

Additional Questions from the Safe Sleeping Webinar held on Thursday 22nd September 2022. The following responses have been provided by Professor Peter Fleming following the event.

What are the co-sleeping SIDS rates in countries such as Africa where co-sleeping is more commonplace?

There is no good data from most of Africa, but from those countries where reliable data are available it appears that unexpected, unexplained infant deaths are very uncommon. There is good data from UK communities (e.g. Bangladeshi populations) in which bedsharing is almost universal, that SIDS is very uncommon in this population (who also have very low rates of maternal smoking and alcohol use).

The online videos - are these for professionals to facilitate conversations? or are they for parents? Sorry I may have missed this in the presentation.

The new videos are aimed at professionals involved in the Joint Agency Response (JAR) process.

What is thought to be the reason that sleeping in the same room as your baby creates protection against SIDs

Lots of ideas, and no hard data, but most probably because being in the same room means parents pick up on subtle signals from the baby more easily.

Any views on Baby boxes?

I cannot see value in baby boxes – they do not meet any safety standards and are not designed to go into parents' beds as they are far too tall. They have been used in Finland for many years, but seldom used for infant sleep, and they are not related to Finland's low infant mortality rate – rates in Sweden and Norway are similar or slightly lower, and baby boxes are not used there.

Is there any specific guidance for using sleeping bags for newborns? I get asked this a lot as a Health Visitor and there seems to be a lot of varying opinion as to whether or not they are safe for newborn babies

There is little specific data on sleeping bags for newborns, but there is no data to suggest they are less suitable for very young infants, other than the fact that for the first 2-3 weeks after birth infants need slightly more bedding and covering than at a later age. As long as the baby is warm enough baby sleeping bags are suitable for all ages.

Would you class co-sleeping per-se as a modifiable factor in SUDI? Or would you only class other RFs such as smoking, alcohol/drug use as modifiable?

Co-sleeping in the absence of the known risk factors is NOT a risk factor for unexpected infant death – like cot sleeping, it is an environment in which specific risks may be present but is not a risk in itself. Treating bedsharing as a risk factor in itself is not more logical than treating cot sleeping as a risk factor in itself.

Are there any links between parental mental health/antidepressants and SIDS?

The risk of unexpected infant death is certainly higher if one or both parents suffer from mental health issues and is most likely related to such parents' difficulties in making appropriate choices of behaviour or sleep environment. The use of antidepressants by mothers or fathers has not specifically been identified as a risk factor in relation to bedsharing, but the use of medicines that may cause drowsiness has been linked, so it is important to be very cautious, and consider each family individually.

What are your thoughts on risk for bedsharing for bottle fed infants where there are no additional risks e.g. smoking, drugs and alcohol being used?

Whilst there is no evidence to say that bedsharing for bottle fed infants in the absence of other risk factors is hazardous, some of the potential benefits (i.e. the benefits from breastfeeding) are not present either. It is certainly not justified to tell such mothers not to bedshare, but to be honest about the potential risk/benefit balance.

When bed sharing what bed coverings are best to be used?

As I mentioned, the use of a baby sleeping bag for the baby, and ensuring the baby is away from adult bedding - particularly duvets and pillows – is probably the best arrangement.

Do you know if there is any evidence in relations to SIDS and damp, mouldy bedrooms?

Damp mouldy environments are associated with an increased risk of respiratory infections, which are themselves associated with an increased risk of unexpected infant death, but I know of no evidence of a direct link. The presence of damp and mould are commonly markers of extreme financial and social deprivation, which is also directly associated with an increased risk of unexpected infant death.

Is there any specific data linked to cannabis use?

The problem with assessing the risk of cannabis use is that the great majority of cannabis users mix it with tobacco, so the effects may be related to the tobacco. In our most recent study, we found evidence of an increased risk with cannabis use, but because of the link with tobacco cannot say for certain whether there is a separate risk from cannabis. For safety first reasons I would err on the side of considering cannabis to have similar potential risks to tobacco.

Can babies nap in bouncers?

Baby bouncers (bouncy chairs with back support, not the upright bouncing devices commonly hung in doorways) all state in their instructions that babies should not be left in them unattended, so if parents are immediately by the baby, and the baby falls asleep in a bouncer there is no rush to take the baby out of the bouncer, but babies should not be left unattended for any length of time in a bouncer whether they are apparently awake or not.

Please can you direct to the research relating to safety of co sleeping after 3 months with premature or low birth weight babies

In our study of the risks to preterm infants ([Arch Dis Child 2006; ;91:101–106. doi: 10.1136/adc.2004.070391](#)) we found that the risks of adverse factors (smoking, alcohol, drugs) were much greater for preterm or low birth weight infants who bedshared than for term or normal birthweight infants. The risk from bedsharing without these risk factors was also slightly raised in preterm or low birth weight infants, but this effect was greatest in the first 3 months past the due date. Whilst we cannot say there is no risk from bedsharing for such infants, the risk is almost certainly much smaller after about 3 months past term than in younger infants. As always, it is important to involve and inform parents rather than preaching at them.

Is there a date for the new revised JAR protocol/guidance to be published?

The videos we are making relate to the current protocol. There is no fixed timing for the next version of the Kennedy protocol, but we hope the working group will be reconvened early next year. The updated JAR protocol that was issued for using during the COVID-19 pandemic, can be found on the NCMD website [here](#).

What would you suggest babies sleep in whilst in a childcare setting, we only have babies for 1 hour and use a nest.

I would strongly recommend against the use of baby nests in this setting, as the padded surrounds may increase the risk of the baby being too warm. There is no evidence of the safety of baby nests

and substantial anecdotal evidence that in certain circumstances they may be hazardous – especially for infants not used to them. I would strongly suggest you use a simple crib or Moses basket with a firm flat well-fitting mattress.

Is there any evidence that dads cosleeping with babies is as safe as with mothers cosleeping (when no risk factors present) - do fathers sleep cycle also reduce to 60 minutes?

Evidence published from direct recordings of dads bedsharing in the absence of mother is almost non-existent so the evidence is very limited, and I cannot make an evidence-based statement. The evidence of mothers changing their sleep cycle to 60 minutes in our sleep laboratory was obtained from breastfeeding mothers who routinely shared the bed with their baby and spent two nights each month sleeping in our lab. Given that this change is probably related to breastfeeding, I think it unlikely that dads would show such a profound physiological change.

Do you have any sources for parents around normal infant biological sleep do you think parents being aware of what normal baby sleep looks like would support compliance of following safe sleep guidance?

It would probably be helpful if parents stopped being told that having a baby who slept “*well*” – i.e. for a long uninterrupted period each night – is “*good*”. It is not! One of the main physiological risk factors to babies is not being able to arouse promptly when something is not right and sleeping more deeply and for longer does not imply more effective arousal.

Is being cold as dangerous as being too hot?

Being cold at night for babies is extremely dangerous – much more so than becoming too warm. In modern, centrally heated homes bedrooms are seldom too cold, though in the current state of the cost of heating it is highly likely that some babies may come to harm from being too cold. It is very important to ensure that the rooms in which babies sleep are not cold, and that the babies are adequately wrapped for the environmental temperature. Parents need to check the baby’s chest or tummy to be sure they are warm enough.