Pan Cheshire

Infant Safe Sleep Guidance

For the Integrated Workforce

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

2019

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.

UNICEF (2017)

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.

Contents

Representation - Agencies represented during the review of this document: **Pan Cheshire Multi-Agency Representation from Health and Children's Services:** East Cheshire, South & Vale Royal NHS, Chester and Cheshire West, Halton and Warrington.

1.0 Purpose

To encourage partnership within the Pan Cheshire Integrated Workforce in the delivery of consistent evidence-based information and guidance regarding infant 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.

To enable staff to assess the infant/s sleep environment and identify potential factors associated with sudden infant death syndrome (SIDS).

2.0 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
To provide all families and carers with infants with current consistent and reliable information about safe sleep practices

3.0 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 a safer infant sleeping environment and reducing 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 2015, to be updated and published 2020)*

4.0 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 (co-sharing Lullaby trust)
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/carer/s 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.

Deaths 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, this may include:
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)
Sudden infant death syndrome (SIDS) – sometimes known as 'cot death' – is the sudden, unexpected and unexplained death of an apparently healthy baby under the age of 12 months (www.NHS.UK 2018)

SUDI (Sudden Unexpected Death in Infants)
Sudden Unexpected Death in Infancy (SUDI) is the common term for sudden and unexpected **ALL** infant deaths that are **initially unexplained**

Supine Position
On the back to sleep (face upwards)

5.0 GUIDANCE

5.1 Rationale

Although the cause of SIDS is unknown, specific factors or behaviours can make SIDS more likely. Some evidence suggests that where co-sleeping occurs, there may be an *increase* in the incidence of SIDS (NICE 2015).

Over the past few years within Pan-Cheshire there have been a number of infants less than 12 months of age who have died of SIDS in which there have been a number of factors or behaviours present associated with unsafe sleep practice.

This 'Safe Sleeping Guidance' has been developed for the Pan Cheshire Integrated Workforce. To ensure professionals have the underpinning knowledge so they can have a sensible, parent/carer discussion, sharing some of the evidenced based information, to help parents to establish a safer infant sleeping environment and reduce the likelihood of SIDS.

5.2 Introduction

In 1991 The Foundation for Sudden Infant Deaths (now The Lullaby Trust) launched the 'Back to Sleep' campaign in 1991, SIDS cases reduced dramatically from nearly 1,545 to 647 per annum (FSID 2009). The campaign was continued abroad and other countries saw subsequent rapid falls in SIDS too. There has been a slower decline since 1992, with 250-300 infant deaths remaining unexplained following post mortem which are then registered SIDS as no causal factor has been found (ONC 2014).

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 (NICE 2015) indicate that there is a statistical association between

co-sleeping and SIDS which is potentially increases when there are additional multi-factors present such as:

- Parental/carer drug use and/or recent alcohol consumption. (medications that may cause drowsiness including prescribed, over the counter and illicit drugs)
- Extreme tiredness
- Parental/carer smoking (doesn't have to be in the same room as baby)
- Premature infants and those of low birth weight
- Sofa sharing

In 2016, **219** infants died of SIDS in the UK around half died whilst in a cot or Moses basket and half died whilst co-sleeping, however, 90% of the infants who died when co-sleeping died in hazardous situations which were largely preventable. The researchers concluded that the public health strategy should primarily focus on making parents aware of specific hazardous co-sleeping environments to avoid, as described above (Blair et al 2014).

The Following Recommendations Have been Issued Nationally

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 2015, to be updated and published 2020)*

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 advise parents that:

- In the first 6 months, the safest place for a baby to sleep (day or night) is in their own cot or Moses basket in the same room as their parent/s or carer/s
- Placed on their back to sleep in the 'feet to foot' position (feet touching the bottom of the cot) on a clean, firm, flat, well-fitting and waterproof mattress which is in a good condition, the cot free from toys, pillows, bumpers and duvets.
- They should be in a smoke free environment during pregnancy and after birth and be breast fed if possible

- Room temperature should be between 16 - 20°C; lightweight bedding used, tucked in and below shoulder height, a folded sheet or blanket is a double layer. Outdoor clothing and hats should be removed when indoors.

(NICE 2015, UNICEF 2017, www.NHS.UK 2018).

To inform parents and carers of the association between co-sleeping and SIDS, particularly in hazardous situations, **day and night** (sleeping on a bed, sofa or chair with an infant) and that SIDS is likely to be greater when:

- they, or their partner, smoke or
- parental or carer recent alcohol consumption, or
- parental or carer drug use, or
- low birth weight or premature infants
- Falling asleep on a sofa or chair day/night should be avoided at all times.

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 (NICE 2015).

To recognise that a significant number of parents will co-sleep, unintentionally or intentionally. Breast feeding mothers often find bed sharing a positive experience, breast feeding exclusively without any of the above factors present is reported to be protective against SIDS (Hauck et al 2011). Therefore, it is important to discuss coping strategies and bed sharing, to enable parents to make an informed decision (Thompson et al 2017).

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. (Lullaby trust picture cards – Appendix 6)

Professionals should make a record of the discussion re infant safe sleep and advice given. If a parent/carer/s are placing an infant at risk of significant harm despite advice given then professional judgement regarding the nature of the unsafe sleep factors present should be considered and issue escalated 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 (2015) recommends that safe sleeping is discussed before birth, after birth and any other occasion where parent/carer/s have planned healthcare

professional contact. Postnatal period ends 6-8 weeks after the birth. Information should be discussed and recorded appropriately:

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 planned follow up contact
Family Nurse Partnership	Antenatal contact Primary birth visit Any subsequent planned follow up contact
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' parents/carers

"The safest place for your baby to sleep is in a cot in a room with you for the first six months." (www.NHS.UK 2018).
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.

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)

Within Pan Cheshire we recommend that baby's parent/carer/s are advised not to bed-share if any of the following factors are present:

- If anyone sharing the rooms where the baby is sleeping smokes (no matter where or when they smoke
- If the mother smoked during pregnancy
- If the baby's parent/carer/s have consumed alcohol
- If the baby's parent/carer/s have taken medication or drugs that make them drowsy or sleep heavily (illegal, prescription or purchased over the counter, anaesthetic following dental surgery or day case surgery)

- Has any illness (physical or mental) that could affect awareness of baby, i.e., diabetes, epilepsy
- If a baby has a high temperature (then medical advice should be sought)
- If the baby's parent/carer/s has a high temperature
- If a baby's parent/carer if excessively tired or unwell
- If the baby was small at birth, i.e., weighing less than 2.5kg or born preterm, i.e., born before 37 weeks gestation.

5.6.1 Known Associated Factors

Factors associated with an increase in SIDS

Associated Factors	Modifiable factors
Infant Sleeping Position 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, i.e., Pierre Robin Syndrome as these Infants often need to be nursed in a lateral position.*** Ref http://www.cla[a.com/medical/pierre-robin-article/110/
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 UNICEF (2013) There is not yet any research on e-cigarettes and SIDS, but e-cigarettes appear to be safer than continuing to smoke; both during pregnancy and after baby is born.	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 Some of the evidence suggests that there is still a small correlation between bed-sharing and SIDS	Bed Sharing & Safety Issues: • Adult mattresses are not designed for infants. • Adult pillows and bedding may contribute to suffocation.

even when neither parent/carer/s smoke. This associated factor and SIDS mainly affects younger infants (less than three months postnatal age) and those of low birth weight (<2,500 grams). Thus, bed-sharing maybe an associated factor whether parents/carers smoke or not	• Adult duvets can contribute to overheating – the ideal temperature for an infant's room is 16-20 0C. • Other children or pets may be sharing the parental bed and this may lead to suffocation or over-heating. • Infants may be squashed /suffocated by parents or others in the bed. • Infants may get wedged in the bed or may wriggle into a position from which they can't get out. • Infants may roll out of bed and be injured.
Infant Sleeping on Sofa, Armchair or Beanbag with/without Parent	Sleeping with an infant on a sofa/armchair is associated with SIDS due to entrapment Infant may get wedged in the sofa, armchair, beanbag. Parent may roll over on a sofa and suffocate the infant.
Parental Alcohol/Illicit Drug Use	Alcohol/Illicit drug use may sedate parent(s)/carer(s) and impair their level of consciousness, responsiveness and awareness of the infant in bed. Therefore, they may be less aware or able to respond to their infant's needs appropriately. **(see section 6 re: Legislation)**
Parental Prescribed Medication	Prescribed medication may have a sedative effect and impair parent/s level of consciousness. If responsiveness and awareness of the infant in is bed impaired. Parent/s/carer/s less aware of or less able to respond to the infant's needs appropriately Medication that may have sedative effects include: sleeping tablets, anti-depressants, some cough remedies, some anti-histamines and some analgesics – GP or pharmacy advice should be sought. Anaesthetics given during day surgery or dental surgery could increase drowsiness.
Parental Tiredness	Parental tiredness may impact on responsiveness and awareness of the infant in bed.
Young, Pre-term Infants/Low Birth Weight	Where co-sleeping occurs there is an associated increase in the number of SIDS in infants under 12 weeks of age, premature infants (born before 37 weeks) or in infants of

	low birth weight (less than 2.5kg or 5 lbs 8oz). Even if their parents are non-smokers.
Illness and Infection	The incidence of SIDS appears to increase when infants are unwell, particularly when placed in a lateral or prone position (face down) to sleep. Sleeping with or overwrapping an ill infant or co-sleeping with a carer with a high temperature are other possible factors associated with SIDS.
Temperature/Overwrapping/ Swaddling Associated with SIDS	Overheating (heating on all night and excess bedding) is associated with SIDS. This includes the combination of overwrapping (excessive layers of bedding and/or clothing including hats) and/or infection. Similarly, the combination of overwrapping and prone sleeping. A number of factors such as infection, sleeping position, overwrapping or bedclothes covering the head, can affect the thermal balance in a baby by either making the infant too hot or reducing their ability to lose heat. Crib/cot placed next to a radiator. Care should be taken with positioning of crib/cot.
Head Covering	There appears to be a link with Infants whose heads are covered with bedding and SIDS. Infants should be placed feet to foot in the crib, cot or pram. Bedding should be placed no higher than the shoulders. Duvets, quilts, baby nests, wedges, bedding rolls or pillows should not be used.
Bedding (see 'temperature overwrapping and head-covering', p.10-9)	Parents/carers need to ensure that the bedding in use is the right size for the cot/crib/Moses basket; to prevent entanglement. Sheets and blankets are ideal. If the infant is too hot a layer can be removed and if too cold a layer added. The cot should be made up so that the blanket and sheets are halfway down the cot, and tucked under the mattress so that the infant lies with their feet at the end of the cot. This is a safe and recommended method as it means it's difficult for the infant to wriggle down under the bedding.

	Duvets and pillows are not safe for use with Infants under one year of age as they may cause overheating and/or increase the risk of accidents from suffocation. Use of cot bumpers – research has produced neutral results, but some expert's advise avoiding the use of cot bumpers once an infant can sit unaided as they can use the bumper as a means to get out of the cot. Some bumpers have strings attached to secure them to the cot; an older child could pull at these strings and become entangled in them.
Infant Sleeping in Car Seat / Prams/ Pushchair/Slings/Hammocks	Infant's particularly pre-term infants or those with pre-existing health care conditions maybe more likely to develop respiratory problems when placed for long periods in a semi-reclined position of a car seat, sling or pushchair. Ensure that infants on return home are placed in their usual firm, flat surface crib/cot to sleep. **Car seats** • Extra observation should be made for premature Infants in car seats as they may curl forwards and inwards, compromising breathing. • Infants should be transported in properly designed and fitted car seats, facing backwards. • When travelling regular breaks should be taken. **Swaddling** • Suggested emerging association with SIDS, infants brought into bed should not be swaddled due to the risk of over heating. **Slings -** two positions present a significant danger • Lying with a curved back, with chin resting on the chest • or lying with face pressed against the fabric of the sling or the wearer's body. ***In the UK in response to a small number of infant deaths due to suffocation associated to sling use. The Royal Society for the Prevention of Accidents and the consumer organisation Which? Produced the following guidance for sling wearers:*** **TICKS** **T**ight but comfortable, close enough to hug **I**n view at all times

	Close enough to kiss **K**eep chin off chest. A baby's chin curled towards their chest restricts breathing. **S**upported back, a baby in a slumped position can result in a restricted airway. **Hammocks** The safest place for an infant to sleep is on a firm, flat surface, which is their own sleeping area. Parents should be advised to look for the British Safety Kite Mark before any purchase.
Parental Physical or Mental Health Illness	Any parental physical or mental health illness that can alter level of consciousness increases the risk of roll over by the parent, for example, epilepsy or insulin dependent diabetes.
Previous Unexpected Infant Death	There is an increased risk of SIDS where the death of a sibling (infant) has already occurred, possibly because some risk factors are still present. However, the risk of a subsequent infant death in the same family is still fortunately very rare. Some areas have a Care of the Next Infant (CONI) programme to support families during subsequent pregnancies and after birth.
Toys in the Cot/ Moses Basket	When the infant is very young, cuddly toys (especially large ones) should be avoided. Toys could fall onto the infant resulting in overheating or accidental smothering.
Changes in Sleep Circumstances	Inconsistent routines or changes to the last sleep episode have been described by parents whose infants have died. Parents should be advised to make plans for safe sleep when there is a change to usual sleep arrangements, for example: when sleeping away from home; and when their infant is looked after by relatives or friends; after family celebrations, alcohol use etc.

5.6.2 Known Protective factors

Protective Factor	Why it protects
Infant Sleeping in Own Crib, Moses Basket or Cot, in Parents Bedroom and Infant Sleeping Position	Sleeping on the back in own crib, Moses basket or cot, in parents bedroom carries the lowest risk of SIDS. Eliminates the risk of parental roll over, suffocation and over heating. Feet to foot position reduces the risk of an infant wriggling down and his/her head becoming covered.

	Room sharing - having an infant sleep near you is a protective factor as parents/carers can readily respond to feeding cues and are more vigilant and responsive to their infants needs. Infants are also more settled when near to their parent/carer at night. **Room-sharing is recommended for at least the first 6 months DAY & NIGHT.** Wedges or props should not be used to keep an infant in the same position. Carers should place infant on their back to sleep and be advised not to worry when their infant learns to roll and find a more comfortable position on their own. They can place the infant onto their back but there is no need to check throughout the night. At 5-6 months of age infants readily begin able to roll themselves from front to back. **Cots** All cots currently sold in the UK should conform to BSEN 716 and have a label that states: • The cot is deep enough to be safe for the infant. • The bars should not be more than six centimetres apart, so that Infants cannot get their heads caught between them. The bars of cribs made prior to 1979 may have wider spacing that does not conform to these standards. **Using a second-hand cot** Parents/carers must check that the cot is safe for an infant . This includes: • The same points above apply when using a second hand cot. • If the cot is painted, it will need to be stripped and re-painted. There is always a possibility that old paint may have lead in it (Defra.gov.uk) • Make sure the mattress fits snugly, there should be no corner post or decorative cut outs in the headboard, or foot board which could trap an infants limbs. • It is recommended that a new mattress is used for each infant using the cot. If parents are using a 'used' mattress from a previous child, they should be advised to ensure that it is waterproof, has no tears or holes. Ventilated mattresses are not recommended, as they are very difficult to keep clean. **Using a cot safely** • Avoid putting the cot/Moses basket next to a window, heater, fire, radiator, or direct sunlight, as it could make an infant too hot. • When an adult is not in the same room as an infant the drop side of the cot should be up and locked in position. • Keep the cot away from any furniture, which an older child could use to climb into the cot. • Keep the cot away from toiletries, such as infant lotion,

	wipes and “nappy sacks” which an older infant may be able to reach. • Do not place the cot next to curtains and blinds with cords. Dangling cords carry a risk of strangulation. Any cords must be securely tied up. • When the cot mattress is at its lowest height the top of the rail should be above the infant’s chest to prevent climbing out of the cot. **<u>Mattresses</u>** Ideally a new mattress should be used for each baby, which conforms to BS Standards. If a ‘used’ mattress is used from a previous child it should be completely waterproof, with no tears or holes. Ventilated mattresses are not recommended as they are difficult to keep clean. Mattresses should be firm, flat and well fitting, the use of soft mattresses or toppers is not recommended.
Breast Feeding	Breastfeeding has been shown to reduce the risk of SUDI (DoH 2009). When breast feeding and bed-sharing mothers naturally take up the protective sleeping position (C-shaped sleeping position). The universal/key messages about safe sleeping still apply to breast feeding mothers. ***UNICEF Baby Friendly Guidance says that parent’s need a discussion about the management of night time feeds so that they are able to risk assesses and make informed choice (UNICEF 2017).***
Using a Dummy	Several studies have identified a significant protective association between dummy (pacifier) use against SIDS. However, the evidence is not strong and not all experts agree (BASIS 2015 2014). The Lullaby Trust recommends that: **I**f you choose to use a dummy, wait until breastfeeding is well established (at up to about 4 weeks old). **S**top giving a dummy to your baby to go to sleep between 6 and 12 months. **D**on’t force your baby to take a dummy or put it back in if your baby spits it out. Don’t use a neck cord. **D**on’t put anything sweet on the dummy, and don’t offer during awake time. **U**sing an orthodontic dummy is best as it adapts to your baby’s mouth shape. **I**f you choose to use a dummy make sure it is part of your baby’s regular sleep routine (The Lullaby Trust 2019)
Having an Infant Sleep Plan and Routine	Encourages parents to think about practical interventions to reduce the risk times, for example, if a mum is breastfeeding in the night and is tired she could set a timer to go off every 10 minutes or she could make sure her partner watches over her etc. Parents whose infants have died have described inconsistent routines or changes to the last sleep episode.

Room / Infant at the Right Temperature (see temperature and overwrapping)/Baby Sleeping Bags.	Ideal room temperature is 16-20 degrees Celsius; reduces the risk of overheating. Specially designed sleeping bags are useful for Infants who are kicking off their blankets. No current evidence to suggest that sleep bags are safer than traditional blankets and sheets. Approx 95% of parents/carers use baby sleep bags, advise to ensure that appropriate weight and size of bag is appropriate for the infant and should fit snugly around chest. Appropriate tog to be used, i.e., 1 tog summer and 2.5 in winter. **Sleep bags are not recommended for newborn infants.**
Clothing	Flame retardant sleepwear advised. Suitable clothing should be worn for the temperature of the room. Remove bibs before sleep.
Consistent information from a range of workers	**Increases the likelihood of parents understanding risks and factors associated with SIDS changing their behaviour.**

5.6.3 Twins & Multiples

There is no evidence to suggest that putting multiples in the same cot (which is larger than a Moses basket or crib) in the early weeks places them at greater risk of SIDS (it is not recommended that multiples co-bed in a Moses basket due to the limited space). The advice should be followed as for all babies regarding safer sleep. However, once the Infants can roll over or potentially bang their heads the safer sleeping advice described in this guidance should be followed and they need to be in separate cots. Some areas use the Baby Box Scheme, it is important not to sleep babies together in one box. Note: if parents are considering co sleeping the same advice applies as with all babies, however, it is more likely that babies of multiple births are more likely to be pre term or small for dates and parents are also more likely to be sleep deprived (www.tamba.org).

5.7 Co-sleeping

It is in no-one's interest to avoid this discussion regarding co-sleep with the baby's parent/carer/s, either on the grounds that it is complex, or to wait until the mother reports that she has already slept with their baby in a bed (one would not apply the same thinking to teaching a child how to cross a road).

Despite many new parents/carers say that they will never sleep with their infant, evidence suggests that up to 70-80% of UK infants at some time have bed-shared with a parent during their first three months. It is therefore important that professionals have a discussion about bed-sharing/co-sleeping with **ALL** parent/carer/sand consider how they will manage night-time care.

Carer/parent/s **must** be advised never to fall asleep on the sofa, chair or beanbag with an infant. If they choose to sleep anywhere not designed for

sleeping with their infant such as the sofa, chair or on a beanbag, they must be alerted to the risk factors associated with this choice. They must also be made aware that adult beds are not designed with infant safety in mind. Infants can get trapped or wedged in the bed or a parent/carer can accidently overlay. It is the carer's responsibility to ensure the bed environment is as safe as possible for their infant if they choose to co-sleep.

If an infant's carer decides to bed-share then they need to make sure that the bed is as safe as possible with the following guidance:

- The mattress needs to be clean, firm and flat. Soft mattresses and mattress toppers should not be used.
- Do not use waterbeds, electric blankets or bean bags
- Make sure that the infant cannot fall out of bed or get stuck between the mattress and the wall
- The room must not be too hot (16 – 20 C is ideal)
- Infant's should not be overdressed
- The bedding must not overheat the infant or cover the infant's head. There is no need for an infant to wear a hat in bed. Pillows must not be used.
- The infant must not be left alone **in** or **on** the bed as even a very young can wriggle into dangerous positions
- Any adults in the bed must be made aware when the infant is in the bed
- If an older child is sleeping in the bed then an adult should sleep between the older child and the baby. Avoid overcrowding
- Avoid having pets or cuddly toys in the bed.

Most mothers who are breastfeeding naturally sleep facing their infant with a body position that protects the infant, for example, stops the infant moving up or down the bed and stops the mother rolling onto the infant (TAMBA 2018, Lullaby Trust 2019)

5.8 SAFER SLEEPING LEGISLATION GUIDELINES

If a person - co sleeps with a child:

- Whilst under the influence of drug/substance/alcohol
- Causing his/her death by suffocation

That person will be subject to investigation and possibly liable to criminal prosecution

Children and Young Persons Act 1933 - (Wilful Neglect) - Section 1. (2)
Offences against the Person Act 1861 - (Manslaughter) – Section 5.

6.0 RECOMMENDED RESOURCES:

6.1 Appendix ONE

1. BASIS formerly known as the Infant Sleep Information Service provides information about normal infant sleep based upon the latest UK and world-wide research. BASIS is collaboration between Durham University Parent-Infant Sleep Lab, La Leche League, NCT, and UNICEF UK Baby Friendly Initiative, funded by a grant from the ESRC (Economic and Social Research Council). https://www.basisonline.org.uk/

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14. The Lullaby Trust (2018) Safer Sleep for Premature Babies Booklet – written in collaboration with BLISS and TAMBA. https://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Safer-Sleep-Advice-For-Premature-Babies.pdf

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16. The Lullaby Trust (2019) https://www.lullabytrust.org.uk/wp-content/uploads/Evidence-base-2019-1.pdf

17. UNICEF (UK) Baby Friendly (2017) Caring for your baby at night – a parents guide. This leaflet offers helpful, practical advice to parents on looking after their baby at night. https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/

18. UNICEF (UK) Baby Friendly (2017) Co-sleeping and SIDS A Guide for Health Professionals (2018) https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/07/Co-sleeping-and-SIDS-A-Guide-for-Health-Professionals.pdf This booklet is designed to provide some background for health professionals who are using the parents' leaflet Caring for your baby at night. It will set out the text of each page of the parents' leaflet and then provide the corresponding (referenced) text for health professionals.

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6.2 Appendix TWO

NICE – NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE (2015)

Quality Standard 37 POSTNATAL CARE – Quality statement 4: Infant health – safer infant sleeping

What the quality statement means for service providers, health and social care practitioners, and commissioners

Service providers - To ensure that systems are in place for women, their partner or the main carer of the baby to have a discussion about safer infant sleeping at every postnatal contact.

Healthcare practitioners - To ensure that safer infant sleeping is discussed with the woman, her partner or the main carer at every postnatal contact. Providing the woman, her partner or the main carer with the opportunity to regularly discuss infant sleeping practices can help to identify and support them and the wider family to establish safer infant sleeping habits, and to reduce the baby's risk of sudden infant death syndrome.

Evidence of local arrangements to ensure that information about safer infant sleeping is discussed with women, their partner or the main carer at each postnatal contact.

Information provision - The woman, her partner or main carer of the baby should receive accurate, evidence-based verbal and written information about safer infant sleeping. This written information should be discussed with the woman, her partner or main carer within 24 hours of the birth, and safer infant sleeping discussed at each subsequent postnatal contact (including 10–14 days after the birth and at the 6–8 week postnatal check).

Postnatal contact - Women and their Infants should receive the number of postnatal contacts appropriate to their care needs. A postnatal contact is a scheduled postnatal appointment that may occur in the woman or baby's home, a GP practice or children's centre, or a hospital setting if the woman or baby needs extended inpatient care. For the majority of women, Infants and families the postnatal period ends 6–8 weeks after the birth.

Equality and diversity considerations - Communication and information-giving between women (and their families) and members of the maternity team is a key aspect of this statement. Relevant adjustments will need to be in place for anyone who has communication difficulties, and for those who do not speak or read English. Verbal and written information should be appropriate in terms of the women's (and their families) level of literacy, culture, language and family circumstances.

6.3 Appendix THREE

Cheshire Constabulary

Safer Sleeping Legislation Guidelines

If you are a person of any age and you:

- Co-sleep with a child
- **Not under** the influence of any drug/alcohol/or substance
- Cause his/ her death by suffocation
- <u>This will be deemed a tragic accident</u>

If you are aged 16 years or over and you:

- Co-sleep with a child under the age of 3 years
  whilst under the influence of drink/alcohol
  causing his/her death by suffocation
  you will be liable to criminal prosecution (Wilful Neglect) - Section 1. (2)
  Children and Young Persons Act 1933

If you are a person of any age and you:

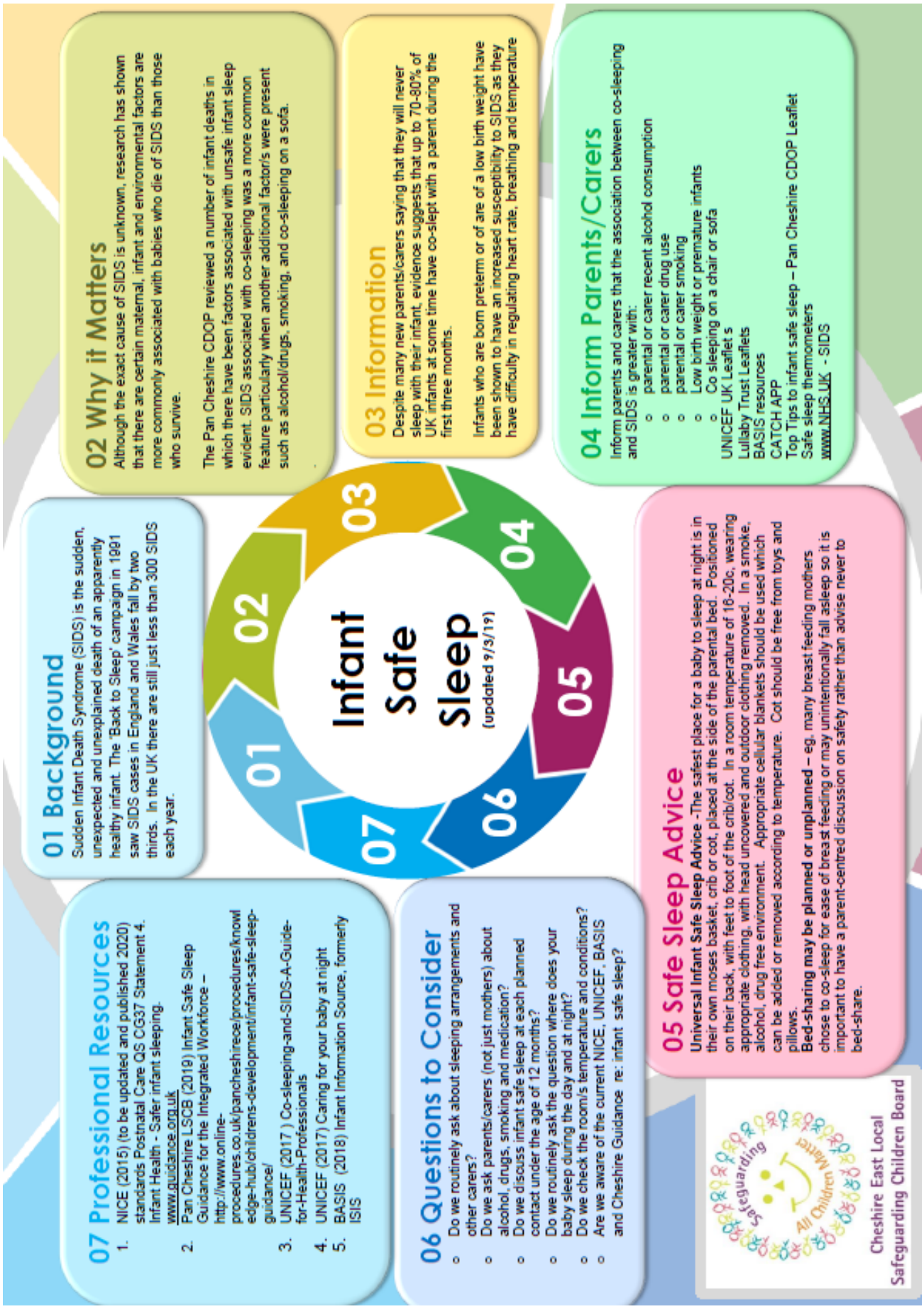
- Co-sleep with a child of any age
  whilst under the influence of any drug/substance/alcohol
  cause his/her death by suffocation
  you will be liable to criminal prosecution (Manslaughter) – Section 5.
  Offences against the Person Act 1861

Children and Young Persons Act 1933 - (Wilful Neglect) - Section 1. (2)

Offences against the Person Act 1861 - (Manslaughter) – Section 5.

6.4 Appendix FOUR

Infant Safe Sleep 7 Minute Brief



6.5 Appendix FIVE

The Lullaby Trust: Evidence Base (2019)

Research has shown that several maternal and infant care factors are more commonly associated with Infants who die of SIDS than those who survive. While it is clear that not all the factors are modifiable, there are some that are amenable to change in order to reduce the risk of SIDS.

Factors associated with an *increased* risk of SIDS	**Factors associated with a *decreased* risk of SIDS**
Unsafe sleeping positions – side or front. One major UK study found that the risk of SIDS death for infants was over six times the risk for those infants placed prone (on their front to sleep).	**Room sharing** **On the back to sleep**
Smoking – maternal smoking in pregnancy highest risk. The more cigarettes smoked the greater the risk. Two studies showed that SIDS was 2.5-4 times higher in mothers who smoked 1-10 per day, versus non smokers and 7-8.5 times higher in mothers who smoked over 20 cigarettes per day. Passive smoking increases the risk of SIDS and where both parents/carers smoke.	**Breastfeeding**
Unsafe sleeping environments: **Sofa sharing/chair** – high risk of entrapment between back of sofa or chair and parent **Bed sharing –** x6 greater risk of SIDS when bed sharing with a parent/carer who smokes, drinks alcohol, drugs or is over tired. Premature and low birth weight Infants are at particular risk from bed sharing whether parents smoke or not. **Temperature –** overheating from high room temperature or overwrapping is associated with an increased risk of SIDS. **Bedding and mattresses –** a high proportion of infants who die as a result of SIDS are found with their head or face covered. Pillow use alone has been shown to increase the risk of SIDS by 2.5% compared to non pillow use.	**Dummy use**

6.6 Appendix SIX

Key messages for safer sleeping

Safer sleep for babies

Things you can do

- Always place your baby on their back to sleep

- Keep your baby smoke free during pregnancy and after birth

- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months

- Breastfeed your baby

- Use a firm, flat, waterproof mattress in good condition

the lullaby trust

safer sleep for babies – support for families

Things to avoid

- ✗ Never sleep on a sofa or in an armchair with your baby

- ✗ Don't sleep in the same bed as your baby if you smoke, drink or take drugs or if your baby was born prematurely or was of low birth weight

- ✗ Avoid letting your baby get too hot
- ✗ Don't cover your baby's face or head while sleeping or use loose bedding

You should follow the advice for all naps, not just for night time sleep

Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of a baby for no obvious reason and although we don't yet know how to completely prevent SIDS, it is possible to significantly lower the chances of it happening by following the advice.

You can also talk to your midwife or health visitor if you have any questions or concerns or get in touch with us

Email: info@lullabytrust.org.uk
Telephone: 0808 802 6869
Website: www.lullabytrust.org.uk

This leaflet was produced by The Lullaby Trust. The information was last updated in August 2016. Wording approved by UNICEF UK.
Registered charity no. 262191. Company registration no. 01000824. Formerly The Foundation for the Study of Infant Deaths.

6.7 Appendix SEVEN

Tips for Safer bed sharing

6.8 Appendix EIGHT

Safer Sleeping for Multiples (TAMBA 2018)

SAFER SLEEPING

How to keep all babies - including multiples - safer when sleeping

Please follow our Safer Sleeping advice whenever your babies are sleeping or napping, not just at night time.

Safer sleeping for **all babies**

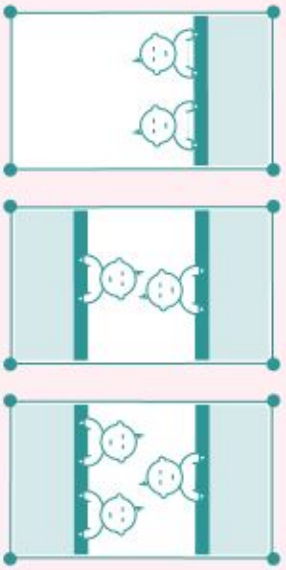
- tips for all babies including multiples -

- Keep your babies in the same room as you for the first six months.
- Always place your babies on their backs to sleep.
- Use a firm, flat, waterproof mattress in good condition.
- Always unwrap babies and remove their hats when you go from a cold to a warm place.
- Make sure the cot is free from toys, pillows and loose bedding.
- Breastfed babies have a lower risk of SIDS: www.lullabytrust.org.uk /breastfeeding

Safer sleeping for **multiples**

- additional tips for twins, triplets and more -

- Place your twins, triplets or more in the 'Feet to Foot' position (with their feet at the foot of the cot).



Twins in the 'Feet to Foot' position

Triplets in the 'Feet to Foot' position

www.tamba.org.uk
Twinline - 0800 138 0509

Page 1

Continued overleaf ▶▶▶

6.9 Appendix NINE

Safer Sleeping Tips

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