

## Title: Maternity Safeguarding Guideline

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<b>To be read in conjunction with the following documents:</b> FGM guideline Abandoned guideline Baby / child abduction guideline Women with disabilities and special needs guideline <b>Substance misuse</b> <b>Perinatal mental health guideline</b>			
<b>Are there any eCARE implications?</b> No			
<b>CQC Fundamental standards:</b> CQC Fundamental Standard which this policy meets? Regulation 9 – person centered care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 15 – Premises and equipment Regulation 16 – Receiving and acting on complaints Regulation 17 – Good governance Regulation 18 – Staffing Regulation 19 – Fit and proper			

### Disclaimer

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professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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## Guideline Statement

Milton Keynes University Hospital (MKUH) has a statutory requirement to ensure it is compliant with Section 11 of the Children Act 2004 and with the Care Quality Commission (Registration) Regulations (2009). This means we are required to have an Executive Lead for Safeguarding.

We have a Maternity Safeguarding Team based at Milton Keynes University Hospital. The team consists of a Named Midwife for Safeguarding and a Named midwife for Perinatal Mental health. The team advise and support staff on any safeguarding concerns, deliver training, undertake audit, and participate in multi-agency meetings as part of the requirement of our local Safeguarding Children Boards to ensure systems and processes are in place to safeguard children.

## Executive Summary

The objective of the MKUH Maternity Safeguarding Guideline is to effectively safeguard and promote the wellbeing of families including babies, adults and children to ensure maternity services address both health and social needs of women and where vulnerabilities are identified facilitate appropriate management and referral to specialist services.

### 1.0 Roles and Responsibilities:

All staff working within Maternity Services at Milton Keynes University Hospital (MKUH) have a role in identifying risk and ensuring children are protected from harm. Maternity staff are likely to have significant contact with families who may require support and interventions in relation to safeguarding children. All Maternity staff need to be aware of national and local procedures and their responsibility in relation to these.

Safeguarding and promoting the welfare of children is defined as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and taking action to enable all children have the best outcomes.
- Working together to safeguard children- a guide to interagency working (July 2018).

There is nothing within the Caldicott report, the Data Protection Act 1998 or the Human Rights Act 1998, which should prevent the justifiable and lawful exchange of information for the protection of children. Research and expertise show that keeping children safe from harm requires professionals and agencies to share information. Normally personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of the information. Where there are

concerns that a child is or maybe at risk of harm, the needs of the child must come first and consent may not be possible, the safety of the child over rules consent.

## 2.0 Implementation and dissemination of document

This Guideline is available on the Intranet and has followed the Guideline Review Process prior to publication.

## 3.0 Processes and procedures

The safeguarding assessment:

### 3.1 Identification of a historic safeguarding concern or for information only.

When a historic safeguarding concern or a concern which gives context to a woman's history is identified, then a Safeguarding maternity note should be completed for information sharing. This could include:

- Recent migrant, asylum seeker or refugee status
- Difficulty reading/speaking English
- Female Genital Mutilation
- History of mental health concerns, no longer on medication or receiving therapy. (>5 years ago)
- History of domestic abuse with no current concerns
- Other cause for concern

This is not an exhaustive or definitive list and each safeguarding assessment should be reviewed individually, case by case. During the childbearing process, if further concerns are identified or circumstances change then please follow step 3.2.

When a Safeguarding note is created the midwife is to complete the MKUH Maternity Safeguarding referral form ([MKUH Safeguarding referral form](#)) to inform the Named midwife for Safeguarding of concerns.

### 3.2 Commencing a Confidential Communiqué (CC)

A Confidential Communiqué is a chronological account of current safeguarding concerns which require monitoring throughout the childbearing process. A CC must be generated by Midwifery and Obstetric staff within Women's Health at any time during the antenatal, intrapartum and postnatal period where there any of the following are identified:

- Welfare of the unborn baby/child
- Mother's Mental health (<5 last years) or complex mental health e.g schizophrenia, BPD, Previous Psychosis
- History of self harm/depression/attempted suicide
- Substance/alcohol misuse
- Teenage pregnancy up to 18th birthday at EDD

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- Current domestic abuse
- Recent history of Social Care involvement with prospective parents or family
- Parent/ Carer 'looked after' in the past
- Learning or physical disabilities
- Homeless/housing difficulties
- Other cause for concern

This is not an exhaustive or definitive list and each safeguarding assessment should be reviewed individually, case by case.

The Confidential Communiqué (CC) is the electronic system to facilitate communication between Maternity services and Health Visiting. The named midwife for Safeguarding will share the confidential communiques with the Health Visiting team for their locality.

When a CC is commenced the midwife is to complete the MKUH Maternity Safeguarding referral form to inform the Named midwife for Safeguarding of concerns.

The CC is to be updated at every antenatal contact, during all admissions and in the postnatal period; both on the ward every shift and in the community at every visit. Parenting observations, escalation of concerns and information from external agencies is to be entered on the CC.

### 3.3 Escalation of Safeguarding concerns to Adult or Children's Social care

When there is a significant cause for concern whether identified through an assessment or from information gained from external sources, a referral to Children's Social Care or Adult Social Care may be indicated. Check the local council in the following link to ensure the referral is completed for the correct area ([Find your local council - GOV.UK \(www.gov.uk\)](https://www.gov.uk)):

- [MARF](#) Children's Social Care for Milton Keynes

This is to be completed in addition to the actions above in section 3.2 and should be assessed in conjunction with the levels of need document from Milton Keynes Children's social care.



MK Level of  
Needs\_2023\_0.pdf

If there are concerns regarding the Adult then refer to Adult Social Care:

- [Adult MARF](#) for Milton Keynes

## Reasons for making a referral may include:

- Where the woman's previous children have been removed by social care because they have suffered harm.
- Sibling to the unborn is previously known or is an open case to social care.
- Previous or current Domestic Abuse experienced in this current relationship
- Concerns identified in relation to woman's parenting capacity including learning disability, difficulty or where the woman has a lack of mental capacity.
- Any child under the age of 14 who is pregnant (child sexual exploitation)
- Any child or woman who has been a looked after child herself.
- The lifestyle choices of the expectant mother to include association with risky adults who would be deemed a risk to the baby when born. For example the unborn's parents misusing alcohol and/or drugs.
- Where the woman discloses that she has had Female Genital Mutilation (FGM) complete the DOH risk assessment and refer if necessary, see (FGM policy)
- Where a woman DNA's for her antenatal care
- Concealed or Denied pregnancy
- Serious mental Health concerns, either previous or current that remain unmanaged.
- Where a woman is at risk of Modern Day Slavery
- Where a woman or her family are at risk Human Trafficking

This is not an exhaustive or definitive list and each safeguarding assessment should be reviewed individually, case by case.

It is the responsibility of the professional identifying the concern to complete and submit the relevant MARF. The referrer must use their own email address in the referral in case additional information is required. Once the MARF is submitted you will receive a downloaded copy and a reference number. The reference number is to be documented in the notes on eCare and the MARF forwarded to the Named Midwife for Safeguarding and to the Safeguarding email address (safeguarding@mkuh.nhs.uk)

### 3.4 Midwife Booking Appointment

The booking interview gives midwives the opportunity to meet women and their families at the early stages of pregnancy. The purpose of the booking interview in relation to safeguarding children is to undertake an initial assessment.

At the booking appointment where a safeguarding concern is identified, following discussion regarding concerns with the woman, she should be notified of the need to share the information and the referrals being made. Follow the above steps for the appropriate level of escalation.

It is essential that records are maintained to a high standard so that verbal and written communication is clearly documented.

### **The responsibility for the overall care of the woman is with the Named Midwife**

In most cases this is the named community midwife as she provides the most continuity of care in the antenatal period, and as a result knows this woman best. However, the responsibility does not lie exclusively with the named midwife but any healthcare practitioner that provides care to the mother and her family.

The Named midwife is responsible for ensuring robust communication with her team colleagues so that all team members are aware of any safeguarding referrals within their area of practice. In addition, she will ensure good communication with the Health Visiting Service and the GP for that woman during the ante natal and postnatal period.

- The named midwife for the woman will attend multi-agency meetings or ensure that a nominated colleague attends in her place. If the named midwife cannot attend she must provide a report and inform both the safeguarding team and the social worker of their nonattendance forwarding them a copy of their report.
- All midwives are responsible for maintaining good record keeping both written and electronic regarding all care they provide.
- Referrals to social services must include as much information as possible regarding the woman, her family, any referrals already made or actions taken and the specific concerns in relation to safeguarding children.
- The midwife making the referral is responsible for following up the written referral once identified.
- Where problems arise in relation to inter-agency communication, the midwife will be responsible for alerting the Safeguarding Team.
- Although safeguarding concerns are often identified at booking, midwives are responsible for the on-going assessment of the woman throughout the pregnancy, labour and postnatal period. Concerns may be identified at any time and the individual identifying such concerns is responsible for initiating the processes outlined above in this guideline. Any new concerns identified should be shared with the woman's named midwife and the Named midwife for Safeguarding.

- Where a midwife has concerns or suspects that there are safeguarding issues, early communication with Social Services is advised to ensure all information is shared
- All midwives are required undertake routine enquiry regarding domestic abuse at every encounter where safe to do so.

## **4 SAFEGUARDING PROCEDURES:**

### **4.1 Initial Child Protection Case Conference (ICPC)**

It is the responsibility of the named midwife to attend the case conference and provide a report of the care she has given. If the midwife is unable to attend the conference herself, she should arrange for a team colleague to attend or at the least provide a report for the conference and inform both the safeguarding team and the named social worker of their non-attendance forwarding them a copy of the report. This report summarises the midwives involvement with the woman and her family during the pregnancy and/or the postnatal period. It will also include where there have been missed appointments, who the woman attended with, her preparation for the baby. The midwife should document within the report her professional opinion as to whether she believes the woman has the capacity to safeguard the child and promote their welfare. This should include your decision as to whether the child should be placed on a child protection plan.

### **4.2 The Core group**

The named midwife should attend the core group meeting. The Core group members review the requirements for the family set out in the Initial child protection plan. The key worker is usually the social worker and other members will include professionals with a specific involvement, including midwives. The core group should first meet within 10 working days of the case conference and the named midwife for the woman should ensure that either she or a member of her team attends.

### **4.3 Pre-Birth plan**

Safeguarding cases need to have a completed pre-birth plan in place by 34 weeks of pregnancy. An agreed plan from Social care should be communicated to the Named Midwife and the Named Midwife for Safeguarding. It is important that Social Workers ensure that all relevant paperwork (including legal) is prepared and completed by 34 weeks gestation.

The Named Midwife for Safeguarding will ensure that the plan is added to the electronic record for the mother (within the CC and EDM on eCare) to ensure it is available to all staff who may provide care for the mother and baby.

All staff are responsible for accessing the plans on the electronic record and acting appropriately. Staff involved in the care of the woman during the birth and the early post-natal period will be responsible for informing social care of the birth, accurately documenting the mother and baby's progress in the patient notes and ensuring that parenting logs are completed within the CC.

### **Included in the plan will be:**

- The pre-birth plan and the request for completion of parenting logs
- Contingency plans if the baby is born outside of hospital.
- Agreed birth partners and details of those to be excluded from the hospital.
- The level of need that the baby is subject to.
- Instructions if it is indicated to call the police if the mother tries to take the baby.
- Contact number of social services/ named social worker/ emergency duty team for out of hours when the mother is admitted to hospital in established labour.
- When the interim care order is granted by the court the social worker will call the ward to inform the staff that the order has been granted. A time will be agreed with the ward to attend to collect the baby. The mother of the baby will be informed of the court order by the social worker. Prior to the handover the midwife must check the ID of the social worker and have site/ confirm the court order. The baby ID labels must be checked along with the mothers prior to hand over of the baby
- Emotional support will be required by the mother and her discharge from the maternity unit facilitated.

### **4.4 Discharge planning meeting:**

A Discharge planning meeting (DPM) should take place prior to discharge home if new concerns are raised or the pre-birth plan has not taken place.

The midwife should Request DPM with social care prior to the mothers and baby's discharge from hospital to ensure there is a safety plan in place at home.

The midwife should inform the Named midwife for safeguarding of request for the DPM and outcome of the meeting. The DPM should be completed by the ward midwife and she should document the plan in the woman's CC.

If the mother and the baby are to be discharged home together, midwives working within the ward area have the responsibility to hand over any ongoing care plan and any risks identified to the community midwife who can then inform the woman's GP and Health visitor. At each postnatal assessment, midwives should observe Capacity to parent and interaction with the baby should be assessed and documented within the Maternity CC.

#### **4.5 Interim Care order (ICO)**

This is when a decision is made by the courts to grant the local authority parental responsibility. This allows the local authority to make decisions about the baby's living arrangements without the permission of the parents. This could mean that the baby goes into a foster placement alone or with its mother into a mother and baby placement.

#### **5.0 Postnatal Care**

Following the delivery of a baby with a CC, ensure that:

- A safeguarding note is added on the newborn record.
- The maternal CC is updated.
- Social care plans are checked and followed regarding notifications of delivery.
- Parenting observations are documented at least once per shift. This can be completed by the Midwives, Nursery Nurses and Maternity Support workers.
- Any new concerns are escalated to the Named Midwife for Safeguarding
- Ensure a Safeguarding handover is documented on the Discharge summary. This is essential communication with the GP and the Health Visitors.

#### **6.0 Neonatal Unit Admissions**

For babies 10 days of age or under on the neonatal unit, the Named Midwife for Safeguarding will have oversight of the case and liaise with staff regarding the plan of care.

Following the period of 10 days, a handover will be provided from the Named Midwife for Safeguarding to the Named Nurse for Paediatric Safeguarding.

For babies of the age of 10 days, the Named Nurse for Paediatric Safeguarding will have oversight.

## 7.0 Statement of evidence/references

### Statement of evidence

NMC Code of conduct (2015) [The Code \(nmc.org.uk\)](https://www.nmc.org.uk) Accessed 20/7/23

Items highlighted in turquoise are suggested new evidence to support this document – retain or delete as applicable; unhighlighted references are full references for content referred to in the document:

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[https://assets.publishing.service.gov.uk/media/5fd0a8e78fa8f54d5d6555f9/Working\\_together\\_to\\_safeguard\\_children\\_inter\\_agency\\_guidance.pdf](https://assets.publishing.service.gov.uk/media/5fd0a8e78fa8f54d5d6555f9/Working_together_to_safeguard_children_inter_agency_guidance.pdf) [Accessed 13 October 2023]

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1062969/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1062969/Information_sharing_advice_practitioners_safeguarding_services.pdf)

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[Accessed 12 October 2023]

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[https://mycouncil.milton-keynes.gov.uk/en/AchieveForms/?form\\_uri=sandbox-publish://AF-Process-066f61e5-64d2-42a8-8e23-e75e3f911eca/AF-Stage-395d831e-ae03-4e68-aabc-0e4f84ddec77/definition.json&redirectlink=/&cancelRedirectLink=/&category=AF-Category-b86624e1-792f-40d5-9035-436114a13fbb&noLoginPrompt=1&accept=yes&consentMessageIds\[\]=2](https://mycouncil.milton-keynes.gov.uk/en/AchieveForms/?form_uri=sandbox-publish://AF-Process-066f61e5-64d2-42a8-8e23-e75e3f911eca/AF-Stage-395d831e-ae03-4e68-aabc-0e4f84ddec77/definition.json&redirectlink=/&cancelRedirectLink=/&category=AF-Category-b86624e1-792f-40d5-9035-436114a13fbb&noLoginPrompt=1&accept=yes&consentMessageIds[]=2)

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<https://www.magonlinelibrary.com/doi/full/10.12968/bjom.2019.27.9.589>

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## Legislation

Note re: links to legislation.gov.uk website. Versions may be revised, annotated or original as enacted. A 'List of all changes' made by subsequent legislation affecting the statute or statutory instrument may be viewed by opening the statute or statutory instrument on the legislation.gov.uk website and clicking the 'More Resources' tab.

*Care Quality Commission (Registration) Regulations (2009)*. (No. 3112) [Online] Available from:  
<https://www.legislation.gov.uk/uksi/2009/3112/contents/> [Accessed 13 October 2023]

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## 8.0 Governance

### 8.1 Document review history

Version number	Review date	Reviewed by	Changes made
9.1	November 2023	L Napthine	Change to completion of MARF form
9	20/09/2023	L Napthine	Amalgamation of confidential communicate guideline with additional safeguarding information. Full review with NICE baseline assessment tool
8	07/2020	Jill Peet	Full review of document to update with recent guidance and current practice

### 8.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Julie Cooper	Head of Midwifery	14/07/2020	17/07/2020	Incorporated	Yes
Laura Jewell	Antenatal and postnatal ward senior sister	14/07/2020	21/07/2020	Could we use the message facility on eCare for this instead as it will save staff printing and using the book? The red team would then just need to check for any new messages each day. This would make it easier for staff and also avoid mislaid paperwork.	No- CC's still need printing out to be sent to the HV team (unable to share electronically at present)
				Debbie Phillips was looking into whether we could create a smartzone alert on eCare for this purpose, might be worth having a discussion with her about this as a way of alerting staff that a CC has been	No -to be looked at a later date

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				created.	
Sent out for comment to maternity staff		Sept 2023	Sept 2023	No Comments received	
Sent to MKUH library services		August 2023		References provided	
Chairman's actions Maternity Guideline Review group	Women's Health	November 2023		Version 9.1 approved	Yes

### 8.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Notes review to assess if CC's have been generated as per guidance	Audit	Named Midwife for Safeguarding	Annual	Audit meeting
MARF submissions and outcomes to be tracked	Audit	Named Midwife for Safeguarding	Quarterly	Safeguarding assurance committee

### 8.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division		Department	

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Person completing the EqIA	Lucy Napthine	Contact No.	
Others involved:		Date of assessment:	10/2023
Existing policy/service		New policy/service	
Will patients, carers, the public or staff be affected by the policy/service?			
		Yes	
If staff, how many/which groups will be affected?		<i>For example: community midwives, phlebotomists, all staff</i>	
Protected characteristic			
Age	Any impact?	Comments	
Disability	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	YES		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?			
<i>For example: focus groups, face-to-face meetings, PRG, etc</i>			
How are the changes/amendments to the policies/services communicated?			
<i>For example: email, meetings, intranet post, etc</i>			
What future actions need to be taken to overcome any barriers or discrimination?			
What?	Who will lead this?	Date of completion	Resources needed
Review date of EqIA			