

Eyes on the Baby

Quotes from staff who have undergone the multi-agency workforce training

Impact on families

NEAS paramedic	Called to a 10 day old for parental concerns over baby experiencing breathing difficulties. No respiratory concerns on assessment. I noted baby was in a next to me basket in very close proximity to the parental bed and praised them for this approach. One large loose blanket was noted, so I offered guidance on how to prepare the blanket safely and where to ensure baby is positioned for sleeping. The parents appeared reassured and thankful for the information. I signposted the parents to local baby groups and postpartum services. I feel the opportunity provided to me as prehospital clinician to see people in their natural environment is a privilege and I take each opportunity to assess what information is pertinent and adapt my approach to each patient.
Health visitor	I discussed co sleeping with a new breastfeeding mum and was able to describe safer practices and signpost to relevant websites.
Community midwife	I informed a parent about co-sleeping; before the training I would tell them to put the baby back in the cot, this time I talked them through how they could manage safer co-sleeping.
One point key worker	I was able to share information about safer use of car seats, I was also able to start a confident discussion about the moses basket and understand why it wasn't used and direct parents to relevant information
Early help practitioner	When the child woke in the night parents were taking child downstairs and laying on the settee with the child until he fell back to sleep. Open conversation with mum and working together to establish alternative (less hazardous) solutions.
Supported Housing Worker	Supported families who were not aware of the risks of co sleeping and sleeping safely in a cot. Discussed risks and how to put baby asleep safely highlighting safe environments. Basic chatting about safety sleeping in and out of the bedroom.
Community psychiatric nurse	Mum sleeping on sofa with 5mo old baby as she has physical health difficulties and worried about tripping on the stairs at night. Safe sleep discussion and email sent to Health visitor to request they support this discussion in their visits also.
Infant feeding lead	A breastfeeding Mum was struggling with sleep and her and her partner were taking it in shifts to hold the baby whilst the other slept, we talked about how to co-sleep safely so that everyone could get some rest and they have now implemented this and are feeling much better all round
Community psychiatric nurse	Guidance and information was given to a mum of premature twins who had been thinking about placing one of their babies to sleep on their tummy. She knew this was not advised but did not have an understanding of why. She responded really well to information being shared and this enabled her to come to decision for baby to sleep on their back.
Maternity support worker	Baby sleeping in pod on sofa, explained the risks and not to leave baby unsupervised. Parents changed the ways in which they did things.
Social worker	Discussion with grandparent and new parent with six week old baby about the differences in practice guidance between the generations and took the opportunity to discuss co-sleeping and shared the leaflet via email and invited them to share the leaflet with others.
Family hub manger	As a senior manager I have used SUDI learning to support a member of my team in clinical supervision. we discussed the families' circumstances and the parenting capacity the mother had. Along with family member influences. The parents were very responsive to the advice given.
Family practitioner family hubs	We have discussed safe sleep guidelines in our baby groups and addressed misconceptions about things like sleep pods etc. We have discussed overheating and other risks associated with car seats. I have also helped a friend with a newborn.

Independent Reviewing Officer	Used the information in a looked after review for a newly born baby
Best start in life advisor	During discussions leading up to the birth I had a conversation with a family regarding safe sleeping and what to expect. The family were very surprised when I explained the dangers of getting up through the night to take the baby to sit on the sofa. After explaining why they understood. I went back over SUDI prevention after delivery to ensure they remembered what we discussed.
My Harbour support worker	A mam moved into refuge and was pregnant and information was provided about safe sleeping.

Impact on staff

Health Visiting Lead	The Eyes on the Baby training has really helped staff to understand all aspects of safer sleep. It has also given a lot of staff confidence to share how to co-sleep safely with families as we know a number of families will end up in that situation unplanned.
	The training was outstanding, so clear and through and specific to our role, it made the training very enjoyable
Infant feeding supporter	I have attended all of the SUDI meetings and fed back about discussions to my team at our weekly huddles, disseminated the newsletters to my team and encouraged a lot of discussion around the resources. My team were particularly interested in the research paper regarding breastfeeding and bed-sharing. My team have all challenged misinformation they have come across and we have facilitated an open dialogue about this among our group.
Stop smoking advisor	As stop smoking practitioners we have an important role to help families who smoke quit to protect babies in vulnerable families
Strategic Manager Children's Social Care	The staff absolutely accept that it's everybody's responsibility ... and they can see that where we have a lot of interactions with families, especially prebirth or in those first few weeks and months, they definitely think it's their responsibility to have those conversations.
Public Health Strategic Manager	The world is becoming a bit more open to the fact that we cannot leave this all to health – they don't have enough contact with the most vulnerable families-- or even any families-- it is becoming a bit easier to get the idea of MAW into people's minds.
Health Visiting Lead	The workforce are starting to recognise that actually there's a lot of work out there, there's a lot of vulnerability and there are many people who can actually help. It's everybody's business.
	One of my team-- she's worked with many vulnerable families historically. And she reviewed the whole programme and she says "That's excellent. That's excellent" "It's clear. It's honest. It was really valuable. And once you know what it is, the name of it 'Eyes on the Baby', is perfect".
	When I reached out to some of our housing colleagues, substance misuse and others--there was a keen uptake of wanting to get people involved.
	My colleagues elsewhere [...] have been very interested, particularly about the multi-agency aspect of it. They're the ones that have directly approached me to talk about it.