

Case Study of pregnant mother with complex needs and indicators of risk for infant mortality

Mary completed an Early Help Assessment (EHA) with the midwife at her booking appointment. She had a 5 year old boy who has significant behaviour problems, some health issues and poor school attendance at previous school. Mary had recently ended a relationship with a violent partner who had been prosecuted and a Multi-Agency Risk Assessment Conference (MARAC) assessment been carried out.

Mary had completed a 14 week course with the Child and Parents Service (CAPS) on parenting. Mary had recently been rehoused to a new area where she did not know anyone or have any local support. Mary had recently been diagnosed with bipolar disorder and started medication. Mary had a BMI of 29 at booking and was trying to cut down on smoking.

Mary was happy for organisations to have joint meetings together managed by Specialist Baby Case Planning. The EHA was forwarded to Vulnerable Baby Service in order to assess, plan, deliver and review the actions from plans put in place for the family. Meetings were arranged at the 5 year old's new school. 3 meetings were held involving Mary, Health Visitor, Psychology, Housing Trust, Midwife, Early Help and teaching staff. With the extensive support available Mary was able to fully engage in all appointments and therapeutic relationships provided, which led to positive outcomes for her and her children.

Mary benefitted from the medication for her mental health condition and worked effectively with the agencies who monitor and support this. Mary's weight was maintained and she had an elective caesarean section to deliver a healthy baby girl. Mary cut down on smoking and is working towards stopping with a re-referral into support.

Mary's 5 year old has 94.1% school attendance. Mary is continuing to work on having a responsive relationship with school and using an email address to keep up to date. Her son is making some small steps in progress and bespoke interventions continue, for improvements in behaviour. His oral health is being addressed and appointments for his eyes and management of glasses with school is done in partnership. He has been discharged from hospital for asthma which is now controlled. His father has not asked for contact with him.

Mary's baby daughter is thriving and mum has bonded well with her. They have ongoing support from the health visiting service. Mary's risk of abuse is significantly reduced and the perpetrator does not know where she is living. Mary is aware of actions she must take if she perceives any threat in the future. The housing situation is good and the family have settled well in the new area.

Mary is very happy with the progress she has made and the support she has received to achieve this. Universal services will continue to be available to the family and work with her to maintain her success and develop further opportunities for them in the future.