**Date:**

**Pre-Birth Plan**

**Pre-Birth and Proposed Discharge Plan**

|  |  |
| --- | --- |
| **Unborn: (Mother’s surname)** | **E.D.D** |
| **Mother’s NHS number:** |  |

|  |  |
| --- | --- |
| **Name of Mother:** |  |
| **D.O.B** |  |
| **Address:** |  |
| **Telephone Number:** |  |

|  |  |
| --- | --- |
| **Mother’s GP:** |  |
| **Address:** |  |
| **Telephone No:** |  |

**Agreed birthing partner’s name and status:**

|  |  |
| --- | --- |
| **Person(s) names who are**  **to be excluded from the maternity unit** | Reason |
|  |  |
|  |  |
|  |  |
|  |  |

**State barriers to communication *(language/understanding)***

|  |  |
| --- | --- |
| **Name of Father:** |  |
| **D.O.B** |  |
| **Address:** |  |

**Will father have PR?**

**(married at time of birth or mother intends/agrees to have his name on birth certificate Yes/No**

|  |  |
| --- | --- |
| **Notifications: *(Persons to be notified)*** | |
| **On admission to**  **hospital:**  **Agency/Name/Telephone**  **No:** |  |
| **Following birth:**  **Agency/Name/Telephone**  **No:** |  |

|  |  |
| --- | --- |
| **Social Worker:** |  |
| **Telephone No:** |  |
| **Email:** |  |
| **Social Services Out of**  **Hours No:** | 03000 41 91 91 |
| **Community Midwife No:** |  |

|  |  |
| --- | --- |
| **Reason for social work**  **involvement** |  |
| **Is the unborn child subject of a child in need**  **plan** | **Yes/No Date:** |
| **Is the unborn subject of a**  **child protection plan**  **Category:** | **Yes/No Date:**  **Physical Sexual Neglect Emotional** |
| **Has there been a Public**  **Law Outline Meeting between Specialist Children’s Services and parents?** | **Yes/No Date:** |

**Risk Assessment:** *(what if any risk does he mother/father/partner/other family member pose to the baby and/or children on the ward or to staff. Consider mental health issues, drug and alcohol misuse, violence, sexual offences against children, possibility of family fleeing with new baby)*

|  |  |
| --- | --- |
| **Plan to manage any identified risk:** *(supervised care of baby, location of bed – ie: side room may reduce opportunity for observations)* | |
| **For Mother:**  **Is supervised contact required?**  **How will this be arranged?** | **Yes/No** |
| **For Father:**  **Is supervised contact required?**  **How will this be arranged?** | **Yes/No** |

**Summary of Specialist Children’s Services Plan at Birth:**

*Consider - will Specialist Children’s Services be initiating Care Proceedings at birth? Mother and child separated at birth? Or to placement together? Are parents in agreement with the plan? Is mother allowed to leave hospital with the baby? What will be Specialist Children’s Services response if she attempts to leave with the baby against the plan ie: contact Police. What observations /record keeping do hospital staff need to undertake in relation to mother/father? What is expected of any foster carer during/following birth?*

**Proposed time in hospital following birth: (e.g 6 hours or more by prior agreement)**

**Proposed Discharge Plan**

|  |  |
| --- | --- |
| **Address for mother and baby to be**  **discharged to:** | **Mother:**  **Baby:** |
| **If applicable:**  **Foster Carer details/alternative carer details:** | **Address:**  **Telephone No:** |
|  | **Discharge visiting plans (following birth)** |
| **Social work visiting plan:**  *(frequency and focus)* |  |
| **Community Midwife visiting plan:**  *(frequency and focus)* |  |
| **Health Visitor visiting plan:**  *(frequency and focus)* |  |
| **Other family members visiting plan:**  *(frequency and focus)* |  |
| **Other professionals visiting plan:**  *(frequency and focus)* |  |

|  |  |  |
| --- | --- | --- |
|  | **Signatures:** | **Date:** |
| Mother |  |  |
| Father |  |  |
| Social Worker |  |  |
| Community Midwife |  |  |

**NB: Please note that there is a zero tolerance policy of aggressive or poor behaviours/drug/alcohol misuse in**

**the hospital**

**Other Relevant Information:**

**Circulation:**

**Midwife in charge of Labour Suite**

**Labour Ward**

**Link Midwives**

**NICU (Neonatal Intensive Care Unit) SCBU (Special Care baby unit) Health Visitor**

**GP**

**CMW (Community Midwife) Named Nurse for CP Community**

**PPU (Public Protection Unit – if appropriate)**

**Other related professionals (ie: Community Psychiatric Nurse)**