

Sudden Infant Death Syndrome

A guide for professionals

Sudden Infant Death Syndrome (SIDS)

This guide is produced by The Lullaby Trust to give professionals who work closely with new parents an overview of the main risk factors associated with SIDS. There is a separate guide for parents called Safer Sleep for Babies.

The Lullaby Trust provides expert advice on safer sleep for babies supports bereaved families and raises awareness on sudden infant death.

What is SIDS?

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of a baby where no cause is found after a detailed post mortem.

Over 300 babies still die every year of SIDS in the UK. Research has shown that several maternal and infant care factors are more commonly associated with babies who die of SIDS than those who survive. **There is no advice that guarantees the prevention of**

SIDS but parents should be informed that by following the advice below, it is possible to lower the chance of this tragedy occurring. It's important to remember that SIDS can happen at any time, not just at night, so the advice should be followed for all sleep periods.

This guide outlines the main, established, modifiable factors associated with either a high increased risk of SIDS or a decreased risk of SIDS.

Factors associated with an increased risk of SIDS

- ✗ Unsafe sleeping positions
- ✗ Unsafe sleeping environments
- ✗ Smoking

Factors associated with a decreased risk of SIDS

- ✓ Room sharing
- ✓ Breastfeeding
- ✓ Dummy use

X Unsafe sleeping positions

There is substantial evidence from all round the world to show that sleeping a baby on their back (known as the supine position) at the beginning of every sleep period significantly reduces the risk of SIDS. However, sleeping an infant prone (on its front) or side is associated with a significantly increased risk of SIDS. For example, one major UK study found that the risk of a SIDS death for infants placed

prone was over 6 times the risk for those infants placed supine, even where other factors were taken into account. Studies have also shown that infants who usually sleep on their back but are then placed on the front or side to sleep are at a particularly high risk. It is therefore important that babies are put on their backs consistently as part of their regular sleep routine.

What advice should you give parents?

Parents should be advised to always place the baby on their back at the start of every sleep period (unless there is medical advice to the contrary). It is as important to do this for daytime naps as it is for night sleep. If a parent finds that their baby has rolled onto their stomach, the baby should be turned onto their back again, but parents should not feel that they have to get up all night to check. Babies will learn at some point to roll onto their

front. When the baby can roll from back to front and back again, on their own, then they can be left to find their own position.



X Smoking

There is strong, consistent evidence from studies worldwide that smoking during and after pregnancy increases the risk of SIDS.

During pregnancy, the number of cigarettes smoked is highly associated with risk. Therefore, the more cigarettes smoked, the higher the risk of SIDS. For example, two studies showed that the risk of SIDS was about 2½ to 4 times higher in mothers who smoked 1–10 cigarettes

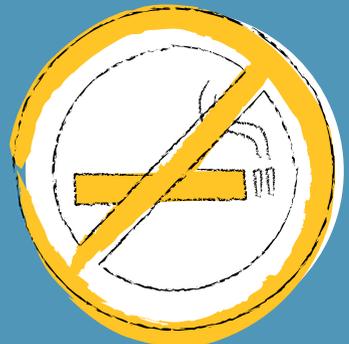
per day, versus the risk in non-smokers, and about 7 to 8½ times higher in mothers who smoke over 20 cigarettes a day. Passive smoking also significantly increases the risk of SIDS and the risk increases further where both parents smoke.

What advice should you give parents?

Parents should be advised not to smoke during pregnancy or after birth; this applies to both parents. Postnatal passive smoking also puts a baby at risk, therefore it is important to keep a baby out of smoky atmospheres.

Bed sharing between infants and adults who smoke also greatly increases the risk of SIDS and should be strongly discouraged.

You can give pregnant women who smoke the best chance of stopping by putting them in contact with the local stop smoking service.





Unsafe sleeping environments

Studies have shown that sharing a sofa or armchair is associated with an extremely high risk of SIDS and babies can become trapped between the parent and the back of the sofa or armchair.

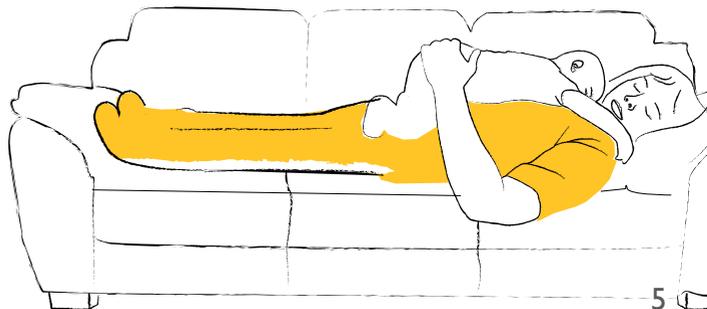
Bed sharing with an infant also increases the risk of SIDS. The risk of bed sharing is particularly increased in families where either parent is a smoker, whether or not they smoke in the bedroom.

For example, one evidence review found that the risk of SIDS when bed sharing was over 6 times greater in smokers than non-smokers. The risk of SIDS has also been found to be higher where the bed sharer has used alcohol or drugs, or is overtired. Premature and low birth weight babies are at a particularly increased risk from bed sharing, whether or not the parents smoke.

There is evidence to show, however, that when infants share the same room, but not the same bed, as their parents the risk of SIDS is decreased

Research has shown that overheating arising from high room temperature, excessive insulation (overwrapping) or both, is associated with an increased risk of SIDS.

A high proportion of infants who die as a result of SIDS are found with their head covered with bedding. Loose bedding which can cover a baby's face or head can be dangerous and has been shown to increase the chance of SIDS. Soft or bulky bedding, such as quilts, pillows and duvets, is also associated with an increased risk of SIDS in the UK. Pillow use alone has been shown to increase the risk of SIDS by 2½ times, compared with non-pillow use. In addition, the use of soft sleep surfaces has been found to be associated with a higher risk of SIDS and second-hand mattresses may also increase the risk.



What advice should you give parents?

Parents should be advised that sofa sharing greatly increases the risk of SIDS and that they should never sleep on a sofa or armchair with their baby. Bed sharing also increases the risk of SIDS and the risk is particularly increased where:

- Either parent smokes even if they do not smoke in the bedroom or anywhere else in the house.
- The bed/sofa sharer has consumed alcohol or taken drugs (including medications that may make them drowsy).
- The baby was premature.
- The baby was low birth weight.

The safest place for a baby to sleep for the first 6 months is in a separate cot or Moses basket in the same room as the parents.

While it is important to ensure that a baby does not get too cold, it is also important to advise parents to avoid care practices that may result in the baby getting

too hot. Babies should be checked to ensure that they are a suitable temperature. There is a consensus view in the UK that an ambient room temperature of 16–20°C, combined with light bedding or a lightweight well-fitting baby sleep bag, offers a comfortable and safe environment for sleeping babies.

It is important to keep a baby's head uncovered while they are sleeping; therefore babies should be placed on their back in the 'feet to foot' position (i.e. placing the baby's feet to the foot of the cot to avoid them wriggling down under the covers) and the use of loose bedding, pillows, quilts and duvets should be avoided. Babies should sleep on a firm, flat mattress that is clean and in good condition. A mattress with a waterproof cover will help parents to keep it clean and dry.





Room sharing (but not bed sharing)

A large study of evidence from across Europe found that the risk of SIDS was significantly reduced when the infant slept in the same room, but not the same bed, as the parents.

What advice should you give parents?

It should be advised that the safest place for a baby to sleep for the first 6 months is in a separate cot or Moses basket in the same room as their parents (including daytime sleeps).





Breastfeeding

Studies have consistently shown a reduced risk of SIDS in breastfed infants. Exclusive breastfeeding (i.e. those who have never fed with formula milk) is associated with the lowest risk, but breastfeeding of any duration may be beneficial for lowering the chance of SIDS compared to formula feeding alone.

What advice should you give parents?

Breastfeeding should be encouraged, where possible. If the parent wishes to give their baby a dummy, breastfeeding should be established before the dummy is introduced.





Dummy use

Regular use of a dummy (also known as a ‘pacifier’ or ‘soother’) has been found in several studies to be associated with a lower risk of SIDS. It is not clear how using a dummy confers protection or whether it is a marker for something else such as a change in the infant care routine. Studies

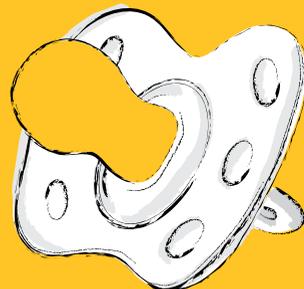
have found that that if an infant who is accustomed to dummy use is not given one on a particular occasion, the degree of protection may be less than during sleep periods when a dummy is given. If a baby uses a dummy as part of their general routine, it should be given for every sleep period.

What advice should you give parents?

Parents may consider offering a dummy when settling the baby to sleep. The dummy should gently be withdrawn between the ages of 6 to 12 months to avoid any potential adverse effects. It is important to ensure that:

- Parents who choose to use a dummy, wait until their baby is over 4 weeks old, and breastfeeding is well established. Breastfeeding is good for mother and baby.
- Stop giving a dummy to your baby to go to sleep between 6 and 12 months.

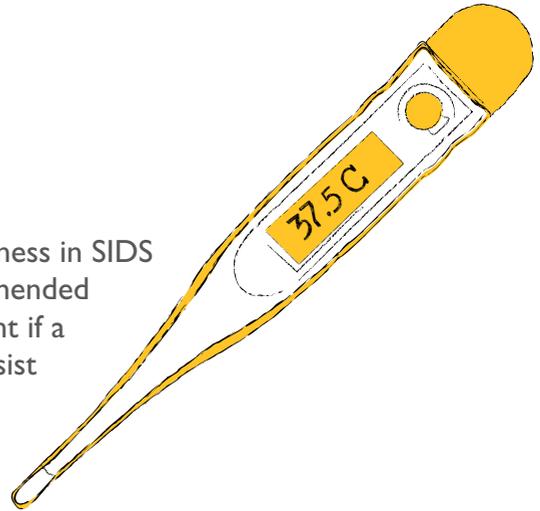
- Parents should not force their baby to take a dummy or put it back in if the baby spits it out. **Don't use a neck cord.**
- Don't put anything sweet on the dummy, and don't offer during awake time.
- Using an orthodontic dummy is best as it adapts to a baby's mouth shape.
- The use of dummies is consistent within the baby's sleeping routine.



Other Factors

Signs of illness

Although the exact role of infant illness in SIDS is not well understood, it is recommended that medical advice should be sought if a baby shows signs of illness that persist for more than 24 hours.



Swaddling

The evidence on swaddling is inconsistent and more information is still required before a firm recommendation can be made on swaddling. Parents who wish to practice swaddling should be informed how to do this correctly to reduce any risks associated with this method. If a parent decides to swaddle their baby, they should be informed not to cover its head and only use thin materials.

Slings and car seats

There are too few studies investigating the use of car seats or slings and the risk of SIDS to determine an association. Parents should be advised to follow the manufacturer's guidance on their safe use as a precaution and advised to not leave infants in car seats for very long periods or unsupervised.

Further details (including references) about SIDS risk factors and training sessions for professionals can be found on The Lullaby Trust website www.lullabytrust.org.uk.

The Lullaby Trust's information is based on the latest available published evidence and is checked by experts. Our information is reviewed every two years, or where significant new information that alters the advice given comes to light. The information in this guide was last updated in March 2013.

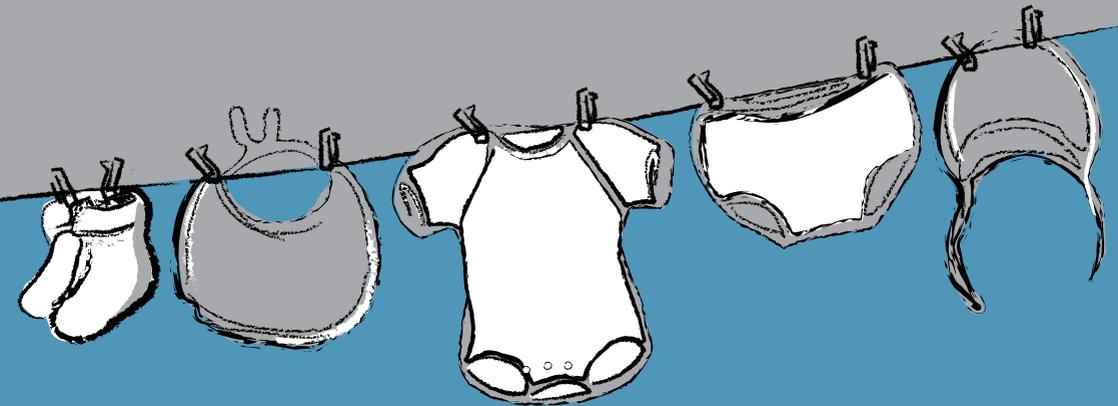
The Lullaby Trust has a team of regional staff who are available to come and give free training on the safer sleep message in this guide, and what happens when a baby dies suddenly. For more information please email: training@lullabytrust.org.uk

Further details (including references) about SIDS risk factors and training sessions for professionals can be found on The Lullaby Trust website www.lullabytrust.org.uk

Or for more information about SIDS:

Call: 0808 802 6869

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This guide was produced by The Lullaby Trust. The information in this guide was last updated in March 2013.

Registered charity no. 262191
Company registration no. 010008
Formerly The Foundation for the
Study of Infant Deaths (FSID)

Design www.herbertandhearne.co.uk
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