

Safe Baby Toolkit Training

Achieving for Children Royal Borough of Windsor and Maidenhead

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(RBWM)



**achieving
for children**

Outline of Presentation

Introduction to the Safe Baby Toolkit for non-health professionals in AfC

Why do we need a Safe Baby Toolkit?

Difference between a SUDI and SIDS

Lullaby Trust video

Impact of the National Back to Sleep Campaign in 1991

AfC Bruising Protocol - brief revision

SmartSurvey

Any Questions?

Introduction

- ❑ Safe sleep advice is shared with all new parents in **pregnancy** and the **first few days and weeks** of a baby's life by universal maternity and health visiting services.
- ❑ To reduce avoidable deaths due to unsafe sleep practices, we need **everyone** working with families in the RBWM to help ensure safety advice and consistent, evidence-based messages are followed.

Why do we need a Safe Baby Toolkit?

Practitioners can use this toolkit to advise, assess and monitor the family's home arrangement with regards to the safety of the baby, as well as help you to identify those that are most at risk.

Definitions (the science bit...)

SUDI: Sudden Unexpected Death in Infancy includes fatal sleep accidents or the identification of metabolic disorders or pathology at postmortem examination.

SIDS: Sudden Infant Death Syndrome is a subset of SUDI and these are the deaths that remain unexplained even after the postmortem examination and full autopsy investigation.

Ref: Office of National Statistics, ons.gov.uk; Lullaby Trust, www.lullabytrust.org.uk

Sudden Infant Death Syndrome

- Peaks at 2 months
- More prevalent in male infants
- More prevalent in lower socio-economic groups
- Strongly associated with parental smoking
- Strongly associated with low birthweight and prematurity
- Correlation with younger maternal age, greater number of previous births and is increased in multiple births (twins, triplets, etc)

Lullaby Trust video

<https://youtu.be/NO2vbtjNk2c>

Lullaby Trust, www.lullabytrust.org.uk

SIDS In Numbers. Reduce the risk.



1 per 3,179

The current unexplained infant death rate in the UK for live births.



230

SIDS claims the lives of approximately 230 babies every year in the UK: that's around 4 babies a week



50%



Sharing a room with your baby can halve the risk of SIDS



An infant placed on their front to sleep is up to 6 times more at risk of SIDS than one placed on their back

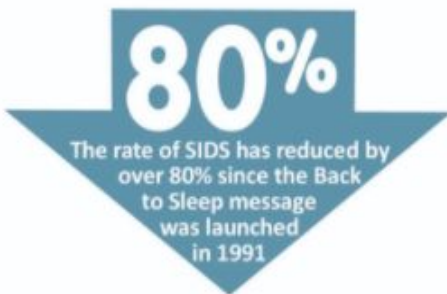
88%

Around 88% of SIDS happen in the first 6 months of life



80%

The rate of SIDS has reduced by over 80% since the Back to Sleep message was launched in 1991



Babies born at low birth weight are 5 times more at risk of SIDS than babies born at a normal birth weight



Sleeping on a sofa with a baby can increase the chance of SIDS by up to 50 times



58%

Boys are more at risk of SIDS than girls – 58% of unexplained infant deaths were boys in 2018



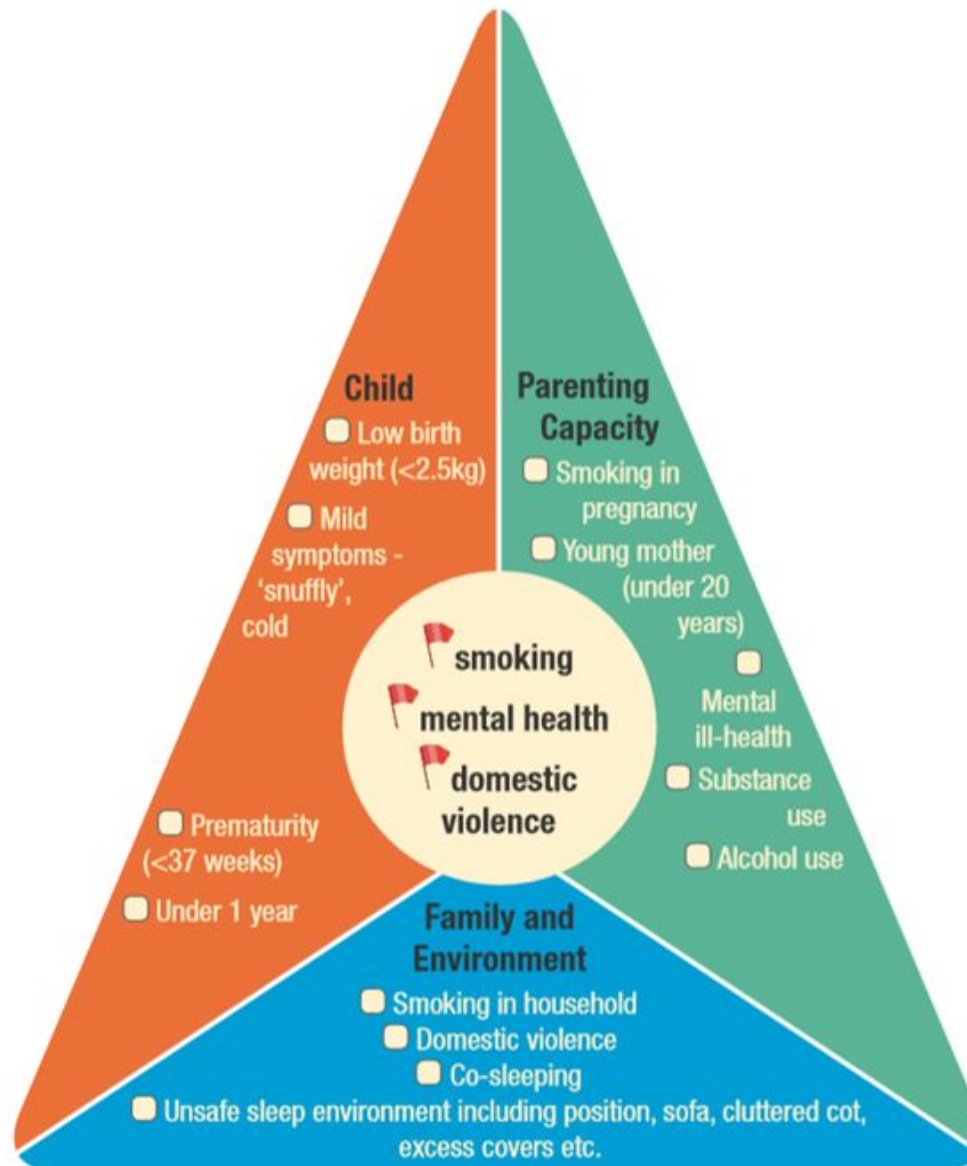
4x

In 2018 the SIDS rate was 4 times higher among mums under 20 compared to all other age groups



Over a third of SIDS deaths could be avoided if no women smoked during pregnancy

Child at risk of sudden unexpected death in infancy



UK National Back to Sleep Campaign (1991)

- ★ SIDS studies identified that most deaths were found in babies who were put to sleep face downwards (prone position).
- ★ 67% fall in deaths by 1992 when babies put to sleep on their backs.
- ★ This was a huge fall from **1597** deaths in 1991 in England and Wales to **531** deaths in one year!

Progress since 1991

Additional factors were identified which further lowered the death rate:

- **Wrapped too warmly**
- **Laid to sleep on side**
- **Exposure to tobacco smoke**
- **Bedding over head of baby**
- **Co-sleeping next to adults who had consumed alcohol / drugs / or slept on sofa with baby**

When these factors were identified, the death rate was reduced further from 531 to 212 deaths between 1992 – 2014 in England and Wales, but has plateaued since.

Safe Baby Toolkit - Section A Part 1

Section A – Sleeping Arrangement			
Advice		Y/N	Further remarks?
1	Always place your baby on their back to sleep.		
2	Keep your baby smoke free during pregnancy and after birth.		
3	Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months.		
4	Breastfeed your <u>baby</u> , if you can. Cot death risk is halved if breastfed for first 2 months of life.		
5	Use a firm, flat, waterproof mattress in good condition.		
6	Never sleep on a sofa or in an armchair with your baby.		
7	Don't sleep in the same bed as your baby if you: <ul style="list-style-type: none"> • Smoke • Have drunk alcohol • Have taken drugs • Are extremely tired • Your baby was born prematurely • Your baby was of low birth weight 		
8	Avoid letting your baby get too hot (the room temperature should ideally be about 16C – 20C)		
9	Don't cover your baby's face or head while sleeping or use loose bedding.		
10	To avoid accidents, remove all pillows, soft bedding, cot bumpers and soft toys from the cot.		

Safe Baby Toolkit - Section A Part 2

11	Nappy bag safety: Ensure they are away from the cot and cannot blow into the face of a sleeping baby or be accessible to an independently mobile infant.		
12	<p>Swaddling:</p> <ul style="list-style-type: none"> • Use thin materials • Do not swaddle above the shoulders • Never put a swaddled baby to sleep on their front • Do not swaddle too tight • Check the baby's temperature to ensure they do not get too hot 		
13	<p>When wearing a sling or baby carrier, keep in mind the acronym TICKS:</p> <ul style="list-style-type: none"> • Tight • In view <u>at all times</u> (baby) • Close enough to kiss • Keep chin off the chest • Supported back 		
14	Car Seats: Babies should only remain in car seats for the journey and taken out and placed on a firm, flat surface to sleep on reaching your destination. Please ensure that the baby is not left in the car seat for no longer than 2 hours.		
Notes:			

AfC Bruising Protocol for Non-independently Mobile Infants or Children

Any Health Professional observes bruise or suspicious mark.
SUSPECT child maltreatment¹

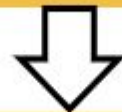
A child who is seriously ill should be referred immediately to hospital by ambulance if necessary



Seek an explanation, record accurately, and refer immediately to Paediatrician and Children's Social Care



Immediate Phone Referral to Hospital Duty Consultant Paediatrician (Mobile Number: 07919175643)
Child seen urgently for further assessment
Inform Duty Named Nurse for Safeguarding, GP and Children's Social Care



Further multiagency discussion and decision re: further action

SmartSurvey Feedback on Safe Baby Toolkit Training

Please take a short anonymous online survey just now using the following link (will also added to the chat for you to copy and paste):

[https://surveys.achievingforchildren.org.uk/
s/ESK2CH/](https://surveys.achievingforchildren.org.uk/s/ESK2CH/)

THANK YOU!

Any Questions?



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