

Revised Procedure for

The Communication and Handover of Health and Social Information Between Midwife and Health Visitor

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Warning – document uncontrolled when printed

Version 4	Date of issue: June 2014
Page: 1	Date of Review: June 2016

The Nursing and Midwifery Council (NMC) states that “Good record keeping is an integral part of nursing and midwifery practice, and is essential to the provision of safe and effective care. It is not an optional extra to be fitted in if circumstances allow.” (NMC 2009:3)

The NMC guidance also describes the way that information is recorded and communicated at key points such as at handover, referral and in shared care is crucial (NMC 2009).

‘The Code: Standards of conduct, performance and ethics for nurses and midwives’ (NMC 2008) states that you must “Work with others to protect and promote the health and wellbeing of those in your care, their families and carers, and the wider community” (NMC 2008:2) The Code also describes that “As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions.” (NMC 2008:2).

The purpose of this procedure is to provide practitioners with the guidance necessary to:

- **Standardise communication and dissemination of information between midwives and health visitors (HVs)**
- **Provide safe, consistent, timely and effective continuity of care between midwifery and health visiting services**
- **Ensure midwives and HVs provide an integrated service designed to meet individual needs**
- **Fulfil clinical governance requirements through the implementation of the principles and practices of Getting it Right for Every Child (Highland Practice Model)**

The responsibility of the midwife is to attend a woman and baby for not less than 10 days and for such longer period as the midwife considers necessary (NMC 2012). Discharge should not occur before 10 days.

The responsibility of the HV is to carry out the primary visit between the 11th and 14th day following the child's birth.

In areas where the Family Nurse Partnership (FNP) is available the midwife will communicate with the Family Nurse throughout pregnancy and handover to the Family Nurse as the named person following discharge from midwifery care.

This procedure has been developed for midwives and HVs working within NHS Highland and HVs working in The Highland Council. This supports the continuation of the important interface between maternity services and children's services across both sectors.

Planning for Fairness process has been applied to this procedure to ensure equality and diversity

Warning – document uncontrolled when printed

Version 4

Date of issue: June 2014

Page: 2

Date of Review: June 2016

To ensure the purpose is met, the following procedures and actions must be followed:

1. Each pregnant woman in Highland has a named community midwife (CMW) who is the contact for the family and the named person/midwife for the woman and baby (GIRFEC, KCND). The CMW is responsible for providing and co-ordinating midwifery care in accordance with the NMC midwives rules and standards (2012). Women who require obstetric led care (red pathway, KCND, 2009) will still require support and contact from their named CMW.
2. Once the woman has attended maternity services, the HV will receive the booking summary which informs her of the pregnancy and is the first stage of the communication process between midwives and HVs. This summary will initiate the health visiting record and will allow the HV to plan an antenatal contact which should be prioritised for women who require additional support and first time mothers.
3. If there are any changes in circumstances such as moving house, change of name or issues identified through continuous risk assessment by the CMW the HV must be informed and the details recorded in the mother's notes (SWHMR) and the mother's chronology. This may include any concerns for an antenatal mother missing from a known address (NHS Highland /Highland Council 2012) or it may arise following birth with concerns about the mother or baby.
4. Information sharing between midwives and HVs is a two way process and should occur timeously during pregnancy, not just at formal handover between services. It may be the HV who obtains or has knowledge of relevant information about the family which should be shared with the CMW as the named person during pregnancy.
5. Joint visits between CMWs and HVs should be considered for some families requiring additional provision of care particularly where the HV has been consulted as a partner to the Antenatal Plan. This could occur during pregnancy if needs are identified at this stage and will aid the transition of handover between named person, include families and ensure robust forward planning of care. The HV will always be sent a copy of any Antenatal Plan generated by the midwife.
6. When the mother and baby leave hospital following delivery, a copy of the immediate discharge letter which summarises the child birth events, will be sent to the CMW, GP and HV. It may be the CMW that sends this letter to inform the HV and if required this should be done verbally as well as by letter. In the case of a home birth the CMW will complete the appropriate summary and ensure a copy is sent to the HV and GP, with a third retained in the midwifery records. Delivery in community midwifery units will be undertaken by the midwifery team and delivery details are relayed within local teams with HVs and GPs receiving delivery summaries. On receiving this information the HV can then plan the new birth visit.
7. Each woman and baby has a named HV who will be the named person for the child at handover. If an area of concern or unmet need has been identified either in the antenatal or postnatal period through the use of the Highland Practice Model (GIRFEC), best practice recommends that a face to face contact between midwife and HV is the ideal method of sharing information and handing over care. If this is not possible, a telephone conversation or equivalent means of communication must take place, the content of which must be recorded in the notes of both midwife and HV. Confidential information must **not** be left on ansaphones but a message to ask for a call back should be followed up.
8. During the postnatal period most health needs are met by a team approach and there may be occasions where the midwife still has a responsibility to provide extended visits to deliver certain aspects of care. CMWs should discuss these needs with the named HV to ensure they know when mother and baby are likely to be discharged from midwifery care. This will support and facilitate an appropriate plan of co-ordinated care.
9. On discharge from maternity care the named CMW will complete the discharge summary sheets (SWHMR) for both mother and baby and ensure the named HV has access to the details of this summary. The mother's chronology (where required) will be handed over to the HV as the named person.
10. The midwife and HV must record the date of handover in their own relevant documentation.

Warning – document uncontrolled when printed	
Version 4	Date of issue: June 2014
Page: 3	Date of Review: June 2016

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Warning – document uncontrolled when printed	
Version 4	Date of issue: June 2014
Page: 4	Date of Review: June 2016