

**Safer Sleep**

**Sudden Unexpected Death in Infancy (SUDI) Background**

This briefing will help professionals and parents to recognise and address the factors that reduce the risks of SUDI. Reducing SUDI risk is the responsibility of **all** practitioners working with children and families.

**SUDI/SIDs Terminology**

The sudden and unexpected death of a baby (under 12 months old) is usually referred to by professionals as ‘sudden unexpected death in infancy’ (SUDI). Some sudden and unexpected deaths can be explained by the post-mortem examination, revealing, for example, an unforeseen infection or metabolic disorder. Deaths that remain unexplained after the post-mortem are usually registered as ‘sudden infant death syndrome’ (SIDS).

**Why it Matters?**

Although the exact cause of SUDI is unknown, research has shown that certain maternal, infant, and environmental factors are more commonly associated with babies who die of SUDI than those who survive. Co-sleeping remains a common feature when another additional factor such as alcohol/drugs, smoking and co-sleeping on a sofa or chair is present.

**Key Statistics**

[The National Child Mortality Database (NCMD) report 2022](https://www.ncmd.info/wp-content/uploads/2022/12/SUDIC-Thematic-report_FINAL.pdf), suggests there’s a link between unexplained deaths of infants and deprivation. A significantly larger proportion of unexplained deaths were of infants living in the most deprived neighbourhoods (42%) than those in the least deprived neighbourhoods (8%).

There was a strong link between sudden, unexpected infant deaths and sleeping arrangements. Where it was known, 98% of unexplained deaths occurred when the infant was thought to be asleep, and of those, 52% occurred while the sleeping surface was shared with an adult or older sibling. Of the deaths where the sleeping surface was shared, 60% this sharing was unplanned and 92% were in hazardous circumstances e.g., co-sleeping with an adult who had consumed alcohol or on a sofa. Of the deaths that occurred during apparent sleep, at least 75% identified one or more of the following risk factors related to the sleeping arrangements: put down prone (face down) or side; hazardous co-sleeping; inappropriate sleeping surface when sleeping alone; inappropriate items in the bed.

Unexplained deaths among infants were more common in males (64%) than females (36%), and were strongly associated with low birthweight, prematurity, multiple births, larger families, admission to a neonatal unit, maternal smoking during pregnancy, young maternal age, parental smoking, and parental drug misuse.

**Factors that Increase Risk and Things to Avoid**

* Sleeping on a sofa or in an armchair with the baby.
* Sleeping in the same bed as the baby if you smoke, drink, or take drugs or are extremely tired, if you baby was born prematurely or was of low birth weight.
* Babies getting too hot.
* Covering the baby’s face or head while sleeping or using loose bedding.
* Pillows, duvets, cot bumpers, pods, nests, or sleep positioners.
* Placing the baby on its front to sleep.
* Living in temporary housing or altered sleeping arrangements.

**Safer Sleep Advice**

* Babies should always be placed on their back to sleep.
* Babies should be smoke free during pregnancy and after birth.
* Babies should be placed in a separate cot or Moses’s basket in the same room as its parents for the first six months.
* Breastfeed the baby – evidence shows there are fewer deaths due to SUDI in breastfed babies.
* A firm, flat, waterproof mattress in good condition with a clear sleep space and with no raised or cushioned areas.

**Questions for Professionals to Consider**

It is essential that all professionals ensure that the safer sleep advice and messages are understood by parents and do not assume that someone else has already offered leaflets or advice.

* Do we routinely ask about sleeping arrangements and other care givers?
* Do we ask parents/carers (not just mothers) about alcohol, drugs, smoking and medication?
* Do we discuss infant safe sleep at each planned contact under the age of 12 months?
* Do we ask the question ‘where does your baby sleep during the day and at night’ and do we see where a baby is sleeping at night and offer advice?
* Do we check the room’s temperature and conditions?
* Do we make the risk real to families when we give this advice – the outcome of not following safe sleep advice can lead to the sad death of their baby.

**Resources for Professionals – National and Local**

[The Lullaby Trust - Information and Resources for Professionals](https://www.lullabytrust.org.uk/professionals/)

[NICE - Postnatal Care Guidance and Recommendations](https://www.nice.org.uk/guidance/ng194/chapter/Recommendations)

[UNICEF Co-Sleeping and SIDS - A Guide for Health Professionals](https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/07/Co-sleeping-and-SIDS-A-Guide-for-Health-Professionals.pdf)

[Suffolk Health Visiting and Children's Centre Service](https://www.suffolk.gov.uk/children-families-and-learning/childrens-health/health-visiting)

Safer Sleeping Suffolk

Suffolk Home Safety Checklist

Suffolk Child Friendly Zone Leaflet

Suffolk User Guide to Handling Your New Baby

