

What you need to know

How babies work

Babies need oxygen to grow and stay alive. Babies have a built-in monitor to prompt them to breathe. A healthy wake-up response protects a baby when oxygen levels fall. It makes sure they keep breathing. This wake-up response can fail for more vulnerable babies.

What makes babies vulnerable

All babies are vulnerable to some extent. They do not function like adults. They only breathe through their noses, they have a heavy head, a loose jaw, a short neck and a large tongue making it easier for them to block their own airway.

Internal vulnerability

Some babies have weaker "wake-up" responses than others, for example, babies that are:

- exposed to smoking in pregnancy
- born prematurely
- not breastfed
- low birthweight
- not handled gently



External Vulnerability

The sleeping environment can also increase a baby's vulnerability, for example, on a couch, with pillows, loose bedding, or others in the same bed.

The position of the sleeping baby can increase their vulnerability. The "wake-up" response is weakened for a baby not sleeping 'face-up'.

Hazards and vulnerability change with development

How babies can suffocate

There are four ways that can slow or block the flow of oxygen through the airways (through the tubes):

- Covered face
- 2. Pinched nose
- Chin to chest position (or a piece of food, or other object causing a blockage)
- 4. Pressure on, or against, the chest

Tubes: A plastic tube can be used as a tool to explain how oxygen has to get **through the tubes** in order to avoid accidental suffocation.





Triple Risk

The combination of unfavourable conditions in pregnancy, and in the sleep environment, plus being less than 6 months old is a dangerous one.

How we can protect babies

A positive response to the triple risk is for babies to grow with plenty of oxygen during pregnancy (smokefree) plenty of oxygen when they sleep (face clear) and positioned flat and on their backs for sleep, through the critical first months.