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University Health Board

## Sharing Information in Pregnancy Procedure (Safeguarding Children)

The guidance uses the term “woman” (pronouns she or her) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary. It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identify does not align with the sex that they were assigned at birth.

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Brief Summary of Document:	This document provides guidance on the arrangements for the Sharing of Information in Pregnancy (SIP) following the antenatal assessment from the Midwife, Health Visitor and GP and vice versa.
Scope	This document relates to all Hywel Dda University Health Board (the health board) Midwives, Special Care Baby Unit/Neonatal Unit (SCBU/NNU) Nurses, Health Visitors (HV) and GP's.

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To be read in conjunction with:	<a href="#">192- Health Records Management Policy</a> <a href="#">320 – Acceptable use of Information and Communication Technology (ICT) Policy</a> <a href="#">422 – Consumer Device Policy (smartphones/tablets)</a> Wales Accord on the Sharing of Personal Information (WASPI)-Information Sharing Protocol for the Safeguarding of Children, Young People and Vulnerable Adults within the Mid West Wales Region
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Owning group	Obstetrics and Maternity Guideline Documentation Group
Executive Lead	Mandy Rayani

Reviews and updates		
Version no:	Summary of Amendments:	Date Approved:
1	New Procedure	25/07/2019
2	Revised – Minor Amendments	08/03/2021
3	Full Review	12/08/2021
4	Reviewed – App to be included	22/03/2022

## Glossary of terms

Term	Definition
SIP	Sharing Information in Pregnancy
SCBU/NNU	Special Care Baby Unit/Neo Natal Unit
GP	General Practitioner
ACE	Adverse Childhood Experiences
FGM	Female Genital Mutilation
CSE	Child Sexual Exploitation
Health board	Hywel Dda University Health Board

Please enter any keywords to be used in the policy search system to enable staff to locate this policy	SIP, Safeguarding Children
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# HYWEL DDA UNIVERSITY HEALTH BOARD

## 1. SCOPE

This document relates to all Hywel Dda University Health Board (the health board) Midwives, Special Care Baby Unit/Neonatal Unit (SCBU/NNU) Nurses, Health Visitors (HV) and GP's.

## 2. AIM OF PROCEDURE

The procedure is to promote the safeguarding of the unborn and new-born infant through information sharing.

## 3. OBJECTIVES

The aim of the procedure will be achieved by:

- The secure electronic transfer of all SIP documentation throughout the person's pregnancy and postnatal period.
- Ensuring all community midwives have the Safeguarding Maternity database app on their work mobile phones to ensure timely access to information.
- Ensuring the effective sharing of information relating to safeguarding concerns
- Ensuring all staff are compliant in using this mechanism of sharing information.

## 4. PROCEDURE

### 4.1 TRAINING AND AWARENESS RAISING

The relevant health board staff will be made aware of this procedure upon commencement with the health board during their departmental induction training.

All current health board employed Midwives and SCBU/NNU Nurses will receive training to ensure they are competent and confident in complying with this procedure. Training will be provided via a cascade system within their service.

Dissemination of the procedure will be made via the Health Board Safeguarding Service Delivery Groups, Strategic Safeguarding Working Group and Global email.

The procedure will be available to all staff on the health board Intranet and Corporate Safeguarding Team Intranet site.

## 5. RECORDS MANAGEMENT

All completed **SIP** templates generated under this procedure are official records of the health board and will be managed, stored and utilised in accordance with the health board Policy 192 - Health Records Management. [Health Records Management Policy \(PDF, 394Kb\), and processed in accordance with Data Protection legislation.](#)

### The Sharing of Information in Pregnancy

The completion of all **SIP1**, **SIP2** and **SIP3** templates must be completed in line with this procedure – [See Appendix 1](#).

All the completed **SIP** templates are to be saved to the Safeguarding Maternity Database (SG Maternity Database)

#### a. [Completion of SIP1 template](#)

- The procedure must be discussed with all pregnant persons and asked to give verbal consent for the Midwife to complete the **SIP1** template on the SG Maternity database and share with the GP and HV. The health board translation services to be accessed where required.

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- All pregnant persons transferring into the health board from another Health Board area irrespective of gestation are to be asked to give verbal consent for the Midwife to complete the **SIP1** template on the SG Maternity database and share with the GP and HV.
  - If verbal consent is not given by the pregnant person, then this must be documented on the **SIP1** and the GP and HV notified of this. The **SIP1** must be printed and filed in the pregnant person's patient record.
- b. Completion of SIP2 template**
- If at any time during the antenatal, intrapartum or postnatal period, safeguarding concerns are identified by the Midwife, HV or GP then the **SIP2** is to be completed electronically and shared with the appropriate health professionals involved.
  - Any safeguarding concerns to be discussed with the pregnant person who has the right to be informed that the **SIP2** will be shared with the relevant health professionals.
  - Once a **SIP2** has been completed acknowledgement of this should be recorded in the All Wales Maternity Record.
  - If during the antenatal period the pregnant person with a **SIP2** is admitted to the Antenatal Ward recognition of this needs to be documented appropriately in the health board Antenatal Inpatient Record, to indicate to staff that there is an identified safeguarding concern.
  - On the birth of the baby acknowledgment of the **SIP2** is to be documented in the health board Postnatal Care record.
- c. Completion of SIP3 Template**
- A **SIP3** must be completed on discharge from Maternity Services for all persons where a **SIP2** had been initiated.
- d. If a Pregnant person moves out of the Health Board area**
- If a safeguarding concern has been identified relating to a pregnant person booked in health board who moves/receives part of their care in another health board area, the **SIP1**, **SIP2** and all safeguarding information must be shared with the relevant Midwife, HV, GP and Safeguarding Midwife/Team in the other health board area.

It is the responsibility of the Named Community Midwife to:

- Confirm the pregnant person's new address and telephone number.
- Confirm the address and telephone number of the new GP.
- Contact and handover verbally to the new Community Midwife.
- Securely email all relevant safeguarding documentation relating to the pregnant person to the receiving Community Midwife and advise of the need to share the information with the receiving HV and GP. Completion of the action is to be documented on the SG Maternity Database.

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- Complete an [Updated SIP2](#) and email to the current HV and GP informing them of the pregnant person's move out of health board area.
- Share all safeguarding information with the Named Safeguarding Midwife of the relevant Health Board. A copy of this notification must also be sent to the health board Named Safeguarding Midwife.
- Document in pregnant person's All Wales Maternity Record/Postnatal Record, details of the transfer prior to photocopying the records.
- Original records to be maintained by health board

## 6. TRANSFER OF AN ANTENATAL, INTRAPARTUM OR POSTNATAL PERSON REQUIRING INPATIENT SERVICES WITHIN ANOTHER HEALTH BOARD AREA

- If at any time transfer of an antenatal, intrapartum or postnatal person is required to Inpatient Services within another Health Board area, it is the responsibility of the discharging/ accompanying Midwife to share this information with the receiving Health Board.
- The SG Maternity Database is to be updated with the details of the transfer by the discharging Midwife.
- A copy of the notification must be emailed to the health board Named Safeguarding Midwife informing them of the transfer

### 6.1 PREGNANT PERSON MOVES INTO THE HEALTH BOARD AREA

When a pregnant person with safeguarding concerns moves into health board area a [SIP2](#) must be completed in line with this procedure.

It is the responsibility of health board Community Midwife to:

- Contact the referring Midwife for additional information and to request safeguarding documentation.
- Liaise with all professionals involved in the pregnancy.
- Inform health board Named Safeguarding Midwife.
- Document details of the transfer in the All Wales Maternity Record/Postnatal Record.

### 6.2 COMMUNITY MIDWIVES WORK MOBILE PHONE SG MATERNITY DATABASE APP

The new SG Maternity database app to be downloaded by the community midwives onto their work phones. This app provides midwives with an easily accessible tool to enable them to access the Safeguarding Maternity database securely and in a timely manner.

## 6.2 IDENTIFYING THE RISK OF HARM

The Mid and West Wales Safeguarding Children Board (CYSUR) Regional Threshold and Eligibility for Support Document: The Right Help at the Right Time (2017), provides guidance for multi-agency professionals, advising when and where to refer a child/children and their families for support depending on their needs.

The importance of pre-birth plans has been highlighted in Child Practice Reviews. Statutory intervention cannot begin prior to birth. However, an assessment can be initiated by Local Authority Children's services, providing professionals with a plan of protection and support for when the unborn baby is born.

This procedure should be used in conjunction with the Wales Safeguarding Procedures, 2019.

## 7. AUDITABLE MONITORING

The Named Safeguarding Midwife will be responsible for the biannual audit of the compliance with this procedure. Learning and best practice will be shared via the Women and Children Service Safeguarding Delivery Group and any action plans monitored by this group.

### Criteria for completion of SIP2 (this list is not exhaustive)

Pregnant person who;

- Has undergone FGM (Female Genital Mutilation)
- Has significant mental health concerns requiring prescribed medication which adversely impacts on the parenting ability e.g. history of psychosis, schizophrenia
- Has history of domestic abuse with the current partner of unborn baby
- Has history of alcohol or substance misuse which adversely impacts on the parenting ability
- Has pregnant person/ current partner of unborn baby been incarcerated
- Is under the age of 18yrs
- Is under the age of 18yrs and the pregnant person's partner is 4yrs older risk of CSE (Child Sexual Exploitation)
- Risk of Exploitation
- History of psychological, physical, sexual, financial abuse or neglect
- Parents of the unborn baby was a Looked After Child (LAC)
- Any children currently or previously been placed on the Child Protection Register/have been removed at birth/adopted
- Has a partner/relative/friend who is a Registered Sex Offender (RSO)

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- Has significant learning difficulties which may potentially impact on the parent's capacity to safeguard the child
- Is a persistent non-attender of antenatal appointments/no access visits
- Presents with a concealed pregnancy
- Non-compliant with treatment which could potentially have a detrimental effect on the unborn baby
- By 34 weeks gestation been unable to ask the Routine Enquiry

### 8. REFERENCES

Wales Safeguarding Procedures, 2019

Social Services and Well-being (Wales) Act, 2014

Welsh Adverse Childhood Experiences (ACE) study, 2015

CYSUR: The Mid and West Wales Safeguarding Children Board, Regional Threshold and Eligibility for Support Document, 2017

'General Data Protection Regulations, 2016' and 'Data Protection Act 2018'

Children Act 2004



## 9. APPENDIX 1 - FLOWCHART

**SIP1** completed for all pregnant persons, share electronically via the SG Maternity database with the GP Practice Manager and HV generic email.  
**SIP1** to be returned electronically to the Named Midwife within **5 working days**.  
**SIP1** to be saved on the Safeguarding Maternity Database. It is the responsibility of the booking midwife to contact the GP Practice Manager / HV if no response is received.



**Safeguarding concerns identified by Midwife, complete SIP2**

**SIP2** to be shared electronically via the HV generic email and GP Practice Manager email.

**Safeguarding concerns identified by HV or GP**  
 Completed **SIP2** to be returned to the Named Midwife and Midwifery Team leader within **5 working days**.



**No safeguarding concerns** identified by Midwife, HV or GP.



**No action**



Midwife to activate Safeguarding keynote on **WelshPAS**.



Midwife to complete **Updated SIP2** during pregnancy with any new significant safeguarding information share electronically via the HV generic email and GP Practice Manager email.

**34wk Updated SIP2** to be completed and shared electronically with HV and GP Practice Manager.

Record of Contact on the Safeguarding Maternity Database to be updated with relevant safeguarding information



**SIP3** to be completed electronically by the discharging Midwife and emailed to the HV and GP Practice Manager.



Discharging Midwife to print all **SIP's** and safeguarding documentation, from the SG Maternity database filing into the postnatal records.

## 10. APPENDIX 2 - SHARING INFORMATION IN PREGNANCY (SIP1)



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**Sharing Information in Pregnancy (SIP 1)**  
**(To be completed by the Midwife at the initial antenatal assessment)**

Pregnant person's full name:  Pregnant person's previous surname:  NHS no:  Hospital no:  DOB:  Address:  Postcode:	GP:  Address:  Postcode:  HV:	EDD:  Midwifery Team:  Named Midwife:  Contact no:  Email address:  Team leader Midwife:  Contact no:  Email address:
Other parent of Unborn:  DOB:  Address:  Postcode:	Current Partner of pregnant person (if different from parent of unborn):  DOB:  Address:  Postcode:	Other Adults living in household:  1.Full name:  DOB:  2.Full name:  DOB:  3.Full name:  DOB:

**Children living at home / looked after by LA / living elsewhere**

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## Midwife to tick box if

I **have** relevant safeguarding information to share and have attached a **SIP 2**

I **do not** have any relevant safeguarding information to share

## GP / Health Visitor

Please **email** the named community midwife **and** team leader within **5 working days**, to confirm

I **have** relevant safeguarding information to share and attach **SIP 2**

I **do not** have relevant safeguarding information to share

I have been informed and understand the information sharing process between Midwifery, Health Visiting and GP services.

Verbal consent of pregnant person:

Date:

Midwife:

Date:

**Electronic copy to be emailed to the GP Practice Manager / HV generic email / and a copy to be saved on the Safeguarding Maternity Database. Copy to be filed in hospital records when discharged from maternity services**



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## 11. APPENDIX 3 - SHARING INFORMATION IN PREGNANCY (SIP2) TO SAFEGUARD UNBORN BABIES/CHILDREN

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Initial SIP2             
 Update SIP2             
 34wk Update SIP2   

Pregnant person's full name:  NHS no:  Hospital no:  DOB:  Address:  Postcode:	Midwifery Team:  Named Midwife:  Contact no:  Team leader:  Contact no:  GP: Surgery: Contact no:  Health Visitor: Surgery: Contact no:	EDD:  Place booked to deliver baby:
Social worker:  Contact no:	Support/PA/IDVA worker:  Contact no:	
Substance Misuse worker:  Contact no:	Perinatal MH/ CPN:  Contact no:	
Team Around the Family (TAF) worker:  Contact no:	Flying Start Midwife:  Contact no:	

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<p>Other agencies:</p> <p>Contact no:</p>									
<p>Current partner's name:</p> <p>DOB:</p> <p>Address if different:</p>  <p>Postcode:</p>									
<p style="text-align: center;">Children of pregnant person and current partner</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;">Name of child</th> <th style="width: 30%; text-align: left;">DOB</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> </tr> </tbody> </table>	Name of child	DOB			<p style="text-align: center;">Children with former partners</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: left;">Name of child</th> <th style="width: 30%; text-align: left;">DOB</th> </tr> </thead> <tbody> <tr> <td style="height: 100px;"> </td> <td> </td> </tr> </tbody> </table>	Name of child	DOB		
Name of child	DOB								
Name of child	DOB								
<p>Routine Enquiry asked: Y/N</p> <p>Negative/positive:</p> <p>RIC form completed: Y/N</p>	<p>MARF for UBB sent on:</p> <p>Care and Support Plan      Y/N</p> <p>Child Protection Register      Y/N</p> <p>Category of abuse: emotional/physical/sexual/neglect</p>								



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## 12. APPENDIX 4 - SAFEGUARDING MATERNITY INFORMATION (SIP3)



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### Safeguarding Maternity Information (SIP3)

**(To be completed by the midwife at discharge from maternity services)**

Parent's full name: Hospital no: NHS no: DOB:	Infant's place of birth:
Address:  Postcode:	Midwifery Team:  Midwife's name:  Contact no:
Infant / s Name:  DOB:  Male / female / intermediate  Infant/infant's discharge address:  Postcode:  If baby <b>not</b> discharged to parent's address document reason:  TAF worker:	GP:  Contact no:
	Health visitor:  Contact no:
	Social Worker:  Contact no:
	Support/PA/IDVA worker:  Contact no:
	Substance Misuse worker:  Contact no:
	Perinatal Mental Health/CPN worker:  Contact no:
	Flying Start worker:

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Contact no:	Contact no:
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Infant placed on Child Protection Register Y/N
Category of abuse: emotional/physical/sexual/neglect
Infant has Care and Support Plan Y/N
Discharged to Parent and Baby Placement Y/N
Infant removed from care of parent at birth Y/N

### Summary of concerns

Has the Routine Enquiry (RE) been asked: Y/N
Has a referral been made to MARAC: Y/N
<b>If RE has not been asked please give reason why:</b>

<b>Discharging Midwife:</b>	<b>Date:</b>
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**Email to pregnant person's GP Practice manager / HV generic email / copy to be filed in hospital records when discharged from maternity services**