**Day in my Life: Unborn Baby**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Responses** | **Notes** |
| **Emotional connection with baby**   1. Do my parent(s) talk to me? 2. Are my parents excited to meet me? 3. Do I have a name? 4. Was I planned? 5. Do I have a father who will help to care for me? |  |  |
| **Diet/Lifestyle**   1. Does my mother have a healthy diet? 2. Is my mother following the midwife’s advice about eating and drinking? Is my parent supported with this? 3. Am I exposed to alcohol or substances including tobacco? 4. Is my mother/are my parents working to reduce my exposure to substances/alcohol/tobacco? 5. Is my mother doing gentle exercises like walking and getting outside? |  |  |
| **Appointments**   1. Do I get seen regularly by midwives? 2. Am I seen at planned scans? 3. Do I go to all appointments made for me? |  |  |
| **Relationships/Extended family**   1. Is there extended family that are excited to meet me? 2. Do I have family that will help my parents prepare for me? 3. Do I have siblings? Will they live with me? Are they excited to meet me? 4. Did my parents have good examples of how to care for me? 5. Are my parents going to care for me together? 6. Do my parents live together? 7. Do my parents like each other? 8. Are my parents in a new relationship? 9. Do my parents have friends that they meet regularly? What are these friends like? 10. Do my parents’ friends have children? |  |  |
| **Prep for baby**   1. Can my parents afford to buy me all that I need? 2. Will I have a safe place to sleep? 3. Have my parents learnt how to care for me? 4. Have my parents been learning what I will need to be safe? 5. Do my parents know about Every Sleep Counts and ICON |  |  |
| **Home conditions**   1. Am I exposed to second-hand smoke at home? 2. Does my mother feel safe at home? 3. Does my mother have somewhere to sleep that is secure? 4. Would I be safe in the current home conditions? |  |  |
| **Mental Health**   1. Am I exposed to high levels of stress hormones? 2. Does my mother worry a lot about me? 3. Does thinking about me make my mum feel better or worse? 4. Am I exposed to medications? 5. Do any adults living with my mum suffer with mental health problems? |  |  |
| **Finances**   1. Can my parents afford to buy all that I need to be safe? 2. Will my parents be able to buy for my needs e.g nappies, formula milk if used? 3. Does thinking about money make my parent(s) anxious? 4. Will I have a secure home to live in? |  |  |
| **Wider Community Support**   1. Is there anyone else supporting my parents to prepare for me? 2. Do my parents know how and where to get help if they need it? 3. Do I have a social worker? |  |  |
| **Additional considerations**   1. Do my parents feel safe? Is there a high level of conflict in the home? Is there risk of domestic abuse? 2. Does my mum have a history of post-natal depression? 3. Do my parents have a history of misusing substances such as alcohol and drugs? 4. Have either of my parents been involved in the criminal justice system? 5. Have my parents had previous children taken into the care system? 6. Have my parents had a baby who died? 7. Do my parents have a learning difficulty, complex health needs or a disability. Will this affect how they will be able to care for me? 8. Did my parents/carers have involvement with children’s services when they were a child? 9. Is my parent a recent care leaver? 10. Have my family from another country because it was unsafe to live there? Do we have support from other services that are aware? 11. Has the HIPS Unborn Baby Protocol been considered as needed? |  |  |