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](mailto:crhft.safeguardingchildren@nhs.net)

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

|  |  |
| --- | --- |
| **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: