

# STANDARD OPERATING PROCEDURE

## Maternity care of women and birthing people detained at HMP Bronzefield

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<b>RATIFIED BY : Divisional Rapid Ratification process</b>	<b>DATE: 26/5/2023</b>
<b>VERSION 2.1</b>	<b>REVIEW DATE: May 2024</b>

<b>PURPOSE</b>
To outline the expected care process for women and birthing people receiving maternity care from Ashford and St Peters Hospitals NHS Trust. Outline the roles and responsibilities of those involved in maternity care delivery to ensure that we meet their complex needs and deliver care in line with the NHS England National Service specification: (care of women who are pregnant or post-natal in detained settings (prisons, immigration removal centres, children, and young people settings) (2022)
<b>OBJECTIVE</b>
To ensure Ashford and St Peters Hospital NHS Trust provide high quality, evidence- based and safe personalised, care to women and birthing people within the detained setting. This must be provided at the right time, in the right place and in a timely manner using a trauma informed approach.  To ensure women and their families have access to personalised care during the antenatal, intrapartum, and postnatal period.  To work with key professionals to ensure that appropriate personalised care plans are in place to best support the mother and her baby.
<b>SCOPE</b>

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All maternity staff involved in delivering care to women from HMP Bronzefield.

## BACKGROUND

Women and birthing people in detained settings have complex health and social needs that lead them to facing more health inequalities. Offenders are more likely to have higher levels of mental health problems, substance misuse, suicide, and self-harm. Evidence also suggests that most women in contact with the criminal justice system come from socioeconomically marginalised backgrounds and a large proportion have experienced complex trauma – resulting in increased rates of drug dependence, psychological problems and mental illness (PHE 2018b).

Care of women and birthing people in the detained setting needs to be responsive and personalised.

## REFERRAL PROCESS AND BOOKING

Women and birthing people who arrive at HMP Bronzefield, and who have had a positive pregnancy test and wish to continue the pregnancy will be referred to Ashford and St Peters Hospitals NHS Trust for maternity care. If the test is negative on arrival they will have a repeat pregnancy test 28 days later. A referral must be completed by healthcare staff and sent via the Self referral form specifically for Bronzefield. This will go straight to the HMP Bronzefield email address. HMP Bronzefield staff will email the HMP Bronzefield midwives as soon they are aware of a pregnant woman so that initial contact and booking appointment can be made.

Women and birthing people who are wishing to continue with their pregnancy should be booked within 72 hours of notification of pregnancy. If this is not possible, they should be seen at the earliest opportunity by a HMP Bronzefield midwife, and a plan made for a booking appointment.

The midwifery and obstetric clinic appointments that take place within the HMP Bronzefield setting are to be booked on Systmone and not on the trust's Cerner system.

A routine booking appointment should be carried out in line with the ASPH 'Antenatal care including booking appointment, maternity care pathway and antenatal clinical risk assessment' guideline. A urine toxicology will also be required.

Women and birthing people should be prescribed pregnancy vitamins at the earliest opportunity by the GP in HMP Bronzefield as soon as the pregnancy is identified.

Women and birthing people will be referred to the Perinatal Mental Health Team within the prison. This will be via the healthcare team.

The referral process for other speciality services within maternity will be via BadgerNet. If the women and birthing people require attendance to the hospital, it is the responsibility of the specialist and HMP Bronzefield admin team to arrange transport with the prison.

Sourcing previous GP and health records will be supported by the healthcare team within HMP Bronzefield.

## CARE PATHWAY

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Due to the health and social complexities faced by women and birthing people in the detained setting, all women and birthing people should be placed on a high-risk care and ultrasound pathway and have personalised care plans in place to best meet their needs. The Tommy's App risk assessment should be completed if applicable. A BadgerNet risk assessment should be completed at booking and carried out/amended at each antenatal contact. A multidisciplinary/multi agency approach is required to ensure that all health, social and mental health needs have been met.

It is important to recognise that maternity care for women and birthing people in the detained setting should be equitable and accessible. Access to additional services such as physiotherapy and infant feeding support should be accessed as per usual pathways.

### MIDWIFE AND JOINT MIDWIFE AND OBSTETRIC CLINIC ON PRISON SITE

HMP Bronzefield midwives and consultant obstetrician are required to have remote access to Systmone and BadgerNet in the detained setting. Primary documentation of clinical care is on BadgerNet and duplicated to Systmone.

Twice weekly midwife clinics will be held on a Tuesday afternoon from 14.30-17.00 and Thursday morning from 09.00-11.30. Fortnightly the Tuesday afternoon clinic will be attended by the lead obstetrician for HMP Bronzefield. There is capacity for a maximum of 5 women to be seen in each clinic. If women require midwife review and there is not capacity in the clinic, they should be visited on the house block or another suitable area for review requested through HMP Bronzefield healthcare staff or the HMP Bronzefield Perinatal services manager.

If caseload sizes at HMP Bronzefield require further clinics to run, these should be requested through HMP Bronzefield and additional clinics run to accommodate. This is to ensure that detained pregnant women and birthing people are seen in a timely manner and that care is not delayed.

All women and birthing people will have the option of their notes being printed so they have a handheld copy. Information that cannot be shared due to security risk must be confirmed with HMP Bronzefield and not accessible to the woman/birthing person. If the woman/birthing person declines a paper copy of their notes, then this must be documented within BadgerNet.

For ultrasound appointments the Named Midwife for HMP Bronzefield will liaise with ultrasound and the Bronzefield admin team.

For onsite pregnancy related specialist appointments, the HMP Bronzefield midwife will facilitate the communication between the HMP Bronzefield admin team and specialist teams to ensure they have oversight of caseload.

The email address for the HMP Bronzefield admin team is [bcp@nhs.net](mailto:bcp@nhs.net)

### ANTENATAL EDUCATION

Due to the complex social issues relating to individuals in the detained setting, group antenatal education may not be suitable. Individual plans should be personalised to the women to ensure that antenatal education delivery is appropriate.

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If multiple women and birthing people within the setting require antenatal education and are agreeable to a group antenatal session, this can be facilitated by the midwives on site at the prison.

Due to lack of access to electronic devices within the prison setting, leaflets and resources should be printed for women and birthing people in their preferred language to ensure that they receive the same information and access to resources to those in the community to ensure equity of services.

It may be appropriate to work alongside the perinatal mental health team in delivering antenatal education to women and birthing people within the setting.

All antenatal education provided should be captured within BadgerNet.

### **PREGNANCY REVIEW BOARD AND QUARTERLY MATERNITY SERVICE GOVERNANCE & RESOURCE REVIEW MEETING**

A pregnancy review board is held on a fortnightly basis to discuss all women and birthing people who are currently pregnant within the prison setting at HMP Bronzefield. This meeting is attended by all professionals involved in care to discuss the individual's needs and highlight any concerns that require action plans or further support.

The Quarterly Maternity Service Governance and Resource Review Meetings have been formed to facilitate a joint assurance approach to maternity services in prison. Attendance has been condensed to offer core clinical and operational strategic oversight to the maternity care provision at HMP Bronzefield.

The agenda will be set by the Chair with provision for input from other members.

Minutes and actions will be recorded of each meeting and share with attendees accordingly. Any required escalation from this meeting will be to the ICB via the Head of Midwifery/ Director of Midwifery.

Any KPI's will be represented in the maternity dashboard. Any exceptions from the maternity dashboard in relation to the KPI's will be follow the patient safety intelligence framework (See appendix 1).

Any safeguarding concerns arising will be escalated to the safeguarding committee by the Named Midwife for Safeguarding

#### **Escalation**

If a woman/birthing person becomes disengaged with maternity services or declines care/transfer into hospital for antenatal and labour care the prison and midwifery staff will be required to escalate to the Transformation Lead Midwife, Named Consultant Obstetrician for Bronzefield, Named Midwife for Safeguarding as early as possible. The Named Midwife for Safeguarding will be required to escalate to Professional Head of Safeguarding and the Chief Nurse.

Escalation within HMP Bronzefield is required to Head and Deputy Head of Healthcare, Perinatal Services Manager / Head of Perinatal Services, and Perinatal Mental Health Team

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- Midwives will continue to attempt to improve engagement, and this can be a joint approach with the Perinatal Mental Health Team.
- Continuous risk assessment will be required throughout by multi agency team
- Early escalation to consultant midwife from South East Coast Ambulance Service.
- Early escalation to the consultant midwife for Ashford and St Peters Hospital
- Multi agency meetings will be required as early as possible to formulate a plan
- Clear communication strategy and key professionals identified for planning and information sharing
- Staff training on house block to include recognising early signs of labour, neonatal resuscitation procedures, and guidance on how to respond to births in prison
- Maternity team to share plan at the specialist teams maternity forum
- Plan to be shared to maternity senior leadership team, obstetric consultants and labour ward team leaders/MOC's
- Plan to be uploaded to BadgerNet

All the above to be undertaken whilst ensuring information is provided in a way suitable for the woman/ birthing person, whilst respecting choice, human rights and whilst also considering mental capacity.

Ensure that verbal information is supported by written and other forms of communication in order that all women and birthing people have the opportunity to understand the information being shared with them.

The above is not exhaustive. The team caring for the woman/birthing person will need to remain flexible and adaptive to the situation.

In the event of an unexpected birth in prison:

- The on-call community midwives will be required to attend and manage as a BBA
- Emergency access will be granted by the prison so devices will be allowed on site
- Midwives are to download the BadgerNet notes on the Ipad prior to entering
- Please ensure the MOC, SMOC and obstetric consultant on call are aware and will support where required
- Inform the Named Midwife for Safeguarding and alert the Emergency Duty Team
- Within normal working hours please inform the Transformation Lead Midwife, Bronzefield obstetric consultant and the Named Midwife for HMP Bronzefield. Outside of working hours inform via email
- Transfer into labour ward will be required
- A Datix must be completed

#### ANTENATAL SUPPORT TRAINING FOR PRISON STAFF

When new staff join the prison, they will attend an induction. As part of this induction Ashford and St Peters NHS Trust midwives who care for women and birthing people within the setting are invited to do a short presentation to staff regarding signs and symptoms that are of concern in pregnancy, when to call the 'Call a midwife advice line' and when women will need to be transferred to hospital for review.

Whenever a pregnant woman/birthing person in the prison enters the third trimester, an update session is delivered to staff on the appropriate house block. Education will include recognising early signs of labour, neonatal resuscitation procedures, and guidance on how to respond to births in prison.

This is delivered by ASPH midwives on an ad hoc basis due to the transient nature of detained women and birthing people and the varying caseload numbers or varying gestation within the prison setting.

The midwives and Obstetricians who are involved in providing care within HMP Bronzefield are required to be trained in Trauma Informed Care.

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## MULTI- AGENCY BIRTH PLANNING

A multi-professional birth plan (see appendix 2) should be completed between 34-36 weeks gestation. In the absence of a confirmed EDD, there must be consideration for birth planning at earliest opportunity. Input should be given by all members of the multidisciplinary/ multi agency team involved in care of the mother and unborn including: HMP Bronzefield midwives, healthcare at HMP Bronzefield, Obstetrician, Perinatal mental health, Safeguarding and HMP Bronzefield Perinatal services manager.

The birth plan should provide a summary of key information from each specialist's perspective to guide care delivery for those within the inpatient setting.

Information that should be included:

- The women's/ birthing person preferences
- Labour care requirements
- PNMH guidance key medication management needs
- Cuffing guidance
- Operational plans
- Immediate safeguarding plans following birth
- Key contacts to be notified of the birth

Once the plan is agreed by all involved specialists, it should be uploaded to BadgerNet so that inpatient midwives are aware of the individuals needs whilst an inpatient and to ensure a streamlined process is followed prior to discharge back to the detained setting. If more detailed information is needed, the plan will sign post to the additional documents within BadgerNet.

A copy of the plan will be shared with the woman/birthing person and any concerns regarding the plan can be addressed and the plan amended as required.

The plan will be shared at Ashford and St peters Hospital Specialist Teams Maternity Forum.

A copy should be sent to Labour ward team leaders and ward managers/matrons to ensure they are aware of pending deliveries of women and birthing people from HMP Bronzefield so that they can provide appropriate support to staff caring for them as an inpatient.

The other agencies involved are responsible for uploading on to Systmone and sharing widely with their team.

## INTRAPARTUM CARE

Whilst the continuity services at Ashford and St Peters Hospitals NHS Trust are paused and the HMP Bronzefield midwives are not routinely delivering intrapartum care, women, and birthing people from HMP Bronzefield should be cared for by a small number of midwives where possible to avoid multiple care givers and allow some continuity. This is due to the complexity of the care plans and to ensure that the complex health, social and mental health needs are met, and the number of care handovers are reduced.

The multi-agency care plan should be read by the intrapartum care giver to ensure all medication prescribed is given appropriately and any changes to prescriptions are not missed. Following the birth, the key persons should be notified as detailed on the multi-agency birth plan at the earliest opportunity.

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Ashford and St Peters NHS Trust guidelines and policies should be followed in line with routine intrapartum care.

### USE OF THE ABBEY BIRTH CENTRE

The Abbey Birth centre has been risk assessed by HMP Bronzefield as suitable for use by women and birthing people detained at HMP Bronzefield from a security perspective. If a woman/birthing person expresses a wish to deliver in a low-risk setting, a risk assessment should be completed and the request discussed as a team as to whether it is the appropriate setting for birth. If the Abbey Birth Centre is agreed by the multi-agency team as suitable setting for the birth, this should be documented on the multi-agency birth plan and a copy also sent to the Abbey Birth Centre Team Leader.

If a woman/birthing person chooses to birth outside of guidance, then please refer to the Consultant Midwife via the 'Consultant Midwife' BadgerNet referral form.

### POSTNATAL CARE OF THE WOMEN

Prior to discharge from the hospital a multi-agency discharge planning meeting should be held to ensure the discharge is appropriately planned and that mother and baby will be seen in a timely manner once back into the prison setting (or community for baby if mother and baby are separated following the birth).

Women and birthing people should receive enhanced postnatal support from the HMP Bronzefield midwives being seen on a regular basis until day 28 post birth. Where possible women should be seen on their first day following discharge from hospital, and then twice weekly until discharge to the health visitor.

### POSTNATAL CARE OF MOTHER AND BABY IN MOTHER AND BABY UNIT

Mothers who have a place on the mother and baby unit should also receive enhanced postnatal care until day 28 post birth. They should be seen by a HMP Bronzefield midwife on the first day following discharge, if possible, day 5 to carry out weight and Newborn Blood Spot Screening (NBSS), day 10 and then twice weekly until discharge to the health visitor.

### TRANSFER TO THE HEALTH VISITOR

It is important that when midwifery postnatal care is completed, that a thorough and detailed handover is given to the health visiting team taking over the care of mother and baby.

A transfer of care form should be completed on BadgerNet and sent to the relevant team, this should have a detailed account of interactions with baby during the postnatal period, any concerns and recommendations for further care and support.

### GATHERING FEEDBACK FROM SERVICE USERS

It is important that we constantly review service and care delivery of women and birthing people within the detained setting.

Feedback forms have been developed which will be provided by the midwife to the service user postnatally at discharge. This will then be collected by the MBU team who will provide a copy of the feedback to the Bronzefield midwifery team.

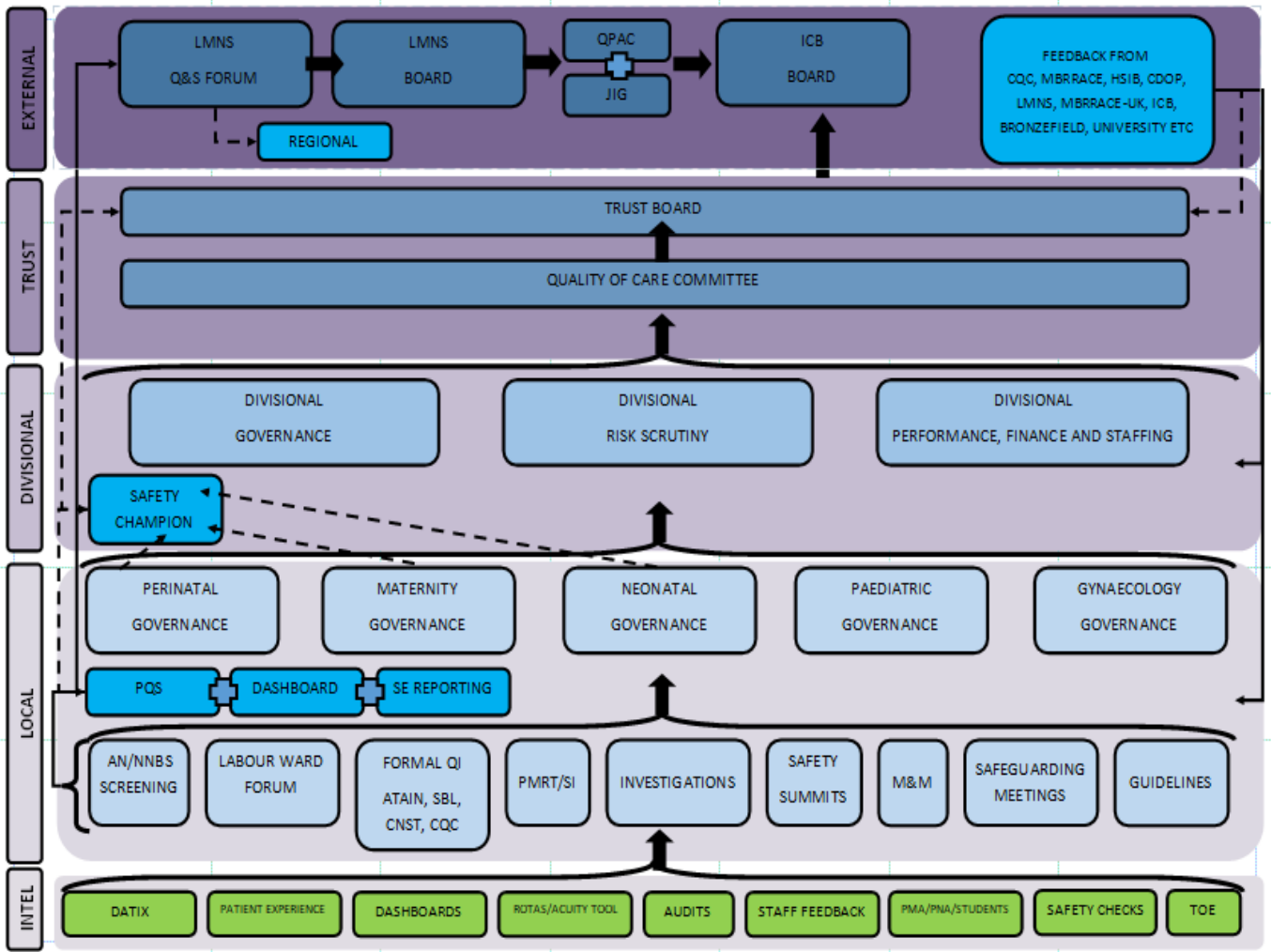
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<b>SAFEGUARDING AND CLINICAL SUPERVISION</b>
<p>The Safeguarding team and Bronzefield midwives will meet for informal supervision on a weekly basis for an hour per practitioner with a formal documented session being held not less than 6 weekly – this should take as long as necessary to enable discussion and reflection in a safe space but would not be less than 2 hours (per practitioner) and would require protected time. Formal supervision sessions should be held on an individual basis which will equate to 5-6 hrs per month of structured supervision across the informal and formal arrangements per individual member of staff.</p> <p>There is a named PMA available for maternity staff. They will provide restorative clinical supervision once every 6 weeks.</p>
<b>RESPONSIBILITIES</b>
<p>There must be a named consultant and midwife who have responsibility and oversight for the women and birthing people in HMP Bronzefield Prison.</p> <p>Transformation Lead Midwife will have senior leadership oversight to assist in clinical, strategic and operational management.</p> <p>The Named Midwife for Safeguarding will be responsible for overseeing safeguarding cases and providing supervision.</p> <p>All clinical staff are responsible for complying with this Standard Operating Procedure.</p>
<b>AUDIT</b>
<p>Service provision should be reviewed to ensure that the needs of service users are met. We should learn from incidents and share learnings with the wider team to ensure continuous improvement of service delivery and outcomes for women/birthing people and babies.</p> <ul style="list-style-type: none"> <li>• HMP Bronzefield Maternity KPI dashboard (NHS England National Service specification: (care of women who are pregnant or post-natal in detained settings (prisons, immigration removal centres, children, and young people settings) (2022)</li> <li>• Service user feedback forms</li> <li>• Audit findings to form part of quarterly update to quarterly governance review meeting to support co production of service improvements</li> </ul>

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Appendix 1: Safety Intelligence Flowchart



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Appendix 2: Mult Agency Birth Plan Template

**Private and Confidential Information**

**Multi-Agency Birth Plan**  
 Patient from HMP Bronzefield

Date of the Multi-Agency meeting:

Name	
DOB (Age)	( )
NHS number / Hospital Number	/
<b>EDD</b>	

This document has been completed and finalised on the (date) by X your midwife, X your mental health practitioner, Emma Charalambous the prison Perinatal lead and X from the healthcare team in HMP Bronzefield. The information within this personalised plan is to inform the midwives who will take care of you while you will be in the maternity in Ashford and St Peters to give birth to your baby.

**MEDICATION**

Current treatment *(to be completed by Healthcare in HMP Bronzefield)*:

Management of medication *(to be completed by Healthcare in HMP Bronzefield, PNS and Midwife/Obstetrician)*:

- antenatally
- during labour
- postnatally

**SAFEGUARDING** *(Midwives to complete)*

Local Authority involved:

Social worker (contact details and emergency contact details):

**PLAN:**

**TRAUMA INFORMED CARE** *(PNS to complete)*

Summary of Trauma history:

Trauma informed care antenatally / during labour / postnatally:

**PRISONER - Points for consideration** *(Operational prison staff to complete)*

**Risk considerations:**

(Self-harm, relationships, risk to baby, index offence, risk to staff etc)

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**Approved Birth Partner:**

*(When they can be contacted, how much notice to they need to travel to the hospital)*

**Cuffing Arrangements:**

XXX will be handcuffed during transit from the prison to the hospital. They will remain handcuffed throughout their stay in hospital. The prison will hold a risk assessment which will determine when and if cuffs can be removed.

- Handcuffs should be removed when an internal examination is required and when the prisoner is in active labour. **Midwifery staff should advise escort staff when this is for authorisation to be sought from a prison manager.**
- Escort staff must then seek authorisation from the prison's duty manager (V2) for authorisation for cuffs to be removed at each stage of the escort.
- Midwife staff should ask to speak to the escort team outside of the room to ask them to call through to the Duty Manager at the prison to seek this authorisation when there is a clinical need to do so.

Should midwifery staff feel escorting staff are not acting on their request to seek this authorisation, the Ward Manager should speak directly to the Duty Manager by contacting 01784425690 and ask to speak to Victor 2 (V2) call sign for this to be actioned if appropriate. **The Duty Managers decision is final.**

**WHO TO INFORM** *(Midwives to complete)*

- when patient is admitted to labour ward:
  - prison:
  - social services:
  - health care:
  - mental health care: [cnwl.perinatal.offendercare@nhs.net](mailto:cnwl.perinatal.offendercare@nhs.net)
- when patient has delivered:
  - prison:
  - social services:
  - health care:
  - mental health care: [cnwl.perinatal.offendercare@nhs.net](mailto:cnwl.perinatal.offendercare@nhs.net)

**Maternity Care Plan – Key Points** *(Midwives to complete)*

**Gravida/ Parity**

**Obstetric History:**

**Medical History:**

**Social History:**

**Perinatal Mental Health Care plan – Key points** *(PNS to complete)*

**Diagnosis / Formulation:**

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Needs:

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**HMP Bronzefield Operational Plan - Key Points** *(Operational prison staff to complete)*

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