SCPHN Standard Operating Procedure No. 2

Title:	**The Universal Antenatal Contact at 28 Weeks' Gestation by the Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV)**		
Prepared by:	**Christine Timmon Service Manager Professional Lead for SCPHN**		
Presented to:	**Care & Clinical Policy Group**	Date:	March 2015
Ratified by:	**Care & Clinical Policy Group**	Date:	March 2015
Review due:	**2 years**	Date:	March 2017

Links to Policies:

- South West Safeguarding and Child Protection Group Guidelines
- TSDHCT Safeguarding Adults Multi-Agency Policy and Procedure
- TSDHCT Lone Working Policy
- TSDHCT SCPHN Family Health Needs Assessment Tool 2014

1. Purpose of this Document

1.1 This document offers best practice guidance on the antenatal health promoting visit by the Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV).

1.2 The HV antenatal contact described in the Department of Health (DH) Healthy Child Programme 0-5 years will be the service and interventions provided to all families in Torbay and Southern Devon Health and Care NHS Trust (TSDHCT). This should be done as a face-to-face, one-to-one interview, in a confidential setting, based on a promotional narrative listening interview including preparation for parenthood.

2. Scope of this Standard Operating Procedure

2.1 This Standard Operating Procedure (SOP) must be followed by all TSDHCT Specialist Community Public Health Nurse Health Visitors.

3. Competencies Required

3.1 TSDHCT staff will be aware of the South West Child Protection Procedures www.swcpp.org.uk and how to refer to the safeguarding HUB using the Child's Journey Threshold Matrix.

3.2 TSDHCT staff will know how to follow local policies and pathways including:

- The Teenage Pregnancy Pathway (Appendix 1);
- Routine Antenatal Care with Additional Support where there is Substance Misuse flow chart (Appendix 2);
- Pathway for Routine Antenatal Care with Additional Support for Mothers with Learning Disabilities (Appendix 3);
- TSDHCT's Lone Worker Policy http://www.torbaycaretrust.nhs.uk/publications/TSDHC/Lone%20Worker%20Policy.pdf).

3.3 The SCPHN HV will have attended training on the Child's Journey Threshold Matrix Tool.

3.4 The SCPHN HV is expected to have knowledge and understanding of the transition to parenthood, including the importance of early attachment starting in utero, and factors that influence health and wellbeing.

3.5 The SCPHN HV will have attended training on using the Torbay Family Health Needs Assessment Tool and record keeping.

3.6 The SCPHN HV will have attended the Family Partnership Training Course.

3.7 The SCPHN HV will have attended training and be expected to have knowledge of the Solihull Foundation Approach to use in practice.

3.8 The SCPHN HV will have attended the one day awareness training on Smoking Cessation.

3.9 The SCPHN HV will have attended the Introduction to Breastfeeding (Day 1) and the Management of Breastfeeding (Day 2), and an annual one hour update in line with the UNICEF Baby Friendly Initiative.

3.10 The SCPHN HV will have attended the post natal depression training facilitated by the Institute of Health Visiting (iHV) Perinatal Mental Health Champions for TSDHCT.

3.11 The SCPHN HV will have attended Domestic Abuse and Routine Enquiry training delivered by the iHV Domestic Abuse Champions for TSDHCT.

3.12 The SCPHN HV will be expected to have the knowledge and expertise to assess the needs of teenage parents. Teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty, and related factors. To improve outcomes, the SCPHN HV should consider referral to the Family Health Partnership, if this is not in place.

3.13 The SCPHN HV will have attended the Infant Mental Health iHV Champion training for TSDHCT.

4. Clients Covered

4.1 This SOP is applicable to all pregnant women who are resident permanently or temporarily in the Borough of Torbay.

5. Procedure

5.1 Good communication between all professionals is important. Prior to contact with the family, the SCPHN HV should liaise with the GP and midwife to ascertain if the pregnancy is still viable.

5.2 All parents-to-be will be offered a routine face-to-face contact with the SCPHN HV in a confidential setting after 28 weeks' gestation to discuss the Health Visiting Family Offer including the Healthy Child Programme. Fathers should 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.

5.3 The SCPHN HV will complete a Family Health Needs Assessment 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 promoting and referring to Children's Centres, Early Intervention Family Support Workers, voluntary organisations, and the Family Information Service.

5.4 A Lone Worker Risk Assessment will need to be completed in conjunction with TSDHCT's Lone Worker Policy http://www.torbaycaretrust.nhs.uk/publications/TSDHC/Lone%20Worker%20Policy.pdf.

5.5 Pregnant women should be offered information based on the current available evidence, together with support, to enable them to make informed decisions about their care.

5.6 At each contact the SCPHN HV should offer consistent information and clear explanations, and should provide pregnant women with an opportunity to discuss issues and ask questions.

5.7 The SCPHN HV will undertake a promotional narrative listening interview including preparation for parenthood, promoting sensitive parenting, the emotional preparation for birth and the future care-infant relationship. For families identified as Universal Plus or Partnership Plus, the SCPHN HV will undertake comprehensive assessment, develop a care plan and deliver evidence based interventions in line with local pathways in partnership with other agencies and voluntary/community groups.

5.8 The SCPHN HV will prepare for and support transition to parenthood and family relationships by encouraging expectant parents to imagine what their unborn baby may be like. The SCPHN HV will address any maternal preoccupations which may include the expectant parents' own experiences of parenting and their views on being a parent themselves. Sign posting families to parents-to-be sessions at Action for Children, Children's Centres, or other voluntary groups. For example the National Childbirth Trust antenatal courses: bookings3@nct.org.uk.

5.9 The SCPHN HV will pass the parent-held Child Health Record (Red Book) to the expectant mother. This will be given to the Midwife when the woman goes into labour.

5.10 The SCPHN HV will advise how to access *The Pregnancy Book* in preparation for childbirth and parenting. The SCPHN HV will also promote high quality websites, such as:

i. TSDHCT HV site for families (http://www.torbaycaretrust.nhs.uk/yourlife/childrenandfamilies/Pages/Default.aspx)

ii. Department of Health website for parents and families (www.foundationyears.org.uk),
iii. NHS Choices - Your Health, Your Choices, (http://www.nhs.uk/Pages/HomePage.aspx)
iv. Netmums (www.netmums.com), and other social networking sites.
v. Fathers may wish to visit www.dad.info.
vi. 'Getting to Know Your Baby' app

5.11 The SCPHN 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 – consider referral to Early Years Health Trainers torbaylifestyles@nhs.net Tel: 0300 456 1006:

iv. Advice about Smoking Cessation and the Smoke Free Home Scheme – refer women and other family members to Torbay Stop Smoking Service Tel: 0300 456 1006 stopsmokingtorbay@nhs.net;

v. The routine enquiry questions for domestic abuse should be asked if safe to do so. Women can be signposted to Torbay Domestic Abuse Service (TDAS) (01803) 698896;

vi. Alcohol consumption and substance abuse, signposting to local support - torbayalcoholservicetct@nhs.net and Torbay Primary Care Drug Services (01803) 604330;

vii. Keeping safe, prevention of sudden infant death. If a family meets the criteria for the Care of Next Infant (CONI) scheme, the SCPHN 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 lead for the Torbay health visiting service;

viii. Dental health and free dental appointments during pregnancy. For families who are not registered with a dentist, signpost to the dental help line (01392) 269451. For urgent dental treatment (01803) 217777;

ix. The National Childhood Immunisation Programme, including eligibility for BCG. Consult the South Devon Healthcare protocol *BCG Vaccination in the Newborn*. Give the leaflet *Pregnancy and Flu*, signposting to the GP if outstanding. Information on all vaccinations can be found at https://www.gov.uk/government/publications/green-book-the-complete-current-edition;

x. Discussion on the benefits of breast feeding with prospective parents, local support groups and local peer supporters, including antenatal workshop sessions (contact on (01803) 654744), referral to the peer supporters or breast feeding support groups across the Trust;

xi. Assess home safety and, where appropriate, give information on smoke alarms and child safety in the home in preparation for a new baby.

xii. Support for families whose first language is not English, or other communication difficulties. Please consult *Translation and Interpretation Services* on the Trust's intranet (iCare). *The Big Word for telephone consultations and Multi-lingual for face to face translations. 01392 276660 & 07951 948038.*

xiii. Discuss the New-born Hearing Screening.

5.12 Women should be asked appropriate and sensitive questions (Whooley) to identify depression and other significant mental health problems:

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?

Two of the GAD-2 (Generalised Anxiety Disorder Scale) questions also need to be asked. These are:

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?

The outcome of these questions needs to be documented in the HV record.

5.13 Follow the guidance in the Map of Medicine on the Trust intranet (i-Care) (http://icare/commissioning/mapofmedicine/Pages/default.aspx), linking with the Perinatal Mental Health Team and the woman's General Practitioner as required.

5.14 All mothers should be offered a printed copy of the Boots Family Trust 'My Pregnancy and Post-Birth Wellbeing Plan' (Appendix 4).

5.15 The method of recording the contact is on the Family Health Needs Assessment Form.

5.16 Supervision is available to SCPHN practitioners monthly, alternating between child protection supervision, one-to-one management supervision, and CAMHS supervision. Peer audit using the Fresh Eyes tool will be undertaken on an annual basis.

6. References and Bibliography

6.1 The Child Health Promotion Programme - Pregnancy and the First Five Years of Life (DH 19th May 2009)
6.2 Health Visitor Implementation Plan 2011 - 2015: A Call to Action (DH, 2011)
6.3 NICE Guidance CG 45: Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance (February 2007) & (December 2014)
6.4 Nice Guidance CG 62: Antenatal Care and Routine Care for Healthy Pregnant Women (March 2008)
6.5 NICE Guidance PH26: Quitting Smoking in Pregnancy and Following Childbirth (June 2010)
6.6 NICE Guidance PH27: Weight Management Before, During, and After Pregnancy (July 2010
6.7 NICE Guidance PH11: Maternal and Child Nutrition (March 2008)
6.8 NHS Outcome Framework Domain 4: Ensuring People have a Positive Experience of Care
6.9 NHS England: 2015 -16 National Health Visiting Core Service Specification

7. Distribution

7.1 This SOP will be distributed to all the SCPHN HVs working in TSDHCT. The SOP will be available on TSDHCT i-Care / public website.

8. Appendices

1. Care Pathway for Teenage Mothers
2. Flow Chart for Routine Antenatal Care with Additional Support for Women and their Partners that have a Substance Misuse Issue
3. Flow Chart for Routine Antenatal Care with Additional Support for Mothers with Learning Disabilities
4. Boot Family Trust 'My Pregnancy and Post-Birth Wellbeing Plan'

9. 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".

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/MCA.aspx

Monitoring Tool:

Standards:

Item	%	Exceptions
Monitor compliance with the HV Antenatal 28 week universal contact SOP by reviewing 20 sets of records during the Annual Audit Programme	100	

Amendment History

Version	Status	Date	Reason for Change	Authorised
1	Draft	December 2014	Update	C Timmon
2	Draft	January 2015	Transposed onto revised template	C Timmon
3	Draft	March 2015	Update	C Timmon
4	Draft	April 2015	Revised Appendix 2	C Timmon

APPENDIX 1:

CARE WITH ADDITIONAL SUPPORT FOR ROUTINE ANTENATALS - YOUNG MOTHERS UNDER 20 YEARS

NAME:		DoB:		EDD:	

wk		Additional Support	
1-5			
6 7 8 9 10 11	First contact Ideally 6-8 weeks Booking completed prior to scan appointment	Discuss flow chart and ensure a copy of it is in the hand-held record Complete Healthy Start scheme for and refer to Smoking Cessation if applicable Consider learning needs assessment and refer as appropriate to ensure on-going support for education / learning	
12 13	Scan 11-14 weeks First trimester screening	Using Inter-agency Communication Form (ICF) forward to: • Public Health midwife – who will forward to Family Health Partnership (FHP) (Torbay) • Careers South West; Health Visiting team; Children's Centre; GP; School Nurse (if in school) • Consider young people Drugs and Alcohol Service if needed • Consider CAMHS if under 18 with mental health problem; Perinatal Mental Health team (18-19) • Sexual Medicine outreach team for 18 and under (Torbay only) • Safeguarding Lead if under 16 or safeguarding concerns • Consider sexual exploitation Consider the need for Common Assessment Framework FOLLOW UNBORN BABY PROTOCOL from South West Child Protection procedures www.swcpp.org.uk and refer to Children and Young People Services	
14			
15			
16	Midwife 16 weeks		
17			
18			
19	Hospital 18-20 week scan		
20 21		Health Visiting team to make contact between 20-30 weeks gestation or Family Health Partnership have made contact.	
22			
23			
24			
25	Midwife 25 weeks (1st baby or Consultant-led care)	25-30 weeks Multi-agency meeting using pro-forma for minutes. Ensure clear plan of support for pregnancy and postnatal period. Please file in case notes and distribute to all relevant agencies. If requirement for additional support identified to arrange 34 / 40 multi-agency meeting.	
26			
27			
28	Midwife (for bloods + anti D if Rh neg)28 weeks		
29			
30			
31	Midwife 31 weeks (1st baby or Consultant-led care)	Midwife to arrange early pre-birth (at home if home already not visited) around 34 weeks. Consider joint visit with Health Visitor.	Maternity Care Assistant to offer visit at home.
32			
33			
34	Midwife 34 weeks	34 weeks home pre-birth, plus Multi-agency meeting if requirement for additional support identified, using pro-forma for minutes.	
35			
36	Midwife 36 weeks		
37			
38	Midwife 38 weeks		
39			
40	Midwife 40 weeks		
	Birth of Baby		
	Postnatal	Provide Young Parent Packs on discharge from John McPherson Ward. Referral sent to Sexual Outreach team (for 18 and under). Postnatal visits as required, plus midwives to complete a Day 9-12 visit. Follow up meeting one month post-delivery organised by Health Visiting team to ensure a clear plan of support is in place.	

APPENDIX 2:

ROUTINE ANTENATAL CARE WITH ADDITIONAL SUPPORT WHERE THERE IS SUBSTANCE AND/OR ALCOHOL MISUSE

<table>
<tr><td>Name:</td><td>DOB:</td><td>GP:</td></tr>
<tr><td>Address:</td><td>EDD:</td><td></td></tr>
<tr><td>Partner Name:</td><td>DOB:</td><td>GP</td></tr>
<tr><td rowspan="3">Shrublands House
01803 291129
Walnut Lodge
01803 604330
Specialist Health Visitor
01803 604330/07825 027769</td><td colspan="2">Please indicate substance/s of use</td></tr>
<tr><td>Drugs</td><td>Alcohol</td></tr>
<tr><td colspan="2">Flow chart applies to all women or their partners that have a substance/alcohol misuse</td></tr>
<tr><td>Confirmation of pregnancy or first Contact 6-8 Weeks</td><td>Drug Treatment Referrals:
Torbay Open Access & DPT
07825027845/01803 291129
Rise Recovery Newton Abbot
01626 351144
For Under 18s
Torbay Checkpoint 01803 200100
Devon Y Smart 01271 388162</td><td>Alcohol Treatment Referrals:
Torbay Alcohol Service
01803 604334
Rise Recovery Newton Abbot
01626 351144
For Under 18s
Torbay Checkpoint 01803 200100
Devon Y Smart 01271 388162</td></tr>
<tr><td>Dating Scan 12-14 weeks</td><td colspan="2" rowspan="3">FOLLOW UNBORN BABY PROTOCOL from South West Child Protection Procedures www.swcpp.org.uk
Please hand out copy of Pregnancy Pathway to all clients
Routine screening of bloods to include Hep C Screening
Arrange multiagency meeting involving TDAS/RISE & HV and Sp HV
Share information with consent to Children's Services if appropriate</td></tr>
<tr><td>Joint home visit with SPHV and Public Health Midwife</td></tr>
<tr><td>GP Surgery or Midwife apt 16 Weeks</td></tr>
<tr><td>Hospital 20 Week Scan</td><td colspan="2">Information to SCBU from Ante Natal clinic
Follow unborn baby protocol throughout and refer when appropriate</td></tr>
<tr><td>Midwife 24 weeks</td><td>24 week Review (midwife to arrange) follow and complete pro-forma for minutes and A/N checklist</td><td>Recovery keyworker to attend. HV/Sp HV to attend. Children's Services to be invited</td></tr>
<tr><td></td><td colspan="2"></td></tr>
<tr><td>Midwife (for bloods and anti D if Rh. Neg) 28 weeks</td><td colspan="2">Growth Scan</td></tr>
<tr><td>30 week review meeting please follow and complete pro=forma for minutes and A/N checklist. Please send to relevant agencies</td><td>30 week's multi-agency review meeting</td><td>TDAS keyworker, SpHV/HV and children's services to attend</td></tr>
<tr><td rowspan="2">GP Surgery/Midwife 34 week</td><td colspan="2">32 week growth scan</td></tr>
<tr><td colspan="2">Pre-birth planning at 32-34 weeks as risk of early birth</td></tr>
<tr><td>Midwife or consultant apt 36 weeks</td><td colspan="2">36 Weeks growth scan</td></tr>
<tr><td>Midwife apt 38 Weeks</td><td colspan="2" rowspan="3">Admission and Delivery</td></tr>
<tr><td>Midwife apt 40 Weeks</td></tr>
<tr><td>Midwife apt 41 Weeks</td></tr>
<tr><td rowspan="3">Post Natal</td><td colspan="2">Hepatitis B Immunisation offered to all babies</td></tr>
<tr><td colspan="2">Discharge Planning meeting with all relevant agencies on ward</td></tr>
<tr><td colspan="2">Follow up 1 month multi agency meeting. Co-ordinated by Health Visitor</td></tr>
</table>

Devon Partnership NHS Trust

Torbay and Southern Devon Health and Care NHS Trust

APPENDIX 2 contd:

Named Midwife to be Lead Professional until discharge or allocation of Social Worker

Pregnancy Confirmed; Please follow Unborn Baby Protocol from South West Child Protection Procedures throughout pregnancy and refer to Children's Services as Appropriate.

Booking with midwife at 6-8 weeks/home booking10-12 weeks/ dating scan at 11-12 weeks. Inform Midwifery Safeguarding Lead and Public Health Midwife. If not engaged with drug/alcohol services then initiate referral through details shown overleaf. Give advice regarding antenatal care, Pregnancy Pathway to be explained and handed to client and to be followed throughout pregnancy. Contact Specialist Health Visitor for substance misuse and send Inter Agency Communication Form following the ICF Flow Chart

Joint home visit to be carried out between Public Health Midwife and Specialist Health Visitor

***Minimum Monthly Updates and Communication* between all parties.**

If at any stage any professional working with the client feels that there is a risk of harm to the child, to refer to children's services with clients consent/ knowledge.

Public Health Midwife: 01803 654644 Specialist Health Visitor for substance misuse: 01803 604330

16 Week appointment with named midwife.

Public health midwife to arrange Multi-agency meeting with clients. Invite TDAS recovery keyworker or representative, Specialist HV and generic HV.

Obtain consent from clients to share information with Children's Services if further support is needed or safeguarding concerns identified. Complete SHEF if required.

20 Week Dating Scan

Information sent from this scan to SCBU and Consultant Paediatrician regarding exact EDD. Information sent to Consultant Paediatrician who will only see a client if specifically requested via his secretary, Tel: 01803 655808

24 Week Review (called by named midwife or Public Health Midwife)

All Professionals engaged with the clients meet. To include clients, Midwifery, Health Visitor, Substance Misuse service representative, Specialist Health Visitor for substance misuse and Children's Services if involved at this time. Discuss client's progress and continue to communicate review and monitor. Please use pro-forma for minutes and refer to A/N checklist for drugs & Alcohol. Discuss any concerns and distribute as appropriate. Set date for 30 week meeting. If the case is already open to safeguarding – Do Not Duplicate Meetings. Please send copy of minutes to parents, named Obstetrician, Paediatrician, Attendees, Apologies and SCBU.

30 Week Review (called by named midwife or named social worker)

As week 24 All Professionals engaged with the clients meet. Client's to be invited. A client focussed meeting to agree support plan for prior to, during and after the birth. Any concerns to be discussed openly with the client. Please follow the pro-forma for minutes and distribute as previously. Ensure A/N check list for Drugs and Alcohol has been completed and the individual baby care plan is completed and in hand held records, liaise with public health midwife.

33-34 Week Pre Birth Planning Meeting

To take place between midwife and client. To discuss birth plan i.e. pain control, post natal care, breast feeding and special care baby unit (SCBU) they may have an option to meet a paediatrician to discuss plan of care for baby.

Admission to Hospital and Delivery

SCBU informed. Medical teams informed. Consult plan agreed at 30 week review meeting and pre-birth meeting; monitor baby withdrawal as plan of care states. Substance misuse service worker to visit whilst in maternity unit to liaise with other members of the support team. Any concerns should be realised and action taken.

Post Natal Discharge and Planning Meeting

Ensure 30 week plan is followed. Plan discharge according to baby's needs, parents and all agencies informed of discharge planning meeting and to attend or send representative.

Parents informed of support plan, any new concerns and all professionals in support team to be informed of discharge and support plan. Follow up review to be arranged as appropriate. Discharge of baby to be discussed with a consultant Paediatrician. Contraception and breast feeding information and Hep B immunisation on ward prior to discharge and completion of a schedule via GP and clearly documented on discharge letter. Ward Staff to liaise with TDAS with regards to any prescription needs for parent/s prior to discharge as no out of hours service available

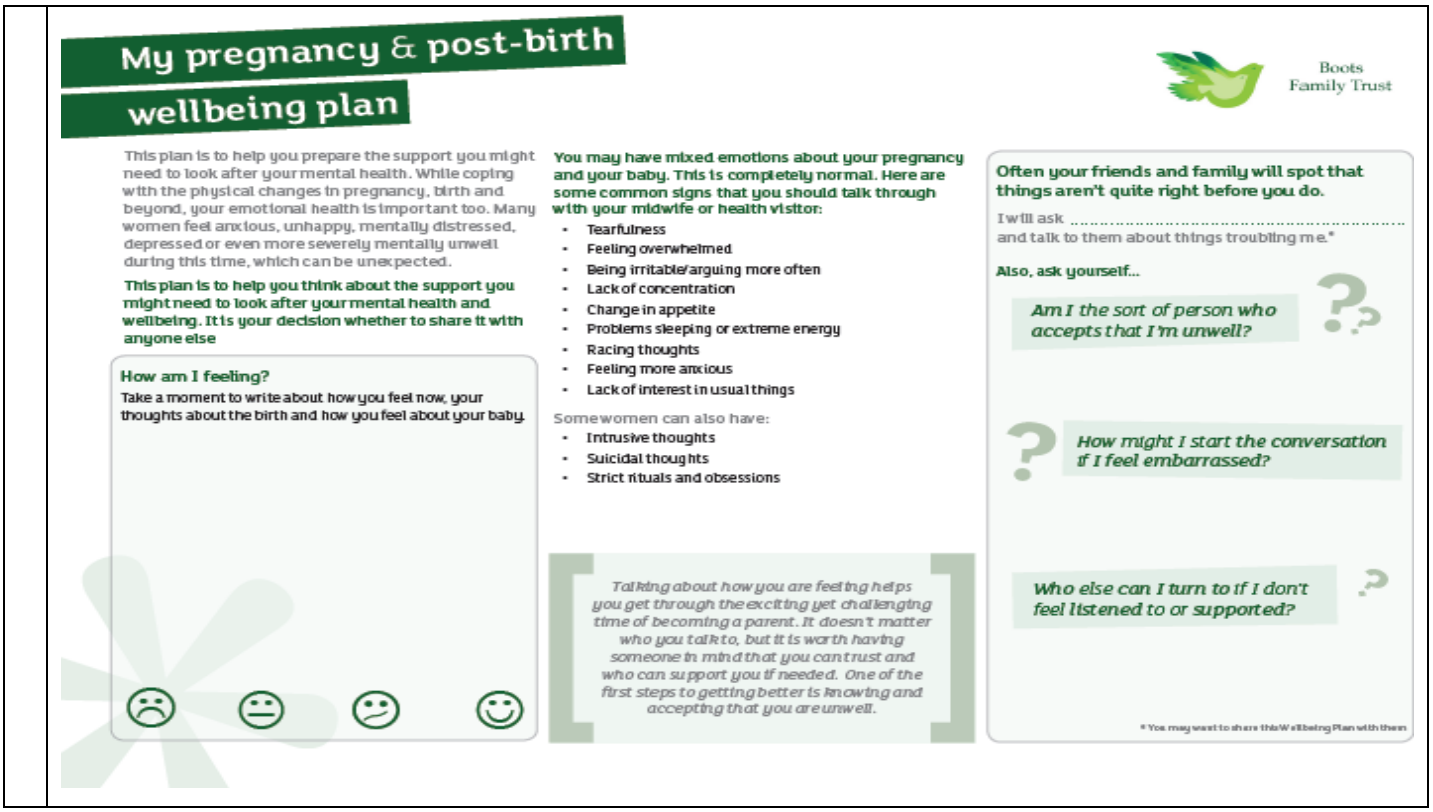
1 Month Post Delivery Follow Up meeting to be Coordination by Health Visitor To ensure Hep B Immunisation has been offered

APPENDIX 3:

ROUTINE ANTENATAL CARE WITH ADDITIONAL SUPPORT FOR MOTHERS WITH LEARNING DISABILITIES

NAME:		DoB:		EDD:	
wk		ADDITIONAL SUPPORT			
1					
2					
3					
4					
5					
6	FIRST CONTACT 6-8 WEEKS	REFERRAL TO COMMUNITY LEARNING DISABILITY TEAM – CONSIDER STRAP FORM ASSESSMENT			
7					
8					
9					
10	BOOKING 10-12 WEEKS	• ICF TO PUBLIC HEALTH MIDWIFE, HEALTH VISITOR, CHILDREN'S CENTRE, GP AND SAFEGUARDING MIDWIFE AS REQUIRED • REFERRAL TO ADDITIONAL SERVICES AS REQUIRED			
11					
12	DOWNS SCREENING SCAN 12 WKS				
13					
14					
15					
16	GP OR MIDWIFE APPT 16 WEEKS	• FOLLOW UNBORN BABY PROTOCOL • www.swcpp.org.uk SW CHILD PROTECTION PROCEDURES			
17					
18					
19					
20	HOSPITAL 20 WEEKS SCAN				
21					
22					
23					
24					
25	MIDWIFE 25 WEEKS	• 25 WEEKS MULTI-AGENCY CARE PLANNING MEETING • CONSIDER CAF AND FOLLOW UNBORN BABY PROTOCOL			
26					
27					
28	MIDWIFE 28 WEEKS (for bloods + anti D if Rh neg)				
29					
30					
31	MIDWIFE 31 WEEKS				
32		• PRE-BIRTH AT 32-34 WEEKS USING CHANGE BOOK • MULTI-AGENCY CARE PLANNING MEETING			
33					
34	GP SURGERY / MIDWIFE 34 WEEKS (for second Anti D)				
35					
36	HOME PRE-BIRTH VISIT 36 WEEKS				
37					
38	MIDWIFE APPT 38 WEEKS				
39					
40	MIDWIFE APPT 40 WEEKS	• BIRTH OF BABY • POST NATAL CARE & SUPPORT			
41	MIDWIFE APPT 41 WEEKS				

APPENDIX 4: BOOTS FAMILY TRUST 'MY PREGNANCY & POST-BIRTH WELLBEING PLAN'



My pregnancy & post-birth wellbeing plan

Boots Family Trust

This plan is to help you prepare the support you might need to look after your mental health. While coping with the physical changes in pregnancy, birth and beyond, your emotional health is important too. Many women feel anxious, unhappy, mentally distressed, depressed or even more severely mentally unwell during this time, which can be unexpected.

This plan is to help you think about the support you might need to look after your mental health and wellbeing. It is your decision whether to share it with anyone else

How am I feeling?

Take a moment to write about how you feel now, your thoughts about the birth and how you feel about your baby.

You may have mixed emotions about your pregnancy and your baby. This is completely normal. Here are some common signs that you should talk through with your midwife or health visitor:

- Tearfulness
- Feeling overwhelmed
- Being irritable/arguing more often
- Lack of concentration
- Change in appetite
- Problems sleeping or extreme energy
- Racing thoughts
- Feeling more anxious
- Lack of interest in usual things

Some women can also have:

- Intrusive thoughts
- Suicidal thoughts
- Strict rituals and obsessions

Talking about how you are feeling helps you get through the exciting yet challenging time of becoming a parent. It doesn't matter who you talk to, but it is worth having someone in mind that you can trust and who can support you if needed. One of the first steps to getting better is knowing and accepting that you are unwell.

Often your friends and family will spot that things aren't quite right before you do.

I will ask .....
and talk to them about things troubling me.*

Also, ask yourself...

Am I the sort of person who accepts that I'm unwell?

How might I start the conversation if I feel embarrassed?

Who else can I turn to if I don't feel listened to or supported?

* You may want to share this Wellbeing Plan with them

Being prepared: help and support

Finding support can be tricky, especially if you are on your own. Starting to look at local activities and groups during your pregnancy can be a good way to meet new friends and mums in your area. Look in the local children's centre and on the Netmums website for antenatal classes, baby massage, antenatal and postnatal exercise groups, new mums groups and so on.

It isn't ever too early to start meeting other pregnant women and new mums, or being active to support your mental health.

The following groups/classes are local to me:

Ways to cope: what might appeal to me?

- ❒ Talking to someone I trust about how I feel, such as a parent, sibling, partner or trusted friend
- ❒ Talking to my midwife or health visitor about how I feel
- ❒ Keeping active
- ❒ Having a healthy diet
- ❒ Finding out about different ways to relax, such as yoga, meditation
- ❒ Asking for help with things at home, like chores and babysitting
- ❒ Asking for support if I am worried about my baby
- ❒ Finding out about how to change my thinking patterns
- ❒ Discussing the possibility of counselling or medication with my GP
- ❒ Keeping a journal of my feelings though pregnancy and beyond

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Who could I ask if I need help with practicalities, such as shopping, tidying up and babysitting?

People I can call on are:

Remember...

- Feeling emotionally unwell is common. It is nothing to be embarrassed about.
- Talking about it is the best first step in getting the right support.
- It can happen to anyone, whether you have a history of mental illness or not.
- If you have suffered before, it doesn't mean it will happen again.
- Being prepared can make a big difference, so you've taken the first step by using this plan

Record contact details here of a professional who should be able to help you or let you know of other support available if you are concerned about how you are feeling.

Midwife:

.....

Health visitor:

.....

GP:

.....

Other:

.....

- For more info and a full list of support organisations, national and local, visit www.netmums.com/pnd or ring the Tommy's FREE PregnancyLine on 0800 147800
- Find more information at www.tommys.org/mentalhealth

Published: Oct 2013
Review date: Oct 2015
Send feedback to mailbox@tommys.org

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