Consensus Statement:

Prevention of SUDI through safe infant sleep practices

Approved, awaiting ratification

New Zealand College of Midwives
Te Kāreti o ngā Kaiwhakawhānau ki Aotearoa

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Tauākī | Statement

The New Zealand College of Midwives | Te Kāreti o Ngā Kaiwhakawhānau ki Aotearoa (the College) supports consistent, evidence-based and culturally responsive approaches to preventing Sudden Unexpected Death in Infancy (SUDI). The aim is to support the safest possible sleep for every infant, in every setting, at every sleep.

Midwives have a key role in providing consistent, evidence-based information for mothers, partners and whānau about safe infant sleep and the risks for SUDI. Safe infant sleep is a collective responsibility across families, whānau, communities, and health and social services. Trusted healthcare relationships with midwives support whānau engagement with safe sleep messaging (Garstang et al., 2021).

Sudden unexpected death is a risk to infants until they are about 12 months old, and some infants are more vulnerable than others.

SUDI continues to be a major contributor to infant mortality in Aotearoa, and the highest risk period is the first four months of life (Health Quality & Safety Commission, 2026).

Te Reo | Language

College statements use words from te reo Māori to acknowledge and respect the Indigenous language of Aotearoa New Zealand.

Honouring Te Tiriti o Waitangi

me Kura Mokopuna: Mā te tamaiti te iho

Midwifery practice in Aotearoa is guided by the cultural competencies of Tūranga Kaupapa (Ngā Māia Trust, 2024). Tūranga Kaupapa honours a Tiriti-based partnership and is

foundational in providing care to whānau Māori. Midwives work in ways that uphold the mana of all whānau, recognising the role of cultural identity, values and belief systems in shaping health experiences (New Zealand College of Midwives, 2025). Midwives are required to reflect on their own practice and to engage in ongoing education that strengthens cultural safety (New Zealand College of Midwives, 2025).

Te ao Māori approaches to SUDI prevention emphasise protecting the breathing spaces and places surrounding mokopuna, acknowledging that safety is shaped by broader determinants of health as much as by sleep environments. Mokopuna are precious taonga who hold immeasurable potential, which they must be able to realise. Any mokopuna tragically lost to SUDI is unacceptable. Māori-led initiatives highlight that safe sleep is not simply a set of rules but part of nurturing relationships, wairua, belonging, and everyday whānau realities. Wahakura, which are rooted in mātauranga Māori and weaving traditions, support infants sleeping in close proximity with their whānau, while reducing hazards (Hāpai te Hauora, 2019).

When we lose a child, we lose whakapapa, and with the loss of a child comes the lost opportunity to nurture, grow and create.

Hāpai Te Hauora's refreshed *Foundations for Safe Sleep* framework focuses on protecting mokopuna. Co-designed with whānau across multiple regions, the framework blends mātauranga Māori with evidence-based practice to provide practical, non-judgemental guidance grounded in whānau experience. This harm reduction approach centres connection, shared responsibility, breastfeeding, smokefree environments, and the role of the wider whānau in protecting mokopuna. Such approaches respond to whānau who have reported that traditional messaging can feel disconnected, clinical or misaligned with their lived realities. Honouring Te Tiriti in safe sleep practice requires midwives working with whānau Māori to:

- uphold tino rangatiratanga by supporting whānau to make informed decisions grounded in their cultural values.
- recognise Māori as a priority population in SUDI prevention.
- ensure equitable access to culturally meaningful safe sleep resources, including wahakura and Pēpi-Pods®.
- provide safe sleep guidance that is evidence- and strengths-based, non-judgemental, and relational.
- recognise that being well informed about safe infant sleep begins well before birth, through engagement, connection and shared responsibility between parents, whānau and midwives.
- take a holistic view of safe sleep discussions and be familiar with their community networks to ensure they can can offer whānau the opportunity to connect with appropriate support.
- promote and encourage engagement with hapū wānanga and wahakura wānanga.

These principles reinforce the obligations of midwives to provide care that upholds mana, protects whakapapa, and supports Māori-led SUDI prevention efforts, aligning with Te Tiriti commitments and cultural safety standards (Hāpai te Hauora, 2019; New Zealand College of Midwives, 2025; Ngā Māia Trust, 2024).

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Pacific families

Pacific infants experience a disproportionate burden of SUDI in Aotearoa New Zealand. Responding to this inequity requires more than repeating general safe sleep messages. SUDI prevention approaches must recognise the diversity of Pacific languages, and adopt culturally respectful approaches to SUDI prevention (Langridge et al., 2024). Pacific research identifies the need to address structural barriers (including access to affordable housing), and the need for affordable and appropriate infant sleep spaces (Tipene-Leach & Fidow, 2022) Information should be accessible in preferred languages, with connections to Pacific providers and community-led support where available. Pacific-led, family-centred approaches should be supported in the planning, delivery and evaluation of SUDI prevention initiatives (Tipene-Leach & Fidow, 2022).

Midwives should work with Pacific women and families to understand their infant sleep practices, identify existing strengths and practical barriers, provide information in preferred languages, and develop realistic safe sleep plans. With the woman's agreement, conversations should include partners, grandparents and other people involved in caring for the infant.

The focus of SUDI prevention for Pacific babies should be on addressing inequitable circumstances, reducing exposure to recognised hazards, and strengthening the resources and support available to families.

Ngā Aratohu | Guidance for Practice

- In the presence of SUDI risk factors, bedsharing increases the risk of babies dying in their sleep.
- Begin safe sleep conversations during pregnancy and revisit them throughout maternity care.
- Smokefree and vapefree environments throughout pregnancy and after birth reduce infant vulnerability to SUDI.
- Encourage and support exclusive breastfeeding.
- Infants should be placed to sleep on their backs with head and face uncovered for every sleep, day and night.
- It is recommended that infants sleep in the same room as their parents or caregiver for at least their first six months of life.
- Infant mattresses should be firm, and loose blankets, pillows and toys should be removed from all sleep spaces.
- A sleeveless, appropriately sized and tog (warmth rating) sleep sack made of natural fibres can be used with the infant wearing a layer of clothing under the sack (Glover Williams & Finlay, 2019).
- Protect pēpi from overheating during sleep. Remove hats for sleep times. The recommended room temperature is 16-20˚C.
- Assess parental tiredness, overnight feeding patterns and settling, infant irritability or illness, caregiving support, and where pēpi is likely to sleep when caregivers are exhausted. Caregivers should be advised that falling asleep with an infant on a sofa or armchair significantly increases SUDI risk.
- Routine screening for family violence enables identification of this important risk factor for SUDI and is therefore strongly recommended.

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- Midwives should ensure they are well-educated and familiar with current safe infant sleep guidance from Hāpai Te Hauora (www.sudinationalcoordination.co.nz).
- Recommend separate sleep spaces for twins, triplets, or higher-order multiples where any SUDI risk factor is present.
- Twins and multiples should not be co-bedded in a Moses basket, wahakura, bassinette, or Pēpi-Pod® as these devices are too small to be safe for more than one baby (Damato, 2016).
- If co-bedding is chosen for twins/triplets, a safe cot with sufficient space, a firm flat mattress, and no loose bedding, clothing, or pillows is recommended, with each baby placed on their back in a feet-to-foot of bed position.

Explore the actual sleeping setup in every home, taking into account infant maturity, birth weight, multiple births, feeding mode, caregiver exhaustion, smoking, vaping, substance or sedating medication exposure, and the family/whānau situation.



(Hāpai Te Hauora, n.d.)

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Breastfeeding

Breastfeeding is recognised as a protective factor against SUDI in New Zealand safe-sleep guidance (Tipene-Leach & Fidow, 2022). International evidence similarly indicates that breastfeeding is associated with a substantially lower risk of SUDI. An evidence review estimated that any breastfeeding was associated with a 36% reduction in the odds of SUDI, with breastfeeding for at least two months associated with approximately half the risk (Hauck et al., 2011). Bedsharing is associated with more frequent night feeds and longer breastfeeding duration (Ball et al., 2016; Bovbjerg et al., 2018; Huang et al., 2013), although this association should be considered alongside safe-sleep guidance and individual SUDI risk factors (Bartick et al., 2022; Blair et al., 2014; Wolf et al., 2025). The mechanisms are likely multifactorial and are not fully established, but may include protection against infection, effects on infant autonomic function and airway patency, and greater arousability from sleep among breastfed infants (Horne, 2006; Moon et al., 2022).

Useful resources for midwives

- Hāpai Te Hauora provide The 'Four Foundations for Safe Sleep'. These include safe sleeping spaces, sleeping position, safe environment, and whānau protection. This information should be provided to all whānau in Aotearoa. **https://sudinationalcoordination.co.nz/**
- La Leche League's Safe Sleep Seven (La Leche League, 2018) clearly explains seven essential criteria for safe bedsharing. These are that both mother and infant are on a safe surface with all potential hazards removed; the mother is a non-smoker, sober and unimpaired; breastfeeding; and the infant is healthy and full-term, on their back and lightly dressed. **https://llli.org/news/the-safe-sleep-seven/**
- The Baby Sleep Info Source videos (BASIS, 2025.) illustrate safe positions used for breastfeeding in bed and clearly highlight risk factors. **https://www.basisonline.org.uk/**
- Multiples NZ provide extensive safe sleeping advice for parents of multiples. **https://multiples.org.nz/sleep/**

Whakamārama | Background

SUDI can be defined as the death of an infant from birth to 12 months of age that is sudden, unexpected and would not have been anticipated to occur 24 hours previously, and in an infant with no known pre-existing medical cause for the death (Fitzgerald et al., 2022).

SUDI is classified into explained SUDI and unexplained SUDI. Explained SUDI indicates that a cause of death has been identified later and unexplained SUDI is a death for which no cause has been determined.

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Recognised risk factors for SUDI

- Maternal smoking or vaping during pregnancy
- Complex social circumstances (including low quality housing, substance use, family violence, financial constraints)
- Preterm birth
- Low birthweight
- Not being breastfed
- Unsafe sleep environments, including sleeping on chairs or sofas or in spaces with loose bedding, pillows, cords or toys
- Bedsharing in the presence of risk factors
- Caregiver alcohol or drug use while caring for an infant
- Parental exhaustion or infant illness leading to unintentional bedsharing

SUDI disproportionately affects Māori and Pacific infants. Prevention must address inequitable access to safe housing, appropriate infant sleep spaces and effective support, while strengthening Māori- and Pacific-led responses. Ethnic identity should not be presented as a sleep hazard.

Smoking

An analysis of coronial SUDI Liaison Reports from September 2018 to June 2020 found that maternal smoking in pregnancy was commonly reported and present in 70% of cases (45 out of 64 cases; Ministry of Health, 2022), and families who lost infants through SUDI were often living with multiple challenges, including considerable financial insecurity (just over half the cases reviewed). About half the families in the cases reviewed had no or extremely limited financial resources and crowded housing, and 44 infants (69%) who died of SUDI were placed to sleep in an unprotected, potentially dangerous location (adult bed or mattress, couch or armchair). There is a higher rate of SUDI in areas of greater social and economic deprivation. Māori, Pacific, and preterm infants are overrepresented amongst SUDI cases (Health Quality & Safety Commission, 2026).

Vaping

Evidence on vaping in pregnancy and SUDI is emerging. Prenatal vaping has been associated with preterm birth, low birthweight, and small-for-gestational-age birth (Mitchell et al., 2026a). In a New Zealand case series of 101 SUDI deaths in 2022–2023 (Mitchell et al., 2026b), 30.3% of mothers had vaped during pregnancy, while maternal smoking and/or vaping was reported in 72.7% of cases. Among the 66 cases with detailed data, maternal smoking and/or vaping was reported in 84.8% of deaths occurring during direct bedsharing, compared with 45.0% of deaths not involving bedsharing (p = .001); maternal vaping during pregnancy and/or after birth was reported in 50% and 20% of these groups, respectively (p = .003). Although this case series cannot establish vaping as an independent cause of SUDI, the clustering of nicotine exposure and direct bedsharing is concerning and supports advice to avoid vaping and other non-therapeutic nicotine exposure in pregnancy (Mitchell et al., 2026b).

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Bedsharing

Bed sharing (sometimes referred to as 'co-sleeping' or 'shared sleeping') is also associated with increased SUDI risk, although risk-minimisation approaches should be discussed and considered in the context of individual circumstances. Safe infant sleep guidance varies internationally in its approach to bedsharing. Broadly, guidance adopts either a risk-elimination or risk-minimisation approach. Risk-elimination guidance advises against bedsharing in all circumstances, whereas risk-minimisation guidance acknowledges that bedsharing may occur in low-risk circumstances and supports informed choice with clear, practical strategies to reduce risk during both planned and unplanned bedsharing (Kruse et al., 2025).

Bedsharing may be planned or unplanned, and safe-sleep advice needs to acknowledge the cultural, practical and feeding-related circumstances in which it occurs (Grubb et al., 2025). The Wāhi Kōrero Project found that judgement, shame and a sense of surveillance in Well Child Tamariki Ora encounters could undermine mana-enhancing relationships, discourage disclosure of parenting practices and, for some whānau, lead to disengagement from services (Wāhi Kōrero Project, 2021). Advice that does not recognise the realities of breastfeeding and infant care may similarly erode trust in current and future healthcare relationships.

A consistent, non-judgemental and individualised approach enables open discussion of infant sleep practices, and creates opportunities to provide clear information about risk. Risk-minimisation approaches do not present bedsharing as risk-free; rather, they acknowledge that it occurs and support informed decision-making by identifying circumstances in which risk is increased and practical ways to reduce it (Kruse et al., 2025). This is particularly important for whānau whose circumstances create additional challenges in establishing a safe sleep environment. Effective SUDI-prevention interventions should be culturally responsive, relationship-based, and attentive to whānau values, experiences and material circumstances (MacFarlane et al., 2021; Pease et al., 2025).

Portable infant sleep spaces, including Pēpi-Pods® and wahakura, can provide a separate sleep surface close to the caregiver and may be particularly important where direct bedsharing is likely or where SUDI risk factors are present (Change for our Children, 2026; Hāpai te Hauora, 2019; White, 2022). Clear guidance should identify hazardous sleep environments that must be avoided (Moon et al., 2022), including direct bedsharing where there is parental smoking or vaping, alcohol or drug use, or where an infant is preterm or low birthweight (Blair et al., 2014; Pease et al., 2025). Other practices that need discussion include avoidance of siblings in the bed space with an infant, never placing an infant in a bed with a sleeping adult who is unaware of the presence of the infant, and promotion of a separate sleep surface for infants who are bottle-fed using either formula or breastmilk (McKenna, n.d.).

Parental tiredness and unplanned sleep

Parental or caregiver tiredness can contribute to unsafe infant sleep situations, particularly unplanned bedsharing or falling asleep while feeding baby, providing skin-to-skin contact, or holding an infant on a sofa or armchair. Tiredness commonly occurs alongside an unsettled or unwell infant, frequent overnight feeding, limited caregiving support, crowded or unsuitable housing, and other social stressors.

The New Zealand review of coronial SUDI Liaison Reports for 2018-2020 identified extreme maternal or paternal tiredness as the most prominent theme in its qualitative analysis (Ministry of Health, 2022). In 29 of 64 cases, exhaustion was described as contributing to direct bedsharing or falling asleep with the infant during breastfeeding, skin-to-skin contact, or while holding the infant. The review also found that many parents understood and could recall safe-sleep information, indicating that information alone may not be sufficient when families are exhausted or managing an unwell or unsettled infant.

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It is important, therefore, to anticipate parental tiredness, normalise discussion of it, and work with pregnant women and their whānau before birth and after birth to develop realistic, individualised plans for overnight feeding, settling and sleep. This includes identifying who can provide practical support; avoiding feeding or settling pēpi on a sofa or armchair when tired; and ensuring a clear, firm, separate infant sleep space is immediately available beside the caregiver's bed. Where bedsharing is likely or may occur unintentionally, conversations should be non-judgemental and include clear discussion of circumstances in which bedsharing is particularly hazardous, including smoking or vaping exposure, alcohol or other impairing drugs or medicines, prematurity, low birthweight, or an infant who is unwell.

Social complexity and family violence

SUDI risk is often compounded by complex social circumstances, including unstable or cold and damp housing, financial barriers to safe sleep equipment and bedding, caregiver substance use, bed overcrowding, and inconsistent engagement with support services. A New Zealand case-control study examined reported exposure to family violence in 132 SUDI cases and 258 controls (Elder et al., 2025). Family violence data were available for 58 cases and 248 controls; reported lifetime family violence exposure was 60.3% among cases versus 29.4% among controls. In the adjusted analysis, a history of family violence was associated with higher odds of SUDI (*OR* = 2.57, 95% CI [1.14, 5.81]), reinforcing the importance of routine screening for family violence exposure during perinatal and postnatal care.

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Whakamana | Ratification

This statement (uploaded November 2026) will be ratified at the College's AGM in 2027. This statement replaces the previous version, Safe Sleeping for Baby ratified 2010.

Arotake | Review - 2031

The purpose of the College's Guidance Statements is to provide midwives, women and their whānau and maternity services with the profession's position on any given situation and to provide guidance for practice. These guidelines are designed to educate and support best practices and are regularly reviewed and updated in line with evidence-based practice.

Please note: Statements may be updated within the review period. We recommend midwives refer to the College website for the most up-to-date versions. https://www.midwife.org.nz/midwives/professional-practice/guidance-for-practice/

Tūtohu | Suggested Citation

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