

## 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/](http://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.