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RATIFIED BY SHEFFIELD SAFEGUARDING CHILDREN BOARD (SSCB) 09.09.14

Integrated Care Pathway (ICP)- Pre Birth planning: Maternity & Social Care

Philosophy of care: To identify, refer and work effectively in a multi-agency setting to safeguard mother and baby



NHS Foundation Trust

- · Identification of Child Protection concern
- historical information.
- Referral to CYPF via phone call followed up in
- · Referral to
- at earl est opport inity

- GP records for
- writing (48hrs).
- **VSM Team**

Risk Identified

- CMW to review

- Complete CAF

Follow Up

home delivery'

- VSM review historical records.
- VSM team receives update from CYPF. VSM team
- update maternity records
- VSM & CMW update each other.

2. Create midwifery alert if required for city wide and/or out of city 3. Follow internal escalation process as required.

Meeting VSM Cale coordinato &/or

CMW atter d

Core group

- VSM and CMW communicate outcome to each other
- VSM Ca e Coordinate r updates m aternity records

Core group

Meeting

- VSM Care coordinator &/or CMW attend
- VSM and CMW communicate outcome to each other
- VSM Care Coordinato : updates maternity notes

Core group Meeting/

CP Conference

 VSM Care coordinator &/or

High Risk Response

1. Consider meeting with relevant Matron to discuss risk assessment and agree plan incorporating admission, hospital delivery, unplanned

- CMW attend VSM and CMW communicate outcome to each other
- VSM Care Coordinator updates maternity not es

Core group Meeting

- VSM Care coordinator &/or CMW attend
- VSM and CMW communicate outcome to each other.
- VSM Care Coordinator updates maternity notes

Birth

- Review & follow Birth Plan
- Notify Named SW / **CYPF** team of Birth
- Notify CMW & **VSM** Team.
- VSM team to discuss case with named SW

Post Delivery Hospital

- Contemporaneous documentation of care by ward staff
- VSM coordinator updates social care daily.
- Attend meetings as required/ facilitate joint visit on ward as required.
- If additional concerns arise VSM* contact named SW in order to re consider risk. Discussion to include if safe for mother to continue care for baby**
- 1. Mother & baby transferred home.
- 2.Transfer baby to care of other as per plan.

Post Delivery Community

- · CMW on-going review & documentation of care
- CMW updates Health Visitor & Social Care as required.
- Attendance at meetings as required.
- Arrange joint visit at home if required.
- If additional concerns arise CMW/VSM to contact named SW to reassess risk**



20 Weeks

24 weeks

28 veeks

Core Group

Meeting/ CP



32 weeks

36 weeks

Core group

Meeting

coordinator &/or

VSM Care

CMW attend

VSM &CMW

communicate

outcome with

each other.

VSM Care

Coordinator

maternity notes

updates

Core

- Review pregnancy and risks to
- Review & update plan
- Plan (see appendix overleaf).

Group Meeting

- Gather / share new information
- Review pregnancy and risks to unborn.
- Review & update plan.

Labour Care

Birth

- Notify Core Group members.
- Notify SSCS of birth.
- documents.

Ward/Transfer Home

Post Delivery

- Liaise with VSM team care coordinator for updates
- Arrange joint visit on ward if required
- Continue with Core group meeting
- If additional concerns arise VSM* contact named SW in order to re consider risk. Discussion to include if safe for mother to continue care for baby**
- initiated



- Liaise with VSM team care coordinator / CMW for updates
- Arrange joint visit at home if required
- Continue with Core group meeting
- If additional concerns arise CMW/VSM to contact named SW to reassess risk.**

Referral Received

- Review of referral
- Respond to VSM Team by letter / confidential email

Possible Outcomes

- MAST referral CYPF
- allocation Universal services

Allocation of case

Single Assessment commenced

Outcomes

- Universal services
- MAST referral Assessment ongoing
- PLO or proceedings.

Possible

- Case
- discussed at management meeting CP.

Core group Me sting

- Gather / share information as part of single assessment
- Review pregnancy and risks to unborn

Possible Outcomes

- Universal services
- MAST referral Assessment ongoing
- Case discussed at case management meeting CP, PLO or proceedings.

Core group deeting

Share outcome of assess nent

- Gather / share new information
- Review pregnancy and risks to unborn Review & update

plan **Possible Outcomes**

- Universal services
- MAST referral Assessment ongoing Management meeting CP, PLO or
- Strategy meeting re CP conference.

proceedings.

conference

 Mult -agency review of case.

Possible Outcomes

- CIN Plan developed CP plan
- commenced Plan proceedings

Core Group Meeting

- Gather / share new information
- unborn
- Finalise details of Birth

File Legal

Legal Proceedings

*If out of hours 2902 Bleep holder to review and contact Out of Hours Team ** If agreement cannot be reached regarding review of risk follow escalation policy.

Families and People Young Children

RATIFIED BY SHEFFIELD SAFEGUARDING CHILDREN BOARD (SSCB) 09.09.14 Pre Birth Planning Meeting: Agenda

Timing:	Attendance:
Aim for 32 weeks due to the association of premature birth and social deprivation and vulnerability.	Chair, Team Manager Children Young People and Families. Attendees as with case conference/core group – must include Midwifery & Health
	visiting so that unborn needs can be addressed
<u>Agenda</u>	<u>Timescales If Proceedings Agreed:</u>
 Feedback of assessment. Identification 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/post natal – capacity issues Risks for baby – in utero/post delivery – child development. Risks related to Partner and extended family – family and environment. 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? 	 Decision that proceedings art birth are a real possibility – referral to Management Panel / Case Review Panel – no later than EDD minus 2months If proceedings approved – instruction memo to Legal Services – EDD minus 1 month Evidence (statement and care plan) to Legal Services – EDD minus two weeks Birth – Legal Services to be notified no later than next working day (by urgent email to allocated lawyer, their professional officer, and Service Manager, marked "child born – urgent issue required: Baby X") Legal Services to issue within one working day of notification as above where evidence and instruction memo received Court to be asked to list no later than fifth day after birth where possible.
Options for transfer home:	NB the above is to apply even where parents give consent to accommodation (except
 Family; extended family; foster care; mother & baby unit. 	relinquished baby cases) – see separate protocol
<u>Abbreviations</u>	
 VSM – Vulnerabilities Specialist Midwifery Team CMW – Community Midwife CYPF – Children Young People and Families MAST –Multi Agency Support Team MARAC – Multi Agency Risk Assessment Conference MAPLAG – Multi Agency Pregnancy Liaison and Assessment Group PLO – Public Law Outline CP – Child Protection CIN – Child In Need 	

• ICO – Interim Care Order

EPO – Emergency Protection Order