



Leeds Safeguarding
Children Partnership

Removal of a Baby at Birth; Interagency Procedure

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1. Introduction

What is this procedure? This procedure provides all agencies with clear guidance to follow a decision has been reached to remove a child at birth following a multi-agency assessment.

Why do we need this procedure? This procedure provides all practitioners with a clear workflow to ensure consistency of practice.

Who is this policy aimed at? This procedure is aimed at practitioners working with families either regularly or occasionally whereby there has been a decision to remove a child at birth following a multi-agency assessment. These practitioners will come from a wide range of agencies both statutory and non-statutory.

The key contact for comments about this policy is: lscb@leeds.gov.uk

2. Procedure

1. Children Social Work Services must contact Leeds Teaching Hospitals Trust (LTHT) Safeguarding Children Team on **0113 3923937** as soon as possible once a decision to remove a baby at birth has been reached and a plan agreed. The plan may include a written agreement by the mother to accommodate the child under section 20 following the birth whilst the appropriate court orders are being obtained.
2. The discussion between Children Social Work Services and LTHT Safeguarding Children Team will be take place between the relevant practitioners via the telephone or face to face if required.
3. It will be agreed during the telephone discussion between Children Social Work Services and LTHT Safeguarding Children Team (or the Midwife if out of hours) what the plan of removal is, and agree what actions will be taken and by whom.
4. The discussion between Children Social Work Services and LTHT Safeguarding Children Team will formulate a plan in preparation for the birth, and should include other relevant agencies as appropriate. The plan will consider whether the baby will be removed immediately after birth or in the postnatal period, and if the mother / partner / extended family are to have supervised / unsupervised contact with the child. **Please note that LTHT staff will be unable to supervise contact.**
5. The plan must be confirmed in writing by Children Social Work Services.
6. The plan will include:

- legal arrangements
 - feeding regimes
 - feeding issues
 - out of hours arrangements
 - emotional support for mother / parents.
7. LTHT Safeguarding Team will send a copy of the agreed plan (or minutes of a face to face meeting) via email to the out of hours Childrens Emergency Duty Team (CEDT) and the Delivery Suites at LGI and SJUH. The team will also produce a Midwifery Alert which contains the information and disseminate this to all relevant midwifery clinical areas including community.
 8. When the woman presents in labour, or is admitted in preparation for delivery, the admitting midwife on the Delivery Suite will check the file of Communication Forms for relevant details on the woman and notify the named Social Worker (or CEDT if out of office hours) and LTHT Safeguarding Children Team (24hours a day / 7 days a week) of the admission if the baby is for removal at birth.
 9. Children Social Work Services will issue copies of the final plan (which may include an agreement for the child to be cared for under Section 20) and any Court Orders obtained to date, or confirmation of any orders applied for, to Safeguarding Children Department (in office hours), which will be disseminated as appropriate. Out of hours CEDT or the Police will ensure that they give delivery suite staff verbal confirmation that either an Emergency Protection Order*, Interim Care Order (ICO)** or Police Protection*** has been obtained, or applied for, but no action can be taken by LTHT staff until a copy of the order has been received. Whilst staff are awaiting a copy of the order if there is an attempt to remove the baby from the hospital the police must be contacted to attend immediately.
 10. LTHT midwifery staff must follow the **Workflow Chart for the Removal of a Baby at Birth** in all instances of removal of a baby.

* **Emergency Protection Order (EPO)** is an order made by the courts with respect to a child if there is reasonable cause to believe that the child is likely to suffer significant harm if

- (i) he is not removed to accommodation provided by or on behalf of the applicant;
- or
- (ii) he does not remain in the place in which he is then being accommodated;

Where the court makes an emergency protection order, it may give such directions (if any) as it considers appropriate with respect to

- (a) the contact which is, or is not, to be allowed between the child and any named person;
- (b) the medical or psychiatric examination or other assessment of the child.

Children Act 1989, Sct 44.

An EPO can be no longer than 8 days in length

** **Interim Care Order (ICO)** can occur

(1)Where—

- (a) in any proceedings on an application for a care order or supervision order, the proceedings are adjourned; or
- (b) the court gives a direction under section 37(1),

the court may make an interim care order or an interim supervision order with respect to the child concerned.

(2)A court shall not make an interim care order or interim supervision order under this section unless it is satisfied that there are reasonable grounds for believing that the circumstances with respect to the child are as mentioned in section 31(2).

Childrens Act 1989, Sct 38.

*** **Police Protection (PP)** is an emergency power which enables any police officer to protect a child who is reasonably believed to be at risk of significant harm. The Children Act 1989 [section 46](#) empowers an officer to remove a child to suitable accommodation or prevent the removal of a child from a hospital or other place in which that child is being accommodated. When these powers are exercised, the child is considered to be in police protection. Police protection does not give the police parental responsibility and does not, for example, give the police the ability to consent on behalf of the child to a forensic medical examination. No child may be kept in police protection for more than 72 hours.

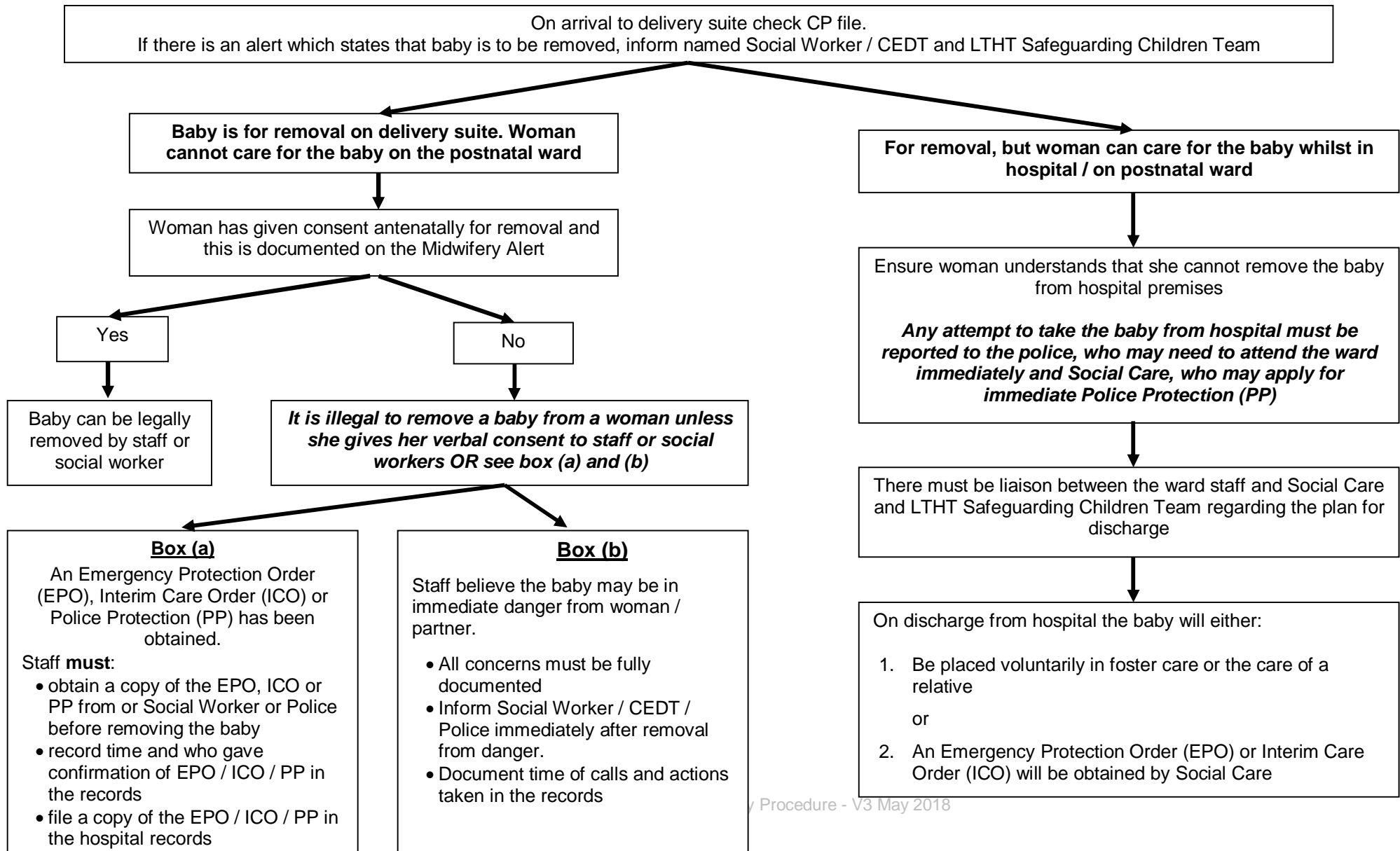
College of Policing, APP Content, Sct 7.

3. Communication

Regular communication between Social Worker or Team Manager and Safeguarding Children Named Nurse / Nurse Advisor will ensure that all staff from both agencies will be fully briefed about any changes in circumstances.

If communication has to take place outside of office hours, CEDT can liaise with the midwives on the ante / postnatal ward or Delivery Suite. These midwives will then be responsible for ensuring the Safeguarding Children Named Nurse / Nurse Advisor and Social Worker or Team Managers are informed.

4. Workflow Chart for the Removal of a Baby at Birth



5. Contacts

Duty and Advice:	0113 376 0336 (option 3)
Childrens Emergency Duty Team:	0113 376 0469
Email:	childscreening@leeds.gsi.gov.uk
LTHT Safeguarding Team:	0113 3923937
Mobile:	07786915387
Email:	leedsth-tr.SafeguardingChildren@nhs.net
Community Midwifery Office:	0113 3059016
Leeds General Infirmary Delivery Suite:	0113 3923831 / 0113 3927445
St James's University Delivery Suite:	0113 2069103