

Sudden Unexpected Death in Infancy (SUDI)

Background: The Child Safeguarding Review Panel has completed (2020) a second review around SUDI. They found that almost all incidents of SUDI involved carers co-sleeping in an unsafe sleep environment with infants. Almost all carers had consumed alcohol or drugs. In addition, there were often wider safeguarding concerns such as neglect, domestic abuse & mental health. All parents who lost children were devastated by their loss.

Why it matters: Major risk factors for SUDI are well known & the advice on reducing risks is evidence based and well established. Midwives and Health Visitors routinely give safe sleep advice and target cases with risk. www.lullabytrust.org.uk/safer-sleep-advice/ In spite of this, the messages professionals give are not being clearly received or not acted on by some families who present with the high likelihood of risk of SUDI.

Questions to consider: Midwives and Health Visitors routinely give safe sleep advice - do other agencies give this advice? Research tells us that non-judgemental, culturally sensitive, meaningful and empowering advice works best. How could your organisation target advice given around prevention of SUDI, eg do you have a shared tool to assess risk? Could you improve the advice you give around SUDI? Do you have a training need?



Key Findings: Families in adverse circumstances will present with a range of pre-disposing risk factors. Certain babies will have unknown risk factors, (intrinsic risk factors). Family circumstances such as overcrowding, poverty & history of adversity are at increased risk of SUDI. Parents living with situational risk factors (particularly when they are out of routine eg having a party, sleeping at someone else's home or if their baby is ill) find it more difficult to follow Safe Sleep Advice. SUDI is potentially avoidable.

What to do: Pregnancy is a 'reachable moment'. Co-sleeping is common & complex; some parents may not follow simple 'don't do it' advice. Use face-to-face opportunities to give meaningful safe sleep advice. Giving advice specific to parental circumstance is more likely to be followed than a list of 'do's and don'ts'. Provide parents with a plausible mechanism of harm, eg risk of suffocation when sleeping on a sofa. Ask parents to plan for 'out of the ordinary' events that disrupt their routine (a party at home, sleeping elsewhere, when a child is ill) and advise that by following safe sleep advice at these times they may avoid rare lethal scenarios.

Prevent & Protect Model: advises practice which recognises universal pre-disposing risk factors of SUDI for all families, but includes targeted action to help families with additional & identified needs. Families are more likely to respond & act on tailored information on safe sleep, esp if they trust a professional who has built a relationship with them. The use of a recognised tool to assess risk is advised, eg [Safer Sleeping Assessment Tool \(safeguarding.ie\)](http://Safer Sleeping Assessment Tool (safeguarding.ie))

Risk Factors Include:

Unsafe sleep position: face down or side. Unsafe sleep environment: co-sleeping with other risks including bed sharing/overwrapping with covers, pillows, blankets/soft sleep surface (second-hand mattresses, couches). Tobacco, alcohol, drugs in utero and in the environment. Pregnant women, who book late and/or have poor antenatal attendance. Babies with low birth weight or pre-term (less than 37 weeks). Parents who struggle to identify their risks and/or who disengage. Risks are greatest from birth to one year with the highest risk period at 2-4 months of age.