



**Eyes on the Baby**

Multi-agency SUDI Prevention


Strand 2:  
Workforce supporting vulnerable families



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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.


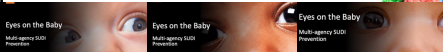
- They will keep 'Eyes on the Baby': observe, listen, nudge, and refer/report

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

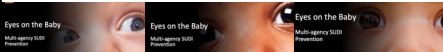



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**This is Strand 2**

This training is for workforce members who provide direct support to vulnerable families across a range of roles:

Children's Services Staff	Adult Mental Health Support Staff
Early Help Practitioners	Drugs & Alcohol Support Staff
Key Workers	Breastfeeding Support Staff
Family Hub Staff	Early Years / Nursery Staff
Locality Managers	Childminders
Adult Social Workers	Safeguarding staff
Foster Carers / Connected Carers	Adult Services Staff
Families First Staff	Maternity housekeepers/domestics
Pharmacy staff	Health Coaches / Tobacco advisors
Social Prescribing Staff	Health care co-ordinators / assistants
Peer supporters	Occupational therapists



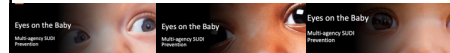
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## Aim of this training

To prepare staff who provide direct support to vulnerable and at risk families to raise awareness of and reinforce SUDI prevention by:

- Exploring families' sleep arrangements and babies' safety
- Reminding families of safer sleep guidelines
- Supporting families in planning and implementing safer sleep
- Reporting / escalating cases where intervention is needed

When: frequently before and after birth, at all regular contacts.

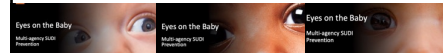


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## What we will cover today

Eyes on the baby; think SUDI safety

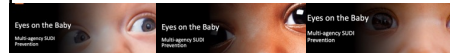
- Why is it important?
- What should parents know about
- What to ask
- Conversation tools
- Advocating / referring
- Raising general awareness



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## Part 1

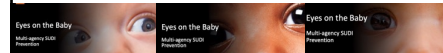
Understanding SUDI



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## Sudden Unexpected Death in Infancy (SUDI)

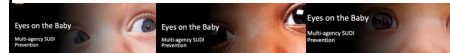
- The death of a baby not anticipated 24 hours beforehand.
- Includes accidental deaths, homicides (rare), sudden onset illnesses causing catastrophic collapse, and SIDS.
- SIDS (Sudden Infant Death Syndrome) is the sudden unexpected death of an infant <1 year of age, typically during sleep, **that remains unexplained** after a thorough investigation.
- SUDI prevention** involves both SIDS and accidental deaths that are primarily sleep-related (suffocation, wedging, overheating)
- Sometimes called 'cot deaths' but happen wherever babies sleep.



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## SUDI is inequitable

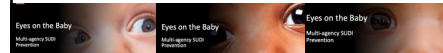
- In the UK SUDI has been dramatically reduced over past 30 years
- Today's new parents have little awareness of babies dying suddenly and unexpectedly
- All should receive universal SUDI prevention guidance / safer sleep info before and after birth, but...
  - Some do not engage with antenatal care 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, or other family circumstances
- Deaths now cluster among babies in the most vulnerable and at risk families
- Babies who die tend to have multiple risk factors (to be explained)



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## Which babies are most at risk?

- In 2020 a review of 40 SUDI cases notified to the National Child Safeguarding Review Panel 2018-19 was published.
- All 40 cases reviewed involved:
  - Co-sleeping in unsafe environments; Parental consumption of alcohol or drugs; Cumulative neglect; Domestic abuse; Parental mental health concerns; Substance misuse.
- 63% of cases were under 3 months, with a peak at 1 month
- 16 White British, 9 minority ethnicities, 15 ethnicity not given
- 10 cases = poor housing & overcrowding
- Unrecognised childhood adversity for parents; Risks for SUDI overlap substantially with risks for child neglect & abuse
- Particular situational risks and disruptions to normal routines meant families were unable to engage effectively with safer sleeping advice.



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## What babies need

Human babies are mammal babies born in a helpless and vulnerable state

Human babies have a long period of development after birth – depend on caregivers for food, comfort, and safety

As mammals our babies need milk, and to feed often day and night

Sleep happens in short bouts with no day-night rhythm

Young babies spend most of their time asleep, but wake frequently day and night.






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## Stress & sleep disruption

Caring for a baby can be difficult, especially without help


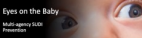

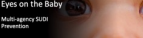
Sleep disruption and frequent night feeds can be exhausting

Feeding difficulties, baby blues, and post-partum depression all make things worse

When exhausted, stressed or depressed we might do 'whatever works' to get the baby to sleep

Ensuring sleep safety may seem less important or too difficult

These are times when it helps to keep all eyes on the baby and to offer help if needed

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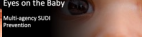
## Stress & sleep disruption

When new parents are experiencing sleep disruption they may try and 'fix' the baby. This might involve:

- o Giving the baby inappropriate medication to help them sleep
- o Over-feeding the baby to try and keep them 'satisfied' for longer
- o Punishing the baby for not sleeping and seeing them as 'naughty' for waking in the night
- o Sleeping them in unsafe ways / using unsafe products to encourage them to 'sleep better'

All these increase the chance of SUDI



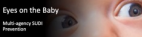

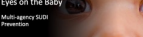
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## How do we prevent SUDI?

Sleep safety guidance helps parents avoid unsafe sleep practices that are linked to SIDS and sleep-related accidental deaths (SUDI)

The safest ways for babies to sleep are:

- Always put them down on their back for sleep
- Make sure they are on a clear flat surface
- Keep their environment smoke-free
- Avoid soft, thick or squishy bedding that can overheat or suffocate
- Never leave them alone to sleep
- Avoid hazardous co-sleeping (sofas, drugs, alcohol, smokers)
- If holding them, check airways are clear and chin is up
- Be especially vigilant if baby was premature

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## SIDS & SUDI Prevention in UK

Over 30 years SIDS in England & Wales declined from 2.3/1000 to 0.27/1000

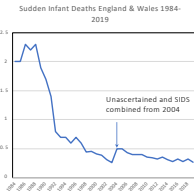
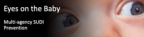
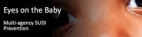
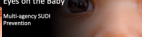
Today new parents have no personal experience of SIDS or the SIDS-reduction campaigns of the 1990s

So today's new parents do not find 'Safe Sleep' compelling; they need specifics

Parents described the long list of safe sleep 'do's and don'ts' as overwhelming and difficult to implement.

They objected to guidance without explanation, and rejected idealised advice

They wanted to know what is safer when safest is unattainable.

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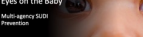
## Risk factors for SUDI

Risk factors are infant care behaviours that are linked with infant deaths.

The key risk factors in UK are:

- Babies sleeping on their front (SIDS, suffocation)
- Exposure to cigarette smoking prenatally or postnatally (SIDS)
- Sleeping in a room alone / unattended (SIDS, accidents)
- Baby being premature or low birthweight (SIDS)
- Not breastfeeding for at least 2 months (SIDS, suffocation)
- Soft bedding (duvets) and surfaces (pillows, cushions), soft toys (SIDS, suffocation)
- 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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## The Triple-Risk Model

SIDS peak between 2-4 months

Risk factors that cannot be reduced after birth:

- born prematurely
- low birth-weight
- smoke exposed in gestation (maternal smoking)
- genetic predisposition
- brain-stem anomalies

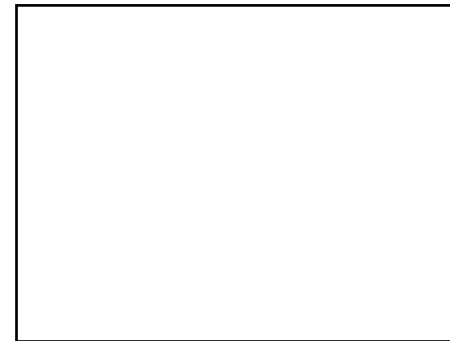
Sleep environments that stress a vulnerable baby physiologically, triggering a regulatory malfunction from which the infant cannot recover. Key pathways involve:

- Overheating challenges
- Breathing challenges

Filiano, J. J., & Kinney, H. C. (1994). A perspective on neuropathologic findings in victims of the sudden infant death syndrome: the triple-risk model.

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## Part 2

### Safer Sleep Guidance

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## Put down on back to sleep

Babies under 6 months should be placed on their back to sleep on a clear flat surface

This guidance has reduced SUDI deaths around the world over the last 30 years

**Small babies have very heavy heads and weak necks.**

**They can get stuck with their airways blocked by soft surfaces which can trigger SIDS or suffocation**

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

Babies should always sleep on a clear flat surface, free of pillows, cushions, duvets and loose blankets.

The sleeping on soft surfaces, or with heavy bedding or multiple layers increases the chance of overheating or suffocating

Loose bedding should be avoided as this can easily cover a baby's head or face. Hats should be avoided indoors.

Baby sleep bags are often recommended to avoid overwrapping and head covering

Putting babies' feet at the bottom of the cot prevents them moving down under the covers.

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## Not alone

Babies under 6 months should not sleep unattended, in a room on their own

Babies should sleep in their parents' room at night

They should sleep wherever a parent/carer is present during the day


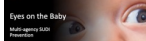
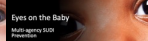

The presence of an adult is protective, absence of an adult is a risk factor

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## Smoke free


Exposure to cigarette smoke before or after birth is linked with an increased risk of infant death  
Smoke-exposure after birth increases SIDS-risk  
Parents/carers should aim to smoke outside the home and keep their baby smoke-free by removing outer clothing and washing hands before holding baby  
Do not smoke with baby in a car or other enclosed space

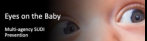

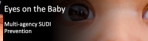
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## Protect airways during sleep

Holding baby chest to chest: parent must be awake – ensure baby's face turned to side and chin is up, baby cannot slide off parent's body  
Car seats/bouncy chairs should not be used as sleep spaces in the house as they cause babies to slump down into a chin-to-chest position. Take out of car seat and lie flat.  
Bag slings are unsafe as babies are forced into chin-to-chest position. Slings/carriers should be **T**ight, **I**n view, **C**lose enough to kiss, **K**eeP chin off chest, **S**upported back (TICKS).



TICKS Guidance (2015) UK Sling Consortium <https://babyslinalgafety.co.uk>

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## Bed-sharing is normal

Many people bring their babies into bed with them regularly or occasionally.  
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 they may do so sometime.  
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

There are many reasons why people bring their baby into bed:  
To soothe and settle their baby easily  
To make breastfeeding more manageable  
No space for a cot or Moses basket in the bedroom  
To get more sleep  
To be close to their baby  
To help with bonding and attachment  
Because it is culturally normal for them to sleep with their baby






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## Some bed-sharing is hazardous

The guidance has changed in the UK  
We no longer advise against all co-sleeping, we encourage informed decision-making instead  
Hazardous co-sleeping means

- Sleeping with a baby on a sofa or armchair
- Sleeping with a baby after consuming drugs or alcohol
- Sleeping with a baby if you are a smoker




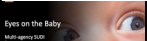

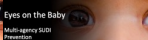



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## Talking about bed-sharing

When people were told to never bed-share several things happened:

- They ended up doing more risky things like falling asleep with baby on sofa
- They hid bed-sharing from health professionals and were afraid to discuss it
- They were not given information about how to make it safer
- They were unable to plan ahead to risk-proof their bed etc.

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## Safer bed-sharing

Baby flat on mattress on back away from pillows at mother's breast-level  
 Mother makes 'C' shape around baby with body  
 One arm is above baby's head – prevents moving under pillow  
 Knees bent up under baby's feet – prevents baby moving down under covers  
 Parent's covers waist height or below  
 Clear bed, no gaps, no pets, no other children next to baby





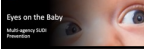
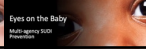
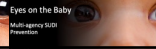





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## Risks to look out for


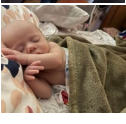
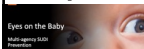
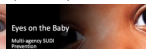
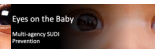
Babies sleeping alone, especially in closed rooms  
 Babies placed face down on any surface or product  
 Babies placed on soft surfaces, duvets, toys, pillows, sofa cushions etc.  
 Use of nests or pods unattended or overnight  
 Use of unsafe products or products used in an unsafe way (e.g. car seats)

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## Risks to look out for


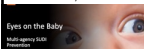
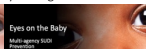
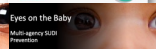
- Co-sleeping hazards sometimes arise accidentally – like grandad falling asleep while 'watching' the baby, who he has placed face down on the sofa...
- Sometimes happen intentionally such as when mum brings her baby into bed and places her head on the pillow next to her so they are face-to-face
- Also happens when families are away from home or in temporary accommodation and don't have the right facilities to keep their baby safe

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## Safer Sleep Guidance

- Provides guidance consistent with parents' right to make an informed choice
- Streamlines focus to the key risks in the UK based on the most up-to-date UK research,
- Responsive to parents' concerns and helps parents understand the reasons for the guidance given,
- Prioritises avoidance of the most hazardous infant sleep practices contributing to the greatest proportion of infant deaths by emphasising:
  - baby being on his/her back,
  - in a clear flat sleep space,
  - smoke free day and night.

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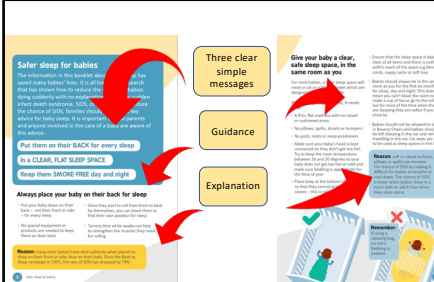
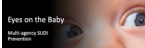
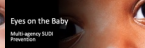
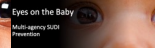
## Three clear simple messages

**Put them on their BACK for every sleep**  
 It's a CLEAR, FLAT SLEEP SPACE  
 Keep them SMOKE-FREE day and night

**Always place your baby on their back for sleep**

**Give your baby a clear, safe sleep space, in the same room as you**

**Reason:** ...

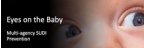

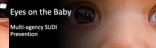





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## What has changed?

We no longer say "The safest place for a baby to sleep is in a cot by your bed"

- Firstly, parents interpreted this guidance to mean the baby should be placed in the bedroom for daytime as well as night-time sleep, increasing the chance of SIDS during daytime sleep.
- It is safer for a baby to sleep in a room where an adult is present than to sleep alone, and most families do not have a cot in their living room. Emphasising a clear flat space for sleep offers parents options.
- Secondly, the assumption that all babies sleep in cots, and that parents' bedrooms and budgets can fit a cot reflects a middle-class lifestyle and Western cultural assumptions about where babies sleep. A clear flat sleep space' eliminates assumptions that can alienate families.

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### Safer Sleep Guidance

- Keeping baby smoke free, and breastfeeding, are both strongly associated with lower chances of SIDS therefore information is provided on these important ways in which parents' behaviours and choices interact with SIDS.
- Quit smoking, reduce consumption, keep smoke away from the baby (smoke outside).
- Refer families to smoking cessation service

**Keep your baby smoke-free before and after birth**

Smoking during pregnancy increases the risk of SIDS, and the baby has a higher chance of being born with a respiratory infection. Babies who are born with a respiratory infection are more likely to die from SIDS.

**Breastfeeding**

Breastfeeding and breastfeeding, especially exclusively, are both strongly associated with lower chances of SIDS. If you need more help with breastfeeding, ask your midwife. For more information on breastfeeding, visit [www.nhs.uk](http://www.nhs.uk) or call the NHS Helpline on 111.

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### Safer Sleep Guidance

- Co-sleeping is a complex behaviour associated with SIDS and accidental infant deaths, that can be practised more or less safely.
- Happens for a wide range of reasons: "co-sleeping is both too common and too complex to apply a simple ban"
- Encourages open discussion, information sharing, and planning ahead.
- Offers risk minimisation guidance to avoid the most dangerous scenario and make bed as safe as possible

**Bed-share**

Never sleep with your baby on a sofa or armchair

Safe and sensible guidance allows to fall asleep with your baby - more common when you're really tired.

**Things to think about**

• Don't drink alcohol  
• Don't use drugs  
• Don't be too tired  
• Don't be too hot  
• Don't be too cold  
• Don't be too close  
• Don't be too long

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### What has changed?

- We no longer say 'Never Bed-share' – we aim to discuss with all parents
- National Inst. for Health & Care Excellence recommends that parents of babies are given advice about safety when sharing a bed with their baby at their first home visits from a midwife and a health visitor.
- This should include how to keep their baby safe when sharing a bed with their baby and when to avoid sharing a bed with their baby.
- Royal College of Midwives guidance reiterates the same message. <https://www.rcm.org.uk/media/5715/safer-sleep-guidance.pdf>

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### Part 3

Talking to families

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### Safer Sleep Discussions

**Safer Sleep: saving babies' lives**  
A guide for professionals

**Key messages**

- Safer sleep guidance is based on the best available evidence.
- Safer sleep guidance is for all babies, including pre-term and low birth weight babies.
- Safer sleep guidance is for all parents, including those who are not the biological parent.
- Safer sleep guidance is for all professionals, including those who are not the primary care provider.
- Safer sleep guidance is for all settings, including home visits, clinics, and community groups.
- Safer sleep guidance is for all cultures, languages, and ethnicities.
- Safer sleep guidance is for all ages, including young children and older adults.
- Safer sleep guidance is for all genders, including men and women.
- Safer sleep guidance is for all abilities, including those with physical and mental health conditions.
- Safer sleep guidance is for all backgrounds, including those who are not the biological parent.
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- Safer sleep guidance is for all backgrounds, including those who are not the biological parent.
- Safer sleep guidance is for all professions, including those who are not the primary care provider.

**The Professionals' Guide offers information on:**

- non-judgemental conversations,
- personalising information,
- emphasising contextual risks.

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### Safer Sleep Discussions

Acknowledge that bed-sharing / co-sleeping happens for a range of reasons

Planned bedsharing is safer than accidental or unplanned

Some families need info on why they are encouraged to avoid bed-sharing (pre-term or LBW babies, drug users, smokers, after consuming alcohol).

In a pilot of these materials families who initially denied bedsharing with their baby were willing to share that they had done so after seeing the leaflets and realising this was a topic they could discuss with their health practitioner.

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## Safer Sleep Discussions

**Key principles**


Provide families with the information they need to make informed decisions


This includes meaningful conversations about high-risk situations

Be clear about risks but non-judgemental

Use professional curiosity to explore situations and practices

Safer sleep risk assessment tools or decision tree can be helpful.





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## Tailoring bed-sharing messaging

- Messages should be tailored to individuals and their specific family circumstances
- Equity of safe sleep messaging (not the same as equality!)
- Families need to know **why** their baby may be at increased risk of SUDI and why they are receiving the messages they are
- Families should have their views and beliefs respected




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## Discussing safe sleep with all

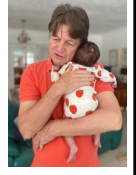

- Partners and other family members should be involved in safer sleep discussions
- Ball et al. 2000 found triadic (3-way) co-sleeping is common, but fathers were anxious about safety
- Co-sleeping has benefits for dads:
  - Facilitates involvement in night-time caregiving
  - Ameliorates distancing effects felt by fathers outside the breastfeeding relationship
  - Bonding time for those who are away from baby for most of the day
- Dads need to consider their awareness during sleep and know about unsafe co-sleeping (sofas, alcohol etc)
- Pease et al. 2017 – Safe sleep less important to carer when routine is altered e.g. at weekends when partner is home




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## Discussing safe sleep with all

- Who else might be influencing care and sleep decisions?
- Can't fight culture and grandma' (Stiffler et al. 2020)
- Aitken et al (2016) USA survey with grandparents who care for infant grandchild
  - When baby staying at grand-parents house 44% reported following safe sleep guidelines, at baby's house 58% reported following guidelines
- Ensure grandparents know the hazards of falling asleep with baby on a sofa or arm-chair
- Encourage grandparents/extended family to be 'Eyes on the Baby' if parents are tired, baby is pre-term etc.

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## Think about your language


- The way that we talk to families about infant sleep can influence the way they think and act
- Using normalising language can help you discuss parenting and sleep practices without families feeling pressured or judged

In the past week how often did you bring the baby into bed with you to sleep?

Is she waking often? How do you handle this?

How are you coping with sleep disruption?

What do you do when you bring the baby into bed with you?



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## Talking matters


50% or more of UK babies will spend some time sleeping with one or both parents by 3 months of age.

They may do this frequently, occasionally, just once. They may plan to do this, do it spontaneously or do it accidentally. They may think they will never do it.

**Talking about where babies sleep with ALL parents and carers matters**, because everyone needs info on what makes sleep locations risky, and how to make them safe and what to avoid.

'Never Bed-share' messages prevent discussion, encourage parents to hide their behaviour, and means families who need info don't get it.

Also 'Never Bed-share' messages mean staff do not receive appropriate training or gain experience using their professional judgement on this issue.



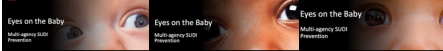
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## What to do!

- Check that families understand how to sleep their baby safely. Offer information and guidance. Explain why it is important. Encourage parents to share safer sleep info with all carers
- Discuss risks – are parents smokers, do they drink alcohol, take drugs. Is baby premature or vulnerable in some other way? Are parents vulnerable or at-risk (mental health, learning difficulties, care leavers etc?) Discuss bed-sharing safety and hazards with all families
- For further support contact the Health Visiting Team (with parent permission) at [HVFT.support@humhospitals.nhs.uk](mailto:HVFT.support@humhospitals.nhs.uk)
- Or refer to One Call for Assessment (with parent permission)
- For urgent safeguarding concerns report to One Call for safeguarding review.
- One call contact number **01670 536400**



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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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