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BIRTH PLAN

***This form should be co-produced with Parents, Social Services and Midwifery. It should be started at the earliest opportunity and sent to the midwifery ward by 32 weeks gestation. This form will then be attached to WCCIS and available for EDT to access.***

**Family Details:**

|  |  |
| --- | --- |
| **ID of Unborn Baby:** |  |
| **Estimated Date of Delivery:** |  |
| **Primary Address for Unborn:** |  |
| **Mothers Name, DOB & Contact Details:** |  |
| **Partners Name(s), DOB & Contact Details:** |  |
| **Status of Parents Relationship:** |  |
| **Fathers Name, DOB & Contact Details: (If not current Partner)** |  |
| **Proposed surname of baby:** |  |
| **Any other significant family members, Relationship & Role & Contact Details:** |  |
| **Identified Birthing Partners:**  *Please confirm relationship to baby* |  |
| **Family ethnicity and spiritual/religious needs**  *Please Outline: language/interpreter needs dietary restrictions, worship/prayer arrangements and how these will be supported* |  |
| **Additional Family Needs**  *Please Outline: Medical / mental health / learning / communication / disability/ substance misuse issues for mother or father and how these will be supported* |  |

**Key Professionals:**

|  |  |  |
| --- | --- | --- |
| **Role** | **Contact Name** | **Contact Details** |
| Hospital/Midwifery Unit for Birth |  |  |
| Social Worker for Child |  |  |
| Team Manager for Child |  |  |
| Social Work/Personal Advisor for Parent |  |  |
| Emergency Duty Team |  |  |
| Named Midwife |  |  |
| Named Midwife for Safeguarding |  |  |
| Perinatal Mental Health Midwife |  |  |
| GP |  |  |
| Mental Health Worker |  |  |
| Advocate |  |  |
| Police |  |  |

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| --- | --- | --- |
| **Parents Support Network** | | |
| **Name & Number** | **Relationship** | **Support that they can offer parent and baby on and off ward** |
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**Details of Social Care Involvement:**

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| --- |
| **What are the strengths of the family arrangement?**  *What are parents’ strengths? What can Mother and/or Father do for themselves and baby?* |
|  |
| **What are we worried about and why?**  *Please Outline: The Risk /Vulnerability factors associated with mother, father, partners, and wider support network including any worries about violence/aggression, mental health, alcohol/substance abuse – what has been the impact for this unborn (and sibling/s)* |
|  |
| **What support is required whilst in hospital?**  *Please Outline: Does either parent require additional support with baby to ensure they are kept safe? If so what does this look like? i.e. basic care of baby, relationship between parent and child, relationship between adults present, how parents respond to baby.*  *Who will assist the parents if they require help? (i.e. midwifery services on ward for basic care needs and additional social services staff if safeguarding concerns raised)* |
|  |

**Potential Worries**

|  |  |  |  |
| --- | --- | --- | --- |
| **#.** | **Is there anyone who may attend the Maternity Unit and their behaviour could be a worry to mother, baby or staff.** | **Are there any legal orders in place? *(Restraining Orders etc)*** | **What is their relationship to unborn baby?** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **#** | **What behaviours could they demonstrate that could potentially pose harm?** | **How can this behaviour be best managed?** | **Has this information been shared with relevant professionals? If so who and when?** *(Police, hospital security)* |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Persons to be notified:**  *Who needs to be notified following admission, birth and discharge**(professionals and/or family members)* | | | **To be notified of:**  *(A: Admission B: Birth D: Discharge)* | | | **Date & Time notified**  *(A: Admission B: Birth D: Discharge)* | | |
| **Name** | **Role/relationship** | **Contact details.** | **A** | **B** | **D** | **A** | **B** | **D** |
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| **Antenatal Medical information** | |
| Antenatal -  Where does Mother plan on birthing? *(Midwife Lead Unit, Labour Ward or home)* |  |
| Which type of care will mother receive? *(Consultant led or midwife led)* |  |
| Which type of birth has Mother planned on having? *(e.g. Vaginal birth or elective LSCS)* |  |
| Does Mother wish to have any anesthesia? |  |
| Is this Mother’s first birth or has she given birth before? What did this look like? Were there any complications? |  |
| Are there any complications during this pregnancy? |  |
| Do parents need their own room? |  |
| Is Mother on any medication? |  |

**PRE-BIRTH PLAN**

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| **What are the preparation arrangements to support a safe birth?** | |
| How will parents get to the hospital? |  |
| Who is the agreed birthing partner? |  |
| If there are siblings what are the arrangements for sibling/s during birth? |  |
| Does either parent have a medical need? (Physical or mental health)  Are parents on any specific medication that needs to be taken into consideration?  Any other information relevant?  Are they under Primary or Secondary Care Services? |  |
| What are the safeguarding concerns?  Is the baby on the Child Protection register? What is the category of registration? | |
|  | |
| Is there a risk of parents leaving hospital with baby unplanned? What safety arrangements have been put in place to manage this? | |
|  | |

**POST-BIRTH PLAN**

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| **Arrangements for Pre-Discharge Meeting:**  *Please Outline what arrangements there are to hold a pre-discharge meeting and expected timescales. It is expected that this should always take place when an Unborn is subject to a Child Protection plan/PLO and on a case by case basis where a CIN plan is in place, who should attend (professionals and/or family)? Who should chair this?* | |
|  | |
| ***Post Birth Arrangements:*** | |
| *What matters to Mother?* |  |
| *What matters to Father?* |  |
| *What matters to other significant people in baby’s life?* |  |
| **Parents’ care wishes** | |
| *If Breastfeeding: does mother need additional support and information with breast feeding/expressing? Who will this be from?* |  |
| *If bottle feeding; do parents need additional support and information? Who will this be from?* |  |
| *What needs to be in place for baby to leave hospital?* |  |
| *Where will baby go home to and who will be there?* |  |
| *What support needs to be in place for mother (health needs, mental health support, practical care)?* |  |
| *What support needs to be in place for father (health needs, mental health support, practical care)?* |  |
| *Does the child need to be seen every day or is it necessary to do an unannounced visit, and who will be visiting?* |  |
| *Is there a contingency plan in place and what does this look like?* |  |
| *What support is in place for the family and what will this look like? (e.g. safety network visiting)* |  |
| ***How long will this plan be in place for and when it will be reviewed?***  *Please outline how long professionals will be expected to ensure increased levels of visits/observations should take place post birth and how this will then be reviewed within planned Child Protection/PLO meetings and relevant CIN meetings – Please include dates of scheduled meetings.*  *Plans may need to alter to accommodate weekend provisions* | |
|  | |

***The following section should only be completed if Mother has a mental health diagnosis. Please delete this section if not required.***

# Mental Health

|  |  |
| --- | --- |
| **MENTAL HEALTH NEEDS** | |
| **Diagnosis and Nature of Condition:** |  |
| **Current Medication:** |  |
| **Is Mother receiving care from Mental Health Services?**  *(Name the service and allocated named practitioner working with her)* |  |
| **Antenatal Concerns:**  (I*s there a likelihood that Mother’s mental health will deteriorate? What behaviours would be seen and what are the identified triggers for this?*  *What can be put in place to minimise these?)* |  |
| **Post Natal**  *(What mental health support will Mother receive following birth? Who will support her- service and named practitioner?)* |  |
| **Worries and next steps**  *(Are there any worries to self or others? What does this look like? What measures can be put in place to reduce the worries?* |  |

**END OF MENTAL HEALTH SECTION (DELETE IF NOT REQUIRED)**

***The following section is only to be completed if it is proposed that baby will live with alternative carers upon discharge from hospital. If Baby is remaining with parents, please delete this section***

# Support to Birth Parents Form

|  |  |  |
| --- | --- | --- |
| **ALTERNATIVE CARE FORM** | | |
|  | **Yes/No/N/A** | **Details** |
| Have parents had legal advice about the plan for baby? |  |  |
| Do parents agree with the plan for baby to live with an alternative carer? i.e. are parents agreeing to Section 76? |  |  |
| Is a Court Hearing likely to be required? |  |  |
| * *Is a room identified for a remote Court hearing?* |  |  |
| * *Do parents have access to the software needed for the hearing?* |  |  |
| * *Will parents legal adviser be present in hospital? If not, how will they keep in touch with parents during the hearing?* |  |  |
| Is transport arranged for an in-person Court hearing? |  |  |
| Is childcare arranged for baby during the hearing (remote or in person)? If so who? |  |  |
| Is support in place for mother and father during and after the hearing? If so who? |  |  |
| Who will explain the outcome of the hearing? |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Practical support for parents** | | **Please provide details, *explore family network and professionals to ensure all support is in place for parent*** | |
| How are parents getting home from the hospital? Who will support them once home? | |  | |
| Will parents have access to heating, food, clean dry clothes? | |  | |
| Does mother have access to sanitary wear, breast pads etc. | |  | |
| If mother wishes to breast feed does she have access to a breast pump and storage bags? | |  | |
| Will parents need support to register baby’s birth? | |  | |
| Who can parents ring if they need to speak to someone; day or night over the first week? | |  | |
| Do parents wish for the baby’s belongings to remain in their home or to be stored/ moved by a friend or relative before they return home from hospital? | |  | |
| *Other requests;* | |  | |
| **ALTERNATIVE CARERS DETAILS (Kinship Carer/Foster Carer)**  **Who is baby going to live with?** | | | |
| Name(s) |  | | |
| Relationship |  | | |
| Supervising Social Worker |  | | |
| GP |  | | |
| Health visitor |  | | |
| **Identity** | | | |
| How will parents receive regular updates on baby’s progress? | | |  |
| Will there be a communication book between parents and carers? | | |  |
| When will Mother have an opportunity to share her birthing story? Who with and how will it be documented? | | |  |
| How and when will baby meet brothers and/or sisters? | | |  |
| How and when will baby meet extended family members? | | |  |
| Any cultural considerations following birth? | | |  |
| Does Mother and/or Father wish to meet Foster Carers prior to Birth? When and how will this occur? | | |  |
| Do parents wish for Foster Carers to be present in the hospital? | | |  |
| **Communication access in the initial 72 hours after leaving hospital**  *Are there any calls/messages arranged? Who will facilitate this?*  *What is the date/ time proposed for these?* | | | |
|  | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Initial Family Time plan following discharge from Hospital** | | | | | |  | | **Who will be present?** | **Who will support?** | **Time** | **Date** | **Venue** | **Who will transport baby?** | **How will parents get to the venue?** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | |
| **Leaving Hospital Plan for Parents, baby and alternative carers** | | | |
| Examples: | | More details | |
| Who would parents like to be present when baby leaves? | |  | |
| Who would parents like to hand baby to? | |  | |
| Do parents have a chosen outfit for baby? | |  | |
| Will parents leave the ward before or after baby? | |  | |
| Who will put baby in the car seat? | |  | |
| Would parents like to carry baby to the car? | |  | |
| Who will take baby’s hospital band? | |  | |
| Any specific memory making requests? E.g. photos at the hospital | |  | |
| Do parents want a Hope Box/ life story box? | |  | |
| What are parents preferred brand of nappies | |  | |
| Will baby have a dummy? | |  | |
| What songs do parents want to be sang to baby? | |  | |
| Special toys/comforter to be used | |  | |
| Special books to read | |  | |
|  | |  | |

**END OF ALTERNATIVE CARE FORM (DELETE IF NOT REQUIRED)**

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# Signatures

Parents and key professionals understand the birth arrangements: Signatures must be completed prior to Baby’s birth and copies sent by Social Worker to all parties

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | Signature | Copy Provided | Date |
| Mother |  |  |  |  |
| Father |  |  |  |  |
| Foster Carer |  |  |  |  |
| Foster Carer |  |  |  |  |
| Social Worker |  |  |  |  |
| Team manager |  |  |  |  |
| Health visitor |  |  |  |  |
| Midwife |  |  |  |  |
|  |  |  |  |  |

**If there is any change to the baby’s circumstances or if the plan for the baby has not been adhered to a strategy meeting may be held prior to the baby’s discharge from hospital.**

**To be completed at a later date if required; Amendments to birth arrangements**

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