

PRE CAF FOR UNBORN BABIES

This should be completed for all young parents under 20 and all others who are recognised as in need of support. Assessment should take place at 8-10 weeks and re-view at 28 weeks Midwifery Assessment.

<p>Name of prospective Mother: _____</p> <p>Address: _____ _____</p> <p>Telephone/Mobile No: _____</p> <p>NHS No: _____ Date of Birth: _____</p> <p>Interpreter required – Yes/No _____</p> <p>If so language Spoken _____</p> <p>Temporary address if different from home address: _____ _____</p> <p>Contact Tel No: _____</p> <p>GP (Prospective Mother) _____</p> <p>EDD: _____ Gestation: _____</p> <p>Any other children? Yes/No _____</p> <p>If yes, do they live with you? Yes/No _____</p> <p>If no, who looks after them? _____</p>	<p>Name of Partner _____</p> <p>Relationship to child _____</p> <p>Address _____ _____</p> <p>Date of Birth: _____</p> <p>GP (Partner) _____</p> <p>Parental responsibility - Yes/No _____</p> <p>Has partner got any other children – Yes/No _____</p> <p>If yes, who looks after them and where do they live? _____</p> <p>Any other adults in the household? Yes/No _____</p>
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Prospective mother and midwife/health visitor/GP/MAT/FNP worker agree together:

What's going well?

What could be better?

Who is your support network and what do they do for you? [partner, family, friend's workers]

What additional support services are needed to support you and your family?

What are your future plans when the baby arrives?

Action Plan:

Can you provide the additional support needed be provided through maternity services?

Yes		No	
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Are there services of more than 2 additional agencies/special services needed?
If so, please complete Form A

Yes		No	
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If you plan to share this information with other agencies, please ensure it is signed by the prospective mother. All data will be kept according to the Data Protection Act 1998. Information recorded on this form will be used to support decisions about appropriate service support which may include practitioners from various services in a multi-agency meeting.

I confirm that[practitioner name] has explained to me how the information in this form will be used and will be shared with the following organisations.

Specialist service [please be specific]

Name of practitioner/agency

Signature of practitioner/Agency

Name of prospective mother

Signature of prospective mother

Remember to give one copy to the prospective mother, give a copy to the HV and keep one in your own records.