

Safer Sleep for Babies



A Thinking Tool to prompt conversations to reduce the risk of Sudden Unexpected Deaths in Infancy

Although sudden unexpected death in infancy (SUDI) is now rare, in 2021 there remained 182 unexplained infant deaths across the entire UK [Statistics on SIDS - The Lullaby Trust](#). Accurate research and information are now available about how and where babies die and more so, how to prevent them dying. All professionals in contact with service users have a crucial role to support families to understand how to avoid the specific risks for their baby, targeted to their specific needs.

What is Sudden Unexpected Death in Infancy (SUDI)?

Sudden Unexpected Death in Infancy (SUDI) sometimes referred to as Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of a baby where no cause is found after detailed post mortem.

Statistics on SUDI

- ✚ About 3 babies die every week across the UK of SUDI.
- ✚ Babies placed to sleep in the same room as their parent can half the risk of SUDI.
- ✚ A baby placed on their front is 6 times more at risk of SUDI than an infant placed on their back.
- ✚ Around 89% of SUDIs happen in the first 6 months of life.
- ✚ Babies born at low birth weight are 5 times more at risk of SUDI than those born of normal birth weight.
- ✚ Boys are more at risk than girls.
- ✚ The SUDI rate is almost 4 times higher among mothers under 20 years compared to other age groups.
- ✚ A third of SUDIs could be avoided if no women smoked during pregnancy.

Conversations with Parents

Have open and non-judgemental conversations with parents about their choice of sleeping environment for their infant.

If parents choose to bed-share, seek to understand the reason and explore how this can be facilitated safely.

Do not be afraid to tell families if their circumstances mean they are in a higher risk group (see below) and should not bed share, however it is important to explain why this might be.

Observe the sleeping environment with consent, where possible.

Tailor the advice and support the family's individual circumstances and home environment.

Explore the sleeping arrangements should the baby be cared for by family members in another environment, or during trips away from home.



Key Messages



Back to sleep

The most effective reduction of SUDI occurred following the introduction of back to sleep in the late 1980s. This needs to be consistent, an odd night that a baby is slept differently will increase risk. **Side sleeping** is not a stable position, and a baby should never be propped to stay in this position.



Bed sharing

Of babies who died whilst sharing a bed with an adult, 90% died in hazardous sleeping situations. Parents should not fall asleep with their baby if:

- ✚ They have recently consumed alcohol.
- ✚ They or their partner smoke.
- ✚ They have taken any drugs that make them sleepy or affect awareness, including prescribed medication.
- ✚ Their baby was born premature (less than 37 weeks) or weighed less than 2.5 KG or 5 ½ lbs when born.

Never sleep on an armchair or sofa with a baby, day or night – this can increase the risk of SUDI by 50 times.



Create a clear, flat, separate sleep space in the same room as the parent, if possible, for the first 6 months.

It is recommended that parents:

- ✚ Do not use pillows, bumpers, quilts, pods, nests or sleep positioners. **
- ✚ Keep baby's head uncovered and room temperature between 16 – 20 C.
- ✚ Place baby at the bottom of the cot so the baby cannot wriggle under the covers.

**When sleeping, babies shouldn't lie on or have anything soft around them, particularly their heads, as this can cause them to overheat and increases the risk of SUDI. Soft, squishy materials can also cover baby's mouth and nose if they are pressed against it and, once babies can move or roll, they can become entangled in ties or material. Nests, pods and sleep positioners are not recommended as these items go against the advice that babies should sleep on a firm, entirely flat waterproof surface and can make it difficult for babies to regulate their temperature.



Support breast feeding

The incidence of SUDI is halved in babies who are breastfed for at least 2 months.



Keep babies smoke free

Babies should be kept smoke-free both before and after birth. A smoky environment is anywhere near someone who is smoking, or in a room where someone has smoked.

- + It is especially important not to bedshare with the baby if either parent is a smoker, even if they haven't smoked in the bedroom. It has been shown that the chances of SUDI if bed sharing when parents are smokers is much greater than for non-smokers.
- + Never smoke in a car with baby. It is illegal to smoke in a car with children under 18 years present.
- + Cigarette smoke clings to clothes, hands and hair. It is recommended to wash hands after smoking and change clothes where feasible.

Further information can be sought from:

[Safer-sleep-saving-lives-a-guide-for-professionals-web.pdf \(lullabytrust.org.uk\)](#)

[How to reduce the risk of SIDS for your baby - The Lullaby Trust](#)

- + Dummy use has been associated in several studies to lower the risk of SUDI.
- + Signs of illness – advice should be sought if a baby shows signs of illness persistent for more than 24 hours.
- + Swaddling – if a parent decides to swaddle their baby they should be advised not to cover their head and to use thin materials.
- + Slings and car seats – parents should be advised to follow manufacturers guidance and not leave an infant in a car seat for long periods or unsupervised. Apply the T.I.C.K.S. Rule for Safe Babywearing for slings. [ticks.pdf](#)
- + Managing multiple births – only place them side by side in a cot in the early weeks when they can't roll over. Otherwise, all the above recommendations apply.
- + E-cigarettes - There is currently no research on e-cigarettes and SUDI but using an e-cigarette seems to be much safer than smoking. However, parents should continue to keep the baby away from e-cigarettes and their vapour.

Sudden Unexpected Death in Infancy Professional Thinking Tool

The SUDI Thinking Tool should be used to prompt curious conversations and offer targeted support to promote safe sleeping arrangements for infants under one year.

Consider in the assessment:

- ✚ Involving the parent/carer
- ✚ Child Centred
- ✚ Think Family
- ✚ Multi-Agency Approach

Names and DOB (Include everyone living at the family address)				
Date:		Practitioner:		
		Yes	No	Impact on the infant - Consider presentation/ response of the child. Record specific details:
1.0 At risk - Aged up to 12 months				
1.1 'Safer sleep' advice given and discussed for understanding?				
1.2 Adequate sleeping arrangements in conjunction with safer sleep advice? e.g., where is the baby/child sleeping? Observation of the sleeping environment, day and night-time sleeps.				
1.3 Planned co-sleeping e.g., baby should be placed in a clear sleep space free from pillows and adult bedding. All current safe sleeping advice should be followed. Care should be taken to ensure baby cannot fall out of the bed or get trapped between furnishings.				

1.4 Safe use of monitoring aids e.g., videos, alarms, placement, and wiring. Should compliment direct observation of infant not replace it.			
1.5 Acknowledgement of cultural factors and wider family beliefs e.g., Views of wider family/ grandparents might influence parental choices.			
1.6 Supervision of siblings and pets			
1.7 Parental awareness of safe use of car seats and slings e.g., TICKS guidance for safe use. ticks.pdf			
1.8 Not exclusively breastfed			
2.0 Increased risk			
2.1 Boy			
2.2 Aged 3 – 5 months			
2.3 Multiple births (twins or triplets) e.g., sleeping arrangements, coping with extreme tiredness.			
2.4 Prematurity (born before 37/40) / low birth weight (less than 2.5 kg) e.g., positioning/ handling of premature infants.			
2.5 Maternal smoking during pregnancy			

2.6 Overheating e.g., room thermometer, heat rash, clothing, position of cot to window, out of direct sunlight.			
2.7 Unplanned co-sleeping (Bed-sharing with an adult) e.g., coping strategies when extremely tired/ infant unsettled at night			
2.8 Cluttered or inadequate housing conditions			
3.0 High risk			
3.1 Co-sleeping with an adult who has drunk alcohol			
3.2 Co-sleeping with an adult who has taken drugs/ substances including prescription medication with sedative side effects			
3.3 Co-sleeping with a smoker			
3.4 Co-sleeping when a baby is unwell (snuffly)			
3.5 Sleeping on a sofa or armchair			
3.6 Non-mobile infant sleeping on their front or side			
3.7 Swaddled or head covered			
3.8 Management of safe sleep for your baby in different circumstances? (e.g., sleeping away from home or with a relative, after drinking alcohol at a party or celebration, vacations, parental health medication).			
Unwell infant – support with common infant illnesses/ conditions and when to seek medical advice			

<https://www.midandsouthessex.ics.nhs.uk/health/campaigns/child-health/>

<https://www.hwehealthiertogether.nhs.uk/parentscarers/worried-your-child-unwell/cough-and-cold>

<https://suffolk.pagetiger.com/health-and-wellbeing-first-few-years/1>

4.0 Analysis

What risk factors have been identified during this assessment?

5.0 Action Plan

What is your action plan including time scales?

Useful Resources

[Caring for your baby at night and when sleeping \(unicef.org.uk\)](https://www.unicef.org.uk/caring-for-your-baby-at-night-and-when-sleeping)

[How to reduce the risk of SIDS for your baby - The Lullaby Trust](#)

[The Baby Check App - The Lullaby Trust](#)

[BASIS – Baby Sleep Information Source \(basisonline.org.uk\)](https://www.basisonline.org.uk/)

TICKS guidance [Baby slings - RoSPA](#)

<https://www.lullabytrust.org.uk/wp-content/uploads/3-bed-sharing-factsheet-2022-1.pdf>