

PRE-BIRTH PROTOCOL

Background: The Pre-Birth Protocol ensures that pregnant women access the right help at the right time to protect the health of their unborn baby. The Protocol is for all professionals who work with pregnant women but GPs, midwives & health visitors have particular responsibilities. Pregnant women & their partners (if applicable) want the best for their unborn baby. Some need additional support through Early Help. Some unborn babies may be at risk of significant harm & require a pre-birth assessment. All agencies who become aware of vulnerability and risk need to act to protect unborn babies.

Why it matters: The antenatal period & first year of life provide the foundations of physical, emotional & social development and attachment. Toxic substances (eg alcohol, drugs) and stress affect the foetus and may have lifelong negative impacts. Children under one are 8 times more likely to die than any other age group of child. The risk is greatest in the first 3 months after birth. SCRs indicate timely pre-birth assessments that detect and address problems would have made a difference.

Questions to consider: Have you read the Pre-Birth Protocol for Unborn Babies on the SPB website? Are you aware of the indicators of need & the range of intervention programmes available which offer support in the antenatal period & beyond, how to access them and make referrals? How do you capture the lived experience and voice of the unborn baby? How do you form relationships with families? Have you shared relevant information with other professionals? How do you promote ongoing collaboration and communication?



Information: All pregnant women will have a Joint Health Needs Assessment which continues throughout pregnancy and into the post-natal period. This may indicate emerging needs (when an Early Help assessment will be appropriate) or risks of significant harm (where a Pre-birth assessment is required). Midwives may initiate communication between professionals but developing and maintaining communication pathways is the responsibility of all professionals, and not solely reliant on the midwife.

What to do: The antenatal period gives an opportunity for practitioners & families to work together to form relationships and decide any ongoing support. Follow a 'Think Family', child-centred approach. Consider unique protective & risk factors. Ensure relevant and proportionate information-sharing with consent (unless to gain consent raises the risk to the unborn baby or pregnant woman). Contact the Children and Families Hub with a specific request for a pre-birth assessment if you are concerned that an unborn baby may be at risk of significant harm.

Indicators for pre-birth assessment: U16 (U18 without means of support); care experienced parent(s); previous child died in suspicious circumstances/removed/suffered significant harm; previous children on CP register; concealed pregnancy; domestic abuse; alcohol/substance misuse; FGM; FII; homelessness; relative/associate who may present risk to children; the list is not exhaustive. Professional judgement is key where capacity to care for child is affected.

Indicators that may present emerging needs include: smoking with a wish for support to stop; low level concerns around alcohol or recreational substance use; feeling anxious for no good reason; feeling worried about finances; inadequate housing; lacking support or feeling isolated; physical/emotional/ mental health needs that are managed but may require support when they have the baby; unresolved loss or grief; single parent and/or the only adult in the home when they give birth; Adverse Childhood Experiences (ACEs) that play on their mind.