

1. Vulnerabilities in pregnancy can relate to domestic abuse, substance use, mental health concerns or learning needs for both mother & father, domestic abuse, and neglect, as well as safeguarding concerns for older children in the family. Pregnancy heightens the risk of domestic abuse & can exacerbate the impact of learning disability and substance misuse on parenting & the unborn baby, adults and children alike. Identification of risk in the pre-pregnancy period & pre-birth planning is good practice. Initial Child Protection Conferences should take place at least by the 30th week of pregnancy.

2. Focus on the child. Remember to be more 'child-centred' than parent-focused & interact with the baby to understand their perspective and voice. Observe & interpret a young child's behaviour, development, attachment & interactions. Infants & Child Development podcast: <https://learning.nspcc.org.uk/news/2020/march/podcast-infants-and-child-development/>

7. Further information: Learning from perinatal health care teams here: https://learning.nspcc.org.uk/media/1351/learning-from-case-reviews_perinatal-healthcare-teams.pdf

KRSCP Pre-birth protocol:
<https://kingstonandrichmondsafeguardingchildrenpartnership.org.uk/news-resources/policies-and-procedures-87/pre-birth-protocol-152.php>

London Child Protection Procedures:
https://www.londoncp.co.uk/chapters/chi_prot_conf.html?zoom_highlight=pre+birth

6 Leaving Hospital. When discharging mothers & babies from hospital, make sure that safeguarding concerns & social circumstances are communicated to health visitors & community midwives on the hospital discharge summary.

- Make sure that information systems allow health professionals to share information easily & clearly.

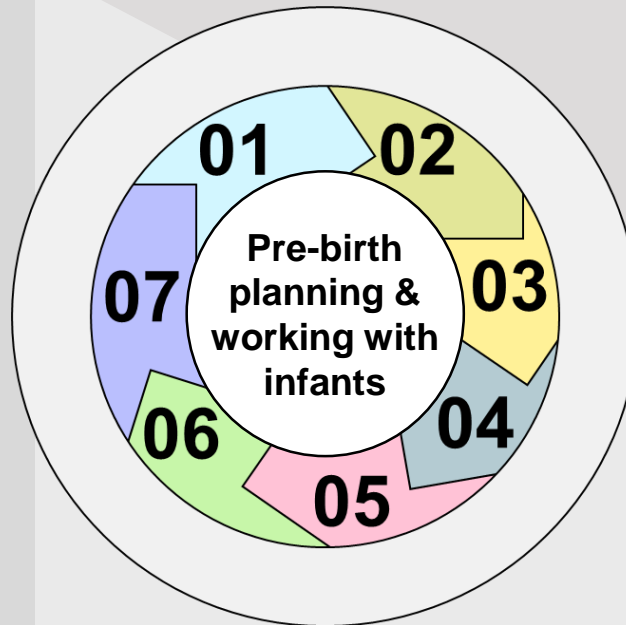
5. A woman may conceal or deny a pregnancy, or present for antenatal care at a very late point in her pregnancy, for a number of reasons some of which may make her and her baby very vulnerable. These include: learning difficulties; drug or alcohol misuse; mental illness; the pregnancy being the result of sexual abuse; or fear that revealing the pregnancy may provoke or worsen domestic abuse & violence.

3. Share information with multi-agency partners and families & remember the GP is critical - genograms are key. Remember strategy meetings & discharge meetings.

- Ensure that GPs & midwifery services share information about pregnant women to ensure they are receiving adequate antenatal care.
- Ensure that health visitors are being routinely informed of pregnancies. Ensure there are birth plans & contingency plans.

4. Perinatal mental health support during the perinatal period, from pregnancy up to a year after birth, women can be affected by a number of mental health problems. These include: anxiety, depression & postnatal psychotic disorders. If perinatal mental illnesses go untreated they can have long-term implications for the well-being of women, their babies and families. Perinatal mental health services Kingston & Richmond:

<https://www.swlstg.nhs.uk/our-services/find-a-service/service/perinatal-mental-health-service>



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