Gloucestershire Safeguarding Children Board

Unborn Baby Protocol - Working with mothers and their unborn babies where there are concerns for the welfare of the unborn child

Safeguarding Children

Introduction

Research indicates that young babies are particularly vulnerable to abuse but that work carried out in the antenatal period can help minimise harm if there is an early assessment, intervention and support. Working Together (2015) specifically identifies the need of the Unborn Child. National and Local Serious Case Reviews inform us that for pre birth and early infants, Health are frequently the only, or the dominant agency involved.

Purpose

The purpose of this protocol is to ensure that a clear system is in place to respond to concerns for the welfare of an unborn child and to maintain clear and regular communication.

Scope

This joint protocol particularly applies to Health professionals (across all Trusts and agencies), Social Care staff, Police, Adult Mental Health and Adult Substance misuse services.

Risks

SCRs tell us that babies are the highest risk group for serious injuries. It is important for professionals to be able to identify factors which could increase the risk of harm to the unborn child.

These concerns may include:

- Concerns that the parent/carer's current behaviour, e.g. known mental health concern or substance misuse poses a threat to the unborn baby
- Concerns that the parents own needs and vulnerabilities will prevent them from being able to care for the baby
- Concerns that the parent/carer may not be able to care for the baby to an acceptable standard, e.g. significant learning difficulty, previous neglect or other children subject of child protection plans or have been removed from parental care
- Concerns that the behaviour of the father (or any other person) poses a threat to the unborn baby, e.g. domestic abuse (this includes controlling and coercive behaviour in relationships that may prevent the ability of others to care for and protect children); or known allegation or conviction for offenses against children under 18 years of age

- Concerns that the behaviour of the father (or any other person) will impact on the ability of the mother to meet the needs of her baby, promote its welfare and keep it safe

The presence of one of these factors does not automatically require referral but they highlight the need to consider the known pre-disposing factors to child abuse.

Early Identification and Assessment

All professionals working with families need to be alert to the factors that may indicate a potential risk to the child either before or after birth.

It is vital that assessments are started early and that information is shared so that the child and family have the necessary support and best start to family life, thereby minimising the need for child protection intervention.

If necessary a Child Protection Conference will be held or a Children in Need plan must be in place as soon as possible but no later than by week 28 of pregnancy, unless there is a late referral when plans must be agreed as soon as possible following identification of concerns.

Any assessment must include details of the mother's partner, wider social and family history and environmental factors (as can be found in the Common Assessment Framework) as well as the obstetric history.

If the parents of any unborn baby are under the age of 18 years an assessment of the parent should be considered to assess their own vulnerabilities, risks and needs. Issues of child protection for an unborn baby can often be significant to a teenage parent as well.

Routine Antenatal Enquiry

At an antenatal enquiry Midwives (and GPs where involved) will take information from the mother (and partner if present) and record this in the booking forms and the women's hand held patient notes.

The midwifery department will notify the GP and the Health Visiting Service that the woman is pregnant and is in the care of the midwifery service. Within this notification the midwifery service will seek relevant information from the GP and Health Visiting Service about risk factors.

Where the pregnancy is identified within Primary Care or Health Visiting Service consideration of any known or potential risk will be shared with Midwifery Services.

The National Service Framework for Children, Young People and Maternity Services (DOH 2004) states that 'all pregnant women must be offered a supportive environment and the opportunity to disclose Domestic Violence and that local services are trained to respond appropriately'.

This means that on initial booking, or at another appropriate time (see The Royal College of Midwives RCM position paper 19a), the midwife will raise the issue of domestic abuse. Research informs us that 30% of domestic abuse starts in pregnancy and that domestic abuse is the prime cause of miscarriage or still birth (Why Mothers Die, Department of Health, 2001). A significant number of expectant mothers will need referral to other services.

Fathers

Fathers play an important role during pregnancy and after. The National Service Framework (2004) states 'The involvement of prospective and new fathers in a child's life is extremely important for maximising the life-long wellbeing and outcomes of the child regardless of whether the father is resident or not. Pregnancy and birth are the first major opportunities to engage fathers in appropriate care and upbringing of children.' (NSF, 2004).

Fathers and extended family members must be included as appropriate in the assessment and support to the mother and unborn child.

Messages from SCRs have informed us of the importance of gaining information about fathers and partners who are not the biological father at the earliest opportunity to ensure any risk factors can be identified.

It is important to include as a minimum, name, date of birth, address where different from the mother's, relationship to the baby and GP details. Where adult services i.e. mental health, substance misuse, are involved contact details of professionals and consent to contact should be sought.

Where consent to contact services has not been given but the risk to the mother has been identified as potentially high, professionals should consult their named or specialist safeguarding lead and consideration must be given to sharing information in the best interest of the child.

Levels of Concern – Low Level of Concern

1. Initial Contact (Approx 8-12 weeks gestation)
    - If during the initial assessment the health professional (e.g. Midwife or GP) has some level of concern (considering the risk factors) the family should be informed that there is a need to liaise and possibly refer to other professionals. For example, if the mother discloses drug use then a discussion should be had with the specialist substance misuse midwife,
    - The health professional should discuss any concerns with their supervisor or with their safeguarding lead professional. They should consider the appropriateness of completing an early help assessment and/or liaising with other early years professionals about the need to an early help assessment
    - The health professional should make an enquiry to The Front Door to ascertain whether there are any children from the family who are subject of a child protection plan
    - The health professional may refer the pregnant mother to Children's Social Care following their 'booking-in' appointment that takes place at approximately 8-12 weeks of pregnancy.
    - If the family already has an identified social worker, then the referral needs to be made to them. The referring health professional must confirm the referral in writing, within 48 hours
    - Children's Social Care will acknowledge receipt of the referral and communicate their decision on the next course of action within one working day to the health professional
    - When concerns have been raised by someone other than the midwife the social care worker involved must (if consent is given by the parent) bring them to the attention of the named community midwife, if known, or the safeguarding lead midwife or named nurse for acute or primary health. This enables the midwife to continue to monitor and support the family. If consent is not given then professional raising the concern should be advised to speak with the midwife involved.
    - If the midwife makes a referral, they must inform the Senior Community Midwife/safeguarding lead, GP and Consultant Obstetrician if appropriate

NB: It is the responsibility of the professional making the referral to follow up a referral if there is no response within the given timeframe

Assessment by Children's Social Care

- If the decision is made by social care that the level of need does not require a social care assessment to be completed then a decision must be taken as to whether there should be future support through an early help assessment.
- If an assessment is deemed necessary by Children's Social Care this must be completed within 45 working days (in line with the single assessment framework). The outcome of the assessment would be one of the following:

  a) Child in Need Plan
  b) Referral to another agency e.g. for an early help assessment
  c) Strategy Discussion
  d) No further action

  The referring professional, and the community midwife if not the referrer, will receive a copy of the assessment (if consent given) and/or informed of the outcome of the assessment and follow on support plan where appropriate

- If child protection concerns are identified through the assessment, a Strategy Discussion will be held and all involved/appropriate professionals will be invited to attend
- Throughout pregnancy the midwife will continue to monitor and support the family. If at any time concerns resurface then Children's Social Care must be contacted with the new information.
- Post-natally the Midwife will again monitor and offer support until handover to the Health Visitor. The Health Visitor will maintain contact with the family and as for all families will take a lead role in assessment and intervention.

Click here for Appendix A – Unborn baby procedure flowchart

Levels of Concern – Medium/High Level of Concern

The assessment indicates that this may be a child in need or at risk of significant harm who is unlikely to achieve and maintain a reasonable standard of health and development without the provision of services. There is an indication that there is a likelihood of impairment of health and development.

This level of concern relates to when there are concerns that an unborn baby may be 'in need' (section 17) or 'in need of protection' (section 47) which means that their basic physical and/or psychological needs will not be met and is likely to impair the child's health or development.

Where initial contact with the pregnant mother is made by professionals primarily working with the adult family members e.g. Police, Probation, Housing or Voluntary Agency, Mental Health, Substance Misuse and Learning Difficulties professionals and there is a medium to high level of concern then Children's Social Care must be notified regarding the unborn baby.

Any professional who has concerns for the welfare of the unborn child must ensure that the midwifery service is aware of the concerns and that any relevant information is passed on in writing.

Once a referral to Children's Social Care has been made the processes are exactly the same as for any child in need/child protection referral. If child protection concerns are identified, a Strategy Discussion will be held and a Child Protection Conference, if necessary.

If necessary, a Child Protection Conference will be held or a Child in Need Plan must be in place but no later than by week 28 of pregnancy, unless there is a late referral when plans must be agreed as soon as possible following identification of concerns. Any assessment must include details of the mother's partner, wider social and family history and environmental factors as well as the obstetric history.

Concealed Pregnancy/Late Pregnancy

Where the level of concern and knowledge of risks is very high then consideration will be given to initiating legal proceedings, bypassing the CP conference. The decision for this will be made during a Strategy Discussion.

If the timing of concerns raised do not fit with the timescales set out above, Children's Social Care will agree the best way to progress the planning for the baby and ensure any change of worker will be communicated to the midwife.

Escalation Policy

If after following the protocol's flowchart a professional still has concerns about the appropriateness of the response from any agency, they should contact their manager or named safeguarding lead professional who if necessary will guide them through the relevant resolution policy. (see GSCB Escalation Policy)

Practice Guidance

Although this protocol does not explicitly mention extended family members it is implicit that they must be included as appropriate in the assessment and support to the mother and unborn child.

Any information shared with a hospital midwife needs to be explicitly asked to transfer the minutes/notes/assessments/plans from the mother's notes to that of the baby once it has been born. Any emergency plans expected to be set in motion from the birth needs to be sent in writing to the hospital.