

### Sleep surface

In 12 of the 39 cases of unexplained SUDI, the infants were sleeping in cots, cradles or bassinets (30.8%), including 4 infants sleeping in porta-cots. Twenty-one died on adult beds (53.8%).<sup>73</sup> Sixteen of the 21 infants who died while sleeping on an adult bed were sharing the surface at the time of death (76.2%).

### Infant sleep position

Table 8.6 shows the position of infants whose deaths were classified as unexplained SUDI when placed for sleep and when found.

**Table 8.6: Unexplained SUDI by sleep position and position when found**

Sleep position	SIDS <i>n</i>	Undetermined <i>n</i>	Cause of death pending <i>n</i>	Total <i>n</i>
<b>Position when placed to sleep</b>				
Back	14	2	7	23
Stomach	5	0	1	6
Side	4	0	1	5
Unknown	0	2	1	3
Other	1	0	1	2
<b>Total</b>	<b>24</b>	<b>4</b>	<b>11</b>	<b>39</b>
<b>Position when found</b>				
Stomach	10	0	7	17
Back	11	2	2	15
Side	2	0	1	3
Unknown	0	2	1	3
Other	1	0	0	1
<b>Total</b>	<b>24</b>	<b>4</b>	<b>11</b>	<b>39</b>

Data source: Queensland Child Death Register (2008–09)

Fifty-nine percent of infants were placed for sleep on their backs, and 28.2% on their sides or stomachs.

It is now widely accepted that there is a causal association between stomach-down (prone) sleeping position and SIDS. Evidence has also emerged about the risk of side sleeping due to the instability of the position – infants are more likely to roll onto their stomach from a side sleep position than if sleeping on their back. Prevention campaigns such as the ‘Reducing the Risks’ campaign in Australia have seen a large decrease in the proportion of infants slept on their stomachs and sides.

### Shared sleeping

Nineteen of the 39 infants whose deaths were classified as unexplained SUDI were sharing a sleep surface with 1 or more people at the time of death (12 SIDS, 3 undetermined, 4 pending) (48.7%). Of these 19 infants:

- 6 were sharing a sleep surface with 1 parent
- 3 were sharing with both parents
- 4 were sleeping with other relatives such as a grandparent or aunt
- 2 were sharing a sleep surface with 1 or more siblings, and
- 4 were sleeping with 1 or both parents, as well as 1 or more siblings.

Evidence of habitual smoking was found in 15 of the 19 homes in which shared sleeping was reported (78.9%). Drug or alcohol use was also noted in 8 of the homes where shared sleeping was reported (42.1%). Seven of the 19 households had evidence of both smoking and drug/alcohol use (36.8%).

Ten of the 19 infants who were sharing a sleep surface were currently being breastfed (52.6%). Evidence of habitual smoking was found in 6 of these infants’ homes.

Queensland studies have found that around 45% of infants share a bed with a parent or siblings, with shared sleeping reported to be significantly more common among Indigenous families. Shared sleeping has been reported to have several benefits, including less crying, more maternal and infant sleep and increased milk supply (because of the increased frequency of night-time breastfeeding).

Sharing a sleep surface with a baby increases the risk of SIDS and fatal sleep accidents in some circumstances. Most studies have found that there is an increased risk of SIDS only when mothers who smoke share a bed with their infant, although such findings are insufficient to enable complete reassurance that bed sharing is safe for non-smokers. Risks are also associated with shared sleeping if infants are sharing a sleep surface with a caregiver who is under the influence of alcohol or drugs that cause sedation or if the caregiver is excessively tired.

<sup>73</sup> Deaths that occur on beds that are folded out from a couch (sofa beds) or on a mattress on the floor are categorised as occurring on adult beds.