

c. ***(SOCIAL WORKER)*** will inform the police of the Birth Protection plan.

d. ***(SOCIAL WORKER)*** to identify Foster placement for baby *(Initial)*, if required.

e. ***Children's Services*** will initiate Care Proceedings at birth, if identified at the Initial Child Protection Conference and agreed at the legal planning meeting.

f. ***(PARENTS)*** are to urgently seek legal advice/representation.
g. **Community Midwife** will let Paramedics know that baby *(Initial)*, if born in the community will be required to be admitted to Orkney Hospital via Paediatrics / A&E.
h. ***(MIDWIFE)*** will alert (*MOTHER) s* GP *(Name)* all community midwives and supervisors of the plans.
i. ***(MIDWIFE)*** will alert NHS24 OOH, ambulance control and Paediatrics / A&E of the plan.
j. This Birth Protection Plan has been sent to:

- Team Manager Children's Services
- Maternity Services Manager Orkney Hospital
- Designated Officer for Health for NHS Orkney Child Protection
- Clinical Lead Midwife
- Service Manager Children's Services
- DPMU
- Emergency Duty Team
- IRO
- Parents
- Children and Adults Legal Team
- Legal Services

Signed: Mother

Signed: Father

Signed: Midwife

Signed: Lead Nurse Child Protection

Signed: Maternity Services Manager

Signed: Lead Midwife

Signed: Social Worker

Signed: Team Leader

Date:

NHS Orkney

Appendix 7 NHS Orkney A/N Care Pathway

Care for women with vulnerabilities – Antenatal

APPOINTMENT	LOCATION	TASKS
1st point of contact	Maternity	• Give booking pack
Booking	Near Me (unless unable to access facilities)	• Have named midwife and buddy • Full medical history • Full social history • Full obstetric history • If possible request maternity notes from previous hospitals • Ensure women have booking pack, portal access and contact details for unit • If drugs misuse (including previous IV use) then see additional care pathway (appendix 1) and alert AMH Substance Misuse Midwives • Allow women the opportunity to report their pregnancy to social work, if not inform after 12 week scan • Alert consultant if appropriate • Offer smoking cessation • Alcohol brief intervention- substance misuse through mental health agencies • Consent for information sharing and inter agency working to be obtained • Refer to other agencies if appropriate (e.g. dietetic) • Consider referral to Perinatal Mental Health midwife, AMH • Offer online resources (see separate list) • Alert GP and HV of pregnancy • Ensure woman are on the correct vitamins • Start GIRFEC assessment on badgernet • Encourage women to report pregnancy to social work, if not alerted then midwife to refer 1 week after(telephone and email GIRFEC summary)

12 Week Scan	Radiology + Maternity (Ensure with named midwife)	• BP and urine • MSSU for asymptomatic bacteriauria • All booking bloods • Confirm height and weight • Give additional vitamins if required • Joint introductory meeting with midwife and social worker
16 Weeks	Near Me	• Complete breastfeeding checklist • Discuss fetal movements • Review blood results • Ensure social work has been informed • Consider consultant appointment at 24 weeks if required
20 Weeks	Radiology	• Send Mat B1 form and baby box application via post • Midwife to organise single agency multi disciplinary meeting with those professionals involved for 20-22 weeks
24 Weeks	Maternity	• AN check • Whooping cough vaccine • GTT if required • Consultant review if required • Give information for completing best start maternity grant • Offer Citizen Advice and THAW contact for financial advice • Discuss and agree postnatal contraception plan • Child protection conference • Midwife to alert CP midwife in AMH (Jenni Smith) • Core group to be organised 10 days following CC, then minimum 4 weekly. • Start social plan on badgernet*

*FOOTNOTE – National guidance is for this to occur at 28 weeks but due to local context and potential of off-island travel for birth to be done at 24 weeks.

28 Weeks	Maternity	• AN check • FBC + BTS + RBS • Anti D if required • Offer 1:1 parentcraft classes (face to face or through Near Me) • Ensure GIRFEC and completed on badgernet • Alert Consultant in AMH if planning to deliver there
32 Weeks	Home Visit	• ANC • Encourage women to fill out Birth plan using their badgernet app • Joint meeting with named health visitor • Ensure best start maternity grant/baby box forms have been completed • Pre-birth planning meeting completed by 32 weeks (consider inviting CP midwife in Aberdeen via Near me) • Complete social plan on badgernet
34 Weeks	Near Me	• Discuss birth plan and any questions • Woman aware of signs of labour
36 Weeks	Maternity	• AN Check • Show around unit if possible or arrange virtual tour for AMH • Ensure woman aware of SIDS recommendations and higher risk due to methadone rescribing and cigarette smoking • Advise against bed sharing • Review pre-birth plan with SW and share any relevant updates • Consider Near Me with AMH colleagues and update
38 Weeks	Maternity	• AN check • Transfer to AMH if appropriate for delivery
40 Weeks	Maternity	• AN check • Offer membrane sweep • (Please book women in to your clinic for this appointment)
41 Weeks	Maternity	• AN check • Liquor and Doppler scan • CTG • Arrange IOL (Orkney or AMH)

Appendix 8 NHS Orkney P/N Care Pathway

NHS Orkney

Care with women with vulnerabilities – Postnatal

APPOINTMENT	LOCATION	TASKS
Childbirth	Balfour Maternity AMH	• Parenting education • Feeding support • Inform Social Work of delivery (may need to go through OOHs) • SIDS discussion • Alert GP and HV of delivery • Individual length of stay (recommend 24 hours minimum) • Organise contraception before discharge if possible
Postnatal	**Home**	• Midwife visits minimum 3 times postnatally, consider Near Me if required • Consider joint HV and midwife visit on day 10