

# matdat

## Maternity disadvantage assessment tool:

Assessing wellbeing and social complexity in the perinatal period



Royal College  
of Midwives



NATIONAL  
CHILDREN'S  
BUREAU



COMMUNITY  
FUND

# How to use this tool

The MatDAT is a standardised tool for assessing wellbeing and social complexity during maternity care based on women's and birthing people's<sup>1</sup> broad social and care needs.

The tool provides a guide for midwives to identify the woman's care 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 each level of care pathway.

## Step 1

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

- Utilise standard screening questions.
- Remember that building trust supports disclosure.
- Plan for interpreters and allocate more time to the consultation as required.
- Consider parent–infant relationship(s): how are parent(s) feeling, talking and bonding with their unborn baby?

## Step 2

Based on the information gathered in step 1, identify the woman's overall MatDAT care level (1–4) which best reflects her 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 reassessment.

The identification of levels of care is subject to professional clinical judgement and local guidelines. Multiple elements within a single level may also indicate the need to be placed on a higher level of care pathway.

### Step 3

Use the MatDAT Planning Guide to develop a PCSP in consultation with the woman.

An evidence-based, holistic assessment of the individual and their needs should inform the PCSP. It will also consider how to support developing the bond with the unborn baby and the parent-infant relationships(s) both antenatally and postnatally.

Once the plan is in place, midwives will coordinate the PCSP by making any relevant referrals and supporting the woman as she navigates her care and wider services. The PCSP documentation will support smooth handover and care coordination across the multidisciplinary team (MDT).

#### Footnote:

1. The midwifery community supports all users of maternity services, whatever their gender identity. Recognising that the majority of services users are, and identify as, women, we will use this term throughout this document. Where non-binary or transgender service users may require different support, this is referred to specifically.

# Contents

Click on the maternity level that you require

level <b>01</b>	<b><u>Maternity Level 1</u></b> <u>Universal care</u>	06
level <b>02</b>	<b><u>Maternity Level 2</u></b> <u>Enhanced support</u>	09
level <b>03</b>	<b><u>Maternity Level 3</u></b> <u>Pregnant women and families with complex needs requiring specialist support</u>	12
level <b>04</b>	<b><u>Maternity Level 4</u></b> <u>Pregnant women and families at risk of significant harm</u>	16
<b>PCSP</b>	<b><u>Personalised Care and Support Plans</u></b>	20

# Contents

Click on the maternity level that you require

level <b>01</b>	<b><u>Planning Guide Level 1</u></b>	21
level <b>02</b>	<b><u>Planning Guide Level 2</u></b>	22
level <b>03</b>	<b><u>Planning Guide Level 3</u></b>	23
level <b>04</b>	<b><u>Planning Guide Level 4</u></b>	25
<b>PT</b>	<b><u>Planning Template</u></b>	27



# Maternity Level 1

## Universal care

The pregnant woman 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.

## Needs assessment

### Pregnant woman

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

### Mental health and emotional

**wellbeing:** Good mental health, needs met by GP and other primary/universal care. Aware of services available. Good support network. Positive sense of self; emotionally resilient.

**Parent-infant relationship:** Parent(s) have balanced feelings towards unborn baby; they can talk positively about pregnancy and demonstrate sensitivity and warmth to their unborn baby. Aware of benefits of connecting with baby for fetal brain development.

**Safety:** No physical or material signs of neglect or abuse; emotionally warm and stable family environment.

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

level

01

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

**Employment, education, housing and finances:** 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 family's emotional and physical needs, with light 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:** All needs met.

**Reproductive health:** Understanding of and access to family planning, sexual and pelvic health information, and local services.

level

01

**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 misuse or impact on family or current/future parenting ability.

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

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

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





# Maternity Level 2

## Enhanced support

The pregnant woman and family have some additional needs which are not being met by universal services so may require help in accessing specialist support. The named midwife will coordinate a PCSP, taking into account protective factors.

### Needs assessment

#### Pregnant woman

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

**Mental health and emotional wellbeing:** Neurodiversity, health condition or disability impacting on wellbeing; antenatal low mood and/or anxiety; acute distressed episode owing to current circumstances (e.g. family bereavement). Family history of psychosis, bipolar or schizophrenia.

History of sexual trauma. Previous traumatic birth, pregnancy loss or neonatal poor outcome. Fear of birth. Poor self-esteem. Specific needs relating to gender identity. Relationship problems or unsupported; struggling with pregnancy; requires additional emotional support. Limited support network.

**Parent-infant relationship:** Emerging difficulties in bonding between parent(s) and their unborn baby which may require additional support. Consider above needs which may contribute to this.

level

02

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

**Engaging with services:** Delayed booking and/or occasional missed appointments (resolved through normal processes).

**Social interaction:** Limited social interactions and/or support network; language and communication difficulties. Occasional inappropriate social interaction. Ideology anxiety; expresses occasional intolerant views.

**Employment, education, housing and finances:** Additional support needed. Learning difficulties; literacy or language barriers. At risk of homelessness.

## Environment

**Discrimination:** Victim of hate crime or experiencing occasional direct or indirect discrimination (consider all protected characteristics); refugee/asylum seeker/no recourse to public funds; requires interpreter; recently arrived in the country.

**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; antisocial 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 additional support to address needs, e.g. 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); the immediate family are protected from abuse in wider family; harmful traditional practices are culturally prevalent but child will be protected from these, e.g. FGM.

**Drug and alcohol use:** Historic misuse of substances (including alcohol) without relapse and no current concerns.

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

**Criminal or antisocial 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 and family have high level or complex additional needs and/or there may be safeguarding concerns which require coordinated multiagency support and a PCSP, including consideration of protective factors. Needs may meet the threshold of Child In Need under Section 17 of the Children's Act 1989.

### Needs assessment

#### Pregnant woman

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

#### Mental health and emotional

**wellbeing:** Mental health condition significantly affects daily functioning; history of suicide or self-harm and/or current thoughts of suicide or self-harm; history of sexual and/or childhood trauma; 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 disorder (PTSD). Severe fear of birth. Poor self-esteem/sense of identity. Regular occurrence of poor/no sleep significantly impacting daily functioning.

**Parent-infant relationship:** Complex/persistent difficulties in relationship between parent(s) and their unborn baby. Parent(s) ambivalent towards unborn baby which impairs bonding and impacts health behaviours.

**Safety:** Consistent physical and material signs of neglect; suspected or disclosed domestic abuse/violence; volatile and unstable family environment or emotional neglect. Previous social care involvement (adult and/or children's services).

**Engaging with services:** Delayed booking and/or consistently missed antenatal/postnatal appointments

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; antisocial behaviour or negative, aggressive or intolerant interactions with others; lack of self-control affecting daily life.

**Employment, education, housing and finances:** Struggling financially or with work obligations; targeted support needed. Significant learning difficulties; literacy or language barriers impacting daily life. Homeless (includes sofa surfing).

## Environment

**Discrimination:** Experiencing sustained direct or indirect discrimination due to protected characteristics/status. No recourse to public funds; requires interpreter; new to country; unaware of/not accessing local services, charities or faith groups that can offer support.

**Social environment:** Family socially excluded with adverse impact on daily life; aged under 18 years; 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; intergenerational trauma with the potential to impact the family's wellbeing. Partner/father of the

baby has other children with minimal contact or restricted/no access.

**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 family's wellbeing and likely to worsen with a new baby.

**Reproductive health:** Significant ongoing issues; family need support and planning to optimise health, e.g. continence, sexual and pelvic health.

**Protection from harm:** Member(s) of the family unable to be protected from significant harm; member(s) of the family have occasionally experienced domestic abuse; suspected or known abuse from wider family members. Possible inappropriate sexual behaviours; multiple sexual partners/frequent new relationships. Incidents occur with limited sign or recognition of adverse emotional impact. Concern for potential harmful traditional practices (e.g. FGM).

level

03

**Drug and alcohol use:** Low-level substance misuse (e.g. cannabis, alcohol); engaging with treatment services.

**Ill health or disability within family:**

Impacting ability of family to care for themselves or child or manage current/future parenting ability. Includes partner mental health and/or experience of trauma which may impact their ability to parent.

**Criminal or antisocial 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. Woman or partner is a sex worker; family members at risk of grooming or illegal exploitation.

**Extremism:** The woman or members of the family are exposed to extremist activity from family and/or social contacts.

level

04

# Maternity Level 4

## Pregnant women and families at risk of significant harm

The pregnant woman and family have an acute level of unmet and complex needs and/or require urgent safeguarding intervention to protect against current or likely significant harm. Families requiring support at Level 4 will usually meet a number of the indicators listed below and a comprehensive child and family assessment will be required. Needs may meet the threshold for child protection under Section 47 of the Children's Act 1989.

### Needs assessment

#### Pregnant woman

**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 PCSP; consider capacity assessment.

#### Mental health and emotional

**wellbeing:** 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. Very poor self-esteem/sense of self. Persistent insomnia/poor sleep patterns preventing daily functioning.

**Parent-infant relationship:** Complex/persistent difficulties in parent(s) relationship with unborn baby which place baby at risk. Parent(s) highly



level

04

ambivalent and rejecting towards unborn baby which prevents bonding and impacts health behaviours.

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

**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 finances:** Homeless; at risk of significant harm; no financial support.

## Environment

**Discrimination:** Victim of repeated hate crimes or experiencing discrimination due to protected characteristics/status and this is 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:** Area has high levels of crime/antisocial behaviour having a profoundly negative impact on family; family at risk of involuntary removal which would impact on lifesaving care for woman 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. Unaccounted injuries and/or child disclosure of harm. Previous child removed (for either parent).

**Family relationships:** Serious dysfunction evident. Partner/father of the baby is not allowed access to their other children.

**Parenting:** Lack of parenting capacity/ deliberately obstructive parenting which is anticipated to have significant adverse impact on child's health, wellbeing and development; 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, e.g. unsafe sexual activity, evidence of reproductive coercion or history of sexual trauma.

**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, e.g. FGM.

**Drug and alcohol use:** High-level substance misuse; and/or non-engagement with treatment services.

**Ill health or disability within family:** Impacts ability of the family to care for themselves or child, placing the child at risk of significant harm. Includes partner mental health and/or experience of trauma which prevents them from parenting safely.

level

04

**Criminal or antisocial behaviour:**

Criminal record for violent or serious crime that directly impacts family; 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 that takes into account challenges, protective factors and personal preferences, acknowledging the 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 the Working to Safeguard Children (2018) Assessment Framework.

The levels in the context of this tool can be adapted to local needs and used in conjunction with local children's safeguarding threshold charts and guidance. It is not intended to replace clinical judgement.



# Planning Guide Level 1

## Universal care

### What women and partners can do

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

### Midwife

Routine midwifery care; antenatal and postnatal continuity from named midwife; midwife coordinates PCSP.

### Health visitor

Universal offer.

### GP/Primary care

Routine care; non-pregnancy related health issues.

### Local authority children's services

Signpost to Children's Centres and local Family Information Directory.

### Mental health services

No involvement.

### Reproductive health services

As needed.

### Obstetric services

Refer as per maternity guidelines.

level  
**02**

# Planning Guide Level 2

## Enhanced support

### What women and partners can do

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

### Midwife

Consider continuity of carer or enhanced midwifery care: longer antenatal appointments; 4–6 week postnatal care; specialist midwife input. Midwife to coordinate PCSP. Inform GP/health visitor.

Consider interpreter, referrals to maternity safeguarding, food and baby banks, advocacy charities.

### Health visitor

Universal/targeted and/or Family Nurse Partnership.

### GP/Primary care

Consider shared maternity care; non-pregnancy related health issues.

### Local authority children's services

Refer to Children's Centres with consent; signpost to local Family Information Directory; consider referral to Early Help services.

### Mental health services

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

### Reproductive health services

As needed.

### Obstetric services

Refer as per maternity guidelines.

# Planning Guide Level 3

Pregnant women and families with complex needs requiring specialist support

## PROMPT ACTION REQUIRED

### What women and partners can do

Encourage families to think about the change ahead, the bond with their baby, and to engage with services. Provide active support to access relevant/targeted parent education, peer support services, sources of information and ways they can empower themselves.

### Midwife

Continuity of carer and enhanced midwifery care; discuss with GP, health

visitor, safeguarding and appropriate advocacy services (e.g. independent domestic violence advisor (IDVA), homeless or adult learning disability outreach teams). Named midwife to coordinate and disseminate PCSP. Consider interpreter, and community referrals, e.g. parent-infant relationship team/practitioner, doula services, food and baby banks, advocacy charities. Named midwife to act as lead professional for maternity care within the multiagency team and is responsible for communicating the social care plan back to the wider maternity MDT.

### Health visitor

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

### GP/Primary care

Consider shared maternity care, ensure close liaison; routine care for non-pregnancy related health issues.

## **Local authority children's services**

Referral to children's social care/Early Help services (Integrated Referral Hub) ideally with consent; consider Section 17 pre-birth assessment with consent. Also consider need for adult safeguarding referral.

## **Mental health services**

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

Pregnant women and families at risk of significant harm

## URGENT ACTION REQUIRED

### What women and partners can do

Encourage families to think about the change ahead, the bond with their baby, and to engage with services. Provide active support to access relevant/targeted parent education, peer support services, sources of information and ways they can empower themselves.

### Midwife

Continuity of carer, enhanced midwife care and/or specialist team; liaise with safeguarding, in-house advocacy services and external services

(e.g. IDVA, Change Grow Live). Named midwife to document and disseminate PCSP. Consider referrals to community support organisations, e.g. parent-infant relationship team/practitioner, doula services, food and baby banks, advocacy charities. Named midwife to act as lead professional for maternity care within the multiagency team and is responsible for communicating the social care plan back to the wider maternity MDT.

### Health visitor

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

### GP/Primary care

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. Also consider need for adult safeguarding referral.

## **Mental health services**

Referral to perinatal mental health team as per guidelines. Multiagency 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

---

---

---

---

## Midwife

---

---

---

---

---

---

---

---

---

---

## Health visitor

---

---

---

---

## GP/Primary care

---

---

---

---

## Local authority children's services

---

---

---

---

## Mental health services

---

---

---

---

## Reproductive health services

---

---

---

---

## Obstetric services

---

---

---

---



Royal College  
of Midwives

## Maternity Disadvantage Assessment Tool

Published: May 2024

Updated: January 2025

Follow us on:

 [www.facebook.com/MidwivesRCM](https://www.facebook.com/MidwivesRCM)

 [@midwives\\_rcm](https://www.instagram.com/midwives_rcm)

 [bsky.app/profile/rcm.org.uk](https://bsky.app/profile/rcm.org.uk)

 [@MidwivesRCM](https://twitter.com/MidwivesRCM)

The Royal College of Midwives

10–18 Union Street

London SE1 1SZ

0300 303 0444

[info@rcm.org.uk](mailto:info@rcm.org.uk)

[www.rcm.org.uk](https://www.rcm.org.uk)