Baby and Infant Safe Sleeping Guidance

Cwm Taf Morgannwg
University Health
Board

and

Cwm Taf Morgannwg
Safeguarding Board

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1. Purpose of Guidance

1.1 For reasons unknown, some babies die unexpectedly for no apparent reason known from sudden infant death syndrome (SIDS), previously referred to as cot death. It is also referred to as sudden unexplained death in infancy (SUDI) (www.nhs.uk, 2021)

The messages from research into SIDS for decades is clear and the demand for intervention to decrease the numbers of sudden unexplained deaths in infancy (SUDI) remains a key priority.

In 2023, Pease et al, described sudden infant death syndrome (SIDS) as

"the unexpected death of a baby aged under 1 year, which remains unexplained after investigation, including a post mortem, thorough investigation of the death scene and circumstances of death and review of the clinical history."

Furthermore, they suggest

"in England and Wales, identification of risk factors in the infant sleep environment and subsequent uptake of safer sleep advice by caregivers has led to an almost 90% fall in these deaths over the last 35 years."

However, whilst the fall is significant and welcome, sudden unexplained death in infancy (SUDI) continues to be a priority across Wales as more recent research and data indicates that the number of SUDI's is starting to increase in some areas.

This is presented in research from the Office for National Statistics (ONS), in 2020, which indicates the number of SUDI's in England and Wales increased from 0.26% per 1000 live births (162) in 2020 to 0.27% per 100 live births (166) in 2021. In November 2023, the ONS research shows that in 2021 there were 103 SUDI's across Wales with an infant mortality death rate of 3.6% per 1000 live births.

The key contributory factor to child mortality and sudden unexplained infant deaths are believed to be poverty and social deprivation, which is on the increase according to the research undertaken by 'End Child Poverty', affecting an average of 34% of children living in Wales. This is worse than any other UK nation (Child Poverty Statistics – End Child Poverty, 2022).

Leading SIDS charity, The Lullaby Trust (2021, 2023) also share concerns around the number of deaths and also consider social deprivation to be a contributory factor in the rise in numbers, which is further supported by research

undertaken by the National Child Mortality Database (NCMD) in 2021, using data from 2019 to 2020. They state that

"over a fifth of all child deaths might be avoided if …. deprived areas had the same mortality risk as those living in the least deprived".

It is recognised that a targeted approach based on collaboration and partnership working is needed to support vulnerable families, as is promoting key messages such as the importance of sleeping infants on their backs and how to manage changes to a routine, for example how to avoid the hazard of co-sleeping. (Future Generations (Wales) Act 2015; End Child Poverty 2022). This echoes earlier thematic research in 2010-2012 by Public Health Wales (2015) who recommended that all frontline professionals should be communicating key messages on the prevention of SIDS to parents, ensuring to highlight the research evidence on the relationship between risk factors, including smoking, low birth weight, very young infants and alcohol consumption with co-sleeping (NHS, 2021).

1.2 The values of Cwm Taf Morgannwg University Health Board (CTMUHB) are also to be considered and applied to support the undertaking of any activities related to this guidance to ensure that the desired culture is maintained at all times (CTMUHB, 2024).

2. Scope of Guidance

2.1 The purpose of this document is to outline the ways in which all practitioners who are involved and work with children and families can promote a safe sleeping environment to those responsible for the care of babies and infants. Practitioners will include, but not exhaust, Midwives, Health Visitors, Infant Feeding Specialists, Early Years Support Workers and Nursery Nurses.

2.2 All Practitioners who work with infants should ensure that they are up to date and trained to give up to date, clear and consistent information and advice to parents, to enable them to make an informed choice about the safe sleeping arrangements they choose for their babies and infants.

3. Aims & Objectives

3.1 The aim of this guidance is to;

- Ensure that safe sleeping advice is promoted and contributes to reducing the number of sudden unexplained infant deaths across Cwm Taf Morgannwg UHB.
- Provide guidance to all those health workers detailed within the scope of this SOP and who involved in providing guidance to families, on what a safe

sleeping environment for parents/carers and babies looks like, using current national and international evidence.

- Increase workers' knowledge and understanding of the risk factors associated with intentional and unintentional co-sleeping and bed sharing, so they are able to share up to date information to the parents/carers of babies and infants to increase their knowledge and understanding of these risks.
- Support workers in all organisations to contribute to promoting the advice and understanding.
- Ensure that workers are aware of where they can obtain further information about the most up to date safe sleep guidance.

4. Definitions

4.1 For the purpose of this guidance the following definitions apply, in alphabetical order:

- **Bed-sharing:** defined as an infant sharing the same surface as another person to sleep. Includes babies sharing a parent's bed in hospital or home, to feed them or to receive comfort or to sleep. (Lullaby Trust accessed 21.01.24; Moon et al, 2018 & Greater Manchester Safeguarding, 2021)

  This may be a practice that occurs on a regular basis or it may happen occasionally.

- **Co-sleeping:** describes when a parent and child sleep in close social or physical contact of each other, meaning that each can tell that the other is nearby

  Any one or more person falling asleep with a baby in any environment (e.g. sofa, bed or sleep surface, any time of day or night). (Lullaby Trust accessed 21.01.24; Moon et al, 2018 & Greater Manchester Safeguarding, 2021)

  This may be a practice that occurs on a regular basis or it may happen occasionally and may be intentional or unintentional.

- **Infant:** a child up to the age of 12 months. (Lullaby Trust, accessed 2024))

- **Overlying:** describes rolling onto an infant and smothering them, for example in bed or, on a chair, sofa or beanbag (Children and Young Persons Act 1993, sections 1 and 2b).

- **Parent/carer/care-giver:** this represents anyone caring for an infant; this includes mothers, fathers, grandparents, foster carers or any other family member or friend who provides care for an infant.

- **PRUDiC**: Procedural Response to Unexpected Death in Childhood.

- **Sudden Infant Death Syndrome (SIDS):** also known as cot death; is the sudden, unexplained death of an apparently well baby where no cause is found after a detailed post mortem.

- **SUDI:** Sudden unexpected death in infancy.

5. Identifying the need for a Safe Sleep Document

5.1 Tackling the impact of poverty and inequalities associated, with current SUDI statistics, requires some clear thought about how to stop things happening in the first place (Well-being of Future Generations (Wales) Act 2015).

The Lullaby Trust conducted a survey (2023) of over 3400 parents which highlighted that an astounding 9 of 10 parents co-sleep, but less than half of these report they were not given any co-sleeping advice by a health care professional.

To improve such findings and achieve a sustainable outcome, we need to ensure that we adopt a number of approaches that will enable us to:

- Promote partnership working/integration/collaboration, which is at the heart of gov.wales plan to achieve a healthier Wales (A Healthier Wales: our Plan for Health and Social Care, 2021)
- Make every contact count and encouraging all staff and stakeholders to adopt change that supports the service in making positive changes to the overall well-being of the service user (MECC, PHW, 2020)
- Ensure essential training is offered widely to all stakeholders to promote consistent messaging across all services and specialities.
- Ensure this guidance is shared to educate professionals in promoting safer sleep messages to infant care-givers (Well-being of Future Generations (Wales) Act 2015).

6. Risk Factors for Unexpected Death in Childhood (See Appendix 1 - Handout for parents/carers)

6.1 Specific risk factors related to Parents / Carer:

- Mothers under 20 years of age are 3-4 times more likely to have a baby that dies from cot death.
- Parents/carers who smoke (no matter where or when they smoke) and especially if the mother smoked during pregnancy.
- Parents/carers who have been drinking alcohol increase risks as can make you drowsy or impact on your awareness of your baby.
- Parents/carers who have taken prescribed medication or drugs that may make them sleep more heavily, including non-prescription or illegal substances such

as cannabis as may make you drowsy or impact on your awareness of your baby.

- Parents/carers who have had an anaesthetic, such as after day care surgery and may continue to feel drowsy or impact on your awareness of your baby.
- Parents/carers who have any illness (physical or mental) or condition (for example epilepsy or flu) that affects their awareness of the baby.
- Parents/carers who feel very tired or if they or their partner is unusually tired, to the point where they would find it difficult to respond to the baby: for example, if they have had less than four hours sleep in the last twenty four hours.
- Parents/carers who sleep with their baby on the sofa or an armchair or same surface.
- Low risk of family history of Sudden Infant Death in Childhood (within 1st year of life).
- Care of Next Infant Programme (CONI) to be offered to parents/carers CTMUHB, 2022).

6.2 Specific risk factors related to the child/children:

- Premature Birth (born before 37 weeks)
- Low birth weight (less than 2.5kg or 5.5lb)
- Baby has a high temperature, in which case medical advice should be sought; that is if the baby has a temperature of 38°C or above, if he or she is less than three months; or 39°C or above if three to six months old.
- Baby has been unwell.
- Adult bedding is being used for the baby (especially pillows)
- Solitary sleeping – baby less than 6 months sleeping in own room (Lullaby Trust 2023; healthychildren.org, 2022, accessed 21.1.24)
- When parents/carers who have been drinking alcohol increase risks as can make them drowsy or impact on their awareness of baby.
- When parents/carers who have taken prescribed medication or drugs that may make them sleep more heavily, including non-prescription or illegal substances such as cannabis as may make them drowsy or impact on their awareness of baby.
- When parents/carers who have had an anaesthetic, such as after day care surgery and may continue to make them drowsy or impact on their awareness of baby.

7. Safe Sleep Guidance (See Appendix 2 - Handout for parents/carers)

7.1 To be shared and followed by all involved in practitioners involved in providing care or giving advice to families with babies and young children and by all parents and carers. <u>The guidance below should be followed at every sleep time.</u>

7.2 ALWAYS:

- Place a baby to sleep in a separate cot or Moses basket (their own sleeping surface). This should be located in the same room as the infant's parent/carer for the first 6 months.
- Place a baby on their back to sleep with their feet at the bottom of the cot or basket.
- Use a firm, flat, waterproof mattress, preferably new, but if not, in good condition, which fits the Moses basket or cot properly. Do not use baby nests and pods. Do not use bean bags, waterbeds and sagging mattresses.
- Keep a baby's cot or Moses basket clear. Don't use cot bumpers and make sure that any sheets or blankets are firmly tucked in and not above shoulder height. A baby sleeping bag* can be used instead.
- Keep toys or other soft objects out of a baby's sleeping area.
- Ensure that a baby is at a comfortable temperature – not too hot or too cold. The chance of SIDS is higher in babies who get too hot. A room temperature of 16 to 20°C, with light bedding or a lightweight, well-fitting baby sleep bag is comfortable and safe for sleeping babies.

7.3 NEVER:

- Sleep on a sofa or in an armchair with a baby, this can increase the risk of SIDS by up to fifty times.
- Let a baby get too hot or too cold.
- Cover a baby's face or head while sleeping.
- Use a sheepskin in a cot or Moses basket or other sleep space. It is important that a baby's sleep space is firm, flat and has a waterproof cover. Adding a sheepskin can reduce firmness and risk overheating. For further information about safe sleep, safer bed sharing and a guide to buying safer sleep essentials visit (Lullaby trust, 2023)

8. Safer bed sharing or co-sleeping (See Appendix 3 – Handout for parents/carers)

To reduce any risks, the guidance below should be followed if bed sharing or co-sleeping.

8.1 ALWAYS:

- Place a baby on their back to sleep, on a flat firm mattress (Parent/carers may have to think about an appropriate waterproof cover for an adult mattress if bed-sharing).

- Make sure a baby can't fall out of bed or get trapped between the mattress and the wall.
- Keep the space around a baby clear of pillows, duvets, blankets or any other items that could obstruct the baby's breathing or cause them to overheat. To avoid loose bedding a sleeping bag* is advisable.

  **You can choose different togs for different seasons to help keep your baby at the right temperature. You can also select different sizes depending on the age of your baby. It is important that the sleeping bag fits well around the shoulders so that your baby's head does not slip down into the bag.*
- Ensure that you follow current recommendations around appropriate bedding, sleepsuits and swaddling, all of which is available on lullabytrust.org.uk

8.2 NEVER;

- Sleep in the same bed as a baby if you smoke (even if you don't smoke in the same room as a baby.
- Sleep in the same bed as a baby if you drink alcohol.
- Sleep in the same bed as a baby if you take drugs (including medications that may make you drowsy). All of the above also applies to anyone sharing a bed with a baby.
- Sleep in the same bed as a baby if they were born prematurely (37 weeks or less)
- Sleep in the same bed as a baby if they were of low birth weight (2.5kg or 5½ lbs or less)
- Let a baby get too hot or too cold. Try to keep the room temperature between 16 and 20 degrees.
- Cover a baby's face or head while sleeping.
- Swaddle a baby if bed sharing.
- Leave a baby alone in a bed.
- Don't allow pets or other children in the bed that a baby is sleeps in. (Lullaby Trust 2023)

9. Premature infants, neonatal unit practices and Safe Sleeping

9.1 Premature babies or babies with specific health conditions are particularly vulnerable and will have specific care plans put in place when they are discharged from hospital. Some babies may have slept on their fronts during their hospital stay but once they are home, they must be put to sleep on their back. Therefore, it is important to communicate any concerns regarding sleep positions with the Midwife or Health Visitor regarding the recommended current safe sleeping advice (Lullaby Trust 2023, Tommy's, 2023)

10. Daytime Sudden Infant Death

10.1 The majority of infant deaths occur at night time, but SIDS can happen during the day and fairly quickly. Research has also found that 75% of day-time SIDS occur when the baby is sleeping in a room, unattended, without their mother/care giver present (Basis, 2016; Lullaby Trust, 2023). Parents/Carers/Family members need to consider risk factors at each sleep episode and should keep the infant nearby during the day, so they can observe them.

11. Safe Sleeping and Safeguarding Children

11.1 Whilst no advice can guarantee the prevention of SIDS there are a number of actions that parents and carers can take to reduce the risk to their baby (Greater Manchester Safeguarding, 2021). Safe sleeping practices should be routinely embedded within any child protection plans or other assessments that are concerned with promoting an infant's welfare or well-being (NSPCC, 2022).

It is also important to consider what age is appropriate for the child to be moved from a cot into a bed. There is nothing that clearly states when, but a range of guidance advises anything from 18months to 3 years, however, some resources recommend doing this when the parent/carer is confident they will not fall out of bed.

Also important to consider from a safeguarding viewpoint is if the child should get out of bed and wander during the night. A safety gate would be recommended to ensure that the risk of falls, for example, down the stairs is reduced (Emma's Diary, accessed 24.05.24).

There should be clear written evidence in the plan of the issues being assessed and tasks identified as to how safe sleeping arrangements will be supported.

Any case raising concerns should be communicated to the relevant key worker and where appropriate a safeguarding referral may need consideration. Any actions are the responsibility of the key worker, i.e., Health Visitor, which should include feeding back as appropriate to any relevant meetings, for example, strategy meetings, child protection case conferences, core groups.

12. Previous history of SIDS and the risk of recurrence

12.1 There is a very low risk of SIDS recurring in a subsequent pregnancy. The University of Cambridge (2005) suggested that women who have had one cot death could be as much as five more times likely to have another cot death. However, later research by them, led by Hunt (2019) is not conclusive and unable to providing any insight regarding the impact of the environmental nor genetic influences that may explain any familial risk or SIDS recurrence. What does appear to be consistent, is that there are 3 key factors that contribute to

SIDS. These being, sleeping in the wrong position, a poor environment and being exposed to cigarette smoke and if these are managed that the risk of recurrence reduces.

13. Transition from cot to bed

There is no defined time frame recommended to transfer an infant from a cot to a bed. The age range appears to be between 18months and 3 and half years of age.

Every child is different and the time frame for transitioning into a bed will depend on the infants behavioural signs.

These signs may include:

- Being able to climb out of their cot.
- Outgrowing their cot.
- Being toilet trained and needing to use the toilet during the night (Tommee Tippee (tommeetippee.com, accessed 16.4.24)

14. Care of Next Infant Programme (CONI) must be offered to parents/carers.

It is important to ensure that parents/families with personal history of SIDS are identified at the appropriate time in order for them to access the CONI programme, so that they can receive appropriate and structured support.

All staff providing and involved in the care of parents/families with personal history of SIDS must refer to the CONI policy and follow accordingly.

Please refer to the link below to access the CONI policy:

https://nhswales365-my.sharepoint.com/personal/dee_scott2_wales_nhs_uk/Documents/SAFER%20SLEEP%20TASK/Care%20Of%20Next%20Infant%20(CONI)%20Programme%20SOP.pdf

14. Breastfeeding and Safe Sleeping

14.1 Feeding

Feeding baby at night should be as safe as possible and appropriate advice should be given to mothers to reduce any risks (UNICEF (2022).

14.1.2 Breastfeeding

The UNICEF Baby Friendly Initiative requires that mothers are given the skills to manage breastfeeding and night feeds, including how to feed lying down (in

the parental bed in the "C" position) and appropriate advice about bed sharing which must include the importance of **placing their baby back into their own cot to sleep after a night time feed.**

14.2 Antenatal and Postnatal Contacts: Safe sleeping, feeding and breastfeeding

Research has shown that any breastfeeding reduces the chances of SIDS, however exclusive breastfeeding offers the most protection (Lullaby Trust 2024). Having meaningful conversations with parents during the antenatal and postnatal period is an opportunity to raise awareness and gain parents understanding about safe sleep, including how to manage feeding their baby, whether they are thinking about breastfeeding, bottle feeding or combination feeding. Having a conversation tailored to each family and their situation will identify and highlight any risks pertinent to the family.

Consideration needs to be given, as not all parents will have access to digital information and that some will prefer or require hard copies where available. Signpost and encourage parents to access the most up to date information and resources about safe sleep and feeding their baby, such as from the Your Pregnancy and Birth book or Newborn to 2 (PHW 2023) and on the UNICEF and Lullaby Trust website for information about Caring for Baby at night reducing the risks.

Parent conversations with professionals can include normal infant behaviour, feeding cues, young babies wake and feed frequently in the night, as young babies do not have the capacity of 'learning' to defer their needs. It is important parents are aware of this and are reassured that their baby is normal and they are not doing anything wrong. Parents are often pressurised to find 'solutions'. (UNICEF, 2019).

It is acknowledged that periods of skin contact are encouraged for all parents and babies in line with UNICEF UK Baby Friendly Standards (UNICEF UK, 2022) and with the Cwm Taf Morgannwg UHB Infant Feeding Policy Health Visiting (2021) and Maternity Infant Feeding Policy (2023). Babies thrive on closeness and comfort and this helps parents to develop a close and loving relationship with their baby (UNICEF (2019, 2022).

Midwives and health visitors can explain the postnatal observation of the baby's sleeping environment during the postnatal period. Professionals can document information discussed in relevant records. When discussing breastfeeding as part of any contacts including routine HCWP contacts following birth sensitively explore ways to manage night feeds and sleeping environment, highlighting potential risks. Supporting mothers with skills to breastfeed their baby and reduce the risks of unsafe sleep practice should continue as part of breastfeeding assessments in the postnatal period.

It is most important to explain that around half of all parents will sleep with their baby at some point, be this planned or unplanned, intentional or unintentional (UNICEF 2019).

Communication to workers involved with the family should be made if any unsafe sleep risks are identified and management plan with parents made, including promotion of safe sleeping advice given.

14.4 Hospital stay: Feeding, breastfeeding and safe sleeping

It is acknowledged that periods of skin contact are encouraged as part of routine care for all parents and babies while being cared for in the hospital setting, in line with UNICEF UK Baby Friendly Standards (UNICEF UK Baby Friendly Initiative, 2012) and with the Maternity Cwm Taf Morgannwg UHB Infant Feeding Policy (2023)

Ward staff must be aware that during these periods, observation of the mother and baby should continue, and sensible safety precautions be taken. For example, if a mother has taken medication that has made her drowsy, she should not be left alone with her baby in skin contact. Once her baby has settled or fed, or if she feels sleepy, the mother should be informed that during her stay in hospital to return her baby to their cot as the safest place to sleep.

Other workers involved with the family should be made aware of any risk management plan and support the promotion of this and the safe sleeping advice.

15.0 Values and Behaviours Inclusion – Policies

15.1 To create the culture we all desire within Cwm Taf Morgannwg, our values and behaviours are woven into everything that we do.

Incorporating our values and behaviours

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- The Infant Feeding Co-ordinator Specialist Team;
- The Maternity Team;
- The Health Visiting Team;
- The CTMUHB Communications Team for their help in developing the Safe Sleep Padlet;
- Senior Nurses, Andrea Bevan
- Safeguarding Lead Claire O'Keefe

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Useful links

All Wales Child Protection Procedures, 2008
http://www.awcpp.org.uk/areasofwork/safeguardingchildren/awcpprg/index.html

PRUDIC http://www.wales.nhs.uk/sitesplus/888/page/43706

FSID www.fsid.org.uk

UNICEF http://www.unicef.org.uk/

THE LULLABY TRUST http://www.lullabytrust.org.uk/publications-2015

Safe Sleep Guidance for Babies (padlet.com)

QR Code to Safe Sleep Padlet:

APPENDIX 1

HANDOUT: RISK FACTORS FOR SUDDEN UNEXLAINED DEATH IN CHILDHOOD

To be considered by all involved in practitioners involved in providing care or giving advice to families with babies and young children and by all parents and carers.

<u>The guidance below should be followed at every sleep time.</u>

Specific risk factors related to Parents / Carer:

- Mothers under 20 years of age are 3-4 times more likely to have a baby that dies from cot death.
- Parents/carers who smoke (no matter where or when they smoke) and especially if the mother smoked during pregnancy.
- Parents/carers who have been drinking alcohol.
- Parents/carers who have taken prescribed medication or drugs that may make them sleep more heavily, including non-prescription or illegal substances such as cannabis.
- Parents/carers who have had an anaesthetic, such as after day care surgery.
- Parents/carers who have any illness (physical or mental) or condition (for example epilepsy or flu) that affects their awareness of the baby.
- Parents/carers who feel very tired or if they or their partner is unusually tired, to the point where they would find it difficult to respond to the baby: for example, if they have had less than four hours sleep in the last twenty four hours.
- Parents/carers who sleep with their baby on the sofa or an armchair or same surface
- Low risk of family history of Sudden Infant Death in Childhood (within 1st year of life).
- Care of Next Infant Programme (CONI) to be offered to parents/carers.

Specific risk factors related to the child/children:

- Premature Birth (born before 37 weeks)
- Low birth weight (less than 2.5kg or 5.5lb)
- Baby has a high temperature, in which case medical advice should be sought; that is if the baby has a temperature of 38°C or above, if he or she is less than three months; or 39°C or above if three to six months old
- Baby has been unwell
- Adult bedding is being used for the baby (especially pillows)
- Solitary sleeping – baby less than 6 months sleeping in own room (Lullaby Trust 2023; healthychildren.org, 2022, accessed 21.1.24;)

APPENDIX 2

HANDOUT: SAFESLEEP GUIDANCE

To be shared and followed by all involved in practitioners involved in providing care or giving advice to families with babies and young children and by all parents and carers.

<u>The guidance below should be followed at every sleep time.</u>

ALWAYS:

- Place a baby to sleep in a separate cot or Moses basket (their own sleeping surface). This should be located in the same room as the infants parent/carer for the first 6 months.
- Place a baby on their back to sleep with their feet at the bottom of the cot or basket.
- Use a firm, flat, waterproof mattress, preferably new, but if not, in good condition, which fits the Moses basket or cot properly. Do not use baby nests and pods. Do not use bean bags, waterbeds and sagging mattresses.
- Keep a baby's cot or moses basket clear. Don't use cot bumpers and make sure that any sheets or blankets are firmly tucked in and not above shoulder height. A baby sleeping bag* can be used instead.
- Keep toys or other soft objects out of a baby's sleeping area.
- Ensure that a baby is at a comfortable temperature – not too hot or too cold. The chance of SIDS is higher in babies who get too hot. A room temperature of 16 to 20°C, with light bedding or a lightweight, well-fitting baby sleep bag, is comfortable and safe for sleeping babies.

NEVER:

- Sleep on a sofa or in an armchair with a baby, this can increase the risk of SIDS by up to fifty times
- Let a baby get too hot or too cold
- Cover a baby's face or head while sleeping
- Use a sheepskin in a cot or Moses basket or other sleep space. It is important that a baby's sleep space is firm, flat and has a waterproof cover. Adding a sheepskin can reduce firmness and risk overheating. For further information about safe sleep, safer bed sharing and a guide to buying safer sleep essentials visit www.lullabytrust.org.uk

APPENDIX 3

HANDOUT: SAFER BED SHARING OR CO-SLEEPING

<u>The guidance below should be followed at every sleep time, if bed sharing or co-sleeping, to reduce any risks.</u>

ALWAYS:

- Place a baby on their back to sleep, on a flat firm mattress (Parent/carers may have to think about an appropriate waterproof cover for an adult mattress if bed-sharing).
- Make sure a baby can't fall out of bed or get trapped between the mattress and the wall.
- Keep the space around a baby clear of pillows, duvets, blankets or any other items that could obstruct the baby's breathing or cause them to overheat. To avoid loose bedding a sleeping bag* is advisable.

  **You can choose different togs for different seasons to help keep your baby at the right temperature. You can also select different sizes depending on the age of your baby. It is important that the sleeping bag fits well around the shoulders so that your baby's head does not slip down into the bag.*

NEVER;

- Sleep in the same bed as a baby if you smoke (even if you don't smoke in the same room as a baby)
- Sleep in the same bed as a baby if you drink alcohol
- Sleep in the same bed as a baby if you take drugs (including medications that may make you drowsy). All of the above also applies to anyone sharing a bed with a baby.
- Sleep in the same bed as a baby if they were born prematurely (37 weeks or less)
- Sleep in the same bed as a baby if they were of low birth weight (2.5kg or 5½ lbs or less)
- Let a baby get too hot or too cold. Try to keep the room temperature between 16 and 20 degrees
- Cover a baby's face or head while sleeping
- Swaddle a baby if bed sharing
- Leave a baby alone in a bed
- Don't allow pets or other children in the bed that a baby is sleeps in. www.lullabytrust.org.uk

APPENDIX 4

HANDOUT: GUIDANCE FOR PROFESSIONALS

<u>The guidance below should be followed at every sleep time, if bed sharing or co-sleeping, to reduce any risks</u>

- Take all reasonable opportunities within the context of your role on home visits or during consultation with parents/carers, before and after birth, to see where the infant sleeps both day and night.
- Make sure you include both mother and father in your discussions and, where possible, any other carer, particularly grandparents.
- If either of the parents/carers are known to be using substances and/ or alcohol, ask what arrangements they make for the baby if they are going to drink alcohol or take drugs, consider child protection implications.
- Highlight the increased risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Ask what arrangements are in place if the parent /carer is taking prescribed medication for various conditions including mental health problems which may make them drowsy or sedated and could impact on their responsiveness and awareness.
- Parents/carers have the right to informed choice and may make the decision to co-sleep. Their decision should be documented along with the advice given.
- Be aware of the potential to refer to a health professional for further advice or specific individual care plans. ? is this aimed at parents or professionals who will refer to other professionals.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working the children.
- Take up any concerns following a home visit with your line manager or safeguarding lead.

Recording advice to parents/carers

The first visit to the home, following delivery of the infant, made by the Midwife and Health Visitor should involve requesting access to assess the infants sleeping arrangements. It is recommended that health care professionals ask the parent/carer to demonstrate how they put baby to sleep. It is also important that these visits and activities are clearly recorded and that every occasion where safe sleeping advice is given, or the infant's sleeping arrangements are assessed, are clearly documented. Documentation should include giving details of:

- Who the advice was discussed with and who delivered the advice and support
- Date and time of the discussion
- Response from parents, including the choices they plan to make based on advice given.

- In some cases, parents/carers may decide they wish to sleep with their baby, all advice given and actions taken are to be documented.
- Any further action required or any sleep plans agreed
- If you have seen the baby's sleeping arrangements
- In cases where parents/carers refuse the offer to see the baby's sleeping arrangements this should be documented. In these circumstances consider whether there may be safeguarding concerns and if it is necessary to share information with Health Visitor colleagues, complete a SIP 3 and document.