Red Nose's Response to the Findings and Recommendations of the Northern Territory Coroner's Inquest into the Deaths of Baby B, Baby K and Baby S [2026]

Red Nose welcomes the findings and recommendations of Coroner Elisabeth Armitage regarding the tragic deaths of Baby B, Baby K and Baby S.

We acknowledge the profound loss experienced by the families and communities affected and recognise the Coroner's emphasis on preventing future infant deaths through culturally responsive approaches, practical support for families, and strengthened partnerships with Aboriginal communities.

Red Nose supports the Coroner's recognition that infant sleep safety must be considered within the broader context of housing insecurity, overcrowding, access to resources, family vulnerability and cultural practices. Preventing sleep-related infant deaths requires the translation of evidence-based safe sleep guidance into meaningful engagement and wrap-around support with the families and communities most affected by these tragedies.

Red Nose acknowledges that holistic, wrap-around care is what best supports Aboriginal families. We know that Aboriginal families in rural and remote areas have significant access barriers to appropriate health education, health services, adequate housing, and access to safe baby equipment. The approach needs to be collaborative and led by community to provide effective support and community education.

Commitment to Evidence-Based Safe Sleep Education

Red Nose remains committed to promoting evidence-based safe sleep recommendations that are informed by the latest national and international research. We attach our 'Sharing a Sleep Surface with Baby' Information Statement. This publication is Red Nose's National Scientific Advisory Group's (NSAG) current evidence-based recommendations regarding bedsharing/co-sleeping.

We note that the Coroner's findings reaffirm the importance of health services maintaining practices consistent with established safe sleep recommendations and ensuring families receive clear, consistent information.

At the same time, we acknowledge the Coroner's observation that traditional approaches to health education don't always meet the needs of Aboriginal and Torres Strait Islander families, particularly in remote and regional communities. Red Nose supports efforts to ensure safe sleep education is culturally appropriate, community-led and responsive to local circumstances.

Current Research to Inform Responsive Safe Sleep Messaging

Red Nose is committed to research that improves our understanding of the circumstances surrounding sleep-related infant deaths and to ensure safe sleep messages are responsive to the needs of families.

In partnership with the University of Newcastle, Red Nose is undertaking a retrospective study (from 14:38 in video) of national coronial data and child death registries relating to sleep-related infant deaths over the past decade. This research will provide a deeper understanding of the environments and circumstances in which babies have died from SUDI,

including the complex interaction between sleep practices, family circumstances, socio-economic factors and access to safe sleep environments.

It is expected preliminary data from this study will be published late 2026. Although the study is ongoing, emerging findings indicate that unsafe sleep environments and co-sleeping are contributing factors in the majority of cases not only in the NT but nationally, and cases occurred across a diverse range of families, with and without high-risk factors (such as parental intoxication, parental smoking, and prematurity or low birth weight). With national death data indicating an increasing trend in SUDI, it is critical to better understand the factors contributing to this increase, including how families access, interpret and act on infant sleep information through social media and other sources.

Recognising that effective prevention requires more than identifying risk factors alone, qualitative research with families to better understand parental decision-making and experiences relating to infant sleep forms part of this retrospective study. Through focus groups, parents and caregivers will provide insights into the practical realities of caring for infants, the challenges associated with implementing safe sleep advice, and the ways in which health messages can be made more relevant and accessible. Where appropriate, focus groups will be conducted in partnership with local First Nations Advisory Groups to ensure the research is culturally informed and responsive to community priorities.

The findings from this work will inform the ongoing refinement of Red Nose educational materials and communication strategies. Importantly, we recognise the need for safe sleep messaging that is accessible, inclusive, empathetic, practical, culturally responsive and grounded in the lived experience of families.

The retrospective study responds directly to the Coroner's recommendations regarding community-informed education, harm reduction approaches and the importance of tailoring safe sleep messages to the realities faced by families in diverse settings.

Red Nose remains committed to supporting research and evaluation that strengthens the evidence base for culturally safe and effective infant death prevention strategies. We recognise that the needs of families differ across states and territory, as well as between metropolitan, regional and remote communities, and that prevention efforts must reflect these differences.

Existing Partnerships with Aboriginal Communities

Red Nose has been working alongside Aboriginal organisations and communities to improve the accessibility and relevance of safe sleep education.

A key example is the development of the *Yarning Safe Sleep with Mob* eLearning, created in partnership with our Aboriginal Midwife and Victorian Aboriginal Health and Maternity services. This resource is designed to support culturally safe conversations about infant sleep and provide healthcare workers with practical guidance for engaging Aboriginal families in a respectful and strengths-based manner.

The learning reflects the importance of listening to community voices, recognising cultural knowledge and ensuring safe sleep information is delivered in ways that are meaningful and relevant to Aboriginal families.

Red Nose worked with Berrimba Childcare Centre and families on Yorta Yorta Country (Echuca VIC) to produce the videos "What is sudden unexpected death in infancy?" and "Red Nose Six Safe Sleep Recommendations". These videos where launched at the Koori Heritage Centre in Naarm (Melbourne) together with community. These videos are now included in the Dangudbila App through agreement with the Menzies School of Health Research.

In addition, Red Nose educators have participated in Aboriginal Baby Expos and community education and engagement activities in remote and regional communities in NSW and the NT. One visit to Borroloola led to an elder translating our safe sleep resource in traditional language over community radio. These events have provided opportunities to listen directly to families, health workers and community leaders, understand local challenges and discuss practical approaches to infant sleep safety. These engagements have reinforced the importance of tailoring messages to local circumstances and ensuring that safe sleep education is accompanied by practical solutions and trusted community relationships.

The extent of this work has been funded by Red Nose and philanthropic grants, and we encourage investment by federal and state and territory governments to fund further prevention projects and community engagement to support families to keep their baby safe during sleep.

Projects with government departments

Red Nose partnered with the South Australian Department for Child Protection to develop safe sleep education for foster and kinship carers responsible for infants and young children.

This collaboration supports implementation of the South Australian Safe Infant Sleeping Standards Policy Directive by ensuring carers receive consistent, evidence-based education aligned with Red Nose's six safe sleep recommendations. The mandatory training module was developed specifically for kinship carers and combines practical guidance on creating safer sleep environments, infant development and injury prevention with information about cultural considerations, including conversations about co-sleeping.

Red Nose is also in discussions with Queensland Health about our Cots for Community initiative, modelled on the long-standing Cribs for Kids program in the USA.

These partnerships reflect Red Nose's broader commitment to collaborating with governments, health services and child protection agencies to strengthen the implementation of consistent, evidence-based safe sleep recommendations across all settings where infants receive care.

Supporting a Harm Reduction Approach

Red Nose recognises the Coroner's recommendation that families should receive practical information about reducing risk in circumstances where co-sleeping may occur.

While Red Nose continues to recommend that babies sleep on their own safe sleep surface, we acknowledge that co-sleeping remains a reality for many families across Australia. Consistent with our current guidance, Red Nose supports providing parents and carers with information about factors that significantly increase risk, including sleeping on sofas,

sleeping with a baby after alcohol or drug use, exposure to soft bedding, and situations where an infant may become trapped or overlaid.

We believe that combining evidence-based safe sleep recommendations with accessible and practical risk-reduction information offers families the best opportunity to make informed decisions and reduce preventable deaths.

Future Opportunities for Collaboration

Red Nose would welcome the opportunity to support the work of Central Australian Aboriginal Congress, Aboriginal Community Controlled Health Organisations, NT Department of Health and community leaders to further strengthen culturally responsive safe sleep education.

Potential areas for collaboration include:

- Expansion of Aboriginal-led safe sleep education resources.
- Co-design of locally relevant educational materials and campaigns.
- Increased participation in Aboriginal Baby Expos and community events.
- Piloting Cots for Community alongside health programs offering in-bed devices, such as the Pepi-pod and Coolamon, to offer a safe sleep space alternative up to 12 months of age.
- Development of additional resources for remote and regional communities.
- Support for healthcare workers delivering safe sleep education in culturally diverse settings.
- Evaluation of innovative safe sleep initiatives and community-led prevention strategies.

Conclusion

Red Nose shares the Coroner's commitment to reducing sleep-related infant deaths and closing the gap in infant mortality outcomes for Aboriginal and Torres Strait Islander children. Red Nose's retrospective study will provide research data on how SUDI has occurred over the past 12 years in Australia. We urge governments to prioritise prevention strategies for SUDI for the NT and nationally.

We believe that meaningful partnerships with First Nations communities, culturally safe education, practical support for families and continued adherence to evidence-based safe sleep recommendations are all essential components of this work.

Red Nose looks forward to continuing to work alongside communities, health services and governments to ensure that every family has access to information, resources and support that can help keep babies safe during sleep.

The organisation's existing partnerships with community engagement activities in remote and regional communities, and investment in research to understand family decision-making provide a strong foundation for supporting the implementation of the Coroner's recommendations

Information Statement

Sharing a sleep surface with a baby

Considerations

Sharing a sleep surface with your baby can increase the risk of Sudden Unexpected Death in Infancy (SUDI), including Sudden Infant Death Syndrome (SIDS) and fatal sleep accidents.

For the purpose of this statement the term 'sharing a sleep surface' is used to include bed-sharing and other co-sleeping practices.

- Bed-sharing refers to bringing the baby onto a shared surface where co-sleeping is possible, whether co-sleeping is intended or not.
- Co-sleeping is defined as a parent or caregiver, their partner, the infant's siblings or any other person being asleep on the same sleep surface as the baby.

A considerable proportion of Sudden and Unexpected Deaths in Infancy occur on a shared sleeping surface. An analysis of infant deaths in the CDC (USA) Sudden Unexpected Infant Death Case Registry found that 14% of 1812 deaths between 2011 and 2014 were classified as suffocation. Importantly 50% of these infants were sharing a sleeping surface with adults or other children. The most common links in the sleep environment were soft bedding (69%), and 48% of these infants sharing a sleep surface. Overlay occurred in (19%) and 71% of these infants died when sharing a sleep surface. Wedging accounted for 12% and 45% of those infants were sharing a sleep surface[33].

Sharing a sleep surface is especially high-risk if:

- The baby is less than three months of age, was born pre-term or was born small for gestational age,
- Parents sharing the sleep surface are smokers
- Parents sharing the sleep surface while under the influence of alcohol, sedating medications or illicit drugs
- Parents fall asleep with their infant on a sofa or couch

There is no increased risk of SUDI whilst sharing a sleep surface with a baby during feeding, cuddling and playing providing the baby is returned to its own safe sleeping surface before the parent goes to sleep [1].

Increased research has shown that there are differences in characteristics between different co-sleeping groups that impact the associated risk for infant death[21].

Red Nose recommends sleeping a baby in their own safe sleep space next to the parent or caregivers' bed for the first six months of life as this has been shown to lower the risk of SUDI [2–4].

Why do parents and caregivers share a sleep surface with their infant?

A large-scale review of infant care practices [5] revealed that across research studies in different populations, the main reasons that parents co-sleep or share a sleep surface remain consistent. The reasons given are that it improves sleep quality or sleep duration for the mother and/or the infant, it facilitates breastfeeding, parents perceive improved safety through closer monitoring of the infant, and there are cultural norms that encourage sharing sleep surfaces through ideals around comfort and closeness. In particular, for many cultural groups including Australian First Nations families, sharing the sleep surface with a caregiver is a culturally valued practice [6]. Non-reactive co-sleeping refers to parents who intentionally bed-share as part of their parenting approach (Heron, 1994). It is also important to acknowledge that in some vulnerable families shared sleeping may be unavoidable due to insufficient space for, or the unavailability of a cot, or another sleep area to keep infants safe[6].

How common is it for parents and caregivers to share a sleep surface with their infant?

A 2018 survey of mothers attending Victorian maternal-child health services at 8 weeks postpartum, found that almost half (n=503, 44.7%) of the mothers indicated that their infants had bed-shared at some time since birth. Of these mothers, 390 (77.5%) reported that they had not planned to bed-share, whilst 108 (21.5%) reported that bed-sharing was planned [7].

Potential benefits of sharing a sleep surface

Improved breastfeeding outcomes

A prospective review of the relationship between sharing a sleep surface and breastfeeding found that bed-sharing helps prolong the total duration of breastfeeding, especially in women with fewer socio-economic resources who are at high risk of early cessation of breastfeeding [8]. These findings were supported by Australian research that found that Infants who shared a sleep surface were more likely to be exclusively breastfed at 6 months and longer total breastfeeding duration than infants who slept in their own sleep space[9].

Improved maternal sleep

Sleeping with a baby has been reported to make nocturnal breastfeeding less disruptive for the mother. Mothers who bed-share and breastfeed report that they get more sleep compared to mothers who breastfeed and sleep separately from their baby, and compared to mothers who bottle-feed [10–12].

Enhanced maternal bonding and protective behaviours

Bed-sharing and co-sleeping are practices associated with enhanced maternal-infant bonding and maternal responsiveness [13,14]. Parents report that sleeping with their baby improves their bond with their baby and permits close monitoring of their babies throughout the night so they can respond if their baby adopts a non-recommended sleep position or becomes ill [15].

Observation shows that breastfeeding mothers physically orient so that they face towards their baby, are often in physical contact, and position themselves so the baby cannot be rolled onto, or baby cannot move up or down the sleeping surface under bedding [16–18]. Unfortunately, mothers of infants who have higher risk of SUDI (e.g., Indigenous, single, young, smokers, preterm delivery) were more likely to bed-share.

Co-sleeping with a baby has been associated with childcare practices that reduce risk of SUDI including breastfeeding, supine sleep position and responsiveness to infant behaviours [19,20].

Improved infant settling and decreased infant stress

Bed-sharing and co-sleeping are associated with improved infant settling, and reduced startling and crying [16,19]. Startling and crying releases adrenaline, which increases heart rate and blood pressure, interferes with restful sleep and may lead to long-term sleep anxiety. Together, breastfeeding and co-sleeping have been associated with positive cortisol regulation in infancy, suggested as important for reducing the risk of maladaptive stress responses in later life [22]. In contrast, persistent bedsharing across the first two years of life has been associated with sleep problems at two years of age including increased snoring and shorter night-time sleep duration than those that had not bed-shared [23].

Rates of SUDI associated with sharing a sleep surface

In New South Wales, there were 61 SUDI between 2020-2021, representing 35% of all death in infants under one year. Of these cases, 56% occurred while the infant was sharing a sleep surface with another person, most commonly a parent[24]. This proportion is consistent with findings from the previous biennial period (2018-2019), where 53% of SUDI deaths also involved shared-surface sleeping. These figures suggest a persistently elevated risk of SUDI in the context of co-sleeping across reporting periods, with little evidence of decline over time. The risk was particularly pronounced among infants ages less than three months, who accounted for the majority of deaths in shared-surface settings. Modifiable environmental hazards were frequently present, including the use of soft bedding, pillows, or doonas, as well as caregiver impairment due to fatigue, alcohol, or drug use[24].

Comparable findings are evident in Queensland (QLD), where in 2023-2024, there were 27 SUDI cases in QLD[49]. Analysis of sleep environments showed that 60% of SUDI deaths occurred while the infant was sharing a sleep surface [25]. Similar to NSW, many cases involved unplanned co-sleeping, where carers fell asleep while feeding or nursing. Additional risk factors were commonly documented, including placement between two people (32%), caregiver alcohol or substance use (24%), tobacco exposure (40%) and extreme fatigue (21%) [24].

Across jurisdictions, Aboriginal and Torres Strait Islander infants remain significantly over-represented in SUDI outcomes. In NSW, although Aboriginal and Torres Strait Islander children comprise only 6% of the child population the accounted for 24% of all SUDI deaths in 2020-2021, highlighting a disproportionate impact relative to population size [24]. Similarly, in QLD, the five-year

average was 1.7 per 1,000 live births compared with 0.4 for non-Indigenous infants. Historically these rates have been as high as four times greater than for non-Indigenous infants, with a temporary decline to 2.5 times higher in 2020, though more recent data indicate an upward trend [25]. With many of these deaths involving shared-surface sleeping, reinforces the need for culturally responsive, community-led safe-sleep initiatives that address both social determinants of health and accessibility of safe sleep environments.

When is sharing a sleep surface especially high-risk?

Infant characteristics

Several studies highlight that young infant age increases the risk of death when co-sleeping and that the relationship with age persists even with adjustment for other known risk factors. Younger infants may be more vulnerable because they lack the motor coordination and strength to move their head or reposition themselves in an unsafe situation such as overlaying or head covering[28].

Carpenter et al. (2013) analysed five large case-control datasets with a total of 1472 SIDS cases and 4679 controls. They found an 8-fold increase in the risk of SUDI if the infant is sharing a sleep surface at two weeks of age, and that the relationship remained significant until 3 months of age[26]. Another study by Venneman et al. (2012) found that the risk of SUDI was 10 times higher in infants younger than 12 weeks, while the risk for older infants was not elevated. Ruys et al. (2007) the risk of SUDI while sharing a sleep surface at 1 month of age was approximately nine times higher compared to not bed-sharing, after adjusting for smoking by one or both parents, 27. Click or tap here to enter text.

Parent and caregiver characteristics

Mitchell et al. (2017) conducted a three-year prospective case-controlled study in New Zealand and reported that infants born to mothers who smoked during pregnancy and were bedsharing had a dramatically increased risk of SUDI compared to infants not exposed to maternal smoking or bedsharing[29]. Similarly, a study in the Netherlands[30] found that the risk for SUDI associated with bed-sharing was markedly increased when the mother currently smoked or had smoked during pregnancy (aOR=17.7 and aOR=10.8 respectively). A meta-analysis examining the relationship between maternal smoking and SIDS also found that maternal smoking before or after birth increased SIDS risk, and that this risk was magnified if infants shared a sleep surface with their mother who smoked [31].

Sharing a sleep surface with an adult who has consumed alcohol has also been shown to significantly increase SUDI risk. For example, an analysis of 400 SUDI deaths and 1386 controls found that the "multivariable risk of SIDS for infants who were bedsharing with an adult on a sofa or chair, or with an adult who had consumed more than two units of alcohol was 18 times greater than for those infants who those who were not bedsharing"[32]. It is likely that exposure to alcohol or other sedating agents lessen the parent's response to infant cues in the sleep environment and make it more difficult for the parent to identify and rectify head covering, overlying or other hazards.

Unsafe sleep environment

Adult sleeping environments are not designed with infant safety in mind and may contain hazards that are fatal for infants. These hazards include overlaying of the infant by another individual; entrapment or wedging between the mattress and another object such as a wall; head entrapment in bed railings, and suffocation from pillows and blankets.

Soft, bulky or loose bedding, or items in an infant's sleeping space increase the risk of SUDI through inadvertent occlusion of the infant's airway [34]. Ball et al. (2009) conducted sleep studies in a laboratory and compared parent-infant triads on one night of bed-sharing and one night where the infant slept in their own sleep space [35]. They found that 14/20 (70%) infants spent some time with their airway covered with adult bedding while sharing a sleep surface while only 2/14 (14%) experienced airway covering when sleeping independently. Infants are more likely to experience rebreathing of carbon dioxide (hypercapnia) during sleep when sharing a sleep surface due to head covering by adult bedding [14]. While some infants may be able to cope with environmental stressors like hypercapnia, a key concept in SIDS research is that infants with an underlying vulnerability die because they have less capacity to deal with such stressors.

One particular environment where there is a very high risk of infant death, especially due to fatal sleeping accidents, is when a baby shares a sofa or couch with an adult during sleep. Several studies have found that sharing a couch or sofa for sleep increases the risk of SUDI by 50 times or more [36,37]. Often parents and caregivers will fall asleep unintentionally on a sofa or couch and there is a very high risk of a sleeping accident in this situation as the baby may become wedged into cushions or the back of the sofa [38]

Non-supine position

Supine (back) sleeping has been found to be protective against SUDI, compared to prone and side sleeping. The prone (on the tummy) position places infants at high risk for SIDS (odds ratio [OR], 2.3–13.1) [36,39–41]. Side sleeping is inherently unstable, and especially increases the risk of SUDI because infants who are settled on their side are more likely to roll onto their front than those settled on their back [39 42]. Baddock et al. (2006) observed 40 bed-sharing infants and 40 matched cot-sleeping controls and found that infants sharing a sleep surface spent most of their sleeping hours in the side position (66% of sleep time) compared with cot-sleeping infants who most commonly slept supine (on their back)[43].

Sleeping an infant prone on the parent's chest, especially skin to skin, is an excellent strategy for settling an infant when the parent or another adult caregiver is awake and able to monitor the baby. But if a parent falls asleep with an infant prone on the parent's chest and unobserved the risks include prone positioning of the infant, and obstruction of the infant's airway which can become obstructed by clothing, by the parent's body or breast, or by the infant becoming positioned with his/her chin to chest.

Portable sleep spaces as an alternative to sharing a sleep surface

Sidecar cribs

In July 2024, two new mandatory national standards for infant sleep products were introduced in Australia: the *Consumer Goods (Infant Sleep Products) Safety Standard* and the *Consumer Goods (Infant Products) Information Standard*. These requires suppliers to comply with unified design, construction, performance, testing, and safety-labelling requirements for bassinets, co-sleepers (including side-car cribs), inclined sleepers, cots, and other infant sleep products by January 2026, replacing the previously fragmented and incomplete regulatory framework [44-45]. The largest trial to date evaluating side-car cribs, the NECOT randomized controlled trial of 1,204 breastfeeding-intent mother-infant pairs (870 with complete follow-up data) found no significant differences in the duration of any breastfeeding, exclusive breastfeeding, or home bed-sharing frequency when using a side-car crib versus a standalone cot [49-50].

Wahakura and Pepi-pods

Wahakura (baskets woven from flax) and Pepi-Pods (made of plastic) are two alternative infant sleep surfaces specifically designed to provide the infant with their own sleep space within the parent bed. Studies comparing Wahakura, Pepi-Pods and traditional bassinets have found no differences between key outcomes such as oxygen saturation, skin temperature, non-prone positioning or head covering [46,47] although one study demonstrated an increased heart rate for infants slept in the Pepi-Pod (Tipene-Leach et al., 2018). No safety standard currently exists in Australia for either Wahakura or Pepi-Pods.

Red Nose supports a risk minimisation approach

Red Nose promotes a risk minimisation approach that is based on the best available research and helps to facilitate informed choice to suit a family's cultural beliefs and environmental circumstances. Risk minimisation approaches that provide practical strategies for creating safer shared sleeping environments relevant to family values and circumstances are more likely to engage caregivers than risk elimination messages that advise that caregivers should never bed-share [6,34]. As described by Pease et al., 2021, it is critical to acknowledge that decisions around infant care are complex, and to support parents to create a safe sleep environment for every sleep[48].

Risk-minimisation strategies

To summarise, evidence shows that sharing a sleep surface with a baby can increase the risk of SUDI and fatal sleeping accidents in some circumstances. Strategies can be used to reduce the risk of infant death associated with shared sleep environments for all parents; those who choose to bed-share or co-sleep, those who unintentionally fall asleep with their baby and those who may have no other option. These include:

- The safest place to sleep baby is in a cot that meets the current AS/NZS Mandatory Standard.

- Place baby to sleep on their back (not on their tummy or side).
- Make sure the mattress is clean and firm.
- Make sure that bedding and sheets cannot cover baby's face.
- Keep pillows and adult bedding away from baby
- Use a safe sleep bag with a fitted neck, arms holes but no hood – do not wrap or swaddle baby as this restricts arm and leg movement and will lead to overheating
- Place the baby at the side of one parent - not in between two parents, which increases the likelihood of the baby becoming covered or slipping underneath adult bedding as well as overheating
- Ensure the baby is not too close to the edge of the bed where they can fall off. Do not place pillows at the side of the baby to prevent rolling off. A safer alternative is to place the adult mattress on the floor.
- Avoid pushing the bed up against the wall. Babies have died after becoming trapped between the bed and the wall.
- Tie up long hair and remove jewellery including teething necklaces, to prevent infant entanglement around the infant's neck.
- Ensure the baby is never left unattended on a sofa or bed.

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