

The Universal Antenatal Contact at 28 weeks' Gestation by the Specialist Community Public Health Nurse (SCPHN). (SCPHN SOP No 2)	
Standard Operating Procedure (SOP)	
Ref No: 2016	
Version: 5	
Prepared by: Service Manager Professional Lead for SCPHN & Andrea Bouchaib Health Visitor Team Leader	
Presented to: Care and Clinical Policies Group	Date: 21 June 2017
Ratified by: Care and Clinical Polices Group	Date: 21 June 2017
	Review date: 21 July 2020
Relating to policies:	
<ul style="list-style-type: none"> · The Perinatal Infant Mental Health Contact & the initial assessment of early attachment by the SCPHN. Date Jan 2017 – 2019 (SCPHN SOP No 4) · Specialist Community Public Health Nurse (SCPHN) Infant Feeding Policy (Health Visiting) July 2015 · Torbay and South Devon NHS Foundation Trust - Transition Standard from Midwifery to Health Visiting Oct 2015 · Torbay Safeguarding Children Board Procedures Manual Date Nov 2016 · Public Health England: Newborn Hearing Screening Programme (NHSP) Operational Guidance – Patient journey from screen to referral (community-based screen service) · Torbay and South Devon NHS Foundation Trust (TSDTF) Lone Working Policy & Guidance NO 55 · Torbay and South Devon NHS Foundation Trust - BCG Vaccination in the Newborn Version 6 · Torbay and South Devon NHS Foundation Trust - Newborn blood spot screening – Protocol 28/10/2019 · Torbay and South Devon NHS Foundation Trust - Disengagement with Community Services in relation to children. V2 Date 20.4.16 – 03.06.2018 · TSDFT Safeguarding Adults Policy Jan 17. 	

1 Purpose of this Document

- 1.1 This document has been written to provide best practice guidance for Health Visitors (HV) when completing the antenatal contact between 28 and 32 weeks gestation.
- 1.2 The antenatal contact described in the 2015 -16 National Health Visiting Core Service Specification (NHS England) will be offered. This will be a face-to-face, one-to-one interview, in a confidential setting, based on a promotional narrative listening interview.

2 Scope of this Standard Operating Procedure (SOP)

- 2.1 The scope of this SOP must be followed by all the Torbay and South Devon NHS Foundation Trust (TSDFT) Specialist Community Public Health Nurse (SCPHN) Health Visitors (HV's)
- 2.2 This SOP is applicable to: all women and their partners who are 28 to 32 weeks pregnant and resident permanently or temporarily in the Borough of Torbay.

3 Competencies Required

- 3.1 To have successfully completed the SCPHN HV course and registered the qualification with the Nursing Midwifery Council (NMC).
- 3.2 The HV will have completed the 2 day Solihull Foundation Training
- 3.3 The HV will have attended a 2 day UNICEF Baby Friendly course followed by a practical skills review completed by the Responsive Feeding Team 6 weeks after the initial 2 day training.
- 3.4 The HV will have attended the Institute of Health Visiting (iHV) Perinatal Mental Health Champion Training.
- 3.5 The HV will have attended the iHV Domestic Abuse Health Visiting Champion Training or other comparable course.
- 3.6 The HV will have attended the iHV infant Mental Health Champion training for health visitors or other comparable course.
- 3.7 The HV will have attended an annual immunisation update
- 3.9 The HV will be aware of the South West Child Protection Procedures www.swcpp.org.uk (accessed 16/06/17) and how to refer to the safeguarding HUB using the Child's Journey Threshold Matrix.
- 3.10 The SCPHN HV will have attended the one day awareness training on Smoking Cessation
- 3.11 The HV will know how to follow local policies and pathways including:
 - Routine Antenatal Care with additional support for young mother age 18 and under <http://www.sdht.nhs.uk/contact/forms/Clinical%20Documents/Teenage%20Pregnancy%20Care%20Pathway.docx> (accessed 16/06/17)
 - Routine Antenatal Care with Additional Support where there is Substance Misuse flow chart https://icon.torbayandsouthdevon.nhs.uk/corp_doc_mgmt/Clinical%20Effectiveness/G1496.pdf (accessed 16/06/17)

- Pathway for Routine Antenatal Care with Additional Support for Mothers with Learning Disabilities

<http://nww.sdhct.nhs.uk/contact/forms/Clinical%20Documents/Antenatal%20Mental%20Health%20Care%20Pathway.pdf> (accessed 16/06/17)

3.12 The HV will have attended a training session on Non Specific Worker basic screening form for drug & alcohol use.

4 Procedure / Steps:

- 4.1 The HV will review the mother's Paris Health record including the antenatal summary and other documents in external documents and any alerts placed on the mother's record.
- 4.2 The HV will offer all parents-to-be a face-to-face contact in a confidential setting after 28 weeks' gestation to explain the universal health visiting family offer. Fathers and carers will be given the opportunity to attend appointments and be involved where possible. Early contact will be made after 16 weeks' gestation, following information received from the Midwife or other professional working with the family identifying them as vulnerable, requiring early contact and support.
- 4.3 The HV will complete a Family Health Needs Assessment (FHNA) with the family to identify those in need of brief early interventions and support during the post-natal period. A care plan will be agreed with the family and appropriate liaison and referrals made to other services that can support the family.
- 4.4 A Lone Worker Risk Assessment will be completed in conjunction with TSDFT Lone Worker Policy. An alert will be placed on the mothers Paris record when a risk is identified.
- 4.6 The HV will give the pregnant women and her partner the opportunity to discuss issues and ask questions about the family's health and wellbeing.
- 4.7 The HV will use motivational interviewing to help family's preparation for parenthood and promote sensitive parenting by using open questions, reflective listening and summary reflections with expectant parents.
- 4.8 The HV will ask the mother for her maternity notes and use them when discussing preparation to parenthood signing where appropriate. The HV may encourage expectant parents to imagine what their unborn baby may be like and address any resulting issues the expectant parents have relating their own experiences as a child. Expectant parents will be sign posted to the Action For Children Preparing for Parenthood sessions a place can be booked on 01803 2100200.

-
- 4.9 The HV will talk to expected parents about the child's voice by considering what the child's experience will be like being part of the extended family and social groups.
- 4.10 The HV will give the mother and her partner the Personal Child Health Record (PCHR) explaining its purpose and completing the relevant sections. The mother should be advised the PCHR will be required by the hospital when she goes into labour.
- 4.11 The HV will give the mother the *Your Health Visiting Service Leaflet* and talk about the content highlighting the links to the HV website, NHS Choices, the Birth to Five Book and the link to Action For Children Groups. The HV will record the teams contact number and child health clinic details in the PCHR.
- 4.12 The HV will consider asking the 2 Whooley depression identification questions and the General Anxiety Disorder Scale – 2 as part of a general discussion about her mental health and wellbeing.

The Whooley questions:

- i. During the past month, have you ever been bothered by feeling down, depressed, or hopeless?
- ii. During the past month, have you often been bothered by having little interest or pleasure in doing things?

The GAD-2

- i. During the last month have you been feeling nervous, anxious, or on edge?
- ii. During the past month have you not been able to stop or control worrying?

- 4.13 The HV will give the *My pregnancy & post-birth wellbeing plan* leaflet encouraging the mother to consider her support network after the birth and who she can call on for help if she feels depressed after the birth.

- 4.14 The routine enquiry questions for domestic abuse should be asked if safe to do so: consider if the woman is alone, is a child over 2 is present and is an interpreter required. Women can be signposted to Torbay Domestic Abuse Service (TDAS)

Routine enquiry questions:

"Are you in a relationship with someone who hurts or threatens you?"

or, if there is evidence of injuries:

"Did someone cause these injuries to you?"

- 4.15 The HV will promote maternal wellbeing and family lifestyle considerations by initiating conversations about healthy lifestyle choices to include:

- i. A healthy diet, vitamin supplements, Vitamin D and Folic Acid, including Healthy Start Vouchers;

-
- ii. Informing women of their Maternity Rights and benefits, signposting as appropriate;
 - iii. Advice about physical activity and weight control.
 - iv. Advice about Smoking Cessation and the Smoke Free Home Scheme – refer women and other family members to Torbay Stop Smoking Service and complete the assessment on smoking in the PCHR.
 - v. Discuss alcohol consumption and substance abuse using the None specific worker basic screening form for drug and alcohol use signposting to local support torbayalcoholserVICetct@nhs.net (*checked June 17*) and Torbay Primary Care Drug Services (01803) 604330; consider referral to the Specialist HV for Substance Misuse.
 - vi. Discuss keeping safe, prevention of sudden infant death. If a family meets the criteria for the Care of Next Infant (CONI) scheme, the HV should assess if a referral has been made by the Midwife and, if not, offer this service to the family and contact the CONI HV lead for the Torbay health visiting service.
 - vii. Discuss co-sleeping recognise advising this can be intentional or unintentional. Discuss this with parents and carers that there is an association between co-sleeping (parents-to-be or carers sleeping on a bed or sofa or chair with an infant and Sudden Infant Death Syndrome (SIDS). Inform parents-to-be and carers that the association between co-sleeping (sleeping on a bed or sofa or chair with an infant) and SIDS is likely to be greater when they, or their parents, smoke. Inform parents-to-be and carers that the association between co-sleeping (sleeping on a bed or sofa or chair with an infant) and SIDS may be greater with: Parental or carer recent alcohol consumption, or parental or carer drug use, or low birth weight or premature infants.
 - viii. Promote good dental health and inform the mother she is entitled to free NHS dental appointments during pregnancy and up to 1 year post-delivery.
 - ix. Discuss the National Childhood Immunisation Programme, using the pages in the PCHR as a guide, include eligibility for BCG. Discuss the maternal immunisation programme for pregnant women referring to the GP if any are outstanding. Record in the midwifery notes these discussions have taken place.
 - x. Consider showing the mother and her partner the Sepsis Assessment and Management page in the PCHR.
 - xi. Discuss the New-born Hearing Screening using the screening programme booklet and PCHR.

- xii. Discuss the benefits of breast feeding with prospective parents, local support groups and local peer supporters, refer to the peer supporters or breast feeding support groups across the Trust; Give the Mother *Feeding & Caring for Your Baby Guide*.
- xiii. The HV will assess home safety and, where appropriate, give information on smoke alarms and child safety in the home in preparation for a new baby. Referring to Action for Children when eligible for a home safety check.
- xiv. The HV will consider using translation and interpretation services for families whose first language is not English, or they have other communication difficulties. Please consult *Translation and Interpretation Services* on the Trust's intranet (ICON)
- xv. The HV should obtain consent to record information on Paris by following the Health Visitor Guidance Crib Sheet which includes:
 - Direct new clients to the page titled 'How we handle your information in the Parent Child Held Record.
 - Advise the expectant parents that '*Your Health Visiting Service*' leaflet has information on how your data is stored and protected please visit: <http://www.torbayandsouthdevon.nhs.uk/about-us/news-and-publications/information-leaflets/data-protection/> (accessed 16/06/17)
 - If consent is not obtained please refer the client to your team leader.
- xvi. The HV will record the visit on the Paris Health Electronic Record system.
- xvii. The Family and Friends questionnaire will be given to the family; the HV will explain the purpose and show the family the free post address on the back of the form.

5 Monitoring tool:

Standards:

Item	%	Exceptions
Key Performance Indicator reported number of visits quarterly to commissioners	Nil set	None
<p>Equality Statement.</p> <p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy</p>		

References:

- 2015 – 16 National Health Visitor Core Service Specification (NHS England)
- NICE guidance: Antenatal and Postnatal Mental Health: Clinical Management and Service Guidelines, Dec 2014
- HCP: Pregnancy & the first five years of life (DH/DCSF 2009)
- HCP: Rapid review to date evidence (PHE 2015)

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Draft	December 2014	Update	Service Manager Professional Lead for SCPHN
2	Draft	January 2015	Transposed onto revised template	Service Manager Professional Lead for SCPHN
3	Draft	March 2015	Update	Service Manager Professional Lead for SCPHN
4	Draft	April 2015	Revised Appendix 2	Service Manager Professional Lead for SCPHN
5	Ratified	21 July 2017	Revised	Care and Clinical Policies Group
5		19 February 2018	Review date extended from 2 years to 3 years	

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	<i>The Antenatal 28 week visit by a SCPHN HV</i>	Version and Date	V1 - 17/6/1017
Policy Author	Service Manager Professional Lead for SCPHN		
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.			
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers¹; travellers²; homeless³; convictions; social isolation⁴; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language⁵ used throughout?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible⁶?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy⁷?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?			
EXTERNAL FACTORS			
Is the policy/procedure a result of national legislation which cannot be modified in any way?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
This a health visiting mandated visit offered to all families with a new baby aged 10 to 14 days. The visit can occur later if a parent request's a different time or the baby has not been discharged from hospital.			
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?			
National Guidance and staff			
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Service Manager Professional Lead for SCPHN	Signature	
Validated by (line manager)		Signature	