

## **SUDDEN UNEXPECTED DEATH IN INFANCY (SUDI) Frequently Asked Questions**

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### 1. How do I contact SIDS and Kids?

- Telephone SIDS and Kids in your state or territory on 1300 308 307;
- Fax 1300 308 317
- Email SIDS and Kids with your question and your area post code on [librarian@sidsandkids.org](mailto:librarian@sidsandkids.org)

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### 2. What does Sudden Unexpected Death in Infancy (SUDI) mean?

SUDI is a term used to describe the sudden and unexpected death of a baby. SUDI may be the result of a serious illness or a problem that baby may have been born with, but most SUDI deaths occur as a result of either SIDS (sudden infant death syndrome) or a fatal sleep accident.

The only way to find out why a baby has died suddenly and unexpectedly is to perform an autopsy, review the clinical history and to thoroughly investigate the circumstances of death, including the death scene.

When no cause can be found for the death it is called SIDS.

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### 3. Can Sudden Unexpected Death in Infancy (SUDI) be prevented?

Babies who die suddenly and unexpectedly as a result of a medical problem are probably not preventable. However, scientists have identified similar risk factors that are present in SIDS, SUDI and fatal sleep accidents. By removing known risk factors and providing a safe sleeping environment most of these deaths are preventable.

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### 4. What are the risk factors for Sudden Unexpected Death in Infancy (SUDI)?

- Sleeping baby on the tummy or side
- Sleeping baby on a soft surface e.g. soft mattress, pillow, and waterbed
- Sleeping baby on a sofa (with or without a parent)
- Loose, soft and fluffy bedding, including sheepskin (also known as lambswool) anywhere in baby's sleep environment
- Sleeping baby with face or head covered
- Exposing babies to tobacco smoke before birth or after
- Sleeping baby in an unsafe cot or in an unsafe environment

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### 5. What steps can I take to reduce the risk of Sudden Unexpected Death in Infancy including SIDS and fatal sleeping accidents?

The SIDS and Kids Safe Sleeping program teaches parents how to create a safe sleeping environment for babies and young children.

- 1) Put baby on the back to sleep from birth
- 2) Sleep baby with head and face uncovered
- 3) Avoid exposing babies to cigarette smoke before birth and after
- 4) Sleep baby in a safe cot and in a safe environment
- 5) Sleep baby in its own cot or bassinet in the same room as the parents for the first 6-12 months.

## SUDDEN UNEXPECTED DEATH IN INFANCY (SUDI) Frequently Asked Questions

### 1. Put baby on the back to sleep, from birth

The chance of babies dying suddenly and unexpectedly is greater if they sleep on their tummies or sides.

Healthy babies placed to sleep on the back are less likely to choke on vomit than tummy sleeping babies. In fact, **sleeping baby on the back actually provides airway protection.**

*Some babies, with rare medical conditions, might have to sleep on the tummy or side but only do this if the baby's medical practitioner advises to do so in writing.*

### 2. Sleep baby with face uncovered

Ensure that baby's face and head stays uncovered during sleep. The best way to achieve this is to use a baby sleeping bag (*see Q15*). However, if you decide to use blankets ensure that the baby's feet are at the bottom of the cot, so that baby can't slip down under the blankets. Use lightweight blankets that can be tucked in securely.

#### Alert

**Soft items in a baby's sleeping environment can increase the risk of sudden unexpected infant death. It is best to remove quilts, doonas, duvets, pillows, cot bumpers, lambs wool and fluffy toys.**

### 3. Avoid exposing baby to tobacco smoke before birth and after.

Babies who are exposed to tobacco toxins during pregnancy or after birth have a significantly higher risk of SIDS and the risk increases if a baby sleeps with a parent who is a smoker. These risks still remain even if parents smoke outside, away from their baby.

To reduce the risk of SIDS don't let anyone smoke near your baby – not in the house, the car or anywhere else that your baby spends time.

If you want to quit smoking and you're not finding it easy, ask for help. Call the Quit line on 131 848 or ask your doctor, midwife or child health nurse for information and advice.

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### 4. Sleep baby in a safe cot, with a safe mattress and in a safe environment.

Cots, mattresses and environments that are unsafe increase the risk of sudden unexpected infant death. For information about safe cots, mattresses and environments *see Q 6 –10*.

### 5. Sleeping baby in a cot next to the parent's bed for the first six to twelve months.

Research in New Zealand and the UK has shown that sleeping baby in the same room, but not in the same bed, with the parents in the first six to twelve months of life is protective. This is thought to be because parents can see the baby and easily check to see that baby is safe. This protective effect does not work if the baby is in the room with other children probably because the children do not know if the baby is safe or not. Recent evidence from the UK indicates that sharing the same room during baby's daytime sleeps is also protective.

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### 6. Alternatives to sleeping baby in a cot for the first few months

- **Bassinettes**

There is no Australian Standard for bassinettes unlike cots. We are aware of reports of accidents associated with bassinet use. Australian and US governments' guidelines on ways to reduce these types of accidents include:

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- ensure that it has a wide stable base and that it is placed on a stable surface
- Remove all ribbons and ties to prevent strangulation
- The sides should be at least 300mm high measured from the top of the mattress base
- Use a firm mattress that is a snug fit and is not thicker than 75mm

Make sure baby sleeps on the back with face uncovered. It may be better to use an infant sleeping bag (see Q15) when using a bassinette. Only use a lightweight blanket for additional warmth if it is possible to tuck blankets under the mattress (see Q2 & 16).

- **Rocking cradles**

If you are buying a rocking cradle, make sure that it complies with the safety requirements of the voluntary Australian standard AS/NZS 4385. Look for a label or sticker that says the rocking cradle complies with this voluntary standard. If there isn't one, ask the retailer. If the retailer cannot verify that it complies, ask if there is an alternative that does comply.

Babies can become trapped in a tilted rocking cot or cradle. If you have a cradle or cot that rocks and has a child-resistant locking pin, make sure that you secure the locking pin firmly in place whenever you leave your baby and double check it make sure the cradle cannot move when you are not there to supervise.

Ensure the cradle has a tilt limiter to limit the angle of tilt to no more than 10 degrees from the horizontal.

- **Hammocks**

There is no Australian standard covering the use and manufacture of hammocks for baby.

While we are not aware of any research on the safety of hammocks or guidelines for their use for babies, we are aware of case and injury reports documenting a number of hospital

admissions of infants following a fall from a hammock and tragically 2 deaths of infants sleeping in hammocks in separate incidences in the USA in 2009 .

Babies sleeping in hammocks are at risk of incurring a falling injury.

Babies should not be left unsupervised in these devices as they are not designed as an infant sleeping place.

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### 7. What is a safe cot?

#### Household cots

A safe cot is one that meets the Australian Standard for cots. All new and second-hand cots sold in Australia must meet the Australian Standard for Cots (AS 2172) and will carry a label to say so. If you are planning to use a second-hand cot, check that it meets those standards.

- the mattress must be flat and fit snugly to within 25 mm of sides and ends
- with the mattress base set in the lower position, the cot sides or end need to be at least 500 mm higher than the mattress
- the spacing between the bars or panels in the cot sides and ends needs to be between 50 mm and 95 mm—gaps wider than 95 mm can trap a child's head. If the bars or panels are made from flexible material, the maximum spacing between the bars or panels should be less than 95 mm
- check that there are no small holes or openings between 5 mm and 12 mm wide in which small fingers can be caught
- check that there are no spaces between 30 mm and 50 mm that could trap your child's arms or legs
- check there are no fittings (including bolts, knobs and corner posts) that might catch onto your child's clothing and cause distress or strangulation.

#### Alert

Old or second hand cots may be dangerous for the following reasons:

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- Wobbly or broken parts that make the cot weak
- Gaps where a toddler or baby may get caught in
- Knobs, corner posts or exposed bolts that can hook onto a toddler or baby's clothing around the neck
- Sides that are too low and can be climbed over by active little toddlers
- Sharp catches or holes in the wood that can hurt curious little fingers
- Paint that might contain poisonous lead

### Portable cots

When assembling a portable cot it is important to read the instructions carefully, the instructions are there to help keep baby safe from sleeping accidents.

Only use the **firm**, thin, well-fitting mattress that is supplied with the portable cot (portacot).

**Never** add a second mattress or additional padding under or over the mattress, which has been specifically designed for the portacot, as baby may become trapped face down in gaps between the mattress and the sides. Portacots have a different Australian Standard to cots. If you are buying a portacot, look for a model that meets the mandatory Australian Standard AS/NZS 2195 for portable cots.

Look for a label or sticker that says the portacot complies with this mandatory standard.

If you are accepting a second hand portacot ensure that the base is flat and that there is no torn mesh or broken parts.

Regularly check the portacot for these signs of damage. Only use a portable cot that has the mesh in tact and that has no broken parts.

Do not use bedding that has exposed elastic as this presents a strangulation hazard for baby.

Do not use a portable cot if your child weighs more than 15kg (or check instructions of your particular model).

For a guide to cot and nursery furniture safety, visit the Australian Competition and Consumer Commission (ACCC) Product Safety website at <http://www.productsafety.gov.au/content/index.phtml/itemId/972363> for the publication 'Keeping Baby Safe'. Alternatively, phone the ACCC Information centre on 1300 302 502 to ask for a copy to be mailed to you.

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### 8. What is a safe mattress?

A safe mattress is one that is the right size for the cot, is **firm**, clean and in good condition and is flat (not tilted or elevated). A soft mattress can increase the risk of sudden unexpected infant death if baby rolls over onto the tummy.

A baby or toddler can get stuck in gaps between a poor fitting mattress and the cot sides. This is especially dangerous if their face is trapped and covered, or their neck is restricted in any way. Make sure there is no more than a 25mm (1 inch) gap between the mattress and the cot sides.

Remove plastic packaging from the mattress and always make sure that the waterproof mattress protector is strong and a tight fit. Never put soft bedding under the bottom sheet as this makes the sleeping surface too soft.

#### Alert

**A pillow, cushion or sofa is not a safe mattress as they are too soft and increase the risk of sudden unexpected infant death.**

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### 9. Is it safe to use a second hand mattress?

There has been recent media attention in relation to a theory that there may be a link between SIDS and a certain bacteria found in secondhand mattresses.

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However, the bacteria in question are normally found on the skin and in the nose and throats of healthy adults and infants. There is no evidence to show that there is an increased risk of SIDS for babies who sleep on a second hand mattress providing that baby:

- Sleeps on the back
- Sleeps on a flat, firm, clean, well fitting mattress that is in good condition
- Sleeps with no bedding covering the face or head
- Is not exposed to tobacco toxins before birth or after

For more information on this topic, see the SIDS and Kids Information Statement *Secondhand mattresses*. This statement can be downloaded from the SIDS and Kids website under 'Safe sleeping'. Alternatively, call your nearest SIDS and Kids office on 1300 308 307 to request a copy to be sent in the mail.

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### 10. Does SIDS and Kids recommend mattress wrapping?

**NO.** Wrapping a baby's mattress with polythene has been suggested as means of preventing SIDS. The theory proposes that cot mattresses emit toxic gases and that wrapping the mattress will prevent SIDS.

This theory has been thoroughly investigated through rigorously conducted, scientifically based research and there is no evidence to support the link between wrapping mattresses and the prevention of SIDS.

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### 11. What is a safe sleeping environment?

A safe sleeping environment means that all potential dangers have been removed and the

baby is sleeping in a safe place. The ideal place for a baby to sleep is in a safe cot, with a safe mattress, safe bedding and in a safe environment (see Q 6-9). Other things to look out for include: Dangling cords or string

Keep the cot away from any cords hanging from blinds, curtains or electrical appliances as they could get caught around baby's neck. Keep decorative mobiles out of the reach of curious little hands and mouths.

#### Heaters and electrical appliances

Keep heaters or any electrical appliances well away from the cot to avoid the risk of overheating, burns and electrocution. A baby cannot escape from a heat source to cool down and does not know how to remove bedclothes.

#### Alert

**Never use electric blankets, hot water bottles or wheat bags for babies or young children.**

### 12. Bouncinettes

A bouncinette (also known as a bouncer or rocker) is a chair that allows baby to either bounce or rock in a reclined position.

There is no Australian standard for bouncinettes.

Accidents can occur in bouncinettes:

Accidents have occurred where baby has become trapped in the restraining, when the bouncinette has fallen from a high surface or been placed where baby could get caught in curtain or blind cords.

Deaths have occurred when baby has been left unsupervised to sleep in a bouncinette.

#### **Alert**

- **Only use a bouncinette on the floor**
- **Never carry a baby in a bouncinette**
- **Never leave a baby unattended in a bouncinette**

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### 13. Prams and strollers

If you are purchasing a pram or stroller, check if it complies with the mandatory standard AS/NZS 2088:2000.

When preparing to use a pram or stroller, it is important to read the instructions carefully. The instructions are there to help keep baby safe.

Always do up the restraints when baby is in a pram, stroller, or any other baby/toddler equipment. It can be dangerous if baby becomes tangled in loose restraints that are not fastened correctly.

Make sure the footrest on the stroller is strong and secure. A weak footrest can give way and cause baby to become trapped.

Ensure that the pram or stroller's brakes are engaged when it is stopped.

Never leave your baby unattended in a pram or stroller.

A pram may not be a suitable place for baby to sleep if unobserved.

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### 14. Is it safe to wrap/swaddle my baby?

Research shows that one of the best ways to reduce the risk of SIDS and SUDI is to sleep baby on the back. However, some babies have difficulty settling and staying asleep whilst on their back. For these babies wrapping can be a useful method to assist them to settle and stay asleep as wrapping has been shown to reduce crying time and episodes of waking. Wrapping has also been shown to provide stability, which may help to keep babies in the recommended back position.

**Alert**

**Tummy sleeping increases the risk of SIDS and must be avoided. Wrapping a baby in the tummy position is even more dangerous as it prevents baby moving to a position of safety.**

When wrapping a baby:

- Ensure that baby is positioned on the back with the feet at the bottom of the cot.
- Ensure that baby is wrapped from below the neck to avoid covering the face.
- Sleep baby with face uncovered (no doonas, pillows, cot bumpers, lambs wool or soft toys in the sleeping environment).
- Use only lightweight wraps such as cotton or muslin (bunny rugs and blankets are not safe alternatives as they may cause overheating)
- The wrap should not be too tight as this may interfere with physical development
- Make sure that baby is not over dressed under the wrap. Use only nappy and Singlet in warmer weather and add a lightweight grow suit in cooler weather.

Alert

**Babies must not be wrapped if sharing a sleep surface with another person (see Q17).**

Most babies eventually resist being wrapped. This is usually around the age of six months. An alternative to wrapping is to use a safe infant sleeping bag (see Q15).

For more information on this topic, see the SIDS and Kids Information statement *Wrapping Infants*. This statement can be downloaded from the SIDS and Kids website under 'Safe sleeping'. Alternatively, call your nearest SIDS and Kids office on 1300 308 307 to request a copy to be sent in the mail.

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### 15. What is a safe infant sleeping bag?

A safe infant sleeping bag is constructed in such a way that the baby cannot slip inside the bag and become completely covered. The sleeping bag should be the correct size for the baby with a fitted neck, armholes (or sleeves) and no hood.

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When using a sleeping bag ensure that the baby is dressed according to the room temperature and do not use sleeping bags with quilts or doonas. If additional warmth is needed, a light blanket is usually all that is necessary, but take care to tuck the blanket in firmly so it cannot ride up and cover baby's head during sleep. Another way to provide additional warmth is to dress your baby in layers of clothing within the sleeping bag to keep baby warm (*see Q16*).

### Benefits of sleeping bags

- Evidence suggests that sleeping bags may assist in reducing the incidence of SUDI, SIDS and fatal sleep accidents, possibly because they delay the baby rolling in to the high-risk tummy position.
- Sleeping bags prevent legs from dangling out of the cot rails.

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### **16. How much clothing/bedding does baby need?**

Babies control their temperature through the face. Sleeping baby on the back and ensuring that the face and head remains uncovered during sleep is the best way to protect baby from overheating and suffocation.

Sleeping baby in a sleeping bag will prevent bedclothes covering the baby's face (*see Q15*).

If blankets are being used instead of a sleeping bag, it is best to use layers of lightweight blankets that can be added or removed easily according to the room temperature and which can be tucked underneath the mattress.

When dressing a baby you need to consider where you live, whether you have home heating or cooling and whether it is summer or winter. A useful guide is to dress baby as you would dress yourself – to be comfortably warm, not hot or cold. It is not necessary to leave the heating on all night or to monitor the room temperature with a thermometer, but ensure that baby is dressed appropriately for the room temperature.

A good way to check baby's temperature is to feel baby's chest, which should feel warm (don't worry if baby's hands and feet feel cool, this is normal).

Another way to prevent overheating is to remove hats or bonnets from baby as soon as you come indoors or enter a warm car, bus or train, even if it means waking the baby.

### Alert

**Never use electric blankets, wheat bags or hot water bottles for babies.**

For more information on this topic, see the SIDS and Kids Information Statement *Room Temperature*. This statement can be downloaded from the SIDS and Kids website under 'Current topics'. Alternatively, call your nearest SIDS and Kids office on 1300 308 307 to request a copy to be sent in the mail.

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### **17. Is it safe to sleep with my baby?**

Sharing a sleep surface with a baby increases the risk of SUDI, SIDS and fatal sleep accidents in some circumstances. SIDS and Kids recommends sleeping a baby in its own safe sleeping environment next to the parents' bed for the first six to twelve months of life as this has been shown to be protective.

There appears to be no increased risk of SUDI, SIDS or fatal sleep accidents whilst sharing a sleep surface with a baby during feeding, cuddling and playing, providing that the baby is returned to its own safe sleeping surface before the parent goes to sleep.

Babies who are most at risk of SUDI, SIDS or sleep accidents whilst sharing a sleep surface, are babies who are less than four months of age and babies who are born pre-term or small for gestational age.

Most studies show that SUDI and SIDS deaths attributable to sharing a sleep surface are predominantly amongst babies whose parents smoke.

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However, there is a slightly increased risk of SIDS among babies of non-smoking mothers who bed share with infants less than 11 weeks of age.

Sharing a sleep surface with a baby may also increase the risk of a fatal sleep accident as some sleeping environments contain hazards that can be fatal for babies. These risks include overlaying of the baby by another individual; entrapment or wedging and suffocation from pillows and blankets.

### Alert

**Never fall asleep with baby lying on its tummy on your chest.**

### **Do not share a sleep surface with a baby if:**

- You are a smoker
- You are under the influence of alcohol or drugs that cause sedation
- You are excessively tired.
- Other children are sharing the bed with a baby
- The baby could slip under bedding e.g. pillows and duvets or doonas
- The bed is a waterbed or if the mattress is too soft
- The sleep surface is a sofa or chair
- Baby could become trapped between the bed and the wall or the bed rails
- Baby may fall off the bed

### **Important considerations when choosing to share a sleep surface with a baby**

When choosing to share a sleep surface with a baby it is important to consider the sleeping environment. Babies are at the greatest risk if they sleep on their tummies or sides and if their faces become covered. Taking measures to prevent these situations will reduce the risk of SIDS and fatal sleeping accidents.

- Put baby on the back to sleep (**not** on the tummy or side)

- Make sure the mattress is firm and flat (not tilted or elevated)
- Sleep baby in a baby sleeping bag to avoid bedclothes (*see Q15*)
- Make sure that any bedding cannot cover the baby's face. Keep pillows, doonas and any other soft bedding well away from the baby
- Do not wrap the baby (*see Q14*)
- Place the baby at the side of one parent - not in between two parents, as this would increase the likelihood of the baby becoming covered or slipping underneath adult bedding
- Ensure that the baby is not close to the edge of the bed where he/she can fall off. Do not place pillows at the side of the baby to prevent rolling off. A safer alternative is to place the adult mattress on the floor.
- Pushing the bed up against the wall can be hazardous as baby may become trapped.

### Alert

**Never sleep baby on a soft mattress, sofa, beanbag, or waterbed with or without a parent as there is a very high risk of a sleep accident.**

For more information on this topic, see the SIDS and Kids Information Statement *Bed sharing*. This statement can be downloaded from the SIDS and Kids website under 'Current topics'. Alternatively, call your nearest SIDS and Kids office on 1300 308 307 to request a copy to be sent to you by mail.

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### **18. Does sleeping with baby on a sofa increase the risk of sudden unexpected death in infancy?**

Yes. There is a very high risk of a sleeping accident if an adult falls asleep with an infant on a sofa. This is because baby may become wedged into cushions or the back of the sofa and the sleeping person would not notice. Put baby back into his or her own sleeping place before you doze off on a sofa.

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### Alert

Never fall asleep with baby on your chest whilst lying down as this is the same as sleeping the baby in the tummy position.

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### 19. Can babies be put on the tummy to play?

Yes. Tummy play is safe and very important for babies from birth, but only when they **are awake and an adult is present**. Tummy play helps muscle development in the arms, neck and back and prepares babies for crawling. Tummy play is also very good to help prevent a misshapen head (see Q20) but remember not to put baby on the tummy to sleep.

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### 20. Can I prevent my baby getting a flat pressure spot on the head?

Flat 'pressure' spots can develop if a baby lies in one position on the head for long periods of time and are sometimes referred to as positional plagiocephaly. These flat spots tend to improve with age and most will disappear completely as baby's head grows and when baby starts to sit up and look around.

However, in some babies these flat spots can persist. A small number of babies with severe flattening require fitting with a specially designed helmet to help reshape the head. This is very rare.

#### Prevention and treatment

Positional plagiocephaly may be prevented or treated by simple repositioning techniques and by minimising pressure on the head when baby is awake. It is best to implement these simple measures from birth.

- Always sleep baby on the back, not on the tummy or side.
- Alternate the head position each time baby goes down to sleep (left and right).

- As babies become more alert and interested in the environment they like to look at certain objects before falling asleep. Sleeping baby at alternate ends of the cot will encourage him or her to look in different directions. Changing the position of the cot in the room may also have the same effect.
- When the baby is awake, minimise the time that baby spends lying down with pressure on the same part of the head. Carry and cuddle baby in upright positions.
- Avoid prolonged periods in car seats, strollers, swings and bouncers as this places additional pressure on the back of the head.
- From birth, give baby increasing amounts of side lying and tummy time to play when **awake** and being **observed** by an adult but never put baby on the side or tummy to sleep.
- Alternate the holding position when feeding baby i.e. hold in left arm for one feed and the right arm for the next feed.

A small number of babies can develop positional plagiocephaly as a result of tight muscles on one side of the neck, a condition known as torticollis or wryneck. If the baby has a strong preference for turning the head to one side, or has difficulty turning the head please consult a doctor who can then arrange physiotherapy treatment.

*Remember, always put baby on the back to sleep and keep baby off the back of the head as much as possible when awake.*

### Alert

Positional devices that restrict the movement of a baby or the baby's head are not recommended.

For more information on this topic, see the SIDS and Kids Information Statement *Baby's Head Shape*. This statement can be downloaded from the SIDS and Kids website under 'Safe sleeping'. Alternatively, call your nearest SIDS and Kids office on 1300 308 307 to request a copy to be sent to you by mail.

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### **21. What do I do when baby starts to roll into the tummy position?**

Most SIDS occurs under 6 months of age so try not to have baby sleep on the tummy before this time.

Most back-sleeping babies can't actually roll onto the tummy by themselves until about 5-6 months of age although a few can roll from a younger age.

Babies who sleep on their back tend to roll onto their tummy later than side sleeping infants. This probably plays a part in why the back position is safer for babies as they do not roll into the high-risk tummy position during a vulnerable period of development. The delay in rolling is normal and does not affect the baby's later development.

#### Steps to follow when babies start to roll on to the tummy

- Give baby extra tummy time to play when awake and supervised as this helps baby to develop stronger neck and upper body muscles which in turn enables them to roll back over. It is best to start giving baby supervised tummy time from birth (*see Q17*)
- Consider using an infant sleeping bag as these can delay rolling over (*see Q15*)
- If you use blankets rather than a sleeping bag, make sure that the baby's feet are touching the bottom of the cot to prevent baby wriggling under the blankets and tuck the blankets in securely.
- Make sure that baby is on a firm and well fitting mattress that is flat (not tilted or elevated).
- Make sure that baby's face and head remains uncovered (avoid lambs wool, duvets, pillows, cot bumpers and soft toys)

As babies grow and develop they become very active and learn to roll around the cot. At this time still put them on the back in the cot but let them find their own position of comfort. By this stage it is not necessary to wake during the night to turn baby over to the back position.

Remember to reduce the risks in other ways (*see Q5*).

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### **22. Do babies who sleep on the back roll over onto the tummy later than babies who don't sleep on the back?**

Yes. Babies who sleep on the back tend to roll over onto the tummy later than side sleeping infants. This is probably why the back sleeping position reduces the risk of SIDS, because baby does not roll in to the high-risk tummy position until most of the risk of SIDS has passed. The delay in rolling is normal and does not affect baby's later development. For example, these babies show no difference in their walking ability at 18 months of age compared to babies who slept on the side or tummy.

It is very good to encourage babies to play on the tummy as it helps to develop their strength and prepare them for crawling. But remember not to put baby on the tummy to sleep.

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### **23. What is the safest way to sleep twins?**

Research has not yet provided a conclusive answer to the question, 'should twins sleep in their own separate cots or together in the one cot?' Some research on twins in Neonatal Intensive Care suggests a weaker twin may benefit if slept with the stronger twin.

However, it would be dangerous if the arms of one twin were able to accidentally cover the face of the other, causing an interference with breathing.

The safest way to sleep twins is to place them in their own cot following the steps to safe sleeping (*see Q5*).

However, sometimes you may need to sleep twins in the same cot, for example when you are travelling or visiting and there is insufficient room for two cots. If this is the case, place each twin at opposite ends of the cot as this will minimise the

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risk of one twin covering the face of the other (see Q15).

It is best not to use bedding. Here are ways to avoid using bedding:

- Very young babies can be wrapped according to the SIDS and Kids guidelines (see the SIDS and Kids information statement on 'Wrapping infants')



- Place older babies in a separate sleeping bag

When the babies are able to move freely around the cot, put them to sleep in separate cots.

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### 24. At what age can I introduce cot bumpers and pillows?

Soft bedding such as pillows quilts duvets and bumpers increase the risk of sudden unexpected infant death. They may cover the baby's face and obstruct breathing or cause overheating. Older babies in a cot can be at an increased risk of a sleeping accident by using pillows and bumpers as a step to climb up and fall out of the cot. It is safer to wait until the child starts to sleep in a bed before introducing a pillow or other soft bedding.

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### 25. Are there specific baby care products that reduce the risk of sudden unexpected death in infancy?

There is no scientific research evidence that has convinced SIDS and Kids that any specific baby care product reduces the risk of SIDS.

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### 26. Does SIDS and Kids recommend or endorse any baby products or positional aids?

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**NO.** SIDS and Kids does not recommend or endorse any baby care products. This includes positional aids for babies such as anti-roll devices and items that fasten a baby in position. This is because some of these products have not been tested properly and some have been used incorrectly and resulted in tragedy.

However, SIDS and Kids may license some products for fundraising purposes only. SIDS and Kids only promotes and encourages practices that are based on strong scientific evidence and where effectiveness and safety have been proven.

There is strong scientific evidence to show that the best way to reduce the risk of SIDS and sleep accidents is to sleep babies on their back with face and head uncovered, to avoid exposing babies to tobacco toxins and to provide a safe sleeping environment.

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### **27. Does dummy use reduce the risk of sudden unexpected death in infancy?**

Research suggests that dummy (pacifier) use may have a protective effect against SIDS.

However, other research shows that dummy use can interfere with breastfeeding and increase the risk of ear infections. Parents are advised to weigh up these issues before deciding about dummy use for their baby.

While there are questions still being asked about the pros and cons of dummy use, there is no question about the effectiveness of the Safe Sleeping program.

Sleeping a baby on the back, with face uncovered, and in a smoke free environment is the best way to protect a baby from sudden and unexpected infant death.

Until there is more conclusive evidence about the protective effect of dummies, SIDS and Kids

makes no recommendation about dummy use at this stage.

For more information on this topic, see the SIDS and Kids Information Statement *Pacifier/dummy use*. This statement can be downloaded from the SIDS and Kids website under 'Safe sleeping'. Alternatively, call your nearest SIDS and Kids office on 1300 308 307 to request a copy to be sent to you by mail.

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### **28. Is formula feeding linked with sudden unexpected death in infancy?**

There is no consistent evidence that formula feeding increases the risk of SIDS or that breastfeeding reduces the risk of SIDS. However, SIDS and Kids recommends breastfeeding as there is strong evidence to show that breastfed babies have fewer infections and that breastfeeding lowers infant mortality.

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### **29. Is immunisation linked with sudden unexpected death in infancy?**

**No.** The peak age of SIDS is the same age that babies are most often immunised (two to four months of age), so by chance they can occur at the same time.

However, there is strong evidence to show that immunisation is not associated with SIDS and that immunised babies are actually at a lower risk, so immunise your baby on time.

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### **30. Do baby monitors reduce the risk of sudden unexpected death in infancy?**

There is no scientific evidence that electronic baby monitors are of any assistance in preventing SIDS and have played no part in the dramatic reduction in SIDS deaths in Australia.

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*The reduction in the number of babies dying of SIDS has come about because parents have been made aware of ways to sleep baby safely such as placing baby on the back to sleep from birth, sleeping baby with face uncovered, not smoking during pregnancy or after the birth, and by providing a safe sleeping environment.*

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### **31. Are there recommendations for car seat or baby seat use?**

It is required by law that you place baby in a correctly fitted infant restraint that meets the Australian standard AS/NZS 1754 for every trip in the car.

- transport accidents are the leading cause of death for children once the infancy period has passed and
- child restraints supplied on the Australian market have key safety features that reduce the associated risks of injury to/death of a child while travelling in a motor vehicle.

Never leave your baby unattended in the car – not even for a short time.

Each child restraint must:

- be correctly installed
- have the Standards Australia mark
- suit your child's weight and size

For more information on safe child restraint use, see the Australian government publication: *A simple guide to child restraints: How you can protect your child*. Click [here](#) to download a copy.

Once the car journey is over it is very important that you remove baby from the car seat or capsule, even if this means waking baby,

because it is not safe for baby to spend long periods in car seats, capsules or infant seats.

Research has shown that:

- car seats may cause baby's neck to flex forward which may block baby's airway not allowing airflow
- infants less than one month old left in a sitting position for a long period of time may be placed at increased risk for sudden infant death.
- falls from car seats used outside of the car as infant carriers are common, often involve children unbuckled in their car seats and represent a significant source of head injury that may be prevented with strategies such as warning families regarding leaving infants in carriers on shopping carts, counters, or other high locations

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### **32. How do I carry baby safely in a sling?**

Slings are carriers that allow an adult to carry an infant hands-free. The sling straps around the adult's neck, allowing the infant to lie in front of the adult, curved in a C-shape position.

If you choose to carry baby in a sling, at all times ensure that:

- baby's airways are free at all times
- you can see baby's face

Babies can suffocate lying with a curved back with the chin resting on the chest or the face pressed against the fabric of the sling or the wearer's body. At particular risk from these products are babies with a low birth weight, those that were born prematurely, or have breathing issues such as a cold.

Injuries can also occur from the baby falling from the sling when the caregiver trips and falls; the

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product malfunctions or its hardware breaks; or the baby slips and falls over the side.

For more information, see the Australian Government safety alert *Baby slings*, which you can access from the Product Safety website at <http://www.productsafety.gov.au/content/index.phtml/itemId/986870>

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### 33. How do I ensure that babysitters and childcare workers sleep my baby safely?

If babies are ever placed on their tummy to sleep they are at a significantly higher risk of SIDS. When ever you leave your child in the care of someone else, it is very important to make sure that the carer knows to place your baby on the back to sleep, with no soft bedding (such as pillows, doonas or soft toys), to avoid smoking in your child's presence and to make sure that baby is sleeping in a safe cot or bassinette.

If your child is in a childcare facility ask about their safe sleeping policy, the safety of the cots in use and insist that they avoid using unsafe sleeping practices.

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### 34. Checklist for safe sleeping

1. Has baby been placed on the back to sleep?
2. Is baby sleeping in a safe bassinette or cot, and away from hazards?
3. Does the cot meet Australian Standard for cots?
4. Is the mattress firm?
5. Does the mattress fit the cot /bassinette well?
6. Is the mattress clean and in good condition and flat (not tilted or elevated)?
7. Is baby's face and head uncovered?
8. Have any pillows, duvets, lambs wool, cot bumpers and soft toys been removed?

9. If using a baby sleeping bag, does it have a fitted neck, armholes or sleeves and no hood?
10. If using blankets rather than a sleeping bag, has baby been placed to sleep with feet touching the bottom of the cot /bassinette with blankets securely tucked in?
11. Is baby having tummy time to play when awake and supervised?
12. If you are a smoker have you stopped smoking or contacted your doctor or Quit line for help?
13. Remember never to sleep baby on a sofa, beanbag, waterbed or pillow?
14. Are other family members aware of how to sleep baby safely?

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### Keeping the FAQ up to date

The Safe Sleeping program is based on strong scientific evidence using the recommendations laid down by the National Health and Medical Research Council of Australia, and was developed by Australian SIDS researchers, paediatricians, pathologists, and child health experts with input from overseas researchers and clinical experts.

The FAQ sheet is subject to change by SIDS and Kids as new research comes to light. To ensure that you have the latest edition of the FAQ sheet check the SIDS and Kids web site [www.sidsandkids.org](http://www.sidsandkids.org)

While every effort will be made to keep the FAQ up to date and to ensure that the information contained in it is accurate, SIDS and Kids cannot be held responsible for how readers make use of or understand the information contained in the FAQ.