

GUIDELINES FOR MULTI-AGENCY ASSESSMENT OF PREGNANT WOMEN AND THEIR BABIES IN CASES WHERE THERE IS SUBSTANCE MISUSE.

These guidelines are based on the 'SCODA' Guidelines (Drug using parents – policy guidelines for interagency working 1999) and are applicable for all staff working with women, and their partners, disclosing drug and/or alcohol use during pregnancy. They should be used in conjunction with the 'BARNSELY SAFEGUARDING CHILDREN BOARD GUIDELINES FOR GATHERING INFORMATION WHEN WORKING WITH SUBSTANCE MISUSING PARENTS' and the 'FRAMEWORK FOR THE ASSESSMENT OF CHILDREN IN NEED AND THEIR FAMILIES' (DOH, 2001)

These guidelines are intended to:

- Encourage pregnant women who use drugs and/or alcohol to seek early antenatal care and, where appropriate treatment.
- Normalise antenatal and postnatal care as much as possible whilst recognising the social and medical problems associated with substance use and providing appropriate services to address these.
- Establish an action plan to meet the needs of the pregnant woman, her baby and any other children within the family.
- Ensure communication exists between all professionals so that advice to the woman is consistent, and that any concerns about drug/alcohol use or child protection issues are identified and dealt with appropriately.

In this document Substance Misuse is defined as:

“ ... use that is harmful, dependent use or use of substances as part of a wider spectrum of problematic or harmful behaviour”. Heath Advisory Service report (HAS) (1996)

1. Identification and Response

All women must be asked at booking for maternity services about their use of prescribed and non prescribed drugs (both legal and illicit), tobacco and alcohol as part of routine enquiries about medical conditions.

All pregnant women disclosing substance misuse will be routinely referred to the Specialist Midwife who works at Barnsley Hospital NHS Foundation Trust (BHNFT) and in conjunction with Barnsley Primary Care Trust (PCT) Substance Misuse Team.

Pregnant women must be given accurate and honest information about the risks of their drug/alcohol use on themselves and the unborn child. This needs to be done sensitively, and in a non-judgmental way, so that the woman is not deterred from seeking help, even if she continues to use substances.

The pregnant woman is likely to need re-assurance that drug and/or alcohol misuse in itself will not result in professionals assuming the expected baby will be at risk of abuse. However, there should be information given explaining that there will be

discussion amongst professionals, as to whether there are any concerns for the well being of the unborn baby.

A Common Assessment Framework (CAF) Pre-assessment Checklist Form (all forms and guidance regarding CAF are available via the following link: http://www.barnsley.gov.uk/bguk/Health_Wellbeing_Care/Integrated%20Working/Common%20Assessment%20Framework) must be completed with ALL pregnant service users at booking who disclose any drug or alcohol misuse. Forms should be photocopied and the original sent in with the Maternity Booking Information to be filed in the hospital midwifery notes. The photocopied pre-assessment checklist form must be sent to the Specialist Midwife Drug & Alcohol Use who will review the information again at 24 weeks gestation in the woman's pregnancy, and update it as necessary.

If on completion of the Pre-assessment Checklist Form an assessment under CAF (web link as above) is indicated, follow existing CAF guidelines regarding completion and notify the Specialist Midwife to avoid any duplication.

It is important that the woman is helped to make choices about how to manage the situation. On no account should a pregnant woman be told to stop using drugs or alcohol immediately, until seen by drug treatment services. Many women want to stop completely in order to prevent suffering to the baby but this may be undesirable for both clinical and social reasons.

Too rapid a withdrawal may harm the baby or contribute to a miscarriage or premature labour even where the mother feels reasonably well.

The additional social and emotional stresses caused by pregnancy make it an unrealistic time to achieve complete withdrawal, particularly if a partner is still using and there is risk of relapse, which could be harmful to the baby.

2 REFERRALS

When a pregnant woman presents at a drug treatment agency, she should be referred to the Specialist Midwife (Drug & Alcohol Use)/local maternity services and encouraged to take up early antenatal care. The Specialist Midwife should be informed of the woman's pregnancy to ensure follow up should the woman not take up ante-natal care.

When a woman attends for antenatal care (with GP or maternity service) she should, with her consent, be referred to a specialist drug/alcohol agency and the Specialist Midwife. The woman's consent should always be sought. The PCT Substance Misuse Team is the appropriate service to refer pregnant women to, and advice, support, treatment/referral to other drug treatment agency will be undertaken.

Pregnant women are given priority with the Substance Misuse Team and bypass waiting lists in order to receive priority to assessment and treatment where required. If the woman's partner also uses drugs/alcohol s/he should be encouraged to access treatment as this increases the chances that the woman will be able to stabilise her

drug/alcohol use during pregnancy. Where possible, the partner should be fast-tracked into treatment.

All agencies that become aware of a pregnant woman who is misusing drugs and/or alcohol or whose partner/significant other(s) are misusing drugs and/or alcohol have a responsibility to refer her to the Specialist Midwife, Ward 12 Barnsley Hospital national health service Foundation Trust (BHNFT). Referral form (Appendix A) should be completed and sent securely or faxed to the Specialist Midwife¹.

3 MULTI-AGENCY ASSESSMENT

Where a pregnant woman or a parent misuses drugs and/or alcohol, family life / parenting capacity may be affected, even though the children may not necessarily be at risk of significant harm. Assessment needs to consider the impact of the drug/alcohol misuse and associated activities on the unborn child and on whether there are any resultant concerns for the child's welfare or safety. In addition the assessment must consider the ability of the substance using parent to provide appropriate levels of care for the child following delivery. It is also important to assess any protective factors that are present. Assessment will be informed by multi-agency collaboration and enables an appropriate support package to be provided for the mother and unborn child/family.

4 ASSESSMENT FOR TREATMENT

Pregnant women are fast tracked into treatment services for a comprehensive drug assessment and treatment where required. Assessment can be undertaken via the Specialist Midwife/Drug Treatment Agencies.

Appropriate treatment will depend on past history, amount and types of drug/alcohol used, as well as the woman's motivation and current situation. If the woman engages in treatment, a care co-ordinator will be allocated and a substance misuse care plan will be instigated in order to identify a package of care with the woman to reduce the risks to the parent, unborn child and any other family members.

Women who are difficult / refuse to engage are provided with full information and monitored through the general maternity services with an ongoing aim to engage them in drug services.

Substitute medication (e.g. Methadone) can be prescribed to stabilise the drug use of women who use opiates and opioids. Research has shown that this enables better contact between the woman and services during pregnancy and therefore provides greater stability for the foetus.

It is good practice to obtain consent from the woman to inform the Health Visitor for the woman of the assessments and service involvements in the ante-natal period.

¹ Specialist Midwife, Ward 12, BHNFT Fax no: (01226) 435361

5 CHILD PROTECTION CONCERNS/PLANNING MEETINGS

Where there are significant problems that may lead to concerns about the care of the expected baby, referral to Children's Social Care must be made. (Follow [Barnsley Child Protection Procedures](#), Chapter 5 pages 25 – 31)

In some cases, where assessments indicate a likelihood of the unborn baby to be at risk of significant harm, the decision to undertake a pre-birth child protection conference will be taken. This conference will decide whether the child needs to be subject to a child protection plan at birth. (See Barnsley Child Protection Procedures Chapter 7(7.1.4) via:<http://www.safeguardingchildrenbarnsley.com/sqc/professionals>)

Where there has been a pre-birth Child Protection Conference and the baby has been made Subject to a Child Protection Plan, a Core Assessment will be undertaken based on Barnsley Child Protection Procedures looking at the impact on the child of the parent's substance misuse. It is expected that core group meetings will take place monthly, attended by the parent/s and all the professionals involved in the care of the parents and children. A Child Protection Review Conference will take place no more than three months after the baby is born. At the review child protection conference, information how the parent/s are managing to care for the baby will be shared, and a decision will be made as to whether there is a continuing need for a Child Protection Plan or other formal support mechanisms. Thereafter a Child Protection Review Conference will be held every six months while the child remains subject to a Child Protection Plan.

In cases where the woman's substance misuse is not known until the baby is born a CAF assessment (see Appendix B) is still needed and must be undertaken on the Maternity Ward prior to discharge from hospital.

It also needs to be noted that a child protection conference may be convened, not because of concerns relating to the pregnant woman, but due to concerns relating to her partner and any risks he or she may pose to the child.

All pregnant women who were identified at booking as using substances, will have a pre delivery meeting at 24 weeks in pregnancy to discuss the mother's and baby's needs. This will be arranged by the Specialist Midwife (Drug & Alcohol Use), and will involve all professionals currently identified as working with the woman or likely to be in the near future e.g. health visitor.

The purpose of this meeting is to review the CAF pre-assessment checklist completed at booking and consider if an assessment under the CAF process needs to be undertaken, or whether factors exist that require onward referral to Children's Social Care.

The pre-delivery meeting should identify any likely problems and all the services that the parents may need to care for the new baby. The meeting is also an opportunity for information exchange for all involved; an action plan to be put in place (if needed) or referral to Children's Social Care may be identified.

A post delivery meeting may also be arranged. The purpose of this being to ensure that the community based care of the woman and her baby is well co-ordinated prior to their discharge. The post delivery meeting will normally include Midwife, Health Visitor, Drugs Worker, and Social Worker

All plans – pre-birth and discharge should be clear and have details of all the workers involved and their respective roles, and any actions for the parent/s to achieve.

6 Care of baby

Babies may experience withdrawal symptoms or exhibit signs of maternal drug use after birth. While there is considerable experience of withdrawal of babies from opiates, less is known about the effects of other drugs and substances.

The incidence and severity of neonatal withdrawal symptoms do not always correlate with the mother's level of substance use. It is not possible to predict how bad an individual baby's withdrawal symptoms will be from the mother's pattern of substance use.

Therefore it will be explained to all pregnant women that they should expect to remain in hospital for 5 to 7 days post delivery in order for their baby to be monitored/treated for neonatal withdrawal symptoms.

Guidance updated June 2008
JM Pollard
Specialist Midwife (Drug & Alcohol Use)

Live birth		Referred to Social Care due to drug issues?	YES/NO
Still birth/IUD		• Pre/Post Delivery	
		Social Care involvement at booking	YES/NO
Normal Vaginal Delivery	YES/NO		
LSCS/NBFD/KIWI		Child Subject to a Child Protection Plan?	YES/NO
Gestation	DOB	Destination at discharge for baby	
Birth weight		• With Parents	
Feeding at Birth	Discharge	• Subject to interim care order/foster carer	
Treatment for NAS		• Other - Specify	
F/U in paediatrics for Hep C Screening			
Baby Unit No	Name	Date of postnatal discharge/transfer	
6 months			
12 months			

Referral Form 1 J Pollard April 08/Review April 12

Please add any additional information below