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Cwm Taf Morgannwg
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Safeguarding Board

Guidance in Relation to Pre-birth Referrals and Child Protection Conferences

Cwm Taf Morgannwg Safeguarding Board	Date: July 2024	Status: Approved
Author: Policies and Procedures Group on behalf of CTMSB	Previous version: December 2020	Review Date: July 2026

1. Purpose

The purpose of this guidance is to provide professionals with a sound knowledge of pre-birth referral pathways and pre-birth planning. The guidance sets out how Health, Children's Services and other agencies will manage referrals relating to concerns about unborn children.

Concerns about the risk of abuse, neglect, and harm to an unborn child, should be referred, by the relevant professional, via the C1 referral form, in accordance with Wales Safeguarding Procedures. Professionals must consider the safety and wellbeing of all children within the family as part of the referral process. Professionals must make the referral in line with relevant referral guidance and use established referral processes in accordance with the duty to report in the Social Services and Wellbeing Act (SSWB 2014).

Further information on What to do if there are safeguarding concerns about an unborn child can be found in [Wales Safeguarding Procedures](#).

2. Referrals

All professionals are responsible for making a referral where there are identified concerns in relation to an unborn child.

Referrals from the midwifery service will usually be made at the point where midwifery is aware there may need to be involvement from children's services.

It may be most appropriate for the pregnant mother to have non statutory services at this point e.g., early help and prevention. Consent is needed for this to occur. If the expectant mother's consent is not given and there are child protection concerns identified, consent can be overridden.

Practitioners should always consider the role of putative fathers/partners and other children in the household and ensure any relevant information is included in the referral.

3. Decision Making

On receipt of a pre-birth referral, Children's Services may determine that non-statutory support for the pregnant mother is better provided by Community/Preventative/Universal services or care and support needs may be assessed through a proportionate assessment in accordance with Social Services and Wellbeing Act (Wales) 2014 (SSWB Act 2014).

If child protection concerns are identified, then a strategy discussion will be arranged.

If a determination has been made and professional remains concerned about the decision, it is the responsibility of the professional making the referral to escalate these concerns via their own safeguarding leads and where appropriate use the Resolving Concerns regarding Inter-Agency-Practice (CRISP)

4. Strategy Discussion/Meeting

The strategy discussion/meeting will always be conducted in accordance with the Wales Safeguarding Procedures. The Strategy meeting/discussion is to be arranged to ensure the midwife (whether face to face meeting or via telephone conference) and other key agencies such as health visitor and education (if there are other children in the household) to be involved with the sharing of information between agencies and to inform the discussions.

The sharing of information between agencies to inform the strategy discussion should take place whether agencies are able to attend or not.

5. Assessment/Child Protection Enquiries

On receipt of a referral Children's Services may undertake an assessment in accordance with Social Services and Wellbeing Act (Wales) 2014 (SSWB Act 2014) or if child protection concerns have been identified a Sec 47 enquiry may be initiated following a strategy discussion. The assessment/Sec 47 enquiry will require communication across all agencies who are known to the family. There may be relevant assessments completed by other professionals who are involved in supporting mother, father and the unborn child (or other associated children) that should be used to inform the proportionate assessment/Sec 47 enquiries and are essential to decision making prior to birth.

Information about fathers should be actively sought by health and social work professionals in all assessments of pregnant women. Professionals from all agencies should make every effort to involve and engage fathers in assessments. When child protection concerns are identified professional curiosity should be used by all professionals and corroboration should be sought to support any information that is provided by parents. No information should be accepted on face value alone.

If it has been identified that parents-to-be have experienced Adverse Childhood Experiences (ACEs) then the proportionate assessment/Sec 47 enquiry must include an analysis of the potential impact these experiences may have had on the parents' abilities to care for children safely and meet all of their needs. If the parents-to-be have had children prior to becoming pregnant with this child, information from all agencies must be sought as their experiences of parenting the older children will inform the assessment for the unborn child.

The outcome of any assessment/Sec 47 enquiry should be shared with the parents-to-be, and the professionals involved with the family and where

required a review and/or outcome strategy discussions/meeting can be facilitated to consider the outcome of the Sec 47 enquiries.

6. Pre-Birth Child Protection Conference

Whilst the medical gestation for unborn is 24 weeks (medical timeframe for viability) an Initial Pre-Birth Child Protection Conference can be held sooner if the concerns warrant it. A midwife must be present at the pre-birth conference and wherever possible a health visitor. The emphasis for child protection practice now is to put support into place at the earliest point possible to ensure that parents-to-be have the time they need to make and sustain positive changes. This necessitates an earlier pre-birth conference in many cases given the timeline for a Public Law Outline pre-birth risk assessment is a 12 week assessment, to be concluded with a plan of intervention 3 weeks prior to EDD.

The function of the Pre-Birth Child Protection Conference for an unborn child is to decide if the child's name is to be placed on the child protection register (CPR) at birth and to develop a plan to reduce the risks.

Child Protection Conference Chairs will ensure that if the child's name is to be placed on the child protection register at birth, that a Care and Support Protection plan is completed. A pre-birth plan will be developed in the initial core group following the pre-birth conference alongside the Community Midwife and other key agencies.

The social worker will ensure that that the pre-birth plan is available to Maternity Services (named Midwife safeguarding, labour ward, community midwife), Emergency Duty Team and the Police no later than 32 weeks gestation. The Named Midwife Safeguarding (or delegate) will notify the Welsh Ambulance Services NHS Trust (WAST) Safeguarding Team of concern(s) that may require specific action by WAST.

Any subsequent changes to the pre-birth plan need to be shared with these services promptly. The updated pre-birth plan will be clearly named Version 2 and include the date it is updated.

If safeguarding concerns are identified after 32 weeks gestation (e.g., concealed pregnancy) a birth plan will be made available to Maternity Services as soon as is practicable and in time to reflect the risks involved in the situation.

If a referral is received in relation to an unborn child where there are other children in the family already included on the CPR, the pre-birth conference for the unborn child can be incorporated into an existing review conference arrangement for any siblings. A review child protection conference date can be brought forward for siblings to ensure timescales for the unborn child are met.

The Midwife responsible for the birth/Midwifery services must ensure Children's Services are informed as soon as possible in the immediate post birth period, to ensure the implementation of child protection registration procedures. When the social worker is informed of the baby's birth, they will arrange a pre-discharge planning meeting within the next 24 working hours or as soon as is reasonably practicable. The Social Worker must notify the team responsible for managing the Child Protection Register immediately.

The Police should be notified if there is a likelihood of the child being removed by parent/s. Police can use their Powers of Protection if the child is likely to suffer significant harm in these circumstances.

Where there are no clinical or legal (awaiting court proceedings) reasons to remain in the acute maternity setting all mothers and babies will be ready for discharge from hospital. All pre-birth plans must identify agency roles and responsibilities following discharge. Maternity services will provide post-natal visits in accordance with Cwm Taff Morgannwg University Health Board (CTMUHB) post-natal guidelines (clinical need of mother or baby).

If during the child protection intervention, parents make changes during pregnancy and show they can care for the child when born and that child would no longer be at continuing risk of significant harm, timely decision-making for early removal from the Child Protection Register (CPR) should be discussed within core group. The view of core group should be discussed with the Conference Chair and the Custodian of the Child Protection Register to determine whether the child's name is still required to go on the CPR at birth.

6. Relevant Guidance

Wales Safeguarding Procedures – <https://safeguarding.wales>

Cwm Taf Morgannwg Guidance for Pre-birth plan (Appendix 1 and 2):

- The 32 week deadline for a pre-birth plan to be developed should be met in all cases whenever practicable. If this is not possible, the pre-birth plan must be made a priority and consider all known risks.
- The pre-birth plan will need to include information for the acute and community maternity services to inform their care of the mother and baby prior to and following birth (Safeguarding files are held within the community services as women carry their handheld records).

NB: restrictions to place of birth for example if client wishes home birth, will need to be discussed and considered with the midwife at the initial core group meeting. Legal advice may be required.

- Visiting restrictions, security concerns: information to ensure the safety of the mother and unborn/child and any staff safety concerns must be

clearly identified and to include what information has been shared with the individual concerned e.g., not allowed access etc.

- One to one supervision of mother and baby cannot be provided by maternity services. In cases where there are complex needs e.g., need for continuous supervision of mother when caring for baby in the hospital setting, a meeting will be required between the community midwife, senior midwife for child protection, social worker, social worker's team manager and any other relevant agency to discuss and agree provision of supervisors within the pre-birth plan.
- It is a requirement that all newborn babies who are placed on the CPR at birth will require a pre-discharge planning meeting.
- If the case identifies a risk of not accessing maternity services or risk of flight, the social worker can request maternity services circulate the pre-birth plan to Health Boards across Wales or to specific Hospital Trusts identified in the UK. If a UK national alert is required, this must be arranged via Social Services Departments.
- The social worker must send a notification to the Emergency Duty Team.



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APPENDIX 1: Pre-Birth Plan

(To be completed and made available to maternity services by 32 weeks gestation)

Unborn

EDD:

Of

Mother

Full Name:

Address:

Date of Birth:

Putative Father (if known)

Full Name:

Address:

Date of Birth:

Summary of Children’s Service involvement (Highlighting Risks/Concerns):

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Agreed Plan of Care	
Legal status	
Antenatal	Children’s services to be informed of any admission / discharge in the antenatal period. Social worker:

Plan for place of Birth	Lead Professional for Antenatal Care: Planned place of birth:
Labour	Children's services/EDT (OOH) to be informed of delivery:

	<p>Social worker: Out of hours emergency duty team:</p> <p><i>To be completed by delivering midwife:</i> Birth Notified to Children services:</p> <p>Date:</p> <p>Time:</p> <p>Midwife's Name:</p> <p>Signature:</p> <p>Children's Services will notify the Custodian of the Register as soon as is reasonably possible that the child is born to ensure their name is added to the Child Protection Register.</p>
Post-natal	<p><u>Post-natal advice</u></p> <p>Discuss and ensure parents understand the importance of safe sleeping arrangements. Document in maternity care plan and offer information from the Lullaby Trust and offer leaflet or QR code.</p> <p>Introduce and discuss Handle with Care leaflet (NSPCC) and offer leaflet or QR code.</p>
Visiting	

Security	<p>In line with Hospital security guidelines:</p> <p>Identity band to be placed on baby at birth. Security tag to be attached to baby on arrival to postnatal ward.</p> <p>Mother/parents to be informed of their responsibility in keeping baby safe. (Cwm Taf Health Board)</p>
Observation of parenting skills	<p>Midwifery and maternity staff to support, monitor and document parent's interaction and care of baby in maternity records.</p> <p>Any concerns regarding parenting skills/ability children's services to be informed.</p>
Pre-discharge Planning meeting	<p>Baby not to be discharged from maternity unit until pre-discharge planning meeting held, or on the direction of Children's services.</p>

Key contacts:

	Name	Contact Number
Social worker		
Community midwife		
Safeguarding midwife	Fiona James	07388950232
Health visitor:		

Birth plan completed by:

Name

Contact Number

Social worker:

Version:

Date:

**APPENDIX 2:
Guidance for completing Pre-Birth Plan Guidance and
explanation for each section**

Pre Birth Plan

(To be completed and available to maternity services by 32 weeks gestation).
To ensure information is held on the labour ward and community midwifery services.

Unborn.....

All babies must be identified as infant of mothers Surname within Maternity Services

Estimated date of Delivery (EDD)

Any change in EDD must be updated on pre-birth plan.

Mothers Full Name, Address, Date of Birth

All 3 of the mothers' demographics are required on the pre-birth plan in line with health board's procedures for client identification. (All Health boards IT systems are on mothers' demographics)

Putative Fathers Full Name, Address, Date of Birth (if known)

Summary of Children's Service involvement (Highlighting Risks/Concerns):

A summary of the case is required to inform the acute maternity services of the concerns/risks to mother and baby.

(Maternity records are handheld and the full safeguarding case file is held within the community services).

Agreed Plan of Care	
Legal status	Include: Child Protection Date of Case Conference Outcome of conference/ Category PLO Care and Support Plan

Antenatal	<p>Children's Services to be informed of any admission / discharge in the antenatal period.</p> <p>Social worker:</p> <p>Please include: Any restrictions to visitors e.g. perpetrators of Domestic abuse, due to mixed ward other babies on ward etc.</p> <p>Name the individuals and relationship to mother</p> <p>Any other concerns that maternity staff need to be aware</p>
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<p>Plan for place of Birth</p>	<p><i>To be discussed with community midwife:</i></p> <p>Lead Professional for Antenatal Care: This will be assessed on Obstetric/Medical history: Low Risk = Midwifery Led Care High Risk = Consultant Led Care</p> <p>Planned place of birth: Within Cwm Taf Morgannwg UHB there are 5 options for pregnant women for place of birth:</p> <ol style="list-style-type: none"> 1. Home 2. Tirion Free standing Birth Centre - midwifery led unit (home from home) at Royal Glamorgan Hospital 3. Tair Afon alongside birth centre at Prince Charles Hospital 4. Obstetric unit at Princess of Wales Hospital 5. Obstetric unit at Prince Charles Hospital <p><i>** If there are safeguarding concerns around clients planned place of birth e.g. home birth these concerns need to be discussed/legal advice sought to inform the pre-birth plan. **</i></p> <p>Planned birth support It is every women's right to choose who she wishes to support her in labour.</p> <p>If children services have significant concerns for the father/partner that requires 1:1 supervision following birth they can remain for up to 1 hour after the birth under the supervision of hospital staff and will then need to leave.</p> <p>1:1 supervision of mother and baby cannot be provided by maternity services. In cases where there are complex needs e.g. need for continuous supervision of mother when caring for baby in the hospital setting, an early meeting will be required between the community midwife, senior midwife for child protection, social worker and social worker team manager to discuss and agree children services provision of supervisors within the pre-birth plan. These plans are to be shared with the father/partner prior to the birth.</p>
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<p>Labour</p>	<p>Children's services to be informed of delivery:</p> <p>Social worker: Out of hours emergency duty team:</p> <p><i>To be completed by delivering midwife:</i> Birth Notified to Children services:</p> <p>Date:</p> <p>Time:</p> <p>Midwife's Name:</p> <p>Signature:</p>
<p>Post-natal</p>	<p>We have 6 bedded bays and single side rooms within the hospital setting, please state if:</p> <ul style="list-style-type: none"> • Mother and baby are to be roomed in the main ward NOT a side room • Mother and baby if wishes may be roomed in a single room. <p>Maternal Substance Misuse: Due to mothers history of substance misuse baby will be required to have Neonatal Abstinence Scoring</p> <p><u>Post Natal advice</u></p> <p>Discuss and ensure parents understand the importance of safe sleeping arrangements. Document in maternity care plan and offer information from the Lullaby Trust and offer leaflet or QR code.</p> <p>Introduce and discuss Handle with Care leaflet (NSPCC) and offer leaflet or QR code.</p>
<p>Visiting</p>	<p>Visiting Any restrictions to visitors e.g. perpetrators of Domestic abuse, due to mixed ward other babies on ward etc.</p> <p>Name the individuals and relationship to mother</p> <p>Any other concerns that maternity staff need to be aware</p>

	If children services have significant concerns for the welfare of the mother and/or baby or Hospital staff these need to be shared with the senior midwife for safeguarding and legal advice sought to inform and agree the pre-birth plan.
Security	In line with Hospital security guidelines: Identity band to be placed on baby at birth. Security tag to be attached to baby on arrival to postnatal ward. Mother/parents to be informed of their responsibility in keeping baby safe. (Cwm Taf Health Board) **Include additional information of any individuals who have the potential to pose a threat to security**.
Observation of parenting skills	Midwifery and maternity staff to support, monitor and document parent's interaction and care of baby in maternity records. Any concerns regarding parenting skills/ability children's services to be informed.
Pre-discharge Planning meeting	Baby not to be discharged from maternity unit until pre-discharge planning meeting held, or on the direction of Children's services. For all babies on the Child Protection Register a pre-discharge planning meeting must be arranged as soon

Key contacts:

	Name	Contact Number
Social worker		
Community midwife		
Safeguarding midwife	Fiona James	07388950232
Health visitor:		

Birth plan completed by:

Name

Contact Number

Social worker:

Version:

Date: