**Safeguarding Discharge Planning Meeting Checklist and Proforma for Maternity**

**(To be completed by appropriate senior midwife / nurse arranging meeting)**

|  |  |
| --- | --- |
| Date of meeting: |  |
| Name and DOB of Mother: |  |
| Name and DOB of Baby: |  |
| Mother’s discharge address: |  |
| Baby’s discharge address (if going to foster placement): |  |

**Paperwork sent with baby to foster placement**

Postnatal observations record

Birth information

**Attendees at meeting:**

|  |  |
| --- | --- |
| Name | Designation / relationship to baby |
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| Apologies | Designation / relationship to baby |
|  |  |

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| --- | --- |
| When and to whom is the baby to be discharged to? |  |
| Why is this the plan? |  |
| Is parental consent required to implement this plan? |  |
| If not is there an Interim Care Order (ICO) in place? |  |
| Are there any ongoing medical needs for the baby? |  |
| Has the ICON leaflet been given to the parents and discussed |  |
| Who will transport the baby and / or parent/s to the discharge address? |  |
| Is the discharge address in the geographical area of the maternity service? |  |
| Have the relevant community midwifery team been informed to arrange any necessary follow up midwifery care? |  |
| If the mother and baby are to be separated what are the contact arrangements? |  |
| Is there a clear multi-agency visiting plan in place? If so what is the plan? |  |
| Is there any information that needs to be withheld from the parent/s and the reason for this? |  |
| What is the contingency plan if the situation deteriorates? |  |
| Has the Health Visitor been informed of discharge (if unable to attend meeting)? |  |
| Are there any further meetings that require midwifery attendance prior to discharge from maternity services? |  |
| Any further relevant information/comments |  |

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| --- | --- |
| Name of person completing form: |  |
| Designation: |  |
| Date completed: |  |