

[Guidance and Resources for the Postnatal 8 Week Check, During the COVID-19 Crisis](#)

The COVID-19 crisis has changed the way we work in primary care and we have rapidly adapted to new ways of working. Wherever possible, consultations are now being undertaken remotely. It is paramount that General Practice continues to maintain access and services for people who need urgent care, support for pre-existing conditions and essential routine care that is non COVID-19 related. **The 6-8 week postnatal check is essential routine care.**

NHS England have **confirmed that the 6-week check can safely be conducted in person at 8 weeks** to coincide with the first primary childhood immunisations; minimising attendance at the practice (14 April 2020).

Due to COVID-19 **many providers have reduced the frequency of face to face/in person contacts** with families during their postnatal period. Patients will only be seen in person by the health visiting service if they are highly vulnerable, otherwise these contacts are being done remotely by telephone or video.

**This means the only NHS face to face/in person contact with new mothers and babies is the GP 8 week check**

This postnatal check is a key and vital opportunity to identify:

Physical Health Needs in the Infant and Mother	Perinatal Mental Health Issues	Safeguarding Concerns
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All practices using Arden’s templates can access the Maternal Postnatal Check template which has question prompts and links to resources for patients.

To minimise patient time in the surgery **you may wish to consider conducting the history taking and discussion over the phone prior to the face to face baby and maternal check**

**Information included within this document for you to be aware of and share during the 8 week check (click on the numbered links below to take you to the information):**

- 1) [Perinatal Mental Health](#)
- 2) [Health Visiting Service Support](#)
- 3) [Bruising in Babies](#)
- 4) [ICON and Abusive Head Trauma](#)
- 5) [Safe sleep advice - Every Sleep Counts](#)
- 6) [Domestic Violence and Abuse \(DVA\)](#)
- 7) [Importance of accessing medical care through the COVID crisis](#)
- 8) [Vaccinations](#)
- 9) [Resources of support for new parents/carers during COVID-19](#)

**Summary Points:**

- **The 6-8 week postnatal check remains as essential routine care;** NHS England have confirmed that the 6-week check should be **conducted in person at 8 weeks** to coincide with the first immunisations
- To minimise patient time in the surgery you may wish **to consider conducting the history taking and discussion over the phone prior to the face-to-face** baby and maternal check
- **Use of Arden’s template is recommended for postnatal check.** Child safeguarding issues to consider: perinatal mental health, domestic abuse, safe sleep advice (see [Every Sleep Counts Toolkit](#)), and crying/abusive head trauma (see [ICON](#)).
- Although our working practice has changed, **safeguarding children continues to remain a priority.** Referrals to Children Services continue to operate as normal via [Interagency Referral Form](#)

**1. Perinatal Mental Health**

**RED FLAG PRESENTATIONS - should prompt urgent senior psychiatric assessment**

- Recent significant change in mental state or emergence of new symptoms
- New thoughts or acts of violence or self-harm
- New or persistent thoughts of incompetency as mother or estrangement from the infant

**Amber risk factors for Perinatal Mental Health- (indicators of increased future risk):**

<b>Prev history of mental health problems (especially psychotic disorders)</b>	<b>Psychological disturbance during pregnancy</b>	<b>Poor social support</b>	<b>Poor relationship with partner</b>	<b>Baby blues</b>
<b>Recent major life events</b>	<b>Unplanned pregnancy</b>	<b>Unemployment</b>	<b>Family history of bipolar or postpartum psychosis</b>	<b>Antenatal parental stress</b>
<b>Antenatal thyroid dysfunction</b>	<b>Depression in the father of the child</b>	<b>Current, or history of, substance misuse</b>	<b>Neonatal low birth weight or illness, stillbirth and SIDS</b>	<b>Having 2 or more children</b>

### **How to refer to the Perinatal Mental Health Team**

- 1) Information on [Southern Health NHS website](#)
- 1) Check bed availability via [nhswebbeds.co.uk](http://nhswebbeds.co.uk)
- 2) **IN HOURS** (9-5) - Call the Perinatal MH Team on **01962 897780** – even just for advice  
**OUT OF HOURS:** Contact the Mother and Baby unit directly- **01962 897711**- they will email referral paperwork for you to complete

**For evidence-based information** from experienced **specialist pharmacists** regarding any **medication and potential interactions with breast feeding** (anti-depressants etc.), email The Breastfeeding Network- Drugs in Breastfeeding - [druginformation@breastfeedingnetwork.org.uk](mailto:druginformation@breastfeedingnetwork.org.uk)



## **2. Health Visiting Service Support**

During COVID-19, most contacts with Health Visitors and patients will be via telephone or video appointment. The only face to face contact will be when there is an 'assessed and compelling case for doing so'. This decision will be made with advice from senior practitioners and safeguarding colleagues, and include information from partners such health and local authority children's services.

**IF YOU HAVE QUERIES, QUESTIONS OR CONCERNS ABOUT A CHILD (e.g. weight monitoring OR HV FOLLOW UP CARE), PLEASE CONTACT YOUR LOCAL HEALTH VISITING TEAM (link below) IN THE USUAL WAY**

**To find your practices local health visiting team, please click on the link below:**

**[Find your local HV](#) or email your HV Team via their generic email**

**Audiology screening:** This service is continuing via maternity post-delivery in the usual way, however, any babies that require further assessment in the community, are being referred but WILL NOT be seen until community services resume post covid-19 (parents will be contact in due course).

**Hip/Ophthalmic Referrals:** NHSE has advised that GPs should continue to refer patients to secondary care using the usual pathways and to base judgments around urgency of need on usual clinical thresholds (taking into consideration need for non-face to face consultations, likely delays in recommencement of routine elective activity, and communicating likely delays to patients at point of referral).<sup>1</sup> Secondary care will hold clinical responsibility for GP referrals and will follow these up in due course.

### 3. Bruising In Babies

**REMEMBER** Bruising in babies is very rare and must be considered abuse until proven otherwise. If any professional thinks a skin mark on a baby could be a bruise they must refer to Children's Services via a phone call under the bruising protocol in the usual way.

Children's Services will then arrange an examination in person with a consultant paediatrician. [Bruising Protocol](#)

**Making a referral to Children's Services in Hampshire:** This referral needs to be completed via the inter-agency referral form (IARF) which can be found [here](#)

#### **CONTACT NUMBERS FOR LOCAL AUTHORITY CHILDREN'S SERVICES:**

##### **Hampshire**

Office Hours: 01329 225379  
Out of Hours: 0300 555 1373

##### **Southampton**

Office Hours: 02380 832 300

##### **Portsmouth**

Office Hours: 02392 839 111  
Out of Hours: 0300 555 1373

##### **Isle of White**

Office Hours: 0300 300 0901  
Out of Hours: 0300 3000117

#### **Digital Imagery of Birthmarks/? Bruising during COVID-19**

**If ANY (e.g. social worker), professional is sent a digital image directly from a parent** we recommend that the **baby is seen in person for a full physical examination** by an appropriate health professional (for example; midwife, health visitor or GP).

**If a HEALTH professional is sent a digital image directly from a parent we recommend the baby is seen in person for a full physical examination** by an appropriate health professional.

**If a health professional is asked for a second opinion on a probable BIRTHMARK,** by another health colleague, we **recommend that the child is seen in person for a full physical examination.**

**In some situations digital images may enable a health professional to make a correct diagnosis,** and avoid the need for the child to be examined in person. **An example might be a large cavernous haemangioma (strawberry birthmark).** However, if there is any uncertainty the child should be seen in person for a full physical examination. The use of digital images should only be considered a **temporary approach** during coronavirus.

**Otherwise it is business as usual**



#### 4. ICON and Abusive Head Trauma

Abusive Head Trauma of babies is most common during **6-12 weeks of life**. This is correlated with the peak in infant crying. **The 8 week check is a key opportunity to reinforce the below info:**

#### Abusive head trauma (AHT) key points:

<b>AHT is Child Abuse and is 100% preventable</b>	<b>70% of babies that are shaken are shaken by a male caregiver/father</b>	<b>Risk is increased at times of stress within families</b>	<b>It results in catastrophic injuries</b>
	<b>It is often triggered by caregiver’s lack of ability to cope with a crying baby</b>	<b>There is an association between economic hardship and the incidence of AHT</b>	

#### Challenges of COVID19

<b>Massive time of stress</b>	<b>Loss of Income</b>	<b>Self-isolation with children and potentially at-risk adults</b>	<b>Social distancing is restricting activities that might enhance support</b>
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#### Resources for professionals and patients

See the [ICON Toolkit](#) from the HSCP webpage / See the [ICON patient leaflet](#)





## 5. Safe Sleep advice

### Key Messages to Reinforce:

- ✓ The safest place for your baby to sleep is in their **own cot or Moses basket**
- ✓ Always place baby on their back to **sleep with feet to foot of cot**
- ✓ **Do not place pillows, cot bumpers and soft toys** in the cot
- ✓ **Do not cover the baby's face** or head or use loose bedding
- ✓ Use a **firm, flat waterproof mattress** in good condition
- ✓ **Do not use 'sleep positioners'** including wedges, supports or straps that prevent the baby moving
- ✓ Baby should **sleep in their own cot in same room as parents for the first 6 months** of life (day and night)
- ✓ Avoid allowing your baby to become too hot. A **room temperature of 16- 20C** with light bedding is recommended
- ✓ **Do not sleep** or nap with your baby on a **sofa or armchair**
- ✓ **Do not use a car seat**, swing, bouncy seat, stroller, baby carrier or infant sling **for routine sleep**
- ✓ **Never fall asleep with your baby**, in any circumstance **if anyone has drunk alcohol, taken drugs or medicine** that might make them sleepy
- ✓ **Do not sleep with your baby** if they were **born prematurely or weigh under 2.5kg or 5.5lbs** when they were born as risks are increased.
- ✓ Keep your **baby's environment smoke free** during pregnancy and after the birth

### Safe Sleep

<p><a href="#"><u>Hampshire Safeguarding Children's Partnership – Every Sleep Counts Toolkit - Website</u></a></p> 	<p>Every Sleep Counts is a programme of prevention aimed at parents and carers</p> <ul style="list-style-type: none"> <li>- It supports professionals to deliver consistent key safe sleep messages at numerous touch points during pregnancy and after birth</li> <li>- It brings together information on multiple risk factors associated with safe sleep</li> </ul>
<p><a href="#"><u>The Lullaby Trust - Website</u></a></p> 	<p>The Lullaby Trust raises awareness of sudden infant death syndrome (SIDS), provides expert advice on safer sleep for babies and offers emotional support for bereaved families</p>

## 6. Domestic Violence and Abuse

If you have a concern that there is potential [Domestic Violence and Abuse \(DVA\)](#), consider referral to [Hampshire Stop DA Services for victims](#) and [Hampton Trust for perpetrators](#). See section 9 of this document for resources of support for victims and perpetrators. The [IRIS Guidance](#) has been developed specifically for GP's during COVID-19 and recommends the following when discussing DVA with patients remotely:



- Prior to conducting any conversation around domestic abuse, **ask the patient if it is safe to talk**, saying a simple “yes” or “no” will do. If it isn't then ask for a suggested safe time to call back. Be aware that situations change quickly and that risk is dynamic.
- **Ask if the patient is alone** to ensure that the perpetrator isn't in the same room. Be aware that the perpetrator may be in the house or enter the house and ask the patient to terminate the call if the perpetrator comes into the room.
- **Ask if the patient feels safe** and if there is any immediate danger. Always advise calling 999 if there is any immediate danger. If the patient is unable to do this, offer to do this instead.
- Consider **use of 'closed' questions** when asking about safety – questions with 'yes/no' answers may help your patient share that they are being harmed, even if they cannot talk freely (e.g. Have you ever been hurt by this person?, Have you ever felt frightened?)



- **Validate the patient's experience** with phrases like 'I believe you' or 'This is not your fault.' A patient will be in an extremely vulnerable situation if self-isolating with the perpetrator.
- **Ask about what support the patient has** and what support they might need.



- Ask the patient **if the abuse is getting worse**
- **Ask if the patient feels unsafe** to stay in the home/is in immediate danger.
- If the patient says yes, they feel unsafe to stay in the home/are in **immediate danger, call the police on 999**
- If there are also **children in the home, make an immediate safeguarding referral**



- Consider whether a **safeguarding referral is needed** if there are any children and/or vulnerable adults at risk and follow your usual practice safeguarding procedures.
- These cases can be challenging to manage – **discuss with your Practice Safeguarding Lead, your colleagues or your local safeguarding professionals** if you need further advice and guidance.
- Consider whether you, or one of your colleagues, can **call the patient again**, to offer support and agree what timeframe for this is realistic and appropriate
- Consider need to refer to Hampshire Stop Domestic Abuse service and The Hampton Trust as per the above hyperlinks.
- Signpost to relevant services/resources as per section 10 of this document.



- Make sure you **document all enquiries, concerns, disclosures and referrals** on the patient's record.
- Ensure you **code any disclosure on the medical records** of any children or vulnerable adults in the household. See the [RCGP national recording guidance on domestic abuse](#) for more detail.



## 7. Importance of accessing medical care through the COVID crisis

**Wessex LMC has produced a statement for parents that we strongly support; please reiterate this message to your patients:**

“COVID19 is unlikely to cause a serious illness in children, but please remember children can still become seriously unwell from other causes that are always around. Please do not let concerns over COVID19 stop you from contacting medical services. If you are not sure if your child needs to be seen please go to <https://www.what0-18.nhs.uk/national> for advice or contact 111 or your GP. For information about crying babies go to <https://what0-18.nhs.uk/parentscarers/worried-your-baby-unwell-under-3-months/my-baby-crying-excessively>. If your child is severely unwell call 999 or go to ED.”

### Patients attendance for their 8 week check

**We recommend that surgeries send new parents/carers a text message of encouragement to attend their 8 week postnatal check.**

The suggested wording would be:

**‘Your postnatal and baby check are due at 8 weeks, this is very important for your health and the health of your baby. Please do not let concerns over COVID19 stop you from having these checks. The surgery is doing everything possible to minimize your risk of catching COVID19.’**

## 8. Vaccinations

NHS England has stressed the importance to maintain good vaccine uptake and coverage of immunisations. Where practices experience high demand on services, it is important to prioritise time sensitive vaccines for babies, children and pregnant women:

- o All routine childhood immunisations offered to babies and infants including vaccines due at one year of age including the first MMR dose**
- o All doses of targeted hepatitis B vaccines for at-risk infants should also be offered in a timely manner







## 9. Resources of support for new parents/carers during covid-19

### **Feeding support – Most Hampshire hospitals now have online BF support videos**

<p><b><u>Healthy Feeding, Healthy Weight Booklet – NHS</u></b></p> 	<p><a href="#">Access booklet</a></p> <p><u>Advice for Bottle Feeding and Breast Feeding</u></p> <p><a href="#">Maximising Breastmilk information</a></p>
<p><b><u>National Breastfeeding Helpline</u></b></p> <p>Need breastfeeding support, information or reassurance? <b>We're here for you.</b></p> <p>We're doing all we can to increase capacity on the National Breastfeeding Helpline during this time.</p> <ul style="list-style-type: none"> <li>- We've got more volunteers available than ever before.</li> <li>- We've introduced a voicemail option, so if you can't get through first time, you can leave us a message and we'll get back to you as soon as we can.</li> <li>- We're offering 121 support via social media on <a href="http://www.facebook.com/nationalbreastfeedinghelpline">www.facebook.com/nationalbreastfeedinghelpline</a></li> <li>- Webchat is open at <a href="https://bit.ly/NBHChat">bit.ly/NBHChat</a></li> </ul> <p>Open 9.30am-9.30pm every day of the year Talk to a mum who knows about breastfeeding</p> 	<p><b>03001000212</b></p> <p><b>09:30 - 21:30 every day 7 days a week</b></p> <p>Offering 1-2-1 support via social media</p> <p>Webchat also available online</p> <p>Introduced a voicemail option- parents can leave a message and they will call back</p>
<p><b><u>La Leche League – Breastfeeding Support</u></b></p>  <p>Looking for breastfeeding information? Check out our website - <a href="http://www.lli.org">www.lli.org</a></p> 	<p>Breastfeeding support via:</p> <ul style="list-style-type: none"> <li>- online meetings via ZOOM</li> <li>- Local Hampshire Leaders (see below)</li> <li>- social media</li> <li>- email via help form/Local Leader</li> <li>- Online website</li> <li>- Company and support</li> </ul> <p>La Leche League Leaders are able to provide breastfeeding information and skilled support on the telephone</p> <p><b><u>Hampshire Leaders Contacts:</u></b></p> <p>Paula, <a href="tel:07762701796">07762 701796</a>, please text to arrange a call, takes calls from <b>Hampshire &amp; Surrey</b></p> <p>Georgina, <a href="tel:07954135038">07954 135038</a>, takes calls from <b>Fleet, Farnborough, Aldershot and surrounding areas</b></p>
 <p><b><u>(Southern Health text service)</u></b></p>	<p><b><u>TEXT – 07520 615720 – Mon-Fri 9-5</u></b></p> <p>ChatHealth 0-5 is a text messaging service set up to support parents, carers and families of under 5's in Hampshire.</p> <p>HV's can help with any feeding concerns or support via this resource.</p>





**Mental Health support for Mum/Partner**

<p><b><u>HAMPSHIRE LANTERNS</u></b> Support group online</p> 	<p><u>Hampshire Lanterns</u> is a support group for mums in Hampshire, who are experiencing mental health problems during pregnancy or after childbirth. The group is run by mums who have all experienced perinatal mental health problems.</p>
<p><b><u>Baby Buddy Crisis Messenger - Texting Service</u></b> Available for both parents</p> 	<p><b><u>Text BABYBUDDY to 85258</u></b> for <b><u>free 24/7 confidential text support</u></b> from a trained volunteer when they are in emotional pain or crisis- free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if they are struggling to cope and need immediate help. (The text messaging is anonymous)</p>
<p><b><u>NHS 111 - Mental Health Helpline</u></b></p>	<p>Mental health support is now available <b><u>24/7 via the NHS 111 helpline</u></b> - dial 111 and ask to speak to a mental health nurse</p>
<p><b><u>PANDAS support for people coping with pre and postnatal mental illness, as well as their families, friends and carers - Helpline/Email</u></b></p>  <p>(Pre And Postnatal Depression Advice and Support)</p>	<p>The PANDAS Foundation is here to help support and advise any parent and their networks that need support with <b><u>perinatal mental illness</u></b></p> <p><b><u>FREE helpline 0808 1961 776</u></b> Available on all landlines. Monday – Sunday 9am-8pm</p> <p>PANDAS Email Support (reply within 72 hours): info@pandasfoundation.org.uk</p>
<p><b><u>Samaritans -Helpline/Email</u></b></p> 	<p><b><u>FREE helpline - Call 116 123</u></b> <b><u>Send an email - io@samaritans.org</u></b></p> <p>The Samaritans are a 24 hour confidential, listening service providing emotional support for anyone in crisis.</p>
<p><b><u>https://www.bestbeginnings.org.uk/charities-uk-support -</u></b> <b>Website – Best Beginnings</b></p>	<p>Charities offering remote <b><u>support</u></b> to pregnant families and <b><u>new parents</u></b></p>

## Domestic Abuse




Over a third of domestic violence starts or gets worse when a woman is pregnant

- 15% of women report violence during their pregnancy
- 40%–60% of women experiencing domestic violence are abused while pregnant

<p><b><u>The Hampton Trust</u></b>          Helpline for <u>perpetrators</u> and advice line for professionals</p> 	<p><b><u>Call 02380 009898</u></b>  <b>Monday – 9 am to 5 pm</b>  <b>Tuesday – 9 am to 8 pm</b>  <b>Wednesday – 9 am to 5 pm</b>  <b>Thursday – 9 am to 8 pm</b>  <b>Friday – 9 am to 5 pm</b></p> <p>We can take referrals from individuals and agencies across Hampshire, Southampton, Portsmouth &amp; the Isle of Wight          We are also available to assist professionals wanting advice regarding perpetrators</p>
<p><b><u>STOP DOMESTIC ABUSE FACEBOOK MESSENGER SERVICE (Hampshire specific)</u></b>          Online Messenger for victims</p> 	<p>Victims of Domestic Abuse that <b>cannot currently access a telephone, due to isolating</b> with a perpetrator, are now able to contact a worker via FB messenger Mon-Fri.</p> <p>Facebook = 'Stop Domestic Abuse'  <b>Monday – Friday</b>  <b>09.30- 11.00</b>  <b>15.00-17.00</b>  <b>18.00-20.00</b></p>
<p><b><u>Hampshire Domestic Abuse Service</u></b>          Helpline for victims</p> 	<p><b>03300 165112</b></p> <p>24/7 Confidential Freephone number</p>
<p><b><u>National Domestic Abuse Helpline</u></b>          Helpline for victims</p> 	<p><b>0808 2000 247</b></p> <p>24/7 Confidential Freephone number</p>

**Hampshire Specific. Virtual General Support for new parents**

<p><b><u>Health visitor (HV) Chat Health Service (Southern Health)- Text Service</u></b></p> 	<p><b><u>TEXT – 07520 615720 – Mon-Fri 9-5</u></b></p> <p><b>ChatHealth 0-5 is a text messaging service set up to support parents, carers and families of under 5's in Hampshire</b></p> <p>HV's are able to support with questions from parents, carers and families relating to a wide range of health and wellbeing issues including <b>crying babies, infant feeding, weening, sleep and behaviour problems.</b></p>
<p><b><u>Wessex Healthier Together Website and APP- Website</u></b></p> 	<p><b><u><a href="https://what0-18.nhs.uk/">https://what0-18.nhs.uk/</a></u></b></p> <p><b><u>Wessex Healthier Together</u></b></p> <p>Wessex Healthier Together provides easy-to-read, current health information for families and professionals. It provides clear signposting to appropriate healthcare services when required.</p>
<p><b><u>Download MUSH – The UK's social app for Mum's APP</u></b>  <b>Developed with health care professionals</b></p> 	<p><b>Helps new mothers feel supported and connected with other new mothers</b></p> <ol style="list-style-type: none"> <li>1. She creates a profile- this includes entering her location</li> <li>2. She will automatically be placed in her local area groups, seeing posts from other local mums and seeing local mum meet-ups</li> <li>3. She can search the Mum Matcher for nearby mums around shared interests and child stages</li> <li>4. She can message other mums via one-to-one or group chats in our secure messaging system.</li> </ol>
<p><b><u>Download the 'Baby Buddy' app - Created by health care professionals- evidence- based advice)</u></b></p> 	<p><b><u>Free mobile app for new parents (for up to the first 6 months)</u></b></p> <p>Provides a parenting guide with daily key information, allows you to ask questions,</p> <p>Self-care tools to help parents build their knowledge and confidence during the transition to parenthood and throughout the early stages of parenting.</p>

<p><b><u>Hampshire Healthy Families Website:</u></b> <a href="http://www.hampshirehealthyfamilies.org.uk/">http://www.hampshirehealthyfamilies.org.uk/</a></p> <p><b>Website</b></p> 	<p>In partnership with Barnardo's - offer's <b>support for families with children aged 0-5 in Hampshire</b> (doesn't include Southampton information).</p> <p>Information about what is going on in their specific area, details on how to access services, organisations and activities in Hampshire, and the advice and support that's available.</p>
<p><b><u>Download the 'Dad Pad' app</u></b> <b>FREE – developed with the NHS</b></p> 	<p>The DadPad can help by <b>giving Dad's</b> the help, <b>support, knowledge and practical skills</b> that they need.</p> <p>Will ask for their postcode and signpost to <b>local support in the area</b></p>
<p><b><u>The ICON toolkit (Abusive Head Trauma)</u></b></p> 	<p><a href="#"><u>Access Toolkit</u></a> ICON is a programme of intervention based around coping with crying. The toolkit contains practical tools, resources, key messages and links to social media.</p>

**The 5 CCG's Safeguarding and Looked after Childrens Team**

Email: [WHCCG.SafeguardingChildren@nhs.net](mailto:WHCCG.SafeguardingChildren@nhs.net)

(During COVID-19 crisis ONLY) Tel: 07880 423547 and 07880 423542

(Post-Covid-19) Tel: 023 8062 7645

Twitter: @WHCCGsgchildren