

CHILD DEATH TEAM NEWSLETTER

WINTER 2025

Information

The Child Death Overview Panel are raising awareness of the following campaigns over the winter months:

- Toy Safety
- Spotting infections in babies
- Infant Crying is Normal (ICON)
- Safer sleep away from home

Please see below for more information.

NCMD

The National Child Mortality Database (NCMD) have released infographics with the most common modifiable factors related to child deaths.

A modifiable factor is one which could be modified to prevent child deaths.

Please see below.

WEBPAGE

Shropshire Telford and Wrekin Child Death Team are in the process of developing a new webpage where you will be able to find useful resources, information and newsletters.



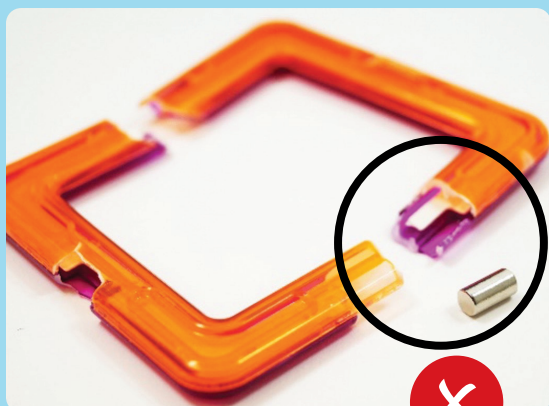
If you are aware of any campaigns, current or future, which could be featured in our newsletter please get in touch.

CONTACT INFO

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Your child's toy: Dangerous **x** or safe **✓**?



Strong magnets



Magnets safely inside



Small parts come off



Secure parts



Easy access to button batteries



Secure button batteries



How to buy safe toys



capt.org.uk/buy-safe-toys



@ChildAccidentPreventionTrust

Toy safety

“I would hate for any other child to go through what Becca suffered because of buying dangerous toys via online marketplaces.”

Mum of two-year-old Becca who swallowed magnets from a toy

Toys from reputable brands are made to be safe. But if they've come from an unknown seller on an online marketplace, a market or small discount store, they could be dangerous.

Buying safely

- 👉 Buy toys from brand names you know. If you've never heard of the seller or the brand and price is really tempting, it could be dangerous
- 👉 Watch out for cheap copies of popular toys. They may not be made to UK safety standards.
- 👉 Check if the toy has been removed from sale because it's unsafe. Visit gov.uk and search 'product recalls'
- 👉 If you buy something that looks unsafe, trust your instincts and send it back.

Under 3s most at risk

Babies and toddlers are curious and naturally put everything in their mouths. So dangerous toys can pose the biggest risk to small children. Be especially careful when buying for under 3s.

Watch out for missing or contradictory age warnings. If a toy is pictured with a toddler but marketed as unsuitable for young children, pick something else.

Which toys are most dangerous?

- 👉 Toys with:
 - accessible button batteries that can burn through your child's food pipe
 - super strong magnets that can rip through your child's belly
 - long cords that can strangle your child
 - small parts that can choke your small child
- 👉 Water beads that can block your child's bowel if swallowed
- 👉 Electrical toys with exposed wires or chargers that can catch fire.



Checking toys

If you're unsure about the safety of a toy, here are some checks you can do:

- 👉 Check battery compartments for accessible button batteries or loose spares in the box
- 👉 Check for any loose small magnets
- 👉 Give the parts on the toy a quick tug and check for small parts that come off
- 👉 Look for long cords or access to stuffing
- 👉 Check if there are any age restrictions or safety warnings on the product.

Report dangerous toys

If you spot or buy a toy you're concerned about:

- 👉 Citizens Advice consumer helpline: 0808 223 1133
- 👉 Citizens Advice consumer helpline (Welsh-speaking adviser): 0808 223 1144
- 👉 Advice Direct Scotland helpline: 0808 164 6000
- 👉 Northern Ireland Consumerline: 0300 123 6262

Spotting **infections** in babies



the
lullaby
trust

Infections cause lots of different signs and symptoms and it can be difficult to know when your baby has an infection. Trust your instincts and if you feel something is 'not quite right' with your baby, contact your midwife, health visitor, GP, NHS 111 or visit an emergency department if you are very worried.

Signs and symptoms that might mean your baby has an infection



Difficult to wake



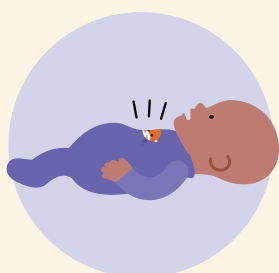
Appears floppy



Irritable and won't settle



Mottled or blotchy appearance



Breathing is difficult, fast, noisy, grunting or wheezing / 'sucking in' under ribs



Rash or sores/blisters on skin, eye, inside mouth or around tummy button



Temperature above 38° or below 36° or body is cold to touch



High-pitched or abnormal cry

Monitor baby's wet nappies (they should have more than 2-3 in 24 hours) and their feeding. **Remember, trust your instincts and always seek help from a health professional if you are worried.**

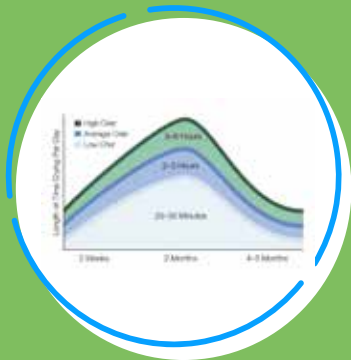
Download our **free Baby Check app** to help you decide if your baby needs to see a health professional.





I is for Infant Crying is Normal

Babies cry for many reasons. They are hardwired to cry whenever they need a parent to help them out because their brains have yet to develop the circuits that allow for self-control or understanding. Crying is meant to be upsetting for a parent, that is Nature's way of making sure they pay attention fairly promptly. A cry might signal many things, discomfort and startle are common examples. Sometimes, though babies cry for no reason at all and sometimes they cry and just cannot be settled. The latter may be upsetting for both baby and parent, but it causes no harm and will eventually cease. After about 5 months the experts say that crying becomes more 'purposeful'. That means **after** 5 months of age, your baby is more likely to be crying for a reason



The 'Normal Crying Curve' shows how babies start to cry more frequently at about 2 weeks of age. The crying may get more frequent and last longer during the next few weeks, hitting a peak at about 6 – 8 weeks, sometimes a little later. Every baby is different but after about 2 – 3 months, babies start to cry less and less each week.

Barr RG. The normal crying curve: what do we really know? Developmental Medicine and Child Neurology 1990;32(4):356-362.



Even though it is normal for babies to cry more from about 2 weeks, it is still important to check a few basic needs. Check they aren't poorly and try some comforting methods (see C is for Comforting for more ideas about how to soothe your baby). Babies that are born prematurely start to cry more about 2 weeks after the date when they were due to be born.



Sometimes we search for a 'physical' reason for why our baby is crying. Can it be they are intolerant to cows milk? Do they have gastro reflux? All of these are normal things to think about. It might surprise you to know that research has found that most of the time there is nothing wrong with your baby that is making them cry more. They are a new human being getting used to their new environment.



Whether or not there is a reason for your baby to cry, it can be upsetting and frustrating. The crying can really get to you and it can sound worse when you are already under pressure and stress for other reasons. This is all normal. These feelings are sometimes hard to overcome. If you are finding it hard to get over them, getting some support is normal and a positive thing to do for yourself and for your baby.

When you have checked your baby's needs and tried the comforting methods you have found worked before, your baby may carry on crying. This means that their distress and your distress just add onto each other. When this happens, and it will, all you can really do is cope with the crying as much as you can and manage your feelings of stress. Knowing this is a normal phase and that it will pass will help you.



If you think your baby is unwell, contact your Health Visitor, NHS 111 or your GP.

It is a good idea to have a think about how you can help yourself cope at this time before it happens. That's better than waiting for it to happen. Think about the following things and you may want to write them down:

- Who can I go to for help with crying?
- What will I do if I need a few minutes to myself?
- What makes me feel better?
- What makes me feel calmer?

Remember the ICON message:

Infant crying is normal and it will stop

Comfort methods will sometimes help and the crying will stop.

OK to walk away for a few minutes to calm down if the baby is safe and the crying is getting to you.

Never ever shake or hurt a baby.

Staying away from home

the
lullaby
trust

Following safer sleep for every sleep, day and night, will reduce the risk of sudden infant death syndrome (SIDS). Even when you're not at home, follow safer sleep advice:



Place your baby on their **back** for every sleep



In a **clear, flat, firm, separate** sleep space



Keep them **smoke free**, day and night



Keep the room between **16 – 20°C** so they don't get too hot

If you're using a travel cot:



- Use a cot with a rigid frame and base.
- The mattress should be firm and flat, with a waterproof cover.
- Avoid extra padding under your baby, and place the cot away from radiators and direct sunlight.
- Keep out of reach of blind cords or other hazards.

It's OK for your baby to fall asleep in a car seat when travelling, but they should be taken out as soon as you get to your destination, and placed onto a firm, flat surface to sleep.



If you're co-sleeping:



Whether you choose to co-sleep, or it is unplanned, it's dangerous to fall asleep with your baby if:

- They were premature or weighed under 5.5 pounds (2.5kg) when they were born
- You or your partner have recently drunk any alcohol or taken drugs or medication that make you drowsy or less aware.
- You or your partner have smoked, or the baby was exposed to smoking during pregnancy.

If you are bedsharing with your baby consider any risks before every sleep, as they are constantly changing.

Most common modifiable factors identified by CDOPs in reviews for children aged under 1 year

Based on child death reviews (England); years ending 31 March 2024 and 2025

1

High maternal BMI



2

Parent/carer smoked tobacco/e-cigarettes in the household



3

Smoking/e-cigarette use (including vaping devices) in pregnancy



4

Co-sleeping



5

Unsafe sleeping arrangements



6

Guideline/policy/pathway available but not followed



7

Issue with treatment, including delays



8

Parent/carer known for substance misuse



9

Poor communication/information sharing between agencies



10

Issue in diagnosis



NCMD

National Child Mortality Database

Full findings [here](#)

**Most common
modifiable factors
identified by CDOPs in
reviews of children aged
1 - 17 years**

Based on child death reviews
(England); years ending 31
March 2024 and 2025

1

**Poor communication/
information sharing
between agencies**



2

**Service
uncommissioned/
unfunded/unavailable**



3

**Issue with treatment,
including delays**



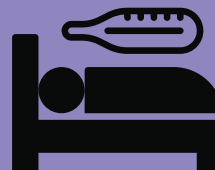
4

**Acute/sudden
onset illness**



5

**Lack of recognition
of deteriorating
child/clinical signs**



6

**Lack of appropriate
supervision**



7

**Parent/carer smoked
tobacco/e-cigarettes in
the household**



8

**Unsafe appliances/
environment**



9

**Guideline/policy/
pathway available but
not followed**



10

Issue in diagnosis



Further information on what these categories cover can be found in the [contributory factors guidance](#).