

Document Type:	Standard Operating Procedure	
Reference Number : 2021	Version Number: 3	Next Review Date: 31 December 2023
Title:	The Universal New Birth Visit by a Specialist Community Public Health Nurse (Health Visitor)	
Document Author:	Service Manager & Professional Lead	
Applicability:	All families and carers with a baby aged 10 to 14 days are resident within Torbay	

Relating to policies:

- [The Perinatal and Infant Mental Health contact by the Specialist Community Public Health Nursing Team \(Health Visiting\) within the 0-19 year Partnership.Ref:2022](#)
- South West Safeguarding and Child Protection Group Procedures www.proceduresonline.com/swcpp
- [Specialist Community Public Health Nurse \(SCPHN\) Infant Feeding Policy \(Health Visiting\) Ref:1922.](#)
- [Public Health England: Newborn Hearing Screening Programme \(NHSP\) Nov 2016](#)
- [Torbay and South Devon NHS Foundation Trust \(TSDTF\) Management of Lone Working](#)
- [TSDFT - BCG Vaccination in the Newborn. Ref:0317](#)
- [TSDFT - Newborn blood spot screening. Ref:0744](#)
- [TSDFT - Disengagement with Community Services in relation to children. Ref:1906](#)
- [TSDFT - Safeguarding Adults Policy for the protection of adults at risk from abuse. Ref:1187](#)

1.Purpose of this document:

- 1.1 This document has been written to provide best practice guidance for Specialist Community Public Health Nurses (SCPHN) Health Visitors (HV) when completing the new birth visit between 10 and 14 days post-delivery.
- 1.2 The new birth visit will be face-to-face interview, based on a promotional narrative listening interview.

2.Competencies required:

- 2.1 To have successfully completed the SCPHN HV course and registered the qualification with the Nursing and Midwifery Council (NMC).
- 2.2 The HV will have successfully completed the neonatal audiology e-learning modules.

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- 2.3 The HV will have completed the 2 day Solihull Approach Foundation training.
 - 2.4 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.
 - 2.3 The HV will have attended the Institute of Health Visiting (IHV) Perinatal and Infant Mental Health training.
 - 2.4 The HV will have attended the IHV Domestic Abuse training or other comparable course.
 - 2.5 The HV will have attended an annual immunisation update.
 - 2.6 The HV will have attended an annual prescribing update.

3.Procedure/Steps:

- 3.1 It is best practice for the HV who completed the antenatal contact to undertake the new birth visit with the family.
- 3.2 The HV will review the maternity discharge summary and the electronic records from the antenatal contact prior to visiting the family. The HV should liaise with midwifery team, perinatal mental health team and GP when required.
- 3.3 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.
- 3.4 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.
- 3.5 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.
- 3.6. Based on a promotional narrative listening interview the HV will give the mother/father an opportunity to talk about their birth experience.
- 3.7 The HV will assess the mother's mental health and emotional well-being.
- 3.8 The HV will ask the [Routine Enquiry](#) questions if safe to do so.
- 3.9 The HV should ensure that mothers are given the time and opportunity to discuss responsive feeding.
- 3.10 The assessments for breastfeeding or mixed feeding must be completed in the Parent Child Health Record (PCHR).

- 3.11 Opportunity will be given to discuss the National Child Health immunisation programme. The HV will review the midwifery discharge summary to see if the infant requires Hepatitis B vaccinations.
- 3.12 The HV will review if the child requires a [BCG vaccine](#) and make a written referral to the Chest Clinic at Torbay Hospital, if required, with parental consent.
- 3.13 The new born hearing screening will be offered if not already completed, when the baby is settled and quiet following the [TSDFT Protocol for screening well babies in the community](#).
- 3.14 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. The measurements are also recorded on the electronic record for the baby and within the screening client profile.
- 3.15 The HV will discuss home safety including safe sleeping, plageocephally, smoke free homes and car seats.
- 3.16 The HV will raise awareness of the importance of play, talking and reading to babies as part of their development. Eg, Chat, Play, Read <https://literacytrust.org.uk> and [Hungry Little Minds](#).
- 3.17 The HV will highlight the importance of [sepsis awareness](#).
- 3.18 The HV will give the family information about the [Torbay 0-19 HV website](#).
- 3.19 The HV will ensure the services' contact details (Admin Hub Tel: 0300 333 5352) are in the PCHR.
- 3.20 The HV will agree with the family the level of service to be offered and follow up plan necessary.
- 3.21 The HV will obtain consent and give an explanation to [how information is recorded electronically](#).
- 3.22 The electronic records will be completed for the mother to include any updates to the lone working status, family health needs assessments and a case note summary of the contact.
- 3.23 The electronic record for the infant will be started to include their name, associated family members, contact details, targeted assessments recorded - FHNA, development needs and level of service Universal, Universal Partnership, Universal Partnership Plus.
- 3.24 Activity recording is undertaken and case note summary made.

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2021		
Document title:	The Universal New Birth Visit by a Specialist Community Public Health Nurse (Health Visitor)		
Purpose of document:	Delivery of the new birth visit for infants and families resident within Torbay.		
Date of issue:	31 December 2020	Next review date:	31 December 2023
Version:	3	Last review date:	
Author:	Service Manager & Professional Lead Health Visiting & School Nursing. Team Leader 0 to 19 Torbay Team.		
Directorate:	TISU		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group		
Date approved:	25 November 2020		
Links or overlaps with other policies:	<ul style="list-style-type: none"> • The Perinatal and Infant Mental Health contact by the Specialist Community Public Health Nursing Team (Health Visiting) within the 0-19 year Partnership.Ref:2022 • South West Safeguarding and Child Protection Group Procedures www.proceduresonline.com/swcpp • Specialist Community Public Health Nurse (SCPHN) Infant Feeding Policy (Health Visiting) Ref:1922. • Public Health England: Newborn Hearing Screening Programme (NHSP) Nov 2016 • Torbay and South Devon NHS Foundation Trust (TSDTF) Management of Lone Working • TSDTF - BCG Vaccination in the Newborn. Ref:0317 • TSDTF - Newborn blood spot screening. Ref:0744 • TSDTF - Disengagement with Community Services in relation to children. Ref:1906 		

	<ul style="list-style-type: none"> TSDFT - Safeguarding Adults Policy for the protection of adults at risk from abuse. Ref:1187
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Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	<i>Please select</i> Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
08 January 2015	1	New	
05 May 017	2	Revised	Care and Clinical Policies Group
19 February 2018	2	Review date extended from 2 years to 3 years	
31 December 2020	3	Revised	Care and Clinical Policies Group

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 ICON.

<https://icon.torbayandsouthdevon.nhs.uk/areas/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)*

Policy Title (and number)	2021 The Universal New Birth Visit by a Specialist Community Public Health Nurse (Health Visitor)		Version and Date	V3 October 2020	
Policy Author	Service Manager & Professional Lead				
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	Other, please state... <input type="checkbox"/>	
Could the policy treat people from protected groups less favourably than the general population? PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; 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 language ⁵ used throughout?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Does the policy encourage individualised and person-centred care?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
EXTERNAL FACTORS					
Is the policy 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?)					
Review					
Who was consulted when drafting this policy?					
Patients/ Service Users	<input checked="" type="checkbox"/>	Trade Unions	<input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff	<input checked="" type="checkbox"/>	General Public	<input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below				Yes <input type="checkbox"/> No <input type="checkbox"/>	
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	0-19 Partnership Team Leader	Signature	
Validated by (line manager)	Manager	Signature	

Please contact the Equalities team for guidance:

For Devon CCG, please email d-ccg.equalityanddiversity@nhs.net & d-ccg.QEIA@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation

Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.