Discussion - Chloe

Could technology lead to an increase child supervision referrals?

Chloe has given birth to a baby boy, Ben. Whole genome sequencing has been adopted as a primary screening tool for newborns, and within 24 hours of birth a blood sample is drawn. This gives her reassurance that should Ben become unwell, his sequence could be analysed quickly to check for relevant mutations, enabling a precise, early diagnosis.

Chloe buys an Onni baby monitor. Approved smart devices can connect to the monitor (and have access to its data) so Chloe's parents, who live in New Zealand, can log in and view Ben through the smart camera whenever they choose, using two way communication between the baby unit and their tablet to talk to him. It also connects to a babylog app where Chloe can record and track Ben's growth and development, and compare his progress to WHO stats.

Wearable sensors are given to all new mothers to monitor signs of intimacy/bonding between mother and baby. After two months Chloe receives a call from her clinician expressing concern about limited eye contact and close body contact between them, and asking her to come in for a consultation to assess her mental state and how it may be affecting Ben.

How much genetic information should parents be given about their newborns?

Next, Ben does not meet the milestones of holding his head up and sitting up on his own at the expected ages and at 15 months, Ben still isn't walking – below average according to the app. This causes Chloe to become concerned about Ben's development to the point that she is not sleeping, because she wakes frequently during the night to monitor his sleep.