Revised Procedure for

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

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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 2009:1)

The NMC guidance also describes that the way information is recorded at key communication points such as at handover, referral and in shared care are 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 2008:1)

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 2008:1).

The responsibility of the midwife is to attend a woman and baby for not less than 10 days and for such longer period as is deemed necessary (NMC 2004).

The responsibility of the health visitor is to carry out the primary visit between the 11th and 15th day following the child’s birth.

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
- Provide safe, consistent, timely and effective continuity of care between midwifery and health visiting services
- Ensure midwives and health visitors provide an integrated service designed to meet individual need
- Fulfil clinical governance requirements through the implementation of the principles and practices of “Getting It Right For Every Child”
To ensure the above 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 (GIRFEC, KCND) for the woman and baby. The CMW is responsible for providing and co-ordinating midwifery care in accordance with the NMC midwives rules and standards (2004). Women who require obstetric led care (red pathway, KCND) will still require support and contact from their named CMW.

2. Once the woman has attended maternity services, the health visitor will receive the booking summary which informs her of the pregnancy and is the first stage of the communication process between midwives and health visitors. This summary will initiate the public health nursing record and will allow the health visitor to plan her antenatal visit (Hall4) particularly focussing on those women who require additional or intensive support and first time mothers.

3. If there are any changes in circumstances such as moving house or change of name, or continuous risk assessment by the midwife highlights additional or intensive needs that would indicate further support, the health visitor 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 Scotland 2006).

4. Joint visits between midwives and health visitors should be considered for families requiring intensive provision of care. This could occur during pregnancy if needs are identified at this stage and will aid the transition of handover, support best practice and ensure families are included in forward planning of care.

5. 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 community midwife, health visitor and GP. In the case of a home birth the community midwife will complete the appropriate summary and ensure a copy is sent to the health visitor and GP, with a third retained in the midwifery records. This information informs the health visitor of the delivery and then allows planning of the new birth visit. Delivery in community midwifery units will be undertaken by the midwifery team and delivery details are relayed within local teams with health visitors and GPs receiving delivery summaries.

6. Each woman and baby has a named health visitor who will become 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 GIRFEC practice models (SHANARI wellbeing indicators and My World Triangle assessment), best practice recommends that face to face contact between midwife and health visitor 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 health visitor.

7. 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. Midwives should discuss these needs with the named health visitor to ensure they know when mother and baby are discharged from midwifery care. This will support and facilitate an appropriate plan of co-ordinated care.

8. On discharge from maternity care the named community midwife will complete the discharge summary sheets (SWHMR) for both mother and baby and ensure the named health visitor has access to the details of this summary. The mother’s chronology (where required) will be handed over to the health visitor as the named person.

9. The midwife and health visitor should record the date of handover in their relevant documentation.
References

NHS Scotland, Missing Family Alert Protocol 2006

NMC, Midwives rules and standards 2004

NMC, Record keeping: Guidance for nurses and midwives, 2009


Scottish Executive, Protecting children: a shared responsibility 2000

Scottish Executive, Protecting children and young people: Framework for standards 2004

Scottish Executive, Sharing information about children at risk: a guide to good practice 2003


Scottish Government, Keeping Childbirth Natural & Dynamic, 2007