

Patient safety – learning from incidents – Millie

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About Millie

Millie is an 18-week old female infant. She is the first child of both parents.

Millie was born to first time parents via caesarean section in September. Both mother and her partner had only recently moved in together and were relatively young parents. Mother had experienced early trauma, witnessing her parents in an abusive relationship and she had been on a safeguarding child protection plan as a young child. These are all recognised adverse childhood experiences which were identified as vulnerability factors by the Health Visiting Team.

During contacts with the health visitors, there were no concerns raised regarding the parental care or quality of their interaction with Millie. The home conditions were generally clean and tidy. Engagement was generally good, and on only 2 occasions did a visit need to be rescheduled due to Millie's mother forgetting the appointment – she was open to reschedule appointments.

Millie had previously attended George Elliott Emergency Department (ED) in January following a 2-foot fall onto a carpeted floor from her father's knee. It was reported by her father that she had fallen on her arm and face. Her parents made the decision to attend George Elliott ED on but were discharged as no obvious injury / bruising was evident to Millie.

What happened:

3 days after the previous attendance, Millie attended the George Elliott ED again noted to be crying on nappy change, especially when left leg was being moved/handled.

Millie was examined, and an x-ray confirmed a distal fracture of the left femur. The injury was being treated as unexplained as there was no clear understanding following the ED attendance when the femur fracture was sustained. There was also no clear evidence that her lower limbs were examined during the first ED attendance.

Following medical investigations and for the purposes of child protection, mother and Millie were discharged from hospital to a foster placement in Dunstable whilst Social Services conducted further inquiries.

Mother and Millie were then seen in April by Healthy Visiting where Millie was found to be developing well within normal parameters. There were no concerns regarding development and care. Mother was seeking support from the GP and the Children's Centre and felt well both physically and mentally. Millie was removed from a Child Protection Plan in April at a Review Case Conference held by Social Care and Health Visiting attended.

Good practice:

The Health Visiting Team monitored Millie's growth and development according to the Healthy Child Programme and they attempted to provide practitioner consistency to foster a supportive relationship with both parents and Millie. There was good communication between the Health Visiting Team as evidenced in SystemOne electronic patient records - this was to the team's credit as they were working with very high caseload numbers and 80% staffing which would have impacted on the time they had to offer their families.

Whilst there were several health visitors involved in this case, there was some continuity for the new birth and 6-week checks and given the nature of the issues raised in relation to mother's mental health. One health visitor continued to support her going forward which the investigators felt is an example of good practice when this is possible.

Learning:

The key areas of learning which have been embedded since from this incident include:

- Perinatal Mental Health Pathway and Guidance was developed by Healthy Together with the Perinatal Mental Health Team to support staff when identifying and managing low to moderate mood in the perinatal period. The guidance makes reference to the Golden Number set up by Healthy Together for referral and sharing of information which staff in the Perinatal Mental Health Team can use as well as the number for the Mental Health Central Access Point for Public Health Nurses to ring should they need clinical advice from a duty worker. Healthy Together teams have had bite-size training on this to support their understanding and application.

- The Healthy Together Standard Operating Guidance was reviewed and updated to include guidance for practitioners on engagement with fathers in relation to gaining more relevant information and personal history.
- A Communication Board was developed and shared with all Healthy Together teams to support wider sharing of the learning. The Board also included a specific reminder for all staff when to undertake the Edinburgh Post Natal Depression Score (EPDS) questionnaire.