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| NHS_Highland | **Child Protection Maternity Alert****Send to:****high-uhb.nhshmaternityalerts@nhs.net** | HC2015 5cm rgb |

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| --- | --- | --- | --- | --- | --- |
| **Date Completed:** |  | **Completed By:** |  | **Version:** |  |
|  |
| **Mothers Details** |
| **Name:** |  | **CHI:** |  | **EDD:** |  |
| **Address:** |  |
| **Family Details**(differentiate between partner and/or father of unborn) |
| **Name** | **Relationship to Mother** | **Address** | **Age/DOB** |
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| **Reason for Maternity Alert, additional information/concerns:** |
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| **Professionals Involved:** | **Out of Hrs (5pm - 9am Mon-Fri & Weekends)****Social Work number is: 08457 565656** |
| **Role:** | **Name:** | **Email:** | **Tel No:** |
| **CMW (Primary Midwife)** |  |  |  |
| **CPA (Hospital)** | **Pam Tosh** | **pamela.tosh@nhs.net** | **01463 705828** |
| **CPA (Local)** |  |  |  |
| **SW** |  |  |  |
| **HV or FNP** |  |  |  |
| **GP** |  |  |  |
| **Obstetrician:** |  |  |  |
|  |  |  |  |
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| **Plan when Admitted in Labour:** |
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| **Labour Suite Staff:**Please contact the following people when admitted in labour.Note date/time and sign when done.Contact numbers above. | **Contact:** | **Date/Time:** | **Signature:** |
| Social Work |  |  |
| Hospital Duty Manager via Switchboard |  |  |
| Hospital Security via Switchboard |  |  |
|  |  |  |
|  |
| **Plan following Birth of Baby:** |
|  |
| **Labour Suite Staff:**Please contact the following people when the baby is born.Note date/time and sign when done.Contact numbers above. | **Contact:** | **Date/Time:** | **Signature:** |
| Social Work |  |  |
| CMW/Primary Midwife |  |  |
|  |  |  |
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| **Discharge Planning:** |
|  |
| **Ward/SCBU Staff:**Please contact the following people when discharged from Hospital.Note date/time and sign when done.Contact numbers above. | **Contact:** | **Date/Time:** | **Signature:** |
| CMW/Primary Midwife |  |  |
| Health Visitor |  |  |
| Child Protection Advisor (Hospital) |  |  |
| GP |  |  |