

Name  NHS/CHI number  DoB **Form M** LOOKED AFTER CHILDREN**Obstetric report on mother****Mother's consent to the sharing of health information**

The Consent Form (or photocopy) signed by the mother **must** be attached to this form

**Guidelines for completing Form M****Introduction**

The child identified on this form has become looked after and the local authority children's services has a statutory responsibility to ensure that the child has a comprehensive health assessment, including antenatal information, to address health inequalities and promote the child's current and future health and well-being. The obstetric information requested here is essential to a high quality assessment, and should be returned promptly to meet statutory timescales.

**Who should complete the form?**

**Part A** should be completed by the agency/local authority.

**Part B** should be completed by a doctor or a midwife from the mother's records

**Purpose of the form:**

- To provide information on the health and behaviour of the mother in pregnancy, during delivery and postnatally which may have implications for her child's health, development or behaviour immediately or in the future.
- To facilitate the sharing of relevant health information with the child's new GP and carers to enable them to provide appropriate care for the child.
- To provide information for the child that may help them, in the future, to form an understanding of their origins and identity.

**Why this information is important**

Form M should be completed for all children and young people becoming looked after, preferably shortly after they come into care to prevent valuable information being lost to them and their carers. Pregnancy and neonatal history remain essential information for older children and young people as this period of life forms the foundation upon which future health, development and, to some extent, behaviour rests. The information on Form M is essential to the completion of a comprehensive initial health assessment and development of the health care plan. Details of high-risk behaviour in this or a previous pregnancy are extremely helpful, e.g. use of alcohol or drugs, including IV injection. It also enables a carer, or the child or young person when they reach adulthood, to provide a health professional with information about the child's earliest history that may be essential to the making of an accurate diagnosis.

For an older child, obtaining the mother's consent and tracing her records can be problematic but the information is invaluable to adopted people and those individuals who are, or have been, in long-term care, both in terms of their health and in the formation of their identity.

**Consent:** The mother's consent to her information being shared with the agency should be obtained on the CoramBAAF Consent Form. A copy of the signed Consent Form **must** accompany a request for the completion of Form M. Mothers are most likely to sign the consent form if a professional/social worker whom they know/trust explains how important the information on the form is for the future health and well-being of their child. Mothers should be reassured that such information will only be used as necessary and will remain confidential to the agency and the child's doctors and carer, although they should know that the child may be given information if it is necessary for their health and well-being.

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**In Scotland**, the Adoption (Disclosure of Information and Medical Information about Natural Parents) (Scotland) Regulations 2009, SSI 2009/268, may be helpful in obtaining certain medical information about the child's family, if adoption is the plan for the child. Regulation 11 states that where the agency has not been able to obtain information about whether there is 'any history of genetically transmissible or other significant disease' in the birth mother's or father's families, a medical practitioner, such as a birth parent's GP, must disclose such information to the adoption agency on request.

**Sharing information:** Secure email **must** be used when sharing relevant information on these forms with other agencies. Practitioners should be familiar with the systems in use in their locality and protocols for sharing confidential information.

### Part A and procedure for the agency/local authority

- Part A contains the information required to identify the mother of a looked after child, and should be completed in full by the agency.
- In order to maintain confidentiality, it is essential to indicate correctly the name and contact details of the agency health adviser to whom the form should be returned.
- A copy of the signed Consent Form **must** accompany a request for the completion of Form M.

### Part B and procedure for the doctor or midwife completing the form

- Part B should be completed by a doctor or midwife from the mother's records, providing full details wherever possible. Whoever signs it will be responsible for the accuracy of the information on it.
- The completed form should be returned to the agency health adviser indicated in Part A.

## Part A To be completed by the agency – type/write clearly in black ink

Parents		Child	
Name of mother:		Name of child:	
Given name		Given name	
Family name		Family name	
Date of birth		Date of birth	
Ethnicity of mother		Time of birth	
Ethnicity of father (if known)		Place of birth	

Name of agency		Social worker	
Address			
Postcode		Telephone	
Email		Fax	

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**Form to be returned to the agency health adviser**

Name			
Address			
Postcode		Telephone	
Email		Fax	

**Part B To be completed by the doctor or midwife**
**1 Mother's previous pregnancies**

Date	Outcome	Provide full details

**2 Substance use in this pregnancy (include duration and the trimester when used if possible)**

		Provide full details
Cigarettes	number/day	
Alcohol	units/day	
Other substance use (indicate if IV use, include toxicology results if available)		
Prescribed drugs		

**3 Relevant factors in this pregnancy**

		Provide full details
Gestation at booking visit	Weeks	
Was regular antenatal care given?	Yes/No	
Domestic violence	Yes/No	
Evidence of foetal growth retardation	Yes/No	
Abnormal ultrasound	Yes/No	
Amniocentesis	Yes/No	
Medical illness in pregnancy	Yes/No	

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Drug treatment in pregnancy	Yes/No	
Mental illness/depression in pregnancy	Yes/No	
Genetic illness in extended family	Yes/No	
Ongoing risky behaviour for blood-borne infections, e.g. working in the sex industry	Yes/No	

#### 4 Maternal blood tests

	Result	Date/s
Blood group/Rhesus factor		
Rubella status		
Haemoglobinopathy		
Hepatitis B		
Hepatitis C		
HIV		
Syphilis		
Other		

#### 5 Labour Please give details of gestation, type of delivery, duration, any complications and drugs used

Gestational age (in weeks)		Induced?	Yes/No
Length of labour		Drugs	
Type of delivery		Who delivered the baby?	
Who was mother's birthing partner?		Foetal distress?	Yes/No
Apgars	1 min	5 mins	10 mins
Details of complications			

<b>Signature of doctor/midwife</b>		Date	
Name			
Designation		Qualifications	
Registration	GMC: Y/N NMC: Y/N	Number	
Address			
Postcode		Telephone	
Email		Fax	