

**It is important to remember that if you choose to use a monitor or not, you should continue to follow all our safer sleep advice.**

**You can find out more about our advice here: [How to reduce the risk of SIDS for your baby - The Lullaby Trust.](#)**

There are lots of different types of monitors on the market and it can be confusing to understand the differences between them. This factsheet aims to provide a brief overview of how monitors work and the types of monitors that are on the market.

Some parents/carers may find using a baby monitor reassuring and that it gives peace of mind, however there is no research evidence that monitors prevent sudden infant death syndrome (SIDS) (1,2). **A monitor can never replace a parent or carers supervision of a baby, and if you are ever worried about your baby's health you should seek medical advice.**

## Types of monitors

We can't advise, comment on, or recommend specific monitors as we don't carry out any testing or research on products. We hope the information below helps you make the decision that you feel is right for you and your baby.

### Movement monitors

There are several different movement (breathing) monitors used as part of The Lullaby Trust's Care of Next Infant (CONI) programme and all of these are classed as medical devices.

This is a programme supporting bereaved families before and after the birth of their new baby.

These types of monitors include:

**1) Skin contact monitors** - where a small sensor pad is held in contact with the baby's tummy by tape. It is connected by wire or tubing to the monitor.

**2) Mattress monitors** - where a large sensor pad is placed in the baby's cot, usually on the base and under the mattress, and connects to a monitor.

**3) Skin contact clip-on monitors** - where a small plastic wireless monitor clips onto the baby's nappy.

These monitors work by picking up movement, including the movement of breathing. They sound an alarm after a period with no movement, usually 20 seconds. All babies have irregular breathing patterns compared to adults, with frequent short pauses.



However, a 20-second pause (or apnoea) is unusually long. Even if such a lengthy pause occurs, most babies will respond very quickly to touch. On rare occasions, the baby will need resuscitation.

If your baby is placed somewhere where there is other movement, the monitor can pick up movement that does not come from the baby. This could provide false reassurance. So be aware of this if you are using the monitor when your baby is in/on any of the following:

- A car or other vehicle
- A buggy or pram
- A surface which may pick up vibrations, including walking around the cot or crib on certain flooring, or sharing a sleep space with another person or animal e.g. an adult co-sleeping with their baby in bed.

These monitors do not rely on WiFi connection (unlike some other monitors available for sale, which are not used by the CONI programme).

There are many brands of movement monitors sold as nursery equipment to parents as 'reassurance' monitors, but are not certified as medical devices. If you plan to use a monitor, we would recommend you use one which is classed as a 'medical device'. You can identify if a product is a medical device with the label 'MD' or 'medical device' on the manufacturer information and/or packaging\*.

All monitors should have a CE mark if they are available for sale in the UK. The CE marks can change as European standards change, but they will always begin with CE.



## Other types of monitors

Some monitors measure heart rate, breathing rate and blood oxygen levels (using pulse oximetry). However there is no evidence that the use of these types of monitors can prevent SIDS (1). These types of monitors are not used as part of our CONI programme.

## Using a monitor

If you choose to use a monitor, we recommend buying a new one that is certified as a 'medical device' by ensuring the product has the 'MD' medical device certification in the product information\*. You should always follow the manufacturer guidance and any information within the instruction booklet and website. It is also important to remember to keep the monitor control unit out of your baby's reach.

We do not recommend that skin sensor-type (with pads that stick onto the baby's skin) monitors are used after six months of age or when the baby can roll, reach and grasp. There is an increased risk of accidents with wires and tubes with an active baby.

## What to do if the monitor alarms

You should make sure you have a plan and know what you will do if the alarm sounds. It's a good idea to share the plan with anyone who may care for your baby. Accessing basic life support and baby first aid instruction in person or online can give you, and any other care givers, information to help you. The following is a brief summary of the measures that you should consider:

- 1 Switch off the alarm and check your baby:**
  - Look down for movement of the baby's chest and/or tummy.
  - Place your cheek next to the baby's face to check whether you can feel or hear any breathing.
  - Stimulate your baby by talking, blowing on or touching their face, tickling the soles of the feet. Do not shake your baby.
- 2 If your baby doesn't respond to you, dial 999** immediately and put your phone on speaker so the operator can talk you through how to help your baby until professional help arrives.
- 3 If your baby does respond to you but you are worried about their health, seek medical advice.**

We hope that this information on monitors by our dedicated team at The Lullaby Trust helps you make the decision that you feel is right for you and your baby.

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### References

1. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment  
SIDS and Other Sleep-Related Infant Deaths: Updated 2016 TASK FORCE ON SUDDEN INFANT DEATH SYNDROME  
Pediatrics; 2016; DOI: 10.1542/peds.2016-2938
2. Strehle E-M, Gray W, Gopisetti S et al. Can home monitoring reduce mortality in infants at increased risk of sudden infant death syndrome? A systematic review. *Acta Paediatr* 2012 Jan;101(1):8-13.