

Pre-birth assessment tool

1 Introduction

This tool draws extensively on the work of Martin C Calder – as described in “Unborn children: A Framework for Assessment and Intervention” 2003.

The word “parent” should be loosely interpreted as appropriate to mean the natural mother and father, the mother’s partner, anyone with parental responsibility and anyone else who has or is likely to have day to day care of the child. It is crucial to involve everyone who is a potential parent or carer in the assessment.

2 General guidance on maternity care

Antenatal care begins as soon as the pregnancy has been confirmed and midwives continue care in the postnatal period for at least 10 days following birth. In some cases, where there are significant concerns or health complications, this can be extended by the midwifery service to 28 days.

A booking interview with the community midwife takes place ideally between 8-12 weeks gestation. This is usually in the woman’s home or at the GP’s surgery. It is at this interview that the midwife is able to assist women in their choices for childbirth and ensure they are informed of all the options available to them.

Women are given choices in early pregnancy of lead professional and place of birth:

- Midwife led care (MLC) means the midwife is the lead professional. All antenatal care would be conducted in the community and is often shared with the GP. Women would have the choice of giving birth in the hospital under MLC or at home with midwives in attendance.
- GP led care is less frequently offered and again all antenatal care is conducted in the community and is shared between the GP and community midwife. The place of birth is rarely at home with the GP in attendance so most GP births occur in a low-risk hospital environment.

- Consultant led care is offered to women who have recognised health risk factors or who choose to see the consultant team. The pregnancies require additional surveillance both pre-birth and in labour. Care is shared between the community midwife, GP and a hospital consultant team consisting of midwives and doctors specialising in care of high risk pregnancy. Delivery of the baby will take place in the hospital.
- Some women choose to have their maternity care at the hospital rather than within the community. This is not consultant-led and the pregnancy is not considered to be high risk.

The booking interview is a time of collecting information and an opportunity for the midwife and mother to plan her care in pregnancy. It is an ideal time for the midwife to assess health and social needs of families and to consider packages of care and support suitable for individual needs.

Antenatal appointments are arranged to suit the individual clinical needs of mothers and the initial choices may change if complications of pregnancy arise. A collaborative approach between all health professionals is encouraged with direct midwife referral to obstetrician being available at all times.

In the case of home births, all postnatal care is provided in the home by the community midwife. For births in hospital – with either the midwife, GP or obstetrician as the lead professional – initial postnatal care is provided by midwives and support staff on the maternity wards. Hospital stays are getting shorter with many women going home within a few hours of birth but generally 12-48 hours are the more normal lengths of stay.

On transfer home care is undertaken by the community midwife for at least 10 days following the birth. Care can be extended up to 28 days if a particular clinical or social need is identified. Liaison between the health visitor attached to the GP's surgery and community midwives usually take place during the antenatal period with some health visitors making contact with the mother in pregnancy. Following the birth of the baby most health visitors arrange a primary visit at 10 days postnatal, which coincides well with the handover of care from the midwives.

3 Information required from midwife/health professional as part of a pre-birth risk assessment

This information should be obtained from an appropriate health professional. The central question is whether there is anything in the medical or obstetric history that seems likely to have a significant negative impact on the child, and if so what?

Are there any aspects of any of the following items that seem likely to have a significant impact on the child? If so, what and how?

- Partner support
- Family structure and support available (or potentially not available)
- Whether pregnancy planned or unplanned
- Feelings of mother about being pregnant
- Feelings of partner/putative father about the pregnancy
- Dietary intake and any related issues
- Medicines or drugs, whether or not prescribed, taken before or during pregnancy
- Alcohol consumption
- Smoking
- Previous obstetric history
- Current health status of other children
- Miscarriages or terminations
- Chronic or acute medical conditions of surgical history
- Psychiatric history, especially depression and self-harming
- Whether the mother has been subjected to Female Genital Mutilation and if any medical intervention is required to enable the mother to safely proceed with the pregnancy and deliver her baby.

4 Assessment of parents and potential risks to child

Social workers are responsible for carrying out this part of the assessment but will need to draw on help from other professionals.

Pregnancy can create special circumstances/influences for both parents which need to be accommodated and understood by all professionals who come into contact with these families. Pregnancy will have a major impact on some people's lives and will affect both behaviour and relationships.

Pregnant women's health and their responses to external factors often change in pregnancy and the physiological, emotional and social influences that both cause and are affected by these changes can have a direct impact on their behaviour and health and how they manage key relationships.

Particular care should be taken when assessing risks to babies whose parents are themselves children. Attention should be given to:

- evaluating the quality and quantity of support that will be available within the family (and extended family)
- the needs of the parent and how these will be met

- the context and circumstances in which the baby was conceived
- the wishes and feelings of the child who is to be a parent.

4.1. Relationships

- history of relationships of parents
- current status
- positives and negatives
- presence of violence
- who will be the main carer for the baby
- will the father's name be on the birth certificate and will he have parental responsibility
- what are the expectations of parents regarding each other's parenting role
- relationships with the wider family network, paternal and maternal.

Is there anything regarding relationships that seems likely to have a significant negative impact on the child?

4.2. Abilities

- Physical
- Emotional (including self control)
- Intellectual
- Knowledge and understanding of children and child care
- Knowledge and understanding of concerns and this assessment

Is there anything regarding abilities that seems likely to have a significant negative impact on the child?

4.3. Social history

- Experience of being parented
- Experiences as a child and adolescent
- Education
- Employment
- Bereavements, immigration, experience in home countries (refugees who may have experienced trauma), significant life events including marriage
- Previous pregnancies/relationship history.

Is there anything regarding social history that seems likely to have a significant negative impact on the child?

4.4. Behaviour

- Violence to partner
- Violence to others
- Violence to any child
- Drug misuse
- Alcohol misuse
- Criminal convictions or anti-social behaviour
- Chaotic lifestyle
- Placing self at risk of harm through behaviours, CSE, self-harm, involvement with gangs.

Is there anything regarding behaviour that seems likely to have a significant negative impact on the child?

If drugs or alcohol are a significant issue, more detailed assessment should be sought from professionals with relevant experience.

4.5 Circumstances

- Unemployment/employment
- Debt
- Inadequate housing/homelessness
- Criminality
- Court orders
- Social isolation.

Is there anything regarding circumstances that seems likely to have a significant negative impact on the child?

4.6. Home conditions

- Chaotic
- Health risks/unsanitary/dangerous
- Over-crowded
- Indications as to parents own functioning and independent living skills.

Is there anything regarding home conditions that seems likely to have a significant negative impact on the child?

4.7. Mental health

- Mental illness(diagnosed) or concerns about presentation that might suggest an assessment is required
- Personality disorder and how this impacts on the parent's functioning and what it means for the care of their child
- Any other emotional/behavioural issue which may impact on their parenting capacity.

Is there anything regarding mental that seems likely to have a significant negative impact on the child?

If mental health is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant experience.

4.8. Learning disability

Is there anything regarding learning disability that seems likely to have a significant negative impact on the child?

If learning disability is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant experience.

4.9. Communication

- English not spoken or understood
- Hearing impairment
- Vision impairment
- Speech impairment
- Inability to read/write in English or their own language

Is there anything regarding communication that seems likely to have a significant negative impact on the child?

If communication is likely to be a significant issue, more detailed assessment should be sought from professionals with relevant experience.

4.10. Support

- From extended family
- From friends
- From professionals
- From other sources

Is there anything regarding support that seems likely to have a significant negative impact on the child?

Is support likely to be available over a meaningful timescale?

Is it likely to enable change?

Will it effectively address concerns?

4.11. History of being responsible for children

- Convictions re: offences against children
- CP registration/plan
- CP concerns and previous assessments
- Court findings
- Care proceedings/children removed

Is there anything regarding history of being responsible for children that seems likely to have a significant negative impact on the child?

If so, consider the following:

- Category and level of abuse
- Ages and genders of children
- What happened?
- Why did it happen?
- Is responsibility appropriately accepted?
- What do previous risk assessments say? Take a fresh look at these – including assessments of non-abusing parents
- What is the parent's understanding of the impact of their behaviour on their child?
- What is different about now?

4.12. History of abuse as a child

- Convictions, especially members of the extended family
- CP registration/plan
- CP concerns
- Court findings
- Previous assessments

Is there anything regarding history of abuse that seems likely to have a significant negative impact on the child?

4.13. Attitude to professional involvement

- Previously and in any context
- Currently regarding this assessment
- Currently regarding any other professionals

Is there anything regarding attitude to professional involvement that seems likely to have a significant negative impact on the child?

4.14. Attitudes and beliefs re: convictions or findings (or suspicions or allegations)

- Understood and accepted
- Issues addressed
- Responsibility accepted

Is there anything regarding attitudes and beliefs that seem likely to have a significant negative impact on the child?

It may be appropriate to consult with the police or other professionals with appropriate expertise.

4.15. Attitudes to child

- In general
- Re: specific issues
- Meaning of the pregnancy to the parent.

Is there anything regarding attitudes to child that seems likely to have a significant negative impact on the child?

4.16. Dependency on partner

- Choice between partner and child
- Role of child in parent's relationship
- Level and appropriateness of dependency

Is there anything regarding dependency on partner that seems likely to have a significant negative impact on the child?

4.17. Ability to identify and appropriately respond to risks

- From own behaviour
- From others (ie: partner, extended family, friends, associates)
- Environmental/hazards in the home.

Is there anything regarding this that seems likely to have a significant negative impact on the child?

4.18. Ability to understand and meet needs of baby

- Is the parent able to meet the baby's basic care needs
- Is the baby likely to have needs above and beyond another child of the same age
- Does the parent understand these additional needs and are they able to meet them.

Is there anything regarding this that seems likely to have a significant negative impact on the child?

It may be appropriate to consult with health professionals re: this issue.

4.19. Ability to understand and meet needs throughout childhood

- Is the parent likely to be able to meet the changing needs of the child through their developmental stages and to adapt accordingly
- Is the parent able to seek appropriate advice and support from professionals to understand their child's changing needs

Is there anything regarding this that seems likely to have a significant negative impact on the child?

It will usually be appropriate to consult with relevant health professionals re: this issue.

4.20. Ability and willingness to address issues identified in assessment

- Violent behaviour
- Drug misuse
- Alcohol misuse
- Mental health problems
- Reluctance to work with professionals
- Poor skills or lack of knowledge
- Criminality
- Poor family relationships
- Issues from childhood
- Poor personal care
- Chaotic lifestyle

Is there anything regarding this that seems likely to have a significant negative impact on the child?

It may be appropriate to consult with other relevant professionals re: this issue.

4.21. Any other issues that have the potential to adversely affect or benefit the child

- Eg: one or more parent under 16; context and circumstances of conception
- Other people living in or staying regularly at the home where the baby will be living
- Family history of female genital mutilation for mother or other members of the family. This risk could come from extended family members and not just the parents.

4.22. Planning for the future

Is this realistic and appropriate?

5 Overall risk assessment and conclusions

Assessments should address the following issues:

- Concerns identified
- Strengths or mitigating factors identified
- Is there a risk of significant harm to the baby?

- If yes, what are the risks?
 - From whom?
 - In what circumstances?
 - How effective would any strengths or mitigating factors likely to be in reality?
- Will this risk arise:
 - Before the baby is born
 - At or immediately following birth
 - Whilst still a baby (up to 1 year)
 - As a toddler, pre-school or older child
- If there is a risk that the child's needs may not be appropriately met, what changes should ideally be made to optimise the child's wellbeing?
- If there is significant risk to the child:
 - What changes must be made to ensure safety and an acceptable level of care for the child?
 - How motivated are parents to make changes?
 - How capable are the parents to make changes and what is the potential for success?