

# Phoenix team referral for maternity parent education

## 1. Introduction

### Referral Pathway for Parent Education Program

This pathway is designed to facilitate referrals from specialist midwives to the Vulnerable Team Maternity Support Workers, who will provide tailored parent education over five structured sessions. This pathway aims to support vulnerable parents by ensuring they receive the necessary guidance, education, and support as they prepare for the arrival of their baby.

#### Related documents;

[Safeguarding in Maternity UHL Obstetric Guideline](#)

## 2. Eligibility for Referral

Referrals are intended for expectant parents identified as requiring additional support, including:

- First-time parents
- Parents with identified social or economic vulnerabilities
- Parents with limited support systems
- Parents experiencing mental health challenges
- Parents with previous safeguarding or child welfare concerns.

### 2.1 Referral Details and Information Required

**Gestational Age:** Specify current gestation at the time of referral (recommended between 28–32 weeks to allow for session completion before delivery).

**Relevant History:** Outline any medical, social, or psychological history that justifies the need for additional support.

**Priority Status:** Indicate if this referral is a priority based on identified risks (e.g., lack of prenatal support, high-risk social situation).

**Reason for Parent Education:** Briefly explain why the referred parent(s) require this program (e.g., “No previous support network,” “Limited experience with infant care,” “First-time parent with anxiety”).

## 2.2 Referral and Tracking Process

### Initial Referral Submission

Specialist midwife completes a referral form ([Appendix 1](#)) with the required details (gestation, history, priority, reason for referral).

Referral form submitted to the Vulnerable Team Support Worker within 1 week of identification.

Recorded onto the Safeguarding Electronic Notes System (SENS)

### Program Enrolment Confirmation

The Vulnerable Team Maternity Support Worker reviews referral details and schedules initial contact within 1 week of referral acceptance. Send referral outcome ([Appendix 2](#))

A tracking log is maintained, noting parent attendance, engagement, and session completion. Recorded onto SENS

### Feedback and Follow-Up

Upon completion of all sessions, a feedback report is sent to the referring midwife summarising the parent's participation, engagement, and any follow-up actions required and recorded onto SENS.

Any on-going concerns or recommended referrals to additional services are communicated back to the specialist midwife.

Feedback to be provided to the allocated social worker

## 3. Parent Education Program Outline

The program consists of five structured sessions, delivered by a Vulnerable Team Support Worker, with each session designed to build foundational knowledge and skills for parenthood. Sessions are ideally held weekly or biweekly to ensure comprehensive support leading up to birth.

Sessions are planned to be one to one but there may be flexibility to offer small group sessions if appropriate.

The teams will books translators for these sessions as and when required.

### 3.1 Session Structure

#### Session 1: Introduction and Assessing Needs

**Objective:** Build rapport, introduce the program structure, assess individual needs, and address specific concerns.

**Content:**

Introduction to the education program and purpose

General assessment of the parent(s)' needs, specific challenges, or questions

Developing a personalised support plan

#### Session 2: Preparing for Baby

**Objective:** Equip parents with essential knowledge for baby care at home.

**Content:**

Overview of items needed for the baby

Education on organising and preparing the home for the baby's arrival

Discussion on emotional and mental preparation for parenthood

### **Session 3: Feeding and Sterilising – Postnatal provision In line with Births**

**Objective:** Provide parents with guidance on feeding and equipment care.

**Content:**

Basics of infant feeding (including breastfeeding, formula feeding, or combination)

Demonstration of sterilising equipment

Best practices for safe and hygienic feeding methods

### **Session 4: Baby Care Essentials**

**Objective:** Train parents in daily baby care, focusing on safety and hygiene.

**Content:**

Bathing techniques

Nappy changing and baby hygiene

Appropriate dressing for various weather conditions and safety considerations

### **Session 5: Safe Sleeping and ICON Principles**

**Objective:** Teach parents safe sleep practices and methods to soothe the baby.

**Content:**

Principles of safe sleeping (positioning, cot setup, etc)

Introduction to the ICON principles (crying management and coping strategies)

Tour of the labour ward and a recap to address final questions and concerns

Signpost to: [leicester.gov.uk/health-and-social-care/public-health/get-help-to-stop-smoking/step-right-out/](https://leicester.gov.uk/health-and-social-care/public-health/get-help-to-stop-smoking/step-right-out/)

## **4. Documentation and Reporting**

All sessions, including attendance, notes, and any significant findings or follow-ups, are recorded in the parent's maternity records and on SENS. These will be accessible for review by healthcare providers to ensure continuity of care and alignment with other support services.

This pathway aims to deliver a structured, compassionate approach to educating vulnerable parents, ensuring they are empowered and supported as they embark on their parenting journey.

## **5. Education and Training**

None

## **6. Monitoring Compliance**

None

## **7. References**

None

## 8. Key Words

Baby care, Safeguarding Electronic Notes System (SENS), Vulnerable, Welfare

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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.**

### **EDI Statement**

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Lynn Cunningham – Safeguarding Matron			Executive Lead Chief Nurse
Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
March 2025	1	Maternity guidelines group Maternity Governance committee	New document

## Appendix 1: Referral for parent education program

### Referral for Parent Education Program

#### CLIENT DETAILS

Name:

DOB or Hospital No:

Address:

Telephone

GP

EDD:

#### YOUR DETAILS

Name

Contact Details:

#### REASON FOR REFERRAL

Please provide as much information as possible on referral

**Gestational Age:**

**Relevant History:**

**Priority Status:**

**Reason for Parent Education:**

## Appendix 2a: Suggested outcome responses if referral is accepted

**Subject:** Referral Accepted for Parent Education Program

Dear [Referrer's Name],

Thank you for your recent referral to the Parent Education Program for [Parent's Name/Patient ID]. We are pleased to inform you that the referral has been accepted, and [Parent's Name] will be enrolled in the program to receive the additional support needed. Program Details and Next Steps.

We will contact [Parent's Name] within the next week to schedule the first session. Here's an overview of the support they will receive through the program:

**Session 1: Introduction and Assessing Needs**

**Session 2: Preparing for Baby**

**Session 3: Feeding and Sterilising**

**Session 4: Baby Care Essentials**

**Session 5: Safe Sleeping and ICON Principles, including a tour of the labour ward and a recap**

The sessions are designed to provide tailored education and support in preparation for the arrival of their baby. We will keep a record of attendance, engagement, and any additional needs that arise, and will provide a summary report to you upon completion of the program.

### Contact Information

If you have any further questions or if there are additional details you believe we should address with [Parent's Name], please feel free to reach out to us. You can contact me directly at [Your Contact Information] or by email at [Your Email Address].

Warm regards,

[Your Full Name]

[Your Position]

[Organisation Name]

[Contact Information]

## Appendix 2b: Suggested outcome responses if referral not accepted

**Subject:** Referral Outcome for Parent Education Program

Dear [Referrer's Name],

Thank you for your recent referral to the Parent Education Program for [Parent's Name/Patient ID].

After carefully reviewing the information provided, we have determined that the referral does not meet the current criteria for enrolment in the program. Below, I have outlined the specific reasons for this decision:

**Eligibility Criteria:** The referral did not meet our program's eligibility requirements, which prioritise [mention any criteria, e.g., gestational age, specific vulnerabilities, etc.].

**Program Capacity:** Due to current capacity limitations, we are prioritising referrals for parents facing significant vulnerabilities or urgent needs. While we acknowledge the importance of support for [Parent's Name], our resources are currently allocated to higher-priority cases.

**Support Suitability:** Based on the information shared, it appears that [mention reason, such as "the parent may benefit more from alternative services" or "specific needs are better aligned with other support programs available"]. We want to ensure the best possible support is provided, and therefore recommend the following alternatives:

[Suggested service, e.g., "Referral to local parenting classes or community support groups"]

[Alternative resource, e.g., "One-on-one support through [Program Name] which focuses on..."]

Please feel free to reach out if you would like to discuss additional resources or explore other ways we might support [Parent's Name].

Thank you for your understanding.

Warm regards,

[Your Full Name]

[Your Position]

[Organisation Name]

[Contact Information]