Summary

Families of clients under the care of the probation service are at significantly higher risk of experiencing a cot death or a stillbirth than the general public. Pregnant women in the immediate families of clients under the care of the probation service should be identified to health service personnel involved in their antenatal and postnatal care in an effort to avert unnecessary deaths.

In England and Wales there are about 1300 'sudden infant deaths' in the first year of life, representing about one third of the annual total of deaths after the neonatal period. A recent multicentre study showed evidence of an increased risk of infant death in lower social class families, with more children having more family problems and living in less satisfactory housing. These included domestic, financial, and housing problems, parental health, parental intelligence and competence, and family circumstances. Studies of women addicted to opiates have shown high incidences, barbiturates also having been implicated. The suspicion of filicide (child homicide by either parent) may be a major factor in between 2% and 10% of unexplained cot deaths. Attempts have been made to create a scoring system to identify infants at risk of 'unexpected death', using combinations of various factors present at the birth of the child. Their use, however, remains controversial; the multicentre study acknowledged the discriminatory power of the at birth risk scoring system of Carpenter et al but remarked on its low sensitivity and specificity. The cost-benefit ratio of scoring systems also remains an area of debate.

A client group comprising those on probation has an undoubted preponderance of the factors associated with high incidence of cot deaths. High risk at birth scores could be expected from such mothers.

Methods

The initial study was conducted in the Cleveland
probation service in April 1985. All probation officers in the service were asked to review their records to provide details of the number of births and cot deaths that occurred to female clients on probation or to the wife, common law wife, or girlfriend of a male client on probation during the calendar year 1984.

After the initial results a second survey was deemed appropriate; four other probationary areas were approached in November 1985 to obtain similar basic data to the initial study, including the number of stillbirths for the calendar year 1985. A standardised simple questionnaire was circulated to all probation officers for completion.

**Results**

Three of the four probation services responded to the second survey. Results from both surveys are shown in Tables 1 and 2. Five cot deaths were identified from Humberside, Northumberland, and Durham, with an overall rate of 13.5 per 1000 births (one in 73 live births). Numbers of stillbirths were returned from the initial survey, though they were not requested; the second survey specifically requested stillbirth figures. The initial Cleveland survey revealed a stillbirth rate of 44 per 1000 births and the second survey a rate of 24 per 1000 births.

**Discussion**

Families of clients under the care of the probation service are at significantly higher risk of experiencing a cot death or a stillbirth than the general public. Indeed these results suggest that about one in 20 pregnancies in the families of clients under the care of the probation service might have such a fatal outcome. Reasons for this are likely to be multifactorial, with physical, social, and psychological factors all probably implicated.

Confidentiality is respected about being 'on probation', and health service workers will not usually be aware that a person is on probation. At present in Cleveland no extra health service input is aimed directly at this client group. On the other hand, the probation service seems to see a high risk client group for which the need for the intervention of the health service would seem to be great. Pregnant women in the immediate families of clients under the care of the probation service should be notified to the health service personnel involved in their antenatal and postnatal care in an effort to avert unnecessary deaths.

Thanks must be extended to the chief probation officers, without whose cooperation the study would not have been possible; thanks are also due to the individual probation officers for their work in supplying the data.

**References**


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Received 23 April 1986

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**Table 1**

<table>
<thead>
<tr>
<th>Probation district</th>
<th>Year</th>
<th>Births (estimated)</th>
<th>Cot deaths</th>
<th>Stillbirths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humberside</td>
<td>1985</td>
<td>113</td>
<td>4*</td>
<td>3</td>
</tr>
<tr>
<td>Northumbria</td>
<td>1985</td>
<td>185</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Durham</td>
<td>1985</td>
<td>72</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Cleveland</td>
<td>1984</td>
<td>68</td>
<td>3</td>
<td>3*</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>438</td>
<td>8</td>
<td>12</td>
</tr>
</tbody>
</table>

*One was a filicide.
†Information received but not requested.

**Table 2**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cot death</td>
<td>18.2*</td>
<td>1.95</td>
<td>9.4</td>
</tr>
<tr>
<td>Stillbirth</td>
<td>27.4**</td>
<td>5.7</td>
<td>4.8</td>
</tr>
</tbody>
</table>

*χ² (with Yates's correction)=50.1, p<0.001 (excluding Cleveland χ²=19.5, p<0.001).
**χ² (with Yates's correction)=34.5, p<0.001 (excluding Cleveland χ²=20.7, p<0.001).
Cot deaths, stillbirths, and the probation service: a potentially recognisable at risk group.
E J Pugh, R Statham and S Jarvis

Arch Dis Child 1987 62: 146-147
doi: 10.1136/adc.62.2.146

Updated information and services can be found at:
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