

Pre-Birth Assessment Practice Guidance

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1. Introduction

A pre-birth assessment is a proactive means of analysing the potential need, harm, and risk to an unborn baby before and after birth when there are concerns about a pregnant person and/or the birth father/partner, and where appropriate, immediate family.

Depending on the level of need, either a [Strengths & Needs Form - Oxfordshire Safeguarding Children Board \(oscb.org.uk\)](https://www.oscb.org.uk) or statutory children's social care assessment may be completed for the unborn child and their parents.

A pre-birth assessment is carried out in much the same way as any other assessment supporting children but is completed before the baby's birth. It will involve the lead practitioner speaking with any other relevant professionals to find out:

- Whether the family need or will need extra support
- Whether the baby will be safe when they are born

After a pre-birth assessment there can be different outcomes. The outcome will depend on whether the unborn baby and their parents are assessed as requiring additional help, and if they are, the kind of help they may need. This may be early help or help from social care as a child in need. If there are concerns that the baby will be likely to suffer significant harm once they are born safeguarding intervention may be needed.

Sometimes the assessment will decide that no additional help is needed by children's services.

This practice guidance sets out how pre-birth assessments will be completed in Oxfordshire.

2. Guiding principles for pre-birth assessments

- Nonjudgmental, respectful, empathetic, and supportive
- Relationship based
- Trauma informed and responsive
- Informed by motivational interviewing and cycle of change
- Takes account of parents views, wishes and goals
- Works with the family with openness and honesty
- Essential that race, culture, identity, disability, gender and sexual orientation and the impact of potential discrimination on the pregnant person/unborn child is considered
- It is also essential to consider parents level of understanding and any neuro-divergence to ensure the assessment process is fully accessible to

them and takes account of the impact of learning needs on parenting capacity and any advocacy and support needs

- Starts early enough to provide interventions focused on supporting the development of a positive relationship between parents and their unborn child and parenting capacity
- Provides parents with time to demonstrate capacity to change
- Provides continuity of care across agencies
- Clear communication with parents and other professionals
- Includes and understands role of fathers, immediate family, and connected persons
- Uses language that cares

3. When is a pre-birth assessment required

The type of pre-birth assessment required will be informed by the level of need, risk, or harm, and should be informed by the [Oxfordshire Threshold of Needs](#).

Where the level of need is assessed to be below Level 3 and agencies anticipate that prospective parents may need support to care for their baby, agencies should consider whether a [Strengths & Needs Tool](#) is needed in the first instance. This is in line with Oxfordshire's Early Help Strategy.

A pre-birth assessment should be considered when:

- Concerns exist about a parent's ability to protect their child and/or prepare for the birth
- Where the expected parent is under 18 and a dual assessment of their own needs as well as their ability to meet the baby's needs is required
- Where the parent to be is a Child We Care For (CWCF)
- Where either or both parents are a **Care Leaver** a risk assessment using the [Oxfordshire Threshold of Needs](#) document should be made to decide the level of need, risk or harm to the unborn baby.

If it is considered that the unborn baby has needs at Level 3 or is deemed to be at risk of significant risk of harm, then a referral should be made to Children's Social Care as soon as possible.

A statutory children's social care pre-birth assessment must be undertaken when:

- A previous child has been removed via Care Proceedings due to abuse or neglect or other Risk of Significant Harm or if they have a current child who is the subject of Care Proceedings or within a Public Law Outline (PLO) process
- Where a Registered Sex Offender (or someone has been identified as a risk by a child protection conference to have abused) has joined a family
- Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either severe mental health difficulties, learning disabilities, or misuse substances or alcohol, or are experiencing or perpetrating domestic abuse

- If the parents have a child under 16 who is currently subject to a child protection plan or was subject to a child protection plan within the previous 18 months
- If there is a current Section 47 investigation on the unborn or another child within the household that is likely to lead to an Initial Child Protection Conference or Child In Need Plan
- If a previous child has died unexpectedly in the care of their parents and the cause of death is unexplained and/or remains a concern
- If the mother to be is under 16.

Concerns should be shared with the prospective parent(s) and consent obtained to refer to Children's Social Care Services unless this action in itself may place the welfare of the unborn child at risk e.g., if there are concerns that the parent may move to avoid contact.

The Local Authority will be mindful at this early stage of the possibility that legal proceedings may need to be initiated either as a framework around a parent and baby foster placement or because separation of parent(s) and baby is indicated.

The pre-birth assessment should be completed to a standard that meets the requirements for evidence in Care Proceedings, if necessary, and be signed off as such by the team manager.

4. Who completes a pre-birth assessment?

If it is assessed that a Strengths and Needs Tool is required, this should be undertaken by the most appropriate lead professional working with the parents and the unborn child.

If a statutory children's social care pre-birth assessment is required a referral will be made to the MASH by the referring agency.

Following an initial MASH assessment, the unborn child will be allocated to a Social Worker in the relevant team to undertake the pre-birth assessment.

5. Timescales

In Oxfordshire a midwifery booking appointment should be between 6 to 12-week gestation. Where emerging needs are apparent the booking midwife will use the Strengths and Needs Tool to identify the needs, and possible supports. This will be shared with the family Health Visitor, to ensure a timely and coordinated response.

If identified needs are at Level 3 of the Threshold of Need, a statutory pre-birth assessment will be undertaken between 12- and 24-weeks' gestation and/or as soon as the need is identified.

A statutory pre-birth assessment should be completed within a maximum of 45 days and a 10-day management review should be completed.

If an Initial Child Protection Conference is required a pre-birth conference should be at least 10 weeks before the due date of delivery/24 – 30 weeks gestation.

When a pre-birth conference is held, the first review must be within 4 weeks of the child's birth or 10 weeks after the initial conference (whichever is sooner).

In situations where the legal framework is required legal panel needs to agree pre-proceedings or care proceedings at the earliest point. Child protection processes should be initiated alongside legal processes.

Please see [Pre-Birth Assessment & Intervention Timeline](#) for further details.

6. Sources of information

Should a pre-birth assessment be required the multi-agency team surrounding the unborn child and family must contribute to the assessment.

In order to complete a comprehensive pre-birth assessment, the following people must be involved in the assessment:

- Parents, immediate family, and connected people
- Midwife
- Family Nurse Partnership if involved
- Health Visitor of older children
- Consultant Obstetrician
- GP
- Personal Advisor if involved
- Previous/other Local Authority workers e.g. social workers/early help
- Previous Local Authority records from Oxfordshire and other Local Authorities if involved
- Workers from adult services – i.e. mental health, substance misuse and alcohol, adult social care

Depending on the nature of need or concerns the relevant agencies should be consulted such as the police, schools, school health nurses, CAMHS, Personal Advisors, housing, or anyone else in the core group of professionals.

Where a statutory pre-birth assessment is required, a multi-disciplinary assessment planning meeting must be completed following referral and allocation, to agree who needs to be included in the assessment and how the assessment will progress.

7. Completing a pre-birth assessment

When completing a pre-birth assessment particular attention should be paid to the following and their impact on the unborn child and child when they are born and the parents parenting capacity:

- Family composition and the completion of a genogram
- Family history/social history and the completion of a multi-agency impact chronology

- Parents relationships
- The unborn child’s physical, emotional and safety needs
- The environment
- Preparation of home conditions for the baby
- Family functioning, wider family, and network
- Employment/income
- Parents understanding of the unborn babies needs and ability to meet them
- Risk history
- Parent drug and alcohol use
- Parent mental health (including any Mental Health Birth Plan)
- Parent learning difficulties
- Domestic abuse
- The race, culture, identity, disability, gender and sexual orientation and the impact of potential discrimination on the pregnant person/unborn child
- The parent’s level of understanding and any neuro-divergence and the impact of this on parenting capacity

In Oxfordshire if a statutory pre-birth assessment is required the Child & Family Assessment template should be completed in conjunction with this guidance.

For further details of what to cover in a pre-birth assessment please see [Guidance for Child & Family Assessment Template](#).

8. Family network meeting / Family group conference

When it has been identified that parent/s of an unborn child may need help and support to meet their baby’s needs, a Family Network Meeting (informal family meeting to agree plan and support) or Family Group Conference may be helpful to mobilize parents’ family and friends to provide the help needed. The Family Network Meeting or Family Group Conference should be arranged as soon as possible following the assessment, or it can take place during assessment, if possible, to ensure that the Family Plan is in place before the baby is born.

If there are concerns that baby’s parent/s may not be able to care for baby and alternative care arrangements are being considered within the Public Law Outline framework, a Family Group Conference must be arranged as swiftly as possible, to ascertain whether any immediate or extended family and friends of parents, known as “connected people”, wish to care for baby. Once connected people who would like to look after baby have been identified, assessment of their suitability to care for the baby can be undertaken.

9. Pre-birth planning

Pre-birth planning and birthing plans are important tools to safeguard the welfare of unborn and newborn children, especially when there are complex or challenging circumstances that may affect the parents' ability to care for their child. Pre-birth planning and birthing plans can help to prevent crisis situations, reduce uncertainty and anxiety, promote positive relationships and communication, and facilitate early

intervention and support. By involving the parents and their family network in the planning process, pre-birth planning and birthing plans can also empower them to make informed choices and take responsibility for their child's wellbeing.

For complex or high-risk situations, a [Multi-Agency Risk Assessment & Management Plan \(MARAMP\)](#) should be completed, with those work with the family, with copies sent to all respective agencies.

10. Discharge planning

Discharge planning meetings should be held for all unborn children being assessed or on a child protection plan at approximately 30 weeks and before 34 weeks gestation. The decisions and plan from this meeting should be recorded on a [Maternity Memo](#) and shared with Midwifery, Perinatal Midwifery team, Family Nurse Partnership and Adult Mental Health if involved, the family, and allocated Social Worker. The Maternity Memo must be updated if circumstances change. At times a discharge planning meeting may be required before the baby leaves the hospital.

In some instances, unborn children on Child in Need plans may also require a birth planning and discharge planning meeting, where there is the need for a coordinated support.

A core group or child in need meeting can be used as a discharge meeting and any discharge plans should be discussed at the core group.

11. Strategy meetings and Section 47

A strategy meeting should be held if there is risk of significant harm to an unborn child. The strategy meeting will be chaired by a Children's Social Care Services Team Manager and involve key agencies. The strategy meeting will determine whether threshold for a Section 47 enquiry has been met, the roles and responsibilities of agencies, develop contingency and safety plans for the unborn child and should involve the necessary health professionals.

If undertaking a pre-birth Section 47 enquiry Children's Social Care, the Police, Health and other relevant agencies must follow the [Strategy Meetings & Section 47 Chapter](#). This must include representation from the maternity service and if relevant the neonatal services

12. Siblings of unborn baby already open to Level 4 services

Where an unborn baby has siblings, who are already open to Level 4 services, the timescales for conducting a statutory pre-birth assessment are the same as for any other unborn child.

For multi-agency partners, a referral may or may not be required given the following circumstances:

- The agency is already fully engaged in the older children's network and have confirmation from the case holding team that the unborn child is open, and the appropriate assessment is underway, a referral is not required
- The agency is already fully engaged in the older children's network but does not have confirmation from the case holding team that the unborn is open and the appropriate assessment is underway, a referral is required
- If an agency is not involved with the older siblings or have confirmation the older siblings are working with Children's Social Care and feel a referral is required for the unborn child, a referral is required.

Where a family have children currently open to Children's Social Care under Child in Need and notify a professional of a pregnancy, the responsibility to assess the unborn sibling falls under the allocated worker for the siblings. The case holding team will be responsible for setting up the Unborn on LiquidLogic and the referral should not come via the MASH.

Where a family have children currently open to Children's Social Care under a Child Protection Plan or currently involved in care proceedings and notify professionals of a pregnancy, the responsibility to assess the unborn falls under the allocated worker for the siblings. A pre-birth assessment must be undertaken, and/or a strategy meeting held to initiate the child protection processes or attend legal panel/children's resource panel.

Joining an unborn sibling to a current child protection process should be carefully considered. The pre-birth assessment should be used as the report for conference, which can should be held from 30 weeks to allow for an RCPC to be held within 1 month of the birth.

Where possible a strategy meeting should be held, 15 days before the siblings next review child protection conference to link the unborn sibling to the older sibling's conference. If it is not possible to join the siblings' conferences because of timeframes, then the unborn child should be considered at an initial child protection conference of their own and then later joined to their siblings.

When siblings of the unborn child are subject to on-going care proceedings, section 47 investigation and initial child protection conference will be required in respect of unborn child to ensure pre-birth multi-agency safety planning. Legal advice must be sought for consideration of proceedings after the birth.

13. Baby on Child Protection born at home unexpectedly

If it is suspected that a child may be born at home or delivered prior to arriving at the hospital a referral, including the concerns should be made to the South-Central

Ambulance Service (SCAS) by the Safeguarding Lead and/or the allocated Social Worker.

14. Pregnant people who go missing

When contact is lost with an expectant mother and there are safeguarding concerns it is important that proactive and reasonable efforts are made to establish the whereabouts of the pregnant woman and if concerns remained the Police should be informed. Once there is a loss of contact the agency aware of the missing woman should inform their line manager and discuss a referral to the police with the multi-agency partnership.

A national maternity alert can be initiated by contacting:

missing.children@oxfordshire.gov.uk

15. Pre-birth conferences

A pre-birth conference is an Initial Child Protection Conference concerning an unborn child. Such a conference has the same status and proceeds in the same way as other Initial Child Protection Conference.

A pre-birth conference will follow a pre-birth assessment and a conference should be held.

1. Where a pre-birth assessment gives rise to concerns that an unborn child may be at risk of significant harm
2. Where a previous child has died, been injured, or been removed from parent(s) because of significant harm
3. Where a child is to be born into a family or household which already have children on a child protection plan
4. Where a person known to pose a risk to children resides in the household or is known to be a regular visitor
5. Other risk factors to be considered are:
 - The impact of parental vulnerabilities such as mental health, learning disabilities, substance misuse and domestic abuse
 - To be curious about why individuals might not be truthful, to understand why they may not be able to comply, and may not want to work with us
 - Details about current consumption and dependency; substance related risk behaviours; pattern and history of drug use and assumed continuation of drug addiction following the birth and how this might impact parenting or risks to the baby
 - Any physical health related risks, including blood borne viruses, overdose risk and needle management
 - Any specific risks: enhanced oversight or supervisory arrangements needed especially if a parent is breast feeding or there are concerns about them leaving the ward or hospital site

- The likelihood of a premature birth; any flight risk or alerts needed to other agencies
- Parental non-engagement and the need for dynamic risk assessment
- A parent under sixteen about whom there are concerns regarding their ability to care for themselves and/or to care for the child

a. Timing of pre-birth conferences

The pre-birth conference should take place by the time expectant mother is 24-30 weeks pregnant to allow as much time as possible to clarify and establish the support necessary to create safety for the baby and family once the baby is born.

There are three reasons why a conference should be called earlier than 24-30 weeks:

- Where the risks are significant and legal processes are required
- Where there is a known likelihood of a premature birth
- When the unborn baby needs to be linked to the older sibling's child protection plans

b. Pre-birth conference attendance

The key agencies working with the parents and the unborn child, particularly health professionals, must attend the conference, alongside the parents.

The roles and responsibilities of each attendee and member of the core group must be clarified and any known history or risk which could impact on parenting capacity is shared and understood.

c. Pre-birth conference decisions

If a decision is made that the child requires a child protection plan, the main cause for concern must determine the category of abuse or neglect under which the decision is made, and the child protection plan must be outlined to commence prior to the birth of the baby.

The Core Group must be established, and the initial meeting must be held 10 days following the conference and if possible, prior to the birth, and certainly prior to the baby's return home.

If a decision is made that the unborn child requires a child protection plan, this should be recorded, including the child's name (or 'baby', if not known) and expected date of delivery, pending the birth.

The key agencies working with the parents and the unborn child, particularly health professionals, must attend the core group, alongside the parents. The roles and responsibilities of each attendee and member of the core group must be clarified and any known history or risk which could impact on parenting capacity is shared and understood.

The plan must be comprehensively reviewed prior to the birth with any outstanding actions or changes to timescales outlined. In the event of a premature birth, arrangements should be made for a virtual meeting on the day to agree any immediate needs with a post birth safety planning to follow.

The senior midwife must notify the allocated social worker of the name, correct date of birth and the NHS number, all of which must be updated on LiquidLogic following the birth. The Child Protection Information Sharing (CPIS) process requires the NHS number to be entered to ensure the national flagging system is effective. If this takes place out of hours, then the senior midwife must inform the Emergency Duty Team, who will then notify allocated social worker by the beginning of the next working day. The allocated social worker must ensure that the name and correct birth date is notified to the Independent Chair following the birth.

d. Timing of review conferences

The first Child Protection Review Conference will be scheduled to take place within 1 month of the child's birth. This may be extended by up to three months with the written authorisation of a Children's Social Care Deputy Director and the Conference Chair if information from a post-natal assessment is crucial for a well-informed review conference.

If there are other children in the family who are already on a child protection plan, the first review child protection for the new baby may have to be held independently of the siblings' conference, but each subsequent review conference should combine all the siblings.

16. Supervision

Unborn children open to Children's Social Care must receive supervision and management oversight in line with the practice standards.

17. Capacity and consent

When working with parents within a pre-birth arena, full consideration should be given to capacity and consent. Further information can be found: [Capacity and Consent \(proceduresonline.com\)](https://proceduresonline.com) and [Children of Parents with Learning Disabilities \(proceduresonline.com\)](https://proceduresonline.com)

18. Post-birth planning

Post-birth planning is a crucial aspect of safeguarding the welfare and development of children born to parents with learning disabilities, substance misuse or long and enduring mental health needs. Post-birth planning involves assessing the needs and risks of both the child and the parents and providing appropriate support and interventions to address them. Post-birth planning should be guided by the best

interests of the child and the principle of the least intrusive intervention. Post-birth planning should also involve regular reviews and evaluations of the progress and outcomes of the family, and adjustments of the plan as needed. Post-birth planning should aim to promote the child's safety, health, and well-being, as well as the parents' rights and responsibilities.

Post-birth planning needs to take place prior to the birth of the baby, so there is a clear plan to support the baby and parents whilst they are in hospital. A [Multi-Agency Risk Assessment & Management Plan \(MARAMP\)](#) should be developed with those work with the family, with copies sent to all respective agencies.

Further Information

[Pre-birth procedure \(procedures online\).](#)