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1 October 2019



Dear 

Chief Ombudsman's systemic investigation into Oranga Tamariki: removal of newborns

Thank you for your letter and related Terms of Reference received 10 September 2019 by Nelson Marlborough Health (NMH)¹ where you request third party information, applicable since 1 July 2017, in order to gain an understanding of how Oranga Tamariki and its front line employees work with NMH, our employees, and other agencies in a situation where a newborn is to be removed whilst they are in hospital. More specifically, you seek:

- ***Agreements, arrangements or memorandum of understanding entered into by Oranga Tamariki and Nelson Marlborough DHB relating to removal of newborns (also known as 'uplifts')***
- ***Policies, guidance or instructions to Nelson Marlborough DHB staff (clinical, professional or support staff) relating to removals of newborns to be carried out by Oranga Tamariki***

The NMH *Pae Manaaki* Policy for removal of newborns (and children) is *attached*. The document is not replacing an existing policy and has been a work in progress and consultation with internal stakeholders, including our two Oranga Tamariki Liason employees, during 2019. We believe the document describes an aspiration toward a very good process.

The related *Cover Sheet for Approval* shows where the Policy is up to during development, and the designation of employees who have had input to date. A Flowchart will be developed to support the Policy and we are also working on finalising the associated documents that will sit alongside the Policy.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

Yours sincerely



Dr Peter Bramley
Chief Executive

encl Cover Sheet for Approval and *Pae Manaaki* Policy for removal of newborns and children

¹ Nelson Marlborough District Health Board

Cover sheet for approval

For Policies, Procedures, Protocols and (operational) Guidelines, Clinical Guidelines and Care Pathways new and revised documents

Instructions: The Document Author is to facilitate the following and complete all white sections of this form:

1. Consultation with Stakeholders – download this document ([link](#)) to track the process
2. Prepare a final draft of the document with changes highlighted in yellow and complete all white sections in this cover sheet
3. Seek endorsement
4. Gain the appropriate approval
5. Send the signed document, cover sheet and feedback tracker document if used, to ppgadmin@nmdhb.govt.nz.

Type of document *

*Definitions over page. Please mark one box:

Policy	<input checked="" type="checkbox"/>	(operational) Guideline	<input type="checkbox"/>
Procedure	<input type="checkbox"/>	Clinical Guideline	<input type="checkbox"/>
Protocol	<input type="checkbox"/>	Care Pathway	<input type="checkbox"/>

Title of Document

Current Title (on intranet):
Change of Title if required:

?Title to be finalised;
Nelson Marlborough Health **Pae Manaaki - Removal of Newborn Policy**

Is this a NEW Document?

YES ☒ NO ☐

If YES, in which PPG section on the intranet would you like this located? e.g. Allied Health

Family Violence page

If NO, in which PPG section on the intranet is this currently located?

Document control *

Current version issue number:

* Definitions over page

Current version date review:

Document Owner *

Name, role and department of the person who holds overall responsibility for the document (usually a service or general manager)

Child Protection Coordinator

Document Author

Name and role of the assigned lead author.

Consultation – who was invited

List names and roles, and/or groups invited.

The Pharmaceutical Services Manager must be consulted when medications are involved.

Any person or party who is impacted by the final document must be invited to be a part of the consultation process

- Maternity Social Worker Nelson
- Maternity Social Worker Wairau
- Charge Nurse Manager Wairau
- Charge Nurse Manager Paediatrics Nelson
- Charge Nurse Manager Maternity Nelson & Wairau
- Charge Nurse Manager Special Care Baby Unit
- Paediatrician
- Two NMH/Oranga Tamariki Liaison
- Chief Medical Officer

List changes made

For new documents describe the purpose of the document, why it is being developed and who supports the development

For reviews only, bullet the key changes.

e.g. Routine review, Easier to understand, Updated legislation, etc.

The organisation requires an uplift policy, to ensure NMH Staff know what actions to take when Oranga Tamariki need to uplift a baby at birth.

This Policy also covers the situation when a child is admitted to NMH with a suspected NAI and may need to be placed in a safe environment until Police and Oranga Tamariki complete their investigations.

NOTE: Request from Ombudsman/Noon Sefton Senior Investigator from the Office of the Ombudsman requesting agreements and internal guidance since 1 July 2017 relating to removal of newborns.

Cover sheet for approval

Endorser's name * Chairperson or representative of relevant group (if consulted) so the document can go for approval.

Name

Date

Approver's sign-off

Departmental –

Clinical policy or procedure
Operational policy, procedure or operational guideline

☐ Signed by the General Manager

☐ Or relevant ADON (Nursing).

District wide –

Non clinical policy, procedure or guideline

☐ Signed by the CEO

District wide –

Clinical Guideline
Care Pathway

☐ Signed by the relevant Clinical Director

PPG Admin use only

Cover Sheet sighted by: CGC / ELT / Other (state)

Date entered into PPG Admin system / /

DEFINITIONS

Policy

A broad statement of where NMH stands on a particular position and/or its values on a given subject. Mandatory and enforceable.

Procedure or Protocol

A set of instructions. Mandatory and prescriptive.

Guideline (operational)

A framework for decision making. Recommended.

Clinical Guideline

Multidisciplinary and evidence-based standards of care. Recommended.

Care Pathway

An evidence-based pathway is used within a specific clinical setting to support the delivery of patient care. Recommended.

Cover Sheet

Used to communicate the review or development of the document so it can be approved. It includes important information for future reviews.

Document Control

Issue Number	1	Name		Author	
Date Approved	24/04/2017	Position		File name	
Date Review	24/04/2017	Signature		Page of	

Document Author

Name and role of the person who has been assigned as the lead author. The document may be co-written however one person must have responsibility for completing this task on time and in full. Check that the document aligns to other standards such as Lippincott and Health Pathways.

Document Owner

Name, role and department of the General Manager who holds overall responsibility for the document including ensuring it is current and accurate. This person will receive PPG monthly reports.

Consultation

This is a form of peer review.

Invite feedback on the document from all relevant areas that may be directly involved or indirectly affected by the final document. Think laterally about who needs to be included across clinical and non clinical areas, secondary, primary health and community health as well as the consumer's voice. Download this document: ([Link to the feedback sheet](#)) and record all feedback and whether or not it was accepted. Include this document with your cover sheet.

Endorsement

This is a team leader, standing committee or group process.

The endorser checks that there has been appropriate consultation and agrees on the document's final content. If done at a meeting there must be evidence of the document being discussed (eg, minutes, document tracker). Once the group is confident the document is ready for approval, complete the Cover sheet for Approval, endorsement section.

Within Department	HOD or Clinical Team Leader
Within Service	Service Manager

Cover sheet for approval

DEFINITIONS

Who Endorses Your Document	Within Directorate	Clinical Director
	Across Medical/Clinical/Nursing Staff	CMO/Director Allied Health/DONM
	Region	ELT, Board or Clinical Governance Committee
Approval	<p>E-mail confirmation is sent by the endorser to PPGadmin@nmdhb.govt.nz or clinicalguidelines@nmdhb.govt.nz.</p> <p>All cover sheets receive a final review either by clinical governance, ELT or the Board depending on their subject matter. If no concerns are raised documents are uploaded within 2 week of final approval by these groups.</p>	

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Pae Manaaki *to rest and recuperate, with no particular time restrictions of short, medium or long term*

Insert whakatauki

Document Type	Guideline
Function	Clinical Practice
Directorate(s)	Child Women and youth services
Department(s) affected	Maternity, Allied Health, Paediatrics, Special Care Baby Unit
Applicable for which patients, clients or residents?	All new born babies and children
Applicable for which staff members?	All clinicians in Women's Health, Maternity including access holder lead maternity carers (LMCs), Child Health and Health Social work
Key words (not part of title)	n/a
Author - role only	
Owner	Child and Family Safety Services
Edited by	TBA - office use only - Clinical Policy Advisor or Document Controller
Date first published	TBA - office use only
Date this version published	TBA - office use only
Review frequency	TBA - office use only
Unique Identifier	TBA - office use only

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Corrections and amendments

Introduction

This guideline uses the name Pae Manaaki (replacing “uplift” terminology) to describe the process for when a baby or child leaves parental care on discharge from the hospital and moves into a whānau or non-kin caregiver placement arranged by Oranga Tamariki (OT) on the basis of a legal order.

To obtain a Court Custody Order s78 under the Oranga Tamariki Act 1989, the Family Court have to be satisfied that there is sufficient evidence to establish that the unborn/new-born is at significant risk and therefore required Care and Protection.

Most of these orders are made after either unsuccessful attempts to engage with the whanau (parents may not be aware of the orders), or the result of investigations, assessment and possibly Family Group Conferences. In which case parents are aware of what is going to occur and know what behaviours in their life they need to make in order to evidence change. They can choose to comply or not, they will be aware of the consequences.

Separation of a parent or caregivers and their baby or child following discharge from hospital is traumatic, and whatever the assessment of birth parents or caregivers has been, it is important to ensure a safe, respectful and culturally appropriate process occurs. This includes acknowledging the loss and grief a parent or caregiver is experiencing and offering relevant and appropriate holistic supports. The experience of leaving the hospital without their baby or child will remain with the parent and may have implications for their mental health and wellbeing.

Purpose

The guideline aims to provide clarity regarding roles and responsibilities and a set of key principles to be up-held by all health and community agencies involved, to ensure a safe discharge occurs with all necessary health assessments completed and follow-up care arranged. This requires a well-informed, planned approach, in partnership with Oranga Tamariki, the parents or caregivers, whanau, relevant professionals and other supports

Key Principles

Best practice principles include:

1. **Paramountcy:** The welfare and best interest and safety of a baby or child should be a first paramount consideration, consistent with DHB Child Protection Policies and Oranga Tamariki Act 1989.(Section 6).
2. **Responding to Vulnerability:** we acknowledge that babies and children are particularly vulnerable and requires extra vigilance when assessing their safety needs
3. **Cultural Responsiveness:** There are overarching human values for care and protection of children that are shared by all cultures. We acknowledge the importance of upholding a process that is responsive to and appropriate for Māori and all ethnic groups. We uphold Māori as tangata whenua of Aotearoa and recognise the tapu status of wāhine hapū. As the bearer of the iwi, wāhine hapū should be respectfully protected and guarded. Be

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mindful of whakapapa and keeping all processes safe. This can be achieved by working in partnership with cultural and tikanga support services. Adherence to Nelson Marlborough Health Values is expected.

4. **Interagency Practice:** Interagency and interprofessional collaboration facilitates the provision of integrated services and effective support for babies and children, parents and caregivers,. Collaboration that promotes effective decision making and planning is essential when a baby or child is entering Oranga Tamariki care and can act to minimise trauma and confusion for all parties. Interagency and interprofessional assessments and planning meetings support the development of a shared understanding regarding identified maternal wellbeing and child protection concerns and promote early and cohesive engagement with parents and whānau to agree on a safety management plan. Maintaining positive interagency relationships is a valuable and important aspect of effective professional practice.
5. **Working with Whānau:** In most cases Parents should be informed by the Oranga Tamariki Social Worker in a timely way about the particular child protection concerns and reasons for why their child is entering Oranga Tamariki care. Parents, whānau and supports will be made aware in advance of when their baby or child will be discharged. This advanced notice provides opportunity for parents and whānau to be active participants in determining the way in which the discharge occurs and who they would like present to provide support. In situations where interagency and inter-professional assessment identifies a situation that poses a critical safety issue, a baby or child may enter Oranga Tamariki care on discharge from hospital without prior notice to parents or whānau. There are many reason why parents are not told, but all basically centre around the potential flight risks of the parents with the newborn/child and the risks these tamariki could potentially be open to in their parents care. If it does occur, it is essential and expected that interagency and inter-professional planning will take place with all key professionals regarding management and timing of discharge to ensure supports are made available for parents or whānau. In addition, such occurrences require comprehensive rationale that is understood by all key agencies and professionals involved, and will be accompanied by clear documentation and safety care plans for both the parents and baby or child.

Processes supporting best practice

The following processes are to be applied in all situations regardless of whether the intervention is brief, or outworked over an extended period of time. It is acknowledged, that in a situation where a critical safety issue has been identified, an initial engagement may need to be established very quickly and limited to those actions required to address the child's immediate safety.

1. Health Social Worker (HSW) arranges planning meeting with relevant health professionals and community agencies to discuss and assess all relevant information and reach a shared understanding regarding the strengths of the parents and whānau, protective and risk factors, level of intervention required and how this will affect the baby or child.
2. Clarify roles and responsibilities. HSW will be lead contact for health services, Oranga Tamariki and Police (if they are involved). Who does this if SW away or after hours?

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3. Identify whānau or other services that are involved.
4. Determine if direct supervision is required. Agree specific details, including confirmation in writing of funding arrangement from the Oranga Tamariki Site Manager for a Patient Attender (used to be called a 'watch'). Funding agreement?
5. Develop a plan for each of the following three key stages, including identifying whānau or other supports required:

- a. **Making and communicating the decision to apply for custody orders:** This decision is to be made by Oranga Tamariki in consultation with health and medical staff. Agree how, when and where Oranga Tamariki will advise the parents of their decision that the baby or child/ren will enter into Oranga Tamariki care.
- b. **Serving the custody orders and court documents:** Consult when and where the legal orders will be served by Oranga Tamariki, this will be preferably be off-site of hospital premises. If this is to occur in the hospital, the HSW will communicate with the relevant charge midwife or nurse, including discussion of whether security or additional support services are required and the appropriate location on the ward or unit for this to occur.

The process, timing, planning and managing the serving of custody orders may differ between Paediatrics and Maternity as indicated in Section 1 and 2 below.

- c. **Making arrangements for the baby or child to enter Oranga Tamariki care:**

- i. Agree ?? clearly communicate on a very precise plan detailing the date and time when the baby or child will enter Oranga Tamariki care, and whether this be to kin or non-kin caregivers. This is to be agreed in consultation with Health Social Work, the Lead Maternity Carer [LMC], and relevant ward staff and where appropriate whānau members. **Recommended this is to occur Monday to Friday between 8am and 4pm.** If outside of these hours, communication, negotiation and agreement should occur with Senior Midwife/Nurse, Duty Nurse Manager and Paediatrician in charge on the shift.
- ii. Oranga Tamariki will provide clear identification of their status and a nominated health professional will be required to accompany an Oranga Tamariki social worker onto the ward, during working hours this will be the HSW.
- iii. In situations where direct home-based follow up is required, Oranga Tamariki will ensure that the baby or child's caregiver details are provided to Health Services prior to discharge.

NB - for newborn babies, provision of postnatal care is a legal requirement. Hospital staff are to ensure that caregiver details remain confidential and are only used to provide necessary follow up in the community. The baby or child's address details should be changed to those of the allocated Oranga Tamariki site to ensure medical follow up letters are able to be actioned. (further discussion required between Health and Oranga Tamariki)

6. A comprehensive Safety Plan will be completed in collaboration with the interagency and inter-professional team and placed in the baby or child's clinical record. A copy will also be added to the birth mother's record in the case of a newborn baby. This plan will be

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regularly updated with any changes to guide hospital staff in safe and supportive management of the situation

7. Consider what opportunities may be appropriate to provide for the baby and the parents in relation to memory making and preparing for the baby or child's transition out of their care. This may include, for example, photos, or footprints in the case of babies, sending a specific item of clothing or toy with the child and keeping a corresponding item with the parents.
8. Consider who will support the parents before and after their baby or child enters Oranga Tamariki care:
9. Every parent should be provided with an opportunity to determine the way in which their baby or child is discharged from hospital and out of their care.
 - a. The degree of input the Parents are able to have in the process will depend on the context of each situation, safety of baby and staff and will be carefully considered to promote best outcomes for both the parents and baby or child.
 - b. Cultural support, for example Te Waka Hauora, or interpreter services.
 - c. Safe whanau and close friends.
 - d. Lead Maternity Carer, Consult Liaison, Chaplin and Maternal Mental Health or other clinical specialities.
 - e. Practical assistance for example, transport, accommodation, financial aid.
 - f. Oranga Tamariki will reconfirm with whanau, and provide in writing, the contact details for the allocated Social Worker, supervisor and site.
 - g. Oranga Tamariki will confirm plans around contact. If contact is supported, provide as many details as possible about likely timeframes for commencement, frequency and location. while in hospital
 - h. Provide parents and whānau with a copy of the information booklet about working with Oranga Tamariki and ADHB- Gina to work on

Ensure support is available for staff and an opportunity to debrief, depending on the situation, joint interagency debrief should be considered. Employee Assistance Programme {EAP} should be recommended if required.

Context Specific Processes: Best practice principles outlined above apply to both processes for Child Health and Newborn services.

Child Health Context:

1. Serious Abuse or Neglect of a Child

Addressing the child's health and rehabilitation needs:

For situations in Nelson Marlborough Health (NMH) involving serious abuse or neglect of a baby or child, which require further assessment and additional care, it is essential that a pre-discharge interagency and interprofessional meeting is held, no less than a day before a child enters OT care, in order to ensure: (consistent with schedule one MoU [20110908 Schedule One.pdf](#)).

- The Multiagency Safety Plan (MASP) is updated with the agreed process between Health Services and Oranga Tamariki staff around management of the child entering Oranga Tamariki care including:

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- Oranga Tamariki staff will enter the ward with the Health Social Worker or agreed health professional present.
- Precise details regarding when parents or whānau will be informed about the need for their child to enter Oranga Tamariki care and discuss in consultation with the charge midwife or nurse and medical team: HSW?
 - Who will do this. How we keep baby and staff safe?
 - Where and when this initial discussion will occur
 - When and where will the legal orders be served
 - Who will support the parents and whānau?
 - Create a space which provides parents and whānau with an opportunity to discuss how they would like to be involved and prepare their child for discharge
- Cultural support plans will clearly state who will be involved and how they will support parents and whānau.
- Discharge plan outlines a comprehensive concurrent plan for any unexpected event or changes in the baby or child's health condition
- A Neonatal/Paediatric Safety Plan, is completed to ensure all ward staff are kept informed regarding the action plan and is updated to reflect any changes.
- Ensure all key supports are in place.
- Provide parents and whānau with a copy of the information booklet about working with OT and ADHB
- Caregivers are advised regarding the health and care needs of the baby or child.
- Oranga Tamariki to ensure/consider health and safety of siblings have been assessed – consider if a paediatric assessment is required.

Out of Town Situations:

The site where the case is open (where the baby or child lives) holds all case direction and decision making responsibility

- The DHB plan is to contact and liaise with the home site where the case is open.
- The home site will ensure a clear after hours plan is on the Oranga Tamariki computer system (CYRAS).
- The Oranga Tamariki / DHB Liaison Practice Leader is available to assist with communication when needed.

At discharge:

Oranga Tamariki will:

- Ensure a Well Child provider is engaged for babies and young children, and relevant contact details are provided to ensure follow up occurs.
- Confirm current plans around contact. If contact is supported, provide as many details as possible about likely timeframes for commencement, frequency and location.

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2. Newborn Babies Context:

Effective interagency and inter-professional collaboration where possible with the birth mother and whānau involves engagement with the LMC, appropriate cultural support, comprehensive interagency and inter-professional information sharing and multidisciplinary and multiagency case planning with professionals, the birth mother and whānau.

Antenatal Planning:

A baby can be born and leave hospital from 35 weeks gestation. When there are significant concerns as to whether the parents will be able to provide safe care for their baby, it is optimal to have a comprehensive safety plan in place by 30 - 32 weeks gestation. An Antenatal and Postnatal Safety Plan document is required to be developed by HSW in consultation with relevant agencies. This plan will detail specific considerations for supporting the antenatal, intrapartum and postnatal periods and corresponding care provision, and will be updated regularly as required.

Once a decision has been made that the baby will enter Oranga Tamariki custody, advanced planning allows time to prepare and communicate Oranga Tamariki decisions to key health clinicians, parents and whānau. In addition, it allows time for whānau caregiver options to be explored and progressed wherever possible.

Best Practice during Birthing Process and Postnatal Admission:

A fundamental expectation is that all situations where a baby enters OT custody from hospital will be planned and negotiated by 32 weeks gestation between Health Services and Oranga Tamariki. In the hospital environment, it is possible to support immediate safety for a newborn baby through the use of direct supervision resources such as a Patient Attender (watch) and security, and allow time for planning. Rushed or unplanned discharges can lead to additional emotional trauma and increased risk of harm to the birth mother or baby, particularly if medical or cultural needs are not appropriately attended to prior to discharge from hospital.

All babies require a level of monitoring after birth to ensure a safe physiological transition to life ex-utero. Consideration must be given to supporting the baby to have the very best start in life including skin-to-skin contact from birth and breastfeeding wherever possible. The Baby Friendly Hospital Initiative (BFHI) Ten Steps to Successful Breastfeeding and NMH Breastfeeding Policy will be referred to and upheld. Providing early intervention to any identified medical issues is important to promote the baby's health and wellbeing.

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It is important to:

- Maintain communication with parents and whānau and OT throughout and include in planning discussions and updates.
- Transfer the baby to Special Care Baby Unit (SCBU) if this has been negotiated within the safety planning meeting and documented within the safety plan. Otherwise, the birth mother and baby are transferred to the postnatal ward with appropriate supports and safety measures in place. A 3 - 5 day postnatal inpatient stay is recommended, however this is negotiated in response to each situation.
- Develop a Child Protection Safety Plan (is this the role of the HSW) once the baby is born in collaboration with the LMC and multidisciplinary and multiagency team and keep this plan updated to guide ward staff in safe and supportive management.
- Provide parents and whānau with a copy of the information booklet about working with Oranga Tamariki and ADHB.
- Liaise with the LMC, Charge Midwife/Nurse and Medical team regarding practical aspects associated with a newborn baby entering Oranga Tamariki care and ensure:
 - The medical and physical health of the baby is assessed. Consider if the baby needs to remain in hospital for longer due to factors such as birth events, medical condition or mother's substance use. Current NMH Neonatal Abstinence Syndrome Clinical Guideline states an observation period of 5 days minimum depending on the baby's recovery and any treatment required.
 - Consent for any routine newborn screening is to be obtained from the mother in the first instance but if this is not possible then refer the matter to Oranga Tamariki who hold custody of the baby.
 - If medical intervention for the baby is required, consent is to be obtained from the mother in the first instance but if this is not possible then refer the matter to Oranga Tamariki who hold custody of the baby. Bron will follow up with OT lawyer
 - A full paediatric assessment has been completed and a summary letter provided.
- Liaise with Oranga Tamariki and ward management to confirm the intended timeframe for the birth mother to remain with her baby before discharge and discuss:
 - Arrangements for discharge meeting and whānau meeting.
 - Suitability of breastfeeding will be comprehensively assessed. Any factor that is an evidence-based contraindication to breastfeeding will be noted.
 - Breastfeeding during admission will be supported in the absence of any evidence-based contraindication if this is the birth mothers choice. Breastfeeding promotes respiratory and thermo regulation, neurodevelopment, attachment and alongside skin-to-skin contact enables colonisation of bacteria.
 - If contra indicators to breastfeeding are present, an appropriate feeding plan will be made in collaboration with the birth mother and midwife/nurse. Any

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contraindication will be fully discussed with the birth mother. Consent to provide artificial formula must be obtained from the birth mother, in line with NMH policy and maternal rights to informed choice regarding the method of feeding for her baby.

- Continuation of breastfeeding will be supported by Oranga Tamariki after discharge if this is the birth mother's choice. or When this is not the birth mother's choice and expressing breast milk is preferred then this will be supported with the – provision or hire of a breast pump, bottles, appropriate teats, and equipment sterilisation, storage, transportation and feeding information to the parents and caregivers.
- Expressed breastmilk will not be disposed of for reasons that are not valid. If no evidence-based medication or drug contraindication is present then the baby will be offered the provided breastmilk first followed by artificial formula if complementary feeding is calculated to meet the baby's nutritional or emotional requirements.
- When breastfeeding or the expression of breastmilk is declined, appropriate support will be provided to minimise the onset of lactogenesis and the potential for breast engorgement and mastitis infection.
- The Baby Friendly Hospital Initiative will be upheld.
- Ministry of Health definitions of breastfeeding will be accurately recorded.
 - Exclusive breastfeeding: The infant has never, to the mother's knowledge, had any water, formula or other liquid or solid food. Only breast milk, from the breast or expressed, and prescribed* medicines have been given from birth.
 - *Prescribed as per the Medicines Act 1981
 - Fully breastfeeding: The infant has taken breast milk only, no other liquids or solids except a minimal amount of water or prescribed medicines, in the past 48 hours.
 - Partial breastfeeding: The infant has taken some breast milk and some infant formula or other solid food in the past 48 hours.
 - Artificial feeding: The infant has had no breast milk but has had alternative liquid such as infant formula with or without food in the past 48 hours.

4 Breastfeeding:

Breast feeding and access to breast milk for infants with significant Oranga Tamariki involvement and where Pae Manaaki guideline applies:

- Many studies confirm breast milk is best for babies in relation to growth, development and mother and baby attachment and bonding (Hale, 2004).
- Breast milk provides optimal nutrition for a baby and additional benefits including protection from infection and some forms of cancer, which cannot be provided by artificial formula.
- Breastfeeding offers an opportunity for skin-to-skin contact, which may assist toward a positive change in maternal behaviour, and where possible a timely re-unification and improved safe parenting.

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- As with all mothers of newborns, breastfeeding is recommended, however for drug-dependent mothers relevant and evidence-based precautions are to be considered. In advising drug-dependent women with regard to breastfeeding, the specific potential risks in each woman's individual circumstances should be weighed against the benefits of breastfeeding. *National clinical guidelines for the management of drug use during pregnancy, birth and the early development years of the newborn* (2006). (These are excellent & comprehensive guidelines from Australia, anything more recent in NZ) Therefore, because the use of drugs and certain medications in breastfeeding mothers is often controversial, this guideline strongly recommends breastfeeding advice should be informed by the health professional team.

Breastfeeding and Human Rights / Rights of the Child:

- United Nations Convention on the Rights of the Child (UNCRC) – “supports the proposition that children have rights in relation to breastfeeding. This means that child protection workers and authorities have a responsibility to ensure their interventions support and do not undermine mothers in breastfeeding their children” (Gribble K.D, Gallagher M. *British Journal of Social Work* (2014) 44, 434-450).
- The World Health Organisation recommend that babies should be exclusively breastfed until six months of age and thereafter, to meet their evolving nutritional requirements, infants should receive nutritionally adequate and safe complementary foods while breastfeeding continues for up to two years of age or beyond (WHO/UNICEF, 2003; Becker & Remington, 2014).
- The Ngā Māia o Aotearoa, Tūranga Kaupapa principle nine states “Mokopuna: The mokopuna is unique, cared for and inherits the future, a healthy environment, wai ū and whānau” (2006).
- The New Zealand College of Midwives Breastfeeding Consensus Statement states “Breastfeeding is the biologically normal way of providing infants with the nutrients they need for healthy growth and development. Breastfeeding is both a primary and a public health issue, as there are research based and well documented, short and long-term health and developmental advantages to the child, and health advantages for the mother”.
- Babies who leave their mother's care should be given every opportunity to continue to receive expressed breast milk [EBM]. This includes working with the birth mother around her willingness and desire to continue to express breast milk and providing her with the support and resources needed to do so, including hiring a breast pump and appropriate storage and transport of EBM.

Supporting safe discharge of babies and their Whanau:

Unless there are immediate or critical safety concerns – the parents and whānau should be made aware of the timeframe for when their baby is to be discharged, at the latest by the day before. This advanced notice provides opportunity for parents and whānau to be active participants in determining the way in which the discharge occurs. The parents should be supported to plan relevant aspects of the discharge process such as who they

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would like present, whether they wish to bath or dress their baby, whether there are any cultural or religious processes they would like to occur such as karakia or kaumātua support, whether they would like to leave the baby in the care of hospital staff and depart before Oranga Tamariki arrive, and what support they may wish to access after baby leaves their immediate care. Every effort should be made to give effect to these wishes, unless there are clear safety considerations which prevent this from occurring. The reasons for that decision should be communicated to the whānau and clearly documented in clinical and case notes.

Other support options available to parents and whānau include:

- Taking and printing photos of parents with their baby, with a copy for the parents and if the parent consents, a copy for the baby's life story book.
- Handprints and footprints.
- Small locket of hair (if appropriate).
- Using a transitional object like a baby's blanket or toy to keep with the parents or for two matching items to be arranged, one to stay with the baby and one to stay with parents.
- **Additional Discharge processes:**
- Oranga Tamariki is to ensure caregiver contact details are provided to Health Services prior to the baby's discharge in order for postnatal care to be arranged and provided. NB - for newborn babies provision of postnatal care is a legal requirement. Hospital staff are to ensure that caregiver details remain confidential and are only used to provide necessary follow up in the community.
- Two identical Well Child books are to be completed, one given to the birth mother and whānau and one to stay with the baby.
- Discharge letters are to be provided to the birth mother and whānau, postnatal care provider, Oranga Tamariki and the caregiver. Do not disclose the caregiver's details in the documentation to the birth mother/whānau where there are safety concerns.

Checklist:

	Health	Oranga Tamariki
Prior to baby or child entering Oranga Tamariki care	<ul style="list-style-type: none"> <input type="checkbox"/> Key worker: Identify key health social worker (HSW) responsible for co-ordinating with health MDT, Oranga Tamariki and relevant services <input type="checkbox"/> Professionals Meetings: Attend interagency meetings to share information and develop a safety plan (for example, MASP, ANSP) Safety Plans: Take responsibility for ensuring all ward based safety plans are current (Antenatal/Postnatal CR9119 and Child Protection CR9118) <input type="checkbox"/> Communication: Inform all professionals who are involved with the baby/child of any changes to the plan Patient Attender (watch) / Security: Consult with Oranga Tamariki to determine if a watch is required. Agree and record specific details in relevant safety plan. Ensure confirmation of watch funding is provided in writing. Liaise with ward leadership to consider any additional security resources as needed. We do this automatically now <input type="checkbox"/> Court Orders: Liaise with Oranga Tamariki to agree plans for service of Court Orders in the Hospital. Inform Clinical Nurse Manager as needed and support. Place a copy of the Court Orders on the Child/Baby's file <input type="checkbox"/> NMH Hospital – For serious child abuse cases a discharge interagency meeting is held at least 24 hours before a child enters Oranga Tamariki care. The 'Entering Oranga Tamariki Care' section of the MASP is to be completed <input type="checkbox"/> Women's Health – Newborn baby Discuss specifics with parent/s and whānau: <ul style="list-style-type: none"> <input type="checkbox"/> How they would like to plan for discharge <input type="checkbox"/> Who will be present <input type="checkbox"/> Memory making activities <input type="checkbox"/> Identify key supports required for mother / whānau during and after discharge <input type="checkbox"/> Entering Oranga Tamariki Care process: A Health SW will be available on the date/time when a child/baby is being discharged from hospital and entering into Oranga Tamariki care 	<ul style="list-style-type: none"> <input type="checkbox"/> Key worker: Identify key Oranga Tamariki staff responsible for coordinating with health social worker (HSW) and wider team <input type="checkbox"/> Professionals Meetings: Attend interagency meetings to share information and develop a safety plan <input type="checkbox"/> Safety Plans: Confirm details with HSW about who is safe to be with baby or child and mother (for maternity situations). List approved visitors only and provide an ID photo of restricted persons (if possible) <input type="checkbox"/> Communication: Inform all professionals who are involved with the baby/child of any changes in Oranga Tamariki plan. Via key health contact people. <input type="checkbox"/> Patient Attender (watch) / Security: If a patient Attender is required – agree specific details including funding and location/role. Provide funding confirmation in writing from Oranga Tamariki Site Manager. If serious security threat, consider security guard outside entry to screen visitors identification <input type="checkbox"/> Court Orders: Confirm legal status and provide health with written documentation and copies of orders as soon as possible. Work with HSW and ward to negotiate details of how and when Oranga Tamariki will serve court orders to parents <input type="checkbox"/> For serious child abuse cases. Attend an interagency discharge meeting at least 24hrs prior to a child discharging into Oranga Tamariki Care <input type="checkbox"/> Entering Oranga Tamariki Care process: Oranga Tamariki to work with health to negotiate date & time when baby/child will enter Oranga Tamariki care. This is recommended to occur Monday to Friday between 8am and 4pm. If later than this, agreement must be reached with key health clinicians <ul style="list-style-type: none"> <input type="checkbox"/> Produce clear ID and enter the ward with a HSW or other nominated health professional <input type="checkbox"/> Come prepared with relevant information and provisions for e.g. car seat, breast pump, bottles - if mother is breast feeding (consistent with interagency pre-planning agreement)
At Discharge	<ul style="list-style-type: none"> <input type="checkbox"/> Wherever possible, ensure parents have had an opportunity to acknowledge their child/baby's discharge in a culturally appropriate way <input type="checkbox"/> Assess if parent is safe to go home and seek further assistance if wellbeing concerns identified <input type="checkbox"/> Promote a respectful process and ensure appropriate supports are in place for baby, parent/s and whānau, including: <ul style="list-style-type: none"> <input type="checkbox"/> details for parents on accessing legal support and counselling <input type="checkbox"/> support for parents to leave the Hospital safely i.e. transport / taxi chit where needed <input type="checkbox"/> Ensure copy of discharge letter is provided to parent/s, caregiver, GP, Oranga Tamariki, Midwife <input type="checkbox"/> Update baby's contact address details to c/o the relevant Oranga Tamariki site 	<ul style="list-style-type: none"> <input type="checkbox"/> Clarify with health, if medical follow up is required <input type="checkbox"/> Where direct home visit follow up is required, Oranga Tamariki to provide health with caregiver details <input type="checkbox"/> Confirm plans around contact. If contact is supported, provide as many details as possible about likely timeframes for commencement, frequency, location etc <input type="checkbox"/> Provide whānau with written contact details for the allocated social worker, supervisor and site <input type="checkbox"/> Provide health with Oranga Tamariki social work contact details <input type="checkbox"/> Refer for Gateway assessment as soon as possible.

DRAFT

REMOVAL OF NEWBORN

Definitions:

Supporting Evidence

1. Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0-2). A background paper. MOH. New Zealand, 2008)
2. Breast feeding evidence
- 3.
- 4.
- 5.

Legislation

Associated Nelson Marlborough DHB Documents Corrections and amendments