

## **HOSPITAL BIRTH PLAN - to be completed by the Midwife at the Strategy Meeting**

Unborn Child EDD: \_\_\_\_\_

Mother's Name and D.O.B: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

\_\_\_\_\_

Special considerations e.g. need for interpreter, disability:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father's Name and D.O.B: \_\_\_\_\_

Father's Address: \_\_\_\_\_

\_\_\_\_\_

Social worker to be contacted - Name and tel. Number:

\_\_\_\_\_

\_\_\_\_\_

Team Manager - Name and tel. Number:

\_\_\_\_\_

\_\_\_\_\_

Out of Hours Team contact details:

\_\_\_\_\_

\_\_\_\_\_

Is the baby subject to a Child Protection Plan: \_\_\_\_\_

If so under what category?:

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When the baby is born the parents will need the following support or observation: - please delete as appropriate and supply additional information:

- Little or no extra support and can be placed on the Post Natal ward
- To be observed and supported caring for the baby and should be placed on the Transitional Care Unit/Mother and baby unit
- To be separated at birth and baby placed on the Neo - Natal Unit - to include Police contact details, details of contact with mother and who will be supervising this,, family members who cannot have contact
- Staff safety issues in hospital and on return home

Date \_\_\_\_\_ Signed \_\_\_\_\_

Copies to: Medical notes, Social Worker, EDT, Midwife, Liaison Midwife