

Pre-birth Procedures

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1. Referral

1.1	Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby is likely to suffer Significant Harm, a referral to Children's Social Care must be made at the earliest opportunity.
1.2	<p>The Recognising Vulnerability of Children in Particular Circumstances Procedure provides information on the vulnerability of babies. A referral to Children's Social Care must always be made if:</p> <ul style="list-style-type: none">• There has been a previous unexpected death of a child whilst in the care of either parent where abuse /neglect is/was suspected;• A parent or other adult 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, children open on Child In Need plans, or previous child protection concerns;• A sibling (or a child in the household of either parent) has previously been removed from the household either temporarily or by court order;• Where there is knowledge of parental risk factors including mental illness, domestic abuse, substance misuse;• Where there are concerns about parental ability to self care and/or to care for the child e.g. unsupported young or learning disabled mother;• Where 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 is likely to suffer Significant Harm.

1.3	In some cases relevant records identifying one or more of the above risk factors may only be available to the GP e.g. where an adult has moved frequently. The GP must therefore consider the need for an early referral of the unborn baby when any of the above factors apply to a prospective mother, father or carer.
1.4	Pre-birth referrals to Children's Social Care may have been preceded by an assessment <i>eg</i> an Early Help Assessment by professionals working with the parents (health or other adult service providers). However, this process must not delay a referral being made: this must occur whenever it is recognised that one of the criteria above apply.
1.5	Children's Social Care should undertake a Child and Family Assessment.

2. Multi-Agency Meeting or Strategy Discussion

2.1	When a referral is received by the MASH team and a pre birth assessment is undertaken the children and family assessment gathers information from all relevant agencies, working in a multi-agency approach. If significant safeguarding concerns are raised as part of that assessment Children social care should call a multi-agency strategy meeting. All unborns being assessed should also be discussed with the safeguarding midwife lead at Milton Keynes University Hospital at a monthly safeguarding unborn meeting.
2.2	An up to date chronology and genogram must be provided for a strategy meeting.
2.3	If it is suspected that the baby is likely to suffer significant harm this should be in the form of a Strategy Discussion chaired by a Children Services line manager and involve a: <ul style="list-style-type: none"> • Community midwife • Maternity services manager • GP • Health visitor • Police officer • Social worker • Other professions as appropriate <i>eg</i> obstetricians, mental health services, probation • Where required, a legal advisor

2.4	Legal advice should be sought if necessary.
2.5	<p>This strategy discussion should determine:</p> <ul style="list-style-type: none"> • Cause for concern and the potential impact on the care provided to the baby; • Particular requirements of the Children and Families Assessment; • Whether a Section 47 Enquiry is to be initiated; • Role and responsibilities of agencies and specialists in the assessment <i>eg</i> involvement of expert in substance misuse if applicable; • Role and responsibilities of agencies to provide support before and after the birth; • Identity of responsible social worker to ensure planning and communication of information; • Timescales for the assessments and enquiries, bearing in mind the expected date of delivery; • How and when parent/s are to be informed of the concerns; • Required action by ward staff when the baby is born; • The need for a pre-birth Initial Child Protection conference, or (where this will depend on the outcome of assessments) establish the date by which this decision must be made, given timescales in - 'Timing of Conference' in Section 2, Types of Child Conferences, of the Child Protection Conferences Procedure.
2.6	The assessment plan must be consistent with standards required for possible court proceedings, including clear letters of instruction.
2.7	Parents should be informed as soon as possible of concerns and need for assessment, except on the rare occasions when medical guidance advice suggests this may be harmful to the health of the unborn baby and/or mother.

3. Pre-Birth Children & Families Assessment

3.1	<p>The overall aim of the assessment is to identify and understand:</p> <ul style="list-style-type: none"> • Parental and family history, life style and support networks and their likely impact on the child's welfare; • Causes of concerns and their likely impact on the baby's welfare; • Parental needs; • Strengths in the family environment; • Factors likely to change and why;
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	<ul style="list-style-type: none"> • Factors that might change, how and why; • Factors that will not change and why. <p>If the unborn is at 34 weeks gestation a maternity form should be completed by the SW and returned to the midwife safeguarding team</p>
3.2	Children's Social Care's responsible manager should determine, on the basis of the assessment, any need for a pre-birth Initial Child Protection Conference (where possible, be held at least 10 weeks prior to the expected delivery date or earlier if a premature birth is likely).
3.3	If an Initial Child Protection Conference is not held, conclusions and recommendations of the assessment should be discussed with other agencies/professionals and prospective parent/s, via a multi-agency meeting, and a plan agreed to support the parent/s and baby.

4. Where Family Plan to Move/have Moved

4.1	Where there are significant concerns and the whereabouts of the mother are not known, Children's Social Care must inform other agencies and local authorities in accordance with the Missing Child, Adult or Family Procedure .
4.2	Where there are significant concerns and the case is being transferred to another local authority, the Children and Families Moving Across Boundaries Procedures must be followed and transfer should not deter the originating authority from initiating or continuing care proceedings.