Universal Pathway for Safer Sleeping Risk Assessment and Action Plan

Antenatal Contacts

BHFT Midwifery Service

To provide safe sleeping advice and guidance. Commence the safe sleep risk assessment and safe sleep action plans in collaboration with both parents (where possible). Identify if additional support is required and refer to Early Help is required

All services, Family Centre Service, Smoking Cessation, Domestic Abuse, Substance misuse, GP services, Housing services, provide evidence based safe sleep information

BMBC Health Visiting Service Home visit antenatal contact reinforce safe sleep guidance, signpost parents to safe sleep section in PHCR – review and update safe sleep risk assessment and action plans with parents/carers

All contacts up to the first two years of life.

BFHT Midwifery in hospital

Safe sleep risk assessment upon transfer to the postnatal ward. Discharge plans to include communications on safe sleep risk and actions.

BFHT Midwifery in Community

Postnatal Home Visit(s) by Community Midwife

Review safe sleep risk assessment and update of safe sleep action plan

Does the risk reach thresholds for referrals to other services or social care?

Is an Early Help Assessment required?

Record concerns and communicate to Health Visitor

Family Centre Service,

information

BMBC Health Visiting Services

Commencing at 10-14 days birth visit review and safe sleep risk assessment and update infant sleep action plan.

At each contact observe for SUDI risks, update safe sleep action plans.

Communicate any safer sleep issues to relevant professionals.

Does the risk reach thresholds for referrals to other agencies or social care?

Is an Early Help Assessment required?

New family movement in visits to include safe sleep risk assessment and safe sleep action plan.

6-8 week Postnatal appointment with GP services

Reiterate infant safe sleep advice. Assess infant health and identify any medical conditions that may pose additional safe sleep risks.

Consider all prescribed medication for either parent or the infant. Is this a risk for infant safe sleep?

Does the family require additional support from services to support safe sleep of the infant?

All services. **Smoking** Cessation, **Domestic** Abuse, Substance misuse, GP services, Housing services, provide evidence based safe sleep