**1. Introduction**

Babies can be particularly vulnerable to abuse, and early assessment, intervention and support provided during the antenatal period can help minimise any potential risk of harm. This guidance provides advice on how to respond when there are concerns for unborn babies; it emphasises the importance of clear and regular communication between practitioners when working with the mother, the father and the family.

All practitioners have a role in identifying and assessing those families in need of additional support and in sharing information with other agencies where there are safeguarding concerns.

Most pregnancies will not raise safeguarding concerns. However, in some cases a co-ordinated response by agencies will be required to ensure that the appropriate support is put in place during the pregnancy with the aim of safeguarding the baby before, during and following birth. A multiagency referral form (MARF) should be completed and sent to Children’s Social Care (CSC) at the point where the need for additional support of a safeguarding concern is identified, **regardless of the gestation of the pregnancy**.

The antenatal period provides an opportunity for practitioners and families to work together to:

* Form relationships with a focus on the welfare of the unborn baby;
* Identify strengths, risks and vulnerabilities;
* Assess potential risks to the unborn;
* Explore and agree safety planning options;
* Assess the family's ability to safely parent and protect the unborn baby and the baby once born;
* Identify if any assessments or referrals are required before birth; for example the Early Help Assessment or, where the concerns relate to significant harm, a referral to Children's Social Care Services for a Pre Birth Assessment;
* Ensure effective communication and joint working with health and other services that are providing on-going care, treatment and support to a parent(s);
* Plan and agree on-going interventions and support required for the child and parent(s);
* Identify at an early stage if care proceedings are likely to be needed.

If a practitioner becomes aware that a woman is pregnant and they have concerns for the welfare of the mother, unborn baby or any siblings, they should not assume that Midwifery or other local Health services are aware of the pregnancy or the concerns identified.

Midwifery Services should, therefore, be informed of the pregnancy, and any concerns shared.

The practitioner should seek the consent of the expectant mother to share information with Midwifery Services in this way, unless to do so would place the unborn baby or others at increased risk of harm. Where the concerns relate to significant harm, a referral should be made to Children's Social Care Services (see [**Referrals Procedure**](https://westyorkscb.proceduresonline.com/p_referr.html)).

Practitioners should consider whether the new-born baby will be safe in the care of its parents/carers and their ability to provide adequate care throughout childhood. If not, a Pre-Birth Assessment (led by Children's Social Care Services) may be required.

Each practitioner should follow their agency's safeguarding and child protection procedures and, in complex cases or if they are unsure of the most appropriate response, discuss any concerns with their Safeguarding Lead or contact Children's Social Care Services for advice. This can be done without disclosing the details of the family at this stage.

**2. Identifying Risks**

The following parental or family risk factors can indicate an increased risk to any unborn child / baby and, if they are identified, a referral to Children's Social Care Services for a Pre Birth Assessment **may be required**. Please use the Continuum of Need to help form a decision:

* A previous unexplained death of a child while in the care of either parent;
* Parental substance misuse (drugs and alcohol) which is likely to impact on the baby's health, safety or development;
* Mental illness which is likely to impact on the baby's health, safety or development;
* Victims or perpetrators of domestic violence and abuse in the household;
* Where there are significant concerns about parental ability to self-care and/or to care for the child;
* Concealed pregnancy;
* Where a member of the household is Identified as a person posing a risk, or potential risk, to children;
* Where either parent of the unborn child is under 18 years;
* Parents known to services because of historical concerns such as previous neglect, other children subject to a child protection plan, subject to legal proceedings or have been removed from parental care;
* Either parent is a child in care or is leaving or recently left the care system.
* Family history of Female Genital Mutilation (FGM); and
* Where other concerns exist that the baby may be at risk of Significant Harm.
* Adult /young person who are or maybe being exploited

The list is not exhaustive and, if there are a number of risk factors present, then the cumulative impact may well mean an increased risk of significant harm to the child. Professional curiosity should highlight to any practitioner that, if they are in doubt, they should seek advice from their Safeguarding Lead or Children's Social Care Services before making a referral.

**3. Working with Fathers and / or Partners**

Fathers play an important role during pregnancy and throughout children's lives. [**The National Service Framework for Children, Young People and Maternity Services (2004)**](https://www.gov.uk/government/publications/national-service-framework-children-young-people-and-maternity-services) states:

*'The involvement of prospective and new fathers in a child's life is extremely important for maximising the life-long wellbeing and outcomes of the child regardless of whether the father is resident or not. Pregnancy and birth are the first major opportunities to engage fathers in appropriate care and upbringing of children'.*

It is important that all agencies involved with families during pregnancy, including any Pre Birth Assessment and provision of support, fully consider the significant role of fathers / partners and wider family members in the care of the baby even if the parents are not living together. Information about fathers / partners should be obtained as part of the Pre Birth Assessment and, wherever possible, the assessment should ascertain / assess the father's / partner's attitude towards the pregnancy, the mother and new born child and their thoughts, feelings and expectations about becoming a parent.

Involving fathers / partners in the Pre Birth Assessment is important if all strengths and risks are to be fully considered.

**4. Protection and Action to be Taken**

When any practitioner becomes aware that a woman (or the partner of a person with whom they are working) is pregnant and they have concerns regarding the welfare of the unborn baby, they must make a referral to CSC. CSC will share this information with Maternity Services of their service involvement and highlight any vulnerabilities they have identified. Unless doing so would place the unborn child at risk of significant harm, consent to share information in this way should be sought.

It is important that all agencies share relevant information - with consent if required- to inform decision making when considering undertaking a Pre Birth Assessment and / or provision of support at an early stage.

In the first instance, an Early Help (or similar) assessment in relation to the unborn child should be considered. If the mother is under 18, an Early Help Assessment should be considered for the **mother also** and, if this identifies any safeguarding risks in relation to the mother, these should be responded to following they agency's own safeguarding and child protection procedures.

Where a practitioner is concerned that an unborn child or other children in the family may be suffering or likely to suffer significant harm, they should seek advice from their agency Safeguarding Lead without delay with a view to making a referral to Children's Social Care Services.

**5. Multi Agency Planning Meeting**

A multi agency pregnancy planning meeting allows for early intervention in order to initiate a multi-agency, needs led approach to the identification, assessment, and support of vulnerable pregnancies, and aims to ensure that responses are proportionate, timely and standardised.

Each agency should have a process to identify vulnerable pregnant women where there may be factors which could result in the baby being considered to be a child in need of support and/or protection and provide a clear pathway of referral for multi-agency input and assessment, which will provide timely support and interventions based on assessed need.

This will allow for delivery of a clear, consistent and shared multi-agency approach which will provide comprehensive support to vulnerable pregnant women and their partner/families.

**6. Areas for Consideration**

A detailed Pre Birth Assessment provides an opportunity to develop a positive relationship with parents during pregnancy. As a result, vulnerable parents can be offered early intervention and support, providing them with the, the best opportunity to parent their child safely and effectively. Importantly, it helps identify babies who may be at risk of significant harm, and can be used to develop plans to safeguard them. The outcome of the Pre-Birth Assessment should be communicated at around 34 weeks of pregnancy allows time for the plan to be shared with all services to reduce anxiety and concern for the parents around the time of birth

The involvement of Children's Social Care Services (especially if there is a decision to remove the baby at birth) can result in the parents going missing or the mother not attending hospital, free birthing or having an unattended birth. It may have an adverse effect on the parents' mental or physical health or heighten the risks that led to concerns being raised in the first place. The fear of losing the baby may undermine the attachment and bonding process between the parent and unborn child. There is a danger that the woman may harm herself or her unborn baby. It is vital that there is clear and honest communication with the pregnant woman, the birth father / partner and, if different, her current partner in order to reduce the chance of the above occurring.