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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |
|  | | |  | | | |  | | |  | |
|  | | |  | | | |  | | |  | |
|  | | |  | | | |  | | |  | |
|  | | |  | | | |  | | |  | |
|  | | |  | | | |  | | |  | |
|  | | |  | | | |  | | |  | |
|  | | |  | | | |  | | |  | |
|  | | | | | | | | | | | |
| **Reason for Maternity Alert, additional information/concerns:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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**](mailto:pamela.tosh@nhs.net) | | | | **01463 705828** |
| **CPA (Local)** | | |  | | | |  | | | |  |
| **SW** | | |  | | | |  | | | |  |
| **HV or FNP** | | |  | | | |  | | | |  |
| **GP** | | |  | | | |  | | | |  |
| **Obstetrician:** | | |  | | | |  | | | |  |
|  | | |  | | | |  | | | |  |
|  | | |  | | | |  | | | |  |
| **Plan when Admitted in Labour:** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **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 | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | |  | |  | | |
|  | | | | | | | | | | | |
| **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 | | | |  | |  | | |