

Revised Procedure for

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

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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. Discharge should not occur before 10 days.

The responsibility of the HV is to have an antenatal contact with every woman around 32 weeks and then 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

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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 midwife for the woman and baby. The CMW is responsible for providing and co-ordinating midwifery care in accordance with the NMC Standards for Competence for Registered Midwives (2015). 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 provides the name and contact details of the Named Midwife. This is the first stage of the communication process between midwives and HVs and allows the HV to provide the named midwife with their name and contact details in a timely fashion. This summary will initiate the health visiting record and will allow the HV to plan the antenatal contact at around 32 weeks. (Universal Pathway, 2015)
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 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 midwife and named person. 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 childbirth events, will be sent to the CMW, GP and HV directly. It may be the CMW who 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. If a baby is admitted to SCBU , staff there will phone the CMW (before 10 days old) or HV (over 10days old) to inform of discharge and post out a discharge Badger letter outlining details regarding babies stay within SCBU. (Raigmore Hospital only) If a baby is transferred to a SCBU out with the Highland area good practice would suggest the CMW communicates with staff until day 10 and passes over information to the named person HV who would then liaise with neonatal staff there whilst maintaining appropriate communication and support with the parents.

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8. In circumstances where there is an antenatal plan or birth circumstances indicated a prolonged hospital stay, the birth should be notified to the HV by the named MW, either verbally or by email and not left until discharge.
- 9.
10. Each woman and baby has a 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, best practice recommends that a face to face contact between MW and HV is the preferred method of sharing information and handing over care. If this is not possible, a telephone conversation or equivalent means of communication must take place, such as secure e-mail. The content of which must be recorded in the notes of both MW and HV. Confidential information must **not** be left on ansaphones but a message to ask for a call back should be followed up.
11. 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.
12. 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 these summaries and a chronology if required either by post or email.
13. The midwife and HV must record the date of handover in their own relevant documentation in accordance with paragraph 10 of NMC The Code (2015).

References

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