Equalities In Health

NHS Greater Glasgow and Clyde

INEQUALITIES SENSITIVE PRACTICE INITIATIVE MATERNITY PATHWAYS

The Vulnerable Infant

Standard of Care

Antenatal Care

1. Any health or social care professional who is already in contact with a woman because of additional health or social care needs, should seek her consent to share pertinent information with maternity services and work with them throughout the pregnancy episode. Maternity services should be informed of any language or communication support needs. (1)

2. Where communication support or language support needs are identified, appropriate arrangements should be put in place for the maternal history taking visit. (2) (3)

3. During maternal history taking, accurate contact details for the woman and for any health or social care agencies and workers she is in contact with should be recorded. Sensitive enquiry to elicit wider health and social care needs should be undertaken. (1)

4. Where additional needs or concerns are identified, the midwife should consider:
   - Undertaking further assessment.
   - Seeking further Information e.g. from partner agencies
   - Consulting with more experienced or specialist midwives (Special Needs in Pregnancy Service) and agreeing a care plan.
   - Documenting relevant issues
   - Establishing early contact with relevant services (Health Visitor, Social Work, Addictions, Learning Disabilities)
   - Referring in to specialist services where appropriate

5. Staff inexperienced in caring for women with complex needs should have access to supervision and support in the management of maternal history taking visits and the development of a social care plan.

6. Information gathering should be an ongoing process. Where new information indicates a higher level of need the Special Needs in Pregnancy Service (SNIPS) should be consulted and a referral made where appropriate.

7. The named midwife or specialist team should ensure that information is shared with relevant others (midwives and obstetric team) labour ward and paediatric teams and partner health and social care agencies, as appropriate. Appropriate information should be recorded on the alert sheet, the base record, and the pregnancy record.

8. The named midwife or specialist team has a key role in monitoring the woman's wellbeing and circumstances, assessing risk and acting responsively to address needs. Actions should be taken to ensure the safety of mother and infant, reduce risk to harm and support the physical, emotional, social and mental wellbeing of the woman and her family.

9. Midwives should adopt an inclusive style of working, involving women and where appropriate women's advocates, in all decision making processes. Any concerns should be discussed openly with the woman and decisions to share information with social care agencies be made, where appropriate, with her knowledge. Where consent is not given, information should be shared where there are concerns about the infant. Child protection concerns always over rule parental consent.

10. Preparation for childbirth and parenting, group or individual, should be tailored to parents' needs. Where needs are complex, the support of a Family Support Worker e.g. through Parent and Children Together Teams or social work, should be considered.

11. Where child protection concerns have been identified, a robust, multi-agency care plan should be developed in conjunction with the midwife, the woman, her family and the agencies involved in her care. Named midwives should participate in care planning processes e.g. liaison meetings and case conferences. Outcomes from meetings should be recorded and shared appropriately.

Hospital-Based Care

12. Care in hospital should be tailored to the needs of the mother and infant. This should include longer stays in the ward, increased staff engagement and individualised parenting support.

13. Where possible mother and baby should be kept together. Midwives should engage with and observe mother and baby interactions to identify any issues of need or concern. Ongoing concerns should be raised with the community midwives, SNIPS, social services and the family health visitor as appropriate. Communication should be by phone and formally recorded in liaison discharge documents.

14. Staff working in postnatal and neonatal care should support infant-parent bonding by encouraging and supporting parents to develop responsive care skills. (4)

15. Where additional needs are identified during hospital care, staff should alert and liaise with community midwives, SNIPS and relevant social care agencies.

Postnatal Care in the Community

16. Postnatal care in the community should be organised around the ongoing needs of mother, infant and family and the multi-agency care plan and may include longer or more frequent visits, joint visits and liaison meetings. (3)

17. Postnatal assessment should include infant behaviour and development, parenting competence including infant care skills, parental attachment to infant and capacity for responsive care and social care needs. Concerns should be recorded and shared with the health visitor and liaison team.

18. Neonatal units should have a dedicated discharge planning co-ordinator to oversee discharge plans, link and liaise with supporting agencies and provide follow up care in the community.

19. Prior to discharge from maternity care, all babies of mothers identified as having additional needs should be discharged or referred into an appropriate follow on care system e.g. Health Visiting Team, PACT Team, Social Work, Addiction Services, Mental Health Services, Learning Disability Team. To ensure continuity of care, staff should make telephone contact to inform and plan the handover of care and follow up in writing, using locally appropriate protocols.

System

20. A generic alert sheet should be developed for use across Greater Glasgow and Clyde to guide practitioners to sensitive information / additional needs.

21. A robust Do Not Attend (DNA) protocol should be developed to clarify individual roles and responsibilities.

Staff Competencies

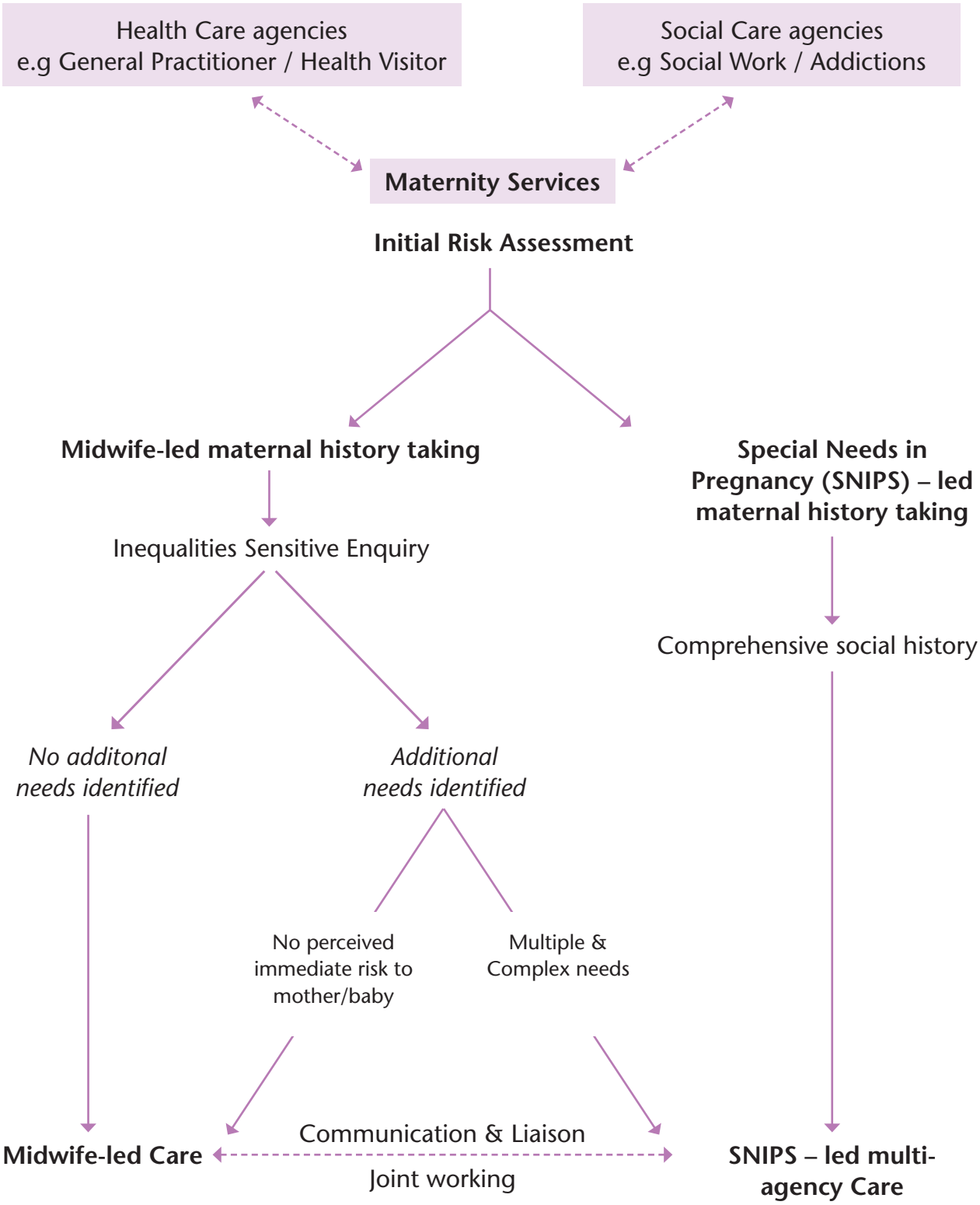
- Accurate information retrieval and record keeping.
- Inequalities sensitive approaches: non judgemental, respectful, empathetic, honest, inclusive.
- Interpersonal skills: establishing rapport, raising and discussing sensitive issues, exploring wider health and social care needs, reciprocal working.
- Knowledge and understanding: inequalities and the impact on the health and wellbeing of mother and baby e.g. sensitivity to power differentials between practitioner and client and its impact on working relationship.
- Openness and honesty in relationships with clients: competence in discussing any concerns openly, the limits of confidentiality with respect to child safety and the benefits of information sharing information with other health and social care agencies.
- Anti discriminatory practice to counteract the stigma perceived by marginalised groups.

- Knowledge and awareness of the role and responsibility of specialist services and partner agencies and agreed joint working arrangements, including timely information sharing processes.
- Applying inclusive approaches to engage and involve the woman, her partner and/or family where appropriate, in decision making and care planning.
- Basic awareness and training in substance misuse, gender based violence, learning disabilities, poverty issues, child protection, equality and diversity and communication and language support, in order to identify additional needs, undertake further screening where appropriate and facilitate support e.g. provide information on local sources of support and/or refer to helping agency.
- Comfort and competence with role in the multi-agency team, communicating and working across sectors and participating in multi-agency assessment and care planning processes.
- Skills in developing tailored parenting programmes for women with additional needs that includes the social, emotional and physical needs of the newborn infant.
- Postnatal and neonatal care staff skilled in mother and baby observation in order to identify concerns and/or additional needs and institute early intervention and multi-agency support.
- Postnatal and neonatal care staff with an understanding of the importance of attachment and attunement for infant mental health, skilled in assessing parental competence and bonding, and competent to develop responsive care skills in parents.

References

1. Inter Agency Procedural Guidance for Vulnerable Women During Pregnancy (2008), Glasgow Child Protection Committee
2. NHS Greater Glasgow and Clyde (2008). Communication Support and Language Plan www.equality.scot.nhs.uk
3. NHS Greater Glasgow and Clyde, Interpreting Services policy and Interpreting Services Procedures
4. Puckering, C. (2007) Infant Mental Health: A Guide for Practitioners, Heads Up Scotland

Pathway: The Vulnerable Infant



- Continuous risk and needs assessment throughout pregnancy pathway
- Multi-agency liaison and care planning