

# Standard Operating Procedure: Management of High-Risk Safeguarding cases in Maternity Services.



Trust Ref: C63/2023

## 1. Introduction and overarching policy/guideline

This Standard Operating Procedure was developed to ensure the effective identification, management, and support of high-risk cases in maternity safeguarding.

High-risk cases include women/birthing people with any of the following safeguarding vulnerabilities;

- Women/birthing people who currently have a Vulnerable Adult Risk Management process in place, which identifies that the individual is at a significant risk of harm and/or death.
- Women/birthing people who are not engaging consistently in midwifery care and have existing safeguarding vulnerabilities, such as no fixed abode, involvement in sex work, or substance misuse.
- Women/birthing people who are at high risk of domestic abuse and have been significantly assaulted by the perpetrator during pregnancy or post-birth.
- Women/birthing people who are sectioned under the mental health act.
- Women/birthing people who are currently in HMP but are anticipated to be discharged and could potentially attend UHL.
- Women/birthing people identified as being trafficked.

## How to recognise High-Risk Cases

All of the women/birthing people identified will have an alert added onto the E3 records which will state- 'HIGH RISK SAFEGUARDING CASE, IF MAKES CONTACT WITH THE HOSPITAL INVITE IN AND ADMIT TO THE WARD FOR FURTHER REVIEW BY SAFEGUARDING TEAM'.

These high-risk women/birthing people are unlikely to make contact with services without genuine concerns. They may have limited access to communication tools such as telephones etc. therefore all should be invited in for assessment.

In addition to the alert above, the Named Midwife for Safeguarding will distribute a list of high-risk cases to the Maternity Assessment Unit (MAU) manage to distribute to core staff.

The list of high-risk cases will also be accessible in the telephone triage room for reference by the midwives and updated on a monthly basis.

### **Response to High-Risk Cases**

- When a high-risk case presents/contacts maternity services, midwives will invite the patient into UHL for admission, regardless of the initial complaint detailed during the phone call.
- High-risk cases are admitted to UHL and held until they can be seen and reviewed by the Phoenix/Safeguarding team.
- If a high-risk woman/birthing person declines admission while on-site, midwives will clearly document this decision.
- In cases where a woman/birthing person declines admission, an email should be sent to [maternity.safeguarding@uhl-tr.nhs.uk](mailto:maternity.safeguarding@uhl-tr.nhs.uk), detailing the womans/birthing persons choice. This information will be followed up during working hours.

**Note:** This SOP is established to ensure the safety and well-being of high-risk maternity women/birthing people, with a focus on providing appropriate support and intervention.

### **Responsibilities:**

- Named Midwife for Safeguarding: Responsible for identifying high-risk cases and circulating the list to MAU core staff.
- Maternity Assessment Unit (MAU) Core Staff: Responsible for reviewing the list of high-risk cases and following the procedure for admitting and reviewing these patients.
- Phoenix/Safeguarding Team: Responsible for reviewing and providing appropriate support to high-risk cases admitted to UHL and for adding the relevant alert to notify staff of significant safeguarding concerns.
- Midwives: Responsible for clear documentation of women/birthing peoples choices regarding admission or refusal and checking alerts on the E3 system.

**Effective Date:** Following approval/ communications was sent out to all midwives via email on 6/9/23, highlighting the number of complex safeguarding cases we have and a list of these cases have been sent to MAU core staff and telephone triage as per meeting held on 23<sup>rd</sup> August 2023.

## **2. Monitoring Compliance**

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
This SOP will be reviewed annually or as needed to ensure its effectiveness and alignment with organisational policies and practices. Any necessary revisions will be made promptly.	Via audit	Maternity Safeguarding	Annually	

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The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.  
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

CONTACT AND REVIEW DETAILS			
SOP Lead (Name and Title) Rheo Knight Named Midwife for Safeguarding			Executive Lead
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
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