

Appendix 2 Maternity Services Notification of Social Risk Factors

MATERNITY SERVICES

NOTIFICATION OF RISK FACTORS.

It is essential to receive advance notice of women with the following conditions or situations to ensure appropriate plans are in place for the woman's pregnancy, labour, birth and postnatal period. This does not detract from the individual responsibility and accountability of the midwife but rather supports the midwife's role in care management.

Please notify a Supervisor of Midwives by ticking the box at the booking interview, or as soon as the condition or situation arises during pregnancy or in the postnatal period.

Medical

- Latex allergy Type 1/2/3/4
- Women with BMI above 40. Please **notify** Ante-natal Clinic Co-ordinator (and make anaesthetic appointment).
- Unusual/life threatening medical conditions e.g. acute intermittent porphyria, PKU. – Please detail overleaf.
- Women with disabilities – physical or learning disabilities – Please **detail** needs.
- Hepatitis B, C or HIV positive women. Please **inform** Mary Onstenk, Antenatal Screening Co-ordinator and Kim Melbourne or Sally Smith, the Labour Ward Managers
- Women who misuse drugs or alcohol in pregnancy
- Jehovah's Witness or any woman who will decline blood products (need an Anaesthetics referral).
- Personal or family history of thromboembolism, thrombophilia, Antiphospholipid antibody or lupus anticoagulant - Please complete Form in notes.
- Smokers - Must have CO3 monitoring levels documented. **Send the smoke-stop form in to Emma Freeman, the Antenatal Clinic Co-ordinator.**

Social

- Domestic violence or women living in a refuge
- Teenager under 20 years of age at booking. Supported? Y / N Please detail overleaf and **notify** the Community Manager and organise CAF.
- History of previous abuse including sexual abuse.
- Family in need/social circumstances giving cause for concern
- English is not first language. Translator required? Y / N Elaborate overleaf

Potential SAFEGUARDING concerns (Green Form only)

- Previous child or children in care or on the Child Protection register – Please supply name of Social Worker and full names of other children.....
- Unwilling to engage with health or social care professionals
- Concern about parenting ability or capacity to parent adequately
- Surrogacy arrangements/ Baby for adoption or looked after children

Current mental Health issues affecting this pregnancy detail overleaf

Signed: _____ Midwife Date: _____

Send completed form to Hannah Boyd/Katie Crabbe (Community Midwives Managers), Salisbury Foundation Trust, Salisbury, Wiltshire, SP2 8BJ. **Cut top corner of notes.**

Alerts: Red sticker in notes for Child Protection / Green dot for known domestic abuse

MATERNITY SERVICES NOTIFICATION OF RISK FACTORS

It is the responsibility of the Midwife to complete this form and notify or refer patient to relevant Health professionals

Name:.....Midwife:.....
Address:.....DOB.....

GP:.....Surgery:.....
EDD:.....Parity.....

Identified risk factors: and/ or other children's full names

<input type="checkbox"/> For information only
<input type="checkbox"/> Safeguarding concerns Copy to Jane Murray, Named Nurse for Child Protection. <u>GREEN FORM</u>
<input type="checkbox"/> Action plan completed (See notes)

Signed: Supervisor of Midwives.

Date:

⌘< Return slip with Midwifery referral form. To ANC. Previous obstetric notes are required please

Name.....

Hospital No:..... DOB:.....

Previous baby's DOB:.....Hospital:.....