

Guidance for completing the Antenatal Plan: additional support for mother and unborn baby

Introduction

Assessment of risk and need is fundamental when planning care. Enabling health professionals to undertake assessment in the context of the Highland Practice Model (Girfec) will result in a holistic analysis of a child's needs within the structure of their family and the environment in which they live.

The *Child's Plan* is the means of undertaking an integrated assessment for children and forms the basis of any joint working across services or agencies. The difficulty with completing the *Child's Plan* for an unborn baby is that it asks questions of the child which cannot be answered (gender, ethnicity and date of birth).

Maternity services provide support and care to all pregnant mothers through assessing risk and need. It is important that assessment is recorded and analysed in order to ensure that appropriate early support and intervention is in place for the mother well before the baby's birth. Midwives are accountable for the care that they provide and must be able to evidence any decision making including actions and omissions that may impact on outcomes for mother and baby (NMC 2009). The Antenatal Plan supports this approach.

'The Antenatal Plan: additional support for mother and unborn baby' (AN Plan) sets out a consistent and timely process of assessment using the principles of the Highland Practice Model to ensure all children get the best possible start. Analysis of assessment may highlight that additional support can be addressed within health services, nevertheless, the record of that decision making process should still be documented and recorded in the AN Plan (Section 2 - Assessment).

There is an expectation that the AN Plan must be completed for all women who are assessed as requiring an intensive pathway of care to be provided by the multiagency team due to complex social issues. The AN Plan must also be completed for women with additional needs whose situation may be less complex but who still require additional support to be in place to ensure improved outcomes. The completed AN Plan therefore provides evidence of the named midwife's assessment, plan and analysis within the Highland Practice Model and supports best practice and quality assurance.

Section 1 and 2 of the AN Plan may also be used to inform the Integrated Services Officer (ISO) in Highland Councils Health and Social Care, Children's Services of the requirement for resources to be deployed to support additional needs e.g. Children's service worker (early years) to provide parenting support.

Aim

The aim of this guidance is to provide maternity staff, usually the named midwife who is undertaking assessment of needs and risks in relation to a mother and her unborn baby, with an outline of how to complete and record the assessment and analysis within the AN Plan: additional support for mother and unborn child.

The assessment may result in the need for another agency to become a partner to a multiagency plan and the AN Plan should be used as that multiagency plan.

The assessment contained within the AN Plan will complement the *Child's Plan* if required following birth or if the case escalates to Child Protection proceedings. If a social worker becomes the Lead Professional then the AN Plan will be used to populate the *Child's Plan*.

Appendix 1 outlines the process for completing the AN Plan.

Objectives

- To enable maternity staff to undertake assessment for a mother and unborn baby using the Highland Practice Model (GIRFEC)
- To ensure the AN Plan is completed in a consistent way and summarises the assessment, agreed actions, responsibilities and desired outcomes
- To support the data collected in the Scottish Woman Held Maternity Record (SWHMR) by providing a detailed analysis of strengths and pressures for the mother and her unborn child
- To ensure a speedy response when the need for additional resources from another service has been agreed, by the use of a common language and practice framework
- To ensure women are fully involved in the planning of their care

The components to the AN Plan are:

- Section 1 - Demographic detail and reasons for the plan
- Section 2 - Assessment
- Section 3 - Action Plan
- Section 4 - Review and progress

Completion of the Antenatal Plan

The AN Plan identifies the actions necessary to address the mother's needs to support her and her unborn baby. It assists practitioners to focus on analysis and outcomes within set timescales and with clear arrangements for monitoring and review.

The level of detail in the AN Plan should reflect the complexity and analysis of need and it should not require practitioners to spend too much time on its completion. If an area in the AN Plan is not required then it is acceptable to state 'not applicable' to demonstrate that the area has been considered, but is not relevant.

It is not intended that the AN Plan should replace the communication that normally takes place initially by phone between health staff and other services however, the detail of the discussions and decisions that take place must be recorded in the AN Plan in order to comply with record keeping

advice laid down by the Nursing and Midwifery Council (NMC 2009) and Midwives rules and standards (NMC 2004).

It is intended that the AN Plan should be completed as a Word form to allow expansion of the boxes. It should be stored as a confidential file and when required must be e-mailed across secure networks, marked 'confidential' and requires a reader receipt. Confidentiality can be assured when sharing AN Plans across the NHS and Highland Council email network however, some of the Third sector (voluntary or private) do not use a secure network, and it is important that this is verified prior to sending any Plan. If the AN plan is to be shared with a partner in the Third sector who does not use a secure network the completed AN Plan would need to be printed off and sent by post double enveloped and marked 'confidential' or delivered by hand.

It may be required to re-visit the initial assessment as the pregnancy progresses and to amend the AN Plan. Any additions or changes to the plan must be clearly dated and signed, all partners to the AN Plan informed and a revised copy sent to them as described above.

Where there are any concerns regarding the safety of an unborn baby, Child Protection procedures must be followed. Staff must ensure they are familiar with these procedures and take appropriate action.

Section 1 - Demographic detail

- **Date /Assessment:** when, who and designation of person undertaking the assessment should be recorded.
- **Mother's details:** including current address, phone numbers, G.P., PHN/HV, obstetrician and expected date of delivery.
- **Preferred method of communication:** detail if there are any communication issues such as the need for interpretation services, use of mobile phone rather than home phone.
- **Household members:** this should include everyone who lives in the family home including any other children, relatives, lodgers – even if they are there on a temporary basis.
- **Other significant people:** this should include details of all significant people for the mother including partner, parents, children, children from previous relationships, friends - whether resident or not.
- **Reasons for the assessment:** This section should include a summary of the issues or concerns that have led to the need for the assessment through the use of the wellbeing indicators (safe, healthy, achieving, nurtured, active, respected and responsible, included). This should be informed by details gathered from contact with the mother, observation, discussion or information from another professional.

Section 2 - Assessment

Strengths and pressures identified using the My World Assessment Framework

The use of the My World assessment tool should capture any strengths and pressures that may impact on the mother and her unborn baby. It should detail if appropriate, assessment of the three domains of the triangle and include an analysis of the identified needs and agreed actions. The assessment should be undertaken with the mother and often her words are best used to describe her needs in respect to supporting her health and wellbeing and that of her unborn baby.

The three domains of the My World assessment should consider:

How I grow and develop: this should include an analysis of the mother's views of her health and wellbeing, the impact on her pregnancy and baby and identified strengths and pressures

What I need from people who look after me: an analysis of the mother's support network, who she feels can support her and any challenges she requires help with.

My wider world: this should describe the impact of the social and economic environment on the mother and her baby.

The assessment should include and detail any support provided by the family, input from services within health (e.g. drug and alcohol team, mental health services) and consider whether multiagency input and support is required to address risk and need.

As stated earlier, if any of the three domains in the plan do not require to be addressed, then it is acceptable to state 'not applicable' to demonstrate that the area has been considered, but is not relevant.

Further information about the Highland Practice Model (GIRFEC) is detailed within the 'Highland Pathfinder Guidance'. Clinical work bases should ensure they are familiar with this guidance which is available on the integrated children's services web page <http://www.forhighlandchildren.org/5-practiceguidance/>

What is the summary of these strengths and pressures: this should include the impact that the assessment of strengths and pressures will have on the mother, her pregnancy and her baby. It should describe what the mother feels are her concerns and any solutions she may have to address them.

Analysis of needs and agreed actions: this section should detail what is required to support the mother and her unborn baby to improve their outcome. This analysis may indicate that provision can be provided within other areas of NHS Highland (mental health services, drug and alcohol teams,) rather than from a partner agency (i.e. local authority, voluntary sector). Nevertheless, the assessment provides evidence of the decision making process and evaluation of risk and need.

Who has contributed to this assessment? The mother should be fully included in all discussions and decisions about her care and the details should be documented here together with any other contributions from those who have contributed to the plan.

Partners to the Plan: if the assessment and analysis of need and risk highlights the requirement for several agencies to be involved in the plan then discussion should take place with all of those who will be actively providing care and support to the mother and unborn baby. Their details should be recorded here. This then creates the 'multiagency plan'.

Sharing the Antenatal Plan: the mother should be fully involved in the discussions about her care and any decisions made for additional support. The purpose of sharing the detail of the AN Plan should be explained as part of her support for individualised antenatal care.

Information should only be shared proportionately and on a need-to-know basis and the mother should be assured of this. If for any reason the mother does not wish information contained within the AN Plan to be shared with a particular service then this should be detailed. If information is shared without consent, e.g. if there are concerns for the unborn child's safety or that of others, details of with whom and for what reasons should be documented.

Copy of plan retained in Maternity Summary: there is an expectation that a copy of this AN Plan will be retained in the SWHMR Maternity Summary held at base by the named midwife. This will be as a supplement to the SWHMR.

Copy sent to G.P., PHN/HV, obstetrician, any others: the assessment and analysis should be shared as appropriate with the wider maternity team who will be delivering care to the woman and unborn baby. This must include the PHN/HV who will be providing on-going support to mother and baby. All concerns around need and risk should be discussed with the PHN/HV as detailed in the procedure for handover between midwife and PHN/HV (NHS 2012). A copy of the AN Plan should always be filed within the obstetric notes.

If any other practitioners or services require this assessment in order to support the mother and contribute to any actions they should be detailed here (e.g. social work, child protection advisor, third sector partners, adult services).

Chronology: If a separate chronology of significant events has been completed for the mother by the named midwife, a copy of this should accompany the AN Plan.

Issues around sharing of the Plan: if there are any reasons that the mother does not wish the AN Plan to be shared with another service then it should be detailed here. The midwife should ensure assessment of the impact this may have and detail it here. Any concerns for the unborn baby's safety or that of others will always override a refusal for information to be shared.

Section 3 - Action Plan

Lead Professional name and contact details: this section is completed by the named midwife assuming the role of Lead Professional when a multiagency plan is required. It should state the midwife's contact details.

If the decision is made that a social worker is the appropriate person to take on the Lead Professional role in the case of social work taking on this role then the midwife remains the named person and will be a partner to the *Child's Plan* which will be informed by the AN Plan. The AN Plan should state this and be retained in the maternity records.

Record of all agreed goals, outcomes and actions

The partners to the AN Plan, including the mother, should discuss and decide what the agreed outcomes for her and her baby are and how best to achieve them.

1. Goal/ long term aim: the details of all desired outcomes should be clearly documented and should reflect the wellbeing indicators. There may be several goals/aims and these should be listed
2. Evaluating outcome: how we will know that the goals /aims identified and listed in the AN Plan have been achieved. Outcomes should indicate that positive changes have occurred.
3. Agreed actions: any actions should be proportionate and appropriate to individual circumstances to achieve the desired outcomes and should be agreed and recorded.
By whom: detail of who will undertake specific roles should be recorded and may include several partners.
By when: timescales should be agreed and clearly documented.
4. Review arrangements: details of how the plan will be monitored should be agreed including who will review it, when this should occur, the means of review (telephone, meeting) and where it should take place. Any review must ensure that actions are completed timeously – this must be before baby's due date to ensure appropriate early intervention.
5. Mother's view of action plan: ensure mother is in agreement with the AN Plan and she is clear about review arrangements.

Section 4 - Review and Progress

Risk and need are dynamic and can change over time therefore the AN Plan may require that more than one review of the initial assessment is undertaken. The detail and progress of the AN Plan should be completed by the Lead Professional who will record whether the actions have been addressed and the outcomes met.

This section should include the name and designation of the person undertaking the review, be dated and the gestation of pregnancy recorded. This person may differ to the original Named Person/ Lead Professional due to rotas, holiday and absence and all caseload responsibilities including review of AN Plans require that management arrangements are in place to ensure effective cover from another member of the team.

Review: Have the actions been met

a) No or partially, please state which:

Analysis of impact to date: an analysis of the progress should be detailed and whether the actions need to be re-considered.

Any ongoing support required: what further support is required to meet the identified needs.

How the plan will be monitored: this should detail who the Lead Professional is monitoring the AN Plan, when this should occur, the means of review (telephone, meeting) and where it should take place.

b) Yes

Summary: When the outcomes of the plan have been met, the summary should detail how the outcomes have been achieved.

Mother views of outcomes: the mother should reflect on the support she has been given and the impact it has had and her comments should be recorded. If applicable her partner's views should also be noted.

Date AN Plan closed & by whom: information needs to be recorded

References

Highland Council & NHS Highland, 2009. *Child's Plan – Health, V8.*

Highland Council & NHS Highland, 2010. *Highland Children's Services Practice Guidance: Getting it Right for every Child.* <http://www.forhighlandschildren.org/5-practiceguidance/>

Highland Council & NHS Highland, 2012. *Revised procedure for the communication and handover of health and social information between midwife and public health nurse/health visitor.*

Nursing and Midwifery Council, 2004. *Midwives rules and standards.*

Nursing and Midwifery Council, 2009. *The Code: Standards of conduct, performance and ethics for nurses and midwives.*

Nursing and Midwifery Council, 2009. *Record Keeping: Guidance for nurses and midwives.*

Appendix 1

Use of the Antenatal Plan

