The New Birth Home Visit by a Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV) (SCPHN SOP No 3)

Standard Operating Procedure (SOP)	
Ref No: 2021 **Version: 2**	
Prepared by: Christine Timmon & Andrea Bouchaib	
Presented to: The Care & Clinical Policy Group	**Date: 19 April 2017**
Ratified by: The Care & Clinical Policy Group	**Date: 19 April 2017**
	Review date: 05 May 2020

Relating to policies:

- **The Perinatal Infant Mental Health Contact & the initial assessment of early attachment by the SCPHN. Date Jan 2017 – 2019 (SCPHN SOP No 4)**
- **Infant Feeding Policy (Health Visiting) Date 2015 – 2017**
- **The Transition Standard from Midwifery to Health Visiting Oct 2105**
- **The Universal Antenatal Contact at 28 week gestation by the SCPHN HV. Date 2015 – 2017.**
- **Torbay Safeguarding Children Board Procedures Manual Date Nov 2016.**
- **NHS screening Programme. Newborn Hearing Screening Programme patients Journey; protocol for screening well babies in the community settings. 27/01/2004**
- **Lone Working Policy & Guidance NO 55**
- **BCG Vaccination in the Newborn Version 6:**
- **Newborn blood spot screening – Protocol 28/10 2019**
- **Disengagement with Community Services in relation to children. V2 Date 20.4.16 – 03.06.2018**

1. Purpose of this document:

1.1 This document has been written to provide best practice guidance for Health Visitors (HV) when completing the new birth visit between 10 & 14 days post-delivery.

1.2 The new birth visit 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 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 families and carers with a baby aged 10 to 14 days who are 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 NMC.

3.2 The HV will have successfully completed the 6 neonatal audiology eLearning modules to undertake the initial hearing test (AOAE)

3.3 The HV will have completed the 2 day Solihull Foundation Training

3.4 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.

3.5 The HV will have attended the Institute of Health Visiting (iHV) Perinatal Mental Health Champion Training.

3.6 The HV will have attended the iHV Domestic Abuse Health Visiting Champion Training or other comparable course.

3.7 The HV will have attended the iHV infant Mental Health Champion training for health visitors or other comparable course.

3.8 The HV will have attended an annual immunisation update

3.9 The HV will have attended an annual prescribing update.

4 Procedure / Steps:

4.1 It is best practice for the HV who completed the 28 week antenatal contact to undertake the 10 to 14 day new birth visit with the family.

4.2 The HV will review the maternity discharge summary and the records from the 28 week antenatal contact prior to visiting the family. The HV should liaise with midwifery team, perinatal mental health team and GP when required.

4.3 The new birth visit will be arranged at a suitable time for the family or carers giving both parents/ carers the opportunity to be present.

4.4 If the infant is premature or unwell, this contact can be delayed until after the infant has been discharged from the Neonatal or Special Care Baby Unit.

4.5 The HV will give the family or carer the opportunity to discuss any concerns or parenting issues at the new birth visit. Families will be offered information based on current available evidence, together with support, to enable them to make informed decisions about their child's health and care.

4.6 Based on a promotional narrative listening interview the HV will give the mother/father an opportunity to talk about their birth experience.

4.7 The HV will assess the mother's mental health and emotional wellbeing using the guidance in the SOP Perinatal Infant Mental Health Contact & Initial Assessment of Early Attachment by the SCPHN. (2017-2019)

4.8 The HV will ask the routine enquiry questions if safe to do so using the guidance in the SOP the Universal Antenatal Contact at 28 weeks gestation by the SCPHN (2015-2017)

4.9 The HV should ensure that mothers have the opportunity to discuss responsive feeding, and should reassure mothers that breastfeeding can be used to feed, comfort, and calm babies. Breastfeeding can be long or short. Breastfed babies cannot be overfed or 'spoiled' by too much feeding and breastfeeding will not, in itself, tire mothers any more than caring for a new baby without breastfeeding.

4.10 The HV will ask the mother for the Parent Child Health Record (PCHR) and complete the breast feeding assessment for breast feeding or mixed feeding babies.

4.11 The HV will promote immunisations by giving the family the opportunity to discuss the National Child Health Immunisation Programme explaining they are offered by the family General Practitioner (GP) The HV will review the midwifery discharge summary to see if the baby requires Hepatitis B vaccinations.

4.12 The HV will review if the baby requires a BCG in accordance with the TSDFT BCG vaccination in the Newborn Version 6. The HV will make a written referral to the Chest Clinic at Torbay Hospital, if required, with parental consent.

4.13 The HV will offer to perform the AOAE new born hearing test at the best opportunity when the baby is settled and quiet following TSDFT Protocol for screening well babies in the community. (21/1/2004)

4.14 The HV will examine the baby naked taking a weight, length and head circumference recording the measurements in the PCHR pages for the new birth visit.

4.15 The HV will discuss home safety including safe sleeping, smoke free homes and car seats. (See appendix 1 for recommendations co-sleeping)

4.16 The HV will raise awareness of the importance of play in child development including preventing positional plagiocephaly.

4.17 The HV will highlight the SAM leaflet and the Meningitis Baby Watch pages in the PCHR.

4.18 The HV will give the family the Health Visitor Leaflet which sign posts the family to useful websites and the local Children Centre services.

4.19 The HV will record their contact details in the PCHR including the Child Health Clinic times and agree with the family the level of service offered arranging the next contact.

4.20 The HV should obtain consent to record information on Paris by following the Health Visitor Guidance Crib Sheet which includes:

- Please direct new clients to the page titled 'How we handle your information in the Parent Child Held Record (Red Book).'
- Please give new clients the 'Your Health Visiting Service' leaflet version number 2 and inform them more information is available via the link and QR code to the TSDFT 'Leaflet Your Information What You Need to Know.'
- If consent is not obtained please refer the client to your team leader.

4.21 The HV will record the visit on the Paris Electronic Record system including an update of the Family Health Need Assessment Pages.

4.22 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.

2. Monitoring tool:

Standards:

Item	%	Exceptions
Key Performance Indicator reported quarterly to commissioners	95%	90%

Equality Statement.
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.

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

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
- Information on all vaccinations can be found at https://www.gov.uk/government/publications/green-book-the-complete-current-edition *(site accessed 30/06/16)*
- Public Health England (2013) Immunisation Against Infectious Disease: Rubella (German measles): guidance, data and analysis. Chapter 28 Rubella.
- South Devon Healthcare NHS Foundation Trust (2013) Patient Group Directive: Administration of MMR Vaccine.
- Signs And Symptoms (SAM) leaflet for parents http://www.southdevonandtorbayccg.nhs.uk/your-health/Pages/child-sepsis-guidance.aspx *(site accessed 30/06/16)*

Appendix:

Appendix 1 – Advice on co-sleeping

Appendix 1

Advice on co-sleeping

1. Recognise that co-sleeping can be intentional or unintentional. Discuss this with parents and carers and inform them that there is an association between co-sleeping (parents or carers sleeping on a bed or sofa or chair with an infant and Sudden Infant Death Syndrome (SIDS).

2. Inform parents 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.

3. Inform parents 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 birthweight or premature infants.

Reference: NICE. Addendum to Clinical Guidance 37, Postnatal Care
Clinical Guideline Addendum 37.1.
Methods, evidence and recommendations. December 2014.

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	08/01/2015	New	
2	Ratified	05/05/2017	Revised	Care and Clinical Policies Group
2		19/02/2018	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.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

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

Policy Title (and number)	***The Newbirth visit by a SCPHN HV***	**Version and Date**	*V1 - 30/3/1017*
Policy Author			

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?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒
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 language[5] used throughout?	Yes ☐ No☒
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☐ No☒
Does the policy/procedure encourage individualised and person-centered care?	Yes ☐ No☒
Could there be an adverse impact on an individual's independence or autonomy'?	Yes ☐ No☒
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 ☒ No☐
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	Health Visitor Team Leader	**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.