



Minimising the risks of sudden infant death syndrome (SIDS) a multi-agency guide



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Multi-agency guidance to minimise the risk of sudden infant death syndrome (SIDS).

The terms sudden infant death syndrome (SIDS) and sudden unexpected death of an infant (SUDI) are used interchangeably. We have chosen to use SIDS as the definition states, "the sudden and unexpected death of an infant under twelve months of age, with onset of the lethal episode apparently occurring during normal sleep, which remains unexplained after a thorough investigation" ⁱ

Who is this guidance for?

This guidance is for use by practitioners from all agencies working with families where there is an unborn child or infant (up to the age of 1 year).

By working together, in partnership with parents and carers, we aim to minimise the risks of SIDS in all families. All professionals who have contact with parents or carers must give the same clear messages.

Why do we need this guidance?

The sudden and unexpected death of an infant is one of the most devastating tragedies that could happen to any family. At least 300 infants still die suddenly and unexpectedly each year in England and Wales ⁱⁱ.

The North and South of Tyne Child Death Overview Panel (CDOP) continues to see infants who have sadly died where modifiable factors (those which can be changed through national or local interventions) were present.

In July 2020, the National Child Safeguarding Practice Review Panel published a Thematic Report into SUDI ⁱⁱⁱ. This report identified that these tragic deaths occur more frequently in families that are particularly vulnerable, with many of the risk factors associated with SIDS overlapping with those for child abuse and neglect. In response, Newcastle and Gateshead Safeguarding Children Partnerships have agreed to adopt a SIDS 'Prevent and Protect Model'. A key aspect of this model is the introduction of this multi-agency guidance.

How and when to use the guidance

This guidance should be used with all families where there is an unborn child or infant. It is particularly important to talk about risk minimisation with **both** parents and where possible with any alternative carers such as grandparents and extended family members who may be caring for the infant.

Using this guidance with parents will support discussions around safe sleeping and any associated risk factors for that particular baby and family.

A better understanding of risk enables families to make more considered decisions regarding safe sleeping practices.

Assessing the risks needs to be seen as a dynamic process and tailored to the individual needs of the baby and family. It's also important to revisit the discussions regarding SIDS prevention according to the changing circumstances and needs of the baby and family ie. change of environment, change of partners, changes to the usual routine which subsequently means a change to the sleeping arrangements for the infant, a baby who is teething or unwell. Importantly, use of the guidance is not about how many boxes are 'ticked' or 'counting up' risk factors.

It is about undertaking a holistic assessment so that you can work together, as partner agencies, with families to minimise the risks of SIDS.

General messages about co-sleeping

Co-sleeping is a term used to describe parents or carers choosing to share a sleeping space with their infant for most of the night, and not just to be comforted or fed.

On any given night in the UK, around one quarter of infants under 6 months of age spend part or all of the night sharing a sleep surface with a sleeping parent^{iv} and a survey carried out by the Lullaby Trust found that 76% of parents had co-slept with their baby at some point.

This is often to comfort them, feed them, promote bonding and skin to skin contact. Importantly, 40% of parents admitted to co sleeping in situations which are dangerous such as on a sofa, having drunk alcohol or as a smoker^v.

This guidance does not discourage co-sleeping but aims to promote safer co-sleeping and emphasise that:

The safest place for your infant to sleep is on their back in a cot, crib or Moses basket and in a room with you for the first six months

Stay Close: Sleep Apart



Sleepy time Rhyme

(sung to the tune of Row, row, row your boat)

<https://biteable.com/watch/3776393/55b4c53b94b8371bd81471bb6ff9ad1e>

No smoke or drinking please
Time for me to rest
Lie me gently on my back
And keep me lightly dressed

Nice firm bed for sleep
Feet to foot – no gaps
Keep the covers off my head
For all my sleeps and naps

Understanding predisposing vulnerabilities and risk

Risk factors for individual children

Infants who are **born prematurely** (before 37 weeks) or had **low birth weight** (under 2.5kgs) are more vulnerable to SIDS^{vi}, therefore it is particularly important that parents of these children are helped to understand the risks and are supported to follow safe sleep advice.

Infants who are unwell can be at increased risk of SIDS due to respiratory issues and/or increased temperature.

It is important that parents are confident in recognising when their infant may be unwell and how to respond.

Working with parents to minimise the risks for individual children

Sensitively discuss with parents of premature or low birth weight infants the increased vulnerabilities. It may be helpful to signpost or support them to access additional resources

[www.lullabytrust.org.uk/wp-content/uploads/ The-Lullaby-Trust- Safer-Sleep-Advice-For- Premature-Babies.pdf](http://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Safer-Sleep-Advice-For-Premature-Babies.pdf)

Explore with parents how they would recognise their infant is unwell and how to access medical attention if this is needed.

[Healthier Together | Home \(nenchealthiertogether.nhs.uk\)](http://Healthier Together | Home (nenchealthiertogether.nhs.uk))

[www.lullabytrust.org.uk/safer-sleep-advice/ baby-check-app/](http://www.lullabytrust.org.uk/safer-sleep-advice/baby-check-app/)

[https://proceduresonline.com/trixcms1/media/12216/little-orange-book-ccg booklet 21 ed.pdf](https://proceduresonline.com/trixcms1/media/12216/little-orange-book-ccg-booklet-21-ed.pdf)

[SIDS and Safety – BASIS \(basisonline.org.uk\)](http://SIDS and Safety – BASIS (basisonline.org.uk))

Unsupported young parents

Like all parents, teenage mothers and young fathers want to do the best for their children and some manage very well. For a minority, vulnerabilities such as poverty, lower educational attainment, being a care leaver and lack of support can make parenting very challenging.

Statistics show that infants of a teenage mother are significantly more likely to die from SIDS ^{vii}. It is therefore important to consider factors of isolation along with the role of fathers as well as the attitudes of friends and family members towards current safer sleep guidance.

Smoking

Smoking cigarettes during pregnancy or after birth can significantly increase the chance of SIDS. Scientific evidence shows that around 30% of SUDIs could be avoided if mothers didn't smoke when they were pregnant.

Once the infant is born there is an additional risk of SIDS if there is smoking around the family home. This means that smoking may be linked to 60% of SIDS ^{viii}.

If you are working with a family where smoking is a known risk factor, you should explore this with parents and what they can do to reduce the risk. You should also strongly discourage co-sleeping.

These questions may help when assessing alcohol use and the risk:

Alcohol and Illegal Drug use

Research suggests that moderate to heavy use of alcohol and drugs during pregnancy can have a negative impact on the normal development of the infant and significantly increases the risks of SIDS ^{ix x}. Therefore, it is critical for professionals to identify the level of alcohol and drug use during the antenatal period and the usual alcohol intake levels and drug use when not pregnant. Professionals should work with the women to either minimise or eliminate use.

Once the infant is born, alcohol and drug use by the parents or carers can lead to unsafe sleep practices. If a parent chooses to co-sleep after using alcohol and/or drugs this can result in the parent accidentally rolling onto the infant or not recognising when the infant is in an unsafe sleeping position.

Where you are working with a family and the use of alcohol and illegal drugs is a known risk factor, you should explore with the parents how they can reduce the risks of SIDS, with a particular focus on avoiding co-sleeping whilst under the influence.

Many drug users mix cannabis with tobacco. There is limited evidence to suggest cannabis alone causes an increased risk in SIDS however the use of substances which could reduce the parent's alertness to their baby, should be avoided, particularly when co-sleeping when substances have been consumed.

- Is the mother's use of alcohol in the antenatal period a concern?
- Does either parent or carer need support with reducing or stopping alcohol use?
- Is there a safety plan in place when either parent or carer chooses to use alcohol?

Excessive tiredness and use of prescribed medication

Having a new baby is very tiring especially in the first few weeks or when the baby is teething or unwell. Having additional responsibilities such as other children and work commitments can also increase tiredness. Where a parent or carer is excessively tired or drowsy as a result of taking prescribed medication, co-sleeping should be strongly discouraged as this may increase the risk of SIDS.

Talk to parents and carers about this to explore what contingencies they may put in place to avoid this risk.

Is it possible for parents to 'take turns' in getting some rest? Who can help safely care for the infant if excessive tiredness or drowsiness is an issue?

Working with parents / carers where there are increased risk factors

It is important to explore with both parents and alternative carers any identified parental factors that can increase the risk of SIDS and how they can be supported to minimise these risks.

In addition to the suggestions made above, you may find it helpful, according to your knowledge of the risks within individual families, to use the following questions to have an open discussion regarding parental management of risk.

Documenting advice given to parents/carers:

Where safer sleep advice is discussed, or the infant's sleeping arrangements are assessed, a written record should be made. This should provide the details of:

Who the safer sleep advice was discussed between i.e. which professional and parent.

- The date and time of the discussion.
- Record the response from parents/carers/relatives, including the choices they plan to make based on advice given.

Mental ill health

If a parent is taking prescribed medication for mental health issues, it is important to explore if this medication makes them excessively drowsy or tired and if so, co-sleeping should be discouraged.

It is also possible that some mental health issues can result in the parent been less attuned to their infant's needs, this should be sensitively explored in the context of safe sleeping practices.

Document any risks identified and any advice provided to reduce the risk.

- Record any further action required or any sleep plans agreed.
- Record if you have seen the infant's sleeping arrangements.

In cases where parents refuse the offer from professionals to see the infant's sleeping arrangements, this should be documented.

In these circumstances consider whether there may be safeguarding concerns.

Examples of useful questions to ask:

- If a friend offered to look after your infant for the night to let you get a good night sleep, how could you ensure your infant would be sleeping safely?
- You have a visitor who is a smoker, how can you reduce the risk to your infant?
- You go to stay at a friend's house for the night, how will you keep your infant safe?
- Some friends bring alcohol, cannabis or other drugs into the house, how do you remove or minimise the risk to your infant?

Environmental risk factors

It is important to consider the environment the infant is living in, as hazardous environments can increase the risk of SIDS. Infants sleep at various points during the day and night. It is therefore useful to ask the parent whether the infant sleeps in other places during the day.

An infant's **sleep environment** should be kept as clear as possible to reduce the risk of accidental strangulation, suffocation, or entrapment. Infants should only sleep on a firm, flat mattress (do not prop up) to reduce the risk of SIDS and accidents. Ensure baby is away from toys, adult bedding, the use of duvets, cot bumpers and pillows should be actively discouraged. The baby should always be placed on their back to sleep and not on their front or side. There is substantial evidence from around the world to show that sleeping the baby on their back at the beginning of every sleep or nap (day and night) significantly reduces the risk of SIDS. The baby should be placed at the foot of the cot to prevent them from wriggling under any covers- 'feet to foot'^{xi}.

It's also important to **discourage co-sleeping** with other young children or family pets.

A sofa is one of the most dangerous places to fall asleep with an infant and increases the risks of SIDS by up to 50 times^{xii}. The infant may fall off the sofa or become wedged between the adult and the sofa cushions, making it difficult for them to breathe.

Similarly, accidental deaths have occurred in infants sleeping in sitting devices not designed for this purpose, such as car seats, pushchairs and baby bouncers.

Car seats should only be used for transportation. It is useful to explore this with parents, explaining that the airway is very soft in infants therefore it can easily become blocked if their head is in an incorrect position and this can also compress their chest.

An **infant's temperature** is an important consideration. While it is important to ensure that an infant does not get too cold, it is also important to avoid practices that may result in them getting too hot. A room temperature of 16-20°C – with light bedding or a lightweight, well-fitting baby sleep bag– is comfortable and safe for sleeping babies, infants should not wear hats indoors or when asleep.

It is important to discuss **living arrangements** and investigate if there are any issues linked to home conditions, for example the property could be damp, have poor ventilation or may be overcrowded.

Working with parents to minimise environmental risk factors

- Support parents to have an increased understanding of the situations and environments that are particularly hazardous by talking through the factors as highlighted in this guidance.
- Explore with the parents how they can ensure their infant is in the safest environment for sleep.
- Signpost or support them to access to more detailed information on safe sleep environments: www.lullabytrust.org.uk

Situational/Out of Routine risks

Situational risks are **external factors or influences from elsewhere**. For example, living in temporary housing, change in partner, altered sleeping arrangement due to a change in circumstances such as fleeing domestic abuse, alcohol or drug use.

Out of routine circumstances would include staying at a relative or friend's house or elsewhere for example on holiday. Situational risks and out of routine circumstances can act together to increase the risk of SIDS and may mean that families find it difficult or

impossible to engage in safer sleep practice.

It is important to strike the right balance between promoting the safer sleep message and exploring the reasons why a parent may choose not to follow them.

It is not about criticising a parent, it is about supporting them to understand the risks and change behaviours that may result in unsafe sleep practice

Working with parents to minimise situational risks or out of routine circumstances

It is useful to explore with parents what they will do about safe sleep if the family's circumstances suddenly change, perhaps by sensitively posing scenarios for them to consider.

How can they make sure their infant is still safe regardless of the change of routine or situational risk?

Interventions need to be differentiated to meet the needs of families.

Additional risk factors

As described earlier, there is a clear evidence base to suggest SIDSs are much more likely to happen in families with additional vulnerabilities. Many of the risk factors associated with abuse and neglect overlap with those known to increase the risks of SIDS. It is acknowledged that whilst SIDS prevention messages are being rigorously delivered by professionals, families with additional vulnerabilities are either unwilling or unable to accept or implement this guidance.

Therefore, it is critical partners from all agencies understand this challenge and ensure they utilise their skills to find ways of engaging the most vulnerable families in SIDS prevention discussions without appearing critical.

Where there are existing multiagency plans (Early Help, Child in Need, Child Protection, Children in Care) SIDS risk minimisation must be integral to the plan and ensure that professionals are working with families to support interventions to reduce the risks.



[Newcastle Safeguarding Children Partnership](#)

What to do if you identify increased risk of SIDS:

As this guidance has highlighted, SIDS risk minimisation can be complicated and there may be multiple modifiable as well as some non-modifiable risk factors in any of the families you are working with. As with all other areas of safeguarding, it is important to demonstrate professional curiosity to understand if there is a safeguarding concern.

If you identify increased risks, you should work with the family to explore the issues and support them to address these.

You should use the multiagency threshold/decision making guidance to support your thinking and if it is felt that the level of concern requires either Early Help or statutory intervention you should follow the local safeguarding children partnership procedures



[Gateshead Safeguarding Children Partnership](#)

NHS
North East and
North Cumbria

References

References

- ⁱ HM Government (2018) Child Death Review Statutory and Operational Guidance (England) [Child Death Review Statutory and Operational Guidance \(England\) \(publishing.service.gov.uk\)](#)
- ⁱⁱ NHS Digital. Child Death Reviews (March 2019): <https://digital.nhs.uk/data-and-information/publications/statistical/child-death-reviews/2019/content>
- ⁱⁱⁱ The Child Safeguarding Practice Review Panel : Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm (July 2020): [Out of routine: A review of sudden unexpected death in infancy \(SUDI\) in families where the children are considered at risk of significant harm \(publishing.service.gov.uk\)](#)
- ^{iv} Making informed choices on co-sleeping with your baby [BMJ 2015; 350](#)
- ^v New survey shows 40% of parents are not co-sleeping safely [The Lullaby Trust, 2019](#)
- ^{vi} Reducing the risk of SIDS for premature babies [The Lullaby Trust](#)
- ^{vii} A framework for supporting teenage mothers and young fathers [Public Health England, Local Government Association 2019](#)
- ^{viii} <https://www.lullabytrust.org.uk/safer-sleep-advice/smoking/>
- ^{ix} [NICE Antenatal Care 2021](#)
- ^x [NICE Postnatal Care 2013](#)
- ^{xi} <https://www.lullabytrust.org.uk/safer-sleep-advice/sleeping-position/>
- ^{xii} [Safer sleep for babies a guide for parents. https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf](#)