

7-Minute Briefing – Safeguarding Un/born Babies

Links updated April 2025

*The concept of the “Baby’s First Home” has been conceived by Jane Wiffin, as part of her work on neglect

01 Background

This briefing considers learning from a number of children’s cases across Leicester, Leicestershire & Rutland, involving mothers with vulnerabilities and their un/born babies.

07 Resources to support practice

[LLR SCP Pre-Birth and Post Birth Planning procedure](#)

[LLR SCP Thresholds for access to services](#)
[My first 1001 days – Leicestershire County Council](#)

[“The best start for life: a vision for the 1,001 critical days”](#)

[“The Myth of Invisible Men”](#)

06 Working with a vulnerable mother

- Employ professional curiosity – ask questions
- Where appropriate, consider the mother’s willingness and likelihood to change. There is a need to create hope, but this should be based on capacity and motivation. For example, when working with pregnant women who express a wish to reduce their alcohol intake, consider how this is explored and supported post birth to maintain reduced intake, including signposting to support services.
- Consider the reflexivity of the prospective parent and how they understand the impact of their own upbringing
- Consider the drivers behind the mother’s behaviours
- Where there is a pattern of engagement and disengagement, try to understand why.

02 “Baby’s First Home”*

The womb is the unborn “baby’s first home”. Sometimes it is thought that an unborn baby is safer than a baby that has been born. The “1,001 Days” concept notes that, in addition to being important in its own right, the mental and physical wellbeing of the mother is important for the baby’s healthy development. A variety of factors affecting a mother, such as substance misuse, domestic abuse and sex working, can mean that a baby in the womb is *already suffering actual harm*, rather than being at risk of harm. When these factors are identified, practitioners should find out more / consider contacting specialist services.



03 Potential vulnerabilities that can affect the mother and, in turn, the un/born baby are:

- Alcohol misuse
- Substance misuse, including smoking tobacco during pregnancy
- Mental Ill Health
- Adverse Childhood Experiences (ACEs)
- Domestic Abuse
- Learning Disabilities and/or Learning Difficulties
- Homelessness
- Sex working.

The impact of these vulnerabilities can be an increased risk of miscarriage, premature birth, low birth weight and sudden infant death syndrome. These issues may impact on the mother forming an initial attachment to the unborn baby.

05 Support Network

Explore work with fathers/partners, wider family members and the known support network – what are they observing regarding behaviours and how do they think agencies can best ensure safety for a baby and vulnerable adult. The support network will have a role in reducing risk to the un/born baby. Ask questions, build plans together and identify who is best placed to do the work. It is important to work with other practitioners across agencies to achieve safety around the child. Writing down key actions, roles and responsibilities in a plan for everyone will make expectations clearer.

04 The Perinatal Period

Practitioners should not just be responsive to the current situation. It is important to sit down with the mother and father to discuss what life will look like when the baby is born, including a realistic understanding of what life will be like as a parent of a newborn, and what they and their baby will need. There should be multi-agency information sharing and early planning processes. Where the Social Care threshold is not met, there could be consideration of Early Help offers. Consistent messages and advice should be given across services.