HSC Public Health Agency

Promoting Safer Sleeping for Infants

Guidance for Practitioners

JANUARY 2025

Contents

Promoting Safer Sleeping for Infants and Reducing the Risk of Sudden Infant Death

Key Messages

Most babies do not suffer from Sudden Unexpected Death (SUDI). However, the evidence is clear that some babies are at higher risk of dying unexpectedly in infancy. These include babies from multiple births, born prematurely or small for gestational age; babies whose parents smoked during pregnancy and/or after the birth and babies born into households living with vulnerabilities, including deprivation, substance misuse, and babies sleeping in an unsafe sleep environment.

Practitioners working with families caring for babies should recognise a continuum of risk of sudden infant death. Parents and carers should be supported to have open, honest and sensitive discussions about sleep arrangements and sleep practices for their infant. They should be offered safer sleep advice that is personalised to the individual circumstances of each family.

That advice should address both the environmental and psychological barriers to following advice.

Safer sleep advice is not consistently understood or followed by parents – this guidance includes evidence-based information on how to reduce risk of sudden infant death.

Infants are unable to control their sleeping environment. Providing a safe sleeping environment is the best way to reduce the risk of sudden unexpected death in infancy (SUDI).

All carers need clear, tailored advice about how to reduce the risk of SUDI for their baby

Introduction

This guidance has been developed by the Public Health Agency (PHA) in consultation with key stakeholders and replaces all previous versions.

This guidance includes current evidence-based advice that should be discussed with parents/carers when addressing safer sleeping. It aims to provide health practitioners with information that promotes standardised practice in relation to reducing risks associated with sudden infant death.

The sudden and unexpected death of an infant is one of the most devastating tragedies that could happen to any family. In spite of substantial reductions in the incidence of sudden unexpected death in infancy since the early 1990s when the 'Back to Sleep' advice was introduced[1] SUDI remains the leading cause of infant death with a peak age between 2-4 months. In the UK, around 200 babies die suddenly and unexpectedly every year. SUDI is a broad term that includes all sudden and unexpected deaths less than 12 months old – this includes sudden infant death syndrome which is commonly known as 'cot death' and deaths from undetermined causes.

Sadly, most of these deaths are preventable. The risk factors for SUDI are well recognised, and the steps parents and carers can take to reduce the risk have formed part of the clear, consistent and evidence-based safer sleep messages for years.

The terminology used in the area of sudden infant death is complex. Firstly, the distinction between sudden infant death syndrome and other sudden unexplained deaths in Infancy is difficult particularly in the context of co-sleeping.[2] For consistency within this guidance it is important to clarify these terms.

Sudden unexpected death in infancy is essentially a research term to describe all deaths, whether explained or unexplained, including sudden infant death syndrome (SIDS) which occurs during the first year of life.[3] Cases of SUDI that remain unexplained after a thorough investigation, including a complete autopsy and review of the circumstances of death, are often classified as SIDS.[4]

However, more frequently, forensic paediatric pathologists are now using the term 'unascertained'. Babies who die suddenly over the age of 12 months may be registered as sudden unexpected death in childhood (SUDIC).

Sudden infant death syndrome occurs when a sleeping, seemingly healthy infant less than one year of age, dies for no apparent reason. SIDS is defined as 'the sudden and unexpected death of an infant under 1 year of age, with the onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy, and a review of the circumstances of death.[5]

1 Garstang J. & Pease A. (2018). Chapter 18 - A United Kingdom Perspective. SIDS Sudden Infant and Early Childhood Death: The Past, the Present and the Future. Duncan JR, Byard RW, editors. Adelaide (AU): University of Adelaide Press

2 Shapiro-Mendoza, C.K., Tomachek, K.M., Anderson, R.N. and Wingo, J. (2006). Recent national trends in sudden unexpected infant deaths: More evidence supporting a change in classification or reporting. American Journal of Epidemiology, 163(8), 762-769.

3 Jensen, L.L., Banner, J. and Byard, R.W. (2014). Does β-APP staining of the brain in infant bed-sharing deaths differentiate these cases from sudden infant death syndrome? Journal of Forensic and Legal Medicine, 27, 46-49.

4 Horne, R.S., Hauck, F.R. and Moon, R.Y. (2015). Sudden infant death syndrome and advice for safe sleeping. British Medical Journal, 350, p.h1989.

5 Krous, H.F., Beckwith, J.B., Byard, R.W., Rognum, T.O., Bajanowski, T., Corey, T., Cutz, E., Hanzlick, R., Keens, T.G. and Mitchell, E.A. (2004). Sudden infant death syndrome and unclassified sudden infant deaths: a definitional and diagnostic approach. Pediatrics, 114, 234–238.

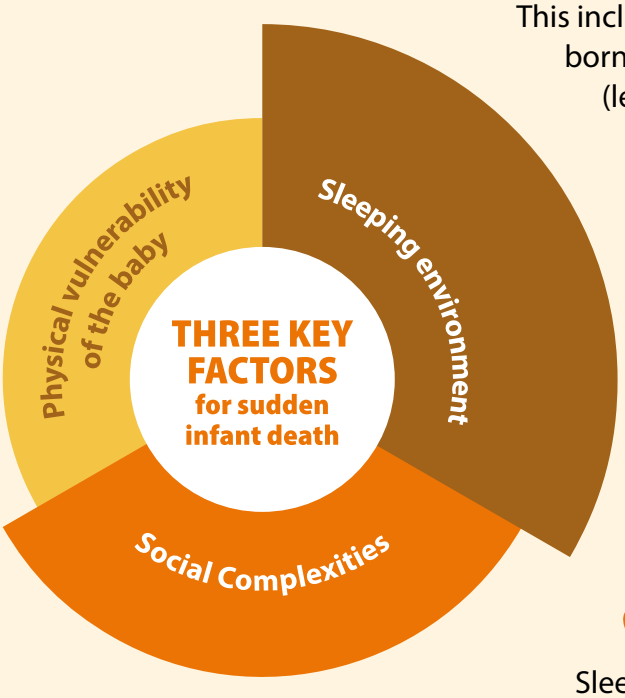
The risk of an infant dying suddenly is extremely low, but it does happen. As such it is important that factors which are modifiable are understood by parents, carers and health professionals.

The research evidence is clear in respect of some simple measures which can increase parents' understanding about risks to their child, and how they can mitigate these.

Which babies are at greatest risk?

Research has shown that sudden infant death occurs in the context of a combination of factors which increase the risk

Three key factors for sudden infant death:



1 Physical vulnerability of the baby

This includes babies from multiple births, born prematurely or small for gestational age (less than 37 weeks and below the 10th percentile); babies whose parents smoked during pregnancy and/or after the birth, babies never breastfed, less than 6 months old, and being male.

2 Social Complexities

Access to healthcare and support services. Babies born into households living with vulnerabilities, including deprivation, poor housing, substance misuse, and other social vulnerabilities including being a young and/or unsupported parent.

3 Sleeping environment

Sleeping position and bedtime routine, bedding and sleep environment, bedsharing in hazardous circumstances, exposure to tobacco smoke[6]

When an infant or child dies, it is a tragic loss to parents, extended family and the greater community. However, when an infant dies both suddenly and unexpectedly many questions are raised regarding what, if anything could have been done to prevent it.

6 ONS (2021). Child and infant mortality in England and Wales: 2019. Stillbirths, infant and childhood deaths occurring annually in England and Wales, and associated risk factors

Current Evidence Base

1 Unsafe sleep position

There is strong evidence that placing infants to sleep prone (on their front) or on their side (increasing the likelihood of being found prone) increases the risk of sudden infant death[7] [8] and this risk increases further if the baby is unaccustomed to a non-supine position.[9] The reason behind the effectiveness of the supine position in reducing sudden infant death is still unknown. Physiological studies[10] to date suggest the possibility of multiple, probably interacting mechanisms (thermoregulation, higher arousal thresholds, response to inhaled carbon dioxide etc.) making infants more vulnerable in the prone sleep position.[11] [12]

2 Smoking

Evidence from a very large number of studies worldwide consistently demonstrates that maternal smoking both during pregnancy and after the baby is born increases the risk of sudden infant death.[13] [14]

The effects of smoking are dose-related, the more cigarettes smoked, the higher the risk of an infant dying.[15] More than one-quarter of the deaths due to sudden infant death are attributable to smoking during pregnancy and exposure to second-hand smoke, particularly in the home.[16] [17]

The risk of Sudden Infant Death is trebled in infants whose mothers smoke both during and after pregnancy[18]. Smoking during pregnancy is associated with low birth weight and a range of other risk factors (maternal age, parity, marital status, education, breastfeeding, sleeping position, family situation and sex of infant) but remains significant when adjusted for these covariates. The association between co-sleeping (sleeping on a bed or sofa or chair with an infant) and sudden infant death is likely to be greater when a mother, has smoked in pregnancy/smokes or their partner smokes.

7 Fleming PJ, Blair PS, Pease A (2015). Sudden unexpected death in infancy: aetiology, pathophysiology, epidemiology and prevention in 2015 Arch Dis Child ;100(10): 984-988.
8 Lullaby Trust (2019). Evidence base. www.lullabytrust.org.uk/wp-content/uploads/Evidence-base-2019.pdf
9 Mitchell EA, Thach BT, Thompson JM, Williams S (1999). Changing infants' sleep position increases risk of sudden infant death syndrome. New Zealand Cot Death Study. Arch Pediatr Adolesc Med. 1999;153(11):1136-41.
10 Fleming P, Blair P, Pease A (2017). Why or how does the prone sleep position increase the risk of unexpected and unexplained infant death? Arch Dis Child Fetal Neonatal Ed; 102(6):F472-F473.
11 Garstang J. & Pease A. (2018). Chapter 18 - A United Kingdom Perspective. SIDS Sudden Infant and Early Childhood Death: The Past, the Present and the Future. Duncan JR, Byard RW, editors. Adelaide (AU): University of Adelaide Press
12 Blair PS, Sidebotham P, Evason-Coombe C, Edmonds M, Heckstall-Smith EM & Fleming P (2009), "Hazardous co-sleeping environments and risk factors amenable to change: case-control study of SIDS in south west England." BMJ 339:b3666. doi: 10.1136/bmj.b3666
13 Fleming P, Blair PS (2007). Sudden Infant Death Syndrome and parental smoking. Early Human Development; 83:721-725.
14 Zhang K, Wang X (2013). Maternal smoking and increased risk of sudden infant deathsyndrome: A metaanalysis. Legal Medicine; 15(3):115–121.
15 Fleming, P.J., Blair, P.S., Bacon, C. and Berry, J. (Eds). (2000). Sudden unexpected deaths in infancy: the CESDI SUDI studies 1993-1996. London: The Stationery Office. 1-5.
16 Rogers, J.M. (2009). Tobacco and pregnancy. Reproduction Toxicology, 28(2), 152-60.
17 Abbott, L.C. and Winzer-Serhan, U.H. (2012). Smoking during pregnancy: lessons learned from epidemiological studies and experimental studies using animal models. Critical Reviews in Toxicology, 42(4), 279-303.
18 McDonnell-Naughton, M., McGarvey, C., O'Regan, M. and Matthews, T. (2012). Maternal smoking and alcohol consumption during pregnancy as risk factors for sudden infant death. Irish Medical Journal, 105(4)-8.

It has been suggested that if maternal smoking during pregnancy were eliminated, the sudden infant death rate would be reduced by up to 61%.[19]

New legislation enacted from 1st February, 2022 makes it illegal to smoke in cars where there is a child aged under 18. Babies and children should not be exposed to passive smoke in the house or in the car. **Smoking and vaping regulations in Northern Ireland | nidirect**

3 Breastfeeding

Evidence shows that risk of sudden infant death is halved in babies who are breastfed for at least two months. The World Health Organisation, the UK and Scottish Governments currently recommend that all babies are exclusively breastfed for at least six months and up to two years of age, with the introduction of complimentary nutrition at six months of age, should mum and baby wish to do so.[20] Both partial and exclusive breastfeeding have been shown to be linked with a lower sudden infant death rate, but exclusive breastfeeding was associated with the lowest risk.[21 22]

Practitioners should continue to promote and support breastfeeding and the right of parents to make informed choices about their infant's care. Practitioners need to understand that bedsharing can be an important practice in maintaining breastfeeding. In the absence of any risk factors or hazardous circumstances, breastfed babies, who bed share or sleep in close proximity with their mothers, are at reduced risk of sudden infant death.[23 24 25]

4 Co-Sleeping/Bedsharing

Co-sleeping/Bedsharing refers to the practice of a parent or carer sharing a surface (a bed, sofa, armchair or other surface), with an infant for sleep, which can take place either intentionally or unintentionally. The majority of research studies conducted over the past 20 years have found that sharing a sleeping surface with an infant creates an environment where the potential risk of sudden infant death increases. The level of risk varies according to how the co-sleeping is arranged and individual factors relating to the infant and caregiver.[26]

19 Blair PS, Fleming PJ, Bensley D, Smith I, Bacon C, Taylor E, Berry J, Golding J, Tripp J (1996). Smoking and the sudden infant death syndrome: results from 1993-5 case-control study for confidential inquiry into stillbirths and deaths in infancy. Confidential Enquiry into Stillbirths and Deaths Regional Coordinators and Researchers. BMJ Jul 27;313(7051):195-8. doi: 10.1136/bmj.313.7051.195.

20 Blair PS, Ball HL, McKenna JJ, Feldman-Winter L, Marinelli KA, Bartick MC (2020); Academy of Breastfeeding Medicine.Bedsharing and Breastfeeding: The Academy of Breastfeeding Medicine Protocol #6, Revision 2019. Breastfeed Med;15(1):5-16.

21 Lullaby Trust (2019). Evidence base. **www.lullabytrust.org.uk/wp-content/uploads/Evidence-base-2019.pdf**

22 Thompson J.M.D. et al. (2017). Duration of Breastfeeding and Risk of SIDS: An Individual Participant Data (IPD) Meta-analysis", Pediatrics. Oct. 30, 2017, **https://doi.org/10.1542/peds.2017-1324**).

23 National Institute for Health and Care Excellence. Postnatal care [M] benefits and harms of bed sharing: nice guideline Ng194. London: NICE (2021) Contract No.: NG194. Available from: **www.nice.org.uk/guidance/ng194**

24 **Zimmerman et al 2023**

25 Landsforeningen uventet barnedød (LUB), Norwegian SIDS and Stillbirth Society, Norwegian Resource Centre for Breastfeeding. Safe sleep for babies. Oslo: Landsforeningen uventet barnedød (LUB) (2021). Available from: **https://lub.no/getfile.php/132204-1639060586/Materiell/Brosjyrer/Safe%20sleep%20for%20babies.pdf**

26 Vennemann, MM, Bajanowski, T, Brinkmann, B, Jorch, G, Yücesan, K, Sauerland, C, & Mitchell, EA (2009), "Does breastfeeding reduce the risk of sudden infant death syndrome?" Pediatrics, 123(3), e406–10.

A UK study found no association between SIDS and bed-sharing in the absence of key hazardous circumstances

NICE guidelines[27] caution us to remember that the cause of sudden infant death is multifactorial and none of the studies conducted to date provide evidence that co-sleeping causes sudden infant death, but that the two are linked through mediating factors. A UK study[28] found no association between sudden infant death and bedsharing in the absence of key hazardous circumstances for infants under three months of age.

This UK data emphasises the greatly increased association between bedsharing/co-sleeping and sudden infant death in the presence of alcohol, smoking, drugs, low birth weight and sleeping on sofas. These are the key circumstances when bedsharing should be avoided. Further information can be accessed at **https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-bed-sharing-infant-sleep-and-sids/**

27 NICE (National Institute for Health and Care Excellence) Guideline (2021). Postnatal Care. **www.nice.org.uk/guidance/ng194**

28 Blair PS, Sidebotham P, Pease A, Fleming PJ (2014). Bed-sharing in the absence of hazardous circumstances: is there a risk of sudden infant death syndrome? An analysis from two case-control studies conducted in the UK. PLoS One; 9(9):e107799.

5 Pre-term/low birth weight/ very young infants

The association with sudden infant death is increased for babies born prematurely (born before 37 weeks) or of low birth weight (less than 2.5kg or 5lb 8ozs).[29] [30] Younger infant age is associated with an increased sudden infant death.[31] The association with sudden infant death is increased when babies under 12 weeks of age share an adult bed, even if the parents are non-smokers and the baby is breastfed.[32] [33]

http://lullabytrust.org.uk/premature

6 Alcohol and medication consumption

The association between co-sleeping and sudden infant death may be greater with parental or carer recent alcohol consumption and use of illegal drugs or prescription drugs that cause drowsiness[34]. Alcohol and drug use sedates parents and impairs their level of consciousness and reduces a parent's responsiveness and awareness of the infant.[35]

7 Breathing regulation

Studies have demonstrated the link between breathing regulation development and impairment of the protective response against sudden infant death hence the increased risk of sudden infant death in premature babies and those exposed to smoke in pregnancy.[36] [37]

8 Alternative sleeping spaces

Products like hammocks, baby nests or pods, car seats, swings and bouncers are not firm and flat and are not usually designed as sleeping places. These are not recommended for use as sleeping spaces, as they make it harder to achieve the safer sleep advice of a firm, flat, clear sleeping space. Sitting devices like car seats and bouncers can increase the risk of asphyxia or strangulation due to the lack of head/neck support.[38]

29 Carpenter, R.G. (2006). The hazards of bed sharing. Paediatric Child Health. 11(A), 24A-8A.
30 Blair, P.S., Platt, M.W., Smith, I.J. and Fleming, P.J. (2006). Sudden infant death syndrome and sleeping position in pre-term and low birth weight infants: an opportunity for targeted intervention. Archives of Disease in Childhood, 91(2), 101-106.
31 Carpenter, R., Irgens, I., Blair, P., England, P., Fleming, P., Huber, J., Jorch, G. and Schreuder, P. (2004). Sudden unexplained infant death in 20 regions in Europe: case control study. The Lancet, 363(9404), 185-191.
32 Tappin. D., Ecob. R. and Brooke. H. (2005). Bed-sharing, room-sharing, and sudden infant death syndrome in Scotland: a case-control study. Journal of Paediatrics, 147, 32-37.
33 Crawford, D. (2011). Sudden unexpected deaths in infancy part II: Recommendations for practice. Journal of Neonatal Nursing, 17(3), 83-88.
34 Carpenter, R., McGarvey, C., Mitchell, E.A., Tapping, D.M., Vennemann, M.M., Smuk, S. and Carpenter, J.R. (2013). Bed-sharing when parents do not smoke: is there a risk of SIDS? An individual level analysis of five major case-control studies. British Medical Journal Open, 3, e002299.
35 Scragg, R., Mitchell, E.A., Taylor, B.J., Stewart, A.W., Ford, R.P.K., Thompson, J.M.D., Allen, E.M. and Becroft D.M. (1993). Bed-sharing, smoking and alcohol in the sudden infant death syndrome. New Zealand Cot Death Study Group. British Medical Journal, 307, 1312-1318.
36 Fleming P, Blair P, Bacon C, Berry J. (2000). Sudden unexpected deaths in infancy: The CESDI-SUDI Studies, 1993-1996. London: The Stationery Office.
37 Sridhar, R.; Thach, B.T.; Kelly, D.H.; Henslee, J.A.(2003). Characterization of successful and failed autoresuscitation in human infants, including those dying of SIDS. Pediatr. Pulmonol. , 36, 113–122.
38 Bamber AR, Pryce J, Ashworth MT, Sebire NJ. (2014). Sudden unexpected infant deaths associated with car seats. Forensic Science Medicine & Pathology. Published online 17 January 2014; DOI 10.1007/s12024-013- 9524-5.

Healthcare professionals should reiterate the importance of keeping room temperature in the safe range 16-20 degrees

9 Thermal regulation

Heat stress is extremely dangerous for infants, especially from around three months of age, when thermal regulation is more effective at heat conservation because of a thicker layer of subcutaneous fat, and the peripheral vasomotor response to cold is more effective.[39]

Healthcare professionals should reiterate the importance of keeping room temperature in the safe range (16-20 degrees) and adjust the baby's clothes layering accordingly – the rule of thumb is to dress baby with one more layer than the parent/carer is wearing to be comfortable in the same environment.[40] Babies should not be placed to sleep wearing a hat. One way that a baby regulates their body temperature is through their heads, and overheating can increase their risk of sudden infant death.

10 Dummies

Studies have found a reduced risk of sudden infant death associated with dummy use but the protective mechanism is not clear[41]. Given that dummies often fall out soon after the onset of sleep and sudden infant death often occurs towards the end of sleep, any protection is not afforded by the dummy being in the mouth. Recent findings suggest the absence of a dummy for habitual users is associated with an increased risk of sudden infant death, often when the infant is co-sleeping.[42]

39 Blair PS, Sidebotham P, Evason-Coombe C, Edmonds M, Heckstall-Smith EM & Fleming P (2009), "Hazardous co-sleeping environments and risk factors amenable to change: case-control study of SIDS in south west England." BMJ 339:b3666. doi: 10.1136/bmj.b3666

40 Blair, PS & Ball, HL (2004), "The prevalence and characteristics associated with parent-infant bed-sharing in England." Archives of Disease in Childhood, 89(12):1106-10. doi:10.1136/ adc.2003.038067

41 Horne RS, Hauck FR, Moon RY, L'hoir MP, Blair PS (2014). Dummy (pacifier) use and sudden infant death syndrome: potential advantages and disadvantages.; Physiology and Epidemiology Working Groups of the International Society for the Study and Prevention of Perinatal and Infant Death. J Paediatr Child Health; 50(3): 170-4.

42 Moon R.Y., Tanabe K.O., Choi Yang D., Young H.A., Hauck F.R. (2012). Pacifier use and SIDS: evidence for a consistently reduced risk; V Matern Child Health Journal; 16(3):609-14. doi: 10.1007/s10995-011-0793-x.

11 Slings and baby carriers

Slings and baby-carriers are useful for holding a baby hands-free, however they are not always used safely. Although there is no reliable evidence that slings are directly associated with sudden infant death, there have been a number of deaths worldwide where infants have suffered a fatal accident from the use of a sling. These accidents are particularly due to suffocation, particularly in young infants. The risk appears to be greatest when a baby's airway is obstructed either by their chin resting on their chest or their mouth and nose being covered by a parent's skin or clothing.

http://rospa.com/home-safety/advice/product/baby-slings

12 Other factors

Head-covering, overwrapping, and infant illness have been identified as being associated with increased risk[43] alongside soft bedding and soft sleep surfaces, sudden infant death has been shown to be more common among infants who sleep in a separate room or not in close proximity to their parents/carers.[44] [45]

13 Multiple Births

The same safer sleeping advice should be offered for twin/multiple births. In the early weeks, before twins, triplets or more* learn to roll, they can all be placed sideby-side on their backs in the 'Feet to Foot' position. However, this is NOT recommended in a Moses basket due to the limited space and the risk of overheating.

https://twinstrust.org/static/4b2572d3-6b7c-4adf-844a882ff709b231/9d094abe-8f96-4621-aca241a9320f60cb/Safer-Sleeping.pdf

14 Swaddling

It has been suggested that swaddling has an emerging association with Sudden Infant Death; however, the research is currently inconclusive. Swaddling is common place in many cultures.[46] [47] Practitioners should advise parents/carers that if they do decide to swaddle their baby it should be done with extreme caution:

- Baby's head should not be covered and use only thin materials.
- Baby must be un-swaddled once they are asleep.
- Swaddling should cease once a baby learns to roll over
- All other safer sleep advice applies

www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings/

43 Blair PS, Sidebotham P, Evason-Coombe C, Edmonds M, Heckstall-Smith EM & Fleming P (2009), "Hazardous co-sleeping environments and risk factors amenable to change: case-control study of SIDS in south west England." BMJ 339:b3666. doi: 10.1136/bmj.b3666

44 Blair PS, Byard RW, Fleming PJ. (2012). Sudden unexpected death in infancy (SUDI): Suggested classification and applications to facilitate research activity. Forensic Sci Med Pathol. 2012;8(3):312-15. https://doi.org/10.1007/s12024-011-9294-x.

45 Thompson JMD, Tanabe. K, Moon RY, et.al. Duration of Breastfeeding and risk of SIDS: An individual participant data meta-analysis. Pediatrics 2017:140(5).

46 Hauck, F. R., Herman, S. M., Donovan, M., Iyasu, S., Moore, C. M., Donoghue, E., Kirschner, R. H., Willinger, M., (2003) Sleep environment and the risk of sudden infant death syndrome in an urban population: The Chicago infant mortality study, Pediatrics, 111, 1207-1214, 2003

47 Pease AS, Fleming PJ, Hauck FR, Moon RY, Horne RSC, L'Hoir MP, Ponsonby A, Blair PS. (2016) Swaddling and the risk of sudden infant death syndrome: a meta-analysis. Pediatrics. 2016 Jun;137(6). pii: e20153275

Identifying Risks

It is clear the knowledge base about safer sleep is robust, while still evolving.

Parents/carers need to be supported to have open, honest and sensitive discussions about sleep arrangements and sleep practices for their infant. Practitioners in health and social care have an important role to play in creating an open dialogue, where parents/carers do not feel judged, especially in relation to factors that are beyond their control in their wider social and economic situation. In doing so, parents/carers can be supported in ways which are sensitive to their cultural and personal circumstances. It is acknowledged that consistent messages about safer sleeping should be provided regularly both in the antenatal and postnatal periods.

Midwives, health visitors, nurses, paediatricians, GPs and other health and social care staff who interact with pregnant women and their partners during the antenatal period and with parents or carers of new or very young babies at home or in the community should use the opportunity to:

- Talk more openly about sudden infant death, enquire about sleeping arrangements for the infant and promote safer sleeping messages.
- Promote and support breastfeeding, and the right of parents to make informed choices about their infant's care. Understand that bed sharing is an important practice in maintaining breastfeeding and that, in the absence of any risk factors, breastfed babies who bed share with their mothers are at low risk of sudden infant death.
- Provide information to parents and carers on a case-by-case basis, taking individual and family circumstances into account.
- Identify risk factors, and help parents/carers to put measures in place to help minimise the impact of these.
- Observe the baby's sleep environment as part of the overall risk assessment.
- Plan, with parents, how to avoid unsafe accidental bedsharing and those nights when something different happens or when sleeping away from home for example during holidays.
- Offer advice regarding managing sleep during minor childhood illnesses and when to seek GP or emergency advice.
- Offer additional support to parents who have previously experienced a sudden and unexpected death of a baby. Useful resources for Care on Next Infant (CONI) can be accessed at **Care of Next Infant (CONI) - The Lullaby Trust**
- Assist fathers, grandparents, older siblings and other household members to understand and apply the advice.
- Model and discuss safe sleeping practices.
- Talk sensitively around cultural differences for infant's sleep environments.

Healthcare professionals should consider the main risk factors for sudden infant death (Table 1) when having a discussion on safer sleep both antenatally and postnatally. If any risk factors are identified, then those should be highlighted to the family and appropriate advice offered. If the baby is at increased risk of sudden infant death, this needs to be discussed clearly and openly with the family. Most babies (91%) who die, as sudden infant death, have one or more known risk factors present, 75% have two or more risk factors present.[48] [49] [50]

48 NICE (National Institute for Health and Care Excellence) Guideline (2021). Postnatal Care. **https://www.nice.org.uk/guidance/ng194**

49 Horne RS, Hauck FR, Moon RY, L'hoir MP, Blair PS (2014). Dummy (pacifier) use and sudden infant death syndrome: potential advantages and disadvantages.; Physiology and Epidemiology Working Groups of the International Society for the Study and Prevention of Perinatal and Infant Death. J Paediatr Child Health; 50(3): 170-4.
www.nice.org.uk/guidance/ng1/chapter/1-Recommendations#initial-management-of-gor-and-gord

Healthcare staff have a pivotal role in ensuring women and their families receive the most up-to date information around safer sleeping and are advised and supported towards the best behavioural changes for their circumstances.

Table 1: Key Risk factors	
Age	Babies under the age of one year are most at risk – especially during the first six months of life
Birth Weight	Rates of SUDI are higher in low birth weight babies (less than 2,500g (5lb 5oz))
Poverty	Deprivation has been linked to the occurrence of sudden infant death and higher risk is observed when infants are within families of a lower socioeconomic group
Prematurity	Babies born preterm (less than 37 weeks gestation) are at four times the risk of sudden infant death when compared to babies born at term
Smoking	Babies are at greater risk when a mother smokes during pregnancy or if there is smoking in the home. This risk of sudden infant death is up to four times higher if a smoking adult bedshares with the baby.
Sleeping Habits	Unsafe sleep position (prone, side) Sleeping in a car seat, bouncy chair, or baby carrier for prolonged periods. Co-sleeping/bedsharing in hazardous circumstances, particularly on a sofa, or armchair
Drugs And Alcohol	Co-sleeping/bedsharing with a baby when a parent/carer is under the influence of drugs or alcohol increases the risk of sudden infant

Escalating Professional Concern

In cases, where practitioners have identified clear risks in relation to sleeping arrangements and families refuse to follow the advice offered, practitioners may require additional support from senior managers/safeguarding leads in terms of how this should be managed and recorded. Practitioners will be aware that parents have the right to make informed decisions about their child's care, however in cases where there are other factors that are believed to be increasing risk to the baby, this should be discussed with children's social services in the first instance and in extreme cases legal advice may be sought.

This will mean that healthcare staff and others should ensure all mothers understand how to make co-sleeping safer, and that for some babies, where there are clear risk factors, co-sleeping should be avoided.

There is no advice that guarantees the prevention of sudden infant death, but parents/carers should be informed that by following evidence informed advice, it is possible to reduce the likelihood of sudden infant death occurring.

There are four key areas healthcare professionals should discuss with families during pregnancy and beyond:

1 Create a clear, flat and safer sleep space

- Babies should sleep in the same room as their parent or carer for all sleeps (day and night) for at least the first six months of life on a clear flat sleep surface
- Always place the baby on their back to sleep with feet touching the bottom of the cot;
- They need a firm, flat mattress with no raised or soft sides
- Clear sleep space means: No pillows, no quilts or duvets, no bumpers, no pods, nests or sleep positioners
- Never sleep on a sofa or on an armchair with the baby as this greatly increases the risk of sudden infant death
- Baby's head should be kept uncovered so they don't get too hot.
- Room temperature should be between 16 and 20 degrees (if they are using a sleeping bag, babies do not need to use any extra bedding)
- Ensure that the sleep space is kept clear of all items (especially dangerous are blind cords and nappy sacks)
- If the baby sleeps in a sling or baby carrier, make sure parents are aware of the T.I.C.K.S. guidance for safer sleep. https://babyslingsafety.co.uk/
- Babies MUST NOT be left to sleep in a bouncer, car seat or swing, as they are unsuitable for sleeping infants, especially not unobserved or overnight sleeps.

2 Keep babies smoke free

- Babies should be kept smoke free both before and after birth.
- Health professionals should discuss smoking with the family and offer smoking cessation support at the earliest opportunity in pregnancy and during other contacts.
- It is important to discuss the link between co-sleeping, smoking and SUDI. The association between co-sleeping (sleeping on a bed,sofa or chair with an infant) and sudden infant death is likely to be greater when a mother, has smoked in pregnancy/smokes or their partner smokes. www.lullabytrust.org.uk/safer-sleepadvice/smoking/
- Parents and carers who smoke should be advised never to bed-share with babies or infants, no matter how many cigarettes they smoke, or where they smoke, even if they never smoke around the baby.
- If parents/carers do smoke they should be advised to delay contact with their baby for at least half an hour, wash their hands before touching the baby and if possible, change their clothing.
- Parents/carers should be advised to smoke seven steps away from the house as moving into another room, opening the window or door is not sufficient to keep the house smoke free. www.freshne.com/what-we-do/our-campaigns/take-7-steps-out/overview

3 Support Breastfeeding

- It is important for health care professionals during the antenatal period to discuss infant feeding and how to get breastfeeding off to a good start.
- Advise families that breastmilk is all a baby needs for the first six months, and thereafter alongside other foods for two years and beyond.
- Practitioners should refer families to or provide information on support networks to help keep breastfeeding going (local and national support).
- Practitioners should continue to promote and support breastfeeding and the right of parents to make informed choices about their infant's care. Understand that bedsharing is an important practice in maintaining breastfeeding and that, in the absence of any risk factors, breastfed babies who bed share with their mothers are at low risk of sudden infant death.[51] [52]

This image demonstrates how a mother can safely breastfeed in bed using what is termed the "protective position" or "cuddle curl" (image supplied by ABM).

4 Bedsharing

- Bed-sharing should be discussed with all families, regardless of their social circumstances, cultural backgrounds, whether they have expressed or have not expressed their wish to bed-share with their baby. Practitioners should discuss how to maintain safety for infants during sleep when bedsharing, to both minimise the risks to the infant if it does happen, and ways to avoid risks in the first place. Suggestions to mitigate against identified risks should be discussed.
- Parents/carers should be advised that the safest place for a baby to sleep, is a clear, flat sleep surface in the same room as the parents/carers. The easiest way for most families to achieve this is by using a cot or moses basket.
- Parents/carers should also be advised **never** to share a bed with their infant if they have been **drinking alcohol or taken any drugs or medication that would lead to heavier sleep**.
- Parents **who smoke** or whose baby was **born prematurely** should not share a bed.
  https://www.lullabytrust.org.uk/wp-content/uploads/3-bed-sharing-factsheet-2022-1.pdf

Practitioners should be confident in advising families if their circumstances mean that they are in a high-risk group[53] and should not bedshare. If a family's risk for sudden infant death is high it is important to explain why. People are much more likely to follow advice if they understand the reason. It is important to give families the tools and information to make an informed decision with clear, consistent advice.

51 National Institute for Health and Care Excellence. Postnatal care [M] benefits and harms of bed sharing: nice guideline Ng194. London: NICE (2021) Contract No.: NG194. Available from: www.nice.org.uk/guidance/ng194

52 Landsforeningen uventet barnedød (LUB), Norwegian SIDS and Stillbirth Society, Norwegian Resource Centre for Breastfeeding. Safe sleep for babies. Oslo: Landsforeningen uventet barnedød (LUB) (2021). Available from: https://lub.no/getfile.php/132204-1639060586/Materiell/Brosjyrer/Safe%20sleep%20for%20babies.pdf

53 3-bed-sharing-factsheet-2022-1.pd

Tips for safer bedsharing

- Put the baby on their back in a clear, flat sleep space
- Keep pillows and adult bedding away from the baby – to avoid obstructing breathing or over heating the baby
- Do not leave a baby alone in an adult bed
- Make sure the baby cannot be trapped, wedged or fall out of bed or get trapped between the mattress and wall
- Do not have other children or pets sharing the bed as this may lead to suffocation or over-heating the baby

The Public Health Agency continues to take measures to raise both public and professional awareness regarding safer sleeping messages. In consultation with practitioners from the key disciplines across all five HSCT's the following resources have been developed.

1. **A Parent Information Card**
2. **Identifying Risks: A risk assessment tool for professionals**
3. **Promoting Safer Sleeping Guidance Document**
4. **Posters for display in public places**
5. **Social Media Video clips**

Parent Information Cards

- The parent information card and advice in relation to safer sleeping and safer bedsharing practices should be introduced and discussed by the midwife in the early antenatal period. Prior to discharge from hospital, midwives/nurses should discuss and reinforce safer sleeping messages. This should be further reinforced by the community midwife at initial home visit and again prior to discharge to health visiting services.
- The health visitor/family nurse during the Healthy Child Healthy Futures antenatal home visit and/or the subsequent new birth visit should also discuss safer sleeping messages.
- The health visitor/family nurse should revisit safe sleep advice at both the 6-8 week and 14-16 week reviews.

Health professionals should signpost parents/carers to the Pregnancy and Birth to Five Books for further information.

Risk Assessment Tool for Professionals

The risk assessment tool has been developed using the evidence base regarding sudden infant death and associated risk factors. It is intended that professionals use the tool to identify any concern regarding risks or sleeping practices. This should create opportunities to:

- Have honest conversations with parents/carers based on their individual circumstances and needs regarding infant sleeping practices.
- Discuss evidence-based measures to promote safer sleeping practices and reduce risks.
- Observe baby's sleep environment as part of the risk assessment.

Resources are available electronically on the PHA website at
www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/nursing/safeguarding-children-and-young-people

www.publichealth.hscni.net/publications/safe-sleeping-reducing-risk-sudden-infant-death

Recording

Information discussed with families should be recorded in professional records. If risk factors have been identified, a record of what information and advice has been given on safer sleep should be detailed.

If you require any additional information about this guidance please contact:
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