Appendix 3 **Delivery Safety Plan**

This template should be completed by the Social Worker with the Named Midwife in line with the [DDSCP Safeguarding Children Procedures](https://derbyshirescbs.proceduresonline.com/index.htm) and [Multi-agency Protocol for Pre-birth Assessments and Interventions](https://www.proceduresonline.com/derbyshire/scbs/user_controlled_lcms_area/uploaded_files/Derby%20and%20Derbyshire%20Pre%20Birth%20Protocol%20FINAL%20April%202019.pdf). The purpose of this document is to identify all relevant information for health / hospital staff involved, to ensure the safety of the mother and baby. Please complete and send to the relevant Named Midwife – details below, and relevant agencies identified in the information sharing section;

* Royal Derby Hospital 🕾 01332 787547 Email: uhdb.safeguarding@nhs.net
* Chesterfield Royal Hospital 🕾 01246 513122 Email: crhft.safeguardingchildren@nhs.net

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| --- |
| **Unborn Baby's Details** |
|  | Expected due date:  |

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| **Mother’s Details NHS No** |
| Name:  | Date of birth: |
| Current address:  |
| **Mother’s Current Partner Details and/or other significant adult (please state relationship)** |
| Name:  | Date of birth: |
| Current address: |
| **Father of the Baby Details** |
| Name:  | Date of birth:  |
| Current address:  |

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| **Summary of Concerns****Police Occurrence Number (if applicable), please include name of** **Police Officer/s**  |
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| **Proposed Plan** |
| For discharge into care of family but subject to Child Protection Plan or CIN Plan | Yes | No |
| Mother agreed child to be voluntary accommodation (s20 CA 89) with Local Authority? | Yes | No |
| Care arrangements in place for older children | Yes | No |
| Care Proceedings and Court date if known? | Yes | No |
| Grounds for Emergency protection Order (EPO) or PPO met?  | Yes | No |
| **Date of strategy meeting/discussion/discharge planning meeting:** |  |
| Agreed length of hospital stay for mother and baby: |  |
| Agreed action if mother attempts discharge from hospital with herself and baby:  |
| Name/DOB/Address/Relationship to the baby of person who will accompany during labour:  |
| Is there any person who should not attend the ward?  | Yes | No |
| Reasons why they should not attend:  |
| Name/DOB/Address/Relationship to the baby of person who should not attend the ward:  |
| Has the mother and person been informed of this? | Yes | No |
| Action to be taken if they attend: |
| Does any person need supervised contact with the mother / baby whilst in the hospital?  | Yes |  No |
| Reasons for supervised contact:  |
| Name/DOB/Address/Relationship to the baby of person requiring supervised contact: |
| Name/Role/Address/Phone number of person/team who will supervise contact? (Please note this cannot be provided by Midwifery Team) |
| Does the mother require supervision, if so who will provide this? |
| Any feeding / expressing requirements? | Yes | No |
| Details of feeding / expressing requirements: |
| **Home Delivery** |
| Action in the event of labour and delivery at home: |

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| **Contact Details of Agencies Supporting the Family** |
|  | Name | Address | Phone Number |
| Children’s Social Care * Social Worker
* Team Manager
* Out of Hours (5pm – 9am)
 |  |  |  |
| Community Midwifery Service* Community Midwife
* Team Leader
 |  |  |  |
| Health Visitor |  |  |  |
| Children’s Centre |  |  |  |
| Mental Health Services |  |  |  |
| Substance Misuse Services |  |  |  |
| GP  |  |  |  |
| Other: |  |  |  |

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| **Discharge** |
| Is a Discharge Planning Meeting required? | Yes | NO |
| Details of discharge arrangements for Mother: |
| Details of discharge arrangements for Baby: |

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| **Information Sharing** This document to be shared with: |
| EMAS | Yes | No | Police  | Yes | No | GP | Yes | No |
| Other NHS Maternity Service Provider/s  | Yes | No |
| Details of other NHS Maternity Service Provider/s: |
| Community Midwifery | Yes | No | Health Visitor | Yes | No | Childrens Services | Yes | No |
| Mental Health Services  | Yes | No | Substance Misuse Services | Yes | No |
| Other: | Yes | No |
| Details: |  |  |

**Delivery Safety Plan agreed by:**

Children's Social Care

Name: Signature: Date:

Role:

Named Midwife

Name: Signature: Date: