

Spreading the message to reduce the risk of SIDS

May is Save a Baby Month 2007 and this year the Foundation for the Study of Infant Death (FSID) is promoting the Great 48 Challenge. FSID has discovered that £48 could save a baby's life – a figure based on the total funds FSID has provided to epidemiological research and the number of babies' lives estimated to have been saved due to the safe infant care advice identified by that research.

The annual awareness and fundraising drive aims to ensure that every parent of the more than 600,000 babies born yearly in the UK knows the steps to take to reduce the risk of cot death by encouraging healthcare professionals to pass on FSID's recommendations (see www.fsid.org.uk).

Risk of Sudden Infant Death Syndrome (SIDS) varies with the degree of prematurity or low birth weight: the shorter the duration of the pregnancy and the lower the birth weight, the greater the risk. Overall, preterm and low birthweight babies are between two and six times more likely to die than term, normal birthweight infants. These risk factors interact with other, modifiable ones such as prone sleeping and smoking, so it is particularly important to follow the recommended guidelines in the care of these relatively high risk infants.

Infants in NICUs due to prematurity or illness may need to be nursed on their

fronts in special circumstances, such as when they are on mechanical ventilators, but they should be switched to back sleeping as soon as their condition permits it and at least two weeks before discharge.

Professor George Haycock, paediatrician and FSID scientific adviser, told *Infant* journal about the Care of the Next Infant (CONI) programme offered by FSID.

Healthcare professionals are usually aware of FSID and in particular, refer parents who have already suffered the loss of an infant. The CONI programme is run in collaboration with local health services. Parents are referred to a local CONI co-ordinator as early as possible in the pregnancy. Anyone can make the referral: a parent, midwife, GP, obstetrician, health visitor – although the lead person is usually the midwife taking the antenatal booking.

The loss of a previous baby inevitably raises the level of anxiety about the outcome of subsequent pregnancies. The exact degree of increase in risk is not established with certainty, partly due to difficulties of classification of the causes of death: second and subsequent deaths in one family are likely to be investigated with particular thoroughness and this may lead to a greater proportion being attributed to a particular known cause, in which case they would not be classified as SIDS. In most previous studies that have looked at



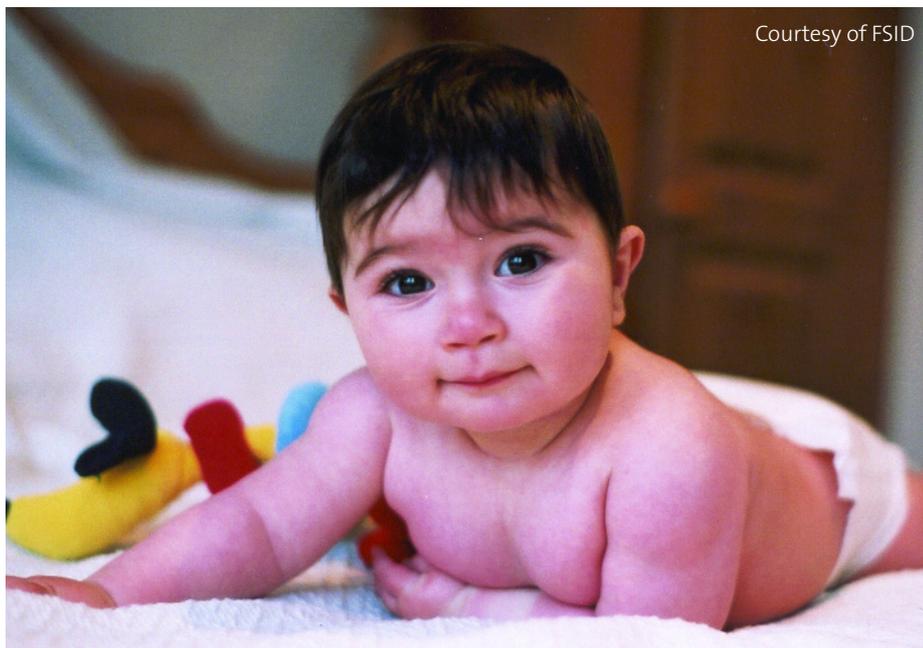
this question, the risk is estimated to be about six times that for families that have not suffered a previous death.

The support programme is explained to parents by their local CONI co-ordinator and they are offered regular, usually weekly, contacts with their health visitor. These are highly valued by parents and in particular they comment on how supportive the health visitors are as they take time to really listen to and address concerns. All parents are offered a diary to record changes in their baby's health to show to health professionals. Additionally, weight charts are offered to monitor the babies growth and movement (apnoea) monitors are available. There is no evidence that movement monitors can prevent SIDS, but used with proper professional support they can help parents cope with their anxiety for their new baby.

The CONI programme of support is offered for six months or two months after the age of the baby that died, whichever is the longer, with a gradual withdrawal of support. Parents usually start to feel more confident when their baby is a few weeks past the age at death of their previous child. The symptom diary is used for as long as the parents and health visitor find it useful. Health visitors need to encourage parents to gradually reduce the number of hours that the monitor is used so that around six months they have learnt to manage without it.

The national CONI office manages, monitors and evaluates CONI and provides support and training to local area teams. Each centre is funded by public donations.

CONI is widely available and is currently used by 91% of community trusts in England, Wales and Northern Ireland and new centres continue to be developed.



Courtesy of FSID

Further information about FSID Save a Baby Month and The Great 48 Challenge at www.fsid.org.uk, tel 020 7222 8001. FSID parent helpline: 020 7233 2090



Canterbury Christ Church University has acquired a SimBaby for the use of student midwives, nurses and operating department practitioners. Nursing students Haley Ellis and Katie Hoi practise on the computer-controlled simulated baby.

Simulation training centre opens in Kent

Laerdal Medical Ltd has opened a pioneering training facility at its head office in Orpington, Kent. The centre facilitates realistic, scenario-based learning in simulated pre-hospital and in-hospital environments, using Laerdal's patient simulators and training products together with hi-tech, interactive AV equipment. The centre aims to demonstrate the strengths of simulation-based learning for a wide range of emergency medical care providers and trainers.

Laerdal's 2,500 sq ft training and assessment centre offers:

- A high dependency/ER simulation

room, unique pre-hospital simulation area and covered access for emergency ambulance

- Control rooms for simulated areas providing audio-visual feedback, live video feeds, tailored lighting/sound effects and mobile AV systems that can be used in an ambulance
- Conference/training room with AV facilities and live video feed.

Laerdal is offering a range of structured training courses and selected free use of the training facility until 1st April 2008.

Contact Tony Kemp 01689 874826, visit www.laerdal.co.uk or email ltc@laerdal.co.uk.

Updated edition of SANDS guidelines

'Pregnancy loss and the death of a baby: Guidelines for professionals' by Judith Schott and Alix Henley (Sands 2007), will be launched at a one day conference in June at the Royal College of Physicians, London (see conference planner, p124-25).

The Sands (Stillbirth and Neonatal Death charity) Guidelines have long been recognised as a benchmark for good practice when caring for parents who have a childbearing loss at any stage during pregnancy, at birth or shortly afterwards.

The new edition is comprehensive and rooted in the principles of informed choice and parent-centred, individual care. It is based on research, discussions with many

different health professionals and parents' perspectives.

In addition, the guidelines have been expanded to include all pregnancy losses, whatever their cause, as well as changes in relevant legislation, professional guidance and regulations.

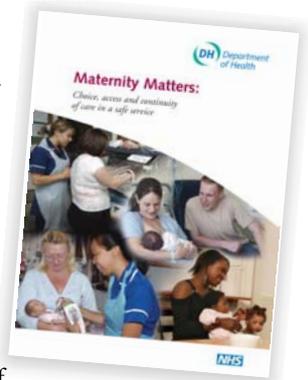
The conference will discuss the guidelines and highlight ways in which professionals can support families immediately after a loss and in the long term.

www.uk-sands.org



Aiming for choice, access and continuity in maternity care

The report *Maternity Matters* documents the Government's commitment to developing a high quality, safe and accessible maternity service through the introduction of a national choice guarantee for women. The aim is to ensure that by the end of 2009, all women will have choice of the type of care they receive and where they receive it, with improved access to services and continuity of midwifery care and support.



BLISS – the premature baby charity, welcomes the report but is concerned that the emphasis in *Maternity Matters* is primarily on choice rather than outcomes, and on achieving a woman-focused service. "In our experience, the most pressing concern for mothers is the health of their baby ... improving a baby's outcome should be a defining principle in shaping care."

The National Childbirth Trust said of the report: "To meet these 2009 choice guarantees it is clear more midwives are needed, especially within community services."

www.dh.gov.uk/en/Publicationsandstatistics/index.htm

First results of EU obesity programme

Early results of the EU Childhood Obesity programme indicate that low protein content infant formulae bring metabolic and endocrine benefits, and body growth rate close to that of breastfed babies. The further follow-up of the children as part of the EARNEST project will indicate whether these changes are associated with lower risk indicators of childhood obesity.

"These first results emphasise the importance of promotion of and support for breastfeeding, together with the development of the right composition of infant formula and contribute to the growing body of scientific evidence that early nutrition can exert important long term 'programming' effects on early development and later health," states project co-ordinator Professor Koletzko.

www.metabolic-programming.org