SCPHN Standard Operating Procedure No. 3			
Title:	The New Birth Home Visit by a Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV)		
Prepared by:	Sarah Reddington-Bowes, Team Leader, Torquay North HV Team Christine Timmon, Service Manager and Professional Lead for SCPHN		
Presented to:	Care and Clinical Policy Group	**Date:**	February 2015
Ratified by:	Care and Clinical Policy Group	**Date:**	February 2015
		Review date:	February 2017
Links to policies:	• South West Safeguarding and Child Protection Group guidelines – managing individual cases www.swcpp.org.uk • TSDHCT SCPHN Family Health Needs Assessment (FHNA) Tool (December 2014)		

1. Purpose of this Document:

1.1 The document has been prepared to provide best practice guidance in respect of the New Birth Visit (NBV), which is offered to and completed with families by a Specialist Community Public Health Nurse (SCPHN) Health Visitor (HV) between the 10 -14 days post-delivery, following information received from the Midwife or other health professional.

1.2 If the infant is premature, this contact can be delayed until after the infant has been discharged from the Neonatal Unit.

1.3 The Healthy Child Programme (HCP) described will be the service and interventions to be provided to all families resident in Torbay or registered with a GP within Torbay.

1.4 At each contact the SCPHN HV should offer consistent information and clear explanations, and should provide parents with the opportunity to discuss issues and to ask questions.

1.5 The SCPHN HV will undertake a promotional narrative listening initial interview (if antenatal contact not achieved) or a further interview (if antenatal contact achieved) with a physical assessment of the newborn infant. This contact will be face to face and conducted in the client's home. The SCPHN HV will promote sensitive parenting to include sustaining good emotional care and a good mother-father-infant relationship.

1.6 **Functions of the New Birth Visit**

a) Relationship development
b) Assessing the baby's growth and development
c) Assessing the family situation in order to make a decision about the most appropriate care requirements (for example, core, targeted or intense service intervention- see point 5.8 under Section 5 Procedure).

2. Scope of this Standard Operating Procedure (SOP):

2.1 This SOP must be followed by all Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) Specialist Community Public Health Nurse (SCPHN) Health Visitors (HVs).

3. Competencies Required:

3.1 In all cases where there are concerns about the safety or welfare of a child, staff must liaise with the Safeguarding Children team at Torbay Safeguarding HUB(*Tor Hill House, Town Hall, Castle Circus, Torquay TQ1 3DR*) and their own Child Protection Supervisor or the Named Nurse: Generic number 0781 083 4583)

Jane Wilkinson Named Nurse Safeguarding Children	208659	0782 687 4089	jane.wilkinson9@nhs.net
Bonita Matthews Safeguarding Supervisor	208659	0782 502 7743	bonita.matthews@nhs.net
Rose Ford CP Supervisor	208659	0782 502 7579	rosemarie.ford@nhs.net
Ann Butts Lead Nurse, LAC & YP Integrated Safeguarding and Looked After Children's Team	208659	0782 502 7716	ann.butts@nhs.net

3.2 If there are concerns about the safety or welfare of a child or young person 0 – 18 years, or unborn baby, those concerns must be referred to Children's Services. Under Section 47 of the Children Act(Department of Health, 1989), the Local Authority (Children's Services) has a duty to make enquiries where it has reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

3.3 If staff have concerns that a vulnerable adult may be at risk of abuse, they must contact the Safeguarding Adults Team on (01803) 219700 or email safeguarding.alertstct@nhs.net. A vulnerable adult is a person "who is or may be in need of Community Care services by reason of mental or other disability, age or illness, and who is or may be unable to care for him/herself, or unable to protect him/herself against significant harm or exploitation".

There is a clear link between domestic abuse and child abuse (HM Government, 2006). The Adoption and Children Act 2002 (implemented February 2005) extends the meaning of 'harm' as defined in the Children Act (1989) to include the harm that children suffer by "seeing or hearing the ill treatment of another". This puts obligations on all SCPHN practitioners, when considering the needs of a child and the risk of significant harm, to consider the impact of hearing or witnessing domestic abuse on the child's emotional and psychological wellbeing. SCPHN HVs should be familiar with the SOP Domestic Abuse Guidelines for Routine Enquiry (http://www.torbaycaretrust.nhs.uk/publications/TSDHC/Domestic%20Abuse%20Guideline%20for%20Routine%20Enquiry.pdf) .

3.4 The SCPHN HV should recognise the impact that parental behaviour or ill health - for example, mental ill health, and parental substance misuse - has on the welfare of children.

3.5 TSDHCT staff will know how to follow local policies and pathways. 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.

3.6 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.

3.7 The SCPHN HV will have received training on using the Torbay Family Health Needs Assessment tool and record keeping. TSDHCT staff will know how to follow local policies and pathways on the Trust's intranet (i-Care).

3.8 The SCPHN HV will need consultation skills, motivational interviewing skills, and purposeful listening skills.

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

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

3.11 The SCPHN HV will have attended the Introduction to Breastfeeding (Day 1), and the Management of Breastfeeding (Day 2), in line with the Unicef Baby Friendly Initiative.

3.12 The SCPHN HV will have attended the Perinatal Mental Health (PMH) training facilitated by the PMH Champions for TSDHCT.

3.13 The SCPHN HV will have attended the training on Domestic Abuse delivered by the Domestic Abuse HV Champions for TSDHCT.

4. Clients Covered:

4.1 This SOP is applicable to all pregnant women who are registered with a General Practitioner (GP) in Torbay or live in the Borough of Torbay and are not registered with a GP.

5. Procedure:

5.1 Post natal care is about managing a normal event, providing women and their families with information on health promotion and general wellbeing that will support the mother-father-infant and the wider family. A TSDHCT Family Health Needs Assessment will be offered at the first contact with the family with a care plan.

5.2 New parents/carers should be offered information based on the current available evidence, together with support, to enable them to make informed decisions about their child's health and care.

5.3 At each contact, the SCPHN HV should offer consistent information and clear explanations,

and should provide new parents/carers with an opportunity to discuss issues and ask questions.

5.4 The SCPHN HV will undertake a promotional narrative listening interview which promotes sensitive parenting to include the emotional preparation for the future care-infant relationship. For families identified as Universal Plus or Universal 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.

5.5 Good communication between healthcare professionals is essential. Prior to contacting the family/carer, the SCPHN HV should liaise with the Midwifery team and/or GP to ensure that potential postnatal needs of mother and child are identified early.

5.6 The SCPHN HV team will contact the families of all known new born infants following the birth to arrange a home visit between **10 – 14 days** at the convenience of the family to ensure all parents/carers will receive a routine face to face contact between 10 – 14 days, 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.

5.7 A Family Health Needs Assessment will be undertaken with the family/carer (if this was not completed in the antenatal period or reviewed at the new birth visit) to:

- assess family's strengths, needs, and risks;
- provide parents/carers with the opportunity to discuss their concerns and aspirations;
- commence assessment of child's growth and development, communication and language, social and emotional development;
- detect abnormalities.

5.8 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 as appropriate.

Level 1: Communities Offer

To empower all families within the local community with children up to school entry age through maximising family resources and developing community resources via involvement of local agencies and community groups as appropriate.

Level 2: Universal Offer

To work in partnership with parents and carers to lead and deliver the full Healthy Child Programme from antenatal care through to school entry.

Level 3: Universal Plus Offer

To identify vulnerable families to provide, deliver and co-ordinate evidence based packages of additional care, including maternal mental health and wellbeing, parenting issues, families at risk of poor outcomes, and children with additional health needs.

Level 4: Universal Partnership Plus

To work in partnership with parents and agencies towards the provision of intensive multi-agency targeted packages where there are identified complex health needs or safeguarding needs. The offer of HV service will be agreed with parents.

5.9 The SCPHN HV will advise on accessing' *The Birth to Five Book '*and preparation for child birth and parenting, as well as promotion of high quality web-sites, such as TSDHCT public SCPHN site (http://www.torbaycaretrust.nhs.uk/yourlife/childrenandfamilies/Pages/Default.aspx), Department of Health Website for parents / families (www.foundationyears.org.uk), Netmums (www.netmums.com), Mumsnet (www.mumsnet.com), and other social networking sites. Fathers may wish to use www.dad.info.

5.10 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). Mother's vitamins if breast feeding - Vitamin A rule;
ii. Benefits;
iii. Physical activity and weight control. Consider referral to Early Years Health Trainers torbaylifestyles@nhs.net;
iv. Smoking Cessation and the Smoke-Free Home scheme. Refer women and other family members to Torbay Stop Smoking Service (01803) 299160 stopsmokingtorbay@nhs.net. An appointment can be made for either parent during the visit by the SCPHN HV;
v. Alcohol consumption and substance abuse, sign posting to local support - torbayalcholservicetct@nhs.net and Torbay Primary Care Drug Services (01803) 604330;
vi. Keeping safe, prevention of sudden infant death. If a family meet the criteria for the CONI scheme, the SCPHN should assess if a referral has been made by the Midwife and, if not, offer this service to the family. (Torbay CONI lead is Rose Ford - 07825027579.)
vii. 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;
viii. The National Childhood Immunisation Programme including eligibility for BCG / Hepatitis B. Consult the SDHC Protocol '*BCG Vaccination in the Newborn'*. Give the leaflet '*Pregnancy and Flu*', sign posting to the GP if outstanding immunisation due. Information on all vaccinations can be found at https://www.gov.uk/government/publications/green-book-the-complete-current-edition;
ix. The SCPHN will discuss the Newborn Blood Screening Guthrie Test and any results as appropriate;
x. The SCPHN should review that the mother has received Anti D and Rubella immunisation if status requires;
xi. The SCPHN HV should provide parents with tailored information and support on immunisation, together with an opportunity to discuss any anxieties. Refer to GP if immunisations declined;
xii. Discussion on the benefits of breast feeding with prospective parents, local support groups, and local peer supporters, including antenatal workshop sessions - contact on (01803) 654644, referral to the peer supporters or breast feeding support groups across the Trust. Responsive feeding/complete breast feeding assessment in the PHCHR. Mobile number for breast feeding support provided to mother;
xiii. Assess home safety and, where appropriate, give appropriate safety leaflets;
xiv. Support for families whose first language is not English, or who have other communication difficulties. Please consult the '*Booking an Interpreter – Flow Chart'* on i-Care. The SCPHN HV must ensure all health information has been understood by the

mother/carer; therefore use of interpreter rather than friends/ family is best practice.

5.11 Women should be asked appropriate and sensitive questions to identify depression and other significant mental health problems, i.e. Whooley and GAD-2 questions, as below:

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?*

Also consider asking about anxiety using the 2-item Generalized Anxiety Disorder scale (GAD-2)

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

Appropriate referral will occur if client says 'yes' -
Follow the guidance in the Antenatal/Parent Infant Mental Health Pathways, Map of Medicine on i-Care; linking with the Perinatal Mental Health Team and the woman's General Practitioner as required.

If the client says 'no' practitioner to record within the FHNA and HV records.

5.12 The ***'My Pregnancy and Post Birth Wellbeing Plan'*** will be reviewed with the client, to follow up from antenatal contact at 28 weeks (Appendix 1). Further discuss the mother's postnatal check which should be with the GP at 6 weeks post-delivery.

5.13 **Physical Examination of the Newborn:**

- Weight, Length and Head Circumference
- Discuss the baby's 6 to 8 week review
- Feeding
- Co sleeping
- General care
- Baby clinic + other support + HV contact details
- Families moving in from abroad
- Guthrie results
- Newborn hearing screen recorded.

5.14 **Prescribing:** SCPHN HVs are in an ideal position to respond to common health concerns, discuss treatment options, and wider management of conditions, and then to prescribe as part of a holistic approach.

5.15 **Record-Keeping:** The method of recording the contact is in the parent-held Child Health Record and on the SCPHN documentation.

5.16 **Supervision**: Available to practitioners monthly, alternating between Child Protection supervision, one-to-one management supervision, and CAMHS supervision. The use of peer observation and (soon to be introduced) restorative supervision supports each SCPHN practitioner. Peer audit using the Fresh Eyes tool will be undertaken on an annual basis.

6. References, Bibliography and Internet Links:

1. Healthy Child Programme – Pregnancy and the First Five Years of Life (DH, 2009 – amended August 2010)
2. The New Birth Visit- Professional briefing (CPHVA/UNITE October 2014)
3. Health Visitor Implementation Plan 2011-15: A Call to Action (DH, 2011)
4. The National Health Visitor Plan: Progress to Date and Implementation 2013 onwards (DH, 2013)
5. Better Health Outcomes for Children and Young People Pledge
6. The Children and Young People's Health Outcomes Strategy (DH, 2012)
7. NHS Outcomes Framework 2014 to 2015 (DH, 2013) https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015
8. Public Health Outcomes Framework 2013 to 2016 (DH, 2014) https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency
9. Working Together to Safeguard Children: A Guide to Interagency Working to Safeguard and Promote the Welfare of Children (HM Government 2013)
10. Hall D and Elliman D (2006) Health for All Children (revised 4th edition) Oxford: Oxford University Press
11. UNICEF UK Baby Friendly Initiative
12. Workforce Development Plan for SCPHN Health Visitors- August 2014

12 http://www.torbaycaretrust.nhs.uk

NICE Guidance Summary for Public Health Outcomes domain (PHE 2013) https://www.gov.uk/government/publications/nice-guidance-summary-for-public-health-outcome-domain

Please note: For all references see the NICE website https://www.nice.org.uk/guidance

- PH8 Physical activity and the environment
- PH9 - Community engagement
- PH11 - Maternal and child nutrition
- PH21 - Differences in uptake in immunisations
- PH24 - Alcohol-use disorders: preventing harmful drinking
- PH26 – Quitting smoking in pregnancy and following childbirth.
- PH27 – Weight management before, during and after pregnancy.
- PH29 - Strategies to prevent unintentional injuries among children and young people aged under 15 Issued
- PH30 Preventing unintentional injuries among the under-15s in the home
- PH40 Social and emotional wellbeing – early years: NICE PH guidance 2012
- PH49 Behaviour change: individual approaches
- PH50 Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively.
- CG43 Obesity: Guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children
- CG45 - Antenatal and postnatal mental health: clinical management and service guidance

- CG62 - Antenatal care: routine care for the healthy pregnant woman
- CG89 - When to Suspect Child Maltreatment
- QS37 Postnatal Care
- QS43 Smoking cessation**:** supporting people to stop smoking
- QS46 Multiple pregnancies

7. Appendices:

1. My Pregnancy and Post Birth Wellbeing Plan

8. 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
Audit		

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Draft	2014	Update / Revision	
2	Draft	January 2015	Update/Transpose onto new Template	S Reddington-Bowes

APPENDIX 1

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 is never 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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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

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

People I can call on are:

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:

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GP:

.....

Other:

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- 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**

The Information Standard Certified member
Published: Oct 2013
Review date: Oct 2015
Send feedback to mailbox@tommys.org

The Royal College of Midwives

HV Institute of Health Visiting Excellence in Practice

netmums.com

Tommy's