***A Day in my life: Unborn Baby***

**This tool will help practitioners to have those curious conversations with parents to enable a full assessment of what will be the unborn baby’s daily routine and lived experience.**

**These questions are taken from the point of view of the unborn baby and can provide prompts for practitioners when engaging in a series of conversations with a parent/carer or another practitioner to explore and understand what will be their baby’s lived experience. The questions can be selected as appropriate and adapted and it is not intended that that all sections are answered as this depends on the family circumstances for the unborn baby.Information provided will need to be triangulated with the direct observations of practitioners and information from a range of sources.**

**Some of the following questions and/or information could be provided by midwifery or other appropriate health practitioners.**

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| **Questions** | **Responses** | **Notes (including observations)** |
| **My parents’ family structure** | | |
| What are the names, addresses, ages and relationships of my extended family members? If possible, this should include a genogram. |  |  |
| Is there anything regarding my family structure or background that will or possibly have a significant negative impact on me when I am born? If so, what? |  |  |
| Do I have siblings? If so, please provide details and relationship to me; |  |  |
| Do any of my siblings have health or physical/learning disabilities/difficulties that could impact on my parents’ ability to care for me? |  |  |
| Have either of my parents had any children previously removed from their care?  If so, please expand further and what in your view is the possible impact on their parenting of me? |  |  |
| If either of my parents have other children have they had any difficulties in forming emotional attachments with those children?  If so, please expand further. |  |  |
| Do either of my parents have significant friends who will be called upon to care for me? If so, please state their names, addresses and ages and add to the genogram above. |  |  |
| **My parents’ capacity to parent me** | | |
| Is there anything regarding my parent’s capacity that seems likely to have a significant negative impact on how they will parent me? If so, what? |  |  |
| Is there anything regarding my parent’s capacity that seems likely to have a positive impact on how they will parent me? If so, what? |  |  |
| Are my parents generally in good physical health?  Do they have any existing health conditions, relevant family health history and ability to recognise own health care needs that might impact on me? |  |  |
| Have either of my parents been violent or abusive to each other, a child, animal or another adult?  If so, please expand further and what in your view is the possible impact on their parenting of me? |  |  |
| Do either of my parent’s misuse drugs or alcohol?  If so, please expand further and what in your view is the possible impact on their parenting of me ? |  |  |
| Do either of my parents have a criminal conviction that could possibly impact their parenting of me?  If so, please expand further? |  |  |
| Do either of my parents lead a chaotic (or inappropriate e.g. criminal activity) lifestyle?  If so, please expand further and what in your view is the possible impact on their parenting of me? |  |  |
| Do either of my parents have a history or poor mental health or emotional wellbeing especially depression and self-harming?  If so, what are the implications for me? |  |  |
| Are my parents aware of what I need to develop well before I am born and are able to prioritise my needs?  If no, what are practitioners doing to address this? |  |  |
| Do my parents have realistic plans in relation to the birth and care of me?  If no, what are practitioners doing to address this? |  |  |
| **My parents’ relationships and social history:** | | |
| What have been my parent’s experiences of being parented themselves? (positive/negative memories, main carer, parental relationships) |  |  |
| Have my parents experienced as a child/adolescent violence, abuse, neglect, care/control issues, etc.? |  |  |
| Are my parents still together?  If not, what is the current relationship status with my father and how will this impact on me? |  |  |
| Who will be my main carer? |  |  |
| What expectations do my parents have of each other with regard to parenting? |  |  |
| How do my parents relax, unwind and spend time together? |  |  |
| Have my parents discussed their roles and responsibilities in caring for me? |  |  |
| How do my parents see me in regard to their relationship? |  |  |
| Is there a level of dependency from one parent to the other a concern? |  |  |
| **How do my parents communicate?** | | |
| Do my parents speak and/or understand English?  If no, please expand further and what in your view is the possible impact on their parenting of me and how they engage with practitioners and services? |  |  |
| Do either of my parents have a learning disability or difficulty?  If so, please expand further and what in your view is the possible impact on their parenting of me? |  |  |
| Do either of my parents have hearing, sight or speech impairment issues?  If so, please expand further and what in your view is the possible impact on their parenting of me? |  |  |
| **My parents’ circumstances:** | | |
| Are my parents unemployed or in employment?  Please expand further if their employment status in your view could/will impact on their parenting of me? (e.g. working long hours, or one parent working away, or unemployment means stress finding work or money issues or boredom). |  |  |
| Do my parents have any issues with their finances including benefits or debts?  If so, please expand further and what in your view is the possible impact on their parenting of me? |  |  |
| Are my parents socially isolated? If so, what are the reasons for this; no family members living nearby, one parent is controlling of the other, not able to make friends, etc.? |  |  |
| **My home conditions:** | | |
| Is my house adequate? e.g. is there mould, rooms that can’t be used? Broken door entry or heating system? |  |  |
| If I have siblings are they regularly left in the care of friends/acquaintances |  |  |
| Is my house considered a health risk, insanitary or dangerous?  If so, what are my parents and practitioners doing to make it ready for me? |  |  |
| Is my house over-crowded? If so, what does this mean for me, where will I sleep? |  |  |
| Do you have any pets? Might these be a risk to your new born baby? |  |  |
| **Do my parents need support?** | | |
| Will my parents need support when I am born?  If so, where we will they get that support from;   * Extended family or friends * Practitioners * Other sources   Please advise the nature of support available including detail around timescale, ability to enable |  |  |
| **Practical arrangements** | | |
| Do health care practitioners know about my mother being pregnant?  When and who did she tell? |  |  |
| Has my mum been to her ante natal appointments? If no, what has prevented her from doing so? |  |  |
| What equipment have my parents got for my arrival? Are there any issues with them being able to get the right equipment? E.g. Moses basket/cot, pram or pushchair, car seat, feeding equipment, clothes? |  |  |
| Where will I sleep? Do my parents know that that the safest place for me to sleep is in my own cot, on my back, with my feet to the bottom of the cot? My mattress should be firm and my cot should be in their bedroom for the first 6 months. My cot needs to be free of clutter e.g. no teddy bears or pillows and not near a radiator or heat source. |  |  |
| Do my parents have any transport? If not does/will this cause them a problem? |  |  |
| **Obstetric and Medical Information:** | | |
| Has my mum had any previous pregnancies? If so, what was the outcomes or complications? |  |  |
| Has my mum booked into the hospital? If yes, please give a date of booking.  If not why is that concealed pregnancy/reason for concealment, expected date of delivery and hospital/home care? |  |  |
| Has my mum been attending and engaging with her ante natal care and the Midwifery/Health Visiting Services?  If no, what has been done to support and encourage her to? |  |  |
| Is my mum taking any medicines or drugs – whether prescribed or not – before or during pregnancy?  If so, what are the implications for me? |  |  |
| Are there any concerns about my mum’s dietary intake?  If so, what are the implications for me? |  |  |
| Has my mum consumed alcohol or carried on smoking during the pregnancy?  If so, what are the implications for me? |  |  |