

## 1. Background

Child Death Overview Panels continue to report that the majority of sudden unexplained infant deaths occur with known risk factors. Many unexpected baby deaths have modifiable factors, including unsafe sleep practices, and could be avoided. Many risk factors for Sudden Unexpected Deaths in Infants (SUDI) overlap with those for child abuse and neglect. This 7-Minute Briefing focuses on safer sleep advice for families where safeguarding risk factors exist. There is also the [local Safer Sleeping Risk Assessment Tool](#). For safer sleep advice for all families, the Lullaby Trust provides a lot of useful information.

## 7. Resources to support practice

### Safer Sleep Advice for families and practitioners

Lullaby Trust – including easy read information, information in different languages and the full research evidence base

### Safer Sleep for Dads

“Lift the Baby” website and videos developed by NHS services in Berkshire

### Alcohol consumption and supervision of babies

“Who’s in Charge” campaign, with videos developed by Birmingham Safeguarding Children Partnership and Birmingham Community Healthcare NHS Trust

### Guidance for practitioners

NICE Guidance – Postnatal Care



## 6. Raising Awareness and Implementing Learning

- Do we routinely give and discuss information about safer sleep and ask about and view sleeping arrangements?
- Do we routinely consider safer sleeping as part of safety planning and a broader assessment of risk – e.g., via the [LLR Neglect Toolkit](#)?
- Do we routinely ask about alcohol, drugs, including tobacco, and medication? Do these conversations take into account use by other members of the family and visitors? Do we consistently reinforce safe sleeping advice where these risk factors exist? Do we provide information on specialist support services?
- Do we always document the advice given?

## 5. Touchpoints

- Antenatal contact by the Community Midwife at 34 weeks of pregnancy
- Postnatal contact by Hospital Midwife before discharge from hospital
- Discharge from Community Midwifery care 10 days after the birth
- Birth Visit by the Health Visitor/Public Health Nurse at 10 to 14 days post birth
- GP 6-8 week baby and postnatal check

If the baby is subject to a Child in Need Plan or Child Protection Plan, other practitioners will be in touch with the parents / visiting the family home.

## 2. Hazardous Co-Sleeping

The Lullaby Trust notes that many parents will intentionally or accidentally co-sleep with their baby at some point. It is important for them to know that there are some circumstances in which co-sleeping with their baby can be very dangerous, increasing the risk of SIDS & accidental suffocation:

- Either parent/carer smokes (even if they do not smoke in the bedroom)
- Either parent/carer has drunk any alcohol or taken drugs, including any medication that may make them drowsy (when parents are under the influence of drugs/alcohol, a sober adult should be in charge of the baby)
- The baby was born premature (born before 37 weeks)
- The baby was born a low weight (less than 2.5 kg or 5½ lbs.)
- Parents/carers should never sleep on a sofa or armchair with their baby – this can increase the risk of SIDS by 50 times.

## 3. Key Messages (from The Lullaby Trust)

Babies should always be placed on their back in a clear cot or sleep space for every sleep, day or night. It is safest if they are in the same room as parents/carers for the first six months.

Tell families if they are in a high-risk group and should not bed share – they are much more likely to follow advice if they understand the reasons. If parents are told not to bed share, they may feel they cannot discuss what actually happens and will not therefore get the right advice. Be open and non-judgmental, as families bed share at any given time for a wide variety of reasons. Shock messages that increase fear do not work. Explore why the family is bedsharing and any barriers to following safer sleep advice. Support them to plan ahead to avoid unsafe accidental bedsharing or for when they are out of their usual routine.

## 4. Role of Practitioners

- Target parents during pregnancy with safe sleep messages. Consider families where parents live apart. Think Family – target grandparents, babysitters and others with caring responsibility for the baby.
- Be mindful of the importance of early recognition of & response to [factors which mean infants/families are vulnerable](#).
- All practitioners should ensure consistent safe sleep messages are conveyed and understood. Do not assume another practitioner has provided information.
- Be mindful of individuals absorbing, responding and acting upon messages according to their learning style.
- Utilise every opportunity to provide safe sleep advice and [refer to sources of information](#).

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