Summary: This document defines the guideline for Antenatal Contacts by the Health Visiting Service.

Keywords (minimum of 5): Health Visiting, Family Nurse Partnership, Children in Care, Healthy Child Programme, Antenatal, Assessment, Children, Child Health, Promotional Guide.

Target Audience: This guideline applies to all staff who work within the Public Health 0-19 Children and Family Service within Southern Health NHS Foundation Trust.

Next Review Date: January 2022

Approved & Ratified by: Children’s Division Quality and Safety Meeting

Date of meeting: 20th December 2018

Date issued: January 2019

Author: Health Visiting Policy Group Members

Director: Liz Taylor, (Associate Director of Nursing and Allied Health Professionals, Children and Family Services)
## Version Control

### Change Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Page</th>
<th>Reason for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/07/2013</td>
<td></td>
<td>V2</td>
<td></td>
<td>This guideline has been updated early to incorporate a new assessment tool</td>
</tr>
<tr>
<td>July 2016</td>
<td></td>
<td>V3</td>
<td></td>
<td>Update of procedures/ guidelines. Title change</td>
</tr>
<tr>
<td>November 2016</td>
<td>Alison Morton, Amanda Whelan</td>
<td>V3</td>
<td></td>
<td>Revision of guidelines following new service specification</td>
</tr>
<tr>
<td>February 2017</td>
<td>Alison Morton</td>
<td>V3</td>
<td></td>
<td>Midwifery liaison form added to appendix</td>
</tr>
<tr>
<td>March 2017</td>
<td>Alison Morton</td>
<td>V4</td>
<td>8,14</td>
<td>Minor amendments to midwifery liaison form to include 2 way information sharing between HV and midwifery and non-engagement risk assessment</td>
</tr>
<tr>
<td>December 2017</td>
<td>Fiona Butt, Kate Walters, Lucy Dennis, Julia Robson</td>
<td>V5</td>
<td></td>
<td>Addition of Teenage Pregnancy Pathway, addition of liaison forms, Addition of Quit4Life information</td>
</tr>
<tr>
<td>May 2018</td>
<td>Susan Tatsinkou, Lucy Dennis, Julia Baker, Fiona Butt</td>
<td>V6</td>
<td>6,10,8,5</td>
<td>Addition of Vitamin D supplementation, Addition of information regarding the issuing of PCHR, Addition of GAD 2 information, Addition of surrogacy guidelines, Addition of 4LSCB Unborn baby protocol, Changes to antenatal appointment letter</td>
</tr>
<tr>
<td>August 2018</td>
<td>Diane Marshall</td>
<td>V7</td>
<td>6,7</td>
<td>Addition of Father/partners mental health, Removal of Depression Identification questions/GAD 2 – now signposted to SHFT Perinatal Mental Health Guidelines (SH CP 54), Addition of ICON health promotion message</td>
</tr>
<tr>
<td>December 2018</td>
<td>Fiona Butt</td>
<td>V7</td>
<td>Appendix 3</td>
<td>Changes to antenatal appointment letter Section 3.6, review date re-set</td>
</tr>
</tbody>
</table>

### Name and Position Review

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Version Reviewed &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kath Clark</td>
<td>Locality Clinical Manager</td>
<td>January 2011</td>
</tr>
<tr>
<td>Liz Taylor</td>
<td>Modern Matron</td>
<td>January 2011</td>
</tr>
<tr>
<td>Kath Clark</td>
<td>Locality Clinical Manager</td>
<td>V2 17/07/2013</td>
</tr>
<tr>
<td>Sharon Hargreaves</td>
<td>Locality Clinical Manager</td>
<td>V2 17/07/2013</td>
</tr>
<tr>
<td>Lizzie Christie</td>
<td>HV</td>
<td>V2 17/07/2013</td>
</tr>
<tr>
<td>Alison Morton</td>
<td>HV</td>
<td>V2 17/07/2013</td>
</tr>
<tr>
<td>Members of HV Policy Group</td>
<td>V2 17/07/2013</td>
<td></td>
</tr>
<tr>
<td>Members of HV Policy Group</td>
<td>V2 24.09.2013</td>
<td></td>
</tr>
<tr>
<td>Members of HV Policy Group</td>
<td>V2 06/08/2014</td>
<td></td>
</tr>
<tr>
<td>Chris O' Dea</td>
<td>Safeguarding Specialist Nurse</td>
<td>V2 06/08/2014</td>
</tr>
<tr>
<td>Lizzie Christie</td>
<td>Professional Lead HV</td>
<td>V2 06/08/2014</td>
</tr>
<tr>
<td>Kath Clark</td>
<td>Area Manager</td>
<td>V2 07/08/2014</td>
</tr>
<tr>
<td>Alison Morton</td>
<td>Head of Nursing</td>
<td>V3 15/06/2016</td>
</tr>
<tr>
<td>Amanda Whelan</td>
<td>Professional lead for Health Visiting</td>
<td>V3 15/06/2016</td>
</tr>
<tr>
<td>Marion Cribb</td>
<td>Clinical Team Lead</td>
<td>V3 15/06/2016</td>
</tr>
<tr>
<td>Kay Humphries</td>
<td>Specialist Practice Teacher</td>
<td>V3 15/06/2016</td>
</tr>
<tr>
<td>Angela Gard</td>
<td>Specialist Practice Teacher</td>
<td>V3 15/06/2016</td>
</tr>
<tr>
<td>Charlie Woodley</td>
<td>Specialist practice Teacher</td>
<td>V3 15/06/2016</td>
</tr>
<tr>
<td>Sally Hinder</td>
<td>Clinical Team Lead</td>
<td>V3 15/06/2016</td>
</tr>
<tr>
<td>Liz Taylor</td>
<td>Associate Director for Nursing AHP children and families</td>
<td>V3 29/12/2016</td>
</tr>
<tr>
<td>Kate Walters and Fiona Butt</td>
<td>Family Nurse Partnership supervisors</td>
<td>V3 28/12/2017</td>
</tr>
<tr>
<td>Susan Tatsinkou, Lucy Dennis, Julia Baker, Anwen Naylor-Evans</td>
<td>Head of nursing, professional leads, safeguarding, members of the children’s division policy group</td>
<td>V5 24/05/2018</td>
</tr>
<tr>
<td>Fiona Butt</td>
<td>FNP supervisor</td>
<td>V7 01/12/2018</td>
</tr>
</tbody>
</table>
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>Scope</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>Definitions</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>Duties and responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>5.</td>
<td>Main guideline content</td>
<td>5</td>
</tr>
<tr>
<td>6.</td>
<td>Training requirements</td>
<td>9</td>
</tr>
<tr>
<td>7.</td>
<td>Monitoring compliance</td>
<td>9</td>
</tr>
<tr>
<td>8.</td>
<td>Guideline review</td>
<td>9</td>
</tr>
<tr>
<td>9.</td>
<td>Associated Trust documents</td>
<td>9</td>
</tr>
<tr>
<td>10.</td>
<td>Supporting references</td>
<td>9</td>
</tr>
<tr>
<td><strong>Appendices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appendix 1</td>
<td>Health Visitor and Midwife Liaison Meeting</td>
<td>12</td>
</tr>
<tr>
<td>Appendix 2</td>
<td>Teenage Pregnancy Pathway – Health Visiting</td>
<td>14</td>
</tr>
<tr>
<td>Appendix 3</td>
<td>Antenatal Contact Letter</td>
<td>16</td>
</tr>
</tbody>
</table>
Children’s Division Antenatal Contact Guideline

All staff within Southern Health NHS Foundation Trust (SHFT) are personally responsible for complying with Trust policies, guidelines and professional codes relevant to their qualification and role e.g. Nursing and Midwifery Council: The Code – Professional Standards of Practice and Behaviours for Nurses and Midwives (NMC 2015).

1. **Introduction**
   This guideline must be read in conjunction with the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72)

   The Antenatal Contact forms part of the Universal Health Visiting service and is offered to all pregnant mothers as part of the Healthy Child Programme ([HCP], DH 2009 / 2015). The HCP is a universal service for all children and families which enables risk assessment and early identification of additional needs. The programme can ensure families receive early help and support upstream before problems develop further thereby reducing demand on downstream, higher cost specialist services.

   Health Visiting teams within Southern Health NHS Foundation Trust (referred to as the ‘Trust’ hereafter) will offer an Antenatal Contact during pregnancy from 28 weeks gestation.

   Exception is mothers who are following the teenage pregnancy pathway (see Appendix 2)

2. **Scope**
   This guideline is intended for use by all members of the health visiting and Family Nurse Partnership teams who support the delivery of antenatal contacts to pregnant women. The guideline aims to support the offer of an antenatal appointment to all families during pregnancy from 28 weeks gestation (or ideally from 16 weeks for women receiving the teenage pregnancy pathway). This will include:

3. **Definitions**
   For the full list of definitions please see Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72).

   For specific definitions pertaining to this guideline please see below:

   3.1 **Corporate Safeguarding Children Team**
   This team comprises of Specialist Nurses, Professionals and Practitioners working under the guidance of Named Nurses. They provide advice and expertise to those within the Trust who are working with children or adults who have contact with children. They have specific expertise in children’s health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children. They represent health in the Multiagency Rapid Response Process.

   3.2 **Quit4Life, Hampshire stop smoking service**
   Quit4Life are the Hampshire NHS stop smoking service, a commissioned service for smokers of any age who live or work within Hampshire (excludes the cities of Southampton and Portsmouth. They provide smoking cessation support to clients who can either self-refer or be directly referred by professionals. Quit4Life also provide training to professionals to support smokers.

   3.3 **Personal Child Health Record (PCHR)**
   Individualised record of a child’s health from birth, held by parent/carer.
3.4 The Promotional Guide (Centre for Parent and Child Support, 2012)
The Promotional Guide provides a structure for a guided conversation with parents to explore risk and resilience factors and identify families that may require additional prevention and early intervention support to improve public health outcomes for children. The antenatal/postnatal guides are underpinned by 5 core themes which research has identified as impacting on the long term outcomes of children:

- The health, well-being and development of the baby, mother and father
- Family and social support
- The couple relationship
- Parent-infant care and interaction
- The developmental tasks of early parenthood and infancy

The Promotional Guide focuses on the experiences of pregnancy, building a close loving relationship with the unborn baby, preparation for labour and birth, expectations for early infancy, parenthood and family life, and the impact of current and past life experiences and circumstances. It offers parents and professionals the opportunity to identify strengths and concerns as well as priorities and develop effective plans for action.

3.5 Electronic Patient Record (EPR) and Family and Child Assessment Form
Practitioners are required to keep clear and accurate records as detailed in the NMC Code (2015):
- Complete all records contemporaneously, at or as soon as possible after an event (ideally within 24 hours)
- Records should clearly identify any risks or problems that have arisen and the steps taken to deal with them, so that colleagues who use the records have all the information they need
- Complete all records objectively, accurately and without any falsification, taking immediate and appropriate action if you become aware that someone has not kept to these requirements
- Attribute any entries made in the EPR to the named practitioner, complying with the RiO Smartcard user requirements, making sure they are clearly written, dated and timed, and do not include unnecessary abbreviations, jargon or speculation.

The Family and Child Assessment Form is contained within the EPR as a record of the assessment of health, wellbeing and wider factors that may impact on outcomes for parent/unborn child at the Antenatal Contact. It provides a summary of information gathered, risk analysis and plan for future level of care provided within the 4, 5, 6 health visiting model.

3.6 Electronic Clinical Correspondence (eCC)
Secure form of communication with a clear audit trail, which will enables effective communication between the Health Visiting Team and General Practitioners (GP).

4. Duties / Responsibilities
In addition to those identified in the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72)

5. Main Guideline Content

5.1 Midwifery liaison
A robust system will be in place to ensure multi-agency information sharing of known vulnerabilities and pregnancy viability between the local midwifery and health visiting service. Appointments must only be made once viability has been established. All liaison with the midwifery service during the antenatal period should be recorded on the Midwifery liaison
form by the midwifery link health visitor and this information should be shared with the named health visitor for each pregnant woman discussed and recorded in the electronic patient record (Appendix 1). Information should be reviewed by the named health visitor prior to the antenatal contact. The midwifery liaison form should then be shredded.

5.2 Antenatal Contact
This will be made by the Health Visiting team to arrange for a health visitor to undertake an Antenatal Contact of the pregnant woman and family from 28 weeks of pregnancy once the pregnancy has been confirmed following liaison with the midwife. (See Appendix 3) The Healthy Child Programme leaflet will be sent with the appointment letter. All women should receive an antenatal contact as a mandated universal contact within the Healthy Child Programme (2009). Health visitors should work proactively to achieve this commissioned target. The Healthy Child Programme Rapid Review (2015) contains evidence based strategies to improve service engagement. The service should seek to engage fathers/partners at all contacts. If a parent/ carer declines an antenatal contact, the health visitor should inform the Clinical Team Lead and assess the risk of non-engagement in accordance with SH CP 105 Child and Family Was Not Brought and Disengagement Guideline.

5.3 Antenatal Appointment
The appointment will be conducted at home or at another appropriate setting in agreement with the woman. At the appointment the following will be discussed:
- Introduce structure of the Health Visiting Team including the system of having a named health visitor.
- Introduce the HCP including the four levels of service offer and five universal contacts.
- Discuss and issue the PCHR (where the antenatal contact has not been achieved, the PCHR will be issued at the new birth contact).
- Use the Promotional Guide in partnership with parents in conjunction with the Family and Child Assessment form. The Promotional Guide is to be used during the appointment to guide the conversation, the Family and Child Assessment form is to be used for recording the findings.
- Discuss Vitamin D supplementation to include use in specific population groups, this should be recommended and recorded in line with NICE Guidance. Staff should refer NICE Guidance PH 56 (Vitamin D: Supplement use in specific population groups) and refer parents should be signposted to NHS choices for current recommendations.

Maternal and paternal physical and mental wellbeing - discuss and explore the day to day impact of this on the individual and family. To increase identification of perinatal mental illness, all practitioners should incorporate NICE Guidance [QS115] Antenatal and Postnatal mental health into their practice by assessing maternal mental health using the screening tools specified in SHFT Perinatal Mental Health Guideline (SH CP 54).

At the antenatal contact, the health visitor will complete a holistic needs assessment which will include asking all women about any past or present severe mental illness, previous or current treatment, and any severe postpartum mental illness in a first degree relative. All women with a history or current diagnosis of the following conditions should be referred for a perinatal mental health assessment, either directly to the Specialist Perinatal team, or via the GP if this has not been completed and liaison with the multi-agency team if there are safeguarding concerns in accordance with SH CP 106:
- a) psychotic disorders e.g. bipolar,
- b) puerperal psychosis
- c) severe depression
- d) suicidal intentions
- e) personality disorders
- f) severe OCD, phobia or anxiety spectrum disorders
- g) previously known to perinatal mental health team
- h) currently under adult mental health services
- i) previous admission to a mental health unit
Where there are concerns about perinatal mental health problems all practitioners should follow the guidance contained in Perinatal Mental Health Guidelines (SH CP 54).

**Fathers/partners mental health and wellbeing**

If any mental health or significant events are identified with fathers/partners the health visitor must liaise with multiagency partners e.g. GP/midwife/adult mental health and review electronic patient record (EPR) where possible to support assessment of parenting risk and resilience.

All pregnant women will have the opportunity to discuss feeding and caring for their baby with a Health Visitor / Family Nurse. This discussion will include:

- The importance of connecting with their baby in utero
- The value of skin to skin contact for all mothers and babies
- All mothers to be able to recognise the early feeding cues
- An exploration of what parents already know about breastfeeding
- The value of breastfeeding as protection, comfort and food for their infant plus maternal health benefits
- A discussion of getting breastfeeding off to a good start

Discuss relevant online resources/leaflets including the Trust website and offer advice as appropriate. Discuss Health Promotion topics including:

- Safer sleeping (refer to PCHR)
- Safe handling of babies. To reduce risk of ‘shaken baby’ – parents can be signposted to NSPCC ‘Coping with Crying’ resources (ICON)
- Infant Mental Health and attachment
- Healthy Start and Vitamins (SHFT Healthy Start guideline SH CP 63)
- Sexual health advice (where appropriate)
- Accident prevention
- Immunisations
- Smoking cessation (where appropriate)
- Smoke free homes and communities (where appropriate)
- Healthy weight (referral to Weight watchers as needed).

**5.4 Record Keeping**

Good record keeping is fundamental to the provision of high quality health care and clinical decision making and as legal evidence of the provision of health. The following must be completed in accordance with the NMC Code (2015) and SHFT Clinical Record Keeping policy (2015):

- Completion of Electronic Family and Child Assessment form (see current SHFT RiO Standard Operating Procedure (SOP)).
- Records written in progress notes should be a brief summary and should refer to any completed forms in RiO.
- Documentation of who is present at the assessment.
- Submission of data collection including out coming the appointment and recording the appropriate activities.

**5.5 Teenage Pregnancy Pathway**

About one in 25 of births in England and Wales are to young women under 20. The majority of their babies’ fathers are under 25. Since 1998, the under-18 conception rate has almost halved to the lowest level for over 40 years. However, young parents still tend to have poorer access to maternity services and poorer outcomes than older parents. Young women and men who become parents are often affected by social exclusion and need support to achieve
their potential. Meeting their needs more effectively will improve the life chances of the young parents and their children. It will also contribute to improving a number of national and local indicators in the NHS and Public Health Outcomes Frameworks: early access to maternity care, infant mortality, smoking in pregnancy, breastfeeding, and teenage conceptions.

Mothers aged 19 years at conception will be offered the teenage pregnancy pathway (Appendix 2) and will have an associated care plan.

5.6 Universal Plus / Universal Partnership Plus (UP/UPP)
All pregnant women who require additional health visiting intervention above the universal service specification should have care plans developed in partnership to address identified health needs (this would normally be a transition to parenthood, maternal mental health or healthy weight care plan). Women assessed as vulnerable according to SHFT safeguarding policy, should be identified on the electronic patient record using the appropriate alert.

Plan of care - all care plans should be devised in partnership with parents who should receive a written copy of their “My Plan”, which should also be copied into the Electronic Patient Record and reviewed in accordance with the HV and FNP Service Specific Guidance SSG.

Indicate the level of HCP intervention i.e. universal, universal plus and universal partnership plus on the Family and Child Assessment form and progress note.

Document future action plan including timeframe for future contact and any booked appointments.

5.7 Surrogacy
- The HV team will offer an ante natal assessment to the surrogate mother as per the Healthy Child Programme
- At the ante natal contact, confirm with the surrogate mother that she gives her consent to record surrogacy arrangement / information in her medical record
- If no consent to record surrogacy, record the pregnancy details without mention of proposed surrogacy arrangement and inform client of this intention

5.8 Domestic Violence and Abuse
Health visitors must take a proactive approach in asking parents / carers about their experiences of domestic abuse when safe to do so in accordance with SH CP 78 Domestic Violence and Abuse Policy. The most compelling reason for routine enquiry is that women have reported that they want to be asked (Department of Health 2005). Where it is known that a child is living with domestic violence and abuse, it is important to assess the risk of harm to the mother and her child /children and to consider referral to children services (Domestic Violence and Abuse Policy - SH CP 78).

5.9 Safeguarding:
The health visitor will recognise the risks, signs and symptoms of child abuse/ maltreatment and should follow guidance contained within SHFT SH CP 56 Safeguarding Childrens Policy; SH CP 78 Domestic Violence and Abuse Policy; SH CP 88 Protocol for the management of actual or suspected bruising in infants who are not independently mobile.

The 4LSCB Unborn / Newborn Baby Safeguarding Protocol (2016) should also be used in the early assessment of vulnerable families where risks have been identified. The protocol offers clear guidance on processes between health agencies, children’s social care and other agencies that may be working with the mother, father and their family on the planning/assessment and actions required to safeguard the unborn/new born.
6. **Training Requirements**  
See the Training Needs Analysis (TNA) contained within the Children’s Community Public Health 0-19 Service Overarching Policy (SH CP 72).

7. **Monitoring Compliance**  
(Dependant on KPI) This guideline will be monitored by qualitative and quantitative data.  
- Quantitative data will be collected via the Trust data collection system (Tableau)  
- Qualitative data will be collected through peer review and annual record keeping audit

8. **Guideline Review**  
This guideline will be reviewed in three years or earlier if necessary.

9. **Associated Trust Documents**

<table>
<thead>
<tr>
<th>SHCP72</th>
<th>Children's Community Public Health 0-19 Service Overarching policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHCP56</td>
<td>Safeguarding Children’s policy</td>
</tr>
<tr>
<td>SHIG01</td>
<td>Clinical Record Keeping policy</td>
</tr>
<tr>
<td>SHCP15.2</td>
<td>Safeguarding Adults policy</td>
</tr>
<tr>
<td>SHCP54</td>
<td>Perinatal Mental Health guideline</td>
</tr>
<tr>
<td>SHCP202</td>
<td>Safeguarding Supervision policy</td>
</tr>
<tr>
<td>SHCP60</td>
<td>GP Communication guideline</td>
</tr>
<tr>
<td>SHCP63</td>
<td>Healthy Start guideline</td>
</tr>
<tr>
<td>SHCP78</td>
<td>Domestic Violence and Abuse policy</td>
</tr>
<tr>
<td>SHCP89</td>
<td>Infant Feeding policy</td>
</tr>
<tr>
<td>SHCP106</td>
<td>Joint Working Protocol</td>
</tr>
<tr>
<td>SHCP153</td>
<td>Open RiO 019 Children’s HV- FNP SSG</td>
</tr>
<tr>
<td></td>
<td>Maternity and Children’s Services Unborn Baby Safeguarding Protocol</td>
</tr>
</tbody>
</table>

10. **Supporting References**

    NICE Clinical Guidelines: CG37 Routine Postnatal Care of Women and their babies.  
    NICE Clinical Guidelines: CG192 Antenatal and Postnatal Mental Health  
    NSF for Children, Young People and Maternity Services: Standard 2.  
    Every Child Matters: 5 Outcomes 2003 HMSO  
    CG110 Pregnancy and complex social factors NICE clinical guideline 2010  
    Healthy Child Programme: Pregnancy and the first five years, Department of Health 2009  
    Department of Health (2009) Reference guide to consent for examination or treatment (second edition)  
    The 1001 Critical Days – The Importance of the Conception to Age Two Period – A cross-party manifesto  


NHS England (2016) The five year forward view for mental health. [link]

Public Health England ChiMat National Child and Maternal Health Intelligence Network: Perinatal and infant mental health [link]

Early Intervention Foundation (2015) The Best Start at Home. [link]

Midwifery to Health Visiting Pathway [link]


Nursing and Midwifery Council (2015). Professional standards of practice and behaviour for nurses and midwives. [link]


Public Health Outcomes Framework 2013 to 2016 and technical updates – Department of Health, 2013 [link]

Children’s Outcomes Framework 0-5 – Department of Health, 2014 [link]

Maternal Mental Health Pathway [link]

Department of Health (2015) Universal Health visitor reviews: Advice for local authorities in delivery of the mandated universal health visitor reviews from 1 October 2015 [link]

NSPCC All babies count: spotlight on perinatal mental health 2013 [link]

Perinatal Mental Health e-learning modules [link]

Conception to Age 2 - The age of opportunity – Department for Education and WAVE Trust [link]

No Health Without Mental Health [link]
SAFER Communication Guidelines


MBRRACEUK (2015) Saving lives, Improving Mother’s Care 2015
http://everyonesbusiness.org.uk


UNICEF UK Baby Friendly Initiative

4LSCB Unborn / Newborn Baby Safeguarding Children Protocol (2016)

NICE (2017) Clinical Guidelines: Vitamin D: Supplement use in specific population groups
https://www.nice.org.uk/guidance/ph56
Health Visitor and Midwife Liaison Meeting

Date of Meeting:

Discussion Points:-

List of antenatal women discussed and cross referenced with booking forms / 20 week scan data where applicable:

Late transfer-in’s/ transfer-out:

Antenatal women being seen by independent midwife/consultant care

Miscarriages – any recorded or notified.

Vulnerable pregnancies (incl. safeguarding, surrogacy, medical conditions (relating to women and foetus if identified at anomaly scan) & mental health concerns- please include whether women with a previous history of mental illness have been referred for an antenatal Perinatal mental health assessment in line with the Regional pathway (SH CP 54):
Unborn babies subject to CP Plan:

**Infectious diseases** – (Hepatitis B – HIV – etc.)

**Healthy weights**- (women with high BMI in pregnancy and midwifery actions)

HV information sharing to midwifery team (vulnerable families/ mental health, safeguarding concerns):

P14 (MW liaison form) insert Please include information known about fathers/partners mental health or significant events and discuss impact of risks and resilience on potential parenting ability/capacity

Other service updates/ relevant team updates:

Date of next Meeting

Signature…………………………. HV Signature……………………….. Midwife

**** Please document any relevant information on the Clients RiO record. ****
Appendix 2

Teenage Pregnancy Pathway – Health Visiting

Notification of pregnancy received from midwife or Family Nurse Partnership (if unable to offer a place).
All first time mothers aged 19 years old at conception to be Universal Plus at point of notification but the level of service offer can be reviewed following assessment – Alert (as per Safeguarding SSG) and Careplan as policy. (HV/FNPSSG)

Early Antenatal contact offered from 16 weeks gestation. Contact to include:
- Promotional Guide
- Healthy weights and diet
- Smoking Cessation and Smoke free homes – Referral to Quit4Life
- Perinatal mental health pathway
- Safeguarding concerns (including CSE and MET risk)
- Domestic violence and abuse
- Substance and alcohol misuse
- World of support.
- Life course – school, college, employment or NEET.
- Infant Feeding
- Review EHH assessment if required
- Liaise with school nurse if necessary

Review Care plan and level of service offer using the Family Child assessment form

Second antenatal contact offered from 28 weeks gestation. (Consider as a group contact or workshop) Contact to include:
- Transition to parenthood
- Labour and birth
- Baby states (IMH training)
- Review of smoking status
- Infant Feeding
- Contraception
- Perinatal mental health
- Domestic abuse and Violence

Review Care plan and level of service offer.
New Birth Visit between 11-14 days. Visit to include:
- Promotional guide
- Infant feeding –
- Sensitive parenting
- Promoting development
- Assessing maternal mental health
- SIDS prevention
- Contraception – Referral to sexual health outreach.
- Family Support Service – (including young parents group)

Review Care plan and level of service offer, using the Family Child assessment form

Maternal mental health contact – 6 – 8 weeks. Contact to include:
- Assessment of maternal mental health
- Consideration of Infant mental health (voice of the child)
- Introduction to solids
- Contraception
- Life course and relationships.

Review Care plan and level of service offer using the Family Child assessment form

Other contacts to consider:
- First time young parents group
- Introduction to solids (workshop, or individual contact) at 4 – 6 months.
- Further assessment of maternal mental health
- Additional ASQ:3 or ASQ:SE – (voice of the child).

Review Care plan, vulnerability and level of service offer using the Family and Child assessment form.

Resources in area to embed into local area plan:
- FSS young parents group
- Baby PEEP
- Barnardo’s - 5 to Thrive, CDHW (?)
- You Matters
- KMKY
- Ready Steady Mums
Dear 

NHS Number:

As you are expecting a baby soon and the health visiting service forms part of your antenatal and postnatal care I would like to introduce our service and explain the Healthy Child Programme. We would also like to give you your baby's personal child health record (red book).

I would like to visit you at your home on: xxxxxxx at xxxx hours

I would like to offer you an appointment at xxxxxx clinic (full address including post code) on xxxxxx at: xx:xx hours

I would like to offer you a telephone contact on: xxxxxx at xxxxhours

This appointment can take up to an hour.

The appointment is a chance for me to hear about your pregnancy and your health and wellbeing. Please consider who you might like to be involved in this appointment, for example your partner or family members. The appointment will include antenatal support in promoting your health and that of your unborn baby and is an opportunity to discuss support available after the birth.

Pregnancy and the first 5 years of life are important stages when the foundations to future health and wellbeing are laid down. The Healthy Child Programme is designed to offer every family support in making healthy lifestyle choices. Health visitors aim to work in partnership with families so that children can grow into healthy happy adults. I have enclosed a leaflet which explains the health visiting service in more detail.

We know that a number of women continue to smoke in their pregnancy. Quitting smoking at any point will give your child the best possible chance of a healthy start in life. Support is available to help you and your family to develop a smoke free home for your new baby. Your midwife and health visitor can make a referral to Quit4Life, Hampshire Stop Smoking Service or visit: www.quit4life.nhs.uk .
All pregnant employees, however how long they have been in their jobs, are entitled to reasonable time off work for antenatal care as per the Direct Gov website: [http://www.direct.gov.uk](http://www.direct.gov.uk). Your employer can ask for evidence of antenatal appointments. If asked, you can show your employer this letter as written evidence of your appointment.

I am really looking forward to introducing the service to you however if this appointment is not convenient please could you ring the following telephone number: xxxxxxxxxxx to cancel and rearrange.

Yours sincerely,

Health Visiting Team

If you would like this letter or information in an alternative format, including large print, braille and audio, or if you need help communicating with us, for example because you use British Sign Language, then please get in touch with us using the contact details above.