

Thematic Review

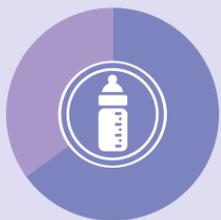
Sudden Unexpected Death in Infancy 2014 - 2020

Changing knowledge and behaviour through clear communication about the risk factors for SUDI

What we did:

- Convened cross-sectoral panel
- Reviewed literature
- Identified and reviewed the deaths from the Child Death Overview Panel database

20 babies were included in the review



65% were exclusively formula fed.



20% were over wrapped.



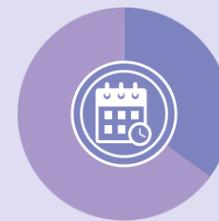
60% of parents smoked.



45% of parents were suspected to have taken alcohol or drugs in the 24 hours leading up to collapse.



80% of babies were in unsafe sleeping positions or environments with particular high risk circumstances.



35% of babies were born at less than 37 weeks gestation.

Opportunities not to be missed:

Better knowledge and awareness for parents on safer sleep

In line with 'Out of Routine. A review of Sudden Unexpected Death in Infancy (SUDI) in families where the children are considered at risk of significant harm' recommendations, Surrey Safeguarding Children Partnership (SSCP) should ensure partners adopt a practice model that encompasses reducing the risk of SUDI within wider strategies for promoting infant health, safety and wellbeing. Partners should use the questions in the review in relation to the knowledge, understanding and skills of their workforce – in particular, practitioners' understanding of the views of parents about safer sleeping, local multi-agency systems and processes for risk assessment and management, managing workforce capacity, and quality assurance.

Unicef Baby Friendly Initiative have included more detailed questions about safe sleeping in their revised audit tools for the Health Visiting service which should be used to monitor conversations that are taking place with parents.

The previous audit on safer sleep conversations initiated by the Child Death Review Nurse was completed in 2017. A further audit should be carried out by the Surrey Child Death Review Partnership and a planned re-audit completed the following year to monitor progress.

Where appropriate Surrey Trading Standards should support work around safety of baby nests and the messaging around clear cots should be included in conversations with parents.

In line with NICE Quality Standard QS37 women, their partner or the main carer should be given information on the association between co-sleeping and sudden infant death syndrome (SIDS) at each postnatal contact. Commissioners should ensure that they commission services that provide information about the association between co-sleeping and SIDS, and healthcare professionals are trained to understand and explain this information and give it to women, their partners or the main carers of babies at every postnatal contact. When published in April 2021 partners should fully implement NICE Guidance on Postnatal Care.

Support for parents from smoking cessation services

Full implementation of NICE guidance - Smoking: stopping in pregnancy and after childbirth. "Helping pregnant women who smoke to quit involves communicating in a sensitive, client-centred manner, particularly as some pregnant women find it difficult to say that they smoke. Such an approach is important to reduce the likelihood that some of them may miss out on the opportunity to get help" (NICE 2020). In line with NICE guidance, systems should be in place to enable these women and their partners to be clearly identified and referred into services appropriately so sensitive conversations can take place and support to quit smoking can be accessed.



Reduction in alcohol and substance misuse in parents

In line with NICE Quality Standard QS11 evidence of local arrangements to ensure that alcohol awareness training that promotes respectful, non-judgmental care is delivered to all health and social care staff who potentially work with patients or service users who misuse alcohol. Health and social care staff opportunistically carry out screening and brief interventions for hazardous (increasing risk) and harmful (high-risk) drinking as an integral part of practice and people who may benefit from specialist assessment or treatment for alcohol misuse are offered referral to specialist alcohol services and are able to access specialist alcohol treatment. Parents should also be routinely reminded of the risks of co-sleeping even after any alcohol has been consumed as evidence shows that alcohol can reduce responsiveness in caregivers.



Increased support for breastfeeding

In line with NICE Quality Standard QS37 evidence of local arrangements for breastfeeding support should be provided through a service that uses an evaluated, structured programme. In Surrey all neo-natal units, maternity units, community providers and family centres are to work towards achieving Unicef BFI accreditation. GP training on supporting breastfeeding to be rolled out across the County.