

Promoting safer sleeping for babies in England could reduce rates of sudden infant death

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Change is needed to the way safer sleep information is communicated, if risks to babies from unsafe sleeping practices are to be reduced,

according to a new report involving UCL researchers.

The report, compiled by researchers at UCL Great Ormond Street Institute of Child Health and IOE, UCL's Faculty of Education & Society alongside colleagues at Oxford, Bristol and Newcastle Universities, was prompted by the government, in the wake of sudden death in infancy data, in an attempt to identify what type of [support](#) is needed to reduce the incidence in all families.

For their Promoting safer sleeping for babies in [high-risk groups](#) in England report, researchers focused on families facing significant adversity—including those who may be receiving support from Children's Social Care Services.

While rates of sudden unexpected death in infancy (SUDI) declined steeply in the 1990s and continued to decline up until 2014, families living in the most deprived neighborhoods' continue to experience a disproportionately higher rate.

The National Child Mortality Database found that 42% of SUDIs occurred in deprived neighborhoods, compared with 8% in the least deprived.

Researchers interviewed parents, talked to local professional services and studied data on decision-making and safe sleep interventions.

Dr. Jenny Woodman (IOE, UCL's Faculty of Education & Society) said, "Our study highlights how important it is that parents feel they can talk openly with professionals about all the different ways and places their baby might sleep—even if it's only the odd night or occasional nap. This kind of conversation can be particularly difficult when families are in contact with child protection services, both for parents and the professionals involved.

"The most unsafe situation might be one in which parents feel they cannot say and practitioners feel they cannot ask about and plan with the [family](#) for a range of sleep situations."

According to the report, a range of motivational factors play a key role in influencing decision-making about an infant's sleep environment, including parents' own needs for adequate sleep and their need to bond with their babies.

The research also suggests that professionals responsible for having conversations with parents about infant sleep safety sometimes have concerns about providing personalized and tailored support and managing risks in families with a social worker.

To address this, the researchers recommend:

- Open conversations between parents and professionals to support safer sleep for babies who have a social worker.
- Conversations acknowledging and discussing the reality of people's lives in order to understand and address the motivation behind parental decisions and actions.
- Conversations should include credible, trusted sources and sound evidence to explain how and why safer sleep practices aim to protect infants. Social pressures with regard to "good parenting" may act as barriers to open and frank conversations between parents and professionals.

Jane Barlow, Professor of Evidence Based Intervention and Policy Evaluation at the University of Oxford, said, "The findings of this research suggest that it may be beneficial to practitioners working to promote safe sleep practices with parents who are faced with a range of adverse life circumstances some of whom may also have a [social worker](#), to focus on exploring in an open and honest way, the reasons that parents

might, for example, co-sleep with an infant, and how to do so safely.

"While this is consistent with national guidance on safe infant sleep practice, it represents a less didactic approach to working with these families, and relies on the development of a trusting relationship between the parent and practitioner."

The research finds in-depth conversations about safer sleep might best be delivered to families in receipt of social care by a practitioner, such as a Health Visitor, who can provide continuity of care and who has established a trusting relationship with them. Peer and family support networks are also important to reinforce messages and provide practical advice.

The report suggests professionals could engage parents to identify motivations and provide personalized support that is still consistent with national guidance, but that is based on the needs of individual families.

This would be likely to require specific training and support for professionals and a change of organizational culture to allow professionals to work with families more confidently. Such conversations need to be consistent with guidelines from NICE and The Lullaby Trust while also being sensitive to the needs and context of individual families.

Dr. Anna Pease, Research Fellow at Bristol Medical School, Bristol University, said, "Families have a right to evidence-based information about how to reduce their baby's risk of sudden infant death. We know that overall, safer sleep advice has worked to save the lives of thousands of babies, but this approach has not been as effective for families with more vulnerable infants.

"This research really shows how we need to focus on supporting those

families who need extra support: tailoring the messages to their circumstances, working with caregivers own motivations and instincts, and making sure that these messages come from credible and trusted sources of support."

More information: Promoting safer sleeping for babies in high-risk groups in England: www.ucl.ac.uk/children-policy-...iles/sudi_report.pdf

Provided by University College London

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