

**Birth Arrangements Guidance for social workers**

* The birth arrangements form should always be completed with parents, signed by parents and care team members and shared by 24 weeks of pregnancy this ensures that the maternity unit are aware of involvement.
* The birth plan should be updated where necessary as the care planning progresses.
* All versions of the Birth Arrangements form should be completed with parents and final versions shared with parents, midwife, health visitor, the hospital and saved on Liquid Logic.
* This should include a plan for how mother is going to get home from the hospital following birth, this needs to be considered no matter the care plan of the baby, and should be discussed and agreed with support provided with transport if required, this should be confirmed alongside the final version of the birth plan.

**Baby’s with care plan to be placed outside of the**

**care of their parents upon birth**

* If there is a plan of foster care, the foster carer should (wherever possible) be identified 4 weeks prior to the expected due date of the baby.
* Identified foster carers or connected carer details should be clearly recorded on Liquid Logic including address and telephone contact details.
* Parents should be given the opportunity to meet with the foster carer and ask any questions (this should be offered to parents in all circumstances including where orders have been granted allowing TfC to place baby’s with foster carers following emergency hearings upon birth)
* If parents have indicated that they are going to agree with Section 20 Accommodation prior to the baby’s birth, this should also be confirmed where possible via their legal representatives and saved clearly on the case file.
* The allocated social worker should discuss clearly with parents what this situation would look like once baby is born within the hospital , in the event that the baby is ready for discharge straight away or if the baby needs to stay in hospital parents should be fully informed once the recommended care plan is shared. Parents should be prepared that there may be an unknown social worker involved if the baby is born over the weekend and requires discharge. Identified connected carers should also be made aware of this from the allocated social worker.
* It is important that parents are given the opportunity to dress their baby in their chosen clothes and place the baby into their car seat.
* In the above cases, the birth arrangements form must be discussed and shared with EDT at least 4 weeks prior the expected due date of the baby.
* If the baby is likely to be born over a weekend, then a service request form must be completed and sent to EDT.

**Supervision on the ward**

* Hospital staff cannot supervise any care of the baby on the ward therefore there should be a clear plan in place as to how mothers care will be supervised on the hospital ward, if it has been deemed that supervision is required. Assessment of the requirement of supervision should be considerate and proportionate to the additional safety naturally provided with being on a hospital ward.
* The family network should be fully explored to identify appropriate people who could provide supervision on the ward, this should include a contingency plan if the first identified person is not available. Assessment of suitability to do this should be considerate and proportionate to the additional safety naturally provided with being on a hospital ward.
* The safety plan around supervision should be sent to the hospital alongside the final version of the birth plan.
* Neo-Natal unit should not be considered as part of care planning following baby’s birth unless there is a health need and this decision would be health led. Neo-natal units cannot be utilised in order to provide supervision to baby’s care.

 

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| **Child Protection / Child in Need Birth arrangements** |

**Date Conference:**

**Date and Version:**

This document must provide detailed information regarding the birth arrangements to enable the practitioner to have a clear understanding of the safety plan around the birth.

This form is to be used for all unborn babies who become subject to complex child in need or child protection procedures. The information is required by parents, hospital staff and other relevant agency workers involved in the child protection procedures. Whilst in the conference/planning meeting a signed and dated birth arrangement is to be completed by the midwife, HV, parents and social worker (typed if possible). Where this is not possible, arrangements should be made to complete at the 1st core group meeting. It is the individual agencies responsibility to then share the information within their own organisation. A copy is to be given to parents by the social worker and if not present ensure they have a copy within 3 working days.

**Section 1: Basic Information**

|  |  |
| --- | --- |
| **Mother’s Name:** |  |
| **Date of birth:** |  |
| **Home Address: (if not protected)****Telephone:** |  |
| **Father / partner’s name:** |  |
| **Date of birth:** |  |
| **Home Address (if different from above)****Telephone:** |  |
| **Unborn baby’s estimated date of delivery:** |  |
| **Midwifery Unit for birth:** |  |
| **Siblings Name and DOB****Child protection concerns:** |  |
| YES |  |

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**Section 2: Safeguarding arrangements**

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| **Summary of concerns identified** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child protection plan:** | YES | **DATE:** |  |  |
| **Child in need:** |  | **DATE:** |  | NO |

 **Category of child protection plan**:

|  |  |  |  |
| --- | --- | --- | --- |
| Physical abuse |  | Sexual abuse |  |
| Emotional abuse |  | Neglect | YES |

**Agreed plan (to include any recommendations from conference)**

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| --- | --- |
| **Agreed birthing partner/s name:** | **Relationship** |
|  |  |
|  |  |
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| --- | --- |
| **Names of anyone who is to be excluded from the Maternity Unit:** | **State reason (to include risk to parent or staff and who informed person/s)** |
|  |  |
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| --- | --- |
| **Names of anyone who can have access to the Maternity Unit, whose conduct and behaviour may pose difficulties:** | **State reason (to include risk to parent or staff and who informed person/s)**  |
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The Trust operates a zero tolerance policy any abusive, threatening or aggressive behaviour may result in hospital security / police involvement with exclusion from the trust.

**Section 3: Admission to hospital**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel to be notified** **(include Emergency Duty Team if required)** | **Name** | **Role** | **Telephone** |
| **On admission to hospital**: |  |  |  |
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| --- | --- | --- |
| **Is it recommended that the baby is to be removed at birth?** |  |  (go to section 4) |
| **Does mother agree to the recommendation?** |  |  |
| **Does the local authority intend to seek any court order as part of the overall plan following the birth?****If yes give details:** |  |  |

If there is any attempt to remove the baby from hospital, without agreement, hospital staff to immediately contact Northumbria Police (999) and children social care and request the baby is taken into Police protection**:**

**If the baby cannot remain with mother during the hospital stay unsupervised see table below for contact arrangements:**

|  |  |  |
| --- | --- | --- |
| **Will the baby need to be accommodated immediately following birth in NICU?** | YESPlease state reason (include duration and contact arrangements with parents) | NO  |
| **Details of contact and supervision arrangements for mother:** |
| **Details of contact and supervision arrangements for father:** |
| **Details of family members who are allowed contact:** |
| **Details of family members who have been assessed to be appropriate in providing supervision:** |
| **Can the baby have skin to skin contact for 1 hour?** | YES |  |
| **Does mother intend to breastfeed the baby?** | YES (are there any identified risks?) |  |

Midwife to discuss any risks with mother and appropriate action taken recorded in hand held records refer to maternity guidelines (**The Management of Newborns of Women who are Known to have Misused Substances in Pregnancy)**

**Section 4: Post-natal arrangements**

**If the baby can remain with mother during the hospital stay unsupervised see table below:**

|  |  |  |
| --- | --- | --- |
| **Can mother provide basic cares to baby?** |  |  |
| **Can father provide basic care to baby?** |  |  |
| **Can father reside with mother and baby in hospital?** |  |  |
| **Can a family member provide basic care to baby?** |  |  |
| **Can a family member/other support parents in providing basic care to baby?** |  |  |
| **Does mother intend to breastfeed the baby?** | (are there any identified risks?) |  |

Midwife to discuss any risks with mother and appropriate action taken recorded in hand held records refer to maternity guidelines (the management of new-borns of women who are known to have misused substances in pregnancy)

**Section 5: Discharge arrangements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel to be notified (include Emergency Duty Team if required)** | **Name** | **Role** | **Telephone** |
| **Prior to discharge:** |   | Named Social Worker |  |
|  | Team Manager |  |
|  | Out of hours duty social worker (if applicable) |  |
|  | Community Midwife |  |
|  | HV |  |
|  | GP |  |
|  |  |  |
|  |  |  |

**Will any pre-discharge meeting be needed?**

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **DETAILS (include attendees)** |
| Yes |  |  |

**Visiting schedule following discharge:**

|  |  |
| --- | --- |
| **ROLE** | **DETAILS OF VISITS (include frequency and timescale)** |
| **Midwife** |  |
| **HV** |  |
| **Social worker** |  |
| **Other** |  |

**Will the baby leave the hospital with?**

|  |  |  |
| --- | --- | --- |
| Mother |  |  |
| Father |  |  |
| Other family member |  |  |

**If YES complete as below**:

|  |  |
| --- | --- |
| **Name**  |  |
| **Status** |  |
| **Address** |  |

**If NO complete as below**

(if a foster carers whereabouts are to remain confidential/protected then this information is

NOT to be included in the parents copy)

|  |  |
| --- | --- |
| **Name**  |  |
| **Status** |  |
| **Address** |  |
| **GP** |  |

|  |
| --- |
| **If the baby is to be placed into local authority care has senior management sign off been approved?**  |

If a baby is discharged on Oramorph, a responsible adult must be identified, with the agreement of Children’s Social Care, to administer the treatment. The designated responsible adult will be given advice and guidance with regard to the administration of Oramorph.

|  |  |
| --- | --- |
| **NAME OF RESPONSIBLE ADULT:** |  |

**Other issues to be discussed: (√ next to person discussed with)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subject**  | Mother  | Father | Foster carer | Family member | Mode of discussion ie leaflet, verbal etc | Signature and role |
| **Safe sleep** |  |  |  |  |  |  |
| **Smoking** |  |  |  |  |  |  |
| **Other family/ environmental factors noted i.e. pets** |  |  |  |  |  |  |

**Parents and key professionals’ agreement to birth arrangements:**

|  |  |  |
| --- | --- | --- |
|  PRINT | SIGNATURE | DATE |
| **Mother** |  |  |  |
| **Father**  |  |  |  |
| **Midwife** |  |  |  |
| **Social Worker** |  |  |  |
| **Team manager** |  |  |  |
| **HV** |  |  |  |
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**If there is any change to the baby circumstances or if the plan for the baby has not been adhered to a strategy meeting MUST be held prior to the babies discharge from hospital. This must be documented within section 6.**

**Section 6: Amendment to birth arrangements**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of amendments** | **Details of issues leading to amendment** | **Action taken** | **Signature and role** |
|  |  |  |  |

All amendments MUST be agreed by a multiagency group and a copy of amendments to be circulated to all key professionals.

**Distribution arrangements:**

|  |  |  |  |
| --- | --- | --- | --- |
|  Copy to:  | Method | Date | Signature and role |
| Mother |  |  |  |
| Father  |  |  |  |
| Midwife |  |  |  |
| Social Worker |  |  |  |
| Team manager |  |  |  |
| Out of hours | Via fax: 0191 561 7185 |  |  |
| HV |  |  |  |
|  |  |  |  |
|  |  |  |  |

CHSFT USE ONLY

|  |  |  |
| --- | --- | --- |
|  | Date  | Signed |
| Scanned to maternity admin |  |  |
| Copy to D/S file  |  |  |
| Copy to Safeguarding Midwife |  |  |
| 2 copies for notes |  |  |
| Copy to NNU |  |  |
| V6 alert  |  |  |