



**PLYMOUTH
SAFEGUARDING
CHILDREN
PARTNERSHIP**

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Serious Case Review Learning: Baby F

The following case is a Plymouth Serious Case Review published in 2020. The case relates to Baby F, an 11 week old baby boy of African/European heritage, and the following tells his experiences through services and the learning identified.

Case Summary: Baby F was born in the summer of 2016, the first child of both parents who lived together and had been in a relationship for about two years. Baby Fs parents were a well-educated, professional couple both of whom had a complex childhood history and no local family support.

There were indications, from the beginning of Baby Fs life, that his parents struggled with the demands of a new baby and both parents were diagnosed with post-natal depression and were being treated by their respective GPs. Baby Fs mother had also been referred for counselling.

Mother had attended her ante-natal appointments with midwifery, information about her history was discussed and a brief assessment carried out to determine if she had any particular issues with her pregnancy or in her family life which would have led to signposting to community services, for example the local Children's Centre, or an enhanced or specialist service from midwifery. Although mother reported some anxiety and issues from her childhood, these did not indicate to those working with her that there was a need for any additional work. There was nothing in mother's contact with the midwives which made her stand out.

In September 2016 Baby F suffered a life-changing head injury. Baby F was admitted to hospital, medically examined and in addition to the head injury was found to have a number of rib fractures and a healing rib fracture. His parents were later arrested and charged in connection with the injuries. The trial took place in 2018 with Baby Fs mother convicted for having inflicted the injuries. Baby Fs father was acquitted.

Chronology of Events	
Early 2016	Booking with midwife, Mother says she has mental health problems and history of anxiety and depression, a history of "family problems." Health Visiting team informed about mother's history of low mood and depression.
Summer 2016	Member of mother's extended family very ill, mother described as "very stressed."
Summer 2016	Baby F born by emergency Caesarean Section, birth weight 2.5kgs/ 5.8lbs
Baby F aged 3 days	Handover from Midwifery to Health Visiting Service for ongoing support in line with usual practice. Mother placed on enhanced health visiting programme, for weekly visits. 3 out of a potential 7 weekly visits did not take place due to staff holiday and no cover organised as family not considered to be high risk.
Baby F aged 10 days	Health visitor home visit – baby weighed, slight weight loss, within normal limits for a new born baby. Mother expressing some anxiety, advised to see GP if worsens, observed gentle handling and emotional warmth from father.
Baby F aged 2 weeks	Mother has first appointment with work place counselling service.
Baby F aged 4 weeks	Mother sees GP about anxiety and depression and is having counselling from work place service. Baby F is offered a place at a local nursery.
Baby F aged 5 weeks	Parents call ambulance, Baby F, aged 5 weeks, admitted to hospital overnight, "unwell, crying and blood in mouth/vomit" Health visitor and GP notified after discharge.
Baby F aged 5-6 weeks	Baby F sleeping downstairs with father as mother not waking for him during the night. Health visitor notes mother reporting anxiety worsening and tensions within her relationship with father. A slate grey nevus (birthmark) noticed on Baby F by health visitor but no detail recorded stating where, what size or appearance. Mother discussed anxiety with GP, to self-refer for additional counselling.
Baby F aged 6-8 weeks	Mother has three appointments with the work place counsellor, her anxiety continues.
Baby F aged 8 weeks	Mother sees GP and is diagnosed with post-natal depression.
Baby F aged 8 weeks	Baby F seen at hospital, "small bilateral conjunctival haemorrhages, grumpy and not settled" discharged with "advice."
Baby F aged 8 weeks	Baby F attends nursery, father tells health visitor he is feeling low.
Baby F aged 9 weeks	Father has telephone consultation with his GP and reports he has symptoms of post-natal depression, thoughts of harming Baby F and of self-harm but reassures GP he is in control and won't act on this.
Baby F aged 11 weeks	Baby F observed by nursery staff to have a small mark on his cheek. Due to the colour of Baby Fs skin it was difficult for staff to decide if this was a bruise or a skin pigmentation. No action taken. Baby F admitted to hospital with head injury, rib fractures and healing rib fracture.

What for you is the learning that can be gathered from this case?

How would you apply this learning in your practice/agency?