

7 Minute Briefing: Safer Sleep

Background:

On average 4 babies die, suddenly and unexpectedly, every week in the UK and no cause will be found. This is known as sudden infant death syndrome (SIDS). Increased awareness of safer sleep practices has led to a significant reduction in the number of deaths and rates have fallen by 80% since the 1991 Back to Sleep campaign.

Who is this briefing for?

This safer sleeping guidance for children is applicable to the whole of the Islington Partnership workforce who have contact with the parents, carers and families of babies.

We are all in a position to provide consistent evidenced based advice to parents, carers and families, to discuss sleeping arrangements for baby, support them to make informed choices regarding safer sleep and raise awareness of factors associated with SIDS.

Communication and information giving between parents, carers, families, and members of the multi-disciplinary workforce are key. Relevant adjustments should be in place for people with communication difficulties, and those who do not speak or read English. Verbal and written information should be appropriate for the person's level of literacy, culture, language and family circumstances.

Why it Matters

The Office for National Statistics report- In 2022:

- There were 171 unexplained deaths of infants (aged under one year) in England and Wales, accounting for 7.3% of all infant deaths.
- Sudden infant deaths accounted for 53% of unexplained infant deaths.

Whilst figures are marginally declining there is still a way to go and more action must be taken to ensure that all parents, carers and families of babies have access to information on how to reduce the risk of SIDS. If all parents followed safer sleep advice, many more babies could be saved. Bed sharing can be intentional or a necessity, but all carers of babies should be given information in a format they can understand, irrespective of their culture.

Questions for all Professionals to Consider

- How can we as a multidisciplinary workforce use this information to safeguard infants?
- Where do we see babies? Or their parents? Do we ask about other carers?
- Do we routinely ask (non-judgmentally) about and view sleeping arrangements to ensure it is a safe space?
- Has temperature regulation been discussed?
- Do we routinely ask about alcohol, smoking, drugs and medication? And plans for sleep when staying away from home and support forward planning?
- Do you refer to smoking cessation service &/or drug & alcohol service?
- Do we routinely give information about and discuss safer sleep? Do we always document the advice given?

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Key Messages

The safest place for a baby to sleep is in their own clear, flat, separate sleep space, such as a cot or Moses basket in the same room as a carer. Babies should always sleep in the same room as their carer for the first six months, day and night. Advice;

- Always place the baby on their back to sleep for every sleep, day and night
- Give the baby a clear safe sleep space, in the same room as you
- Keep the baby smoke free before and after birth
- Ensure bed-sharing more safely

More information: [How to reduce the risk of SIDS for your baby - The Lullaby Trust](#)

Bed Sharing:

NICE's Postnatal Care Quality standard details at each contact, practitioners should discuss with parents safer practices for bed sharing, including:

- making sure the baby sleeps on a firm, flat mattress, lying face up (rather than face down or on their side)
- not sleeping on a sofa or chair with the baby
- not having pillows or duvets near the baby
- not having other children or pets in the bed when sharing a bed with a baby

Risk Factors and Bed Sharing

Strongly advise parents not to share a bed with their baby if their baby was low birth weight or if either parent:

- has had 2 or more units of alcohol
- smokes
- has taken medicine that causes drowsiness
- has used recreational drugs

