**Title** Is Cosleeping a risk in itself? An analysis of 11 years of SUDI deaths in QLD, Australia 2001-2014.

**Author and affiliations**

**Background**

There is ongoing debate about whether co-sleeping is an independent risk factor for Sudden Unexplained Deaths in Infancy (SUDI). Co-sleeping has many documented benefits including longer duration of breastfeeding, less crying, improved sleep and more responsive parenting.

**Aims**

To determine prevalence of shared sleep environments in a cohort of deaths attributed to SUDI. To identify risk factors associated with infant deaths in a shared sleep environment, including vulnerable populations most affected by SUDI. To determine SUDI risk in shared sleep environments without other known risk factors.

**Method**

An analysis of a retrospective cohort study of all SUDI deaths in Queensland between 1 January 2004 and 31 December 2014. Birth and death records from the Queensland Child Death Register were linked with the State’s Perinatal Data Collection, the Hospital Admitted Patient Data Collection and Emergency Department Information System Database.

**Results**

This cohort comprises 507 SUDI cases. Preliminary analyses of the data period 2012-2015 demonstrates that there were 112 deaths classified as SUDI. Of these, 49(44%) were sharing a sleep surface with one or more people at the time of death. Indigenous babies, babies born in regional/remote areas, and/or into low socio-economic areas, and those known to the child protection system are over-represented in SUDI deaths. Smoking (27/49,55%), and/or drugs and alcohol use (20/49,41%) were common risk factors for deaths occurring during shared sleep. There were two deaths (2/49,4%) in which shared sleep was the only risk factor reported.

**Conclusion**

Most SUDI deaths in co-sleeping environments involved at least one other risk factor. Parents of healthy, breastfed babies in low risk, non-smoking environments are at very low risk of SUDI. Discussions between health professional and parents about safe sleep should focus on risk minimisation. Vulnerable families, and risk factors such as smoking, alcohol and drug use, and sofa sharing should be targeted.

**References** (If applicable)