Pan Cheshire Infant Safe Sleep Guidance 2015

For the Integrated Workforce

(Working together to implement advice and information on infant safe sleep practice to families)

Key Message

The safest place for a baby to sleep is in a crib, Moses basket or cot in their parent's room for the first six months of life.

1. Purpose

- To encourage partnership within the Pan Cheshire Integrated Workforce in the delivery of consistent evidence-based information and guidance regarding safe sleep to all parents and carers of young infants up to 1 year of age living within the Pan Cheshire area;
- To provide staff with the confidence and knowledge to facilitate an open and honest discussion to support parents and carers to make safer sleeping choices for Infants; and
- To enable staff to assess the infant/s sleep environment and identify potential factors associated with sudden infant death syndrome (SIDS).

2. Aims

- To reduce Sudden Infant Deaths in infants in Pan Cheshire;
- To reduce the number of infants placed in unsafe sleep conditions;
- To identify those infants who may be at greater risk of being placed in an unsafe sleep situation; and
- To provide all families and carers with infants with current consistent and reliable information about safe sleep practices.

3. Scope

This guidance is applicable to members of the integrated workforce (including health and local authority

children's service professionals, voluntary and community workers and police) who have contact with the parents, carers and relatives of an infant/s under the age of one year, to support them in establishing safer infant sleeping habits and reduce any factors associated with unsafe sleep and SIDS, in accordance to the best evidence available.

"It's imperative that all parents and carers know about the association between sudden infant death syndrome and falling asleep with an infant under the age of one year of age (falling asleep with an infant in a bed, or on a sofa or armchair). This is especially important if parents drink alcohol, take drugs or expose their baby to tobacco smoke." (NICE 2014)

4. Definitions

For the purpose of this document the following definitions will apply:

Accidental Deaths - Sudden deaths in infancy can be accidental and caused by overlaying, entrapment and suffocation.

Bed-Sharing - Carers and infants sleeping for any period of time (day or night) in the same bed.

Carer - A parent, carer, grandparent, babysitter or any person responsible for the infant at that particular time**.**

CONI (Care of the Next Infant – not all NHS Trusts have this scheme) - A partnership scheme led by the NHS and Lullaby Trust to provide specialist advice and support for parents who have suffered a previous unexpected/unexplained death of an infant. Within the NHS this is led by health visitors, midwives, paediatricians and general practitioners, who provide specialist information and support to parents before and after the birth of any subsequent infant/s (Lullaby Trust 2013).

Co-Sleeping - Parent/carers and infants sleeping for any period of time, day or night, in close proximity, such as bed sharing or in more unconventional sleeping arrangements, such as a chair, sofa, bean bag, hammock etc.

Death in Infancy -Term relates to deaths of Infants under the age of one year.

Integrated Workforce - All professionals and workers who may come into contact with families and carers of infants, including**;**

- Health professionals – GP's, Practice Nurses, Health Visitors, Midwives and Hospital and Paediatric staff;
- Children's service workers - Social Workers, Family Support Workers, Education and Early Year; settings
- Voluntary and Community Sector;
- Police.

Lateral Position – On the side to sleep**.**

Overlaying – Rolling onto an infant and smothering them in bed or on a chair, sofa or beanbag**.**

Prone Position - On the front to sleep (face downwards)

SIDS (Sudden Infant Death Syndrome) - The Lullaby Trust provides the following definition of sudden infant death

syndrome (SIDS):

> *Sudden Infant Death is the sudden and unexplained death of a baby for no obvious reason. The post mortem examination may explain some deaths. Those that remain unexplained after post mortem examination may be registered as sudden infant death syndrome (SIDS), sudden infant death, sudden unexplained death in infancy, unascertained or cot death (Lullaby Trust 2013)*

SUDI (Sudden Unexpected Death in Infants) - Sudden Unexpected Death in Infancy (SUDI) is the common term for sudden and unexpected infant deaths that are initially unexplained (commonly referred to as 'cot deaths').

Supine Position - On the back to sleep (face upwards)

5. Guidance

5.1 Rationale

Research has shown that in many cases of Sudden Unexpected Death in infants (SUDI), there are usually significant maternal and/or infant care factors evident which are related to either an *increased* or *decreased* incidence of SIDS. Over the past few years within Pan-Cheshire there have been a number of infants under one year of age who have died (SIDS) in which there have been a number of factors present associated with unsafe sleep practice. This 'Safe Sleeping Guidance' has been developed for the Pan Cheshire Integrated Workforce to ensure staff have the knowledge to underpin their practice, ensuring the dissemination of evidenced based information in relation to safe sleep to professionals, parents and carers.

5.2 Introduction

In the UK Sudden Unexpected Deaths in Infancy used to cause about 2,000 deaths a year. Although the overall number of SUDI cases has decreased considerably since the 'Back to Sleep' campaign in 1991, over 600 infants still die per annum and 300 of those infant deaths remain unexplained following post mortem and are then registered as a Sudden Infant Death as no causal factor has been found. The Foundation for the Study of Infant Deaths (2009) say that SUDI is the leading cause of death in infants over one month of age.

Statistical evidence and research has shown that the reduction in infant deaths is not evenly distributed across all sectors of the population, with up to 74% of deaths now concentrated in some of the most deprived areas (Blair et al 2006). The SUDI rate among Infants of teenage parents is four times higher than that of older parents (UNICEF 2004). Some of the studies reviewed by The National Institute for Health and Care Excellence indicate that there is a statistical association between co-sleeping and SIDS which is potentially increases when there are additional multi-factoral factors present such as:

- Parental/carer drug use and/or recent alcohol consumption.
- Parental/carer smoking
- Premature infants and those of low birth weight (NICE 2014).

In each local authority child deaths are reviewed by Child Death Overview Panels to improve the understanding of how and why children die; the findings are then used to plan and implement appropriate action to prevent future child deaths and more generally to improve the health and safety of the children within the Local Authority Area.

<u>The Following Recommendations Have been Issued Nationally</u>

In accordance with NICE standards Postnatal Care QS37 Statement 4 Safer infant sleeping is discussed with women, their partner or the main carer at each postnatal contact by health & social care practitioners (NICE 2014).

UNICEF UK Baby Friendly Initiative statement on Bed-sharing. The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

The safest place for your baby to sleep is in a cot by your bed, sleeping with your baby on a sofa puts your baby at greatest risk. Your baby should not share a bed with anyone who is a smoker, has consumed alcohol or has taken legal or illegal drugs that may make them sleepy (UNICEF 2014).

5.3 Responsibilities of the integrated workforce

To recognise that co sleeping can be intentional or unintentional. Discuss this with parents and carers and inform them that there is an association between co sleeping (parents or carers sleeping on a bed or sofa or chair with an infant) and SIDS (NICE 2014)

To inform parents and carers that the association between co sleeping (sleeping on a bed, sofa or chair with an infant) and that SIDS is likely to be greater when they, or their partner, smoke **(**NICE 2014).

To Inform parents and carers of the association between co sleeping (sleeping on a bed or sofa or chair with an infant) and SIDS may be greater with:

- Parental or carer recent alcohol consumption,
- Parental or carer drug use, or
- Low birth weight or premature infants **(**NICE 2014).

Professionals should take every opportunity at each planned contact to discuss safer sleeping arrangements for infants including the association between SIDS, co sleeping and other associated factors based on the current evidence.

Information must be provided in such a manner that it is understood by the infant/s carer/parents. For those carers/parents who do not understand English, an approved interpreter should be used where possible, appropriate and available. Families with other language and communication needs, including learning disabilities, should be offered/delivered information in such a way to maximize their understanding.

Professionals should make a record of the advice given and if parents/carers decide not to take the advice given regarding infant safe sleep.

Any professional being made aware that the parent is acting against this advice should use their professional judgement of the risk factors and escalate as appropriate

When a child is subject to a CiN or Child Protection Plan safe sleeping advice should be discussed and recorded at meetings.

5.4 Responsibilities of core health staff

NICE (2014) recommends that safe sleeping is discussed before birth, after birth and any other occasion where parent/carer/s have healthcare professional contact. Information should be discussed and recorded by:

Midwifery Teams:	During the antenatal period (ideally by 36 weeks); Within 24 hours following birth; Prior to discharge

	from in-patient services; During post-natal community visits
Health Visitor Teams:	Antenatal contact; Primary birth visit; Any subsequent follow up contacts as appropriate
Family Nurse Partnership	Antenatal contact; Primary birth visit; Any subsequent follow up contacts as appropriate
Paediatrician/ Nurse/Midwife	Neonatal examination
General Practitioner	6-8 week infant examination

5.5 Following Birth - In Hospital

Mothers should be encouraged to spend time in skin to skin contact with their new infant in an unhurried environment as soon as possible after delivery. Staff should be vigilant in ensuring skin to skin contact is safe and the possibilities of any accidents are minimised. Examples of possible risk exposure includes, on ward transfer, after operative delivery, after sedative medication and during extreme tiredness.

Skin to skin contact is encouraged on the postnatal ward and during the post natal period to establish the parent-infant bond, to settle infants and to establish breast feeding.

Mothers should be encouraged to stay close to their infants whatever their preferred infant feeding choice.

Separation of a mother and her infant should only occur where the health of either prevents care being offered in the postnatal areas.

Literature consistent with the Safer Sleeping Guidance and the relation between SIDS, co sleeping and other associated factors should be given and discussed with all mothers to reiterate early advice.

The safest place for an infant to sleep whilst in hospital is in a cot by the side of the mother's bed or in a sidecar crib. If a mother chooses to share her bed with her infant whilst in hospital, for cuddling or feeding purposes, the following factors at the time that bed sharing occurs need to be considered:

- Clinical condition of the mother;
- Other contra-indications to bed sharing;
- Feeding method;
- The safety of the physical environment;

Staff should ensure that:

- Not only the benefits of bed sharing are discussed but also the association of co-sleeping and SIDS (including other associated factors) to allow a fully informed choice;
- Written information on bed sharing is provided (documentation must be made in the care plan/records that the information has been given and discussed);
- The effects of analgesia are discussed and documented.

If the mother makes a fully informed choice to bed share with her infant, all information given and discussed should be clearly documented. The mother and infant should be monitored by staff as frequently as is practicable. Effective communication with other members of staff including when handing over care is essential. The bed should be lowered as far as possible and the mother should be asked to keep the curtains or door open so that staff can observe if she inadvertently falls asleep whilst bed sharing. Although a mother needs to take overall responsibility for protecting her infant/s, if there are any professional concerns regarding the safety of an infant this should be addressed and raised through local policies.

5.6 Current evidence-based information to be provided to all Infants' carers

"The safest place for your baby to sleep is in a cot in a room with you for the first six months."
(Department of Health, 2009).

Please note this refers to any sleep during the day or night.

Falling asleep on a sofa, or in a chair, with an infant can be very hazardous and should be avoided at all times (night or day).

Although, the safest place for infants to sleep is in a cot by the side of the bed, mothers who choose to breast feed may prefer to lie down to feed and some of those mothers may decide to bed share as they find it a positive experience. Parents should be given the appropriate information when considering bed sharing to ensure that they are aware of the association between SIDS and co sleeping. (see 5.6.1.).

Research suggests that there is an association between both partial and exclusive breast feeding and a reduced risk of SIDS by up to 50% (Vennemann et al 2009)

5.6.1. Known Associated Factors - Factors associated with an increase in SIDS

Modifiable factors

Sleeping prone or on in a lateral position increases the risk of SUDI - This risk increases in those infants born prematurely or of low birth weight. Sleeping supine carries the lowest risk of SIDS. Placing infants on their back to sleep should always be recommended. (*Unless otherwise medically indicated, ie, Pierre Robin Syndrome as these Infants often need to be nursed in a lateral position).*

Smoking - The incidence of SIDS is likely to be greater when associated with co-sleeping and parents/carers who smoke. This association between smoking and SIDS includes the infant's parent/carer or anyone in else in the household who smokes (no matter where or when they smoke). Although any exposure to cigarette smoking may increase SIDS, maternal smoking particularly during pregnancy has the greatest negative effect.Parent(s)/carers should not bed share, with an infant, if they or any other person in the bed smokes (even if the smoking never occurs in bed).The effects of smoking appear to be dose-related; between the number of cigarettes smoked and the increased possibility of SIDSparents/carers who smoke. This association between smoking and SIDS includes the infant's parent/carer or anyone in else in the household who smokes (no matter where or when they smoke). Although any exposure to cigarette smoking may increase SIDS, maternal smoking particularly during pregnancy has the greatest negative effect.Parent(s)/carers should not bed share, with an infant, if they or any other person in the bed smokes (even if the smoking never occurs in bed).The effects of smoking appear to be dose-related; between the number of cigarettes smoked and the increased possibility of SIDS

Infant Sleeping in Parental Bed

Safe Sleep further information

See The Lullaby Trust website