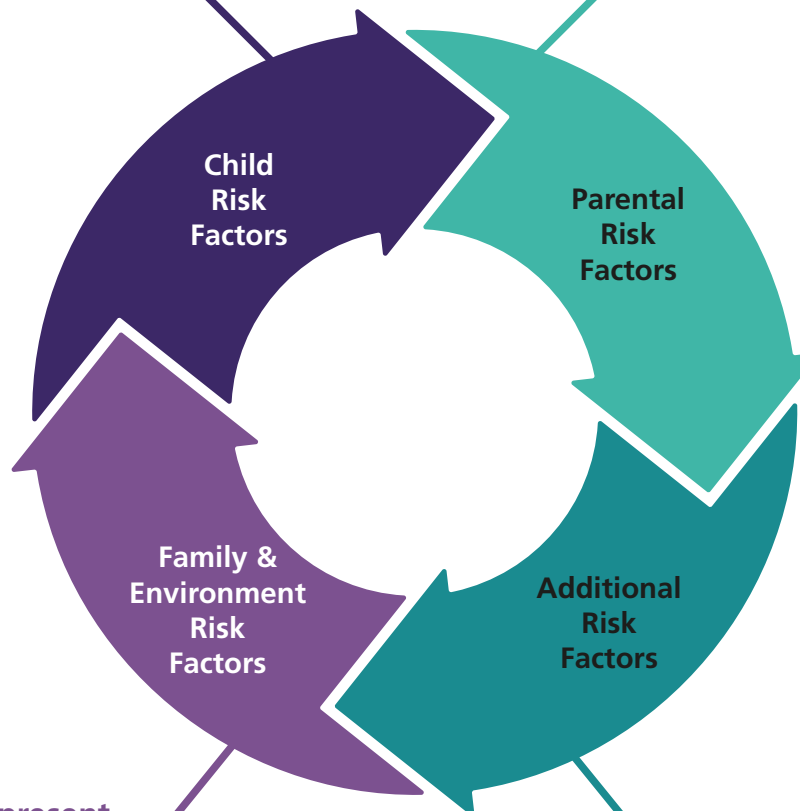


Sudden Unexpected Death in Infancy Risk Minimisation Tool

- Low birth weight
- Prematurity
- Male gender
- Aged under 1 year
- Not breastfed
- Family history of SIDS
- Unsafe sleeping position



- Smoker in household
- Mental ill health
- Substance use
- Alcohol use
- Domestic violence
- Excessive tiredness
- Medication causing drowsiness

- Situational risk
- Out of routine
- Co-sleeping on a sofa
- Poor living conditions
- Overcrowding
- Poverty
- Bed-sharing when other risks present
- Unsafe sleep environment
- Use of sleep products

- Young parent
- Current involvement with services (social)
- Criminal behaviours
- Previous history of neglect and/or abuse
- Poor engagement with services

Child Risk Factors Explained

SUDI - 'Sudden Unexpected Death in Infancy' is the term used for the sudden and unexpected death of a baby under 12 months. Deaths that remain unexplained after post-mortem are usually registered as 'sudden infant death syndrome' (SIDS)

Low birth weight - Babies who weighed under 2.5 kilograms at birth are more at risk of SUDI

Prematurity - Babies born before 37 weeks gestation are more at risk of SUDI

Male gender - Refers to being assigned male at birth. Boys are more at risk of SUDI

Aged under 1 year - Babies are more at risk of SUDI during the first 6 months and is most likely to occur between 2 and 4 months of age. The risk reduces further after 12 months.

Not breastfed - Both partial and exclusive breastfeeding have been shown to be associated with a lower rate of SUDI, but exclusive breastfeeding was associated with the lowest risk

Family history of SUDI - Babies who have had siblings or cousins who died of SUDI are at increased risk

Unsafe sleeping position - Babies are more at risk of SUDI if they sleep on their front or on their side. Infants should always be placed on their backs to sleep at the start of every sleep period

Parental Risk Factors Explained

Smoker in household - 60% of deaths attributed to SUDI are linked to smoking. The baby of a woman who smokes 1-9 cigarettes a day during pregnancy is four times as likely to die of sudden infant death than a baby of a woman who didn't smoke at all during pregnancy. Environmental tobacco smoking in a European population has been estimated to be responsible approximately for 24-32% of SIDS incidents. Studies also demonstrate an increased risk if the father also smokes. There is also an increased risk when mothers smoke only after their baby is born increasing the risk of SUDI by 30%.

Mental ill health - Serious mental illness considerably increases the risk of SUDI. Postnatal depression can also increase the risk as it is possible that mothers with depression are less attuned to their infant's health status and well-being and are less able to respond appropriately to any changes in the infant.

Substance use - Use of illicit drugs substantially increases the risk of SUDI. Drug use during pregnancy can impact on fetal development and condition at birth. SUDI is more likely if parents co-sleep

after drinking or taking drugs. Having an open conversation can help them to understand why they should be very careful not to fall asleep with their baby after drinking or taking drugs. Drink and drugs also affect normal functioning and decision making. Discuss the importance of planning care for their baby at such times, for example by asking a sober adult to help. Parents who use drugs are also more likely to smoke and be less responsive to their baby.

Alcohol use - Moderate to heavy alcohol use in pregnancy appears to be related to SIDS as opposed to lighter drinking. Women with an alcohol-related disorder diagnosed in pregnancy, indicating heavy drinking, have a significantly increased risk of SIDS. Children born to mothers who both drank and smoked beyond the first trimester of pregnancy have a 12-fold increased risk for Sudden Infant Death Syndrome (SIDS) compared to those unexposed or only exposed in the first trimester of pregnancy (National Institute of Health 2020).

Domestic violence - 7% of SUDI deaths are attributed to wider safeguarding concerns including domestic violence.

Excessive tiredness - Bedsharing is not recommended if the parent is excessively tired due to the risk of SUDI caused by overlay.

Medication causing drowsiness - Falling asleep with a baby in bed or on a sofa after taking medication which causes drowsiness will significantly increase the risk of SUDI.

Family & Environmental Protective Factors Explained

Situational risk - External factors or influences from elsewhere. Temporary housing, change of partner, altered sleeping arrangements, alcohol, or drug use on the night in question, Situational risks and out-of-routine circumstances act together to increase the risk of SUDI and may mean that families find it difficult or impossible to engage with standard safer sleep messages. Situational and circumstantial risks are similar regardless of the underlying cause.

Out of routine - Staying with family, friends or elsewhere e.g.: on holiday or being made homeless.

Co-sleeping on a sofa or armchair - Sleeping on sofas increases the risk of SUDI between 49 and 67 times (Blair et al., 1999, Tappin et al., 2005; Rechtman et al., 2014; Blair et al 2014.) White British infants are more likely to sleep on sofas, and to have mothers who consume alcohol and smoke (Ball et al. 2012)

Poor living conditions - Living in housing with damp and mould can lead to respiratory illness. Many babies who die of SUDI have a respiratory illness prior to their death. Poor living conditions is linked to poorer health outcomes.

Overcrowding - Babies who bed-share with siblings are more at risk of SUDI. Families living in overcrowded accommodation are more likely to bedshare when other risk factors are present such as poverty.

Poverty - There is a link between families who are socio-economically deprived and SUDI. Babies born to mothers who are poor are more likely to be of low birth weight, premature and their mothers are more likely to have poorer access to maternity care and good nutrition.

Bedsharing when other risks are present - Whilst bedsharing in the absence of risk does not lower the risk of SUDI neither does it increase the risk if it is done safely (NICE 2021) (References, Helen Ball-UK. Nils Bergman- South Africa, Kathleen Kendall-Tackett, and James McKenna- USA). Talk to parents about how to co-sleep to minimise risk and when not to bedshare. Babies should sleep in the same room as their parents for at least 6 months during the day as well as night. Bed-sharing is only a risk factor when in the presence of other factors such as smoking, alcohol and drug use, but falling asleep on a sofa or an armchair with a baby is always dangerous (Professor Peter Fleming University of Bristol-The National Child Mortality Database (2021)). The safest place for a baby to sleep is on their back in a clear cot, crib or Moses basket in the same room as the parent for the first 6 months or longer.

Unsafe sleep environment includes but is not limited to:

- Unclear cot containing clutter from toys, cot bumpers, pillows, duvets, sleep positioners
- Overheating. Most deaths occur in winter
- Cot placed near cord blinds
- Gap between next to me crib and parent bed

Baby sleeping in a bouncer, pushchair, car-seat, sling or on an airbed. Positional asphyxia (generally caused by airway obstruction due to the extreme flexion of the infant head in an unsupported seated position) was the cause of death in around half of car seat cases and almost all pushchair, swing, and bouncer deaths. The other half of car seat deaths were due to strangulation from straps. There is currently a lack of data on the use of baby slings and SIDS. However, parents who wish to use baby slings should be advised to follow the T.I.C.K.S. guidance (babyslingsafety.co.uk)

The T.I.C.K.S. Rule for Safe Babywearing

Keep your baby close and keep your baby safe.

When you're wearing a sling or carrier, don't forget the T.I.C.K.S.



- ✓ TIGHT
- ✓ IN VIEW AT ALL TIMES
- ✓ CLOSE ENOUGH TO KISS
- ✓ KEEP CHIN OFF THE CHEST
- ✓ SUPPORTED BACK



TIGHT – slings and carriers should be tight enough to hug your baby close to you as this will be most comfortable for you both. Any slack/loose fabric will allow your baby to slump down in the carrier which can hinder their breathing and pull on your back.



IN VIEW AT ALL TIMES – you should always be able to see your baby's face by simply glancing down. The fabric of a sling or carrier should not close around them so you have to open it to check on them. In a cradle position your baby should face upwards not be turned in towards your body.



CLOSE ENOUGH TO KISS – your baby's head should be as close to your chin as is comfortable. By tipping your head forward you should be able to kiss your baby on the head or forehead.



KEEP CHIN OFF THE CHEST – a baby should never be curled so their chin is forced onto their chest as this can restrict their breathing. Ensure there is always a space of at least a finger width under your baby's chin.



SUPPORTED BACK – in an upright carry a baby should be held comfortably close to the wearer so their back is supported in its natural position and their tummy and chest are against you. If a sling is too loose they can slump which can partially close their airway. (This can be tested by placing a hand on your baby's back and pressing gently - they should not uncurl or move closer to you.) A baby in a cradle carry in a pouch or ring sling should be positioned carefully with their bottom in the deepest part so the sling does not fold them in half pressing their chin to their chest.

Additional Risk Factors Explained

Young parent - Babies born to mums under 20 are 4 times more likely to die of SUDI than those born to older parents. Young parents are less likely to attend antenatal classes and are more likely to smoke

Current involvement with services (social) - Babies born to families receiving services under child protection, child in need plans or care proceedings are at higher risk as these families are less likely to be able to engage with the safer sleep messages

Criminal behaviours - An increased risk of SUDI is found with predisposing vulnerability and risk affecting families with additional needs including parental criminal behaviours

Previous history of neglect and/or abuse - While babies' deaths may not be directly caused by abuse or neglect, there are often concerns that the level of parental care may can be a contributory factor that put the babies at increased risk of harm leading to an increased risk of SUDI

Poor engagement with services - Little or no prenatal care increases the risk of SUDI.

Despite substantial reductions in the incidence of sudden unexpected death in infancy (SUDI) in the 1990s, at least 300 infants die suddenly and unexpectedly each year in England and Wales ([NHS Digital 2019. Child Death Reviews: year ending 31 March 2019.](#))