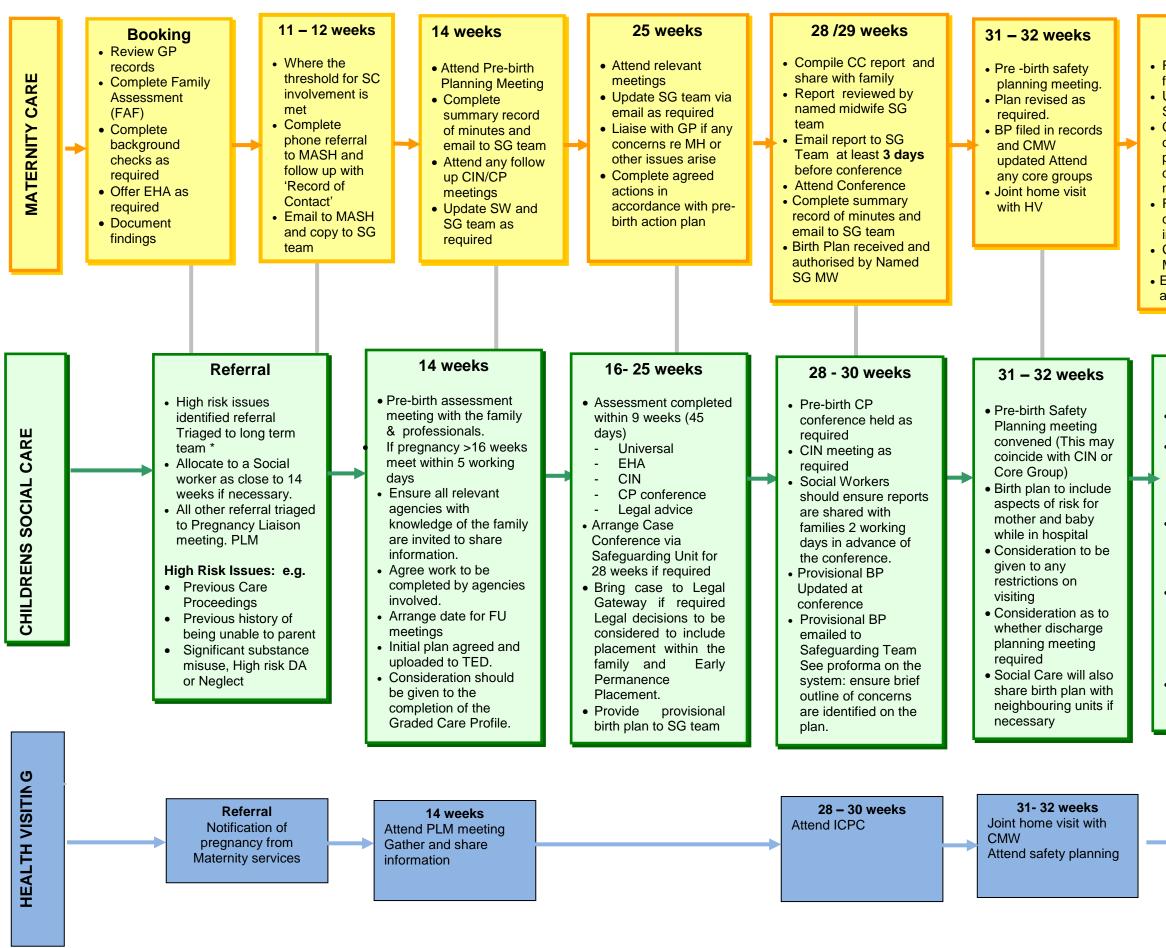
INTEGRATED CARE PATHWAY FOR PRE BIRTH ASSESSMENTS – April 2020



Birth/PN care

- Review birth plan and follow actions • Update SG team and SW team of birth Commence observation of parenting and document via clinical notes in Medway Follow pathway for care proceedings if indicated Complete Midwife to Midwife handover
- Ensure all SG details added to transfer

At home

- Undertake CMW visits as clinically indicated or outlined in Multiagency plan
- CMW to continue to liaise/ feedback to members of core group
- Attend Core Group/CIN /review Case Conference as required
- Complete clinical info re discharge in Red book
- Provide written summary via email to members of Core Group confirming closure of maternity care

Birth

- Notification received of birth.
- Discharge planning meeting or liaison via telephone should be planned at this stage if necessary.
- Share plan with parents AFTER agreement with midwifery team
- If any concerns highlighted whilst parents and baby on ward:arrange ward visit and review current plan
- Initiate Care Proceedings as required

At Home

- Undertake visits as indicated within current Plan (CIN/CP/LAC)
- Convene Core Group/CIN/LAC meeting as required
- Maintain communication with Core Group members/Professionals involved

10-14 days Handover from CMW Birth Visit Day 10

01.12.20 MM/KC Updated Ratified BSCP May 2020



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?