



London Child Safety Update – Sudden Unexpected Deaths in Infancy: Advice for people working with children, young people and families

Aims:

- to summarise the evidence about sudden unexpected deaths in infancy (SUDI)
- to develop an evidence-based resource about prevention of SUDI that can be shared with key stakeholders

Key facts about sudden unexpected deaths in infancy:

- SUDI is the sudden and unexpected death of an infant under the age of one year that remains unexplained after thorough investigation. It is the leading cause of death between one month and one year of age
- in 2012 across England and Wales, there were 221 unexplained infant deaths, eight out of 10 of these unexplained deaths occurred in the post-neonatal period (after 28 days)
- in London:
 - every 11 days a baby died unexpectedly in 2012
 - the number of unexplained infant deaths has fallen by about 23% from 2005 (44 deaths) to 2012 (34 deaths)

There is a wide variation of unexplained infant deaths across London: between 2005 and 2012 only seven out of the 32 London boroughs witnessed more than 15 unexpected infant deaths.

Risk factors for sudden unexpected death in infancy

Age	Babies under the age of one year are most at risk and being a younger mother is associated with a higher of SUDI
Birth weight	Rates of SUDI are higher in low birth weight babies (less than 2,500g (5lb 5oz))
Poverty	Deprivation has been linked to the occurrence of SUDI and higher risk is observed when infants are within families of a lower socioeconomic group
Prematurity	Babies born preterm (less than 37 weeks gestation) are at four times the risk compared to babies born at term
Smoking	Babies are at greater risk when a mother smokes during pregnancy or if there is smoking in the home. An estimated one-third of SUDI deaths could be prevented if mothers did not smoke in pregnancy
Sleeping habits	Greater risk is associated with placing a baby on the front or side to sleep or in a room alone. Bed sharing with a baby when a parent is a smoker or under the influence of drugs or alcohol may also increase risk. Overcrowding has been identified as a factor affecting sleeping habits in the home. Unexpected infant deaths are also associated with overheating; overwrapping the baby or placing objects in the cot may increase heat

Most babies (91%) who die from SUDI have one or more risk factor present, 75% have two or more risk factors present.

Actions to prevent sudden unexpected death in infancy:

- early (antenatal) education of carers and parents on 'safer sleeping actions', including:
 - ensuring that infants sleep in the supine position – 'back to sleep'
 - keeping the baby's head uncovered by placing the baby in the 'feet to foot' position
 - ensuring that infants sleep in a separate cot
 - ensuring that infants sleep in the same room as their parents
 - avoid sleeping on sofa with infant
- reducing smoking in pregnancy and parents and exposure to tobacco smoke in the home and cars

- encouraging and supporting mothers to breastfeed
- focusing prevention programmes on families most at risk, in particular those with social circumstances that expose infants to more risk and promote parental behaviour change
- training carers and parents in rescue and resuscitation techniques to minimise the severity of outcomes from accidents
- local areas should be encouraged to review current practices and address any gaps ensuring:
 - leadership for effective implementation of multiagency protocols
 - intra-agency accountability and mechanisms for information sharing to minimise risk
 - provision of training for all staff in contact with families
 - awareness raising and education about SUDI using available resources and by disseminating learning from investigated cases across all agencies and stakeholders
 - provision of adequate support to affected parents and families

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Protecting and improving the nation's health

Every **11 days** in London a baby dies from a SUDI, risk factors include:

Deprivation
3.5x
higher risk

Low birth
weight
5x
higher risk

Mothers aged
under 20
2.5x
higher risk

Bed sharing
2.7x
higher risk

Smoking
5x
higher risk

What works to reduce Sudden Unexpected Deaths in Infancy (SUDI)

Ensuring that infants sleep in the supine position - 'back to sleep'

Keeping the baby's head uncovered by placing the baby in the 'feet to foot' position

Ensuring that infants sleep in a separate cot

Ensuring that infants sleep in the same room as their parents

Reducing parental smoking

Encouraging and supporting mothers to breastfeed their baby

Changing knowledge and behaviour through clear communication about the risk factors for SUDI

References

- Carpenter R et al Bed sharing when parents do not smoke: is there a risk of SIDS? An individual level analysis of five major case-control studies *BMJ Open* 2013; 3:e002299 doi:10.1136/bmjopen-2012-002299
- Child Death Review Programme and All Wales Perinatal Survey (2015) Sudden Unexpected Death in Infancy - A Collaborative Thematic Review 2010-2012
- Horn R, Hauk F, Moon R *BMJ* 2015; 350: h1989 Sudden infant death syndrome and advice for safe sleeping
- Livesey A *BMJ* 2005; 330:227 A multiagency protocol for responding to sudden unexpected death in infancy: descriptive study. doi: <http://dx.doi.org/10.1136/bmj.38323.652523.F7>(Published 27 January 2005)
- Project Indigo (2014) Sudden unexpected death in infancy: Analytical report June 2013
- NICE (2014) Clinical guideline 37, Postnatal care, guidance.nice.org.uk/cg37
- ONS (2014) Statistical bulletin: Unexplained deaths in infancy - England and Wales, 2012
- Weightman AL, Morgan HE, Shepherd MA, et al. Social inequality and infant health in the UK: systematic review and meta-analyses *BMJ Open* 2012; 2:e000964. doi:10. 1136/bmjopen-2012- 00964

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