

Baby SLEEP PROJECT

INEQUALITIES IN SUDI DEATHS AND INTERPRETATION OF RISK ADVICE IN HIGHER RISK FAMILIES

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JUNE 2024



Baby SLEEP PROJECT

OVERVIEW:

- Who is more 'at risk'
- Strengths-based communication for safer sleep messages
- The Baby Sleep Project Intervention

Sudden unexpected death in infancy (SUDI)

The death of a child which was not anticipated as a significant possibility 24 hours before the death

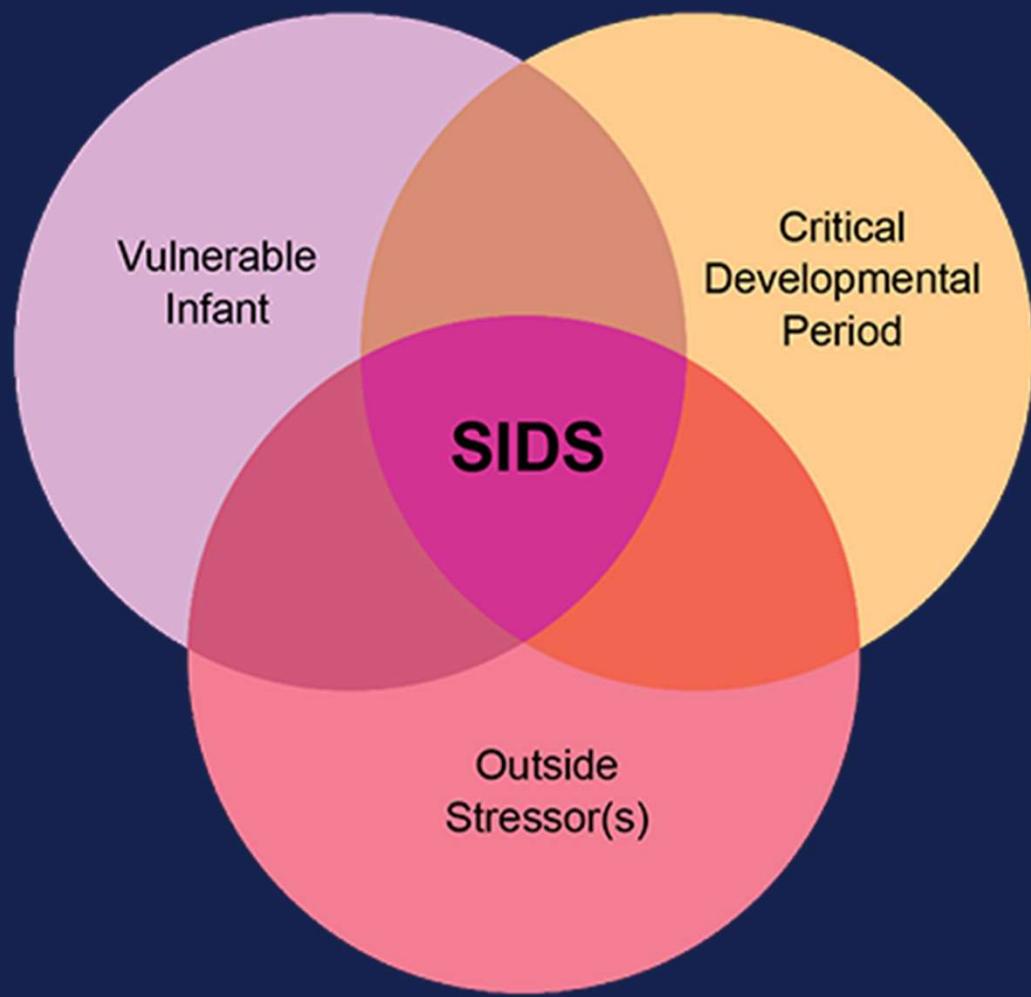
or

where there was a similarly unexpected collapse leading to or precipitating the events which led to the death

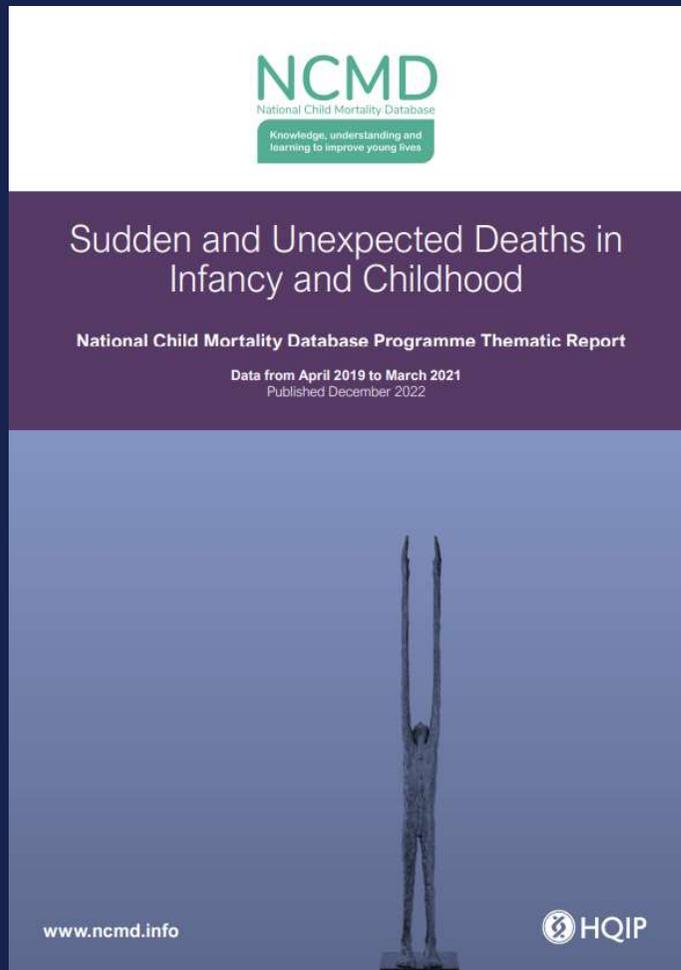
Sudden infant death syndrome (SIDS)

“The sudden death of an infant, which is unexplained after review of the clinical history, examination of the circumstances of death, and post-mortem examination”

(Stavanger 1994)



SUDI INEQUALITIES



BACKGROUND CHARACTERISTICS

- Infant vulnerability increased in last 3 decades
- Peak age now 1- 2 months
- Low birth weight (31%) and prem (30%)
- Maternal smoking 52%
- Neonatal admission 29%
- Deprivation: 42% most vs 8% least

SLEEP ENVIRONMENT

- 40% found prone
- 53% co-sleeping: 95% hazardous
- 53% changes in routine

REFERENCE:

Pease, A., Turner, N., Ingram, J., Fleming, P., Patrick, K., Williams, T., Sleap, V., Pitts, K., Luyt, K., Ali, B. and Blair, P., 2023. Changes in background characteristics and risk factors among SIDS infants in England: cohort comparisons from 1993 to 2020. *BMJ open*, 13(10), p.e076751.

Why don't caregivers follow the advice?

Knowledge is
different from
action

External
advice
must be
credible

Comfort,
convenience
and disruption to
the routine

Mechanisms
of protection

Risk
mitigation

Previous
experience

JUST USE FEAR?

- Been tried in various campaigns
- Fear appeals model posits that fear is only effective at increasing threat appraisals – this backfires when self-efficacy is low
- Rabbit hole of parental guilt
- Anecdotally we see the damage fear based messages cause to relationships between caregivers and the professionals dedicated to supporting them (more on this later)
- Education and planning may be more effective

REFERENCES:

Kok, G., Peters, G. J. Y., Kessels, L. T. E., ten Hoor, G. A., & Ruiter, R. A. C. (2017). Ignoring theory and misinterpreting evidence: the false belief in fear appeals. *Health Psychology Review, 12*(2), 111–125. <https://doi.org/10.1080/17437199.2017.1415767>

“...they do bang on about safe sleep, they do bang on about it. But they do it to the point where it gets you paranoid more than helpful, especially when you’ve got a poorly baby and it’s not your first baby. I am not stupid, I’ve been there before, and they literally were coming around saying “if you do this he will die, if you do this they will die”, and I’m like “can you not?”
(Mother, under 25, both parents smoked)

WHICH MECHANISMS SHOW PROMISE?

Increase trust and
credibility

Make it
make sense

Identify and
solve two
problems

Increase
self-efficacy

Imagine
safer set ups

Increase
physical
capacity

“...It’s not just Billy Bob off the street, they’re midwives, they’re healthcare professionals, they’ve all been in it a long time. It’s a registered charity that’s been around. They have done the research” (Mother, under 25, both parents smoked)

“I will be like obviously if you put him on his tummy or let him go his side his face is going to get crushed, and he’s not going to know at that age to move so he can breathe, and I were like well yeah, put him on his back and his airways are completely open..” (Mother, under 25, both parents smoked)

“We talked about how it’s important, and how just because older relatives say, “Well you slept on your front and your mum did, it was alright then.” So we talked about that, because I was at one point considering it, yeah, but I just persevered, put him on his back and it has improved.” (Mother, 4 children, spent time on the neonatal unit)

PRINCIPLES OF EFFECTIVE CONVERSATIONS ABOUT SAFER SLEEP

Acknowledge
the **GOOD**

Check the
PROBLEM being
solved

Be **HONEST**
about risk and
give a **REASON**

ASK about
practical steps
to increase
safety

Make a **PLAN**
and offer
REASSURANCE

“I don't know whether you will have seen them, there's a beanbag with a strap on it so you can strap him into it, he sleeps on that during the day at naptime, because I'm always with him at naptime anyway.”

How would you respond?

1. Acknowledge the good
2. Check the problem being solved with the practice
3. Be honest about the risk and give a reason
4. Ask about practical steps to increase safety
5. Make a plan and offer reassurance

Baby SLEEP PLANNER

Tell me about my BABY'S RISKS

- Mother's age
- Sex of the baby
- Birthweight
- Time spent in a neonatal unit
- Number of babies in the family
- Smoking during pregnancy
- Partner support
- Partner smoking (if applicable)

- Lower risk
- Slightly higher risk
- Higher risk

Help me to make a SLEEP PLAN

- Will you be in the same room as your sleeping baby?
- Where will the baby sleep?
- What position will you put the baby in for sleep?
- What else will be in the same space as the baby?
- What will be covering the baby?

- Things going well
- Things to think about
- Things to change



Make and download a plan to share with friends and family

Safer Sleep Milestones for Babies



I am ready to sleep...

... without my hat and extra layers

... on my back

... with my bed level

... in a clear bed

... with my feet at the bottom of my bed

WHAT DO BABIES NEED WHILE THEY SLEEP?

While babies are on the neonatal unit they might be cared for in ways that don't fit with safer sleep advice. There is always a medical reason for this. All babies should follow safer sleep advice when they leave the neonatal unit, unless you have specifically been told otherwise. This helps to reduce the risk of sudden infant death syndrome or SIDS.

SLEEP ON MY BACK

Babies can keep their body temperature just right if they are on their back and not wrapped up too much. It is easier for them to keep their faces clear and away from any soft bedding, too.

KEEP MY BED FIRM AND FLAT

A 'chin-to-chest' position can be dangerous for babies, making it harder to breathe. Keeping baby on a flat surface helps their chin stay off their chest. Sometimes the baby's bed may be tilted to help with reflux, but there's no evidence to support this practice.

Sharing a bed with a baby who has spent time in the neonatal unit is not recommended and you should never sleep on a sofa with a baby.

For info about safe sleep including arrangements for twins or multiples please visit The Lullaby Trust. **SCAN HERE:**



TAKE OFF MY HAT AND EXTRA LAYERS

Babies need to lose heat through their heads and wrapping them up too much can make it harder for them to stay the right temperature. It can be dangerous for a baby to get too hot.

KEEP MY BED CLEAR (take out nesting & toys)

Sleeping babies like to breathe through their noses. Tiny nostrils need to be kept away from blankets. Do not use pods, nests, pillows, hammocks, or cot bumpers in the baby's sleep space.

PUT MY FEET AT THE BOTTOM OF MY BED

Placing the baby at the bottom of the bed makes it harder for the baby to wriggle under any blankets and keeps the baby's face clear. The right sized baby sleeping bag for the baby's weight, can also help with this.

LULLABY

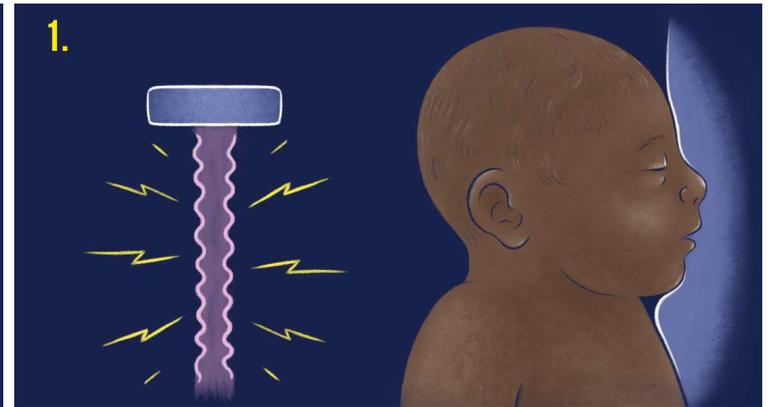
Babies love to hear your voice and they don't mind if you can sing in tune or not. You can sing any song you like, even your favourite pop songs can make good lullabies. Here is a lullaby to sing to your baby.

SING A RAINBOW

Red and yellow and pink and green
Purple and orange and blue
I can sing a rainbow
Sing a rainbow
Sing a rainbow too

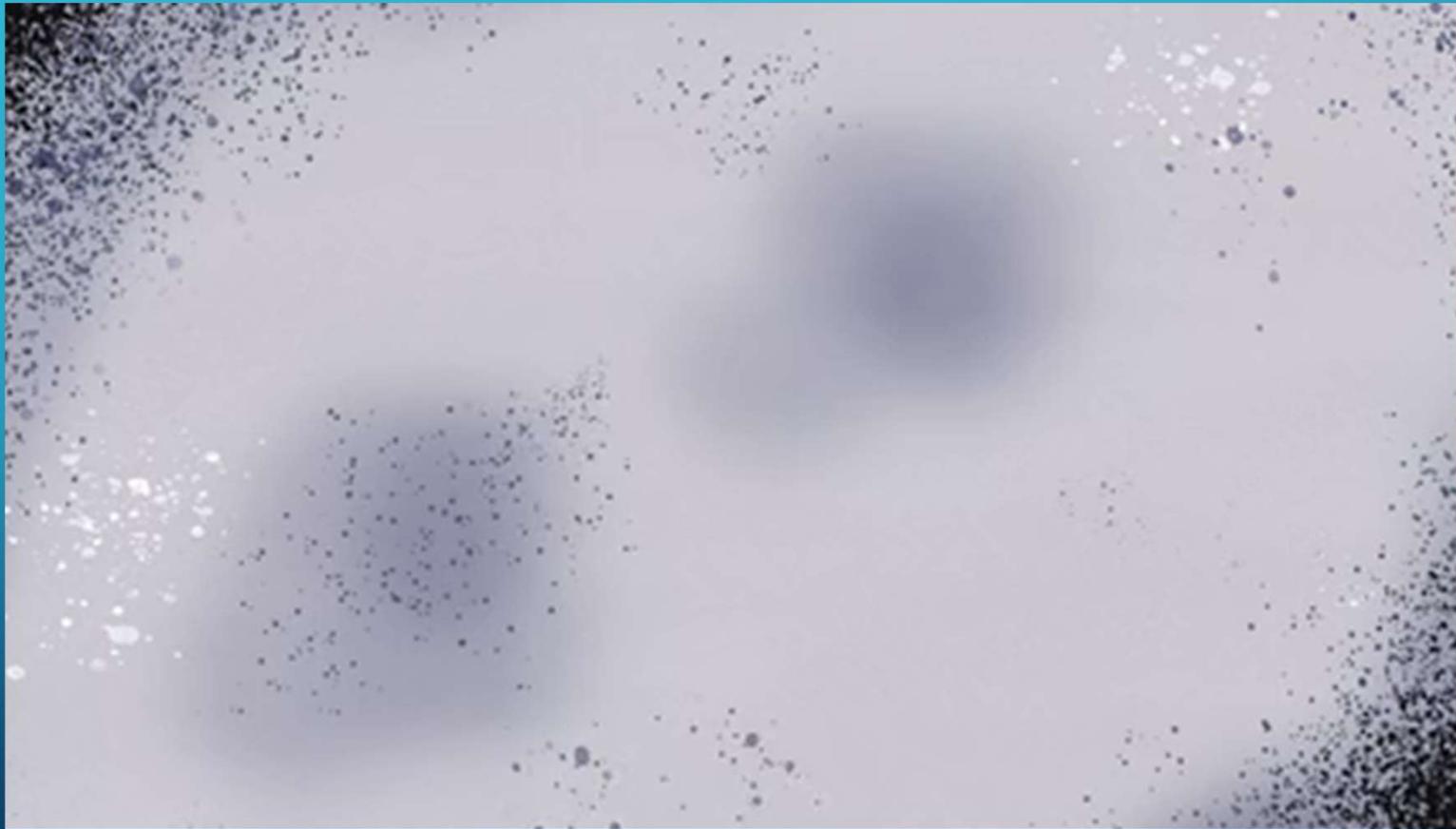


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A LETTER TO MY HEALTH VISITOR

<https://youtu.be/YnOLtbvRXYQ>



YOUR SLEEPING BABY'S NEEDS

<https://www.youtube.com/watch?v=SrpomU0R0MY>

YOUR SLEEPING
BABY'S NEEDS

Baby SLEEP PROJECT

REALIST EVALUATION:

- Health visitors, family nurses and neonatal staff
- Across 5 UK sites
- Pre-training and post-training data collection
- Sleep diaries and parental self-efficacy
- Qualitative interviews
- Implementation measures for staff
- **RESULTS NEXT YEAR!**

BabySLEEP PROJECT



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THANK
YOU