

Appendix One – Risk to Unborn Babies

Low concern process

When assessing the needs of unborn children, use this process when you are concerned but believe basic physical and/or psychological needs will be met and the child's health or development is not likely to be impaired.

You should follow up concerns from as soon as possible, by 12 weeks gestation.

	WHAT	WHO	BY WHEN
1.	Talk to the family about your worries, and explain you need to talk to other professionals to get them the right support for their baby. Record their consent, or if declined discuss in supervision or with your safeguarding lead.	All staff	12 weeks gestation or immediately on recognition of concerns
2.	Advise your manager about your concerns. Decide whether a Common Assessment Framework assessment is the right response. If the parent did not consent to be involved, decide how to respond following the information sharing guidelines.	Staff & manager	As above
	If consent has not been obtained and should not be overridden, continue working with the family to minimise concerns and continue to monitor. If concerns arise discuss again with your manager or safeguarding lead to agree next steps and whether a consultation with Children's Social Care is appropriate.	All staff	Ongoing

3.	The safeguarding lead can check, where concerns exist whether there are any children from the family who are subject to a child protection plan.	Health professional	Within one week of concern
4.	If you believe the concern has risen to medium/high, a referral to Children's Social Care should be made, either via telephone or in writing following discussion with your manager or safeguarding lead where in place. Any telephone referral must be followed up in writing.	Any staff	At any point
5.	If the family already have an allocated social worker they will make contact with and share information with the named community midwife, if known, or the child protection lead midwife or named nurse for acute or primary health to continue to monitor and support the family. If the family are not known then Children's Social care will undertake an assessment and consider the next steps. If the professional making the referral is not informed of the outcome of their referral they must follow up after 72 hours or sooner if required.	Children's social care	Within 72 hours
6.	If Children's Social Care accepts a referral, follow the procedure for medium/high concern. If you remain concerned discuss again with your manager safeguarding lead where in place and if you still suspect the child is at risk follow the SWCPP escalation procedure .	All staff	On acceptance of referral

Medium/high concern

Follow this procedure where when there are concerns an unborn baby may be 'in need' (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.

Actions required

	WHAT	WHO	BY WHEN
1.	Write to/contact Children's Social Care & the midwifery service with referral. Midwifery will discuss with the referrer undertake an ante-natal assessment and liaise with Children's Social Care as necessary.	All staff	By 12 weeks gestation or immediately on recognition of concerns
2.	If referral to Children's Social care is accepted work with social worker to complete an assessment and contribute to the relevant processes (CIN/CP) such as strategy discussions.	All staff	Immediate
3.	If the referral is not accepted consider undertaking a Common Assessment (CAF) or whether further discussion with Children's Social Care is required. If you remain concerned discuss again with your manager/safeguarding lead where in place and if you still suspect the baby child is at risk follow the SWCPP escalation procedure .	All staff	Immediate

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 the pregnancy**, unless there is a late referral when plans must be agreed as soon as possible following identification of concerns. Father and extended family must be involved unless there are strong reasons to prevent this.

A referral must always be made to Children's Social Care if:

- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
- A parent or other adult in the household is a person identified as presenting a risk, or potential risk, to children. This may be due to domestic abuse, violence, substance/alcohol abuse, serious mental illness (particularly involving a risk of puerperal psychosis or delusions involving the (unborn) child) learning difficulties.
- Children in the household / family currently subject to a child protection plan or previous child protection concerns.
- A sibling (or child in the household of either parent) has previously been removed from the household temporarily or by court order.
- Where there are serious concerns about parental ability to care for the unborn baby or other children.
- Where there are maternal risk factors e.g. denial of pregnancy, concealed pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby.
- Any other concern exists that the baby may be at risk of significant harm.

Escalation procedure

If after following these protocols professionals or agencies still have concerns contact your safeguarding lead and if required implement the **SWCPP escalation procedure**: