|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Early Alert Birth Arrangements Form**  This Early Alert is to be completed and shared with midwifery, EDT, and other relevant professionals at week 24 of pregnancy. This form **MUST** be followed up at week 30 of pregnancy with a full Birth Arrangements Form. The Alternative Carer Form and Support to Birth Parents Form must also be completed if the plan is for baby to be placed outside of both or either parents’ care.  Please ensure you amend this form to use the titles and pronouns requested by parents e.g., he, she, they, mother, father, birthing parent.   |  |  | | --- | --- | | Mother’s Name |  | | Address *(if not protected)* |  | | Contact number |  | | Brief description of safeguarding concerns |  | | Father’s Name |  | | Contact number |  | | Any Immediate risks from Parents to unborn, staff or the public. Include Safety Plan around these risks |  | | Name of Local Authority |  | | Name of Social Worker  Contact number  Email |  | | Name of Team Manager  Contact number  Email |  |   **Birth Arrangements Form** |

This document is to provide detailed information regarding the birth arrangements to enable the parents and practitioners 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 child in need or child protection procedures. The ‘Alternative Care Form’ and ‘Support to Birth Parents Form’ must only to be completed if the plan is for baby to be separated from both or either parent following birth.

This form is to be completed by the Social Worker, Midwife & Health Visitor ***with******Parents*** by week 31 of the pregnancy, or sooner if baby is likely to be born early. It is the individual agencies responsibility to then share the information within their own organisation.

Please amend the form to use the titles and pronouns requested by parents. e.g. he, she, they, mother, father, birthing parent.

**Section 1: Basic Information**

|  |  |
| --- | --- |
| **Mother’s Name:** |  |
| Date of birth: |  |
| NHS number: |  |
| Home Address: (if not protected)  Telephone: |  |
| **Father’s name** |  |
| Date of birth: |  |
| NHS Number: |  |
| Home Address (if different from above and not protected)  Telephone: |  |
| **Mother’s/ Father’s Partners Name if caring for baby (if applicable)** |  |
| Date of Birth |  |
| NHS Number |  |
| Home address (if not protected)  Telephone |  |
| Unborn baby’s estimated date of delivery: |  |
| Midwifery Unit for birth: |  |
| Baby’s brothers and sisters details; Name,  DOB,  Who do they live with; |  |
| **Section 2**  **Safeguarding Arrangements** |  |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | | Child In Need | Yes | No |  | | Child Protection | Yes | No | Category: | | Are there any worries parents may leave the area without informing professionals? | Yes | No | Actions required | | Are Court proceedings likely to be required? | Yes | No |  |   **Summary of the Concerns identified**  *Please outline any safeguarding concerns or trauma that either parent may have experienced and needs to be considered before, during or after birth.* |
|  |

|  |
| --- |
| **Summary of the agreed plan of support to parents**  *Please include the role of the family network and professionals before, during or after birth. If baby is to live with alternative carers, please ensure ‘Alternative Care form’ and ‘Support to Birth Parents Form’ is also completed.* |
|  |

**Section 3**

**Who needs to be notified about the labour and birth?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Role | Telephone (Landline/Work Mobile/Duty Number) (e-mail and secure email address) | To be notified of Labour?  Yes/ No | To be notified of Birth?  Yes/ No |
|  | Family Network Lead |  |  |  |
|  | Named Social Worker |  |  |  |
|  | Team Manager |  |  |  |
|  | Emergency Duty Team (if admission is out of normal office hours) |  |  |  |
|  | Health Visitor |  |  |  |
|  | Midwife |  |  |  |
|  | Any other relevant person |  |  |  |

|  |  |
| --- | --- |
| Agreed birthing partner/s name: | Relationship & Contact details |
|  |  |
|  |  |
| Provide explanation if mother’s primary choice is not agreed; |  |

|  |  |
| --- | --- |
| Names of anyone who is to be excluded from the Maternity Unit: | There must be a clear rational why and this must be explained to that person and to mother.  *Focus must be on them posing an immediate risk towards baby, mother and/ or midwifery staff.* |
|  |  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Names of anyone who can have access to the Maternity Unit, whose behaviour may pose difficulties: | What are the risks and what is the safety plan to manage these?  *Focus must be on possible risk to baby, mother and/ or midwifery staff. Consider any triggers and how these can be managed. Explanation must be provided to that person and to mother.* |
|  |  |
|  |
|  |
|  |

*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 4: Post- natal Arrangements** *(must be completed with and explained to parents)*

|  |  |  |
| --- | --- | --- |
| Does mothers care of baby need to be supervised? *Consider the hospital environment as supportive*  Yes / No | Who will supervise? *Provide contact details.* | Outline details of supervision arrangements? |
| Does fathers care of baby require supervision? *Consider the hospital environment as supportive*  *Yes/ No* | Who will supervise? *Provide contact details.* | Outline details of supervision arrangements? |
| |  |  |  | | --- | --- | --- | | Does Mother intend to breastfeed? | Yes/ No | How will this be supported? | | Are there any medical issues/ needs for baby that need to be discussed with parents/ carers, e.g. oramorph prescription? |  |  | | | |

The named midwife will discuss any risks with the mother and document in the appropriate records any action required/taken. (Please refer to your local maternity guidelines.)

STSFT - (**Management of Newborns of Women who are Known to have Misused Substances in Pregnancy)**

**If the baby CAN remain with mother during the hospital stay unsupervised:**

|  |  |  |
| --- | --- | --- |
|  | YES/NO | If NO state reason why and explain to parents |
| Can Mother provide basic care to baby? |  |  |
| Can Father provide basic care to baby? |  |  |
| Can father stay with mother and baby in hospital? |  |  |
| Can a family member provide basic care to baby? |  |  |
| Can someone else support parents in providing basic care to baby? |  |  |

**Section 5: Discharge arrangements**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is a pre-discharge meeting be needed?   * Child in Need – Yes/ No * Child Protection – MUST TAKE PLACE * Alternative Care- MUST TAKE PLACE (*if this is the plan please complete Alternative Care Form and Support to Birth Parents form)*  |  |  |  | | --- | --- | --- | | **Name** | **Role** | **Contact Details** | |  | Mother |  | |  | Father |  | |  | Family Network Lead |  | |  | Social Worker (chair meeting) |  | |  | Midwife |  | |  | Health Visitor |  | |  |  |  | |  |  |  | |  |  |  | |

Signature to show understanding of the birth arrangements;

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | | Signature | Copy Provided | Date |
| Mother |  |  |  |  |
| Father |  |  |  |  |
| Family Network Lead |  |  |  |  |
| Social Worker |  |  |  |  |
| Team manager |  |  |  |  |
| Health visitor |  |  |  |  |
| Midwife |  |  |  |  |
| Others; |  |  |  |  |

**If there is any change to the baby 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.**

Once completed a copy of this document should be submitted by secure email to:

[stsft.safeguardingteam@nhs.net](mailto:stsft.safeguardingteam@nhs.net)

The safeguarding team will then upload a copy onto the patient’s electronic maternity records.

Telephone numbers:

Sunderland safeguarding team office 0191 5410555

**Alternative Care Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***To be completed only if baby is going to live with alternative carers. Form to be completed with birth parents and carers, by Social Workers and other relevant professionals.*** | | | |
|  | | Yes | No | N/A or 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 they agreeing Section 20? | |  |  |  |
| Is an urgent Court Hearing likely to be required? | |  |  |  |
| If so;   * 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?..................... | |  |  |  |

**Who is baby going to live with?**

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Address;  (if confidential do not add on parents copy) |  |
| Telephone |  |
| GP |  |

**Parent’s care wishes;**

|  |  |  |
| --- | --- | --- |
| Examples: | Parent’s Preference | If this can’t be achieved, please explain why? |
| Breast or Bottle feeding |  |  |
| Brand of milk |  |  |
| Brand of nappies |  |  |
| Dummy or no dummy |  |  |
| Special songs to sing |  |  |
| Special toys |  |  |
| Special books to read |  |  |
| Others…… |  |  |
|  |  |  |

**Leaving Hospital Plan**

|  |  |
| --- | --- |
| Examples: | Details and if not possible explain why. |
| 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? |  |
| Others; |  |
|  |  |
|  |  |
|  |  |

**Initial Family Time plan following discharge from Hospital**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Who will be present? | Who will supervise? | Time | Date | Venue | Who will transport baby and parents |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Note: this will be kept under review and a formal family time plan will be provided following discharge from hospital***

**Support to Birth Parents Form**

This form is to be completed by Social Worker, midwife, health visitor and family network lead **with** parents to ensure that both parents receive the support they need after being separated from their baby. There is space for parents to add any other support considerations they may have. This must be completed after the Birth Arrangements Form and the Alternative Care Form.

**Practical support**

|  |  |
| --- | --- |
|  | 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? |  |
| 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/bottles? |  |
| Does mother need additional support with expressing milk and information about breast -feeding support |  |
| Will parents need support to register baby’s birth? |  |
| *Other requests;* |  |
|  |  |

**Emotional Support**

|  |  |
| --- | --- |
| Who will be there when parents get home? |  |
| 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;* |  |
|  |  |

**Family- time arrangements**

|  |  |
| --- | --- |
| Are parents aware of the first family time arrangements- date, time, venue, who is supervising this? |  |
| Are parents needs for family time in place? E.g. transport, timing around work arrangements? |  |
| What support do parents need in preparing for family time- consider activities with baby |  |
| Are there special times that can be done within family time, for example first bath? |  |
| *Others;* |  |
|  |  |

**Support from Workers**

|  |  |
| --- | --- |
| Do parents have a plan of who is visiting them and when? (*ensure this does not clash with family time)* |  |
| Are there any professionals that need to become involved that aren’t already? |  |
| How will the professionals involved know parents are home? |  |
| Who will alert the GP? |  |
| Details of support services that may be needed, for example;  EDT  Crisis team |  |
| *Others;* |  |
|  |  |

**Identity**

|  |  |
| --- | --- |
| How will parents keep in touch with carers?  e.g. phone calls, facetimes, whats app group, agree the frequency of this and any boundaries. |  |
| Will there be a communication book between parents and carers? |  |
| Opportunities for mother to share her birthing story- who with, how will it be documented? |  |
| How will parents be offered an opportunity to talk about their first experiences with their baby- who with, how will it be documented? |  |
| How will baby meet brothers or sisters? |  |
| How will baby meet extended family members? |  |
| Any cultural considerations following birth? |  |
| *Others;* |  |
|  |  |

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 |  |  |  |  |
| Social Worker |  |  |  |  |
| Team manager |  |  |  |  |
| Health visitor |  |  |  |  |
| Midwife |  |  |  |  |
|  |  |  |  |  |

**If there is any change to the baby 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 |
|  |  |  |  |

All amendments MUST be shared with parents, family network and all relevant and a copy to be sent by Social Worker

Once completed a copy of this document should be submitted by secure email to:

[stsft.safeguardingteam@nhs.net](mailto:stsft.safeguardingteam@nhs.net)

The safeguarding team will then upload a copy onto the patient’s electronic maternity records.

Telephone numbers:

Sunderland safeguarding team office 0191 5410555