

Birth Arrangements

This document is MANDATORY for all unborn babies who are the subject of a Child Protection Plan. It should not be used in isolation and is to be used alongside the Child Protection Plan.

This document clarifies arrangements around admission, delivery and discharge for the baby. This information is to be shared with all core group members including parents, maternity staff, Health Visitors and other relevant agency workers involved in the implementation of the Child Protection Plan.

This form must be completed as far as possible by the Social Worker and brought to the Initial Child Protection Conference and will be completed as part of the meeting. It will then be finalised at the first Core Group meeting and then updated as necessary. It must be distributed with the completed Child Protection Plan within 10 working days of the first Core Group Meeting. If the Initial Child Protection Conference is held at 35 weeks + gestation or there are risk factors for premature birth, this form must be completed in full at the end of the Initial Child Protection Conference.

After the first Core Group Meeting this document must be endorsed by the relevant Team Manager.

A. BASIC INFORMATION

(This section must be completed as far as possible prior to the Initial Child Protection Conference by the Social Worker)

Surname of Unborn Baby: (Also known as)		Baby's EDD:	
Expected place of delivery:			

Family Members

Mothers name: (Also known as)		Date of Birth	
Home Address:			
Fathers name: (Also known as)		Date of Birth	
Home Address:		Do they have Parental Responsibility	
Partners name: (if different from father)		Date of Birth	

(Also known as)			
Home Address:			

Professionals and others involved

Midwife:		Telephone:	
Base:			
GP:		Telephone:	
Practice Address:			
Health Visitor:		Telephone:	
Base:			
Social Worker:		Telephone:	
Base:			
Team Manager:		Telephone:	
Base:			
Other:		Telephone:	
Base:			
Other:		Telephone:	
Base:			

B. Child Protection Plan

This must be completed at the end of the Initial Child Protection Conference

Date child became the subject of a Child Protection Plan	
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Indicate the category of Abuse or Neglect which triggered the Child Protection Plan:

Physical Abuse
Emotional Abuse

Neglect Abuse
Sexual Abuse

If sexual abuse:

Has the allegation been reported to the police?	Yes	No
If yes - when		
If no – why not?		
Date decision made		
Reason decision made		
Date information passed to police.		

Initial Child Protection Conference Recommendations

Assessments to be completed
Risk Assessment

C. UNBORN BABY DELIVERY AND DISCHARGE ARRANGEMENTS

(This section is to be completed at the first Core Group Meeting by the Social Worker with the assistance of Core Group Members)

Is the plan for the baby to remain with mother during hospital stay?

Yes No

If no then where will the baby stay? (Please state if the mother agrees to the separation or whether a Court Order is required)

Is the baby to be admitted to the neonatal unit?

Yes No

If yes, how soon after delivery will this happen?

Name and designation of professional who will inform Neonatal Unit Staff:

Is there a need for Children's Services to supervise contact with:

	Yes	No
Mother		
Father		
Mother's partner (where relevant)		
Other family members (specify below)		

Does mother intend to breastfeed the baby?

Yes No

If yes, what are the arrangements?

DISCHARGE ARRANGEMENTS

(PLEASE DO NOT RECORD ANY ADDRESSES WHICH ARE PROTECTED)

Will the baby leave the hospital with the:

	Yes	No
Mother		
Father		
Other (Please specify)		

If yes, what is the discharge address?

Are the parents in agreement with the discharge?

	Yes	No
Mother		
Father		
Other (Please specify)		

If No, is a Court Order required

	Yes	No

Birth Partners

Agreed birth partners names	Relationship

D. RISK AND EXCLUSIONS

Name of any person who is to be excluded from the Maternity Unit	State Reason (to include risk to parent and child or staff)	Name of professional who will inform the individual to be excluded	Date Informed

Notification

Personnel to be notified (including Out of Hours Service if required)			
On admission to hospital			
Who will inform	Name of person to be informed	Role	Date informed
		Social Worker	
		Team Manager (in absence of the Social Worker)	
		Out of Hours Team (CSSC)	
		Midwife	
		Health Visitor	
		GP	
Following birth			
Who will inform	Name of person to be informed	Role	Date informed
		Social Worker	
		Team Manager (in absence of the Social Worker)	
		Out of Hours Team (CSSC)	
		Midwife	
		Health Visitor	
		GP	
Prior to discharge			
Who will inform	Name of person to be informed	Role	Date informed
		Social Worker	
		Team Manager	
		Out of Hours Team (CSSC)	
		Midwife	
		Health Visitor	
		GP	

If there is any change in the baby's circumstances or if the plan for the baby has not been adhered to a Core Group Meeting **MUST** be held prior to the baby's discharge. A Core Group meeting **must be held within ten working days** of the baby's birth to review the Child Protection Plan.

Agreement to the Plan

Name	Role	Signature	Plan Sent
	Social Worker		
	Team Manager	Mandatory Signature	
	Midwife		
	Health Visitor		
	GP		
	Mother		
	Father		
	Other		
	Other		

Team Manager (Locality Manager) MUST endorse Plan	
Name of Team Manager	
Signature of Team Manager	
Date plan endorsed	