



Safeguarding the Unborn Procedure and Practice Guidance

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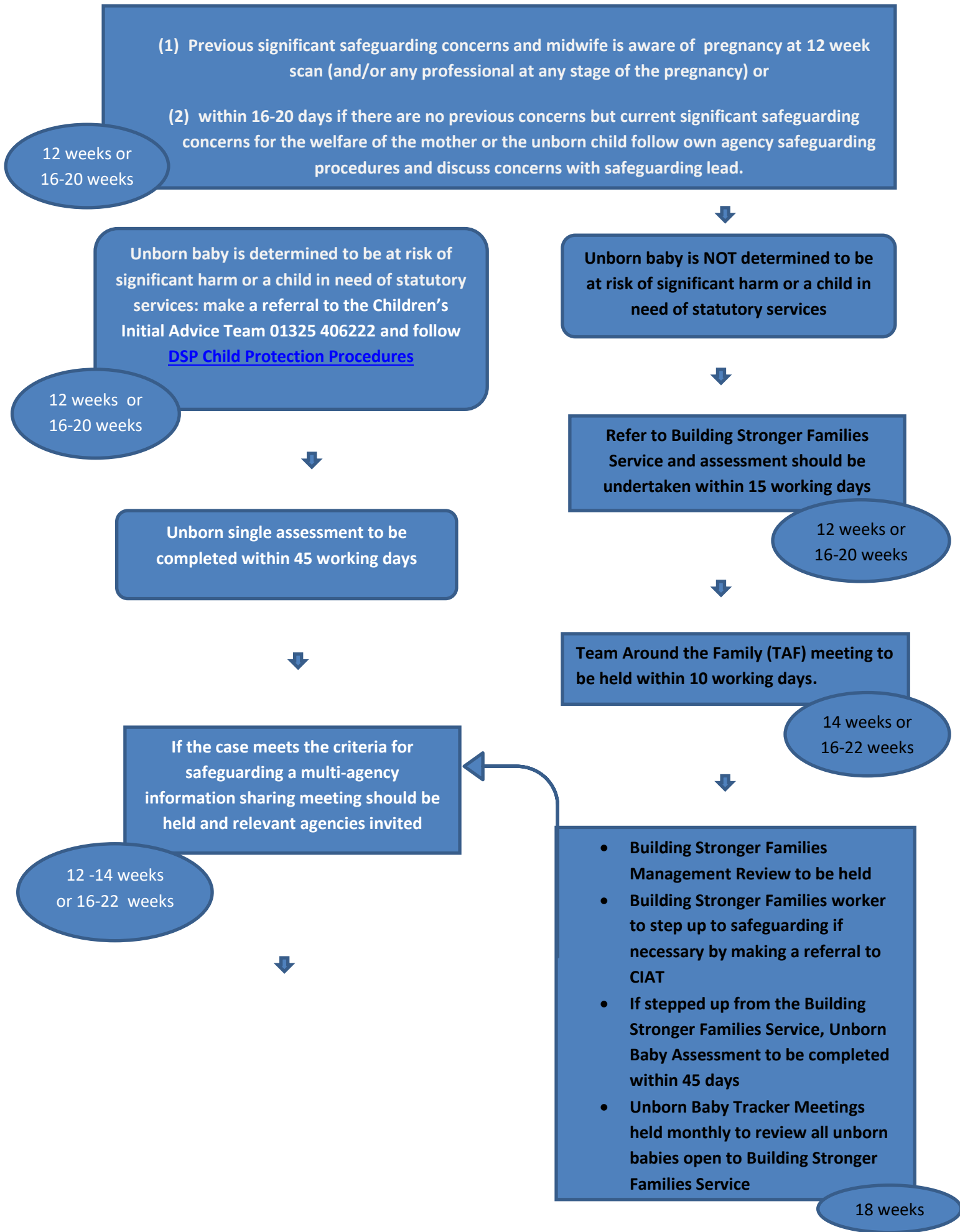
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DSP V1	Business Unit	July 2019	Rebranded under new Safeguarding arrangements to reflect Statutory Guidance.
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Safeguarding the Unborn - Flowchart



- If the case meets the criteria for safeguarding a strategy meeting should be held (26- 28 weeks) and a Social Worker allocated
- Outcome of assessment may trigger an unborn Initial Child Protection Conference
- Multi-Agency Meeting to be convened
- CiN review to be undertaken within 10 days (if this is outcome of assessment)
- If outcome of the assessment is to progress to an unborn Initial Child Protection Conference then the Unborn ICPC to be held at 30-31 weeks.

22-28 weeks



Unborn Initial Child Protection Conference to be held at least 3 months before due date (30-31 weeks) .

30-31 weeks



- First Core Group meeting to be held 10 working days following ICPC and thereafter every 20 working days and midwife to be invited
- Child Protection Review Conference to be held within 3 months of unborn ICPC and midwife to be invited.

32-33 weeks

1. Introduction

Young babies are particularly vulnerable to abuse, and any work carried out in the antenatal period can help minimise any potential harm if there is early assessment, intervention, and support.

This procedure and practice guidance applies to all practitioners and sets out how to respond to concerns for an unborn baby and provides a framework for responding to safeguarding concerns and safe planning by practitioners working together, with families, to safeguard the unborn through to birth.

An assessment by Children's Social Care must commence as early as possible where:

- a previous child in the family has been removed either permanently or on a temporary basis because they have suffered harm or been at risk of suffering significant harm
- a person who has been convicted of an offence against a child or adult, or is believed by safeguarding professionals to have abused a child, or in respect of whom there is a history of criminality or intelligence which suggests they may pose a risk to children, intends to join or has contact with the family
- a person subject to Multi-agency Public Protection Arrangements (MAPPA) will need to be considered
- an unborn baby has siblings subject to a Child Protection Plan or previously subject to a Child Protection Plan
- the parent is a Looked After child or is care experienced (contact enquiries should be completed to establish if an assessment is required).
- any other concerns that the professional believes may place the unborn at risk of harm

Any such concerns should be addressed as early as possible before the birth so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care (including before the pregnancy is confirmed).

2. Referral into Children's Services

Where professionals become aware a woman is pregnant, at whatever stage of the pregnancy, and they have concerns for the mother or unborn baby's welfare, or that of a sibling, you must not assume that Midwifery or other health services are aware of the pregnancy or the concerns held. All professionals should follow their own agency's child protection procedures and discuss concerns with the agency's safeguarding lead in the first instance.

Where agencies or individuals anticipate that prospective parents may pose a significant risk for their unborn these should be referred to children's social care at the earliest opportunity.

For those unborn babies about which professionals are concerned but do not meet the criteria for children's social care Assessment, consideration should be given at the earliest opportunity for signposting to other agencies which are able to provide support. Professionals should also consider the completion of a Building Stronger

Families assessment will identify support requirements and ensure that the wellbeing of the unborn is at the centre of the assessment, allowing early support to be provided to reduce the risks to the unborn. A Building Stronger Families assessment is a holistic assessment that considers the child's developmental needs, parenting capacity, environmental needs, and level of risk. Professionals will be able to gather new information and with the information they already know provide a multi-agency package of support for the baby and family via the Team around the Family process. The information gathered through this process is shared appropriately and can be used to help determine if an unborn single assessment through children's social care is required. If concerns are raised at any time there should be an immediate referral to the Children's Initial Advice Team (CIAT).

Where an unborn baby is likely to be in need of services from children's social care when born, a contact should be made to the Children's Initial Advice Team (CIAT) following the Darlington Safeguarding Partnership [Child Protection Procedures](#).

Children's Initial Advice Team (CIAT)

Telephone: 01325 406252

Wherever possible, the referrer should share their concerns with the prospective parent(s) and seek to obtain agreement to refer to children's social care, unless this action may place the unborn child at risk, such as parents possibly making their whereabouts unknown.

Referrals about unborn babies should be made as early as possible in the pregnancy or as soon as the agency becomes aware of the pregnancy, unless it has not been possible to meet this timescale, for example, because the pregnancy has been concealed or the family have recently relocated to the area then this should be made at the earliest opportunity.

In order to ensure there is an appropriate response and/or the right service is provided a monthly Unborn Baby Tracker Meeting is chaired by a Team Manager from the Children's Initial Advice Team (CIAT). The purpose of the meeting is to review all Unborn Babies who are open to the Building Stronger Families Service. Through discussion and information sharing between CIAT, the Building Stronger Families Service and Health any decision for a 'step up' to social care is made and progressed. The discussion and rationale for 'step up' is recorded on the child's file.

Concealed pregnancy

A concealed pregnancy is when a woman knows she is pregnant but does not tell any professionals or may hide the fact that she is not accessing antenatal care. In a denied pregnancy, the woman is unaware of, or unable to accept the reality of the pregnancy. For the purpose of this guidance the term concealed pregnancy is used to cover both situations.

The concealment of pregnancy represents a challenge for professionals in safeguarding the welfare and wellbeing of the unborn child and the mother. Women with complex social factors are more likely to present late for care provision or conceal their pregnancy. Concealment of pregnancy may be revealed late in pregnancy, in labour or following the birth of the baby. The birth may be unassisted

(no midwife) whereby there might be additional risks to the child and mother's welfare and long-term outcomes.

When concealed pregnancy is suspected, it is of course difficult to know the stage or gestational date of the pregnancy. A concealed pregnancy is defined as one where the pregnancy is confirmed at more than 21+0 weeks gestation; this is the point of viability.

In some cases, a woman may be unaware that she is pregnant until late in the pregnancy due to a learning disability. Concealment may occur as a result of stigma, shame, or fear because the pregnancy may be the result of incest. Sexual abuse, rape or as part of a violent relationship.

There are many potential risks to the woman and the unborn baby through the concealment of a pregnancy which are difficult to predict and can be wide-ranging. It may be an indication that there is a lack of willingness or ability to meet the basic needs of the baby. It may also indicate a lack of emotional attachment to the unborn baby or that the woman is unprepared to care for the baby. There will also be no obstetric history or record of antenatal care prior to the birth of the baby.

There is no national agreed definition of what constitutes a concealed pregnancy, however a coordinated multi-agency approach is required, once the fact of a pregnancy has been established; this will also apply to future pregnancies where there has been a previous concealed pregnancy. It is therefore imperative that clear communication and the sharing of relevant information takes place to facilitate a full assessment of the circumstances. When concealment occurs, it is imperative that analysis takes place to consider the strengths within the family and any potential risks to the unborn baby.

When concealment occurs in the later stages of pregnancy, labour or following birth; the reason for concealment, history, presentation and social circumstances are central to any risk assessment and require a referral to children's social care to facilitate multi-agency risk assessment and planning.

All professionals who suspect the pregnancy is being concealed need to follow the process as highlighted in section 2 of this guidance and contact the Children's Initial Advice Team (CIAT).

Children's Initial Advice Team (CIAT)

Telephone: 01325 406252

3. Initial Multi-Agency Planning Meeting and Unborn Single Assessment

Good practice is for an initial multi-agency planning meeting to be held to plan the unborn single assessment. An unborn single assessment must be based on a robust assessment model and must include health professionals providing care to the parents for example, midwife, drug and alcohol services, domestic abuse services, this list is not exhaustive and consideration should be given to any agency involved in the family regardless of whether it is for a sibling or another adult to be involved within the assessment.

Those agencies to be involved include:

- Children's Social Care Team Manager and Social Worker
- Midwife
- GPs (GPs for both parents should be asked for information)
- Building Stronger Families representative (if appropriate)
- Police
- Named Nurse for agencies involved
- Mental Health Services
- Drug and Alcohol Services
- Education
- Probation
- Housing
- Parents of the unborn
- Any other professional involved with the family

Police information will be considered when a referral is made for safeguarding, (this will not be considered if the case meets the criteria for the Building Stronger Families Service).

The Social Worker should obtain relevant information held by the Police and by health professionals. In exceptional circumstances if an agency/professional is unable to attend the initial planning meeting, arrangements must be made for information to be provided to the lead Social Worker in advance of the meeting. The outcome of the meeting should be shared with professionals.

Parents of the unborn should be involved in the planning process as much as possible.

At the first meeting a date should be set for a further multi-disciplinary planning meeting (which is to take the form of a child protection strategy meeting if the assessment outcome indicates the baby is likely to be at risk of significant harm).

The lead Social Worker to ensure all information is recorded on a single assessment on Liquid Logic.

The recommendations from the unborn single assessment will determine how the case can proceed and the assessment will be completed within a maximum of 45 working days.

If during the unborn single assessment it is clear there are safeguarding concerns the assessment should be concluded early and the case progress to a S47 Strategy Meeting.

If the unborn child is to be managed under a Building Stronger Families pathway the assessment should include relevant agencies allowing multi-agency information gathering and the identification of a lead Building Stronger Families representative to liaise with multi-agency partners and in line with Darlington Safeguarding Partnership [Information Sharing Protocol](#). If there is no consent to follow the Building Stronger Families pathway and the professional has concerns regarding the impact of non-engagement from parents and wider family then consideration should be given at the

earliest opportunity to escalate the case to children's social care for consideration of statutory services.

4. Multi-Agency Review Planning Meeting or Strategy Meeting

The completed unborn single assessment report should be considered at a further multi-agency planning meeting (date to be agreed at the first multi-agency planning meeting).

If it is clear from the unborn single assessment report that there is reasonable cause to believe the baby will be at risk of significant harm when born, this meeting should be replaced by a strategy meeting held in line with Darlington Safeguarding Partnership [Child Protection Procedures](#).

The purpose of either meeting is to consider the findings and recommendations from the report and make plans about next steps in relation to support and any necessary intervention to protect the baby. Consideration may need to be given in developing a birth response plan if the baby is imminently due. This includes discussion around [Professional Challenge](#).

Where a S47 strategy meeting is being held, it should include those already involved (as identified in section 3) as well as the Named Nurse for Safeguarding Children and midwifery services, County Durham and Darlington Foundation Trust (CDDFT). The Police Safeguarding Team should also be invited, and relevant information sought. A Birth Response Plan should be considered, and Team Managers informed. The Discharge Planning Meeting should be incorporated into the Birth Response Plan. The midwife should take away birth response plan and develop it in readiness for the Initial Child Protection Conference. The strategy meeting should be held at 26-28 week's gestation.

If the strategy meeting/discussion concludes that it is likely the baby will be at risk of significant harm when born, a section 47 enquiry will commence to gather any other information which is required to determine whether and Initial Child Protection Conference is required. The strategy meeting and section 47 enquiry will determine if this matter should progress to an unborn Initial Child Protection Conference (ICPC) if this is the decision the ICPC must be convened within 15 days of the strategy meeting. This applies whether or not there is an intention to take legal proceedings in respect of the child when born. Consideration should also be given to implement a birth response plan if not already in place and ensure it is shared with all relevant professionals.

If the plan is to remove the child at birth then early planning and sharing of this view with parents must be considered and any legal processes including a Legal Gateway Panel must be convened and regular updates to all professionals including an regular review of the discharge plan for the baby and mother (to include relevant agencies but the midwife must involve themselves at every stage). The impact of the removal of the baby on maternal mental health should be considered and appropriate monitoring/review should be ensured by involved practitioners.

5. Unborn Initial Child Protection Conference

An unborn Child Protection Conference is an Initial Child Protection Conference (ICPC) concerning an unborn child. It carries the same status and conveys the same purpose as an ICPC and should take place at least 3 months before due date (ideally no later than 30-31 weeks gestation period) or as soon as the strategy meeting/assessment has determined the unborn baby is believed to be at risk of significant harm before the due date of delivery. See Darlington Safeguarding Partnership [Child Protection Procedures](#) for further information.

The unborn ICPC should take place within 15 working days of the strategy meeting/discussion or, where more than one strategy discussion took place, the strategy discussion at which the section 47 enquiry was initiated.

Those who normally attend an ICPC must be invited and it is essential that midwifery services and health visitors are represented at the Conference. Any deviation from this should be brought to the attention of the line manager of the Chair of the Conference. The conference should also include any professional or persons who has contributed to the assessment.

The report from the Social Worker should include the findings from the unborn single assessment, the conclusions, and recommendations for future action.

If not already in place a birth response plan needs to be in place and shared with all relevant professionals by the lead Social Worker this should be available on each agencies databases and readily available for relevant staff.

If it is decided that the unborn baby will be at risk of significant harm when born, a Child Protection Plan must be made including a discharge plan and any contingency to ensure the safe delivery of the baby and care immediately after birth.

If it is decided that the unborn baby should be the subject of a Child Protection Plan, the main cause for concern must determine the category of concern. The Plan must be explicit about the actions to be undertaken, and by whom, immediately following the baby's birth in order to ensure the baby's protection until the Child Protection Review Conference. A Core Group should be held within 10 days unless the birth is imminent, when this should be held immediately after the conference. The Core Group should meet regularly as determined by the group but must convene at least two weeks before the due date and within 1 week of birth.

Where an unborn Initial Child Protection Conference is held and the decision is made that the baby should not be made the subject of a Child Protection Plan but it is considered that the child will be in need, the Conference should make recommendations in respect of support for the baby and family. A Child in Need (CiN) meeting should be held within 10 days of the conference unless the birth is imminent when it should be held immediately after the conference and a discharge plan and support package agreed. If a child is subject to CiN usually there is no requirement for a birth response plan. However, in rare cases this may need to be considered, for example where there is a male who poses a risk in the household but

the threshold for safeguarding is not reached. A CiN Review meeting should be held within 10 days of the initial CiN meeting.

The Child Protection Review Conference will be arranged at the Initial Conference. Where the birth is likely to be premature birth, this needs to be taken into consideration when timetabling. The Child Protection Review Conference is to be held within three months of the Unborn Child Protection Conference or within 15 working days of the date the baby is born, whichever is sooner.

6. References, additional information, and guidance

[Darlington Safeguarding Partnership Information Sharing Protocol](#)

[Darlington Safeguarding Partnership Professional Challenge Procedure and Guidance](#)

Source 'Unborn Children: A Framework for Assessment and Intervention' Martin C. Calder

Calder gives a process for undertaking a thorough multi-disciplinary assessment, the multiple possible components which may be appropriate to a wide range of presenting circumstances and a matrix to determine the level of projected risk once the baby has been born.