

In response to new National Guidance, Working Together (2018), the Child Death Overview Panels in the Black Country have combined into one operational panel to share learning around child deaths.

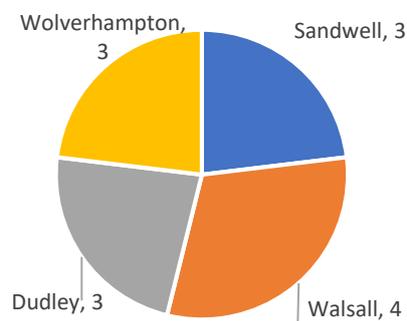
The following is a briefing outlining themes and learning from the June Neonatal meeting

The work of CDOP

CDOP is a statutory requirement under Working Together 2018. The purpose of CDOP is to review the interventions leading up to and surrounding all child deaths and ensure that any potential learning from those deaths is implemented effectively by partners. The multi-agency panel members are senior representatives, all experts within their own fields, and have the ability to influence changes within their respective organisations. They have responsibility to ensure that the work of CDOP is disseminated throughout their agencies and information is shared with frontline staff.

13 neonatal deaths were reviewed at the June meeting from across the Black Country by a multi-agency panel including independent representation from a Stoke neonatal consultant. Input from different professionals at these meetings will enable the panel to investigate information provided deeper to help prevent future deaths. Perinatal Mortality Review Tool documents (PMRT) will now be expected for every neonatal case, where appropriate.

Black Country Deaths
Reviewed June 2020



Learning and Modifiable Factors

It is important that, where possible, mothers give birth at the right level unit to enable correct support for mum and baby.

Maternal smoking and smoking in the household featured in 40% of the deaths reviewed.

Mother's BMI, high and low also featured in deaths reviewed, which can be an indication of poor nutrition during pregnancy



Smoking in pregnancy

Smoking in pregnancy enables harmful chemicals (such as nicotine and carbon monoxide) to pass from the mother to the foetus. This reduces nutrient and oxygen availability, slowing foetal growth and development.

Maternal smoking increases the risk of low birth weight and premature birth, which in turn increases the risk of infant mortality.

There is currently no research relating to e-cigarettes and Sudden Infant Deaths but using an e-cigarette appears to be much safer than continuing to smoke; both in pregnancy and once the baby is born. As there is no direct research on using e cigarettes and SIDS, it is suggested not to share a bed with baby if e cigarettes are used. The safest option is to give up smoking entirely.

Hospitals across the Black Country are all hoping to be 'smoke free' by the end of 2020 and support strategies for expectant mums who are smokers are being implemented through Local Maternity Systems.

