



CONI Guidelines for Professionals



National CONI Co-ordinator: Jo Carroll (Lead)
National CONI Co-ordinator: Stella Parkin

The Lullaby Trust
CAN Mezzanine – Borough
7-14 Great Dover Street
London SE1 4YR
General enquiries: 020 78023200
CONI: 0207 802 3206

Steering Group: Professor M Cohen
Emeritus Professor M Campbell
Dr C Daman-Willems
Dr J Garstang
Mrs Angela McKenzie
Dr A Moore
Mrs Jennifer Reid (Parent Representative/Teddy's Wish)
Mrs Alison Waite
Mrs Jenny Ward (CEO The Lullaby Trust)

CONTENTS

Care of the next infant (CONI) programme	Page 1
National organisation of the CONI programme	Page 2
How does the CONI programme support families?	Page 2
Local organisation of CONI	Page 4
Role of the CONI co-ordinator	Page 6
Training for new CONI co-ordinators	Page 9
CONI Champions	Page 9
Funding for CONI	Page 9
Appendix	Page 11
• Enrolment procedure following an antenatal referral	
• Enrolment procedure following ALTE	
• CONI Equipment Price List April 2020	
• Regional Development Officers (RDO) contact list	
• Lullaby Trust contact details	
• Basic Life Support	

THE CARE OF NEXT INFANT (CONI) PROGRAMME

Families who have experienced the sudden and unexpected death of a baby or young child are often very anxious when they have another baby. The aim of CONI is to provide emotional and practical support to bereaved families during pregnancy and throughout the early months of their new baby's life, enabling them to enjoy this special time.

CONI was developed from the model of care offered to families in a randomised control study conducted with families in the 1980s, and is available in England, Wales, and Northern Ireland. Where it has been commissioned it is usually part of the local health visiting service.

CONI may be offered to parents expecting a new baby **where either parent has previously experienced the sudden unexpected death of a child under 2 years of age**. The programme may also be offered to support families with a surviving child(ren) from a multiple birth where one baby has died unexpectedly.

The support provided by CONI may be extended to other families whose babies may be at increased risk of sudden infant death or who have reason to be anxious about their baby. This is determined at local level based on needs and availability of resources.

Three groups have been identified:

1. Close relatives

Close family history of sudden unexpected death in infancy (SUDI) - a parental sibling / a niece or nephew.

2. Other baby deaths

Parents have had a baby die from causes other than SIDS occurring **after** discharge from the neonatal or postnatal unit. Where anxiety persists, CONI may provide appropriate support.

3. Apparent Life-Threatening Event (ALTE)/ Brief Resolved Unexplained Event (BRUE)

Where a baby has suffered an apparently life-threatening event¹ (ALTE)/ brief resolved unexplained event (BRUE). They can have fears about the survival of their baby that persist for many weeks/months following the event. Any episode needs to be investigated but for as many as half of such events no cause will be found. These babies are known to be at increased risk of mortality. See Appendix for enrolment following an ALTE/BRUE.

Support is offered until the baby is 6 months, or two months beyond the age at death of the previous baby or the last apparently life-threatening event (ALTE/BRUE).

¹ An ALTE is a sudden and unexpected event which is frightening to the observer who perceives the baby to be at risk of death and feels there is need to take some immediate action. The event has a defined onset and offset and does not lead to death or persistent collapse. The baby displays a change in at least two of the following:- colour, tone, consciousness, movement, breathing.

SM Gibb, AJ Waite. The management of apparent life-threatening events. Current Paediatrics 1998;8:152-156

NATIONAL ORGANISATION OF CONI

The central organisation of the CONI programme is funded by the Lullaby Trust. The programme is led by two National CONI Co-ordinators. They provide training, clinical advice, and oversee the day-to-day running of the programme. The Lullaby Trust CONI Team is part of the Support and Development Team at the Lullaby Trust.

Role of the Coni Steering Group

The Lullaby Trust CONI Team is supported and advised by a Steering Group who have considerable expertise in SIDS. They act as a forum for discussion regarding the development and implementation of CONI and meet 2-3 times a year. The membership includes the National CONI Co-ordinators, and at least one CONI paediatrician, paediatric pathologist and medical statistician one of whom must be a member of the Lullaby Trust Advisory Committee. In addition, the Steering Group may include a parent representative or anyone else nominated by the Steering Group.

They provide expert advice to professionals about the care of families on CONI. They advise on the support offered to parents with children born following a sudden infant death or who are at high risk of sudden and unexpected infant death. They can offer expert advice to local health professionals in the event of a death of a child on CONI.

HOW DOES THE CONI PROGRAMME SUPPORT FAMILIES?

The health visitor/nurse, general practitioner and paediatrician form the primary unit providing support for each family. Parents are helped to select elements of support that wish to have from the following.

- **Regular (weekly) contact**

Ideally happens in the home by the family's health visitor/nurse. It provides an opportunity for the health visitor to discuss parental anxieties, the occasional problems that occur with all babies, safer sleep options, and other ways to reduce the risks to the baby. Reviewing the Symptom Diary and weighing can take place at this visit. It can also facilitate fast access to the paediatrician/acute paediatric services if necessary. (See Paediatrician section below).

- **Symptom Diaries**

Parents are often uncertain when to seek medical help for a baby. The Symptom Diary is designed to help the parents assess their baby's health each day using a simple checklist, which is intended to help them notice any changes in their baby's appearance and behaviour. Most symptoms listed are common and it is usual even for a healthy baby to show at least one symptom. Parents are advised to seek help if they are worried about any symptoms they may notice or if there has been a clear increase in symptoms. Parents can feel reassured when they see that their baby has no significant symptoms. Additionally, the diaries give parents an opportunity to raise concerns with the health visitor/nurse and allow them to offer advice on how to manage illness or minor symptoms. Symptoms can be further assessed using the Baby Check App.

- **Baby Check App - download from Google Play or App Store**

Baby Check was developed from a four-year project which analysed the signs and symptoms of illness in over 1,000 babies under six months of age. It has since been revalidated and can be used until the baby is one year old. It is designed to help parents and carers decide whether their baby needs to see a doctor which empowers them to act upon their concerns. The app can be used either in conjunction with the Symptom Diary or independently to assess signs and symptoms in a baby. It contains 19 simple checks which test for different signs and symptoms or signs of illness. The app is not designed to replace a parent or carer's judgement. If the check provides a low score but they are still worried, they should be encouraged to seek advice from the medical profession.

- **Weighing – weekly /regular**

Slow/faltering postnatal weight gain is associated with an increased risk for SIDS. Babies on the CONI programme should ideally be weighed once a week, undressed, and on the same pair of scales. The weight plotted on the Sheffield weight. This should ideally be at home, but as parental confidence increases, and anxiety reduces then weighing may well take place in the clinic (or similar). The chart is designed to help detect unusually slow weight gain at an early stage in the CONI cohort of babies. Slow/faltering weight gain may be associated with ill health. Weights should continue to be plotted in the Personal Child Health Record (PCHR, Red Book) according to local guidelines.

- **Use of Sheffield weight charts**

There are two different A1 size weight charts, one for each sex. The scale across the bottom indicates age in weeks where small divisions correspond to one day. The vertical scale represents the weight in kilograms, with heavy lines at each half kg (500g) and small divisions at 50g. The three heavy black lines correspond to percentile lines: 3rd, 50th and 97th centiles. At any time only 3% of infants are likely to be below the lower heavy line. 50% will be below and 50% above the middle line and only 3% will be above the upper heavy line. The dotted lines are derived so that from two weeks after birth, 95% of all babies will not deviate by more than one channel width in any subsequent two-week period or two channel widths in any subsequent eight-week period. If deviation is greater than this, there is cause for concern. The channels change in width at 8 weeks for girls and 12 weeks for boys because weight gain stabilises around these ages. After this, weight gain should be assessed by the narrower channel width. The charts are principally recommended for use up to six months of age only. There are instructions and examples on the back of the charts to guide the user.

- **Room thermometers**

Parents need to be aware of the recommended range of room temperature of 16 – 20°C, and adjust bedding and clothing appropriately. It is important to keep the baby's head uncovered by bedding or hats when indoors to allow them to regulate their body temperature.

- **Movement (apnoea) monitoring**

Families can be lent a movement monitor, or supported to use a monitor of their choice, to give parental reassurance. Movement (apnoea) monitors detect breathing movements. They sound an alarm after a period with no movement, usually 20 seconds. All babies have irregular breathing patterns compared to adults, with frequent short pauses.

However, a 20-second pause (or apnoea) is unusually long. Even if such a lengthy pause occurs, most babies will respond very quickly to touch. On rare occasions, the baby will need resuscitation. In the rarest cases, some will not respond to resuscitation. The monitors are used for sleep periods only and should be disconnected when the baby is awake. Parents need to be shown how to use and care for the monitor supplied to them, and be issued with the instruction manual. All parents issued with a monitor need to have Basic Life Support (BLS) instruction. (see Appendix).

Three types of monitor are in common use on the CONI programme. These are:

1. Sensor monitor e.g. Graseby MR10, SISS Baby Control – a sensor is taped to the baby's abdomen.
2. Under-mattress monitor e.g. Nanny – a pressure sensitive pad is placed under the cot mattress. An under-mattress monitor is recommended for babies who need to be monitored after 6 months.
3. 'Clip on' monitor- This is a small plastic monitor that clips onto a nappy e.g. SNUZA Hero MD

A Movement Monitors Factsheet is available as reference for CONI co-ordinator's use on the CONI webpages at: www.lullabytrust.org.uk However, please always refer to the manufacturer's instructions for the monitor issued to the parents, and advise parents to refer to these individual instructions. Manufacturer's instructions are also available on their own websites.

The risk of sudden infant death declines with age and 85% of sudden deaths occur in babies under six months old. For most babies, monitoring should stop by six months. The monitor can help reassure parents that their baby has not come to harm and many parents say the monitor helps them to sleep better at night, so the withdrawal of the monitor should be gradual. Parents should be encouraged to use it for fewer hours each day and the health visitor should help them plan how to progress until they can manage without the monitor. **It is helpful to remember that there is no evidence that using a monitor reduces the risk of SIDS, and to remind parents of this.**

LOCAL ORGANISATION OF CONI

Once CONI is commissioned in an area, it is essential that local referral and care pathways are agreed. These may form part of local Standard Operating Procedures.

The following professionals are typically involved with the delivery of the CONI Programme:

Midwife

The midwife identifies parents early in their pregnancy, and in the new-born period. They introduce the CONI programme to the parents and refer them **ante-natally** to the local co-ordinator. Parents may need extra support from the midwife during pregnancy. The midwife helps the parents with the programme immediately after the birth of the baby and should be familiar with the movement (apnoea) monitor and other support elements. (See Appendix for enrolment procedure following antenatal referral).

Health visitor/ nurse

The health visitor/nurse is the key worker with the family, visiting at home to monitor the baby and to listen to and advise the parents. During the visit, the previous weeks' Symptom

Diary is discussed, and advice and reassurance offered. The baby is weighed, and the weight recorded on the Sheffield Weight Chart. The use of the monitor and any alarms is discussed. Parents consistently report that this contact with the health visitor/nurse is important to them and that they find it particularly supportive to have a specifically trained health visitor/nurse who listens to problems and anxieties. Experience has shown that weekly visits are highly valued by parents. As their confidence grows, the frequency of visits can be reduced in preparation for the conclusion of CONI support. The health visitor should help the parents plan a way to gradually reduce their use of the monitor until they no longer need it to feel confident when their baby is asleep.

Paediatrician

Active involvement of a paediatrician is recommended. A local protocol needs to be negotiated. One consultant usually takes responsibility for the clinical support of CONI. However, the clinical care of families is frequently shared with colleagues. The paediatrician may offer to see the parents antenatally, offer to see the baby routinely or on parental request and see the baby if the surveillance highlights any cause for concern e.g. poor weight gain or apnoea. This may be via arranging open/fast access e.g. through the Emergency Dept, clinic or children's ward for instance. They may also offer a routine follow-up appointment close to the age of the previous SIDS death. The Paediatric Passport is available to be inserted into the PCHR (Red Book). It is essential that the paediatrician is available to contact by the family's health visitor/nurse and/or co-ordinator. In the absence of a paediatrician then the GP would offer clinical advice. ALTE/BRUE babies require hospital admission in most cases and direct involvement of the hospital paediatrician who contacts the local co-ordinator to arrange CONI support.

Senior Health Visitor/Paediatric Manager/Public Health Lead

Oversees health visiting, midwifery and paediatric involvement and continuity, and ensures that the appropriate local guidelines and budget are in place.

General Practitioner

As with any child the GP's main role is the diagnosis and treatment of illness, and referral to the paediatrician as appropriate. Although parents may be extremely anxious, the increased health visiting offered by CONI usually means most babies on CONI do not see the GP much more often than average. The Symptom Diary helps in the early recognition of ill health in the baby and may make it easier for some parents to ask for help. Parents should seek help if the Baby Check app score is 12 or more; in this case, they should be seen as soon as possible. Babies with unusually slow weight gain (as defined by the Sheffield Weight Charts) and babies with unexplained movement (apnoea) monitor alarms can be referred to the paediatrician for investigation. Close liaison with the family health visitor/nurse is essential for the best welfare of the family. The family's GP should be informed when a new baby is enrolled on to the programme. Electronic records should be flagged to identify babies on the programme and to act as an alert.

ROLE OF THE LOCAL CONI CO-ORDINATOR

The local co-ordinator may be a health visitor or any other person with the appropriate knowledge and skills e.g. senior member of the public health team, community paediatric nurse, neonatal outreach nurse etc. He/she liaises with the National CONI Co-ordinators and is responsible for the local administration of CONI. Whilst the care of the family

remains with the primary health care team, the co-ordinator is available for advice and support and can liaise with the paediatrician. The role will vary to suit local needs. The following responsibilities within the CONI co-ordinator role are only a guide. They will include all or part of the following: -

1. Identification of eligible families

Ensure that a system is in place to identify mothers booking for antenatal care with a previous history of sudden infant death. Most mothers are referred to the local co-ordinator by their hospital or community midwife, however the referral procedure should also be known to the obstetrician, GP and health visitors. It is recommended that all mothers with a history of SIDS/SUDI are referred to the local co-ordinator to be offered the opportunity learn about the CONI programme. Extending the programme to other families will need to be determined locally and included in local guidelines. A system to identify these families, and referral to the local co-ordinator, needs to be agreed.

2. Visiting the parents

Ideally this takes place in the parents' home, with their own health visitor/nurse present, about 2 months before the birth is expected or close to hospital discharge following an ALTE. The purpose is to explain the various elements of support in detail and to help the parents to select the measures that they are going to use. The functions (and limitations) of the equipment, Symptom Diary and other resources are also explained. The CONI co-ordinator completes the electronic Enrolment Form, and gains consent for the information to be shared with CONI Team and the Lullaby Trust. If consent to share is declined, or the parents do not wish to receive support from CONI, then the co-ordinator completes the Notification of Non-Participation Form which is sent to the CONI Team via email or post. Person-identifiable information is not captured on this form. The option to decline consent will not affect the care they receive. Parents are invited to complete an online Feedback Form at the end of the programme. The electronic online Enrolment and Feedback Forms are automatically received by the CONI Team when 'submit' is clicked. The introductory visit and any subsequent visits or contacts with the family should be recorded using local systems, in line with local policy.

3. Arrange antenatal contact with the paediatrician

Where the paediatrician is prepared to see families antenatally, liaise with the paediatrician on behalf of parents as appropriate.

4. Organisation of Basic Life Support (BLS) instruction

Local procedures will vary as to who is responsible for training the parents in BLS and how this is to be carried out. However, ideally this is offered before the birth of the baby and should allow the opportunity for parents and close relatives or carers to practice. If the training is to be provided by the local co-ordinator, it should be undertaken on a separate occasion to the introductory home visit. The CONI Team can advise on suitable online instruction videos e.g. St. Johns Ambulance and BLISS which can be used to supplement BLS training.

5. Distribution and care of equipment

Where possible families should be given the monitor and resources that they will using at or soon after the first home visit. This allows the parents to familiarise themselves with the

workings of the monitor before the baby is born. It also avoids the problem of supplying equipment during the short period the mother and baby are in hospital. However, it is recognised that other local arrangements may be preferred. The local co-ordinator should make sure that there is a system for logging the placement of all equipment to enable recall at the end of the programme. Some CONI teams also ask parents to sign a 'loan form'. All equipment should be checked by a medical engineer in line with both local and individual monitor guidance. The average loan of equipment is for 8 months, so equipment should usually be checked after each loan.

5. Distribution of resources

- **Symptom Diary**

- **Baby Check A5 demo card**

A 2-sided card explaining how to use the Baby Check App.

- **Sheffield weight chart**

- **Alarm Record (optional)**

If parents are troubled because an alarm sounds for no apparent reason, they can record the details of each alarm on the Alarm Record to help identify possible causes. This can then be discussed with the health visitor/nurse.

- **Information for GP Records**

An information sheet to be inserted into the baby's GP electronic and/or paper records to act as a reminder that the baby is enrolled on the CONI programme.

- **Paediatric Passport**

An A5 sheet to be inserted into the baby's Personal Child Health Record (Red Book) to alert A&E staff that the baby is enrolled on the CONI programme and facilitate access to an assessment by a senior paediatric doctor or nurse. A local card may be available to use instead.

- **Safer sleep easy read card**

The risk of sudden infant death is reduced when parents follow current evidence-based advice. All parents are provided with the Lullaby Trust 2-sided 'Safer sleep easy read card' giving key advice for reducing the risk of sudden infant death. Foreign language versions are available to download at: www.lullabytrust.org.uk It is important for health professionals to establish that parents have understood and remember this information at least until the baby is six months old. Parents need to be given all possible assistance to adopt the advice. More information about safer sleep can be found at: www.lullabytrust.org.uk

- **Product Guide**

There are many sleeping products on the market. This guide helps parents make an informed choice. This can be sent to the family earlier in pregnancy i.e. to acknowledge CONI referral received and when first home visit is expected.

- **Bereavement support leaflet**

Advice and information for bereaved families, including The Lullaby Trust services and other sources of support.

- **Room Thermometer**

A strip thermometer, where the temperature is indicated by the brightest green square.

- **CONI Leaflet**

An introductory leaflet to the CONI. This can be issued by the midwife at booking or at first contact between local the co-ordinator and parents. Some resources are free of

charge and should be downloaded from the CONI webpages on the Lullaby Trust website: www.lullabytrust.org.uk Other resources need to be purchased and single items/small quantities can be ordered via the Lullaby Trust online Shop: www.lullabytrust.org.uk Alternatively, for larger quantities, orders can be placed centrally by procurement departments via: lullabytrust-orders@partridgesuk.com Details of the current prices are attached in the Appendix.

6. Submit completed forms

Other than the Enrolment and Feedback Forms, all CONI paperwork should be retained locally; either leaving them in the care of the parents or placing them in the child's health records. As per local practice guidance.

7. Liaise with and support other personnel

The local co-ordinator should ensure the paediatrician, GP, health visitor/nurse and midwife are fully informed about the family's involvement on the CONI programme. They need to provide the baby's GP practice with the Information for GP Records sheet. This can be stored in paper records or scanned to electronic records or replaced with an appropriate electronic alert/bookmark to prompt the GP/other professionals about the baby's previous or family history.

After the baby is born the care of the baby and family usually lies with the commissioned public health team, with the family's health visitor/nurse as key worker. The local co-ordinator is not required to visit the family again until the programme is drawing to a close, but their knowledge and experience should be available to the health visitor. Some co-ordinators do make a subsequent visit to check that there are no problems or make contact by telephone. However, care needs to be taken not to undermine the role of the family health visitor/nurse.

8. Visit at 6-7 months and feedback from parents

Ongoing audit of CONI is very important, thus when the baby is about 6 months old the family will be invited to complete an online Feedback Form with the co-ordinator. This visit also provides the co-ordinator with the opportunity to discuss drawing the programme to a close, and the retrieval of equipment. Should it not be possible for the local co-ordinator to visit the family, the electronic link for the Feedback Form should be given to the family health visitor/nurse to take at his/her next visit.

9. Maintain local awareness of the CONI programme

Health professionals may only meet a family who are eligible for CONI programme infrequently and it can be difficult to retain detailed knowledge of the programme. Co-ordinators are encouraged to maintain awareness of CONI through informal and formal staff meetings or training sessions. An up to date PowerPoint presentation can be requested from coni@lullabytrust.org.uk and can be adapted for local use.

10. Notification of baby deaths on the programme

It is **essential** that the CONI Team is notified immediately of the death of a baby enrolled on the programme. The co-ordinator needs to complete the Notification of Baby Death Form and sent to the CONI Team via email or post. Person-identifiable information is not captured on this form.

Where the death presents suddenly the CONI Steering Group will normally offer support to the local professionals involved and ensure the family have access to the Lullaby Trust bereavement support services.

11. Keeping abreast of changes to the CONI programme and SIDS research findings

- The CONI Team is available for advice by telephone on: 0207 802 3206 or e-mail: coni@lullabytrust.org.uk
- Information about CONI, including resources and forms, can be found on the CONI webpages: www.lullabytrust.org.uk
- A programme of Regional CONI Meetings offers all local co-ordinators the opportunity to attend a half day meeting approximately every 18 months. These meetings can include an update on latest SIDS research, bereavement support and developments about CONI. Dates for the meetings can be found in the Upcoming Meetings section on the CONI webpages: www.lullabytrust.org.uk
- Information is posted or emailed to the local co-ordinator by both the CONI Team and the Lullaby Trust.
- Co-ordinators are encouraged to sign up to receive the Lullaby Trust Professional Newsletter at Lullaby Trust website: www.lullabytrust.org.uk

TRAINING FOR NEW CONI CO-ORDINATORS

Training is available for all new local co-ordinators by arrangement with the Lullaby Trust CONI Team. Training sessions are arranged in various venues around the country depending on need but will usually require the new co-ordinator to travel to a central venue. Dates for the training can be found in the Upcoming Meetings section on the CONI webpages: www.lullabytrust.org.uk There is a charge for training which includes co-ordinator resources. Following training CONI ID number will be allocated to each co-ordinator.

CONI CHAMPIONS

In addition to the local CONI co-ordinator, some CONI teams may also have CONI Champions. These are professionals who enthusiastically support and represent the local CONI programme. They have received full CONI training and should attend the CONI regional updates. They can be the initial contact for parents and professionals. Champions can explain the elements of CONI support to parents and professionals and are aware of the local CONI criteria and referral pathway. They can have a particular role in the local CONI team e.g. manage the equipment and resources. They also should have the skills and confidence to talk with bereaved parents. They are not expected to undertake initial or enrolment visits. They should have knowledge of the Lullaby Trust website, specifically the CONI webpages.

FUNDING FOR CONI

Public health funding

It is expected that every provider of health visiting/public health service will allocate funds to maintain and support their CONI programme. A budget is required to meet recurrent costs which include the paper resources e.g. leaflets, servicing of equipment, disposable items for equipment e.g. sensors, surgical tape and batteries, and costs to attend Regional

Meetings and new co-ordinator training sessions. It is also recommended that the budget includes replacement costs for lost or broken equipment.

Charitable funds

Money can be donated for CONI equipment and can be held at the Lullaby Trust for a specific team or paid into a central equipment fund. All cheques must be made payable to 'The Lullaby Trust' and sent to the CONI Team at the Lullaby Trust.

To comply with charities law, funds cannot be held in designated accounts for long periods. Where possible we would like donations to be made to the central equipment fund, however it is recognised that many donors wish their local community to specifically benefit from their fund-raising efforts. It must be noted that where there has been no movement on a centre account for more than 12 months, the local co-ordinator will be requested to identify a spending plan. Surplus funds may be re-allocated to help other areas in need.

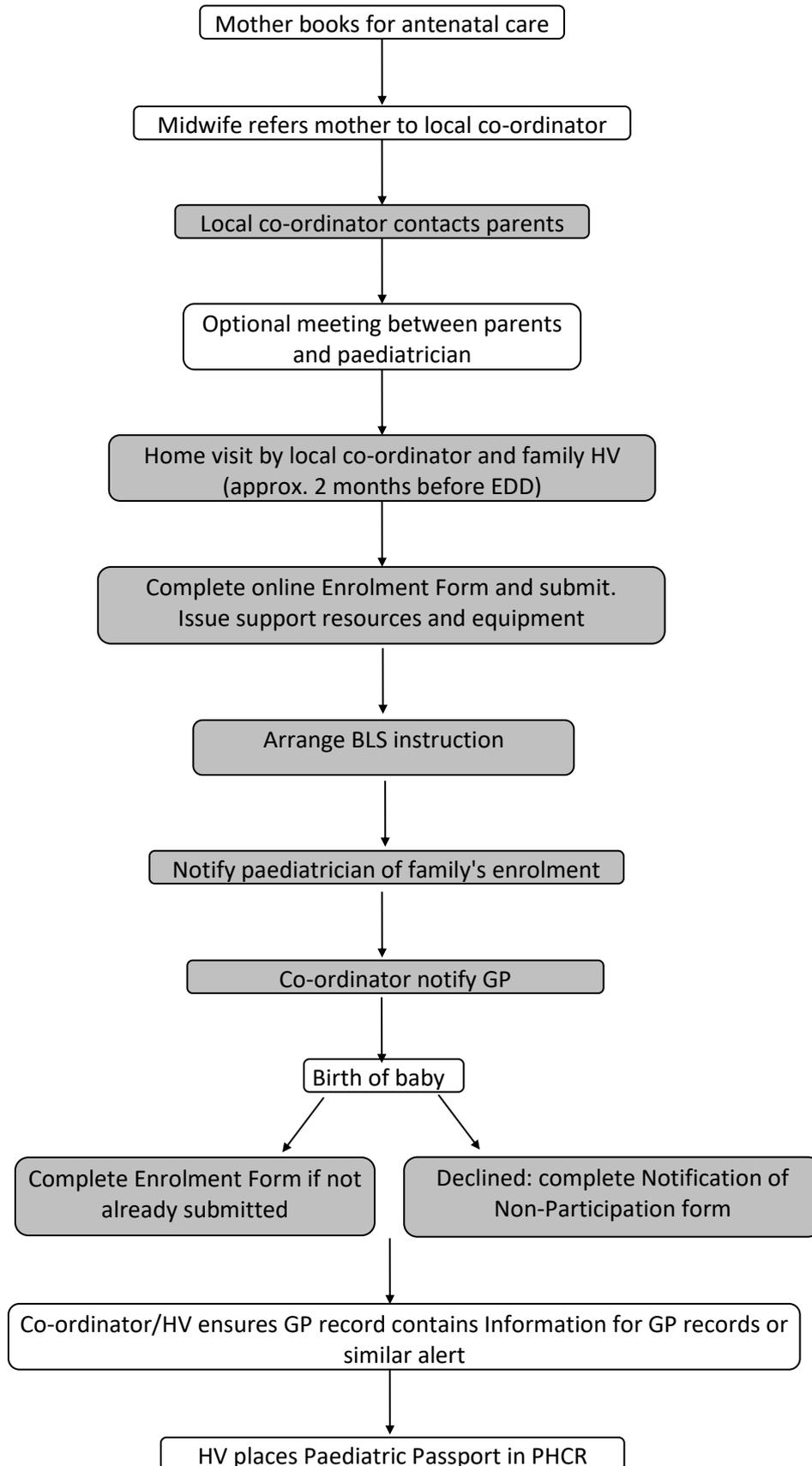
Purchasing equipment

The Lullaby Trust has negotiated discount prices for some monitors for the CONI programme. Details of current prices are shown in the Appendix and updates will be available via the 'Information for CONI Coordinators' section of the CONI webpage. To purchase equipment at our discounted prices using funding from an NHS hospital, community trust or council the local co-ordinator should usually submit an order to the CONI Team at: coni@lullabytrust.org.uk via their purchasing authority. Some monitors can be purchased directly from the UK distributor. (See Appendix).

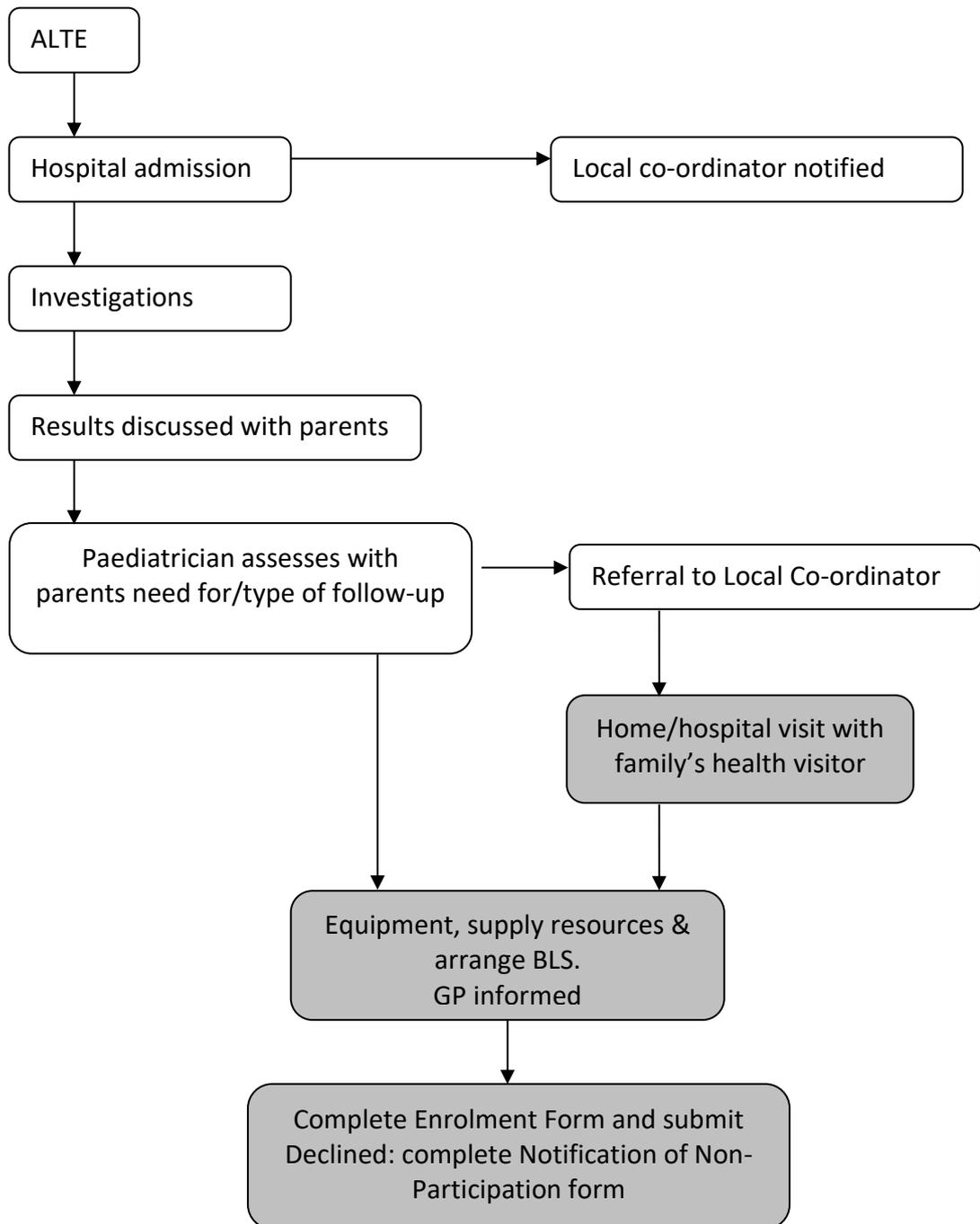
To purchase equipment using the money held in a Lullaby Trust account the local CONI co-ordinator should email to the CONI Team at: coni@lullabytrust.org.uk to raise an order. The purchase must be approved by a National CONI Co-ordinator. Equipment bought in this way is donated to the local Trust, who will be responsible for entering it on the organisation's equipment log, maintaining and servicing the equipment. Please contact the CONI Team by email: coni@lullabytrust.org.uk for an update of the balance of your local account. According to the law governing charities, monies can only be held for a year.

APPENDIX

ENROLMENT PROCEDURE FOLLOWING ANTENATAL REFERRAL



ENROLMENT FOLLOWING ALTE



EQUIPMENT PRICE LIST

(correct at April 2020)

APNOEA MONITORS

<u>Supplier</u>	<u>Type</u>	<u>Price £</u>
Central Medical Supplies	SISS monitor (Includes 1 sensor; now 4 pin)	595.00
CMS House	Spare sensor (Please stipulate whether 3 pin or 4 pin)	95.00
Basford Lane	Case for SISS Monitor	40.00
Leek ST13 7DT	<i>Recommend at least one spare sensor is ordered with each monitor</i>	
sales@centralmedical.co.uk	<i>No carriage charge</i>	
01538 399 541		

Testing rigs for the SISS monitor can be purchased through The Lullaby Trust at a discounted price of £345. The distributors advise that SISS monitors require servicing every 2 years.

To place an order, please raise a purchase order (PO) and send it to coni@lullabytrust.org.uk

The Lullaby Trust is not registered for VAT and no additional VAT is required. Please note that **payment must be received** before goods can be delivered.

MATTRESS MONITORS

Nanny Monitors

Please order directly from the UK distributor at: <https://nannymonitor.co.uk/>

PARTS FOR DISCONTINUED MONITORS

Sensors for Graseby MR10

As from November 2015 Smiths Medical suggest the use of Viomedex sensors. These should be ordered directly from Viomedex Ltd. Smaller quantities please contact coni@lullabytrust.org.uk for price

Viomedex Ltd	Respiration sensors VX010	
Unit 13,	1 box of 50 sensors	72.50
Swan Barn Business Centre,	Carriage (For N. Ireland/IoM/Jersey £22.00 carriage)	10.50
Old Swan Lane,		
Hailsham, East Sussex		
BN27 2BY		
0 1323 446130		
vx@viomedex.com		

EQUIPMENT PRICE LIST - Continued

RESUSCITATION EQUIPMENT

Please order directly from company

St John Ambulance Supplies	Baby Anne C15140 light skin; C70035 dark skin*	133.00
McBeath House	Baby Anne airways (pack 24) C15163	16.50
310 Goswell Road	Baby Anne bag (soft pack C70045)	19.00
London EC1V 7LW		
Tel 08447704808		
www.stjohnsupplies.co.uk	Carriage charge £10.00 for orders under £150.00 (including VAT)	
	Orders over £150.00 free (standard delivery)	

customer-service@stjohnsupplies.co.uk

LT customer number 229210

*Baby Anne includes 6x airways and 1x soft pack (bag)

REGIONAL DEVELOPMENT OFFICERS (RDO) CONTACT LIST

The RDOs represent the Lullaby Trust at a regional level. They raise and maintain awareness of sudden infant death regionally and work with professionals to spread safer sleep messages. Additionally, they promote good practice after the sudden and unexpected death of a baby. They also support bereaved parents through annual family days out held in their region. They liaise with and support the local Lullaby Trust befrienders.

Region	RDO	Contact details
The North East, Yorkshire and East Midlands Northumberland Tyne & Wear County Durham Teesside N, E, S & W Yorkshire Lincolnshire Derbyshire Nottinghamshire Leicestershire Cambridgeshire Norfolk	GILLIAN RYDER	GillR@lullabytrust.org.uk
North West and N Wales Cumbria Lancashire Greater Manchester North Wales Cheshire & Merseyside Staffordshire Shropshire	KAREN MOLLOY	KarenM@lullabytrust.org.uk
West Midlands and S Wales West Midlands South Wales Oxfordshire Northamptonshire Gloucestershire	NATALIE MCKIE	NatalieM@lullabytrust.org.uk
South West Bristol and Bath Somerset Dorset Devon Cornwall	STELLA PARKIN	StellaP@lullabytrust.org.uk
South East and Channel Islands Berkshire Kent Surrey Sussex Suffolk Hampshire Essex IOW & Channel Islands	SARAH WILSON	SarahW@lullabytrust.org.uk
London, Home Counties, Northern Ireland Greater London Northern Ireland Bedfordshire Wiltshire Hertfordshire Buckinghamshire	CHERYL PEARCE	CherylP@lullabytrust.org.uk

THE LULLABY TRUST CONTACT DETAILS

CAN Mezzanine – Borough, 7-14 Great Dover St, London SE1 4YR
Telephone (general enquiries): 020 7802 3200
office@lullabytrust.org.uk

CONI: 0207 802 3206
coni@lullabytrust.org.uk
For sensitive or confidential information bchnt.conilullabytrust@nhs.net

Bereavement Support: 0808 802 6868
support@lullabytrust.org.uk
For sensitive or confidential information bchnt.conilullabytrust@nhs.net

Information Line: 0808 8026869
info@lullabytrust.org.uk

Fundraising: 0207 802 3201
fundraising@lullabytrust.org.uk

Press Office: 0207 802 3202
communications@lullabytrust.org.uk

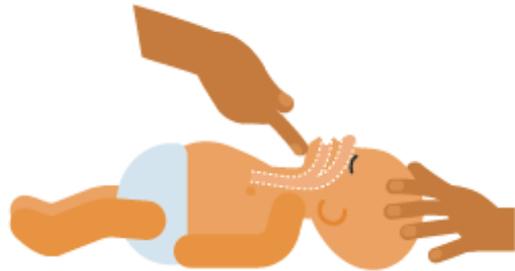
Website:
www.lullabytrust.org.uk

Please also see our privacy policy on our website for how we collect, use and look after personal information.

BASIC LIFE SUPPORT



1 Call 999 and ask for an ambulance



2 Open baby's airway



3 Give 5 puffs of breath over baby's nose and mouth



4 Using two fingers, give 30 pumps to the centre of baby's chest

5 Check baby's breathing. If no movement or improvement in colour, continue to deliver 2 puffs of breath over nose and mouth followed by 30 more pumps to the chest. Repeat these steps until an ambulance arrives.

If movement is seen or colour improves, continue to deliver breaths until baby breathes alone.

The 999 call operator will be able to talk you through these steps while you are performing them.