Effective practice requires a culture of reflection on the outcomes and processes of our practice. This practice note is aimed at assisting Maternal and Child Health (MCH) nurses learn from the tragic circumstances of the [coronial inquest of the Death of Baby D](http://www.coronerscourt.vic.gov.au/resources/688dc890-75e9-4744-922b-e5fd64c27e3f/babyd_147412_redacted_final.pdf). It is recognised that there were many professionals involved in this case, each having a small piece of the puzzle but due to current information sharing practices no one practitioner had the full picture.

This practice note does not address the inquest or its recommendation but rather explores the learnings our profession can take from this case encompassing the *Child Wellbeing and Safety Act 2005* principles that practice should be: child focussed and based on a partnership approach and shared responsibility for children’s safety, wellbeing and development. Child focussed practice requires that decisions and actions are founded on an understanding of how they will affect the child, and the child’s safety, wellbeing and development.

**Learnings:**

**The following learnings are provided as a guideline for MCH practitioners. The should be read in conjunction with the Best Interests Case Practice Model Summary Guide (2012) Department of Human Services and the Child Development and Trauma Guide (2007) Department of Human Services and other relevant sources.**

1. Bruising
	* Consider all bruising in a non-mobile infant as pathological (disease process or harm to infant which may be accidental or non-accidental) therefore always requires an action.
	* Ask direct questions regarding the cause of the baby – ‘Did you hurt your baby?” Have a clear understanding of whether if the cause is assumed, known or unknown.
	* Bruising always requires referral and follow-up to ensure that referral has been actioned and appropriate information has been shared.
	* Make a mandatory report if a belief is formed that the child is being physically harmed.
	* Coordinator/Supervisor should be made aware and consulted regarding actions taken.
2. Other impacting issues - These are all issues in themselves that could produce the outcome of bruising listed above. Intervention here may prevent this development prior to the injury occurring.
	* Impact on family of twins and a young toddler - consider actions required for family stressed with multiple children less than 2 years. For example, discuss supports available, managing stress, need for extra support, childcare, home help as appropriate. Is there any support in the community that could be harnessed in this situation?
	* Impact of unsettled babies - one unsettled baby is challenging enough for most families. Unsettled twins need particular follow up & support for example physical assessment to eliminate physical issue, GP review, in home settling support to contain/support situation. This would increase parenting skills and also provide professional support in home.
	* EPDS scores 12 or above - DEECD Perinatal Depression & Psychosocial Manual for MCH nurses (2013), gives EPDS score of 13 + as indicating high risk of PND. Score of 10-12 indicates moderate risk of PND. Moderate risk of PND requires follow up by MCH nurse in 2-4 weeks; high risk of PND requires referral and review.
3. Accumulative risk of ongoing impact or combination of any of the above - consider the vulnerability of families experiencing multiple issues/stressors.
4. Shaken Baby Syndrome (also known as Abusive Head Trauma) – discussed with parents at the home visit (Pamphlet *‘It’s not Ok to shake babies’* in in home visit pack). Consider risk to unsettled infants understanding that the primary trigger for shaking a baby is frustration and anger resulting from an infant’s inconsolable crying.

**What has MAV committed to doing as a result of this coronial inquiry?**

1. Professional Development update - MAV/DET MCH conference in April provided an update on identifying infants at risk.
2. Review and update the Maternal and Child Health Guidelines - In partnership with the DET review and update the Maternal and Child Health Guidelines, ensuring that the learnings of the coronial findings are embedded.
3. Updating Privacy Factsheet - In partnership with the DET, review and update fact sheet on privacy and information sharing to accurately reflect current legislation, making it clear for both families and MCH Nurses.
4. Child Development Information System (CDIS) - Continue the implementation of a state wide data base (CDIS) and to investigate how CDIS can interface with other early years system to develop one database for all children in Victoria.
5. Connected Care (Patchwork) - Continue to promote the use of Patchwork as a tool that connects professional working with children and vulnerable adults across Victoria. This program has been linked in CDIS.

**What can Maternal and Child Health Services do?**

1. Encourage MCH attendance at professional development sessions.
2. Review Incident Reporting processes to ensure there a clear process for secondary consultation and escalating practice concerns within the MCH Service and council line management structure.
3. Review of MCH policies, procedures and processes, especially in relation to the child at risk and the Child Safe Standards, and ensure that the all staff are aware of their responsibilities.
4. Consider the use of software packages such as CDIS and joining patchwork that will help connect professionals around the child/family.

**Further Reading:**

1. [Best interests case practice model summary guide (2012) Department of Human Services](http://www.dhs.vic.gov.au/__data/assets/pdf_file/0008/589643/cyf_best_interests_case_practice_model_summary_guide_09_12.pdf)
2. [Child development and trauma guide (2007) Department of Human Services](http://www.dhs.vic.gov.au/__data/assets/pdf_file/0006/586167/child-development-and-trauma-guide-1_intro.pdf)
3. [Perinatal Depression & Psychosocial Manual for MCH nurses (2013), Department of Education and Early Childhood Development](http://www.education.vic.gov.au/Documents/childhood/professionals/profdev/perinatalmentalhealthmanual.PDF)
4. [Its not OK to shake babies pamphlet (2011 National Association for Prevention of Child Abuse and Neglect (NAPCAN)](http://napcan.org.au/wordpress/wp-content/uploads/2013/08/shakingbabies.pdf)