



Taking Baby. Child Protection and the unborn/newborn.

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Aim of the Presentation.

- ◆ Present some of the findings of qualitative research in relation to the role of the midwife when removing a baby at birth.
- ◆ Acknowledge the difficulty and multi-faceted approach of the midwife role.
- ◆ Raise the profile of midwives working in child protection cases and highlight the complexity of the role.
- ◆ Provide recommendations for future research.



Overview of the Issues.

- ◆ 2% rise in initial referrals to children's services and a 9% rise in initial assessments.
- ◆ Child protection plans increased from 29,000 in 2008 to 34,100 in 2009.
- ◆ Laming's progress report (2009) recognises the complex and pressurised environments in which professionals are working.
- ◆ Challenging financial times ahead in NHS and children's services.
- ◆ Each decade the media presents a harrowing tale of abuse and neglect yet children continue to suffer abuse on a daily basis.

available online at: www.dcsf.gov.uk/rsgateway/DB/SFR/s000873/index.shtml.

The Chief Advisor on the Safety of Children –

First Annual Report to Government 2010 available online at:

<http://publications.education.gov.uk/eOrderingDownload/DCSF-00310-2010.pdf>

- ◆ Lord Laming's Progress Report is published and is available at:
<http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=HC+330>



Reviewing the Literature and Collecting the Evidence.

- ◆ Under-representation of midwives' views in child protection literature.
 - ◆ Dearth of available evidence in midwifery research, thus reliant on allied health literature.
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- ◆ Conducted qualitative research using face-to-face, semi structured interviews with 9 midwives from a variety of clinical roles.
 - ◆ All midwives had experience working with child protection and vulnerable families.
 - ◆ Took place in an acute London hospital setting of 4000 births per annum.



4 Main Themes from the research.

1. Identification of the Vulnerable Family.
2. Gut feelings and Instincts.
3. Understanding the Role of the Midwife.
4. Collaborative Working and Support.



A Common Thread in Need of Discussion.

From these themes an overwhelming amount of experiences were shared by the midwives regarding removing babies from their mothers at birth.

This phenomenon had been under-reported in literature and the midwives 'voice' in child protection is often overlooked or misrepresented in the Health Visitor role.



The Legal Framework. Children's Act 1989.

- ◆ Section 20 – Written and informed consent from the mother following birth.
- ◆ Section 46 – Police Protection Order (PPO).
- ◆ Section 44 – Emergency Protection Order (EPO) gained at the court with or without notice.
- ◆ Section 38 – Interim Care Order (ICO) with a court order.
- ◆ Exceptional cases- A wardship order – Judge of the Family Division in High Court.
- ◆ **A social worker or healthcare professional can intervene to protect from immediate violence at the hands of a parent.**



Presenting the Findings.

- ◆ The Midwife's Role
- ◆ Fear and Safety
- ◆ Who should remove a baby from it's mother at birth?



The midwife's role when removing a baby.

When midwives understand their agreed role in this situation the process could be a positive one:

"I'm comfortable with that child being removed and, you know, play which ever part I have to, you know, it seems hard at the time, but I don't think there's any easy way to remove a child". (B).

- ◆ Frost and Robinson (2007) recognise that it can be argued that the multi-disciplinary aspect of working together with families is complex and demanding, but where the right support and guidance are offered it can be successfully managed.



"I have a very important role with regards to the women, but I am also very in tune with the fact that I have a professional duty to protect the baby and 9 times out of 10 babies are not removed unless there is a good reason to do it and I have to keep that there to be able to do my job". (F).

- ◆ "The most extreme use of power is the EPO - and can only be executed when a common understanding of social and legal medical issues are shared by the multi-disciplinary teams". Masson et al (2004)



"it was another family member who was taking the baby, but she [the mother] was going into rehab, so there was a definite sort of a plan, she had an option and from that point of view it was a positive experience". (H).



- ◆ Babies are moved to a place of safety and this is of paramount importance when they are at risk from their mothers of harm. It is vital that everyone knows their role and what is expected of them prior to the event. When this is not practiced it can have devastating effects on mothers and the team involved:



"Where the woman actually had the baby, kept the baby right up to on the post-natal ward and then the social workers came and more or less ripped the baby from the mother's arms. Absolutely destroying the mother as well as all the other mothers on the ward, as well as the midwives on the ward, and that was as bad as it can get". (B).



Midwives feeling overlooked and undervalued in the role.

“the social workers need to have more of an insight into the effects that it may have on a midwife, because it is completely the most un-natural thing to do in the world, to deliver a baby and then take it off the mother”. (F).

- ◆ Bowlby (1981) and Klaus and Kennel (1982) maternal bonding and attachment and the role of the health professional.



*"People don't seem to realize that if you are in a situation where you are having to remove a child from a family you are causing a bereavement there. And then everybody gets exposed to that feeling of loss and heartache and I think sometimes that unless you've had a chance to develop coping strategies you are left feeling wounded for a very long time".
(1).*

- ◆ Removing babies from their mothers at birth is a relatively rare event (Masson, 2004) and the findings suggest that midwives feel unsupported and untrained in this area of their role.



Fear of Violence.

- ◆ Whilst there were no reported acts of violence from the parents to the midwives interviewed for this research, the fear of violence was very real.



"I think everyone fears for their safety in a way, I think when the midwife, a midwife on labour ward may just see her role as being delivering the baby, not to get into these complicated matters..... I know what's expected of me, but sometimes it's quite hard when you fear your own safety". (C).



Safety Issues.

“the baby was born, passed to another midwife who was actually behind a curtain so the mother wouldn’t have known who that was, but the police were standing outside”. (B).

“I see that my role should equally be concerned for the safety of the baby.... but I don’t think it’s the most pleasant bit of a midwife’s job”. (D).

- ◆ Working Together (DoH, 2010) values working collaboratively, respect diversity, promote equality, is child centred and promotes the participation of the children and their families in the process.



Who should remove the baby from the mother?

*"and I think that once the baby is born, I feel strongly, I feel that it is not my role to tell the client about her baby not being with her, I don't think that's my role, but I don't have any qualms in being the one to have to take the baby from her, as long as she knows beforehand that this is what's happening".
(C).*

Craft, (2007) states that the literature is clear that we must work together, in particular, health professionals and social workers.



"I don't feel that it's a midwife's role to remove the baby unless they are in immediate danger and I don't feel that it should be our role to do that. The social workers obviously say that they can't be there 24/7 to do the horrible deed but at the same time, I think, that if there is a big case coming up that one of them should be on call and I think that we should have their support". (F).

- ◆ Frazer and Nolan (2004) encourage interaction and holding prior to removal.



Discussion.

- ◆ There was no clear consensus of who should remove a baby at birth – midwife, police, social worker, paediatric team.
- ◆ Each trust differs in where the baby is looked after in those first crucial hours of life – NICU, postnatal ward, nursery, midwives office.
- ◆ No clear guidance on how much time a mother should spend with her baby before it is removed from the birth room. CP plans should individualize this.
- ◆ Midwives have equated the effects of the removal of a baby to that of bereavement.



Key Recommendations.

- ◆ Agreed care plans with the multi-disciplinary team and family where appropriate.
- ◆ Clear documentation and plans available to midwives prior to the event.
- ◆ A place of safety defined for the baby.
- ◆ Ongoing support for those who are present at the time of removal.
- ◆ Inter-disciplinary/multi-agency training specializing in unborn/newborn issues.
- ◆ Ongoing research in this phenomenon from a midwifery perspective.
- ◆ Supervisor of Midwives can offer 24 hour support for out of hours child protection cases.



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