

**SUDI deaths and associated risk factors in BGL babies: 2008-31/12/22 n41 (up to and inc. Case 337)**

%	0-10%	10-20%	20-30%	30-40%	40-50%	50-60%	60-70%	70-80%	80-90%	100%	
High room temperature* N17 of 21 babies											81%
Poverty/ Overcrowding n13 of 20											65%
Parental smoking n21 of 41											51%
Bed sharing with at least 1 other risk factor n20 of 40 babies. Toddlers in bed pose an additional risk											50%
Excess bedding-pillows, duvets etc n18 of 38											47%
Baby put down to sleep or found on side or prone position **n5 of 18											28%
Low birth weight <2.5kg n of 41											22%
Pre-term baby <37wks n9 of 41											22%
Parental alcohol n9 of 41											22%
Language/communication issues/learning disability n8 of 41											20%
Mum 20yrs old or under n5 of 36											14%
Sofa sleeping n3 of 38											8%
Parental use of Cannabis n3											7%
Bed-sharing with no other risk factors in an exclusively breast-fed baby (n1 of 41). Toddler was also in the bed											2%

- This chart details SUDI deaths in Lewisham from 2008 and includes SUDI deaths in Bexley Greenwich and Lewisham from 1/10/19 when CDRs went into a tri-borough arrangement.
- Some initial cases described as SUDI are later found to have underlying causes on PM.
- There were 28 boys (68%) and 13 (32%) girls.
- \*Room temperature are not consistently being measured by police colleagues in a high number of SUDIs which is in the process of being rectified. In the 21 SUDI cases where room temperature was measured, **17 (81%)** found a room temperature of above 20 degrees (recommended temperature is 16-20). This is likely to be an under-estimate as when temperatures were not taken, many rooms were described as very hot.
- \*\* The numbers of babies laid to sleep on their side or prone has increased in the last year.
- 55% of BGL babies (since October 2019, n 11 of 20) who died from SUDI were Black, Asian or mixed heritage ethnicity and 45% (n9 of 20) were White British.

## **SAFER SLEEP CAMPAIGN: Prevention of Sudden Infant Death Syndrome/Sudden Unexpected Death in Infancy**

**19 Babies died with an initial diagnosis of SUDI in Bexley, Greenwich and Lewisham in the last 3 years. These are previously healthy babies-please help prevent the tragic deaths of children by making sure you know the Key Facts: Key facts when discussing safe sleeping with parents**

**Thank you for all you do in helping to keep babies sleeping safely**

**Things parents can do to help prevent SUDI/SIDS:**

- Always place baby on their back to sleep-if they roll on to tummy, move them back
- Breastfeed your baby if you can as breastfeeding is highly protective
- Keep your home and therefore your baby smoke free in pregnancy and afterwards
- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first six months.
- Place your baby in [the "feet to foot" position](#) (with their feet at the end of the cot or Moses basket)
- Use a firm, flat waterproof mattress in good condition-remove any plastic covering
- If you are planning to visit friends/relatives or stay away from home, make a plan as to how you will keep the baby's sleep area safe

**Things to avoid:**

- Avoid letting your baby get too hot. The room temperature should be between **16-20** degrees. If your baby is sweating or their tummy feels hot to the touch, take off some of the bedding or clothing.
- Never sleep on a sofa or armchair with your baby-this is particularly unsafe and significantly increases the risk of a SUDI death
- Don't cover your baby's face or head whilst sleeping
- Don't sleep in the same bed as your baby if either of you have smoked, have been drinking any alcohol, have taken drugs, are extremely tired or if your baby was born prematurely or was of low birth-weight (under 2.5kg/ 5lbs 8oz)
- Parents/carers smoking increase risks to babies and children-ask Midwife/Health Visitor/GP/online for support to quit
- Remove all pillows, duvets, cot bumpers and soft toys from the cot and sleeping area

### **Check understanding!!!**

We have had a significant number of deaths in cases where either the mother speaks and understands limited English or where she is dyslexic or described as having a, 'mild learning disability'. It is important to use an interpreter when discussing safe sleep and if the mother does have mental processing issues, ask her to show you and explain back to you how to sleep her baby safely.

There are good resources for parents, including visual aids and information in 16 different languages on the following website [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

**DEMONSTRATE NOT JUST ARTICULATE** – Ensure that all mothers/parents/carers show you how they sleep their baby at night-time.