



## Eyes on the Baby

Multi-agency SUDI prevention

Strand 1: staff who go inside homes, who talk to new parents, or who help in a crisis.

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## What is multi-agency SUDI prevention?

- All families should receive universal SUDI prevention / safer sleep info before and after birth, but...
  - Some do not engage with antenatal care or health visitor appointments
  - Some forget the safer sleep info they have been given or don't tell partners or other carers
  - Some are unable to implement the guidance due to lack of resources, temporary living arrangements, disruptions or other family circumstances
- Other professionals often have more frequent access to these families and better opportunities to provide information and support
- Multi-agency SUDI prevention involves offering all professional staff the information and skills to observe, listen, signpost and intervene to prevent sudden unexpected infant deaths

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## The SUDI Prevention Project

The Multi-agency SUDI Prevention Project aims to eliminate the unexpected deaths of babies (under 1 year of age) in Northumberland.

It is jointly funded by Northumberland County Council, Northumberland Family Hubs, and Northumbria Healthcare NHS Foundation Trust

Led by:

Professor Helen Ball, Durham Infancy & Sleep Centre, Durham University  
 Ms Carla Anderson, Public Health Midwife, Northumbria Healthcare  
 Mr Jon Lawlor, Public Health Consultant, Northumberland County Council

The project aims to implement a multi-agency workforce approach to SUDI prevention in vulnerable families. This involves training local authority staff, NHS staff, and staff of partner services who may encounter vulnerable families with babies.

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## Why Northumberland

SUDI (Sudden Death in Infancy) is now more likely to happen in some families than others

Deaths occur most often in families living in impoverished circumstances with multiple risks or vulnerabilities

In Northumberland 17.6% of all children are living in absolute poverty (n=9078 children in 2022 where families received less than 60% of the median income established 2010-11). UK average =15.3%.

In Northumberland approximately 5 SUDIs occur per year and this rate has not declined for several years.

**Most SUDIs are preventable**

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## Three strands of training

Strand 1 is for workforce members staff who go inside homes, who talk to new parents, or who help in a crisis.

- They will keep 'Eyes on the Baby': observe, listen, nudge, and refer/report

Strand 2 is for workforce members who provide direct support to vulnerable families

- They will raise awareness of and reinforce SUDI prevention: explore, remind, support and refer/report

Strand 3 is for health professionals who are involved in the routine or emergency care of pregnant and post-partum women and babies

- They will offer universal and targeted safer sleep guidance: inform, understand, guide, refer/report, and respond to concerns from staff in strands 1 & 2 as needed

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## This is Strand 1

This training is for workforce staff who staff who go inside homes, who talk to new parents, or who help in a crisis

Housing & Estates Officers	Police Officers
Social Housing Providers / Landlords	Police Community Support Officers
Equipment & Loan deliverers & fitters	Fire Service Community Support Offices
Home Improvement Services / Surveyors	Paramedics / Call responders
Adaptation Technicians	Domestic Abuse Teams
Fire Service (Home Checks) / Fire Wardens	Shelter Staff / Temporary Housing Staff
Probation & Youth Offending Officers	Birth Registrars
Locality Coordinators and Support Planners	Library Staff
Refugee Services	Customer Service Advisors
Gypsy/Roma/Traveller Liaison Officers	Receptionists
Community Safety Staff	

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### Aim of this training

To prepare you to support SUDI prevention whenever you have contact with vulnerable families.

Know what to see (or hear), what to say, and what to do.

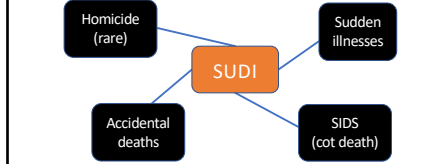

- Observe the baby's safety where possible
- Nudge families to prioritise baby sleep safety
- Flag the need for support with SUDI prevention
- Refer or report cases where intervention is needed

When: opportunistically, as needed and in a crisis



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### Sudden Unexpected Death in Infancy (SUDI)

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### Protecting vulnerable families

- 30 years ago everyone was very aware of SIDS (cot death)
- Rates fell dramatically after all the campaigns
- Today's new parents have little awareness of babies dying suddenly and unexpectedly
- Deaths now cluster among babies in the most vulnerable families
- Babies who die are now most likely to be in homes where:
  - Families consume drugs and/or alcohol, and/or smoke
  - Living conditions are chaotic, have suddenly changed, or are temporary
  - Parents have mental health conditions, and drugs or alcohol are used
  - Parents are very young, have no support, or were in care
  - There is domestic violence, abuse, neglect of other children





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### What do babies need?

✓ Food, ✓ Comfort, ✓ Safety

Feed often, day and night


Sleep for short sessions, day and night



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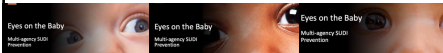
### Understanding parents' needs

HELPLESSNESS + SHORT SLEEPS + FEEDING + COMFORTING = HARD!



Sleep safety may seem less important or too difficult

These are times to keep **all eyes on the baby** and offer help if needed

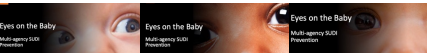


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### Risk factors for SUDI

The key risks found in UK are:

- Babies sleeping on their front (SIDS)
- Exposure to cigarette smoking prenatally or postnatally (SIDS)
- Sleeping in a room alone / unattended (SIDS)
- Baby being premature or low birthweight (SIDS)
- Not breastfeeding for at least 2 months (SIDS)
- Soft bedding (duvets) and surfaces (pillows, cushions), soft toys (SIDS, accidents)
- Hazardous co-sleeping (on a sofa, after drinking alcohol, taking drugs) (SIDS, accidents)
- Sleeping on a non-flat surface (car seat, buggy, bouncer chair) (accidents)



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### Put down **on back** to sleep

- ⚠ Small babies have very heavy heads and weak necks.
- ⚠ They can get stuck with their airways blocked by soft surfaces.

Once babies can roll both ways it is OK for them to sleep on their front.






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### On a clear, flat surface

- ✗ pillows ✗ cushions ✗ duvets
- ✗ loose bedding
- ⚠ **No hats indoors:** babies need to lose heat from their heads
- ✓ Feet at the bottom of the cot stops baby moving underneath covers






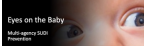
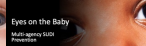
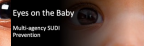

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### Not on their own

0 - 6 months

in parents' room

wherever parent/carer is

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### Smoke free

before birth

after birth

1/3 SIDS deaths could be prevented if no babies were smoke exposed in pregnancy

- Smoke outside the home
- Remove outer clothing
- Wash hands






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### Protect airways during sleep

**Car seats/bouncers**

⚠ Not safe for sleep at home


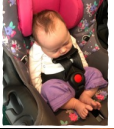
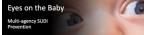
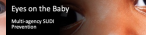
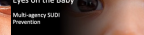
**Chest to chest**

- Adult awake
- Baby's face turned to side
- Baby cannot slide off

**Slings**

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

UKCS Guidelines (2015) UK Sing Consortium <https://ukcsing.org.uk/>

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### Bed-sharing is common

Many people bring their babies into bed with them regularly or occasionally (known as bed-sharing or co-sleeping)

Sleeping with the baby can be intended and unexpected

It is important that families know about safe bed sharing, even if they say that they don't bed-share as most do at some point.

**50% of parents bed share with their baby during the first 3 months**

A fifth of babies are in their parents' bed on any one night






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### Bed-sharing is common

to

- ✓ Soothe/settle baby
- ✓ Make breastfeeding more manageable

or


No space for a cot/ Moses basket

or to

- ✓ Get more sleep
- ✓ Be close to their baby
- ✓ Help with bonding

or

Because it is culturally normal



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### Some bed-sharing is hazardous

NEW UK guidance encourage informed decision-making

- ⚠ On a sofa or armchair **1 IN 3,180**
- ⚠ After consuming drugs or alcohol **1 IN 174**
- ⚠ If parent is a smoker **1 IN 787**
- ⚠ Sleeping with a baby born prematurely



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### Talking about bed-sharing

NEW UK guidance how to do it safely + reasons to avoid it Let's talk!

When people were told 'never bed-share'...


- Riskier behaviours
- Afraid to discuss
- No information
- Unable to plan



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### Safer bed-sharing




- ✓ Clear
- ✓ No gaps
- ✓ No pets
- ✓ No other children

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### Things to look or listen for



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### Things to look or listen for



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### Quick reference cards

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### Quick reference cards

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### Recap on infant sleep safety

**Keep baby safe:**

- On their back
- Clear, flat surface
- Smoke-free environment
- Avoid soft, thick or squishy bedding
- Never leave them alone to sleep
- Avoid hazardous co-sleeping (sofas, drugs/meds, alcohol, smokers)
- If holding baby, check airways are clear and chin is up
- Be especially vigilant if baby was born prematurely

**Sleep safety info helps parents avoid unsafe sleep practices that are linked to SIDS and accidental deaths**

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### Safer Sleep Checklist

Age	<2 mths	2-4 mths	5-6 mths	>7 mths
Primary Risks in the Home/Family	Is or highlight at that early	Baby sleeps on their back? Baby sleeps with parent that drink alcohol? Baby sleeps with parent on a sofa?	Is the baby of a vulnerable age for SUDI? Anyone smoker near to the baby? Baby sleeps with a drug-using parent? Baby sleeps with a smoker?	Is the baby of a vulnerable age for SUDI?
Additional Risks in the Home	Is or highlight at that early	Baby sleeps in room away from parent? Baby sleeps in a high type stroller?	Baby sleeps with too much bedding? Baby sleeps in cot next to house? Baby is overdressed for sleep?	Baby sleeps on a soft surface? Baby wears hot food for indoor sleep?

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### See, Say, Act

**If you see or hear of something unsafe that is a risk for SUDI:**

- Ask the parent/carer if they know it is a hazard
- Suggest how to make the situation safer
- Offer information if appropriate
- Ask parent/carer if they need/would like support with safer sleep
- Refer to Health Visiting team with parent's permission
  - HV Service email is [HVFT@nhs.uk](mailto:HVFT@nhs.uk)
  - Or refer to One Call for assessment (and possible Early Help referral) on 01670 536400
- Any urgent concerns about baby's welfare report to One Call for safeguarding on 01670 536400**

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### Decision Tree

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### What we have covered today

- The goal of the project is to get **all eyes on the baby**
- We have explained what to see, what to say, and what to do:
  - Observe the baby's safety
  - Check whether they have received safe sleep information
  - Nudge families to prioritise baby sleep safety
- We have suggested simple tools you might share with families
- You know what action to take
  - If a family needs help – flag with HV team for sleep safety support or One Call for support assessment
  - If you have serious or urgent concerns – use One Call to report to safeguarding



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### Implement & evaluate please!



Want to be an **Eyes on the Baby** **Champion** for your team?  
Let us know!  
Email [infancy.sleepcentre@dur.ac.uk](mailto:infancy.sleepcentre@dur.ac.uk)

To know whether this project makes a difference we need to hear your views... Please respond!!

- Complete the training evaluation survey on this learning platform
- Implement the training in your work
- Complete the implementation surveys when we contact you
- Let us know how and when you use this info with new parents you come across.



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