



# Family Nursing & Home Care

## **Standard Operating Procedures**

### **Baby Steps pathway**

July 2021

## Document Profile

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## Version Control / Changes Made

Date	Version	Summary of changes made

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## Introduction

Baby Steps is a perinatal education programme for expectant parents. This is a universal programme and is the only antenatal education service available in Jersey with no cost attached.

The programme is participatory rather than didactic, and content is delivered through a range of interactive approaches, such as discussions, creative activities and film. The programme covers a range of topics to support the transition to parenthood such as:-

- physical and brain development of your unborn baby
- changes for you and your partner (relationship, physical, emotional, lifestyle)
- health and wellbeing
- labour and birth
- feeding your baby
- practical care of your baby
- emotional aspects of becoming parents
- interacting with baby in the early days
- hand and footprint painting with the babies on your return to the postnatal sessions

A manual, setting out the core content for the programme, was developed for the NSPCC by Dr Angela Underdown at Warwick University. It is consistent with the 'Preparation for Birth and Beyond' framework developed by the Department for Health, but provides greater detail on content and underpinning theory. The programme has been successfully evaluated in settings across the UK.

The programme is for groups made up of couples, or single parents who may be joined by a supporter (such as a friend or family member). It begins with a home visit at any time after the 20th week of pregnancy. The first group session should then be held when mothers are around 27-31 weeks pregnant.

Baby Steps is made up of nine group sessions and one engagement home visit. Parents then attend six group sessions before the birth of their child, which are facilitated by a midwife or health visitor and a facilitator. Parents are then invited to attend three postnatal sessions with their babies. Parents are encouraged to socially interact with other parents within the groups and WhatsApp groups are set up as a platform for the groups to keep in touch and communicate outside of Baby Steps.

Baby Steps sits within the Health Visiting pathway and can also be precluded by NSPCC Pregnancy In Mind and followed up by MEC SH.

Baby Steps Health Visitors and midwives will use EPDS and GAD 7 for both parents to assess and refer for any mental health vulnerabilities. They will also use alcohol audit tool and discuss and refer as appropriate.

## SOP 1 Initial preparation and receipt of referrals

### **Purpose**

To ensure a smooth process from receipt of referral to client contact.

To ensure pregnancy still viable before any client contact.

To create groups that facilitate up to ten parents and their partners in a timely fashion.

### **Scope**

Pathway for referral handling within the Baby Steps team.

Completed by Baby Steps Health Visitor co-ordinator

### **Core Requirements**

- Referral goes in to Baby Steps email- this comes via the midwife following booking or 16 week appointment. (Other possible referral routes are Children's service, PIM, Health Visitor, self- referral follow below processes)
- Move in to inbound referral folder within the Baby Steps email folder
- Email the referring midwife to acknowledge receipt of referral
- Email to the FNHC admin hub. The hub then scan the referral add it to the individuals EMIS record. They add this to the record as a Baby Steps inbound referral.
- Print referral (hard copy)
- Staple the referral administration checklist to the front of the hard copy referral. This is stored within Baby Steps 'L drive' electronic folder, under standard letters and documents. There are also hard copies kept in the cupboard. The folder is labelled 'referral administration checklist'.
- There is a red folder within the cupboard named 'Baby Steps referral info'. Record each referral received inside this. This record includes- Date of referral, referred by who, estimated date of delivery and client name.

- There is a clear plastic wallet stored within the cupboard named 'waiting for 16 week gestation and check on Trak care'. Place all received referrals under 16 week's gestation within this folder. Place them in date order.
- This folder is checked once per week by the co-ordinator. The referrals that are over 16 week's gestation will be checked on Trak for viability, estimated date of delivery and updates on clinical or confidential record. Fill in and commence the tick list on the referral administration checklist.
- The coordinator will check if clients who appear vulnerable or have safeguarding concerns have been added to the maternity MDT, if they have not, coordinator to contact the hospital to add on to the list to be discussed.
- Once the above process complete referrals over 16 week gestation to be given to facilitators give to facilitators.
- Facilitator to send out the letter to each client. This letter is stored both on EMIS and within the Baby Steps electronic folder under standard letters and forms. Record letter sent and fill in new referral template on EMIS.
- The facilitator will then allocate each hard copy of referral to a future group folder according to estimated date of delivery. The future group folders are stored within the cupboard, the space is labelled 'future groups'.

If a self-referral comes in via telephone-

- Complete referral form this is stored in cupboard under 'referral form' or under 'request for service' in Baby Steps electronic file on the L Drive.
- Give this to the co-ordinator or midwife to check track care and EMIS
- Add on to EMIS as a new referral template and give the form to the FNHC administration hub. The hub then scan the referral add it to the individuals EMIS record. They add this to the record as a Baby Steps inbound referral.
- Facilitator to allocate to a future group folder according to estimated date of delivery. The future group folders are stored within the cupboard, the space is labelled 'future groups' each folder is named in month order.

## SOP 2 Group preparation 25-28 week's approximately

### **Purpose**

To enable practitioners to be able to effectively plan their own groups to provide the best client experience.

To ensure any risks are identified and dealt with efficiently.

### **Scope**

Pathway for group preparation.

Completed by Victoria Vale Baby Steps Coordinator

### **Core Requirements**

Please meet with your co-facilitator prior to starting this section to arrange sharing of work and tasks.

- Check pregnancy viability on track prior to any contact.
- Co-facilitators to contact each client within group via telephone to ascertain interest in joining Baby Steps.
- If client wants to disengage, place in correct disengaged folder. This folder is stored within the cupboard, the space is labelled 'declined/did not attend.
- Disengage client on EMIS and add reason on the drop down list
- If the client is still interested book home engagement visit or virtual call.
- Co- facilitators together to complete the engagement contact at the clients preferred location. During the visit collect email address and partners details. Collect details of any other children within the home with consent. Give dates, times, location of sessions.



- Any safeguarding risks identified within a visit follow FNHC safeguarding process-

As per FNHC policy/procedure and training, safeguarding is everyone's concern. If any concerns come about that are not immediate please run by co-ordinator first who if needs further support will speak with safeguarding lead or operational lead.

If concerns are immediate call:-

Safeguarding action- Children and Families Hub 01534 519 000

On duty social worker 01534 442000 (hospital switchboard ask for on call duty social worker)

Concern regarding an adults mental health- 01534 443 250

Criminal or emergency call 999 or 01534 612 612

If there are any concerns out of hours please contact on call manager:-  
07700 716 794

#### FNHC safeguarding-policy-for-adults-and-children

- Health Visitor or Midwife to liaise with any other services or clients Health Visitor.
- Send via post or give antenatal pack. These should have been made up and stored in the cupboard.
- Fill out Baby Steps engagement visit template, record all information ascertained within the visit on this template.
- Refer to MECSH if needed or request targeted antenatal visit via TASK on EMIS to the geographical Health Visiting Team Lead.
- Create record for dad/partner, fill in new referral template and link couple on EMIS through patient registration.
- EPDS, GAD 7 and consent form will be returned electronically via WhatsApp or hard copies via post from the clients.
- Consent form (hard copy) to be added in to group pack and on EMIS. The group packs are stored in month order in the cupboard.
- EPDS and GAD 7 given to Baby Steps Health Visitor coordinator or Baby Steps Midwife. If the scores are raised the Health Professional should contact the client via telephone to follow up. If the client identifies they need further support the Health Professional should make appropriate referrals. These

could be for targeted antenatal health visitor visit, antenatal mental health clinic, listening lounge, Jersey Talking Therapies, Adult Mental Health team, bereavement counselling etc. This needs to then be recorded appropriately on clients EMIS record.

- Create hard copy of group register and add to group file. These are stored in month order in the cupboard.
- Choose provisional postnatal dates and book room for x2 postnatal face to face sessions. Options are Gervais Le Gros and PIPS Place, book through education and development secretary

## SOP 3 Group commencement

### **Purpose**

To ensure all steps completed in successfully setting up and delivering each group.  
To ensure the best client experience possible.

### **Scope**

Pathway for commencing Baby Steps groups.

Completed by Baby Steps coordinator.

### **Core Requirements**

It is within the discretion of each health professional if someone is deemed to need a one to one Baby Steps offer. It is also within their discretion how this offer will look and this should be planned with the client. Recorded appropriately on EMIS and communication with other health professionals involved kept open such as allocated community midwife and Health Visitor.

- Create EMIS register for the full 6 weeks. Each week click 'D' for did not attend and 'A' for attended.
- Ensure sufficient session equipment is present at the venue for each week-

Week 1 & 2 - pens, sharpies, stickers, bag of booties, clipboards, paper, post its, envelopes, quiz questions, blood bottles, extra blood, wool, scissors, doll and pelvis, pelvic floor knickers, pregnancy bag and its contents, internal organ/pregnancy pictures. Development clip, social baby Ethan clip and baby Penny clip. Take register each week. Collect in any outstanding consent forms and EPDS and GAD 7 forms. Tea, coffee, herbal tea, water, juice, wrapped biscuits.

Week 3 - pens, paper, post its, flip chart, coping with crying DVD, one to one clips, doll if choose to do role play. Tea, coffee, herbal tea, water, juice, wrapped biscuits.

Week 4 - doll, pelvis, balloons, ping pong balls, birthing ball, peanut ball, flip chart. Hospital bag filled with- nappies, wipes, cotton wool, vests, sleep suits, dressing gown, nighty/pyjamas, socks, comfortable clothes, toiletry bag, magazine, phone charger, nursing bras, big knickers, breast pads, maternity pads, drinks bottle, snack pack. Dads flip flops, shorts and t shirt. Tea, coffee, herbal tea, water, juice, wrapped biscuits.

Week 5 - Moses basket, stand, safe sleep doll, blankets, pillow, toys, teddies, dummy, sleeping bag rolled up towel, baths, dolls, nappies, wipes, towels, cotton wool, bowls, changing mats, doll vests and sleep suits, mustard, marmite, pesto. Tea, coffee, herbal tea, water, juice, wrapped biscuits

Week 6 - Breastfeeding bag, oranges, straws dolls, states and queues DVD and pictures. Tea, coffee, herbal tea, water, juice, wrapped biscuits.

- Set up session – seating, video equipment and practical equipment.
- Set up refreshment station with hand gel and clinell wipes available.
- Ensure each client has been asked regarding Risks of Covid and advised regarding Government guidance.
- Ensure adequate social distancing within the venue, refer to venue risk assessment. Ensure clinell wipes, hand gel and masks are available.
- Complete group face to face session.
- Informal supervision following session between facilitators. This is not recorded. Any issues to be highlighted within formal supervision.
- Tidy venue as it was left. Ensure heating, lights off, windows closed and door locked. Clean and tidy venue in line with health and safety guidance.
- If there are any issues during session please contact on call manager 07700 716794

- Both parents to complete EPDS and GAD 7 prior to group and on week 6 and 9. Record on EMIS as templates.
- On receipt of EPDS and GAD 7 give to Baby Steps Health Visitor co coordinator or Baby Steps Midwife. If the scores are raised the Health Professional should contact the client via telephone to follow up. If the client identifies they need further support the Health Professional should make appropriate referrals. These could be for targeted antenatal health visitor visit, antenatal mental health clinic, listening lounge, Jersey Talking Therapies, Adult Mental Health team, bereavement counselling etc. This needs to then be recorded appropriately on clients EMIS record.
- Alcohol audit tool to be distributed with week 2 email as an optional form for both parents. If returned follow pathway discussed on training.

#### Following day -

- Complete register on EMIS as attended or did not attend as stated above.
- Fill in session template for each group member on EMIS (make sure it is the top antenatal BABY STEPS session)
- Email handouts and PDF related to each session they attend the night before, to all group. These are stored within the Baby Steps folder on the L drive. Smart survey feedback also sent with week 6 this is a link to be added to the email.

#### Post session 6

- Facilitators to monitor births on track
- As each baby is born- send out congratulations text, post-natal pack and session 7 PDF (record this as session 7 session template on EMIS)
- Hold – x 2 face to face postnatal sessions. Dates dependent on babies date of births, facilitators, group and venue availability. Venue to be booked through education and development secretary.

Equipment needed- floor mats, baby play mats, music, paints, paper, bowl, sharpies.

- Record each session on session template on EMIS (TICK POSTNATAL SESSION)

- Send out postnatal smart survey following the final session (session 9) via email
- Following completion of 9 sessions. Destroy the handheld group pack, put consent forms in the scanning section in cupboard and then put hard copies in confidential waste. Keep hard copy of registers in old register file this is kept in the cupboard labelled 'old registers'
- Disengage clients from service on EMIS.

## SOP 4 Supervision

### ***Purpose***

To ensure each staff member has sufficient time to supervision with adherence to Baby Steps licence.

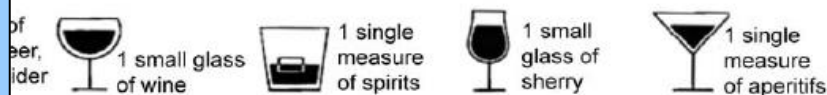
### ***Scope***

Pathway for supervision

### ***Core Requirements***

- Co-ordinator to continuously review calendar's and add in supervision dates to team's calendars.
- Five minutes informal supervision to follow each group. This is not recorded. Any concerns to be passed on appropriately to The Baby Steps coordinator, Health Visitor or Midwife, also to be discussed in formal supervision or safeguarding supervision as appropriate
- Session 3- completed for vulnerable/targeted clients- coordinator/trained Baby Steps supervisor. Records added to supervision template EMIS
- Session 6- completed for every attending client- coordinator/trained Baby Steps supervisor. Records added to supervision template EMIS
- Group safeguarding supervision- monthly for vulnerable clients- FNHC Safeguarding lead in line with FNHC safeguarding policy.

This is one unit  
of alcohol...



...and each of  
these is more  
than one unit

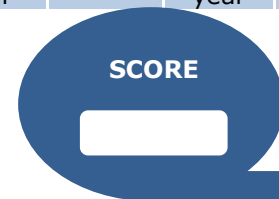


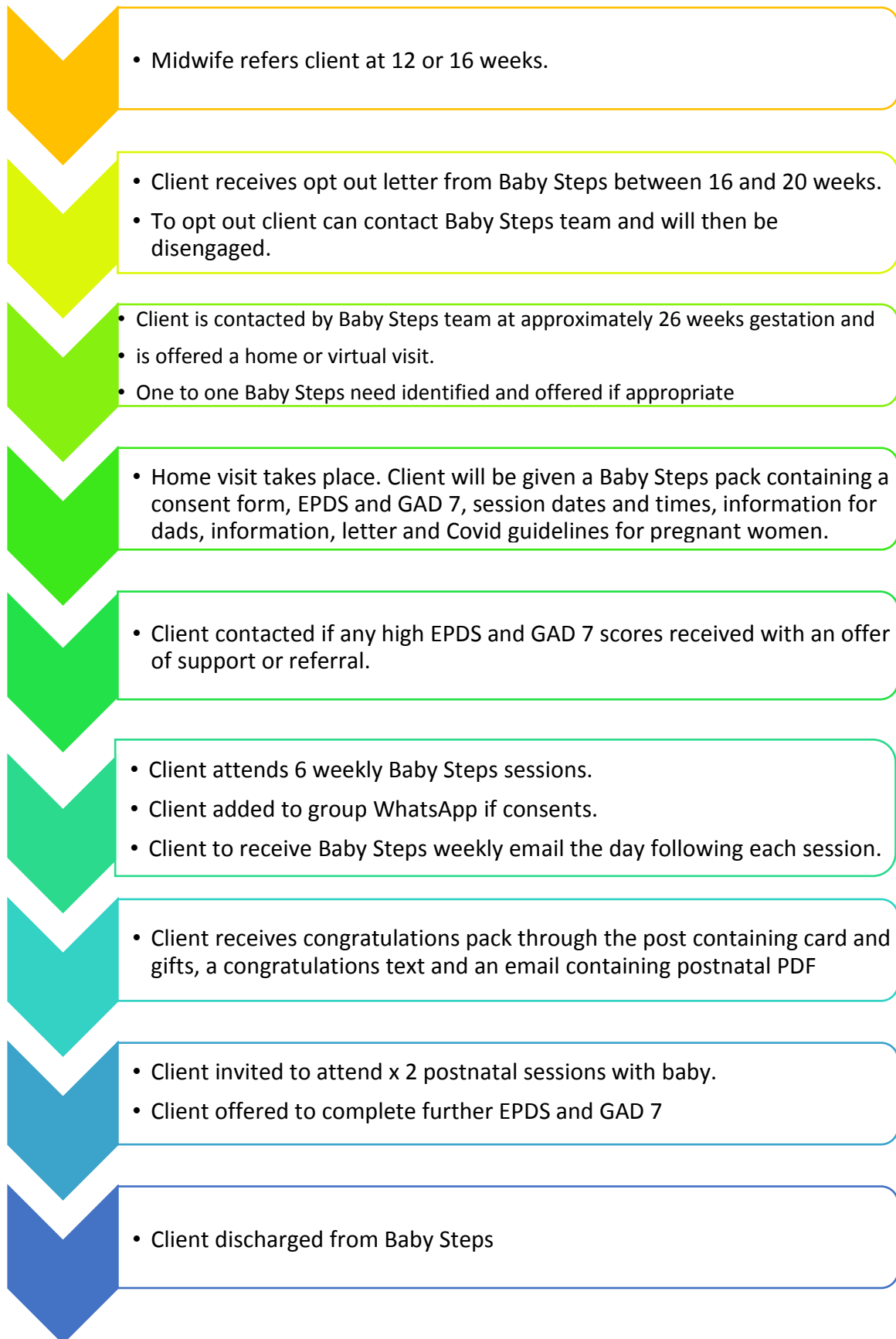
AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	



Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 higher risk, 20+ possible dependence





## Links to EPDS and GAD 7 PDF

<file:///ois.gov.soj/sojdata/HSSHomeDirs/ValeV/Desktop/GAD-7-anxiety-screen..pdf>

<https://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>



ay

**Family Nursing & Home Care  
Request for Service – Baby Steps****Referrers Name:****Mum to be details**

<b>Name</b>	<b>D.O.B</b>
<b>EDD</b>	<b>Ethnic Origin</b>
<b>First Language</b>	<b>Level of English</b> None <input type="checkbox"/> minimal <input type="checkbox"/> good <input type="checkbox"/>
<b>GP</b>	
<b>Contact No.</b>	<b>Email</b>
<b>Address</b>	

**Partner's Details**

<b>Name</b>	<b>D.O.B</b>
<b>First Language</b>	<b>Ethnic Origin</b>
<b>Level of English</b> None <input type="checkbox"/> minimal <input type="checkbox"/> good <input type="checkbox"/>	<b>Contact No.</b>
<b>Email</b>	
<b>Address (If different from above)</b>	

**Additional Information**

<b>Are there any identified vulnerabilities within family</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If so please give further information-</b>
<b>Learning/Physical Disabilities?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Other Services Involved?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Referrals Made to :</b>			
Child & Family Hub	Yes <input type="checkbox"/>	No <input type="checkbox"/>	PIM      Yes <input type="checkbox"/> No <input type="checkbox"/>
MECSH	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Added to Maternity MDT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do Parents' Consent to Service? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
Do Parents' Consent to Share information with us? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			
Are parents in agreement for Baby Steps to contact involved agencies to discuss referral?			
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>			

<b>Signed:</b>	<b>Date:</b>
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**Please return the completed form by e-mail to:**  
**[babysteps@fnhc.org.je](mailto:babysteps@fnhc.org.je)**