

Safeguarding - the first year of life



Look after yourself

- Please note you may find the content of this presentation distressing.
- Please access support from a colleague, manager or staff support systems if required.

Aims

- This training will aim to raise awareness of
- **ICON**
- **Safe Sleep**
- **Abuse and Neglect in Babies**
- The training will be split into 3 parts and more detailed aims will precede each section.

Aims – Section 1 – ICON

- This training is designed to raise awareness of **ICON: ‘Babies cry, you can cope’**
- The training will help you to:
 - share the message that crying in babies is normal
 - support parents/carers to soothe their baby
 - support parents to cope with a baby’s crying
 - understand more about Abusive Head Trauma
 - understand it is a form of child abuse



Let's talk about Crying

ICON



ICON

Background

- Abusive Head Trauma (AHT) is abuse and is preventable
- Crying is a known trigger
- 70% of babies who are shaken, are shaken by men
- Our goal for ICON is to communicate to parents/carers that they can expect crying, prepare for it and cope with it
- Our target is to reduce the incidence of AHT triggered by crying .



Some “crying baby” facts

- Parents may, at some point, struggle to cope with their baby’s crying
- Evidence shows that in some extreme cases, crying can lead parents to feel like they may actually harm their child: This is an emotional response of both anger and frustration
- It is important to offer an alternative response to help control these extreme emotions.



Some more “crying baby” facts

- Crying is a normal part of child development which can have a significant negative impact on the emotional health of parents
- All babies will cry a lot from the ages of 2 weeks to 3-4 months, but this can vary from baby to baby
- Crying seems to peak in the late afternoon and early evening, but this can vary.



Some more “crying baby” facts

- Crying is sometimes misdiagnosed as colic
- No one is really sure why babies cry so much in this period, research is ongoing
- An immature nervous system may make babies more irritable. Crying is their only means of expression!
- **ICON** is an evidenced-based delivery method.



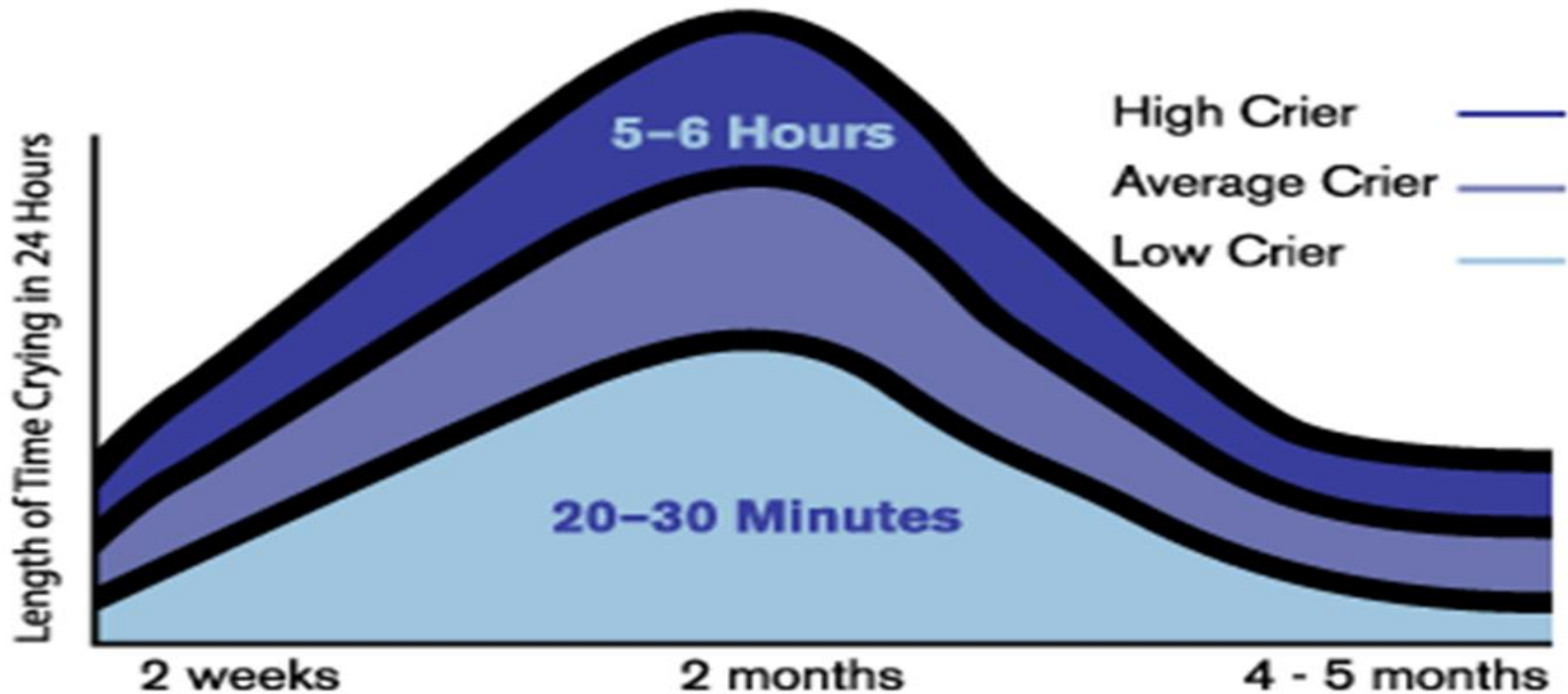
Factors that can trigger AHT

- In one survey, half of the mothers interviewed reported that their child's crying made them feel like harming their child. Such feelings are rarely acted on, but it can be a trigger for a parent to actually harm and abuse their child.
- Research shows that babies are most likely to be shaken when they are 2-3 months old, the time when babies cry the most.



Normal Crying Curve

Curves of Early Infant Crying 2 Weeks to 4 - 5 Months



But... It's not just the baby

Excessive infant crying can be associated with:

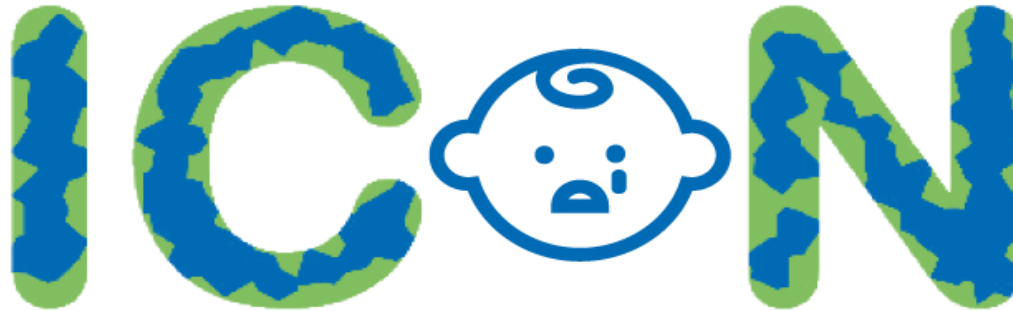
- Parental stress
- Depression
- Possible relationship problems
- Feelings of guilt, inadequacy and helplessness.

Remember - this is a new experience for most parents.



What is ICON? – the 4 point message

*Version 5 updated 10/02/2018



Babies Cry, You Can Cope!



Infant crying is normal and it will stop!

Babies start to cry more frequently from around 2 weeks of age.

The crying may get more frequent and last longer.

After about 8 weeks of age babies start to cry less each week.




Comfort methods can sometimes soothe the baby and the crying will stop.

Think about are they:

- hungry
- tired
- in need of a nappy change

Try simple calming techniques such as singing to the baby or going for a walk.



It's k to walk away if you have checked the baby is safe and the crying is getting to you.

After a few minutes when you are feeling calm, go back and check on the baby.



Never, ever shake or hurt a baby.

It can cause lasting brain damage or death.

If you are worried that your baby is unwell contact your GP or call NHS 111.

Speak to someone if you need support such as your family, friends, Midwife, Health Visitor or GP.

More factors about Abusive Head Trauma (AHT)

- AHT is the most common cause of death or long term disability in babies
- 24 out of 100, 000 hospital admissions for babies are due to abusive head trauma
- 200 children are killed or hurt annually in the UK
- These figures certainly underestimate the real numbers involved.



Are some babies more at risk than others?

Research shows that the most at risk babies are:

- Baby boys
- Babies under 6 months old
- Babies born pre-term or at low birth weight
- Babies who have more contact with health services.



Cost

- Human and Emotional
- Financial
 - Hospitalisation
 - Long term health and educational needs
 - Medical equipment
 - Legal proceedings
 - Child Safeguarding Practice Review
- Loss of societal productivity

How can professionals help parents?

- By offering ICON as an alternative to a situation where frustration (often linked to tiredness) can lead to abuse
- By discussing the issues raised
- By talking through the key points in the ICON leaflet (provided antenatally to all parents)



Leaflet



ICON is based on professionals delivering the ICON message to parents at key touchpoints

- 1. Antenatal contact** – The “I am Unshakeable” video is displayed on screens at antenatal clinic. Health Visitor will introduce discussion about ICON at an antenatal visit
- 2. Midwife following hospital delivery** - The midwife will deliver a **6-minute script** introducing ICON and provide a leaflet to reinforce in the discharge pack, “Ellis’ Story” and “I am Unshakeable” video are shown to parents prior to them leaving the hospital.
- 3. Community midwife during home visit (within 10 days)** - will reiterate the 4 point message and complete Coping with Crying Plan with both parents
- 4. Health Visitor during newborn visit (10-14 days)** - will reiterate the 4 point message and refer back to Coping with Crying plan
- 5. Automated text message to mums sent out by Public Health Nursing Service (3 weeks)** - around coping and encouraging contact if further support needed

Videos

- Please note the content of these videos is distressing.
- I am Unshakeable
- <https://youtu.be/Q3mc0FhrNF8>
- Ellis' Story
- <https://youtu.be/aqCbREcduMA>

Introducing ICON to a parent/carers

- Help parents understand that crying is normal, all parents can feel like this
- Explain that crying is a normal part of development
- Reassure parents that babies are not doing this on purpose
- Support parents in coping with their own emotions and stress (Coping with Crying Plan)
- Teach parents soothing and safe sleep techniques
- Inform parents/carers about sharing the ICON leaflet with anyone who cares for your baby.




Key Messages


I: Infant crying is normal and it will stop



C: Comfort methods can sometimes soothe a baby and crying will stop



O: It's ok to walk away for a short period of time - if you have checked the baby is safe and the crying is getting to you



N: Never ever shake or hurt a baby

Coping with Crying: My Personal ICON Plan

I

Infant crying is normal - Remember: Babies Cry, You Can Cope

C

Comfort methods I can try...

Think about if the baby is hungry, tired, in need of a nappy change or unwell? Consider skin to skin contact, singing a lullaby or taking a walk outside....

-
-
-

Who I will call if the crying won't stop? (Include contact numbers: friends, family, midwife, health visitor & GP)

-
-
-
-

What will I do if I need a few minutes to myself? What makes me feel better?

-
-
-
-

O

Remember: It's OK to walk away if you are feeling stressed. Return to check the baby after a few minutes

N

Never ever shake or hurt a baby



Future Plans

As part of the roll out of ICON in 2021 - phase 2 will include the following

- **6. GP during 6-8 week check** – reiteration of 4 point message and encouraging contact with Health Visitor if further support is needed. ICON posters displayed in practices and wider awareness of key messages among practice staff
- **7. Secondary contacts** – posters displayed in Family Centres and wider awareness of key messages among Family Centre staff. Attempt to integrate into PSHE/RSHE in secondary schools.

Your Contribution

- Help to raise awareness of the key messages
- If you recognise parents are struggling – remind them of the coping plan and leaflet. Additionally, suggest asking the health visitor to contact them to support and advise further.



Sleep Safe

Safe Sleep and SUDI

Aims

- Raise the importance and awareness of safe sleep guidance
- Understand the safest place for a baby to sleep under the age of 6 months
- Identify risks to reduce sudden unexpected death
- Outline the risks relating to sleeping on a sofa
- Locate useful websites for further information.

What is SUDI?

- **SUDI stands for Sudden Unexpected Death in Infancy and is a term used to describe the unexpected death of an apparently healthy baby with no other identified cause of death.**
- **You may also hear the term SIDS Sudden Infant Death Syndrome or “cot death”**

The Local Picture

Barnsley

Sudden Unexpected Infant Deaths (SUDI)

2020 - **5**

2019 - **1**

2018 - **3**

Nationally around 230 deaths every year.

SIDS In Numbers. Reduce the risk.



1 per 3,767

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



196

SIDS claims the lives of approximately 196 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



6x

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

86%



Around 86% of SIDS happen in the first 6 months of life

84%

The rate of SIDS has reduced by over 84% since the Back to Sleep message was launched in 1991



Babies born at low birth weight are 6 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



55%

Boys are more at risk of SIDS than girls – 55% of unexplained infant deaths were boys in 2019



4x

In 2019 the SIDS rate was almost 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

Common Themes Identified

- Bed Sharing
- Sleeping on a sofa
- Overlay
- Change to routine
- Other concerns or sources of stress in household i.e
Substance misuse (Including alcohol), Mental Illness and
Domestic Abuse

What Does Safe Sleep Look Like?



Ideal Sleeping arrangements up to 6 months



- Keeping baby near day or night. Baby in own cot or Moses basket for the first 6 months.
- Use a firm, flat and waterproof mattress in good condition that is the right size for the cot/basket.
- Firmly tucked in sheets and blankets (not above shoulder height).

The ABCs of Safer Sleep



Always sleep
your baby...



...on their
back...



...in a **clear** cot or
sleep space.

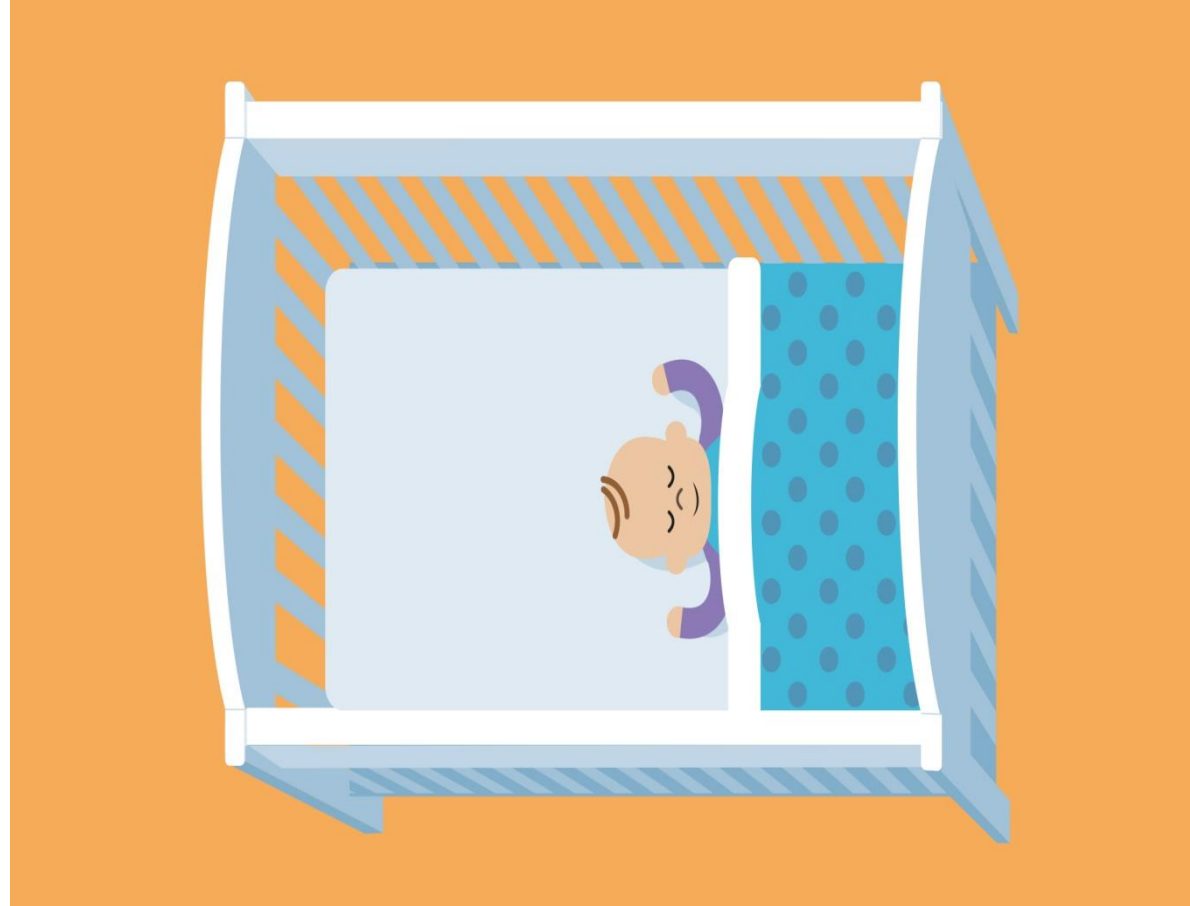
(Free of bumpers, toys, pillows and loose bedding)

Safer sleep for baby, sounder sleep for you

Following the ABCs for every sleep day and night will help to protect your baby from Sudden Infant Death Syndrome (SIDS) giving you the peace of mind to enjoy this special time.

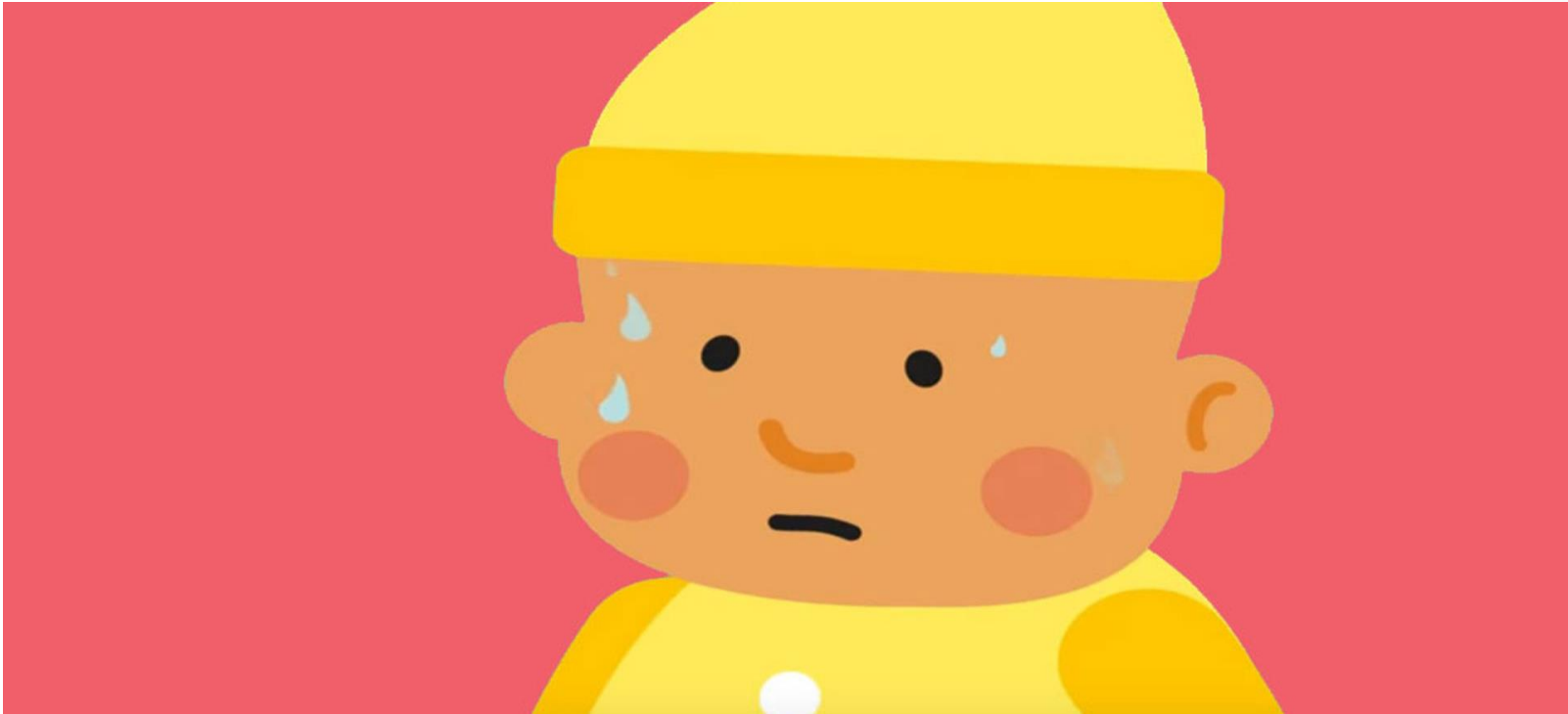


Back to Sleep



You should always place a baby on their back to sleep and not on their front or side

Just right



It is important to make sure that the baby's room is a comfortable temperature – not too hot or too cold. The chance of SUDI is higher in babies who get too hot, so the room temperature should be between 16 -20°C

Smoking



- **Babies should be kept smoke-free**
- **Homes, cars and any environment the baby is in should be smoke free**
- **If parents smoke they should be advised not to share a bed with the baby as this greatly increases the risk of SUDI**
- **Smoking in pregnancy means the baby is four times more likely to die as result of SUDI**

Breastfeeding



- Breastfeeding lowers the risk of SIDS. Breastfeeding for at least 2 months halves the risk of SUDI.

Bed Sharing



- **The safest place for baby to sleep is in the same room but in a separate cot or basket. However, if parents choose to share a bed then these key risks must be explained and considered.**
- It is dangerous to share a bed with your baby if you or anyone in the bed:-
 - have recently drunk any alcohol
 - Smokes
 - Taken any drugs that make you sleepy
 - Your baby was born prematurely (before 37 weeks or their weight was under 2.5kg 5 1/2lbs at birth)
 - Your mattress should be firm (not saggy)
- <https://www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/>

What about these?



Guidance

- Whilst they may look attractive to parents and are well marketed:
 - They are **NOT** recommended as they can pose the risk of an accident when the baby becomes mobile, can cause suffocation, ties can be dangerous.
 - Sleepy heads – there is no evidence to say how safe they are. Babies should be laid flat on their backs with no toys etc around them.
 - Babies do **not** need pillows
 - The safest place is an **empty cot or basket.**

Sleep bags, what do we know?



Guidance

Don't promote - if parents choose to use:-

They should be used for full term babies only

The tog, needs to be right for the weather (temperature)

No other blankets should be used

The size should be checked to ensure it is appropriate for age of baby.

He Was Asleep, So I Left Him In The Car Seat



Car seats are designed to keep babies safe while travelling, not as a main sleeping place. Car seats should only be used for transport and not as an alternative for cots or high chairs. It's OK for a baby to fall asleep in a car seat when travelling, but they should be taken out as soon as the destination is reached and placed onto a firm, flat surface to sleep.

I Only Took A Nap



Increases the risk of SUDI
by up to 50 times

Video – Please watch the video

- <https://liftthebaby.org.uk/>



I only did it once

Every Sleep Counts

Change of routine is often a factor

Any change to sleeping arrangements should be planned for safety.

- I stayed over at Mum's
- I had a drink as it was Christmas
- We slept downstairs as it was cooler
- I brought her into bed as she seemed unsettled

Sleeping environment

- Co Sleeping in parental bed
- Sleeping position
- Sleeping on sofa /arm chair
- Sleeping in car seats
- Different circumstances
- Solitary sleeper(sleeping in a separate room to mother day or night)
- Overheating, bedding, clothing
- Room Temperature
- Sharing a bed with anyone else
Siblings or pets

Parental Factors

- Alcohol and illicit drugs
- Maternal smoking in pregnancy
- Both parents smoke
- Parents being overtired
- Smoking households
- Young mum
- Mothers are prescribed medication
- Marital status

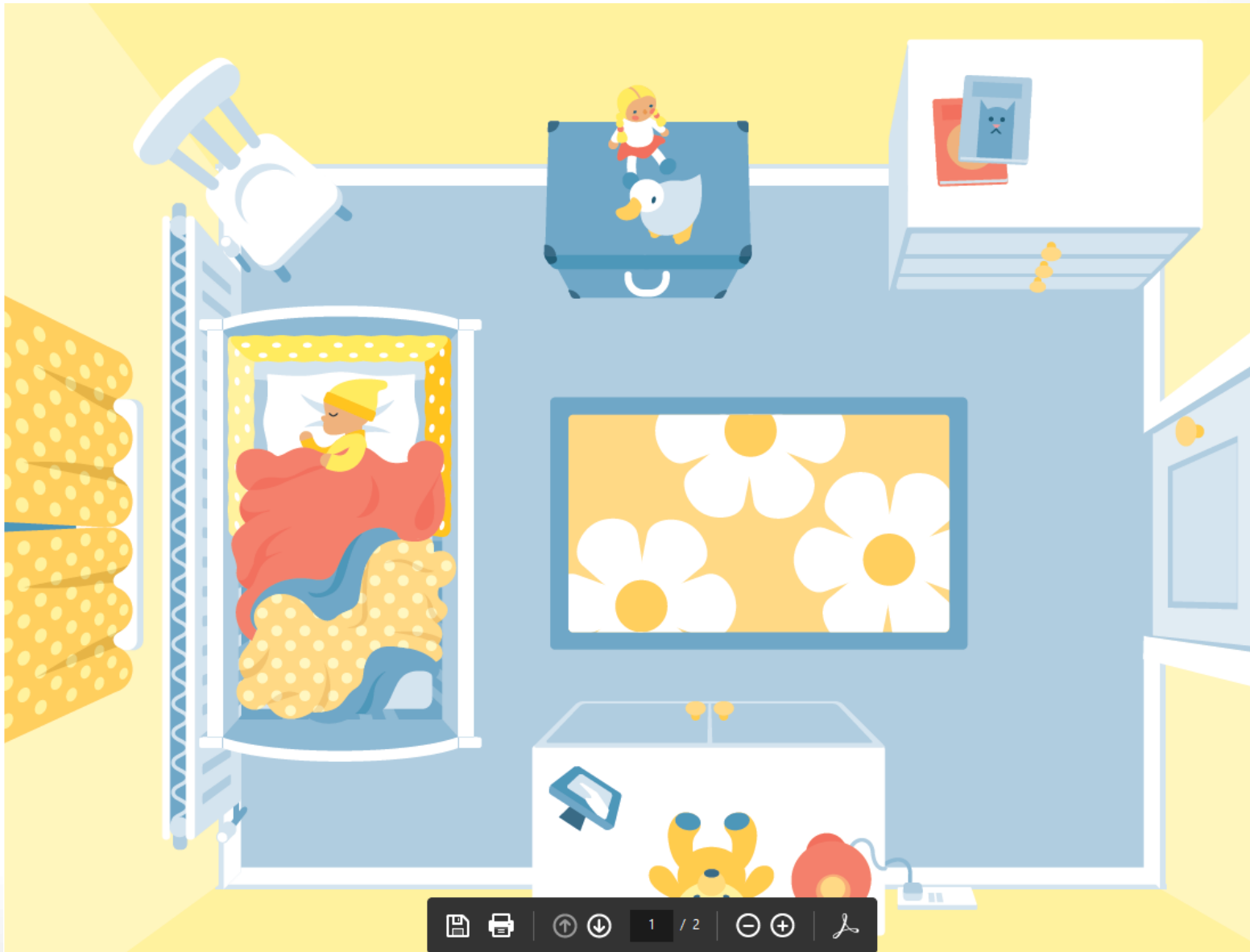
**Overlapping &
Clustering of risk
factors, present the
greatest risks of
SUDI**

Infant

- Not breastfeeding
- Babies under 12 months
- Greater risk under 6 months
- Preterm & low birth weight babies
(increased risk under 3 months)
- Infants with infections
- Time of year born (winter months higher risk)
- Male Infants (female infants 2017/18)

Safe Sleeping assessment - consider multiple risks

Quiz Time



Did you spot 7?

- **Nursery.** The baby is in his own room. The safest place for your baby to sleep for the first six months is in a cot or Moses basket in the same room as you.

Side Sleeping. It is important that you always put your baby on their back as part of their regular sleep routine – never on their front or side.

Feet-to-foot. Place your baby with their feet to the foot of the cot, so they can't wriggle under the covers or you can also use a baby sleep bag.

Bedding. The blankets in the cot are loose. It can be dangerous if your baby's head gets covered when they sleep.

Pillow. If your baby is under one year old never use a pillow, quilt or duvet.

Hat. Babies need to lose excess heat from their heads so remove hats and extra clothing as soon as you come indoors even if it means waking your baby.

Radiator. Babies should never sleep next to a radiator or in direct sunlight to avoid overheating.

Re cap – How to reduce the risks

Safer sleep for babies

Things you can do



- ✓ Always place your baby on their back to sleep



- ✓ Keep your baby smoke free during pregnancy and after birth



- ✓ Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months



- ✓ Breastfeed your baby



- ✓ Use a firm, flat, waterproof mattress in good condition



Recommended Apps

- BASIS – Baby Sleep Info Source
- <https://play.google.com/store/apps/details?id=com.ombiel.campusm.infantsleep&hl=en>
- <https://www.lullabytrust.org.uk/safer-sleep-advice/baby-check-app/>
- Unicef
- <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources>
- Young parents
- <https://www.lullabytrust.org.uk/young-parents/>

Abuse and Neglect



Aims

- To introduce common forms of abuse and neglect in the first year of life
- To raise awareness of indicators/signs of abuse and neglect
- To understand appropriate management of concerns

Neglect in Babies



- Failure to access routine health care or present when ill/injured
- Non engagement with professionals such as midwives/health visitor
- Failure to Thrive – nutritional needs are not met
- Basic Needs are not met
- Hygiene needs not met
- Home Environment is unsafe for a baby
- Safety measures are not in place i.e. stairgate, fireguard, putting medicines and hazardous objects out of reach, appropriate supervision.

Emotional Abuse



- Lack of attachment
- Ignoring baby clues
- Negative references to baby
- Domestic abuse in household

Physical Abuse

- Any bruise/injury to a non mobile baby are significant and concerning and the policy below should be followed.

(Please read)

- <https://www.barnsley.gov.uk/media/15607/bruising-and-injury-to-non-mobile-infants-v4.pdf>
- The following link is to a leaflet that can be provided to parents to explain actions taken
- <https://www.barnsley.gov.uk/media/15626/bruising-in-young-babies.pdf>

Types of Physical abuse

- Bruises
- Bites
- Fractures
- Burns
- Head Injuries
- Other Non Accidental Injuries

Bruises – common sites in abuse

- Head, neck, face, cheeks,
- Ears, eyes, mouth
- Lumbar region, back, buttock, chest
- Genitalia
- Inner thighs
- Feet

On bony prominences, more suggestive of accidental injury **if mobile**

BUT REMEMBER ALL BRUISING / INJURIES TO NON MOBILE BABIES ARE SIGNIFICANT AND THE PROTOCOL SHOULD BE FOLLOWED

Bruises in Abuse

- Patterns matching an implement, pinch marks, slap marks
- Bruising/ Injury doesn't fit with developmental capabilities i.e. rolled off sofa when not yet capable of rolling

REMEMBER BABIES
THAT DON'T CRUISE
DON'T BRUISE!



Physical Abuse - Burns

Characteristics of abusive burns (thermal injuries)

- Deep cratered, circular marks from cigarettes
- Looks like gloves or socks – suggestive of being held in water
- Clear outlines
- Friction burns
- Poured or thrown scalds

Common Abusive Burns - sites

- Feet and hands (especially backs of hands)
- Face
- Buttocks
- Burns on multiple sites

Head Injury

- Doesn't always present as an obvious head injury – may present as unsettled or crying excessively, not feeding, problems breathing, vomiting.
- Head Injuries always require medical attention
- 95% of head injuries under 1 year are abusive

Torn Frenulum

- Can be a sign of force feeding
- Or direct trauma to the face



Safeguarding Children

Recognition & Response in Child Protection for doctors in training

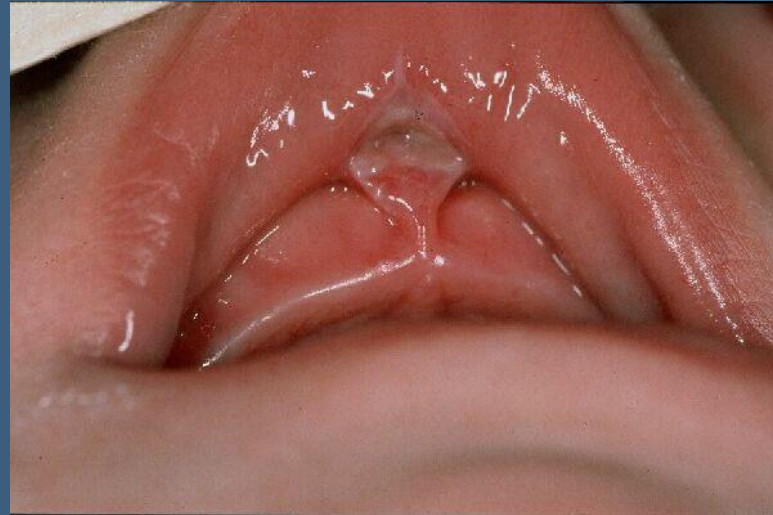
Quit >

You are in: Images > *oral injuries*

3 month old boy

Presented to A&E department with a history of crying and poor feeding recently. On examination a torn labial frenulum was noted

This injury is very likely to have been caused due to abuse. Further investigation showed fractured ribs



1 of 1

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Fabricated Induced Illness

Classed as physical abuse

- Fabricated or induced illness (FII) covers a wide range of symptoms and behaviours involving parents seeking healthcare for a child. This ranges from extreme neglect (failing to get medical care) to induced illness.
- Behaviours in FII include a mother, or other carer, who:
 - persuades healthcare professionals that their child is ill when they're healthy
 - exaggerates or lies about their child's symptoms
 - manipulates test results to suggest the presence of illness, for example, by putting glucose in urine samples to suggest the child has diabetes
 - deliberately induces symptoms of illness, for example, by poisoning their child with unnecessary medicine or other substances
 - Learn more about the [signs of fabricated or induced illness](#).

Reporting Concerns

- Any concerns about a babies welfare should be reported.
- Please refer to the threshold guidance
- <https://www.barnsley.gov.uk/services/children-families-and-education/early-help-for-families/early-help-toolkit-for-practitioners/thresholds-for-intervention-guidance/>
- **Referrals**
- Front door to Children's Social Care (Screening; MASH; Assessment) **01226 772 423**
- Emergency Duty Team **0844 984 1800**
- **ALWAYS DISCUSS CONCERNS**