

# Time to get back to sleep

Information for professionals on reducing the risk of  
cot death for premature babies



**FSID helpline**  
**020 7233 2090**  
for families and professionals

# Campaign to reduce the heightened risk of cot death amongst premature babies

Premature and low birth weight babies are almost four times more likely to be victims of Sudden Infant Death Syndrome (SIDS), commonly known as cot death, than babies with a normal birth weight born at term. The risk increases enormously if infants are slept on the front (prone) or on the side.<sup>1</sup> If prematurely born babies are slept on the front they have more central apnoeas and fewer spontaneous arousals.<sup>2</sup> This may contribute to their increased risk of SIDS in the prone position.

Prematurely born infants should be slept on the back - not the front or side - for one to two weeks prior to discharge. Parents tend to follow the practices of the neonatal intensive care unit in terms of positioning their baby so it is important to establish back sleeping a couple of weeks before the baby leaves the unit so parents see the message reinforced repeatedly over time. However a research survey<sup>3</sup> shows:

- only 38% of units surveyed positively discouraged front sleeping at discharge although it is really important to discourage front and side sleeping at home otherwise parents don't realise it is wrong.
- 17% of units surveyed recommended side sleeping as an alternative to back sleeping.

## ACTION POINTS

- Alert parents when you start to sleep the baby on the back.
- Give parents the FSID advice card "Time to get back to sleep".
- On discharge, remind parents how important it is that their baby sleeps on the back - not the front or side - to reduce the risk of cot death.

**Further copies of the 'Time to get back to sleep' advice card are available to download from FSID's website: [www.fsid.org.uk](http://www.fsid.org.uk)**

For premature babies the risk of side sleeping is not that much lower than front sleeping and should also be actively discouraged.<sup>4</sup>

Extremely premature babies, during their convalescent period (in the SCBU) while learning to establish feeding, should be nursed on the back. This period should be used to encourage parents to sleep their baby on the back and to educate parents about reducing the risk of cot death.

Being chronically oxygen-dependent is not a contra-indication for back sleeping but babies may need more oxygen on their back than on their front.<sup>5</sup>

Babies with upper airway problems may however benefit from being slept prone. If an infant is asymptomatic (shows no symptoms), back sleeping does not increase apnoeas related to gastro-oesophageal reflux.

### Community professionals

When you visit babies receiving oxygen at home please reinforce to parents that babies should be slept on the back even though they may need more oxygen. You will need to reassure parents that it's still better for babies to be on their back with more oxygen than on their front with no or less oxygen.

All professionals seeing babies after discharge should specifically ask how parents are sleeping baby and actively discourage front and side sleeping.

1 Blair PS et al (2006) Arch Dis Child 91: 101-106.

2 Bhat RY, Hannam S, Pressler S, Rafferty GF, Peacock JL, Greenough A (2006) Effect of prone and supine position on sleep, apnoeas and arousal in preterm infants. Pediatrics 118: 101-107.

3 Harish Rao, Caroline May, Simon Hannam, Gerrard F Rafferty, Anne Greenough, Survey of sleeping position recommendations for prematurely born infants on neonatal intensive care unit discharge. Eur J Pediatrics (2007) 166:809-811.

4 Oyen N, Markestad T, Skaerven R, Irgens LM, Helweg-Larsen K, Alm B, Norvenius G, Wennergren G (1997) Combined effects of sleeping position and prenatal risk factors in sudden infant deaths syndrome: the Nordic Epidemiological SIDS study. Pediatrics 100 (4): 613-621.

5 Leipala J, Bhat RY, Rafferty GF, Hannam, Greenough A (2003) Effect of posture on respiratory function and drive in preterm infants prior to discharge. Pediatr Pulmonol 36 (4): 295-300.

### FREQUENTLY ASKED QUESTIONS

Be prepared to answer parents' questions. Here are some examples:

Q Isn't my baby more likely to vomit and aspirate if sleeping on the back?

*A No, they're not.*

Q Won't my baby get a misshapen / flat head?

*A Your baby should have plenty of time on the tummy when awake but he should always sleep on the back.*

Q My baby keeps rolling onto his front. What should I do?

*A If your baby is less than six months old and you find him sleeping on his tummy, gently turn him onto his back. Don't feel you need to keep getting up all night to check on this. Whatever your baby's age, always place him to sleep on his back.*

**Don't forget to give parents a copy of the "Time to get Back to Sleep" advice card.**





**Giving babies the  
chance of a lifetime**

## **The Foundation for the Study of Infant Deaths**

Artillery House, 11-19 Artillery Row,

London SW1P 1RT

Helpline: 020 7233 2090

Tel: 020 7222 8001

Email: [office@fsid.org.uk](mailto:office@fsid.org.uk)

Reg charity no: 262191

[www.fsid.org.uk](http://www.fsid.org.uk)



for babies born too soon,  
too small, too sick

**FSID and Bliss working together to reduce the heightened  
risk of cot death amongst premature babies.**

### **BLISS**

9 Holyrood Street, London SE1 2EL

Tel: 020 7378 1122 Helpline: 0500 618140 Email: [enquiries@bliss.org.uk](mailto:enquiries@bliss.org.uk)

[www.bliss.org.uk](http://www.bliss.org.uk) Reg charity number 1002973