

Making every contact count – prevention of sudden unexpected death in infancy through opportunistic safe sleep discussions – time for a culture change?

Nicola Conquest

Paediatrics ST2, Norfolk and Norwich University Hospital

Barbie Watling

Paediatrics consultant, Norfolk and Norwich University Hospital and Norwich Community Hospital



What did we do?

- A retrospective review of electronic records for attendances of infants under six months to our paediatric assessment unit over a two-week period.
- Data collected: number of admissions, age, **documented discussions around sleep practices**.
- The audit cycle was repeated following an awareness campaign across the department.

Why did we do it?

- A cluster of sudden unexpected death in infancy (SUDI) cases linked to unsafe sleep locally prompted review of safe sleep awareness across services.
- Unsafe sleep practices are associated with an increased risk of SUDI and are considered a modifiable factor in its prevention.
- As part of the 'Making Every Contact Count' ethos, clinicians are advised to discuss safe sleep at every contact with infants¹.
- We explored how consistent safe sleep discussions were in our acute admissions.

Are we talking about safe sleep?

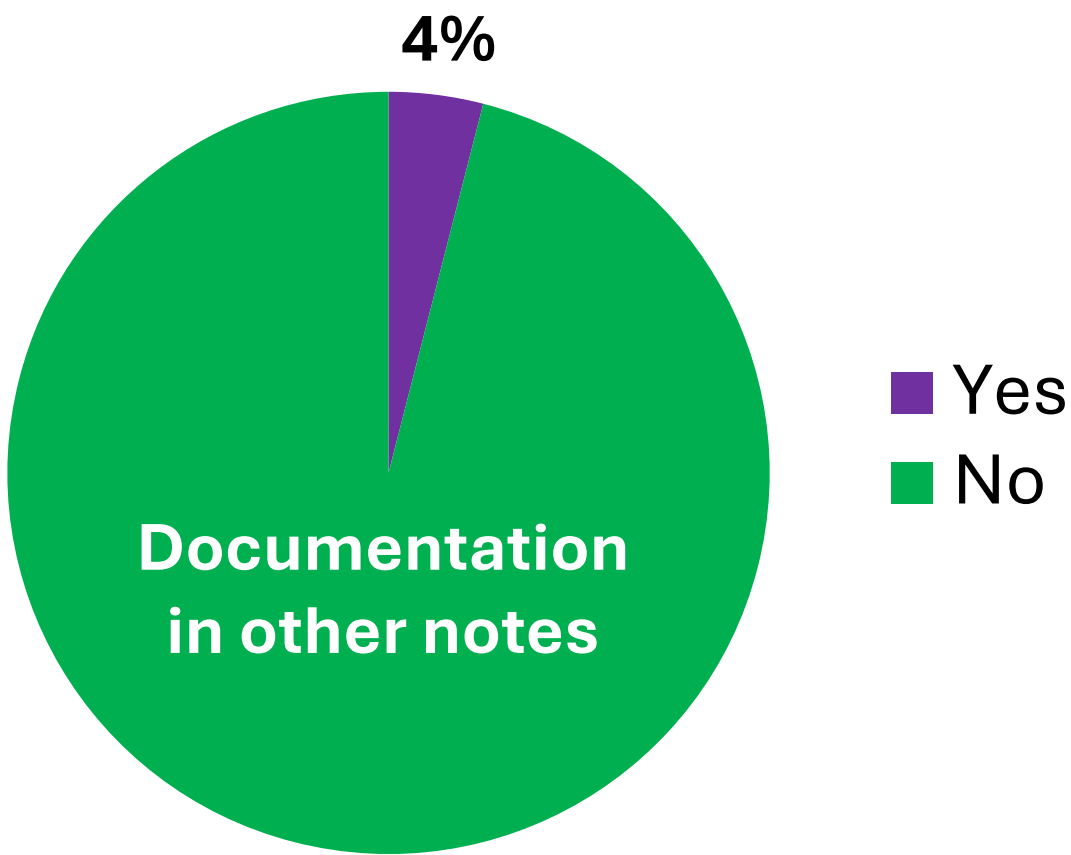
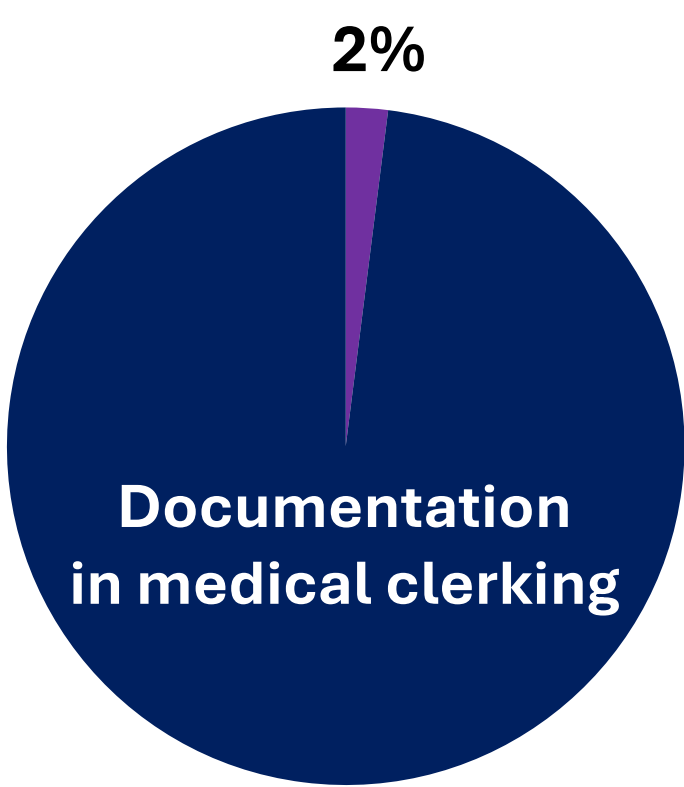
Results for first audit:

68 patients



Results for re-audit:

56 patients



... probably not.

What can we learn from this? **Make safe sleep discussions part of routine history taking**

This highlights that cultural shifts are gradual – there is a need for consistent awareness, visual reminders for parents and staff, and opportunistic teaching for all professionals working with infants. Anecdotally staff reported more safe sleep discussions, however this was minimally reflected in documentation.

More work is needed to understand barriers to discussions. However, the NHS stance on safer bed sharing was updated in 2022 – this may ease the conversation between clinicians and families².

Key safe sleep messages³:



sleep baby on their back



in a cot or Moses basket



on a firm, flat, waterproof mattress



keep baby away from smoke



never co-sleep with baby on a sofa or armchair

References

[1] Making Every Contact Count (MECC): Consensus statement, Public Health England, NHS England and Health Education England, April 2016

[2] National Institute of Health and Care Excellence (NICE), Postnatal care – Quality standard [QS37], September 2022

[3] Portsmouth and District Safeguarding Children Partnership. Safer sleeping guidance for parents & carers [Internet]. 2024 [cited Feb 2025]. Available from: <https://pdscp.co.uk/safer-sleeping-guidance-for-parents-carers/>. Originally adapted from The Lullaby Trust (lullabytrust.org.uk).

