

## 01 Background

Serious case reviews together with other research findings show that children under 1 year of age and babies, in particular, are extremely vulnerable. Recent deaths in babies in Stockport have led to a review of practice in respect of safe sleep advice and guidance to families.

## 07 Further reading

Caring for your baby at night. **Safer Sleep For Babies: A Parent Guide.**

Safer Sleep. Saving babies Lives. A Guide For Professionals. [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

NSPCC. Protecting Babies and Toddlers: Handle with Care. A Guide to Keeping your Baby Safe.

NSPCC. Handle with Care. A Guide to Keeping Your Baby Safe.

Children's Commissioner. Silent Voices.

Supporting Children and Young people affected by parental alcohol Misuse. 2012.

Children's Commissioner. Estimating the Number of vulnerable babies. May 2018.

## 06 Open conversations

- No one wants to think about the death of a baby happening to a family they are working with, but there are things we can advise and talk to parents and carers about to help them reduce risk.
- Open conversations with parents and carers are helpful in ensuring that they have the correct information and to help them reduce the risk to their baby.
- Remain professionally curious, and utilise skills in motivational and solution focus approaches.



## 05 Questions to consider

- Do parents and baby stay anywhere other than the family home and if so what are the sleeping arrangements?
- Do we routinely ask about the sleeping arrangements when in the care of others?
- Do we currently ask about alcohol and drug use and any medication that may cause drowsiness?
- Do we ask who cares for baby if parents both drink alcohol?
- Do we reiterate safe sleep advice at each contact?
- Do we routinely check where the baby is sleeping?

## 02 Why it matters

Managing how babies are sleeping may prevent some unexpected deaths. It is essential for early identification of modifiable risk factors such as parental substance misuse (alcohol and/or drug use) in order for parents to be aware of the heightened risk and to be supported in reducing the risk to their baby.

## 03 What to do

### Early identification of vulnerable babies..... Assessments

- Starting in the antenatal period. Consideration of an EHA.
- Be mindful of teenage parents and their own vulnerabilities
- 'Think Family' approach. Who will be involved in the child's life?
- Parental smoking, drug and or alcohol misuse, domestic abuse.
- Known health anomalies in utero.
- Parental physical and mental health concerns.
- Previous children's social care involvement as a child or adult
- Parental history of trauma, mental, physical health issues, including bereavement.
- **PREMATURITY- <37wks gestation.** Low birth weight, additional health needs, follow up care.
- Safe sleep advice and guidance to be discussed at the earliest opportunity by **ALL** agencies.

## 04 Who to contact

- All agencies having contact with the family e.g. Midwife, GP, NNU staff, HV, FN, CSC. To include out of area care providers.
- Clear pathways of communication to include discharge planning meetings and follow up care as needed.
- Identification of lead practitioner.