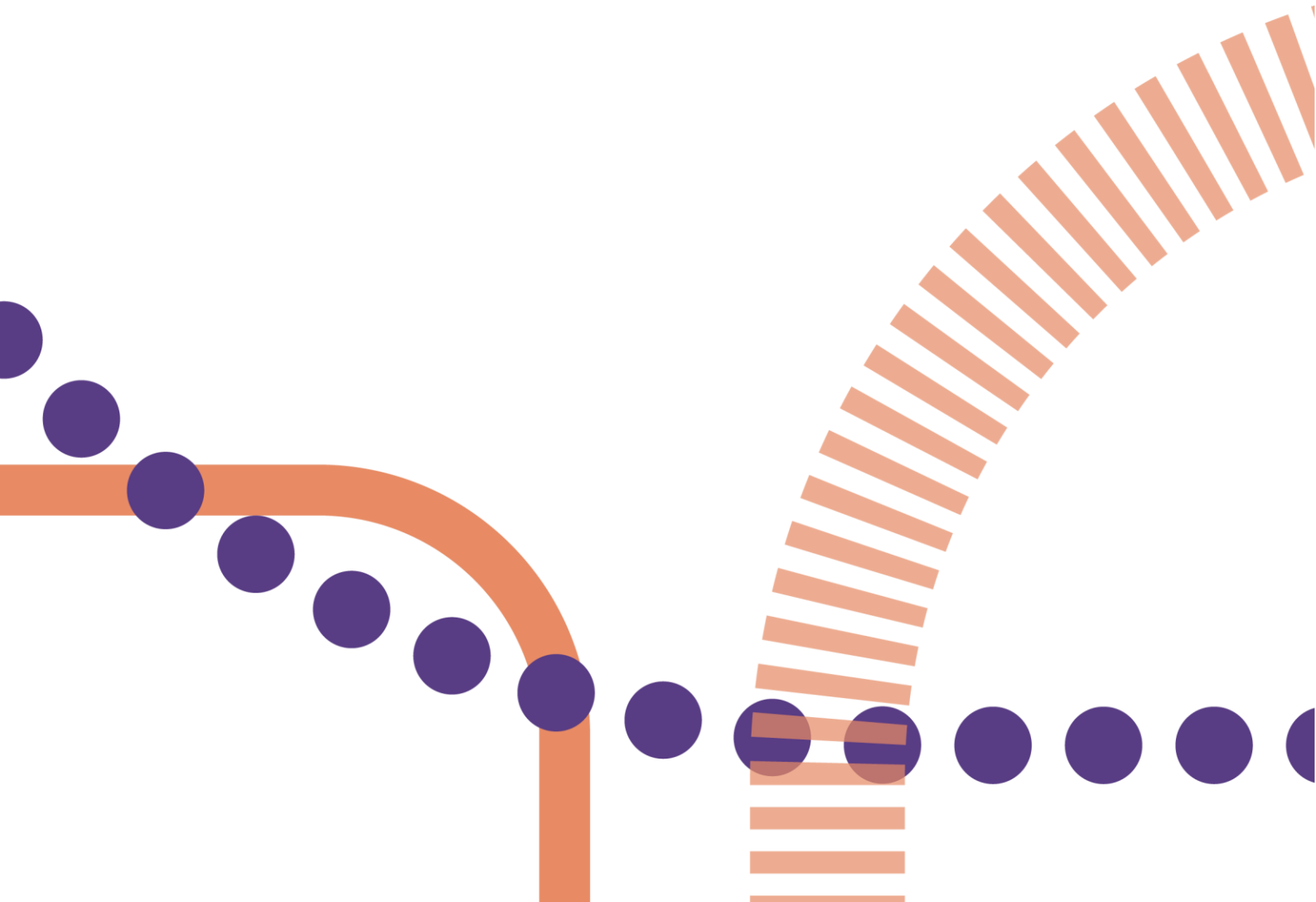


Safeguarding vulnerable under 1s

Pre-birth planning

March 2026



Introduction

The Child Safeguarding Practice Review Panel published a national review about protecting vulnerable babies in February 2026. The review highlighted the challenges of safeguarding unborn infants and the need for practitioners to work with women and their partners throughout the entirety of pregnancy, as well as in the final weeks before birth.

This briefing provides an overview of the available national learning and best practice about pre-birth planning with families who may need additional support, or where there may be safeguarding concerns. It is intended as practical and reflective resource for safeguarding partners and practitioners to use when reviewing and developing pre-birth protocols.

Who is this document for?

Multi-agency practitioners and managers working across all agencies in specialist child protection roles and universal services. This could include midwifery services, health visiting, General Practice, Early Help teams and services supporting adults with domestic abuse, mental health, substance use and housing.

How to use this resource

The importance of pre-birth planning to establish trust, support engagement and promote safe preparation for birth is paramount.

While there is no national guidance relating to the statutory legal framework for pre-birth proceedings, many safeguarding partners and NHS Trusts have developed detailed procedures to support practitioners. Where such procedures exist, they are generally consistent in principle, but implementation and practice may differ.

Local authorities have a duty to identify families who may need additional support, assess any evidence to indicate the likelihood of harm to the unborn infant and, where required, convene a pre-birth child protection conference. Balancing the legal and safeguarding tension between a woman's right to experience pregnancy and childbirth free of any medical intervention, with the local authority's duty to protect an unborn infant from known risks, can be a significant challenge.

This briefing draws on national learning and best practice to guide services in their approach to working with parents during the pre-birth period. Use it to:

- **Inform everyday practice:** Apply the insights when working with families during antenatal care, early help assessments, and safeguarding interventions.
- **Guide professional conversations:** Use the key messages to support open, non-judgemental discussions tailored to each family's circumstances and cultural context.

- **Strengthen multiagency collaboration:** Share this resource across teams to ensure consistent messaging, coordinated planning, and timely follow up when risks are identified.
- **Support learning and improvement:** Incorporate the reflective questions and case study into supervision, team meetings, and training to challenge assumptions and embed consistent pre-birth planning and protocols.
- **Shape local strategy and commissioning:** Use the evidence and hallmarks of good practice to inform service design, resource allocation, and workforce development, ensuring families receive practical advice and support.

This resource is not prescriptive; it is designed to complement local policies and national guidance, helping practitioners and leaders to adapt approaches to the realities of family life and reduce preventable harm.

Why is it important for children and young people?

Pre-birth planning is crucial for children and young people because it lays the foundation for their safety, well-being and development from the very start of life. When risks are identified early and addressed through coordinated, multi-agency support, it helps prevent harm before and immediately after birth, reducing the likelihood of repeat removals or unstable care arrangements. Effective planning helps parents to receive the support they need resulting in better long-term outcomes for children.

What is the evidence base?

Department for Education (DfE):

- There were 3,930 children aged under 1 who were subject to child protection plans at 31 March 2025. You can find an age breakdown [here](#)
- 1,430 unborn children were subject to child protection plans at 31 March 2025.
- There were 5,140 children who started to be looked after during 2024-25 aged under 1. See the age breakdown [here](#)
- There were 140 children aged under 1 who were adopted during 2024-25, and 510 children who left care on special guardianship orders. See the age breakdown [here](#)

Key facts and figures

Between April 2022 and March 2025, 361 children under 1 were the subject of serious incident notifications. 53% of these children died and 47% were incidents of serious harm.

During this period, 22 children under 1 (6%) were looked after by the local authority at the time of, or prior to the notified incident. Of these 22 children, 18 children were in the care of the local authority at the time of the incident, in foster care or placed with family.

Common issues

- **Early identification and risk assessment:** Pre birth planning should include consideration of contextual factors, such as domestic abuse, substance use, poverty, housing or trauma. Previous children on child in need or child protection plans, or previous child removals and concealed pregnancy are also important factors. Practitioners should also establish whether either parent is care experienced, as this may influence the support they may require.
- **Multi-agency pre-birth protocols:** Safeguarding partnerships should have clear pre-birth protocols that are reflected in local agency policies and include how to respond to concealed pregnancy and late booking. These protocols should align with [Born into Care Best Practice Guidelines](#) and include pathways for rapid referral, information sharing and joint planning.
- **Trauma-informed engagement:** Practitioners should adopt a trauma-informed approach when working with parents to build effective relationships. This includes understanding their past experiences of parenting, accessing services, domestic abuse and other issues that may have led to trauma, particularly in the context of previous child removals. This should include awareness of parents' own experiences of being parented (including time in care) and of any coercive control within relationships.
- **Legal and ethical considerations:** Women have no legal duty to disclose their pregnancy or accept medical care; unassisted birth is a lawful choice. Safeguarding practitioners must balance maternal autonomy with the duty to protect an unborn infant from significant harm.
- **Equality and diversity:** Safeguarding practitioners should consider the impact race, ethnicity, disability, sexual orientation, gender, class or spiritual /religious beliefs may have had on families' access to care and support.
- **Recording and information sharing:** Timely, accurate information sharing across agencies is essential. Safeguarding concerns for unborn infants should be recorded in:
 - Child Protection Information System (CP-IS) using the mother's NHS number (if a pre-birth child protection plan is in place).
 - GP systems. SNOMED codes should be used where available. Where these are not used, safeguarding information should be documented in a highly visible part of the primary care record held by the GP surgery.
- **Long-term support for parents whose children have been removed:** Practitioners working with parents during care proceedings should understand and acknowledge the likelihood of those families experiencing future pregnancies. Multi-agency parent support plans should seek to provide specialist support interventions in response to grief and trauma at a time and pace that parents find appropriate. Parents may also require a wider support offer to assist with, for example, housing, financial support, mental health, the management of substance use and domestic abuse.
- Practitioners should also consider wider family, social and environmental factors, support networks, any history of stillbirths or previous baby loss, and – where relevant – the circumstances of conception (including rape, exploitation or trafficking).

Hallmarks of good practice

The Panel's national review, '[Protecting All Vulnerable Babies Better](#)', found that safeguarding unborn infants requires proactive, relational work. Building a relationship early is essential to understanding risk, supporting engagement, and promoting the safety of the unborn infant, especially where there is a history of repeated child removal or trauma. Consideration should also be given to the father's involvement and the use of professional curiosity, particularly where there may be inconsistent engagement. This support should be multi-agency, sustained over time and anticipate evolving parental needs.

The recommendations invite safeguarding partners to review the quality of local pre-birth assessment protocols and ensure that a Think Family approach is taken when identifying multi-agency pathways of support for parents whose children have been removed into care. Safeguarding partnerships should therefore:

- have a multi-agency pre-birth protocol, that includes concealed pregnancy
- review the quality, robustness and consistent implementation of pre-birth assessment protocols to ensure practice and delivery is in line with Born into Care best practice guidelines for when the state intervenes at birth (2023)
- Work with adult services to develop and resource parent support plans that address all known vulnerabilities including housing, mental health, substance use and domestic abuse.
- Convene local stakeholders to review existing services as outlined above, identify gaps in provision, and assess whether current services can be adapted or if additional support services are required. This should encompass a broad range of services, including domestic abuse, mental health, housing and substance use services and housing.

Best practice guidelines

The [Born into Care best practice guidelines for when the state intervenes at birth \(2023\)](#) is a useful starting point for safeguarding partners and practitioners to use when reviewing and developing pre-birth protocols.

It sets out a series of statements to guide practice in relation to:

- Pre-birth practice (conception to labour)
- Practice within the maternity setting and at first court hearing
- Leaving hospital and returning home

Recording safeguarding concerns for unborn infants

The Child Protection Information System (CP-IS) is central to identifying that a baby or child, including those unborn, is vulnerable and has a child protection plan in place. CP-IS records those children who are on child protection plans or who are 'looked after' and can include unborn infants on a pre-birth child protection plan using the mother's NHS number. If safeguarding concerns arise and a pre-birth child protection plan is not already in place, standard referral and child protection assessment procedures should be followed. Once born, the child is recorded on CP-IS under their own NHS number.

Safeguarding concerns for the unborn infant should also be recorded in a highly visible part of the mother's NHS primary care record, held by the GP surgery. The [RCGP Safeguarding toolkit: Introduction | RCGP Learning](#) contains further guidance.

Reflective questions and discussion points

- When there are safeguarding concerns, how can you ensure parents and their unborn baby are referred to the local authority quickly and offered specialist support early (first trimester)?
- Are cases allocated to maximise continuity of professional involvement throughout the pre-birth period and beyond?
- How do you work collaboratively with parents to co-define needs and goals, and to identify and build on strengths throughout the pregnancy, and how do you remain curious where information appears incomplete or unclear?
- How can you work proactively with parents' family and friends network to provide support matched to their needs, including understanding who is in their wider support network and what support they can realistically offer?
- Are you confident in identifying the needs and concerns that may place the baby at risk of significant harm during pregnancy and after birth, including understanding the role and involvement of fathers or other significant adults?
- Do you share plans with parents at every step of the way, including any plan to initiate care proceedings at birth, and continually check that the parents understand?
- Are there pathways for professionals to support parents to access robust, comprehensive and expert legal advice?
- Are the birth arrangements and plan for the baby after birth shared at a timely point? And do they contain sufficient detail of the management of risk?
- Are you aware of whether either parent is care experienced, and how this may influence the support they need?

Case study

A four-week-old baby died in hospital following a cardiac arrest. The baby, who was solely breastfed, tested positive for cocaine in urine screening.

The baby's older siblings were subject to child protection plans for neglect linked to alcohol and substance use and domestic abuse. The mother was known to services from childhood due to her parent's alcohol misuse, poor mental health and domestic abuse. The baby's father was not involved in pre-birth planning, as the mother reported no contact.

A pre-birth child protection plan was developed. The mother denied cocaine misuse and declined antenatal testing but agreed to post-birth testing of the baby. This did not occur. A referral to a specialist antenatal service was also a recommendation of the plan but it was not progressed. Following a move between areas, key safeguarding information about the family was not effectively shared.

Learning points:

- Where parental vulnerabilities exist and older children are known to services, early and robust pre-birth planning is essential.
- Parental denial of substance misuse where this is suspected, or declining to undertake relevant testing should inform but not limit safeguarding assessment.
- Agreed safeguarding actions, including testing and referrals, must be actively followed through.
- Where substance use is a concern, a medical view on breastfeeding should be explicitly considered within pre-birth and postnatal planning.
- Pre-birth plans require clear accountability and effective handover, particularly when families move areas.

Where can I find out more?

Find more information on the Panel's new learning hub www.childsafeguarding.independent-panel.uk, where you can access videos, webinars, podcasts and other content, including the full report: 'Protecting All Vulnerable Babies Better'.

Other useful resources include:

- The [Born into Care best practice guidelines for when the state intervenes at birth \(2023\)](#) is a useful starting point for safeguarding partners to use when reviewing and developing pre-birth protocols.
- [Born into Care: Best practice guidelines and other resources - Nuffield Family Justice Observatory](#) - The guidelines are supported by a series of resources to assist professionals involved in safeguarding babies at or close to birth, including a range of films explaining more about the guidelines and the practice changes made by the local authorities and health trusts involved in the research.
- [The Nuffield Family Observatory's Born into Care: Case Law Review](#) outlines the legal basis for pre-birth assessments, noting that the *Children Act 1989* applies only after birth.
- [Working Together to Safeguard Children \(2023\)](#) Paragraph 142. page 54 and *Initial child protection conferences*, page 93 relate to unborn infants.
- [The Public Law Working Group \(2021\)](#) acknowledges the importance of pre-birth assessments in pre-proceedings.