

# Safeguarding the Unborn Baby where there is parental substance misuse

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 Middlesbrough  
Partnership

 Families  
Forward

# Families Forward

- Multi agency adult and children's team
- Engages with families affected by parental drug & alcohol problems, domestic violence and /or mental health problems
- Uses an evidenced based model of practice
- Seeks to engage with families at critical moments to identify what needs to change to enable children to safely remain at home



- Share our approach to working with pregnant mothers in treatment and their families
- Early years team – Public Health Nurse, pre birth Social Worker & Family Support worker
- Benefits of access to wider multi agency team
- Outcomes
- Share practice and learning



# Rationale

- Overall ambition to intervene early and improve the wellbeing of a specific group of mothers and their unborn babies
- Reduce the harm from drugs & alcohol
- Improve access to health care, support & education
- Health outcomes for babies here remain in the bottom quartile Nationally
- Evidence to show early experiences (starting in the womb) is the foundation for child's life
- Benefits of a model of specific targeted, time limited and intense support during pregnancy and following birth



# Primary Pregnancy Protocol

- Between health treatment services and children's services, under LSCB Safeguarding Unborn Baby Procedures (SUB)
- Created in 2000 aimed at addressing issue poor/late disclosure of drug use in pregnancy and
- Risk of babies being born with neonatal abstinence syndrome
- Often leading to separation of mothers and babies



# Collaborative working practice

- Referrals come directly from treatment services and/or midwives.
- Following confirmation of pregnancy (12/14 weeks) **Initial Primary Pregnancy Meeting** held with family
- Meeting chaired by the Public Health Nurse(midwife)
- Full information exchange between professionals
- Referrals to Fire Brigade for safety checks and locked medicine cabinets



- Pre birth assessment
- Families needs are identified and provided for
- Responsible adult to administer medication identified
- Foster placement / Waking Nights
- **Review meeting** 30 weeks of pregnancy, share pre birth assessment.
- Consideration of Child Protection
- Agree plan for discharge of the Baby
- Baby is monitored with mum on post natal ward for 72 hours. **Discharge Meeting** at hospital



# Post-natal support

- Support and interventions up to 12 weeks
- Continued risk, transfer to locality/permanency team
  - Referral for Family Intervention
  - Specialist Assessment & Intervention  
/Rehabilitation Plan via Court /Child Protection  
Plans
- Community services, longer term support



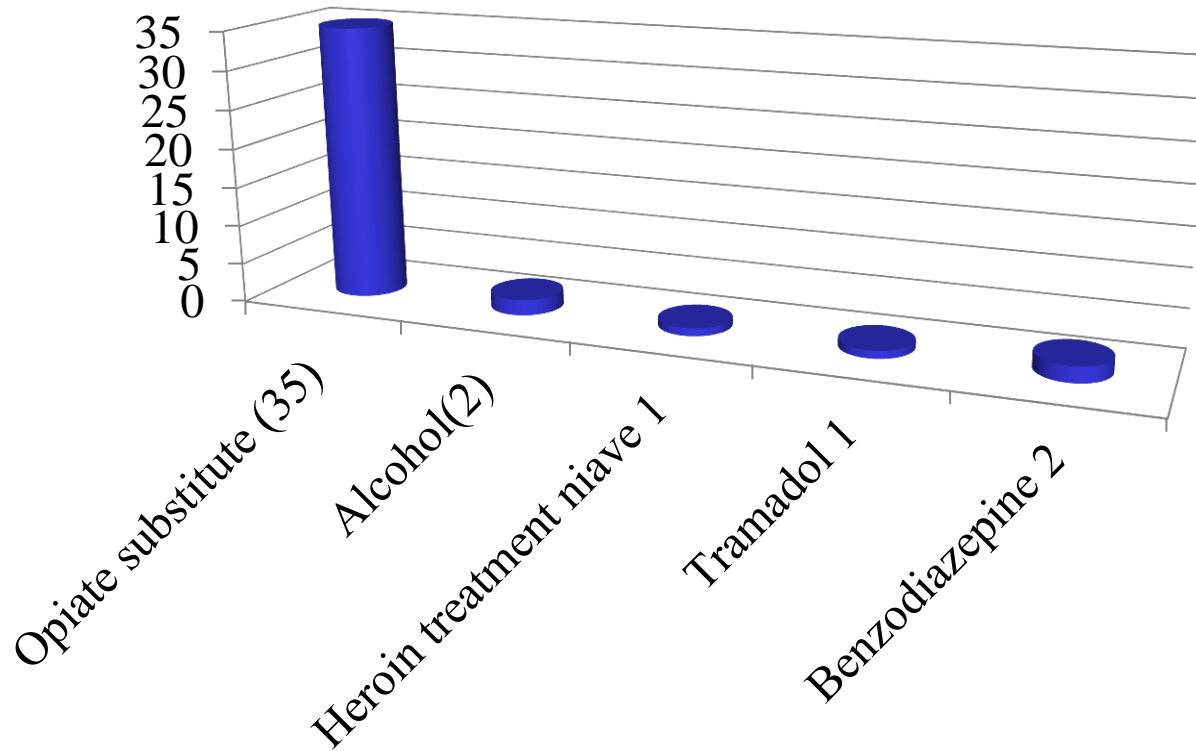


# Snap shot of 12 months

- 41 referrals
- 35 on-going/delivered babies to Middlesbrough
- 1 not pregnant
- 1 termination
- 1 miscarriage
- 1 still birth
- 2 moved areas



# Substance use at referral



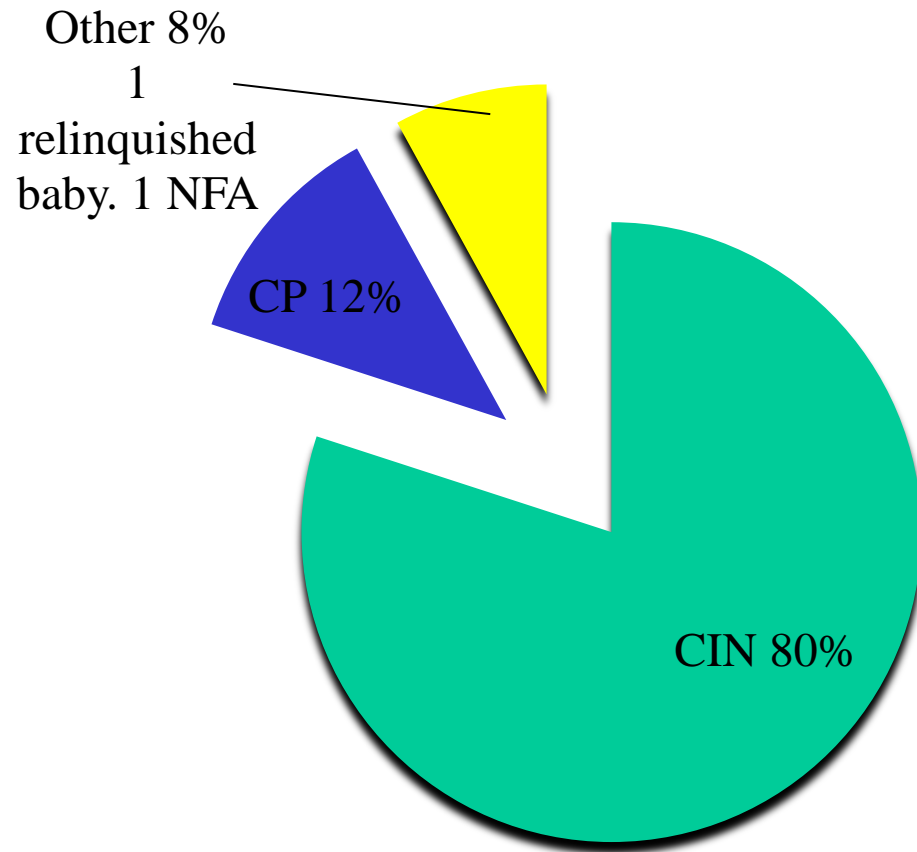
## Secondary drug use

Alcohol 4

Benzodiazepine 5



# Case status



# Case Outcomes



- Unborn
- Discharged to parents (12)
- Temporary in care extended family
- Care extended family
- LAC (4)
- Adoption (1)



# Outcomes for babies

- 3 babies required medication
- 3 babies required readmission for health issues, including re start of medication
- Low birth weight
- 3 mothers breastfeeding
- Most mothers continue to smoke
- Other periods birth abnormalities



# Additional findings

- 34% of cases feature maternal Mental health issues
- 37% have current/historical DV
- 62 % partners in drug treatment
- 24% no known substance history
- 76% of partners currently or historically used drugs /been in treatment



# Practice and Learning

- Embeds transparent multi agency and family working via collaborative working practice
- Improves access to services – specialist/adult /child
- Identifies and supports specific health needs
- Targeted health, education and parenting work
- Targeted psychological strategies to improve attachment
- Whole family engagement – dads



# Practice and Learning

- Assessment of need from 12 weeks of pregnancy support needs reviewed 3 months from birth
- Ensures the earliest help when women are most receptive to change
- Links to weekly vulnerable womens clinic led by PHN
- Robust multi agency discharge & support plans - ensure babies wellbeing & optimise successful bonding.
- Recognised Good Practice - Ofsted 2012





# Parental views and developments

- Dispels anxieties and enables discussions about families greatest fears which can also
- Support motivation to make some positive changes
- Referrals for alcohol use in pregnancy remain low or non existent and this our key area for development
- Seek support with analysing data and follow up for this group women and children
- Build on the good practice and partnership working



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