**Appendix One**

**Child Protection Plan Pre-Birth Checklist**

Good Practice Checklist – retained on all agencies files.

**Before the birth:**

* Late booking situations to be raised as high risk
* Conference to take place as soon as practical and at least ten weeks before the due date of delivery (EDD, estimated delivery date), particularly where there is a history known
* Core Group must meet prior to birth
* Hospital alerts across London or country to be considered
* Birth plan to be on medical history, Children and Families and EDT case file at least a month before the EDD – outlining contact details, treatment issues, contingency plans, breast feeding plan, discharge plan, detail of those able to be present at the birth/visit on ward, whether contact is or should be supervised, instructions for staff if baby is placed at risk or if attempts are made by family to leave ward
* Consideration to take place with midwives regarding one to one support on ward, if mother is unable or cannot leave ward
* Family and medical staff to alert Children and Families when mother goes into labour and when baby is born
* Member of staff to be present for meetings between parents and social worker and details to be recorded appropriately
* Emergency contact details to be on file
* Copy of Child Protection Plan to be on file
* Risk assessments and any legal advice to be shared
* Parallel planning to begin if required

**After the birth:**

* Discharge planning meeting/Core Group meeting (or a Review Conference) should be held within 10 days of the birth. If the decision is to hold a Discharge planning meeting/Core Group meeting, it is important to ensure that all relevant health professionals attend.
* Police to be alerted by social worker when baby is born and CAD (Computer Aided Dispatch System) number to be place on Children and Families case file
* Consideration of EDT checking on the situation during any holiday periods or weekends
* If there is substance misuse concerns, baby and mother should be tested at birth