

**ESSEX PARTNERSHIP UNIVERISTY NHS FOUNDATION TRUST**

**PROCEDURE ON THE WELFARE OF UNBORN BABIES**

**1.0 INTRODUCTION**

- 1.1 This procedural guidance is relevant to staff working directly with families, pregnant women or young people for the purpose of safeguarding the unborn baby. This guidance should be read in conjunction with the LSCB Pre Birth procedures for the geographical area where the child and family are resident
- 1.2 Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that s/he may be at risk of significant harm, a referral to Children's Social Care must be made at the earliest opportunity and preferably before 28 weeks gestation to allow for a pre-birth assessment to take place . Referral must always be made in any of the following circumstances:
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent.
  - A parent, adult or other regular visitor in the household is a person identified as presenting a risk, or potential risk, to children.
  - Children in the household / family currently subject to a child protection plan or previous child protection concerns.
  - A sibling (or other child in the household of either parent) has previously been removed either temporarily or by court order.
  - There is knowledge of parental risk factors including mental illness, domestic abuse, substance misuse and it is considered that these issues may impact significantly on the baby's safety or development.
  - Concerns exist about parental ability to self-care and/or to care for the child e.g. unsupported young or learning disabled mother.
  - There are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-co-operation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby.
  - Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child.
  - Late presentation of pregnancy with concerns that the parents have attempted to conceal the pregnancy for any reason.
  - A child aged under 13 is found to be pregnant

1.3 Where the concerns centre around a category of parenting behaviour e.g. substance misuse, the referrer must make clear how this is likely to impact on the baby and what risks are predicted. Delay must be avoided when making referrals in order to:

- Provide sufficient time to plan for the baby's protection.
- Provide sufficient time for a full and informed assessment.
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time.
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments.
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth.

Concerns should be shared with prospective parent/s and consent obtained to referral unless this might place the welfare of the unborn child at risk. Consideration should be given to holding a strategy meeting/discussion when the parent is a looked after child.

#### 1.4 **Process**

1.4.1 Staff in contact with pregnant women should routinely assess the needs of the unborn baby. Where it is indicated that prospective parents may need support services to care for their baby a referral to Children's Social Care must be made as early as possible. However if there are concerns for the safeguarding of the unborn baby then Community Healthcare professionals or other relevant staff should make a referral to Children's Social care immediately. Children's Social Care should undertake a Single Assessment, unless this has already been undertaken by the referrer. There is a defined period for completion of the Single Assessment, which is 45 days in total, with a review point at 20 days, it is expected that the majority of these assessments will conclude at 45 days in order for a full and thorough assessment to be completed. The aim is always to conclude where possible the pre-birth assessment to enable child in need planning to Pre-Birth Assessment Multi-agency protocol by around 27-30 weeks of the pregnancy. A birthing plan will need to be shared with the multi-agency professionals prior to the birth.

1.4.2 If the assessment does not indicate that the baby will be at risk of significant harm when born but may be a child in need, then the planning and provision of services will continue under s17 of the Children Act 1989. If, however the assessment does indicate that the baby will be at risk of suffering significant harm then a Child Protection Conference will be held at 30 weeks gestation. If it is not necessary for the Local Authority to provide services under s17 or 47 of the Children Act professionals can still have a multi-agency meeting to bring together all professionals involved with the family and establish a plan of how best to support the family.

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- 1.4.3 The Child Protection conference and any subsequent reviews will proceed as per all other conferences, the first review being held within 4 weeks of the baby's birth or in exceptional circumstances within 3 months with the approval of the responsible Social Work team manager and Child Protection Co-ordinator. This will include relevant members of staff e.g. health visitor, Community Drug & Alcohol (CDAS) staff and the Perinatal Mental Health Team. If the decision is made to proceed with a child protection plan for the unborn child, then the name ("Unborn" mother's name) and the due date of delivery should be entered on all electronic and hard copy records. The baby's record should be linked with the mother's record.
- 1.4.4 The core group should meet before the birth, and also before the baby is discharged from hospital. The Core Group record should highlight the:
- Outcome of assessment;
  - Pre / post birth plans, including Child Protection Plan;
  - Managing non co-operation;
  - Removal at birth – if the plan is to remove the baby at birth, plans must be in place to fulfil the statutory requirements relating to Looked After Children and the preparation of foster carers if any post-birth health needs are likely.
- 1.4.5 Detailed written plans need to address:
- Who should hospital contact when mother is admitted / in labour / baby delivered?
  - Who will give consent for screening?
  - What happens if baby is born out of hours?
  - What level of contact / care (supervised or not) can the parents have, and who will assume responsibility for supervising care/contact?
  - What is the plan in relation to breast-feeding?
  - What needs to be in place for baby to go home?
  - Where will baby go home to?
  - Which professionals need to visit?
  - Which day is each person going to visit?
  - Does the child need to be seen every day or is it necessary to do an unannounced visit, and what is the contingency plan?
  - What family support needs to be in place?
  - What have family members agreed to do?
  - Is the family part of the visiting schedule?
  - Are the parents aware of the plan & what is their presentation/attitude?
  - Possible family arrangements for care of the baby
  - Expectations and process for reporting concerns in and out of working hours
  - How long the plan is in place for and when it will be reviewed?
  - What are the arrangements for initiating legal proceedings?
  - The intensive support required for mother and baby to live in the community, and any other specialist assessments

1.4.6 For families where Staff are aware of parental misuse of drugs or alcohol, this becomes relevant to child protection when the misuse of the substances impacts on the care provided to their children. Substance misuse may include experimental, recreational, poly-drug, chaotic and dependent use of alcohol and / or drugs. Over the counter medication as well as prescribed/illicit drug use can be very potent if combined.

Misuse of drugs (prescribed and illegal) and/or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence, mental illness. Non-compliance with treatment may also indicate a potential risk to children in the family.

1.4.7 A referral to children's social care must always be made when:

- Substance misuse is combined with domestic abuse or mental illness.
- The substance misuse of a parent or carer is chaotic or out of control.
- Drugs and paraphernalia (e.g. needles) are not kept safely out of reach of children.
- Children are passengers in a car whilst a drug or alcohol misusing carer is driving.
- Where both parents are drug / alcohol abusing, and there is a lack of positive social support/network.

1.4.8 Trust staff working with pregnant women or family members must routinely work in partnership across agencies e.g. midwifery, social care, CDAS, Perinatal Mental Health team, Health visitors, GP and services to ensure an effective assessment of risks, needs and identify if there are other children in the household.

1.4.9 Trust Community Healthcare Professionals working with a woman or young person who is substance misusing during pregnancy should seek to support and manage their care and consider the likely implications of their substance misuse on their unborn child. Relevant staff should attend multi-agency meetings held upon invitation or make arrangements for a colleague to attend if they are not able. The health professional will make contact with the woman or young person during her pregnancy to explain the service and an early help assessment can be completed if required for an assessment of needs for the mother, the unborn and any other relevant person in the household. This will then inform the care plan of any pre-birth contact to be made in partnership with the family.

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