



# Expected Baby Protocol

October 2017

## Principles

- Requests for Help regarding unborn babies should be made without delay.
- If you believe that prospective parents will require support to care for their baby or you have concerns that the baby will be at risk a referral should be made to Access and Response Team (ART)- 01454 866000. Where ever possible parents will be supported to care for their baby by accessing support within the community.
- Where legal proceedings are necessary, assessments must be completed in timescales to enable timely legal advice.

## In Practice

- All Requests for Help should include information relating to the concerns and risks identified, what action is sought and why. Reference should be made to the South Gloucestershire Continuum of Need found in the document 'A child's journey of need: guidance including a threshold matrix'.
- Referrals and requests for help regarding an unborn baby must always include:
  - Consent from parents, or an outline of why this has not been sought or dispensed with, for example if the unborn baby may be at risk of significant harm.
  - Detailed information relating to concerns, identified risks, strengths of both parents, protective factors and an opinion about what needs to change;
  - What support has already been offered to parents and if not sufficient why is this the case;
  - Detail about what is being requested and how this might help.

## **Concealed Pregnancy**

A concealed pregnancy is when a woman knows she is pregnant but does not tell anyone or those who are told conceal the fact from all caring and health agencies. It may also be where a woman appears genuinely not aware she is pregnant. Concealed/denied pregnancies are very rare and pose a significant challenge for agencies as there is not a prescribed typology of women prone/most at risk of concealing/denying their pregnancy. Also, it appears that in some cases there is no rationale for this action and limited normative signs and symptoms of pregnancy makes this a very challenging and risky task for agencies. Concealment may be an active act or a form of denial where support from appropriate carers and health professionals is not sought. Concealment of pregnancy may be revealed late in pregnancy, in labour or following delivery. The birth may be unassisted whereby there are additional risks to the child and mother's welfare and long-term outcomes. Where there is a strong suspicion that a pregnancy is being concealed, it may be necessary to share this information with other agencies, irrespective of whether consent to disclose can be obtained. Every effort should be made by the person alerted to suspicion of concealed pregnancy to encourage the woman to obtain medical advice. If the response shows that this is unlikely then contact with ART should be made to discuss your concerns and complete a request for help form. Contact ART to discuss any concerns of this nature.

## **Where concerns are identified about an unborn child**

### **Possible actions:**

- If this is a first pregnancy with lower level concerns a referral should be made to preventative services, via ART, as soon as is reasonable to do so following the 12th week of pregnancy. If concerns persist, despite preventative services input, the unborn baby can be referred to ART for a pre-birth Single Assessment at 20 weeks. Information sharing consent should be gained from the parents of the unborn. Should an initial child protection conference be necessary this should be held at around 28 weeks to enable the review conference to be scheduled at a post birth date
- If any of the following apply a social care pre-birth assessment should always take place from the point of referral:
  - If either parent was a Looked After Child or is a Care Leaver and receives support from the Transition To Independence Service (TTIS)
  - Either prospective parent is under 16 and is/or was subject of a Child Protection Plan
  - If the prospective parent is under 16 and is/was subject of a Child Protection Plan then a referral should be made so the prospective parent can access support in their own right.
- If the unborn baby has siblings who are subject of a child protection plan, the unborn baby will be subject of a pre-birth assessment and an initial child protection conference (usually held parallel to the siblings review conference) and if made subject of a plan, a review conference will be convened to take place shortly after birth

- If this is a high risk situation where there are significant concerns, any of the following apply and there is a need for pre proceedings a referral should be made to ART as soon as the pregnancy is revealed. An initial child protection conference should take place as soon as is practicable. Pre proceedings process should, whenever practical, be completed prior to the birth. The social worker should ensure the parents understand that they should seek legal advice
  - Where previous children have been part of care proceedings
  - A preceding child(ren) has died and neglect/abuse was a concern though not the cause of death or the death was in suspicious circumstances or the child(ren) suffered significant harm (due to abuse or neglect)
  - Previous children have been removed from their parents care or at birth
  - The mother is known to deliver early
- If at a scan complex health and development needs are identified the unborn baby should be referred to the 0-25 team

The final decision as to when the unborn baby should be taken to initial child protection conference lies with the social care Service Manager. Discussion should take place with the Manager for the CP conference service.

If a referrer disagrees with the outcome of a referral they must use the professional dispute resolution form found in the Resolution of Professional Differences (Escalation Policy).

**Requests for Help that are made late in the pregnancy can seriously impact upon the provision of a thorough assessment and services to support and safeguard the unborn baby. If the Mother presents late to register her pregnancy and there are some presenting concerns the referrer should make a Request for Help as soon as possible following this initial presentation recording reasons and rationale for this within the referral.**

Further examples, but not an exhaustive list below of prospective parent's behaviour that should result in assessment, the timing of which will depend on the level of concern/risk identified:

- Parents with a chaotic lifestyle, no permanent home address, substance misuse issues and failing to engage in ante-natal care;
- Parents with a learning difficulty who are unable to care for themselves well and manage their own needs adequately or safely;
- Parents with chronic and disabling mental health needs;
- High levels of domestic violence (see 'Domestic Abuse Toolkit')
- Parents own history indicates concerns regarding their capacity to adequately care for the baby; for example- history of abuse, neglect;
- One or other parent or close family member is a person who poses a risk to children, for example they have a conviction of an offence against a child including child neglect, abuse and sexual offences.

**All Pre Birth Single Assessments should:**

- Have robust multi-agency liaison throughout the antenatal period, this must include AWP if they are working with the parents.
- Show active involvement of the midwifery service, health visitors and GPs and where the mother is using substances and attends either St. Michael's Hospital or Southmead Hospital's Maternity Drugs Clinics, contributions from the specialist services clinic should be included where appropriate. Information regarding the services being accessed by parents can be gained by using the Single Point of Contact on 0800 0733011. These contributions will be included in an assessment.
- Include the pharmacist if parents are on substitute medication prescriptions.
- Have a contingency plan if support plans are not been adhered to.
- Take legal advice when necessary
- Consider whether the unborn is at risk of significant harm and if so whether care-proceedings should be issued at birth and whether pre-proceedings (under the Public Law Outline) should be entered into and preferably completed pre-birth.
- Hold a Family Group Conference if the plan is that the baby will not go home with the parents. This will be undertaken in conjunction with parents and their

extended family and friend's network and will identify any potential alternative carers who should be assessed.

Refer also to South West Child Protection Procedures