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We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Babies at risk

SIR,—A colleague has drawn my attention to a recent headline in a national newspaper reading, "Murderer is danger to his baby girl," and a column describing how the infant was taken into care.¹ This article highlights the concern which is now being shown by medical and social work personnel over the care some newborn babies are likely to receive on going home from the maternity unit. Our concern is, firstly, where a baby is returning to a family in which one or more children are already in care for serious abuse or neglect, or where a known abuser is now a member of the household; secondly, where a family has subnormal, unstable, or violent parents—who are often young and disorganised, with numerous social problems; and, thirdly, where a mother seems indifferent or hostile to her child in the maternity unit.

Decisions made in the newborn period have far-reaching consequences since we know that removal of the newborn baby from his mother damages her capacity to care for him. Parents already vulnerable to difficulties thus have their problems with the baby magnified. Unless we are certain that the parents can never care for the child we must do all we can to keep mother and baby together for a while. If necessary this must be done under legal controls so that a proper assessment of the family can be made. In such cases a full psychosocial study of the parents and family is needed. This must include the parents' hopes and feelings about the newborn baby; their personal biographies; the social situation; and their relationship to each other, to their other children, to the extended family, and to neighbours and friends. Each child born may give parents new

hope and a new start; and when the spouse has changed, material conditions are better, or time and professional help have brought some improved understanding and maturity it is possible that they can care for *this* child safely when they could not cope with others. Events around the birth and first days of life may also influence the picture.

Some paediatric and psychiatric units and possibly some social service homes have facilities for the kind of multidisciplinary study which is needed, and many more such units are required. Developmental considerations are crucial and are sometimes not given adequate attention. We hear of families where a baby is removed at birth but those in authority plan to "see if his parents can manage him in three or four years' time when he will not be so vulnerable." Such ideas, of course, completely disregard the normal development of the reciprocal relationship between parents and infant, out of which grows their capacity to nurture him appropriately with affection, concern, and understanding and to promote his development. Many parents, especially such vulnerable ones as are under consideration here, find the utmost difficulty in taking on an older baby who has become a stranger to them, let alone a toddler; and when crying and feeding problems start, as they commonly do, their ability to cope is minimal and the child's happiness, security, and development suffer irreparably.

In Newcastle upon Tyne we have developed three small units, two in paediatric departments and one in a local authority nursery, where we can assess these families, keeping the mother with the child. The father is free to visit, and the extended

family too; and the mother can go home one or two nights a week to balance the family relationships. All three units work closely with the child psychiatry department. None is ideal but the service is developing. Out of 10 such families treated recently, all under legal controls, three mothers voluntarily relinquished the baby after a few weeks and those children are placed for adoption. Four babies were removed to long-term foster homes after six or eight weeks, against their parents' wishes, and three have gone home. One girl, a violent, unstable, and educationally subnormal 15-year-old when the baby was conceived, did exceptionally well, has married, and now has a second child who is also thriving. In another family, the father in a former marriage had injured three babies at different times, the last one severely seven years ago. He served a gaol sentence and has now remarried, and the newborn baby had to be considered at severe risk. After four months of continuous family treatment and assessment by a multidisciplinary team in one of the hospital units, this child has now been integrated into the family. The marriage is a happy one, the father has matured, and his increasing self-confidence and understanding of how to deal with aggression is reassuring. Careful lifelines have been built into the environment, through which monitoring of the emotional tone of the family will continue. Both parents are co-operative and are aware of the implications.

More research is needed to understand these complex issues and to develop guidelines, but in the meantime let us resist removal of newborn babies from their parents unless and until we are sure they will never be able to nurture the baby.

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¹ *Daily Mail*, 24 August 1979, p 11.