



**CHILD PROTECTION CHECKLIST**  
**AT PREBIRTH CASE CONFERENCE/STRATEGY MEETING**

**Mothers Label**

**Social Worker:**

**Telephone:**

**Social Worker to be informed:**

	Yes	No
On Admission	<input type="checkbox"/>	<input type="checkbox"/>
At Delivery	<input type="checkbox"/>	<input type="checkbox"/>
Day of Delivery	<input type="checkbox"/>	<input type="checkbox"/>
Prior to Discharge Home	<input type="checkbox"/>	<input type="checkbox"/>

**Maternal Contact**

**Paternal Contact**

**Family Members**

**(Names)**

	Yes	No		Yes	No		Yes	No
No Contact	<input type="checkbox"/>	<input type="checkbox"/>	No Contact	<input type="checkbox"/>	<input type="checkbox"/>	No Contact	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Contact	<input type="checkbox"/>	<input type="checkbox"/>	Supervised Contact	<input type="checkbox"/>	<input type="checkbox"/>	Supervised Contact	<input type="checkbox"/>	<input type="checkbox"/>
Supervised by			Supervised by			Supervised by		
Free Access	<input type="checkbox"/>	<input type="checkbox"/>	Normal Visiting	<input type="checkbox"/>	<input type="checkbox"/>	Normal Visiting	<input type="checkbox"/>	<input type="checkbox"/>

**Length of Stay:**

Normal Delivery - Up to maximum of 4 days

Caesarean Section - 7 days maximum

N.B. In the absence of Obstetric or Paediatric reasons to remain in hospital, Social Services department to arrange immediate place of care in community.

**Ward Transfer to:**

Mother and Baby Unit.....  Foster Care.....  Home.....
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**Signatures:    Keyworker:..... Date:.....**

**Social Worker:..... Date:.....**