Registants are invited to help shape the NMC code of conduct, says Tony Hazell

The Nursing and Midwifery Council dedicates a huge amount of time each year to developing and updating the standards, guidance and advice that support nurses and midwives in their practice and conduct.

Each piece of work contributes to public safety in a different way, but one document is at the heart of everything we produce – The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives.

The code is the foundation of good nursing and midwifery practice, and a key tool in safeguarding the health and wellbeing of the public. It sets the standard for the level of care we expect the professionals on our register to deliver.

The current version of the code was published in April 2008 so it is time for us to begin another review to ensure it is still relevant and effective. We are currently gathering evidence to inform this review, which will begin in earnest next spring.

We know the code review will eventually cover many issues, but at this stage we are seeking to refine our research parameters. Alongside a comprehensive literature review and a review of fitness to practise information, we are now looking for feedback.

To identify the issues nurses and midwives feel strongly about, we have launched a brief survey encouraging participants to select the topics they think the code review should take into account.

Participation at this stage will help shape the scope of next year’s review. To contribute your views visit www.nmc-uk.org/Nurses-and-midwives/The-code

Tony Hazell is chair of the Nursing and Midwifery Council

Back to safe sleeping

Anne Diamond says mothers need to be reminded of the dangers of sleeping a baby on its tummy

This time 20 years ago, the UK’s most successful health campaign was launched four months after the death of my own child. It was called the Back To Sleep campaign, and I had lobbied for and ached over it for many months.

It meant everything to me, but I could not stay in the UK over Christmas 1991 to watch the campaign unfold. I took my family to Australia, half a world away from all the publicity, to start to learn to live with life after cot death.

Back then the UK lost 2,500 babies a year to sudden infant death syndrome (SIDS). For reasons now thought to be little more than a trend borne of a practice beneficial to premature babies, most mums slept their babies on their tummies. The popular belief was that infants settled better that way. Pictures of happy babies, snugly sleeping in the prone position, covered baby merchandise from nappy packs to cot bumpers.

We did not know we had got it so wrong, but my family, like thousands of others, paid the price for that mistake with a life.

I was living in London with my husband and three sons, the youngest of whom, Sebastian, was four months old. That sunny July morning, it was my eldest son Oliver’s fourth birthday. Just after I had been into his bedroom to wake him up, I popped into the nursery to check on the baby, and our lives changed forever.

Still appearing like a warm, sleeping child, Sebastian was in fact stone cold dead.

At the time, four or five babies were dying from cot death every day in the UK, and my quest to find out why took

Give us a smile

Our attitudes have a big impact, warns Jane Bates

‘It is the nurses who set the tone in any ward or department,’ a doctor once said to me while we were talking about workplace atmosphere.

You do not have to be mega-intuitive to pick up a certain vibe, whether good or bad, when you walk on to a ward. It is obvious by the looks on people’s faces, the inflection in their voices. The medical staff notice, the ancillary staff
me all the way to New Zealand. The country had the highest cot death rate in the world, and the government had launched a massive epidemiological study to find out why. Halfway through the study, however, the findings were so stunning they were turned into a campaign.

**Overwhelming evidence**

The researchers found that the babies who were dying were those sleeping on their stomachs.

Although there were previous theories that sleep position was a factor in cot death, this evidence was unmistakable. The New Zealand campaign – literally to turn babies over – started saving lives by the hundreds, and I knew we needed the same action in this country.

Along with the leading cot death experts in the UK, I lobbied the then chief medical officer, Kenneth Calman, and health secretary Virginia Bottomley for a multimedia campaign.

At first Ms Bottomley was not convinced we needed a television advert. She told me that, in her opinion, young mums did not watch television. I could not believe it. Most of my mail came from young mums who watched breakfast TV while breastfeeding.

In the end, I got the go ahead for the campaign, which would involve telling a whole generation of nurses, doctors and midwives to change their advice. Although this was welcomed by most, it was hugely controversial to some. I know many midwives, baby clinic nurses and health visitors who were devastated to realise the advice they had believed and passed on for so long was wrong.

Within six months, the UK cot death rate had plummeted to about 300 a year, where it has remained ever since. What is more, a Department of Health report published a year later found that 87 per cent of women got the life-saving advice from the TV.

However, there is a new, insidious twist in the tale that must be stopped before it gains momentum: some young mums are beginning to talk in internet chat rooms about a trick that might help them get a better night’s sleep – sleeping babies on their tummies.

The Foundation for the Study of Infant Deaths, which is 40 years old this year, has expressed concern that young mothers do not understand the risks they are taking with their babies. Money may be short in the NHS at present, but what is the cost of these precious lives? We need a new campaign, and we need it now.

*Anne Diamond is a broadcaster and health campaigner*

[www.buypower.net](http://www.buypower.net)

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notice, and best or worst of all, the patients and their families notice.

Leadership has a huge part to play in this. I worked on one ward where the sister in charge was touchy and irritable and it affected the whole team. There was no pleasing her and the environment was tense. I nearly packed up my red spotted handkerchief and went to seek my fortune elsewhere.

My next ward could not have been more different. The sister, although strict, was welcoming, and it might sound corny but we all felt we were worth something. This then transferred to the patients and other staff.

But we all have a part to play in this. We know that pain is exacerbated by fear, and that being calm and relaxed has the opposite effect. We also know that teams are more productive when there is a good working ethos.

So what choice do we have if we are to do our jobs properly? It may seem ‘airy-fairy’ to talk about setting the tone, and you will never find it in a text book on clinical practice. But if we don’t understand how our attitude can affect others, then maybe nursing is not for us.

*Jane Bates works in outpatients in Hampshire*