Communication between Community Midwife, Health Visitor and Children’s Centre guideline (GL808)

Approval

<table>
<thead>
<tr>
<th>Approval Group</th>
<th>Job Title, Chair of Committee</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity &amp; Children's Services Clinical Governance Committee</td>
<td>Chair, Maternity Clinical Governance Committee</td>
<td>7th December 2018</td>
</tr>
</tbody>
</table>

Change History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author, job title</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.0</td>
<td>September 2016</td>
<td>Gill Valentine (Director of Midwifery), Jean Sangha (Matron for Community Services)</td>
<td>Reviewed and changes made to Health Visitor liaison process</td>
</tr>
<tr>
<td>4.1</td>
<td>Jan 2017</td>
<td>J Sangha (Matron for Community &amp; Rushey), K Taylor (Community Lead MW)</td>
<td>Pg 7-8 Liaison form updated</td>
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<tr>
<td>4.2</td>
<td>May 2017</td>
<td>J Sangha (Matron for CMW &amp; Rushey MLU)</td>
<td>Pg7-8 HV/CMW Liaison form revised</td>
</tr>
<tr>
<td>5.0</td>
<td>July 2018</td>
<td>J Sangha (Matron for Community &amp; Rushey)</td>
<td>Reviewed – changes throughout to reflect current process Pg 8/9 Liaison form updated</td>
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The purpose of this standard is to achieve seamless and effective two-way communication between Community Midwife (CMW) and Health Visitor (HV) and Children’s centres (NICE, 2006; RBH, 2008).

Antenatal Communication
At the first antenatal booking appointment the midwife will take a detailed medical, obstetric and social history from the woman. This information may be recorded electronically or directly into the hand held maternity antenatal record booklet. Two copies of the booking history pages which contain demographic, medical, obstetric and social history will be provided to the mother at her first scan appointment and should be secured within the hand held record at this appointment. This information should be sent electronically to the health visitor when the mother is seen for her subsequent appointment at 16 weeks, alternatively one of these printed copies can be given to the Health Visitor to notify them that the woman is pregnant and also to share information to allow appropriate support to be provided. Please see appendix 1 for recommendations regarding the process on Midwife and Health Visitor Partnership Working guidance. If the woman is identified as needing additional support at any time during her care, then the midwife/health visitor liaison form (see Appendix 2) should be used, and this should be sent to the health visitor and/or the Local Authority using the secure email hub on the nhs.net account. A read receipt and delivery receipt should be included prior to sending these emails. The health visitor team/local authority receiving these emails should accept the delivery of these emails and click the read receipt. This provides some reassurance that the information has been read and also that it has been accepted. A copy of this form should also be placed in the hospital maternity record. This form should be scanned and kept securely within the community shared drive under the relevant geographical caseload and filed with the NHS number under the expected date of delivery. The team leaders should undertake a monthly review that this process is being undertaken to actively encourage midwives to share relevant information to their health visitors and/or local authority.

Consent should be obtained if the information is to be shared with the relevant Local Authority. This is so that the local Children’s centre can be advised to make contact with the woman who can provide additional support. No health information should be shared with the Local Authority.

If the Health Visitor is aware of other information on the family which is not evident in the copies of the records sent by the midwife, they should contact the midwife and share this information. The booking information should be sent to the health visitor on a weekly basis. The method of communicating the booking information should be agreed between
the midwife and the health visitor within the locality for the woman. This may include the
notes being left in HV’s post tray at a GP surgery, face-to-face meetings, or using a team
email address, an nhs.net account should be used for sending any patient information
securely. The HV is responsible for ensuring that she can receive these communications
and respond with information relevant to the midwife. Best practice is for the named
community midwife and health visitor to either meet or undertake a telephone
communication at least once a month for a caseload discussion.

At this meeting the standard is that the midwife discusses all new bookings, women who
are due to deliver within the next 2 months and any other concerns regarding women or
families which either the midwife or health visitor is aware of since the previous meeting.
This meeting should be formally recorded by the midwife using the e-caseload facility. The
senior community midwife will ensure that a quarterly audit of this standard is being
achieved.

It is the responsibility of both the named midwife and health visitor to make contact with
each other to ensure this communication occurs routinely.

The midwife should notify the Health Visitor of any relevant information during the
pregnancy e.g. miscarriage, change of address, telephone number during their monthly
contact by completing the midwife/health visitor liaison form.

If there is any significant change or concerns identified at any stage throughout pregnancy
the midwife should complete the Midwife and Health Visitor Liaison Form electronically
(see Appendix 2) and this should be sent to the health visitor using the secure email hub
on the nhs.net account. A read receipt and delivery receipt should be included prior to
sending these emails. The health visitor team receiving these emails should accept the
delivery of these emails and click the read receipt. This provides some reassurance that
the information has been read and also that it has been accepted. A copy of this form
should also be placed in the hospital maternity record and hand held record.

**Postnatal Communication**

On discharge from hospital the electronic discharge summary will be scanned and emailed
to the generic email address hub provided by the HV team. This will alert the HV teams of
the birth details so they can plan to visit 10-14 days from birth. It is the responsibility of the
midwife discharging the mother from hospital to ensure the demographic details are
correct and the current telephone number and GP details are up to date

Please refer to the midwife and health visitor guidance for the process that should occur
(see Appendix 1)
On Postnatal Discharge from the community midwife care, the midwife should notify the HV of the discharge and then transfer care. This should be via email contact using nhs.net account and request delivery and read receipt. This will provide evidence that the health visiting team have been formally notified for audit purposes. This notification should occur even if the woman is known to have a HV appointments planned.

If there is specific confidential information to be shared with the Health Visitor it may be necessary to say “please ring me for more details before visiting”. The back page of the postnatal record should be completed, detached from the hand held booklet and left with the mother for the HV to collect. The midwife should request a read and delivery receipt when sending the information via the secure nhs.net account regarding the woman’s postnatal discharge.

The postnatal hand held record should be returned to RBFT by the discharging midwife and signed back to enable safe return. The notes should not be left with the mother as they are property of RBFT. Postnatal notes belonging to other hospitals will be returned directly to the hospital of birth but the midwife should still sign these back prior to sending to discharging hospital.

At the end of the postnatal period the community midwife should discharge the information from the maternity information system (CMIS) which will then archive the pregnancy. If the woman has not received ante natal care from RBFT but has received only postnatal care, then an electronic maternity record will need to be created, the maternity records department should be requested to register the demographic information on Cerner which will then produce a maternity record. The community midwife will need to enter only the delivery and birth summary prior to discharging the woman from postnatal care electronically.

In addition the Child Health Record (Red Book) should be completed as appropriate:

- Birth details
- First examination of the Newborn
- Date of NNBSS
- Any vaccinations/oral Vitamin K given with date and time

**Auditable Standards:**

1. All postnatal handover from the community team to the health visitor team will be documented by fully completing the “discharge checklist” in the postnatal booklet. This booklet will be filed in the maternal health care record.
References

1. Infant Feeding Protocol (CG493 June 2016) Healthy Child Programme and the first 5 years (DOH 2009)
Appendix 1

Health Visitor and Midwifery Partnership Working Guidance (GL1019)

Aim:-
To work in partnership with midwives to and enable parents/parents to be, to receive consistent information and advice during pregnancy and the early weeks of their baby’s life. To support parents and promote:-

- Positive maternal mental / physical health
- Breast /safe infant feeding
- Positive transition to parenthood
- Safe and appropriate environment for baby.


In addition the professionals concerned will identify any presenting vulnerabilities or risks and liaise/refer to other professionals as appropriate.

Process:-
During pregnancy and in the early weeks of a child’s life health visitors and midwives will liaise effectively to ensure the best outcomes for children and families. Liaison will take place routinely at key points during the pregnancy and post-partum period. In addition liaison may take place between these key points as appropriate to plan and enable care for the baby/unborn baby and family. The key points for routine liaison are identified within the following pathway.

During the antenatal period and up to 10 days post Natal (or 28 days where indicated and agreed), the midwife is the Lead Professional. Universal health visiting services are delivered concurrently from 28 weeks of pregnancy. Transfer of care to the health visitor as lead professional will take place on discharge from midwifery care between days 10 -14, when the health visitor will undertake a New Birth Family Health Assessment contact.

Safe systems of communication will be agreed and established locally to ensure that any communication is timely and effective. Any patient identifiable information must be stored in a secure place and only be accessible to the appropriate professionals, in accordance with the relevant organisations policy and procedures.
**Communication between Community Midwife & Health Visitor (GL808)**

<table>
<thead>
<tr>
<th>WHEN</th>
<th>ANTENATAL BOOKING IN (8 TO 12 WEEKS)</th>
<th>16-28 WEEKS</th>
<th>28 WEEKS ONWARDS</th>
<th>POSTNATAL BIRTH VISIT TO 10-14 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>MIDWIFE (MW)</td>
<td>HEALTH VISITOR (HV)</td>
<td>MIDWIFE</td>
<td>HEALTH VISITOR</td>
</tr>
<tr>
<td>WHO</td>
<td>MIDWIFE (MW)</td>
<td>HEALTH VISITOR (HV)</td>
<td>MIDWIFE</td>
<td>HEALTH VISITOR</td>
</tr>
<tr>
<td>ACTION</td>
<td>MW to notify HV of all women and fathers with identified complex social factors using MW/HV Liaison Form. Notification to include any referrals to other agencies e.g. Children Centres.</td>
<td>Copy of the maternity notes Social Risk assessment to be shared with HV using a system of confidential communication as per agreed local process. Copy of MW/HV Liaison form to be placed in hospital maternity records.</td>
<td>Copy of Booking information for all women to be shared with HV using confidential communication system as per agreed local process. MW to notify health visitor using MW/HV Liaison Form, within three working days if informed/aware of any significant changes to maternal or child wellbeing e.g. - Miscarriage - Still birth - Congenital abnormality - Serious Illnesses - Social concerns - Admission to NICU - Maternal Mental Health Issues Liaison Form to be e mailed to Duty HV using Generic HV e mail address for Locality. Copy of MW/HV Liaison form to be placed in hospital maternity record.</td>
<td>MW to notify health visitor using MW/HV Liaison Form, within three working day if informed/aware of any significant changes to maternal or child wellbeing e.g. - Miscarriage - Still birth - Congenital abnormality - Serious Illnesses - Social concerns - Admission to NICU - Maternal Mental Health Issues Liaison Form to be e mailed to Duty HV using Generic HV e mail address for Locality. Copy of MW/HV Liaison form to be placed in hospital maternity record.</td>
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**SAFEGUARDING**

This document is valid only on date last printed
## Appendix 2 – CMW/HV Liaison form

**MIDWIFE (MW) AND HEALTH VISITOR (HV) LIAISON FORM:**
*For use when necessary for informing MW/HV of factors with potential to impact on care of woman/baby i.e. identified health needs or safeguarding risks.*

<table>
<thead>
<tr>
<th>Name of Mother to be / Mother:</th>
<th>Name of unborn baby’s Father/Partner:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>National Health Number (NHS) of Mother to be / Mother:</strong></td>
<td><strong>Name of Partner / Stepfather / to be (if applicable / different from above)</strong></td>
</tr>
<tr>
<td><strong>Date of Birth (DOB) of Mother to be / Mother:</strong></td>
<td><strong>Language of Mother to be / Mother</strong></td>
</tr>
<tr>
<td><strong>First Spoken: BSL Interpreter required?</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Details:**

- **Home Address Including Post Code:**
- **Telephone Numbers**
  - Home:
  - Mobile:
  - Email address:

**General Practitioner (GP):**

- **Details of Pregnancy:**
  - Expected Date / Date of Delivery:
  - Parity:

**Locality / Area: Please Select**

- Slough □
- Maidenhead □
- Reading □
- Wokingham □
- Windsor Ascot □
- Bracknell □
- West Berkshire □
- Buckinghamshire □

### Physical - Please Select

- Late notification of pregnancy □
- History of concealed pregnancy □
- Non Engagement □
- Female Genital Mutilation □
- Genetic Disorders □
- Abnormalities found on anomalies scan □
- Multiple Births □
- Domestic Abuse □
- Substance Abuse □ Enter substance type:

### Emotional - Please Select

- Unplanned pregnancy / ambivalence □
- Unsupported mother □
- Previous Still Birth/Neonatal/Sudden Infant Death □
- Depression / Anxiety or Mental Illness – are they receiving help currently □

### Social - Please Select

- Under 20 years □
- Identified learning difficulties. □
- Household members known to be a present/potential risk □
- Parenting difficulties. □

#### Housing concerns:
- Bed and Breakfast □
- Temporary Accommodation □

### Educational - Please Select

- Safeguarding/Child Protection - Please Select
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Threat of eviction ❑
Traveller Asylum Seeker ❑
Traveller ❑
Other ❑

Previous / present Child Protection concerns ❑
Looked After Child (LAC) past / present ❑

Environment issues:
Smoke ❑
ygiene ❑

Low income / Financial difficulties ❑
Known criminality including Child Sexual Exploitation ❑

Previous / present social worker / other agencies involvement? Yes ❑ No ❑
If yes, please record details including name of professional(s):

Additional Information: (Include baby’s name/date of birth/ NHS number if relevant)

Midwives / Health Visitors Name and contact details: (Please print)
Designation: 
Date information shared with HV/MW :

I consent to the information above to be shared with other relevant non-health professionals who may be able to help during my pregnancy or after I have had my baby. I am happy for the Children Centre/Family Hubs to contact me.

Signed .................................................. Printed..................................................

FORMS TO BE SENT TO THE COMMUNITY MIDWIVES OFFICE
1. COPY TO HEALTH VISITING TEAM
2. COPY TO LOCAL AUTHORITY
3. COPY FILED IN MATERNITY HOSPITAL NOTES
4. SAVE COPY ON w & c drive under ‘HV Liaison forms’ in month of baby EDD + M No.