



# Babies born under Covid-19

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# Me...and why I am talking today

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# The First 1,000 Days

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The First 1,000 Days of being a parent are now accepted to be the most significant in a child's development. Leading child health experts worldwide agree that care given during the First 1,000 Days has more influence on a child's future than any other time in their life.

Ask most parents, and chances are they'll say that the First 1,000 Days also present some of the most challenging moments in a person's life. And, with each new baby comes a whole new set of priorities, dilemmas and challenges.

# Early help (or early intervention)

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Early help, also known as early intervention, is support given to a family when a problem first emerges. It can be provided at any stage in a child or young person's life.

Statutory guidance in each nation of the UK highlights the importance of providing early intervention, rather than waiting until a child or family's situation escalates (Department for Education (DfE), 2018; Department of Health, Social Services and Public Safety, 2017; Scottish Government, 2014; Welsh Government, 2018).

Early help services can be delivered to parents, children or whole families, but their main focus is to improve outcomes for children. For example, services may help parents who are living in challenging circumstances provide a safe and loving environment for their child. Or, if a child is displaying risk-taking behaviour, early help practitioners might work with the child and their parents to find out the reasons for the child's behaviour and put strategies in place to help keep them safe.

We know providing timely support is vital. Addressing a child or family's needs early on can reduce risk factors and increase protective factors in a child's life (Early Intervention Foundation (EIF), 2018).

Covid 19 put a stop on that, so we have to work out how we can meet the new demands and understand to added complications with re- deployment of many nurses.

# Why is early intervention so important in child development?

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Early interventions requires the support from multidisciplinary services to promote child health and well-being, to minimise developmental delays, identify emerging disabilities, prevent functional deterioration, and promote adaptive parenting to ensure optimum overall family functioning.

Early intervention during the first two years of life is critical for learning tasks, because this is the time when the brain is most likely to adapt and learn. What happens in the early years of a child's life is essential for long term effects on health, language and communication, cognitive and social development.

A baby's brain is so active during the first months that as many as 1 million new neural connections are formed every second. 60% of a baby's energy goes into brain development!

By the third year, a healthy brain will have formed one thousand trillion connections!

Brain development is not necessarily based on genetic factors.

Early interaction, positive stimulus and secure attachment with a caregiver are key.

The environment your baby is exposed to in relation to these interactions will have the most significant influence on your baby's brain development

# What are ACEs?

## Reminder of risks

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Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences that can have a huge impact on children and young people throughout their lives.

Childhood adversity can create harmful levels of stress which impact healthy brain development. This can result in long-term effects on learning, behaviour and health.

Evidence from ACE surveys in the US, UK and elsewhere demonstrates that ACEs can exert a significant influence throughout people's life.

ACEs have been found to be associated with a range of poorer health and social outcomes in adulthood and that these risks increase as the number of ACEs increase

# “I sometimes feel like something has been stolen from us”. Parents report

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Due to the pandemic, processes have been put in place to protect patients and staff.

Mothers are usually allowed two support people in the delivery room – maybe a partner and a parent. Now they are only allowed one, if that. Doors that were once open to visitors are now locked. Literally locked.

All usual classes to help new parents learn how to live with a baby are stopped, as is face to face support post birth.

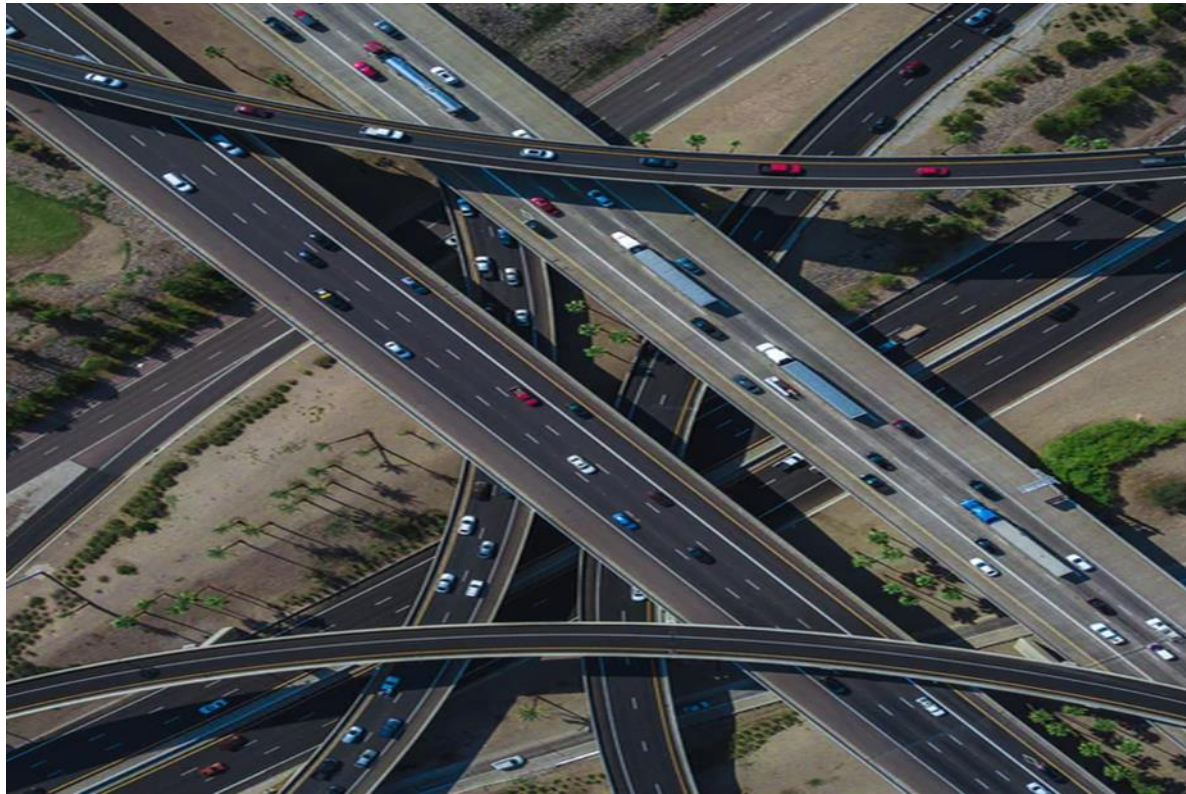
The impact of those restrictions during labor is going to be very traumatic for many women, pre and post birth.

A mother who contracted Coronavirus meant that the baby was placed solely in the hands of the husband/partner. Let's say the male partner had no family, no additional support person to help guide him through his first terrifying hours of parenthood. What is the long-term impact on baby and the father? He cannot ask his partner; she is too ill and possibly going to die.

It should have been a moment he shared with his wife, but this new dad was left to cradle his newborn daughter alone after his beloved partner tragically died giving birth.

Conflicting advice.....  
mostly via the web

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# Unintentional consequences

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Panic buying in supermarkets made buying some of the necessities required for parenting a newborn child difficult, for example, formula milk, nappies, breast pumps. This was a particular problem for single parents if they had no one to go shopping for them and were self-isolating. Post birth presented problems for new parents trying to buy the things they didn't realise they would need.

In the hospital environment ( to give birth) everyone is washes their hands with sanitizer every time they touch and handle anything. Then the new parents are in the real world, so there's the fear of germs and getting infected.

The normal experience just isn't going to happen. The new parents won't be able to go and meet other new mums for coffee, nor can they take the baby to meet friends and family. If the newborn cried in hospital they would not get hugged.

Medical follow up happens, but in a very different way. You cannot get your baby's weight checked without a very good reason. How do the parents and medical professionals know the baby is thriving and feeding is positive? Trying to get simple medication or advice for baby is not possible - it's an online form and you are not able to speak to someone.

This can all lead to frustration and stress. Not conducive to a positive experience.

# Positive effect

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Some families have talked about climate change and wonder if the response to the coronavirus crisis will be a positive in the years to come.

Time has been allowed to be a family unit without endless visits or the need to go out and be entertained, as it was in the 60's where you had 2 weeks bed rest and limited visits.

Time available to bond as a family, using social media to remain connected, good extended support system.

Time for just baby .



# But we know

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With more concrete understanding of COVID-19 and its global impact, all families will suffer more stress and anxiety (across all class systems, cultural groups) and unexpected financial pressure. Some families are living in an abusive, neglectful situation 24/7.

All health professionals and all professional partners need to be aware of the impact on a new mum and their partners who gave birth in the midst of the initial confusion and chaos. For all walks of life, your workload is likely to increase.

Think what are you going to need to put in place to protect the health of these families and the development on the children to prevent them from being forgotten/missed.

All new mums would have planned a future, but now that future is dramatically different. It will have a dramatic impact on the whole population, some more than others. It will have the same impact as grief and loss leading to poor mental health if left unaddressed.

# Facts

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In England 1,688 babies are born every day. This means that 142,000 babies will already have been born during lockdown,.

16 domestic homicides happened in the first 2 week of lockdown.

For babies less than the age of 1 year old weekly data is shown from 30-to-69 deaths per week

In 2016, the infant mortality rate increased to 3.8 deaths per 1,000 live births, compared with 3.7 in 2015.

One health briefing shared facts about babies dying from being shaken and a rise in unsafe sleeping baby deaths.

Research shows that when looking at the implications of child abuse and maltreatment, called the "Costs and Consequences of Child Maltreatment" found that these experiences as a child could have many different implications on the individual in later life, such as forming and maintaining relationships, mental health problems and an increased likelihood of experiencing violent treatment from an intimate partner (NSPPC).

# So what do I consider to be the risks?

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Post-natal depression if goes untreated will impact on baby's development.

Obsessive compulsive cleaning /development of agoraphobia.

Impact of isolation/prolonged self-isolation.

Risk of fabrication of induced illness (FII).

Unaddressed health issues .

Poor daily routine.

Being trapped in a harmful violent neglectful home.

# Babies are born prosocial, we need to understand what is normal.

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What do I mean by that? I mean that they are born, they cry, they make noise and they get their needs met.

Babies can mimic someone, they can turn to voices, they can make eye contact and work out what a face is.

If their needs are met they are calm.

The care-giver will talk them through the process, “Oh you got a dirty nappy let’s change that.” “Let's feed you, you’re hungry,” baby responds and calms.

But the care-giver needs to feel safe and confident, calm and supported for this to happen.

# If the mums are worried/concerned, you need to understand the normal

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Having a new baby is stressful, we know what to expect. There's the risk of baby blues and high emotions. Pre-pandemic, professionals would normally target families of concern.

However due to Coronavirus the support network has been interrupted. Normal face to face contact is not available. Babies could be living in stressful situations, with physical and mental health needs left unaddressed.

A mum is likely to be only getting phone contact from health professionals, so able to (knowingly or not) hide any problems that she or baby are having.

Professionals need to understand mum's anxiety – the normal and abnormal types of anxiety and know how to offer support remotely.

# Truths about Postnatal Depression (PND)

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It occurs in 10 to 15% or one in seven to ten mothers.

Postnatal depression is a depressive illness that occurs after having a baby.

It is common for women following childbirth to experience a period of 'low' mood.

This can range in severity from a mild and normal period of mood disturbance ('baby blues'), through to PND and the most severe and rarest problem (postnatal or puerperal-psychosis).

PND usually develops within the first month following childbirth.

It may develop out of severe 'baby blues'.

Episodes of depression can manifest itself many months after having a baby. Where PND stops and ordinary depression begins is unclear.



# The symptoms are very similar to those seen in 'ordinary' depression.

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Feeling 'low', 'miserable' and tearful for no apparent reason. These feelings persist for most of the time, though they may be worse at certain times of day, particularly the morning.

Being unable to enjoy yourself. This may be particularly prominent in new mothers who feel that they are not enjoying having a new baby in the way they expected to.

Irritability is common. This may be with other children, the new baby and particularly with the partner.

Sleep disturbance is part of looking after a new baby. However, with PND there may be additional problems like finding it hard to go to sleep even though you are tired or waking early in the morning.

Given that looking after a young baby means having less sleep than usual, it is no surprise that mothers often feel they have no energy. This can be even worse in mothers with PND.

# PND symptoms: continued

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Appetite is sometimes affected, with mothers not being interested in food. This can be a particular problem since new mothers need all the energy they can get to look after their babies.

Anxiety frequently occurs in PND. This may take many forms. It may be feeling tense and 'on edge' all the time. Normal concerns and anxieties that any mother feels for a new baby may become overwhelming. In addition mothers may experience 'panic attacks', which are episodes lasting several minutes when they feel as if something catastrophic is about to happen – such as collapsing, having a heart attack or stroke. These are extremely frightening, but they get better on their own.

Depression is often accompanied by feelings of being 'worthless' and 'hopeless'. These feelings are common in PND. All mothers are faced with new and sometimes difficult problems with a new baby. However, mothers with PND feel all the more 'not able to cope' and unable to see a way through their difficulties.

When people are depressed, they sometimes feel that there's no way out of their problems and that they, and their family, would be better off dead. Thoughts of suicide are therefore not uncommon. If you feel this way, it's important that you talk to somebody about how you feel, since there are ways out of your difficulties other than suicide. You should also be aware that your child would be at increased risk of developing mental health problems of their own if you do commit suicide. If you fear that somebody you know is suicidal, take this seriously and try to talk to them about it. Talking about suicide does NOT increase the risk of the person committing suicide. Strongly advise the person to visit their doctor.

# Is it common for dads to feel depressed?

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In general, about one dad in 10 has postnatal depression (PND). PND is much more likely to affect dads (and mums) in the first year of their child's life.

Rates of PND vary during that first year of parenthood. Dads appear to be most vulnerable to depression when their baby is between three months and six months old.

Age plays a part too, being a dad in your 20s can increase the risk, as young dads are more likely to become depressed.

<https://thedadpad.co.uk/>

Reduce your own anxiety by getting involved and gaining in confidence.

Learn how to create a strong bond and healthy attachment with your baby.

Build stronger family relationships by sharing the load and learning how to parent together.

Recognise the signs of postnatal depression in both yourself and your partner and learn how to get help early.

# Postnatal depression has life-long impact on mother-child relations

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PND is well-known to have an adverse effect on mothers' relationships with their children. This has a subsequent impact on child development from early infancy to adolescence and influences emotional, cognitive, and physical development in children.

What do we need to do that works to intervene and break the cycle? What do you have in your area?

From past experience, joint professionals have led groups with different levels of expertise, with a mix of therapeutic input for mothers, including their partners and play therapy for the babies.

Listening visits, specialist support when required (case example).

# Six Principles of Trauma Informed Care. Covid-19 is a traumatic event

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Evaluate the function and intent of behaviors: professionals, we need to focus more on the front end assessment process to ensure individuals receive the right interventions to help them. (A full understanding of their history informs practice.)

Promote a culture of comfort: implement positive behavioral supports and interventions without paying attention to the broader organisational culture.

Recognise practices that are re-traumatising: be aware of the triggers.

Reinforce training for all employees: Training and retraining employees on the impact of trauma becomes a strong component in the understanding of the individual's therapeutic healing process. (Giving birth alone and not understanding the process could cause trauma as well as living with the threat of the virus.)

# Remind professionals

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Transform the language used....“Attention-seeking.” “Manipulative.” “Enforcer of rules.” “Compliance.” All of these are examples of non-trauma-informed language. In a true trauma-informed environment, we serve as “caregivers,” “supporters,” and “partners in care.” We use language that is respectful, courteous and compassionate. What I mean by that is do not be dismissive by what you are being told, this feeling is very real to them.

(Families can present and be pushed in to believing this is FII leading to delays and lengthy assessments, lacking in a reflection of the parents true presentation or needs stop and think meeting work well her with the right professionals around the table presenting there concerns jointly leading to a informed joint action plan... )

Recognising the role of the caregiver as an opportunity to heal. Mums will need time to talk and share their journey, they may need details re the delivery to heal. They can consider groups that include midwives and health visitors to give them the opportunity for head space and share experiences.

Nurse staff to entertain the babies and make assessment of each baby's development.

# Hidden children

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Free birth, expectant mothers turn to “freebirthing” after home births cancelled.

Maternity rights groups report that there is a surge of interest in unassisted childbirth, decision to have a free birth, meaning no medical intervention.

“Sometimes women refusing to attend hospital find themselves threatened with referral to children’s services as a means of coercion. Referral should only be considered if there is concern about the wellbeing of the baby after it is born, not because the mother is exercising her legal right to decline care.”

I have worked very hard on this area in practice. I reviewed 9 cases over the last 2 years, all resulting in harm or death at delivery including one mother's death. We need to be aware so we can support them and inform them of the risks.

You may see a rise in families wanting to opt-out of from statutory pathways, registration, immunisations and education. We need to understand if this is a lifestyle choice out of fear or increased mental health concerns.

The partnerships need to join forces and share information to build a true contextual picture, never has is been so important to work jointly and share information.

# Quick case studies

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A 15 year old Looked After Child (LAC), placed out of area was 18 weeks pregnant before lock down. GP in placing Local Authority (LA) receives notification termination performed at 23 weeks. Receiving LA tracks down girl and identifies she is six weeks pregnant. Reportable new boy friend didn't want her to have that baby because it was not his.

Girls/women falling pregnant under Covid-19 without seeking medical help or the ability to have a termination depending on circumstances (interfamilial abuse, rape, neglectful situations ).

Covid-19 has crossed all classes and this needs to be considered in every new mother. They should be contacted and given the opportunity to talk, no one will be immune to the effect. If this is left unaddressed it will remain hidden and impact on the child's development and it could be life long (ACEs).



# Stop and think meetings

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Is a practice I have used many times, this would bring all partners together, pool resources, and have space to develop a joint plan.

Seek what families want, it will vary greatly.

Ensure your staff have additional training and supervision, address any fears staff have.

Bespoke programs for different needs, use the experts.

Hear the voice of the mothers', be led by them.

*Your best quote that reflects your approach... “It’s one small step for man, one giant leap for mankind.”*

- NEIL ARMSTRONG

# I am going to pause and bring in Lucy to talk about her experience

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You will hear her story and journey .....and the voice of the father David



# Introduction

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\*\*Disclaimer – we do not sleep like this, mum regularly reminds me about co-sleeping.

# Antenatal Care

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High risk pregnancy and was told I would struggle to conceive and carry.

Extra scans throughout to check baby- the last 3 scans and midwife checks had to be alone.

Maternity leave - lockdown.

Lead up to the delivery.

Dave's view.



# Delivery

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Who would be with me?

Dave's view.

Traumatic delivery.

3 days in hospital.

Dave's view



# Postnatal

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Midwife - phone call day 4

Hospital – extra bloods for baby day 6

Midwife – phone call day 10 and had to go into clinic for heel prick test which was late.

Health visitor calls.



# Develop a culture of 'Progress and Hope'

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Partners will need to work together to understand what we are concerned about. (Think family centers).

You need to come up with a plan to understand the impact of being born during Covid and the support that needs to be offered to new families post lockdown and the impact of the reductions in contact with health visitors, and the inability to maintain normal social interaction.

What is normal in a baby's and mother's development and what is not and when they need additional support?

Listen to their fears do not dismiss what have to say. Dads need help too.

Identify problems as they arise.

The need for policymakers to put families with young children first and especially those with newborns, at the heart of post coronavirus planning

Investment in early intervention pays for itself.



# Worst case scenarios

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Baby born at home and no medical intervention, dies and is buried under the floorboards. It was never registered and mum never received medical support so no one knows other than the GP who first knew she was pregnant.

A baby is locked away from real life, mum keeps child in a tight protective bubble around the child, who suffers emotional and physical harm because of the extreme fear of risk of infection. Professionals see this as her right to a private life. We need to engage with all families.

We need to see a reduction of repeated partnership learning about not sharing information. Child deaths under one 40 deaths: Co-sleeping in context of abuse and neglect. 'Unacceptably high'.

Child Safeguarding Practice  
Review Panel First Annual Report 2018 – 2019

Children not seen or spoken to / lack of joint assessments.

The true problems hidden from sight.