

Safer Sleep Practice Tool

Southend, Essex & Thurrock Child Death Review Partners

NHS Essex Integrated Care Board

hcrg Care Group

Essex Safeguarding Children Board

A Practice 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 2026 there remained 188 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. Whilst it is important to have safer sleep conversations with all families it is recognised that certain vulnerabilities increase that risk. The Lullaby Trust identifies prematurity, low birth weight, exposure to smoking, unsafe sleep environments, parental alcohol or drug use, and broader family vulnerabilities as factors associated with an increased risk of Sudden Unexpected Death in Infancy (SUDI). The risk is greatest when an already vulnerable infant is exposed to unsafe sleeping conditions.

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

Create trusting and safe spaces where people feel respected, a little bit of discomfort is ok.
Have open and non-judgemental conversations with parents about their choice of sleeping environment for their infant.
Conversations with parents should include safer bed sharing advice regardless of their intentions. Advice should be shared on the dangers of co sleeping on other surfaces, for example a sofa. Co-sleeping | The Lullaby Trust

Co-Sleeping includes sleeping with your baby on any surface, i.e. sofa.
Bed sharing refers to sleeping with your baby on a bed.
Where factors of increased risk of SUDI are identified (these factors are listed below) do not be afraid to discuss these with the parents with compassion. It is important to explain why this might be.

Observe all the sleeping environments with consent, whenever and wherever 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.



Conversations Starters

"It's really common for parents to think about bedsharing. What are your thoughts or experiences with it so far?"

"Even small things in the sleep space can make a big difference to safety. Would it be okay if we looked at your baby's usual sleep area together?"

"I'm here to support you, not to judge. If I know where your baby sleeps, we can make sure it's working well and is as safe as possible for them."

"Can I ask what your nights are like right now? Do you ever end up sleeping with your baby in bed?"

"Lots of families choose to bring their baby into bed at some point, even if they hadn't planned to. Can I share some ways to make that as safe as possible?"

Key Messages - Safer Sleep



- The safest place for a baby to sleep is in their own separate sleep space such as a cot or Moses basket, free from toys, blankets and pillows.

- The risk of sudden infant death syndrome (SIDS) is higher in babies who get too hot. A room temperature of 16 – 20°C, with light bedding or a lightweight, well-fitting baby sleep bag, is comfortable.

- It is usual for parents to feel very tired when caring for a baby overnight. Parents should be encouraged to try to stay awake to ensure they and the baby don't fall asleep in an unsafe way. For example, when the baby is being fed. Tips for staying awake can be found - Sleep deprivation | The Lullaby Trust

A baby's airway is very delicate

A baby's airway is very delicate and it's possible for it to become blocked, narrowed and or folded, making it difficult for them to breathe. Certain products and sleeping positions can cover a baby's face, making it more difficult for them to breathe. These include:

- Loose bedding
- Soft-sided pods
- Pillows
- Sleeping on their tummy
- Becoming wedged against an adult
- Sleeping in a sitting position
- Sleeping in a sling.

Key messages - Bed Sharing

Bed sharing more safely - Many parents find themselves co-sleeping or bed sharing whether they mean to or they fall asleep together unintentionally.

- **Keep pillows and adult bedding away from your baby, along with any other items that could cover their head or cause them to overheat. Many babies who die from SIDS are found with their head covered by loose bedding.**
- **Remove slatted or decorated headboards.**
- **Follow Lullaby Trust's safer sleep advice to reduce the risk of SIDS, such as sleeping baby on their back.**
- **Don't bring other children or pets into bed with you. This will help reduce the risk of accidents.**
- **Check that baby cannot be trapped in the bedframe or headboard or fall out of bed or get trapped or wedged between the mattress and the wall.**
- **Never leave your baby alone in an adult bed. It's important to consider any risks that an adult bed may pose to your baby, especially while you are asleep. As your baby develops, becomes more mobile and can move around, the risks can change, so we recommend checking your bed regularly to prevent possible accident**



Parents should be advised NEVER to bed share or co-sleep when ANYONE in the bed:
X Has recently drunk any alcohol
X Smokes or vapes
X Taken any substances
X Taken any medication that makes you feel sleepy
Or
X If the baby was born prematurely or weighed under 2.5kg

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.

Who's in charge? (All babies need a sober carer to respond to their needs.)

Useful Resources

Caring for your baby at night and when sleeping (unicef.org.uk)

How to reduce the risk of SIDS for your baby - The Lullaby Trust

BASIS – Baby Sleep Information Source (basisonline.org.uk)

TICKS guidance Baby slings - RoSPA

Safer-sleep-guide-for-parents.pdf

Further information can be sought from:
Safer-sleep-saving-lives-a-guide-for-professionals-web.pdf (lullabytrust.org.uk)

	The SUDI Practice Tool should be used to prompt curious conversations and offer targeted support to promote safer sleep for infants under one year. Consider in the assessment: Child Centred, Whole Family Approach, Multi-Agency Approach			
	Names and DOB (include everyone living at the family address and if different from the child, father figures address)			
Considerations		**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 Is there parental understanding of safer sleep?				
1.2 Adequate sleeping arrangements in conjunction with safer sleep advice?				Where is the baby/child sleeping? Observation of the sleeping environment, day and night-time sleeps.
1.3 Has the sleeping environment been observed?				
1.4 Planned bed sharing				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.
1.5 Safe use of monitoring aids				Consider monitors (camera) - placement, and wiring. Should compliment direct observation of infant not replace it.
1.6 Acknowledgement of cultural factors and wider family beliefs				Views of wider family/friends/social media might influence parental choices.

1.7 Supervision of siblings and pets			
1.8 Parental awareness of safe use of car seats and slings			TICKS guidance for safe use. ticks.pdf
1.9 Are they breastfed?			E.g. mixed feeding, formula feed
2.0 – Increased risk	Y	N	
2.1 Boy			
2.2 Aged 3 – 5 months			
2.3 Multiple births (twins or triplets)			What are the sleeping arrangements, caring for 2 babies overnight
2.4 Prematurity (born before 37/40) / low birth weight (less than 2.5 kg)			e.g., positioning, vulnerability due to corrected age
2.5 Exposure to smoking, including e cigarettes during pregnancy			
2.6 Overheating			e.g., room thermometer, clothing, bedding (tog) used is appropriate for temperature and age, position of cot to window or heat source, out of direct sunlight.
2.7 Unplanned co-sleeping or bed- sharing			e.g., coping strategies when extremely tired/ infant unsettled at night/ managing feeding overnight
3.0 – High risk	Y	N	
3.1 Co-sleeping or bed- sharing with an adult who has drunk alcohol			
3.2 Co-sleeping or bed- sharing with an adult who has taken drugs/substances including prescription medication with sedative side effects			

3.3 Co-sleeping or bed- sharing with a smoker or using e-cigarettes			
3.4 Co-sleeping or bed- sharing when a baby is unwell			
3.5 Co- sleeping on a sofa or armchair			
3.6 Infant sleeping somewhere other than a dedicated sleep space			
3.7 Swaddled or head covered			Swaddling should be done following Lullaby Trust's guidance Swaddling | The Lullaby Trust
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			The Baby Check App - The Lullaby Trust When to get urgent medical help for babies and children under 5 - NHS
4.0 Analysis			
What risk factors have been identified during this assessment?			
5.0 Action Plan			
What is your action plan including time scales?			
Date:			**Practitioner:**