Promoting safer sleep, in families with infants who are at greater risk of SUDI

Dr Anna Pease

SAFEGUARDING UNBORN BABIES AND UNDER 1s: Virtual Summit Monday March 4th 2024









Learning outcomes:

- 1. Understand both risk and protective factors in the sleep environment for infants, and how we define 'increased risk'
- 2. Explore facilitators and barriers to following safer sleep advice for families with infants at increased risk
- **3. Recognise** key principles of conversations that make them effective in supporting families, especially with safety during times of disruption
- 4. **Extend** professional curiosity towards new conversation skills in practice with families to support safer sleep



Current evidence for SIDS risk reduction

Things you can do

- Always place your baby on their back to sleep
- Keep your baby smoke free during pregnancy and after birth
- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months
- Breastfeed your baby if you can
- ▶ Use a firm, flat, waterproof mattress in good condition

Things to avoid

- Never sleep on a sofa or in an armchair with your baby
- Don't sleep in the same bed as your baby if you smoke, drink or take drugs or are extremely tired, if your baby was born prematurely or was of low birth-weight
- Avoid letting your baby get too hot
- Don't cover your baby's face or head while sleeping or use loose bedding



Infants at increased risk

- Babies born to younger mothers
- Male sex
- Babies born low birth weight or prem
- Spent time on a neonatal unit
- Smoking (during pregnancy, current, partner)
- Lack of partner support
- Higher parity
- Higher deprivation

"Situational risks and out-of-routine circumstances act together to increase the risk of SUDI and may mean that families find it difficult or impossible to engage with standard safer sleep messages."

THE CHILD SAFEGUARDING PRACTICE REVIEW PANEL

Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm

Final report

Why don't parents follow the advice?

Knowledge as different from action External advice must be credible

Comfort, convenience and disruption to the routine

Plausibility and mechanisms of protection Meanings of safety and risk mitigation Parents' own expertise, experience and instincts

Pease A, Garstang JJ, Ellis C, Watson D, Ingram J, Cabral C, Blair PS, Fleming PJ. Decision-making for the infant sleep environment among families with children considered to be at risk of sudden unexpected death in infancy: A systematic review and qualitative metasynthesis. BMJ Paediatrics Open. 2021;5(1).

Fear management model

	High Self-Efficacy Believes safer sleep advice and has high confidence to practice it	Low Self-Efficacy Doubts the effectiveness of the advice and low confidence to follow it
High threat (fear) Belief that the threat is immediate, and they are at risk	Danger Control People follow safer sleep advice to avoid SIDS Strategy: national campaigns and population level advice	Fear Control People are too afraid to act, use alternative strategies to feel better Strategy: Educate about solutions, use planning
Low threat (fear) Belief that the threat is unlikely, and that they are not at risk	Lesser Danger Control People know the advice but lack motivation to do much Strategy: Educate about risk	No Response People don't feel at risk and don't know what to do about it anyway Strategy: Educate about risk AND solutions, use planning

Good conversations:



An approach to safer sleep planning By the Baby Sleep Planner parent advisory group

Sharing this plan with wider family/friends

Honest information about risk "This would put your baby in danger" Provide a **rationale** "Because babies can fall, get trapped or wedged on a sofa"

Provide practical steps "Here are some ideas for how to increase safety"

Ask about a plan "What do you think would work for you?"

Library of ideas from real families who have maintained infant safety during disrupted routines

The 5 As

- Levels of need
- Depends on role and resources

UNIVERSAL NEED

Ask about infant sleep plan Assess the level of risk Advise about benefits/risks and safe sleep plan

ADDITIONAL NEED

Assist to identify, facilitate insight, supported conversation, follow up

SIGNIFICANT NEED

Arrange resources, appropriate services, continuity of carer

Figure 4. Risk minimisation response model

Adapted from the 5As model 52,53

<u>Ref: https://www.health.qld.gov.au/data/assets/pdf_file/0025/1166353/g-safer-sleep.pdf</u>

Baby SLEEPPROJECT

Safer Sleep **Milestones** for Babies I am ready to sleep... •••• hout my the bottom c/ear bed



On busy nights we = on their back will keep our baby = with their face clear safe by making sure = close to a sober carer they always sleep: = in their own safe space.

For our baby, we will:

Always put baby down for sleep

ON THEIR BACK

Keep baby's sleep

SPACE COMPLETELY CLEAR

for their whole slee

Always SHARE A ROOM day and night



Make sure the adult looking after baby IS SOBER



Please SHARE THIS PLAN with your wider friends and family so they can keep baby safe, too.





Babysleepplanner



https://pediatrics.jmir.org/2024/1/e49952



BY YOUNG PARENTS, FOR YOUNG PARENTS

https://littlelullaby.org.uk/



THE LULLABY TRUST RESOURCES



www.babysleepresearch.co.uk





