



## ‘It was easier to bring him into our bed to sleep’

### Part 2: Safer shared sleep with infants: Multiple SUDI risks identified

Casey, aged 15 years, first attended her local hospital antenatal clinic at 20 weeks gestation. She lives with baby’s father, Jason (16 years), her mother, brother, cousin and mother’s partner. Casey has been known to Child Safety for six years with notifications for family violence at home and variable school attendance. She says she quit smoking cigarettes when she found out she was pregnant 16 weeks gestation but continues to use marijuana. Casey was referred to a Midwifery Group Practice for continuity of care during her pregnancy. Her midwife, Jo, began discussing infant care and sleep practices at Casey’s second antenatal visit and continued to review these topics as Casey’s pregnancy progressed.

Callum was born at 36 weeks and was small for gestational age, weighing 2295g. He was admitted to Special Care Nursery on Day 2 with jaundice, was slow to establish breastfeeding, and went home on day 6. Jo scheduled a home visit the day after Callum’s discharge but no one was home when she arrived. Jo arranged another home visit when Callum was 8 days old.

Jo noted these SUDI risk factors in her assessment:

- Small for gestational age and preterm
- Tobacco and marijuana use in pregnancy
- Both parents young
- Household members smoke tobacco
- Both parents use alcohol and marijuana regularly

**Go beyond information giving. Consider infant vulnerabilities, and caregivers’ experiences, circumstances and perspectives**

Jason shared that Callum goes to sleep easily early in the evening, but he can be harder to settle after his night feed. Jason usually gives Callum his bottle when he wakes as he is often up gaming anyway and he tries to use the bassinet like they discussed before Callum was born. Jo suggests that they could show her how they try to settle Callum and where he sleeps, to see if she can offer some strategies to help.

Casey shows Jo the bedroom which has a double mattress on the floor with a doona and multiple pillows. Jo sees a bassinet filled with baby clothes and toys. Jo continues the conversation about how things can be unpredictable with a new baby and sometimes what parents plan to do may not happen when baby is unsettled and parents are tired. During the conversation about settling, Casey shares that Callum is sleeping between herself and Jason on the mattress most nights.

**View the sleep space, discuss environmental risk factors parents can influence**

Jo talks about always placing baby Callum on his back on a firm, flat, horizontal surface with a clear space around his face and head. Jason asks about tummy sleeping as he was a tummy sleeper as a baby. Jo explains how arousal and swallowing work to protect baby’s airway, and that arousal mechanisms work best in the supine position. She also uses illustrations of a baby’s airway anatomy to show them how placing their baby on his back to sleep is protective against regurgitating or choking.

Jo explains how some babies may need more help than others to protect their airway, for example:

- Young, small babies have poor neck and head control
- Exposure to cigarette smoke reduces baby’s ability to arouse and protect their airway
- When alcohol, drugs or medications make parents sleep more deeply and be less aware of a small baby near them

Jo explains that keeping Callum’s face and head clear to protect his airway was one of the most important strategies they could use to protect him as he slept. She shares the simple message

### Easier to breathe - Safer to Sleep

Together, they come up with a plan that if either parent used substances before bed the other parent would be responsible for Callum and would place him in the bassinet for the night-time sleeps. If Callum was brought into bed and there was the chance the adults fell asleep, Jo advises them to:

- Position Callum next to one parent only (not between) on a firm, flat and level surface
- Create a clear space around Callum, by positioning him at Casey’s chest height with bedding and pillows removed
- Dress Callum so he does not need to share adult bedding
- Not wrap Callum if sharing a sleep surface as this limits his ability to move in situations that may compromise his airway

Jo mentions that the Pēpi-Pod® Program was specifically designed for babies like Callum who need some extra support in keeping airways clear during the early months of life. The low-sided Pēpi-Pod® was designed for use on a shared sleep surface and may be easier to use than a bassinet. Callum’s family had already been identified as a priority family for continuity of care and Casey had met the child health nurse, Sandra, at an antenatal visit. Jo explains that she would like to contact Sandra so they can visit together in the next couple of days to introduce the family to the Pēpi-Pod® Program.



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**Also see: Part 1 SUDI risk identified as low**  
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1. Queensland Clinical Guidelines. Safer infant sleeping. Guideline No. MN22-71- V1- R27. Queensland Health. 2022. Available from: <http://www.health.qld.gov.au/qc>