Aim of the Protocol

To facilitate joint working between all agencies where a women accessing treatment for opiate use and / or OST prescribing is identified as pregnant. It sets out the clear expectations of all involved professionals and the expected timescales for assessment, treatment and review.

This protocol should be used in conjunction with the following documents and guidance;

North Yorkshires Safeguarding Children Board Pre-Birth Assessments Practice Guidance

North Yorkshire Safeguarding Children Board Child protection Procedure

&

North Yorkshire Horizons child safeguarding policy

Links to these can be found further in the document.

Where an expectant mother is not using opiate based substances but is known to be using other substances and / or alcohol, due consideration to the protocol and pre-birth assessment guidance should be given and discussions held with Safeguarding leads and managers about the appropriate actions for individual cases.

This protocol covers:

Scarborough, Selby, Harrogate, Airedale, The Friarage and James Cook University Hospitals.

The protocol was developed by North Yorkshire Horizons Family Coordinator with feedback, guidance and input from specialist / head midwives from all hospitals covered by the protocol and North Yorkshire Children and Families Services.

**Section 1. New Referral to North Yorkshire Horizons**

**Any** pregnant woman who is referred North Yorkshire Horizons will be prioritised as **HIGH** and timescales for triage and assessment will reflect this.

**The Role of the Recovery and Mentoring (R and M) Team:**

* A Triage will take place at time of referral, or if the referral is third party, at the time of initial contact with the client. **It may not be till the point of Triage, that the pregnancy is discovered.**
* Discussions will immediately take place between the Hub Treatment Manager/Lead Practitioner, R and M Manager/Lead Practitioner and Clinical staff to establish a course of action.
* A fast-track appointment will be offered at the earliest possible date for Comprehensive Assessment, Health and Wellbeing Assessment and Prescribing appointment. This should be within 3-5 working days.
* The client should be advised that relevant information will need to be shared with their GP, Community Midwife (CMW), Ante-Natal Service, the Health Visitor and any other relevant agencies in relation to their pregnancy, and informed signed consent should be sought. If not already engaged, client should be signposted to CMW at this stage. For Harrogate, a referral should be made to Anna Sebine, Specialist Midwife, who will replace the CMW in this protocol.
* Where an expectant mother is accessing OST and / or using opiates such as heroin, a referral will be made to Children’s Social Care regarding the pregnancy. Consent is NOT required to make this referral but every effort should be made to advise the client this will happen. Referral is to ensure a multi-agency approach to assessment of parental circumstance and ensure an appropriate adult is identified in the case of the new born requiring withdrawal medication. The Safeguarding template on SystmOne should be opened and details of the referral documented. A copy of the referral should be attached to the client record. The referral can be made at any stage of pregnancy and should be made as soon as pregnancy is disclosed.

*Where a pregnant client is not an opiate user or accessing OST medication, due consideration of risk to the unborn should be made and decision made in line with presenting concerns as to the need for further referral. See appendices for guidance.*

* All information and actions will be shared with Treatment staff.
* Priority may be given to a partner of a pregnant woman who also requires OST prescribing or treatment; however, a separate referral for the partner will need to be made if they are not already engaged in treatment and the matter will be assessed. Again, discussions must take place between Triage and Treatment staff to assess the best course of action.

**The Role of Treatment Staff (Care Coordinators)**

Following the Triage, the client will undergo an in depth assessment of their needs and circumstance using the North Yorkshire Horizons Assessment Tool. They will be supported to attend the pre-booked Prescribing and Health and Wellbeing Appointment and allocated to a recovery Coordinator who will coordinate the care of the client and be a point of contact for all professionals working with the client.

**The Recovery Coordinator will**;

* Develop a Recovery Plan with the client that will be regularly reviewed and will link with aims of the prescribing team. This will ensure that care for the client and unborn baby is paramount. A copy of this will be sent to the CMW and the Health Vistior.
* Work closely with NYH Prescribing team to book in subsequent joint appointments so that nurses can monitor the client’s wellbeing closely and ensure that the Recovery Plan is safe, effective and in the best interests of mother and baby.
* Liaise with the Hub Manager to determine the frequency of future appointments to deliver psychosocial interventions.
* Be responsible for providing the CMW with details of any medication that NYH is prescribing for the client. This should include the name and dosage of medication, frequency of collecting the medication and the name and address of the pharmacy from which the prescription can be obtained. The CMW and where applicable, CSC should be informed of any changes to the medication being prescribed by NYH.
* Will provide evidence of treatment progress to CMW on a monthly basis (at minimum), either through meetings, verbal updates or written reports, all of which should be clearly logged in the safeguarding template. Updates should including a copy of any urine/oral drug screen results from that period.
* Attend any pre-birth multi-agency meetings including those arranged by CSC or CMW.
* Regularly liaise with CMW and other relevant agencies including CSC to ensure joint working relationships are reinforced.
* Report any concerns regarding the client or unborn baby’s wellbeing to their line manager immediately and, if deemed appropriate, CMW and CSC. See NYH Safeguarding Adults and Safeguarding Children’s Policies for further information and guidance.
* The case will be discussed and monitored in Flash / team meetings and Supervision as required.

In line with data protection, client information will be stored confidentially on SystmOne.

Engagement with appointments must be monitored by Treatment staff. If the client fails to attend their appointments this needs to be discussed with the appropriate Treatment and/or Clinical Manager and where appropriate, discussed with the Community Midwife and CSC.

**Section 2. Existing service user discloses / confirms pregnancy**

* If the disclosure was not made to the allocated Recovery Coordinator or R and M worker they need to be made aware at the earliest possible point.
* Immediate discussions should then be held with Line Managers (this will include Prescribing Line Managers as well as Hub Managers).
* A referral will be made to CSC as highlighted in section 1 and the client should be informed of the need to share relevant information. Consent should be reviewed and updated.
* If not already, ensure client books for antenatal care with a midwife via GP surgery or by contacting the Community Midwifery Manager at the earliest possible point. The Recovery Coordinator can offer to attend appointment with the client. For Harrogate, a referral should be made to Anna Sebine, Specialist Midwife.
* Named Safeguarding Midwife and Ante-Natal Service should also be informed of the client and pregnancy.
* Urgent Clinical assessment and Health and Well-being assessment is required and should be booked same day or at earliest possible point, within a MAXIMUM of 5 working days. Commence / review treatment as appropriate – Letter to GP and CMW confirming treatment details, with copy of any prescriptions and urine results.

**Any change in treatment (for example - service user disengages with programme, prescription changes, use of illicit drugs and/or alcohol changes) Workers should:**

* Inform Line Manager and ensure changes are documented on the Safeguarding template.
* Inform CMW, health visitor, CSC and other relevant involved professionals and follow this up in writing.
* Send new copies of prescriptions and up to date urine results.

**At 30 weeks gestation / prior to EDD**

* Provide a written treatment progress report for CMW / Named Midwife for CP. Provide client with a copy for her hand held maternity notes.
* Take part in 30 week case discussion as part of risk assessment process as arranged by the CMW team / CSC. This meeting should include all relevant involved professionals to inform planning and decision making.
* Ensure CMW, hospital consultant and client have written confirmation of treatment, including prescription details, pharmacist and up to date urine drug screen results.
* Recovery Coordinator should also attend the pre-birth planning meeting at 34 weeks. Where this is not possible and it is not appropriate to send representative, liaise with CMW for feedback and outcomes.
* When information is received that client has been admitted to hospital, existing prescriptions should be cancelled. The hospital and or CSC will contact NYH to advise when client is due for discharge and to arrange continuation of prescriptions.

This protocol should be used in conjunction with the following documents and guidance;

<http://www.safeguardingchildren.co.uk/professionals/pre-birth-assessment> 

<http://www.safeguardingchildren.co.uk/child-protection-procedure>