

# matdat

## Maternity disadvantage assessment tool:

Assessing wellbeing and social complexity in the perinatal period



Royal College  
of Midwives



NATIONAL  
CHILDREN'S  
BUREAU



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FUND

# How to use this tool

The MatDAT is a standardised tool for assessing social complexity during maternity care based on women and birthing people's broad social needs.

The tool provides a guide for midwives to identify the woman's care level (Level 1–4) and develop a personalised care and support plan (PCSP), as well as facilitating smooth communication with the multidisciplinary team. The tool and the MatDAT Planning Guide will also support maternity services to plan and allocate resources to level of care pathways.

## Step 1

Undertake an assessment of the woman or birthing person during a midwifery consultation. This can take place at any stage during the perinatal period continuum:

- Utilise the traditional screening questions
- Remember that building trust supports disclosure
- Plan for interpreters or allocate more time to the consultation as required

## Step 2

Based on the information gathered in step 1, identify the woman or birthing person's overall MatDAT care level (from Level 1–4) which best suits their broad social and care needs.

Risk assessment is dynamic and will apply to all families, including MatDAT levels of care changing across the continuum and requiring frequent re-assessment.

The identification of levels of care is subject to professional clinical judgement.

### Step 3

Use the MatDat Planning Guide to develop a personalised care and support plan (PCSP) in consultation with the woman.

The plan will be based on a holistic assessment of the individual, include medical and obstetric considerations and all services offered will be based on evidence-based guidelines.

Once the plan is in place, midwives will coordinate the PCSP by making any relevant referrals and supporting the woman navigating services available. The PCSP documentation will support smooth hand-over and care coordination across the multi-disciplinary team.

# Contents

Click on the maternity level that you require

level <b>01</b>	<b><u>Maternity Level 1</u></b> <u>Universal (The pregnant woman/birthing person*, children** and family are thriving.)</u>	06
level <b>02</b>	<b><u>Maternity Level 2</u></b> <u>Supporting pregnant women and families</u>	09
level <b>03</b>	<b><u>Maternity Level 3</u></b> <u>Pregnant women and families at risk of significant harm</u>	12
level <b>04</b>	<b><u>Maternity Level 4</u></b> <u>Pregnant women and families with complex needs requiring specialist support</u>	16
level <b>01</b>	<b><u>Planning guide Level 1</u></b>	20
level <b>02</b>	<b><u>Planning guide Level 2</u></b>	21

# Contents

Click on the maternity level that you require

level <b>03</b>	<u><a href="#">Planning guide Level 3</a></u>	22
level <b>03</b>	<u><a href="#">Planning guide Level 4</a></u>	23
<b>PT</b>	<u><a href="#">Planning template</a></u>	24



# Maternity Level 1

## Universal

The pregnant woman/birthing person\*, children\*\* and family are thriving. Support needs that do arise can be met by interventions within universal services.

Key universal services may include: midwives, GPs, health visitors, Children's Centres, early years providers/play services, voluntary and local authority community services, housing services, family information services, libraries, parks etc.

**Midwifery:** Routine midwifery care; antenatal and postnatal continuity from named midwife

**Health visitor:** Universal

**GP:** Routine care; non-pregnancy related issues

**Local authority children's services:** Signpost to Children's Centre and Family Information Directory

**Mental health:** No involvement

**Obstetric services:** Refer as per maternity guidelines

## Pregnant women/ birthing people

**Physical health:** Needs met by midwife, GP and other primary/universal care; regular physical activity and healthy diet.

**Mental health:** Good mental health, GP and other primary/universal care; no current alcohol or substance misuse. Aware of services available. Good support network.

**Emotional wellbeing:** Positive sense of self; emotionally resilient.

level

01

**Safety:** No physical or material signs of neglect; any injuries within normal range; emotionally warm and stable family environment.

**Engaging with services:** Good engagement with antenatal and postnatal care

**Social Interaction:** Good family/ community support.

**Employment, education, housing and benefits:** Well-supported, no concerns.

## Environment

Family is integrated into community; resources sufficient for need; stable/ suitable accommodation; no negative impact from local area.

## Family

### Care, safety and protection:

Parent(s) able to provide for their own and child's physical needs, with low level support as required.

### Family relationships:

Family dynamics are stable and support present in pregnancy if needed.

### Parenting:

Secure and caring parenting; ability to access support as required. Emotional warmth and stability present

### Physical needs:

The woman and her family have physical and material needs met.

level

01

**Reproductive health:** Family planning, sexual and pelvic health information understanding of local services.

**Protection from harm:** The family and children are protected from danger or significant harm; there is no history or incidents of domestic abuse in extended family/household.

**Drug and alcohol:** No evidence of impact for family or current/future parenting ability.

**Ill health or disability within family:** No adverse impact for family or parenting ability.

**Criminal or anti-social behaviour:** No history of criminal activity in family; no family gang involvement.

**Extremism:** No evidence of involvement in or support to extremism.



# Maternity Level 2

## Pregnant women and families: getting support

The pregnant woman/birthing person and family have some additional needs which are not being met by universal services so may require help in accessing support, such as NHS Healthy/Better Start. The named midwife will coordinate a personalised care and support plan (PCSP), taking into account protective factors.

Midwifery: Consider continuity of care/enhanced midwifery care/longer postnatal support; named midwife to develop plan with family; inform GP/health visitor

**Health visitor:** Universal targeted/  
Family Nurse Partnership

**GP:** Shared maternity care; non-pregnancy related issues

**Local authority children's services:**  
Refer to Children's Centres with consent and signpost to Families Information Directory

**Mental health:** Consider referral to Improving Access to Psychological Therapies (IAPT) and or /GP with consent.

**Obstetric services:** Refer as per maternity guidelines

## Pregnant women/ birthing people

**Physical health:** Minor physical/emotional and/or learning disabilities impacting on wellbeing; HIV positive women; women with female genital mutilation (FGM); no physical activity/unhealthy diet impacting on health; ongoing smoking during pregnancy.

**Mental health:** Condition or disability impacting on wellbeing; antenatal low mood and/or anxiety; acute distressed episode owing to current circumstances (eg family bereavement); current drug or alcohol use. Family history of psychosis,

bipolar or schizophrenia; victim of historic domestic abuse. Previous traumatic birth, pregnancy loss or neonatal poor outcome. Fear of birth. Limited support network.

**Emotional wellbeing:** Poor self-esteem; struggling with pregnancy/parenting but open to support; relationship problems/unsupported; previous trauma; requires additional emotional support; shows early signs of negative, anti-social or criminal behaviour.

**Safety:** Occasional signs of neglect; occasionally unkempt; occasional, less common injury; relationship with child and/or partner lacks emotional warmth.

**Engaging with services:** Occasional missed antenatal checks/late booker (resolved through normal processes); requests out of guideline care with informed decision-making.

**Social interaction:** Limited social interactions; language and communication difficulties. Occasional inappropriate social interaction; low-level anxiety; expresses occasional intolerant views/extreme ideology

**Employment,** education, housing and benefits: Additional support needed. Known learning difficulty or suspected difficulty.

## Environment

**Discrimination:** Direct or indirect discrimination based on race, gender, disability, sexual orientation, religion of other protected characteristics; refugee/asylum seeker/no recourse to public funds; requires interpreter; LGBTQ+, recently arrived in the country; travelling communities.

**Social environment:** Family socially isolated or living in poverty/deprivation; other children living separately.

**Physical environment:** Occasionally short of food, warmth or clothing; potential health and safety hazards in the home; anti-social behaviour/crime in local area has negative impact.

## Family

### Care, safety and protection:

Parent(s) may need support in providing for their own and child's physical needs; family may be impacted by inconsistent care.

**Family relationships:** Family dynamics may be unsettled; limited support; recent family bereavement.

**Parenting:** Struggles to parent; inconsistent emotional warmth and stability but open to support to adjust parenting methods that may impact on family's emotional health.

**Physical needs:** the woman and family may be occasionally neglectful of physical/material needs.

**Reproductive health:** Some unresolved issues; may benefit from supportive conversation to address needs i.e contraception, pelvic health, birth spacing.

**Protection from harm:** The family and children may not be protected from accidental harm and dangers; experience of historic domestic abuse (now resolved); isolated incidents of abuse/violence mitigated by the family's protective factors/access to support; the immediate family are protected from abuse in wider family; harmful traditional practices are culturally prevalent but child will be protected from these eg FGM.

**Drug and alcohol use:** Occasional use which may impact on family and current/future parenting ability.

**Ill health or disability within family:** Occasionally impacts family's ability to care for themselves and/or child.

**Criminal or anti-social behaviour:** History of criminal activity or imprisonment in household; suspicion or some evidence of family gang involvement.

**Extremism:** Sympathetic to extremist views or ideology but no evidence of active involvement with extremist organisation.

# Maternity Level 3

## Pregnant women and families with complex needs requiring specialist support

The pregnant woman/ birthing person and family have high level or complex additional needs or there may be safeguarding concerns which require coordinated multi-agency support and a personalised care and support plan, including consideration of protective factors. Needs may meet the threshold as a Child In Need under section 17 of the Children Act.

Pregnant woman and family requiring support at Level 3 will usually meet one or more of the indicators listed below.

**Midwifery:** Continuity of care; discuss with GP, health visitor, safeguarding and appropriate in-house advocacy services (i.e. homeless/adult learning disability); named midwife to coordinate and disseminate plan

**Health visitor:** Targeted/specialist/ Family Nurse Partnership

**GP:** Shared maternity care/close liaison; routine care for non-pregnancy related issues

**Local authority children's services:**

Referral to children's social care/early help services with consent; consider Section 17 pre-birth assessment with consent and lead multi-agency plan

**Mental health:** Consider referral to IAPT/GP or perinatal mental health team with consent

**Obstetric services:** Refer to consultant for birth plan/as per maternity guidelines.

## Pregnant women/ birthing people

**Physical health:** Women with physical disability or chronic/acute health problem anticipated to affect daily functioning significantly; lack of access to services.

**Mental health:** It is anticipated that their condition significantly affects daily functioning; learning disability; history of suicide or self-harm and/or thoughts of suicide or self-harm; unable to bond with child; history of postnatal depression with tertiary intervention beyond primary care; diagnosis of current depression,

anxiety, acute distress; medicated for bipolar, schizophrenia, obsessive compulsive disorder (OCD); alcohol or substance misuse impacts mentally and physically. Previous traumatic experience at birth or pregnancy loss causing symptoms of post-traumatic stress (PTSD). Severe fear of birth.

**Emotional wellbeing:** Poor self-esteem/sense of identity impacts on daily functioning; significant deterioration in behaviour and engagement in risky behaviours; involvement in negative, anti-social or criminal behaviour. Regular occurrence of poor/no sleep..

**Safety:** Consistent physical and material signs of neglect; suspected domestic abuse; frequent injury; volatile and unstable family environment or emotional neglect. Previous child removed.

**Engaging with services:** Late booking and/or consistent missed antenatal/postnatal checks despite intervention. Declines care with limited engagement with personalised care planning.

**Social interaction:** Socially isolated; significant communication difficulties; association with negative peer groups/partner involved in offending behaviour; anti-social behaviour or negative, aggressive or intolerant interactions with others; lack of self-control affecting daily life; concern around extremism; at greater risk of being groomed or exploited by others

**Employment, education, housing and benefits:** Struggling financially or with work obligations; targeted support needed. Sex workers.

## Environment

**Discrimination:** Experiencing direct or indirect discrimination due to protected characteristics/status. No recourse to public funds. Homeless.

**Social environment:** Family socially excluded with adverse impact on daily life; young mothers (under 18 years) or were looked after by a local authority. Regularly short of adequate food, warmth or clothing due to financial hardship/mismanagement. Intergenerational trauma affecting the family.

**Physical environment:** Health and safety hazards in the home; insecure housing; victim of crime; at risk of

dispersal/involuntary removal/increased financial deprivation which would seriously impact family

## Family

**Care, safety and protection:** Parent(s) have limited capacity to provide the basic care, safety and protection for themselves and/or child.

**Family relationships:** Family dynamics are impacting support or access to care; negative family network.

level

03

**Parenting:** Parent(s) may be emotionally neglected or vulnerable to abuse; anticipated impact on child's health, learning and education from sustained parenting difficulties and/or will not accept family support services. Lack of support network.

**Physical needs:** Family's physical/material needs are only partially met, impacting the mother and/or child.

**Reproductive health:** Significant ongoing issues; family need support and planning to optimise health i.e. continence, sexual/pelvic health; birth trauma; contraception.

**Protection from harm:** The family/child unable to be protected from significant harm; member(s) of the family have occasionally experience domestic abuse; possible inappropriate sexual behaviors; incidents occur with limited sign or recognition of adverse emotional impact; concern for potential harmful traditional practices (e.g. FGM).

**Drug and alcohol use:** Consistent use impacts members of the family/child.

**Ill health or disability within family:** impacts ability for family to care for themselves or child or manage current/future parenting ability.

**Criminal or anti-social behaviour:** Criminal record for violent or serious crime may impact the family; current imprisonment of household member; potential gang involvement and/or drug supply offences. Home may be used for criminal activity.

**Extremism:** The family is exposed to extremist activity from family members.

# Maternity Level 4

## Pregnant women and families at risk of significant harm

The pregnant woman/birthing person and family have an acute level of unmet and complex need and/or requires urgent intervention to protect against current or likely significant harm (safeguarding concerns). A child and family assessment is required under Section 47 of the Children's Act 1989. Families requiring support at Level 4 will usually meet a number of the indicators listed below. The role of all agencies must be the protection of the woman, child and family.

### URGENT ACTION REQUIRED

**Midwifery:** Continuity care or specialist team; liaise with safeguarding, in-house advocacy services and external services; midwife to document and disseminate plan

**Health visitor:** Targeted/early intervention health visitor/Family Nurse Partnership

**GP:** Close liaison and inclusion in case conferences

**Local authority children's services:** Refer to children's Social Care – consent not essential; undertake a Section 24 pre-birth assessment and lead a multi-agency plan/case conference

**Mental health:** Referral to perinatal mental health team as per guidelines; multi-agency meeting

**Obstetric services:** Refer to consultant re birth plan; other referrals as per maternity guidelines

### Pregnant Women/ birthing people

**Physical health:** Complex/acute condition or disability has significant adverse impact on health; woman or child at risk of significant harm despite sustained interventions. Declines care, not engaging with personalised care and support plan, consider capacity assessment.



**Mental health:** Complex/acute condition has significant adverse impact; stopped medication for serious mental illness against medical advice with impact on safety and wellbeing; woman or child at risk of significant harm despite sustained interventions; self-harm or suicide attempt; onset or high risk of puerperal psychosis; substance misuse dependency places woman/child at significant risk of harm; severe postnatal depression/ anxiety but not accessing support.

**Emotional wellbeing:** Negative sense of self; woman/child being at risk of exploitation or harm.

**Safety:** Known abuse/trafficking; extreme signs of neglect; material neglect causing significant harm; unaccounted injuries and child disclosure; long term emotional neglect places woman and/or child at actual/high risk of exploitation. Previous child removed.

**Engaging with services:** Not accessing care; hidden pregnancy; concern about capacity to decline care.

**Social Interaction:** Completely isolated; little or no communication skills or positive interaction with others; negative interactions and lack of respect; involvement in

serious criminal activity/known gang involvement; expresses support for extremism and violence; behaviour places self or others at risk of harm; concern that woman is being groomed for sexual or extremist activity; involved in drug supply offences.

**Employment, education, housing and benefits:** Homeless; at risk of significant harm; no financial support.

## Environment

**Discrimination:** Proven discrimination due to protected characteristics/status affecting safety of the family.

**Social environment:** Social exclusion/isolation impacting ability to access support; destitution leaving family consistently short of food, clothing or warmth. Intergenerational trauma seriously affecting daily life.

**Physical environment:** homeless/no stable home; area has high levels of crime/anti-social behaviour having a profoundly negative impact on family; family at risk of involuntary removal which would impact on life-saving care for mother or child.

## Family

**Care, safety and protection:** Parent(s) have very limited or no capacity to provide the basic care, safety and protection for themselves and/or child.

**Family relationships:** Serious dysfunction evident.

**Parenting:** Lack of parenting capacity/deliberately obstructive parenting which is anticipated to have significant adverse impact on child's health, learning and/or education; anticipated breakdown of parent/child relationship places the child at risk of significant harm; refusal to accept help/family support services.

**Physical needs:** The family's physical/material needs are consistently neglected, significantly affecting the child.

**Reproductive health:** Significant ongoing issues requiring external support and planning to optimise health i.e. previous birth trauma impacting current pregnancy, dangerous birth spacing or sexual activity.

**Protection from harm:** The family are unable to be protected from significant harm; regular or serious domestic abuse; limited insight into adverse emotional impact for the family; at high risk of being a victim of exploitation; evidence that the child would be subjected to harmful traditional practices eg FGM.

**Drug and alcohol use:** Consistent misuse greatly impacts the family and has a significant adverse impact on child.

**Ill health or disability within family:** Impacts ability for the family to care for themselves or child, placing the child at risk of significant harm.

**Criminal or anti-social behaviour:** Criminal record for violent or serious crime that directly impact on woman and/or child; current imprisonment of household member for serious offence; known gang involvement or drug supply offences.

**Extremism:** The family is involved in/

promoting extremist activity; evidence family are planning on travelling to participate in extremist activity.

### Personalised care and support plans

Equity and access to appropriate support requires personalised care planning taking into account challenges, protective factors and personal preferences, acknowledging systemic and organisational barriers women and families may face.

The indicators above are illustrative of levels of wellbeing and needs, identifying the point at which referrals

can be made. Consider if safeguarding referral is required. These are not exhaustive and are based on Working to Safeguard Children (2018) Assessment Framework.

The threshold chart can be adapted to local needs and used in conjunction with local children's safeguarding threshold chart and guidance. It is not intended to replace clinical judgement.

level

01

# Planning guide level 1

## What women and partners can do

Encourage families to think about the change ahead and build support networks. Signpost to parent education, peer/community support services, sources of information and ways they can empower themselves.

## Midwifery

Routine midwifery care; antenatal and postnatal continuity from named midwife; personalised care plan.

## Health visitor

Universal offer.

## GP

Routine care; non-pregnancy related issues.

## Local authority children's services

Signpost to Children's Centres and Families Information Directory.

## Mental health

No involvement.

## Reproductive health services

As needed.

## Obstetric services

Refer as per maternity guidelines.

level

02

# Planning guide level 2

## What women and partners can do

Encourage families to think about the change ahead and build support networks. Active support to access parent education, peer/community support services, sources of information and ways they can empower themselves.

## Midwifery

Consider continuity of carer or enhanced midwifery care: longer antenatal appointments; 28-day postnatal care; personalised care plan; inform GP/health visitor, consider interpreter, referrals to food banks, baby banks, advocacy charities.

## Health visitor

Universal/targeted and/or Family Nurse Partnership.

## GP

Consider shared maternity care; non-pregnancy related issues.

## Local authority children's services

Refer to Children's Centres with consent; signpost to Families information Directory; consider referral to Early Help services.

## Mental health

Consider referral to IAPT/GP with consent.

## Reproductive health services

As needed.

## Obstetric services

Refer as per maternity guidelines.

# Planning guide level 3

## What women and partners can do

Encourage families to think about the change ahead, build support networks and engage with services. Active support to access relevant/targeted parent education, peer support services, sources of information and ways they can empower themselves.

## Midwifery

Continuity of carer and enhanced midwifery care; discuss with GP, health visitor, safeguarding and appropriate in-house advocacy services (i.e. homeless/adult learning difficulties); named midwife to coordinate and disseminate

a personalised social plan; consider interpreter, and community referrals (i.e. volunteer doula).

## Health visitor

Targeted/specialist/Early Intervention health visitor/Family Nurse Partnership

## GP

Consider shared maternity care/referral as appropriate; routine care for non-pregnancy related issues

## Local authority children's services

Referral to children's social care/Early Help services (Integrated Referral Hub) with consent; consider Section 17 pre-

birth assessment with consent; midwife to lead on multi agency plan.

## Mental health

Consider referral to IAPT/GP or Perinatal mental health team with consent.

## Reproductive health services

Consider discussion on contraception, birth spacing and preconception information.

## Obstetric services

Refer to consultant for birth plan/as per maternity guidelines.

# Planning guide level 4

## What women and partners can do

Encourage families to think about the change ahead, build support networks and engage with services. Active support to access relevant/targeted parent education, peer support services, sources of information and ways they can empower themselves.

## Midwifery

Continuity of carer, enhanced midwife care and/or specialist team; liaise with safeguarding, in-house advocacy services and external services; midwife to document and disseminate personalised social plan; consider

referrals to community support organisations.

## Health visitor

Specialist health visitor support/Early Intervention health visitor/Family Nurse Partnership.

## GP

Close liaison and inclusion in case conferences.

## Local authority children's services

Refer to children's social care. Consent preferred but not essential. Requires a Section 47 pre-birth assessment.

Midwife to lead a multi agency plan/ case conference in consultation with social care.

## Mental health

Referral to perinatal mental health team as per guidelines. Multi-agency meeting.

## Reproductive health services

Consider discussion/referral for emergency postnatal contraception, birth spacing and preconception planning.

## Obstetric services

Refer to consultant re birth plan; other referrals as per maternity guidelines.



# Planning template

What women and partners can do

Health visitor

Mental health

GP

Reproductive health services

Midwifery

Local authority children's services

Obstetric services






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