



## **Safer Sleep Guidance for Partner Agencies**

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**For the purpose of this guidance the following definitions apply:**

<b>Term</b>	<b>Definition</b>
<b>Bedsharing</b>	Describes babies sharing a parents/carer's bed in hospital or home, to feed them or to receive comfort. This may be a practice that occurs on a regular basis or it may happen occasionally.
<b>Co-Sleeping</b>	Describes any one or more person falling asleep with a baby in any environment (e.g. sofa, bed or sleep surface, any time of day etc). This may be a practice that occurs on a regular basis or it may happen occasionally; may be intentional or unintentional.
<b>SUDI</b>	Sudden Unexpected Death in Infancy. The sudden death of an infant which was not anticipated by any professional or carers involved with the child 24 hours prior to the event that led to death (Sidebotham, 2013).
<b>SIDS</b>	Sudden Infant Death Syndrome (formerly known as cot death). The sudden death of an infant under one year of age which remains unexplained after a thorough investigation, including performance of a complete autopsy, examination of the death scene and review of the medical history (Sidebotham, 2013).

## Section 1: Introduction

Sudden Infant Death Syndrome (sometimes referred to as SIDS or Cot Death) accounts for a small but significant proportion of deaths amongst babies nationally; each of these deaths represents an unexpected and tragic loss for a family. Research to date has been unable to find a clear cause for SIDS. However, there are several key messages about safer sleeping arrangements, based on research evidence, that may help parents and carers reduce the risk of SIDS for their baby.

On a national level, a significant number of SIDS deaths have been associated with specific factors that are known to increase the risk of SIDS, for example co-sleeping or inappropriate sleeping arrangements, parental smoking, drug or alcohol use. There is evidence from long term studies of Sudden Unexpected Deaths in Infancy that some of these deaths, associated with bedsharing, co-sleeping and other SIDS risk factors, could have been preventable.

It is recognised that the factors which influence sleeping arrangements for babies are a combination of parental values, socio-economic factors and cultural practices. However, this guidance strongly recommends that all parents should be advised of the potential risk factors relating to SIDS and informed around measures that can be taken to reduce risk.

This guidance aims to increase workers' awareness and understanding of the SIDS risk factors and promote the practice of giving clear, consistent information and advice to parents to assist them to make informed decisions regarding the welfare of their baby.

### **Together, we can contribute to reducing sudden and unexpected infant deaths.**

This guidance has been designed to be accessed by all practitioners who regularly come into contact with babies, their parents or other carers in a caring or support role.

This includes all practitioners in either the statutory, voluntary, community or private sector agencies. This may include:

- Health Practitioners
- Social Workers
- Substance Misuse Workers
- Police Officers / Police Community Support Officers
- Children's Centre Workers
- Early Years Workers
- Teenage Pregnancy / Young Parents Support Workers
- Housing Officers
- Mental Health Workers
- Probation / Youth Offending Services
- Foster carers / support staff in Independent Supported Accommodation

***NB. This guidance should be followed alongside each agency's own policy, guidelines and training.***

## Section 2: Safer Sleep Messages

### Key Messages

The most important message to communicate clearly with parents/carers, at any and at all opportunities is as follows:

**The safest place for a baby to sleep is on their back, in a cot, crib or Moses basket in the same room as their parents or carers for the first six months.**

- ✓ Always place your baby on their back to sleep, with their feet at the foot of the cot. The safest place for your baby to sleep for the first 6 months is in a cot or Moses basket in the same room as you.
- ✓ Use a firm, flat, waterproof mattress that is clean and in good condition.
- ✓ Keep your baby smoke-free during pregnancy and after birth. For help and advice speak to your midwife, GP or e-mail [smokefree@northnorthants.gov.uk](mailto:smokefree@northnorthants.gov.uk)
- ✓ Breastfeed, if you can. For help and advice speak to your midwife or GP.
- ✗ Never sleep on a sofa or in an armchair with your baby.
- ✗ Don't cover your baby's face or head while sleeping or use loose bedding.
- ✗ Don't sleep in the same bed as your baby - especially if you smoke, have had a drink, or taken drugs or medication that may make you drowsy, or if your baby was born prematurely or was of low birth weight – these factors increase the risk of death through unsafe sleeping.
- ✗ Avoid letting your baby get too hot. A room temperature of 16-20°C, with light bedding or a lightweight, well-fitting baby sleep bag is comfortable and safe for sleeping babies.

***This advice should be followed at all nap times, not just overnight sleeps.***

### Safer Sleep Messages: Protective Factors

- Putting a baby to sleep on his or her back carries the lowest risk of SIDS.
- Room sharing (sleeping in parents/carers' bedroom) lowers the risk.
- Breastfeeding helps protect against SIDS.
- Reducing or quitting smoking in pregnancy reduces the risk of SIDS.
- Settling a baby to sleep with a dummy can reduce the risk of cot death, providing this is done consistently every time the baby is put down to sleep. It is good advice to wait until breastfeeding is well established before introducing a dummy (at up to around 4 weeks of age).

### Safer Sleep Messages: Sleep Position

**The safest place for a baby to sleep is on their back, in a cot, crib or moses basket in the same room as their parents or carers for the first six months.**

The position that baby is placed to sleep in each night is one of the most protective actions that can be taken to ensure that baby is sleeping as safely as possible.

When providing messages to parents/carers about the safe position to place baby to sleep in, the key points are:

- You should always place your baby on their back to sleep and not on their front or side (unless your doctor has advised you of a medical reason to do so).
- Sleeping a baby on their front or side greatly increases the chance of SIDS.
- It is important that you always put your baby on their back as part of their regular sleep routine – the chance of SIDS is particularly high for babies who are sometimes placed on their front or side.
- If your baby has rolled onto their tummy, you should turn them onto their back again.
- Once your baby can roll from back to front and back again, on their own, they can be left to find their own sleep position.
- Place baby in the **feet-to-foot** position; so that their feet are close to the foot end of the cot or Moses basket. This will help ensure that baby doesn't wriggle down under the bedding. Use lightweight blankets which are firmly tucked in no higher than the baby's shoulders or alternatively, use a well-fitting baby sleeping bag.

## Safer Sleep Messages: Sleep Space

**The safest place for a baby to sleep is on their back, in a cot, crib or Moses basket in the same room as their parents or carers for the first six months.**

### Bed sharing and co-sleeping

Some parents choose to share their bed with their babies and co-sleep with them for most or all of the night. It is important for parents/carers to know that there are some circumstances in which this can be particularly dangerous:

- If either you or your partner smokes (even if you do not smoke in the bedroom).
- If either you or your partner has drunk alcohol or taken drugs (including medications that may make you drowsy).
- Bed sharing with a baby of low birth weight (2.5kg or 5 1/2lbs or less) or a premature baby (37 weeks or less) is strongly linked to an increased risk of SIDS.
- You should **never** sleep together with your baby if any of the above points apply to you, or even if you just feel very tired. You must be especially careful when giving feeds that you are not in a position where you could both fall asleep in the bed, an armchair or on the sofa together.

Parents/carers may choose to bed share with their baby for various reasons; it may be a cultural parenting practice, or a personal preference. If this is their choice, make sure that they have received the advice above on when never to bed share so that they can make an informed decision. If parents/carers choose to bed share, there are a few points that could help make bed sharing safer:

- Keep your baby away from adult bedding: A high proportion of infants who die as a result of SIDS are found with their head covered by loose bedding. Do not use pillows or duvets and keep sheets and blankets clear of the baby's head.
- Be aware of possible accidents: Make sure your baby cannot fall out of bed or get trapped between the bed or mattress and the wall. Never leave them alone in an adult bed.

## Overheating

It is important to keep baby's sleep space plain and simple, with no heavy bedding (including duvets/quilts), pillows or toys. They can pose a risk both of accidentally obstructing baby's breathing and of covering baby's head and causing overheating.

**A room temperature of 16-20°C, with light bedding or a lightweight well-fitting baby sleep bag is comfortable and safe for sleeping babies.**

A room thermometer may help parents to monitor environmental temperature. Parent should also feel confident to regularly check their baby to see if they feel too hot.

To aid discussion of the subject of room temperature with parents from other cultures, it may be useful to describe the high level of insulation that UK housing stock tends to have, along with double glazed windows, central heating and warm bedding; the risk of overheating may be higher than they might have been used to while living in another country.

## Safer Sleep Messages: Smoking

The Lullaby Trust charity cites research evidence that shows that around 30% of sudden infant deaths could be avoided if mothers didn't smoke when they were pregnant. Taken together with the risks of smoking around a baby at home, this means that smoking could be linked to 60% of sudden infant deaths.

Even if mothers did smoke during their pregnancy, it is still important to support the family to try not to expose their baby to smoke after birth, as this can help reduce the risk of sudden infant death. Quitting smoking is not easy and will require a lot of discipline, but the key message to parents (and any other members of the household) is that it is an effort worth making in terms of their baby's health and welfare.

This guidance recommends that agencies always promote the key messages around risk reduction, which includes keeping babies smoke-free. However, some parents will make a personal choice to continue smoking after the birth of their baby. Here are some 'smoking hygiene' tips that practitioners can offer parents in this context, which could help reduce the harmful effects of smoking:

- Ensure your home is a smoke-free zone and always go outside to smoke. If you are on your own, never leave your baby alone – take them outside in a pram but keep a safe distance between you.
- Don't let anyone else smoke in your house, including family, friends and other visitors. Ask anyone who wishes to smoke to go outside.
- Smoking in the car with your baby can be very harmful. Try to avoid smoking in the car on short trips, and on longer trips stop for a break and get out of the car to smoke.
- It's important to remember that after a cigarette the smoke will still be on your clothes, hands and in your hair, and there is not enough current research for us to understand exactly how harmful this may be to your baby. **If you or your partner smoke, you should not share a bed with your baby as this greatly increases the chance of SIDS even if you do not smoke in the bedroom.**
- Try to introduce Nicotine Replacement Therapy as much as possible. Cutting down the number of cigarettes you have per day could have beneficial if you cannot quit altogether.

## **Safer Sleep Messages: Breastfeeding**

Breastfeeding provides significant health benefits to babies including increased protection against respiratory tract infections, ear infections and gastroenteritis; the longer the baby breastfeeds the greater the health benefits. Breastfeeding should therefore be promoted as the ideal nutrition for babies, and families should be supported to continue to breastfeed for as long as possible.

Several studies have found that breastfeeding protects against the risk of SIDS and should be recommended as a protective measure, even when Mum is a smoker.

It is recognised that mothers who bring their babies into bed to feed tend to continue to breastfeed longer than those who do not. However, no studies have found bed-sharing / co-sleeping under any circumstances to be safe, and some studies have shown a significant risk, even if the parents/carers are non-smokers.

It is easy to fall asleep whilst breastfeeding as lactation hormones induce sleepiness. If breastfeeding parents indicate that they intend to bed-share, then advice from the UNICEF leaflet 'Caring for Your Baby at Night' should be given.

Actions to minimise the potential risks regarding SIDS should be discussed, including a conversation about the management of night time feeds. Whilst providing messages to mothers to support breastfeeding it should always be stated that:

- The safest place for a baby to sleep is in their cot, moses basket or crib in their parents' or carers' bedroom.
- You should not share a bed if you or your partner smoke, have been drinking or taking drugs that make you drowsy or feel very tired.
- If you do fall asleep when breastfeeding, as soon as you wake, baby should be returned to their cot / moses basket.
- Never fall asleep with a baby on a sofa or armchair.

***To support your assessment of SIDS risk factors, see the Safer Sleep Checklist & Action Plan in the Appendix of this guidance.***

## **Safer Sleep Messages: Premature Infants and Neonatal Ward Practices**

In hospital the same universal safe sleeping message applies – the safest place for baby to sleep is in a cot. However, there may be some circumstances where hospital sleep practices differ from those recommended in the home, specifically in the care of pre-term or unwell babies being cared for in a neonatal unit. For example, pre-term infants in neonatal units may be propped up on pillows or bedding after a feed or put to sleep prone to support respiratory function; swaddled to provide comfort and support their posture during their early days; 'Kangaroo' care may be encouraged to settle babies and promote bonding and breastfeeding; the air temperature of neonatal units is higher than that recommended at home.

The reasons for this developmentally sensitive care of vulnerable infants on neonatal units should be explained so that such practices are not continued in the home environment. Infants in hospital wards are subject to more monitoring and observation than would otherwise be the case at home, especially at night. Where infants in the Neonatal Unit (NNU) have become accustomed to the

prone position, there should be efforts made to acclimatise the infant to the supine position before discharge home.

## **Safer Sleep Messages: Daytime Sudden Infant Death**

The majority of infant deaths occur at night-time but of those that occurred during the day, most occurred when babies were left in a room unattended. Parents/carers need to consider the risk factors at each sleep episode and should keep their infant nearby during the day, so that they can observe them.

## **Section 3: Diversity and Parental Choice**

This guidance recognises that parents/carers need to make their own choices in relation to how they will parent and provide care to their baby. However, it is of paramount importance that parents/carers make these choices in an informed way and with all the relevant information available.

Some cultures actively practice swaddling and co-sleeping as part of their parenting approach. While this should be recognised, it is still important to promote the safe sleeping message to all families in accordance with this guidance. The risk of suffocation and entrapment in adult beds should be discussed and addressed with parents/carers who choose to co-sleep, in order to help minimise the risk.

It remains important that practitioners/staff continue to have conversations about safe sleeping with parents/carers, even where the caregiver's choice is contrary to the recommendations.

***To support your assessment of SIDS risk factors, see the Safer Sleep Checklist & Action Plan in the Appendix of this guidance.***

## **Section 4: Delivering Messages to Parents and Carers**

Practitioners/staff should make it a priority to see where the baby sleeps and discuss and record the information they give to parents/carers about safe sleeping arrangements at all key contacts.

Information should be provided in a manner that is understood by the parent/carer. For parents/carers who do not understand English, an approved interpreter should be used. Similarly, families with other communication needs should be offered information in such a way as best facilitates their understanding. Some individuals will respond to, and act upon verbal discussions / messages, others will respond to visual prompts, while for some it will be a combination of both.

***For tools to help you deliver messages to parents and carers, see the Resources section of this guidance.***

The one thing that is constant is that the message has to be delivered on a number of occasions and be consistent. Parents/carers soon pick up on inconsistent advice; this may lead them to disregard it completely. It is essential that every opportunity is taken to promote the safe sleeping message using the resources available by all of the practitioners delivering services to a family.

## **Safer Sleep is not only a Health Responsibility; It's a Safeguarding Responsibility.**

### **Conversations with Parents and Carers**

Asking to see where the baby sleeps is often an effective way of beginning a conversation with parents/carers around sleeping arrangements. You may wish to ask where baby takes a nap during the day as well as where it sleeps overnight.

Below are some specific questions that practitioners may consider asking when engaging parents/carers with the safe sleeping message:

- Would you consider placing your baby in your bed or on a sofa/beanbag to sleep?
- Do you share your bed with anyone else, including other children?
- Did you smoke at any time during your pregnancy?
- Does anyone in the house smoke?
- Do you drink alcohol in the house or come home to baby after drinking?
- Are you taking any drugs or medication?
- Does your partner take drugs, medication or drink alcohol?
- Due to overtiredness could you easily fall asleep whilst settling/feeding your baby?
- Was your baby premature or low birth weight?
- Would you keep a hat on the baby in the house or leave baby in his/her outdoor clothing when returning home from an outing?
- Do you place toys in your baby's cot?
- Do pets share your baby's sleeping environment or is baby ever left alone in same room as a family pet?
- Do you have a plan to manage safe sleep for your baby in different circumstances (e.g. sleeping away from home, after drinking alcohol at a party or celebration)?

This conversation is intended to support and empower parents; it's not about 'checking up' on them. It is important to always bear in mind culture and diversity issues when offering advice to families.

This guidance recommends that organisations provide training that covers safe sleep advice and reducing the risk of sudden infant death, to all practitioners and staff who regularly have contact with infants, their parents or other carers, in a caring or support role.

***For information about training provided by The Lullaby Trust, see the Resources section of this guidance. The NSCP E-Learning offer also includes a course on Safe Sleeping for Babies.***

### **Recording Advice Given to Parents and Carers**

Some agencies will require staff to make a written record on all occasions where safe sleeping advice is given or the infant's sleeping arrangements are assessed. Effective recording should give details of:

- Who the message was discussed with and who delivered the message.

- The date and time of the discussion.
- Detail any tools that were used.
- Record the response from parents/carers, including the choices they plan to make based on advice given.
- Record any further action required or any sleep plans agreed.
- Record if you have seen the baby's sleeping space.
- In cases where parents/carers refuse the offer to see the baby's sleeping space this should be documented. In these circumstances consider
- whether there may be safeguarding concerns.
- In some cases, parents/carers may decide they wish to sleep with their baby despite being given this information about the risks and this should also be clearly recorded.

## **Section 5: Safer Sleep and Safeguarding Children**

It is important to note that in implementing this guidance, practitioners from all organisations should take account of their duty to safeguard and promote the welfare of infants and children. Where they identify that there is a risk of significant harm, local child protection procedures should be followed.

This guidance recommends that safer sleeping should be routinely embedded within child protection plans and any other assessments or plans that are concerned with promoting an infant's welfare or well-being, e.g. Early Help Assessment; Looked After Children Care Plans etc. There should be clear evidence in assessments and plans of the issues being assessed and tasks identified in the plan as to how safe sleeping arrangement will be supported. This should be a dynamic process; if a parent/carer's circumstances alter, for example, if they need to temporarily accommodate extra family members within their home, then it would be important to reassess sleeping arrangements and ensure that safe sleep advice is understood and risk reduction factors are still in place.

***To support your assessment of SIDS risk factors, see the Safer Sleep Checklist & Action Plan in the Appendix of this guidance.***

Practitioners are valuable advocates for parents/carers. There may be times when they need to appropriately challenge service provision if they identify specific factors that impact on a parent/carer's ability to provide a safe sleeping environment for their baby. An example of this may be if a parent/carer was placed into temporary or emergency accommodation that did not have a sleep space that would be safe for baby as recommended by these guidelines. This is particularly relevant with regards to those parents/carers who may be young, socially isolated or vulnerable.

**Safer Sleep is not only a Health Responsibility;  
It's a Safeguarding Responsibility.**

## References

Bolton, Salford and Wigan Safeguarding Children's Boards. Bolton, Safe Sleeping Guidance, 2011, 2012. [www.wiganlscb.com/safesleeping.asp](http://www.wiganlscb.com/safesleeping.asp)

Sidebotham, P. Understanding SIDS & Unexplained Child Death (*Warwick Advanced Course in the Management of Unexpected Childhood Death*). June 2013.

## Resources

**Lullaby Trust** [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

- Guides for Professionals and Parents
- Research Based Fact Sheets
- Easy Read Card for Parents (endorsed by UNICEF UK) with translations available in languages other than English.
- The Lullaby Trust Safer Sleep Video is a 4m video clip offering key pieces of advice on safe sleep for babies. It's posted on YouTube, or available to watch on the Lullaby Trust website.

**Did You Know?** The Lullaby Trust have a range of face-to-face training packages that can be tailored to your needs, at a small cost\*. Training is suitable for professionals working in many different settings, such as Emergency Services, Police, Midwifery and Neonatal Care, Children's Centres and other services supporting parents.

For more information, visit [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

**UNICEF UK Baby Friendly Initiative** [[www.unicef.org.uk/BabyFriendly](http://www.unicef.org.uk/BabyFriendly)]

- "Caring for your baby at night" guides for Parents and for Professionals with translations available in languages other than English.

[Out of routine: A review of sudden unexpected death in infancy \(SUDI\) in families where the children are considered at risk of significant harm \(publishing.service.gov.uk\)](http://publishing.service.gov.uk)

	Yes / No	Comments
Have you discussed and given The Lullaby Trust Easy Read Card?		
Have you seen the baby's sleeping arrangements (day and night) and advised baby sleeps in the same room as the parents for first six months?		
<p>Have you shown and discussed the 'Safe Sleep Quiz' pictures and discussed the protective and risk factors?</p> <ul style="list-style-type: none"> <li>• Back to sleep / feet to foot?</li> <li>• Room temperature, suitable bedding?</li> <li>• Use of dummies?</li> <li>• Sofa / car seats?</li> </ul>		

**Routine questions for parents/carers:**

	Yes / No	Comments
Would you consider placing your baby in your bed or on a sofa/beanbag to sleep?		
Do you share your bed with anyone else, including other children?		
Did you smoke at any time during your pregnancy?		
Does anyone in the house smoke?		
Do you drink alcohol in the house or come home to baby after drinking?		
Are you taking any drugs or medication?		
Does your partner take drugs, medication or drink alcohol?		
Due to overtiredness could you easily fall asleep whilst settling/feeding your baby?		
Was your baby premature or low birth weight?		
Would you keep a hat on the baby in the house or leave baby in his/her outdoor clothing when returning home from an outing?		
Do you place toys in your baby's cot?		

Do pets share your baby's sleeping environment or is baby ever left alone in same room as a family pet?		
Do you have a plan to manage safe sleep for your baby in different circumstances (e.g. sleeping away from home, after drinking alcohol at a party or celebration)?		

**Analysis – What risk factors have been identified during this assessment?**

**Action plan – What is your action plan and what are the time scales?**

**Completed by:..... Date:.....**

**Copy to files: .....**  
 .....  
 .....