

# Wakefield Multidisciplinary Safe Sleeping standard

## The 5 key messages the reader should note about this document are:

1. Parents/carers will receive consistent message about safe sleeping at all contacts.
2. Parents will be aware of the risk factors associated with co-sleeping.
3. Parents will be supported to have a plan in place to ensure safe sleeping practices when risks are identified, or when baby will be sleeping away from home.
4. The professional record will evidence a safe sleep assessment has been undertaken and will include information given to parents on safe sleep, identified associated risk factors and will demonstrate analysis and action plan.
5. Any known incidences of unsafe co-sleeping or bed sharing (recent or historical) should be shared with all professionals who are working with the children and discussed during any information sharing activities for infants. This includes Child Protection, Child in Need, Early Help/Team around the Child meetings and handover of care between professionals.

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## 1 INTRODUCTION

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant where no cause is found after detailed post-mortem (Lullaby Trust 2020). Although the incidence of SIDS has reduced since the 'Back to Sleep' campaign in the 1990s, there has been a 'levelling off' since 2014 where figures have remained static, however in 2018 there was a 7% increase from the previous year (Lullaby Trust 2020). Around half of SIDS babies die while co-sleeping with a steady increase in families with recognised risk factors (Sidebottom, Elliott, Tranter 2020). 'If no baby co-slept in hazardous situations, we could potentially reduce co-sleeping deaths by nearly 90%' (Blair et al 2009). This standard has been developed to provide a consistent approach to reducing the risks due the increase in the number of babies in Wakefield who have died due to unsafe sleeping or where unsafe sleeping has been a contributory factor.

## 2 SCOPE

This standard is applicable to the multi-disciplinary workforce working within Wakefield District who may have contact with parents/carers of babies to:

- Provide clear and consistent evidence-based information to parents.
- Enable parents to make an informed decision regarding safer sleep and to raise awareness of risk factors associated with SIDS.
- Ensure there is a consistent approach to discussing safer sleep with parents in the Wakefield District.
- Ensure staff to recognise risk factors associated with SIDS and be able to facilitate a discussion to support baby's carers to make an informed safer sleeping choice for their babies.
- Support practitioners to engage families in healthy lifestyle changes

## 3 DEFINITIONS

### **SIDS**

A sudden unexpected death of an infant less than 1 year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation (Krous (2004), taken from NICE (2014)).

### **Co-sleeping**

An adult and baby sleeping together for any period of time, day or night on any surface, such as a bed, sofa, chair, bean bag etc.(UNICEF 2019).

### **Bed sharing**

Baby sleeps in same bed with one or both parents, day or night, while parent/s and baby are asleep (Lullaby Trust 2018).

### **Overlaying**

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

## **4BEST PRACTICE INDICATORS**

### ***4.1 Roles and Responsibilities***

Anyone who comes into contact with parents/carers of babies will take every opportunity to discuss and record safer sleeping advice for babies, highlighting evidence based recommendations and risks.

#### **Midwifery service:**

As a minimum this information will be discussed by Midwives and Maternity Support Workers:

- During the antenatal period as part of conversations in pregnancy
- As soon as possible after birth
- Prior to discharge from in-patient services including 5 step conversation around the ICON message
- During the first post-natal community visits

#### **0-19 Service:**

- All core contacts and any subsequent follow up visits from the antenatal contact up to the age of one.
- All staff will receive guidance as required to deliver safe sleep messages including identifying and discussing risks with parents/carers.

#### **Wakefield Children's First HUBs:**

- All contacts through the Children's Centre Universal offer – promotion and awareness raising through Early Years group activity.
- All contacts through targeted interventions for relevant age groups.
- Promotion and awareness raising with partners through Team around the Early Years.

#### **Wakefield Families and Babies (FAB)**

- Key ICON message will be discussed at initial contact with breastfeeding women and their families
- Messages will be reiterated as required at future contacts
- Referrals to relevant health professionals will be made if any concerns are noted

#### **General Practitioners (GP):**

- GP's to discuss all aspects of health promotion including safe sleep at the 6-8 week health review.
- GPs are updated with safe sleep messages through training such as at Target events.

#### **SWYFT Practitioners:**

- All staff working in SWYFT services undertake mandatory safeguarding children training proportionate to their roles and responsibilities.

- The Think Family agenda reinforces the needs for the assessment of all family members and practitioners will support all families including those with very young children.
- Staff are made aware of the general safety of infants including safe sleep message, through statutory and mandatory safeguarding training. The perinatal mental health team are given specific training in Safe Sleep when they commence their role in the team.

## **4.2 Risk Factors**

Parents/carers will be advised against co-sleeping (bed, sofa or armchair) or sharing a bed with their baby if:

- The mother has smoked in pregnancy
- Either parent smokes
- Either parent has regularly drunk alcohol
- Either parent has taken any medication or drugs that might make them sleep heavily
- Either parent is excessively tired (had less than 4 hours sleep in the last 24 hours)
- Their baby weighed less than 2.5kg (5.5lbs) at birth
- Their baby was born prematurely (37 weeks or less)
- If baby or carer has a high temperature

As well as the well-recognised risk factors and the association between co-sleeping (bed, sofa or chair) and SIDS, unsafe sleeping and specifically overlay risk is more prevalent within a wider familial context of neglect and poverty (Sidebottom et al 2020). These parents are more likely to need targeted approaches to ensure that clear and sensitive conversations around safe sleep take place and the safe sleep messages are explored and understood (UNICEF 2019).

## **4.3 Engaging Parents in Safer Sleep Practices**

1. Consideration to be given to the ethical, cultural, religious, language and communication needs of families when undertaking an assessment, enabling additional support, use of an interpreter or signposting to meet identified needs.
2. Utilise the 'Safer sleep questions' (Appendix A) when undertaking conversations with parent about safer sleeping.
3. Include both parents/carers and any other adult in the household, in the discussions and the completion of the Overlay risk assessment (Appendix B).
4. If both parents/carers/other adults in the household are not present, parent/carer present should be advised to share this information with anyone who cares for their infant including those not living in the family home, i.e. Grandparents.
5. Have an open discussion with parents/carers about co-sleeping and bed sharing and discuss the risk factors associated with co-sleeping, bed-sharing (bed, sofa or armchair) and SIDS.
6. Explore reasons why parents have/may co-sleep or bed share with their baby.
7. Check parents have understood the safe sleeping advice, including the prevention of overlay and unsafe sleeping.
8. Use every contact to ask where the baby is sleeping, if there are any known concerns about the family which may increase the risk of SIDS, ask to see where the baby is sleeping.

9. For families where risks are identified explain to the parents that their circumstances mean there are high risks, explain why, advise against co-sleeping and bed sharing and support the family with a plan to avoid unsafe accidental co-sleeping.
10. Discuss services available who can support parent/s.
11. Are the parents able to access websites, if not, ensure copies are sent/given to the parents.
12. Re-iterate the message at every opportunity.
13. If parents are not following advice given, explore what might be preventing them.
14. If seeing the baby's sleep arrangements is required and parents refuse, record reasons why sleeping arrangements should be seen, document parents' reason for refusal and consider any safeguarding concerns
15. Practitioners will follow their safeguarding policies and procedures and/or seek advice where necessary.

#### **4.4 Key Messages**

***The safest place for a baby to sleep is on their back in a cot or Moses basket, with no bumpers, pillows, blankets or toys, in the same room at their parents or carers for the first six months, day or night, at home or away.***

1. Sleeping on a sofa or chair with their baby is very dangerous and should be avoided at all times.
2. Unless medically advised, babies should sleep on their backs, NOT their front or side.
3. No special products or equipment are needed to keep them on their back, such as wedge, pods and nests.
4. Once baby is able to roll from back to front and back again, they can be left to find their own position.
5. Babies should sleep on a firm, flat, waterproof mattress with no soft or cushioned areas. This is the same for a cot, Moses basket, travel cot or carry cot.
6. Babies should be placed with their feet to the bottom of the cot, so they are unable to wriggle under the blankets.
7. It is not safe to use pillows, quilts, cot bumpers or positioners in a baby's cot.
8. Use sheets or blankets with no extras in the cot which should be firmly tucked in, no higher than the baby's shoulders. Alternatively, a baby sleeping bag may be used ensuring the sleeping bag fits well around the shoulders so that baby cannot slip down into the bag.
9. Baby's head and face should be uncovered, and no hats worn indoors.
10. When home from a car journey, the baby should be removed from the car seat. The car seat is not a safe sleeping environment for a baby. The baby needs to be removed from the car seat and placed flat in their cot, Moses basket or pram.
11. On long car journey's babies need regular breaks (some manufacturers recommend 2 hours)(IHV 2019). This includes babies who are in car seats as part of a travel system.
12. Babies should be kept out of smoky environments including the home and the car. Parents should be reminded it is illegal to smoke in the car.
13. Discuss smoking with the family. Include visitors, other family members and smoky places. Offer smoking cessation information and advice. If the parents/carers are going to continue to smoke, advice on how to keep home smoke free.

14. The room is not too hot (16° - 20°). Radiators should be switched off if baby is sleeping next to it to avoid them overheating.
15. Refer parents/carers to Lullaby Trust Product Guide and Choosing baby sleep products.

#### ***4.5 Co-sleeping, Bed Sharing and SIDS***

NICE (2014) recommends that health professionals acknowledge that co-sleeping may happen intentionally or unintentionally and advises that parents should be informed of an association between co-sleeping and SIDS at each contact and should be given balanced information to help them make decisions about where their baby sleeps (UNICEF 2019). In the UK on any night around 22% of babies share the parental bed at some point during the night (Blair et al 2004). A breastfeeding mother may take her baby to bed with her to feed and fall asleep and mothers from many non-UK countries have a cultural tradition of sleeping with their babies.

- Parents who have chosen to formula feed their baby should be advised that they may not consistently face the baby and adopt the “protective” ‘C’ position which may increase the risk of SIDS. A three-sided ‘bedside’, or ‘side-car’, crib which attaches to the parent’s bed may be a suitable option if they want to be close to their baby but have concerns about bed-sharing safety (BASIS 2018).
- Practitioners will discuss risk factors and refer parents to the Parent Child Held Record (PCHR) insert on safe sleep (Appendix C), advising them to consider the risk factors and if it is SAFE for their baby before engaging in any co-sleeping or bed sharing activity.

If parents are choosing to bed-share or co-sleep for some or all of the night, practitioners need to make parents aware of the following:

- It is not risk free.
- It is unsafe for anyone to fall asleep whilst holding a baby in an armchair or sofa.
- Keep the baby away from pillows, sheets, blankets or any other items in bed that could obstruct their babies breathing or cause them to overheat.
- Avoid having pets or cuddly toys in the bed.
- Avoid overcrowding in the bed.
- Make sure the baby cannot fall out of bed or become trapped between the mattress and the wall.
- Make sure the bedclothes cannot cover the baby’s face or head.
- Do not leave the baby alone in the bed. Even very young babies can wriggle into a dangerous position.
- Any adults in the bed must be aware that the baby is in the bed.
- Practitioners will direct the parent/carer to UNICEF, Caring for Your Baby at Night and BASIS.

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/>

<https://www.basionline.org.uk/wp-content/uploads/sites/6/2018/11/Basis-Bed-sharing-safety-201018.pdf>



### 4.5.1 Women who are breastfeeding

There is a positive association between bed sharing and breastfeeding (Blair, Heron and Fleming 2010). If a woman is breastfeeding, she may choose to lie down to breastfeed or for comfort. Mothers find this a positive experience that facilitates breastfeeding. Exclusive breastfeeding is associated with the lowest risk but breastfeeding of any duration may be beneficial to reduce the risk of SIDs (Lullaby Trust 2020). Also, women who bed shared frequently were more likely to be breastfeeding at 6 months (Ball et al 2012). Breastfeeding mothers also need to be made aware of the following points and be aware of the risk factors.

- It is unsafe for anyone to fall asleep whilst holding a baby in an armchair or sofa.
- Keep the baby away from pillows, sheets, blankets, or any other items in the bed that could obstruct their babies breathing and cause them to overheat.
- Make sure the baby cannot fall out of bed or become trapped between the mattress and the wall.
- Make sure the bedclothes cannot cover the baby's face or head.
- Do not leave the baby alone in the bed. Even very young babies can wriggle into a dangerous position.
- Any adults in the bed must be aware that the baby is in the bed.
- Practitioners will ensure mother is aware of all of the risk factors associated with unsafe sleeping:
  - The mother has smoked in pregnancy
  - Either parent smokes
  - Either parent has drunk alcohol
  - Either parent has taken any medication or drugs that might make them sleep heavily
  - Either parent is excessively tired (had less than 4 hours sleep in the last 24 hours)
  - Their baby is formula fed
  - Their baby weighed less than 2.5kg (5.5lbs) at birth
  - Their baby was born prematurely (37 weeks or less)
- If any risks are identified practitioners will inform the parents bed-sharing with their baby is unsafe and explain why.
- Discuss services available who can support them.
- Practitioners will refer parents to the PCHR insert on safe sleep (Appendix C), advising them to consider the risk factors and if it is SAFE for their baby before engaging in any bed sharing.
- Practitioners will direct the parent/carer to UNICEF, Caring for Your Baby at Night:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/>

### 4.6 Co-Bedding

Many parents of twins decide to sleep them together in the same cot for the first few weeks. Parents need to be advised that as soon as any of the babies start to roll, they need to be moved into their own cots.

<https://www.basionline.org.uk/how-twins-co-bed/>

## 4.7 Swaddling

Whilst we would not advise for or against swaddling, we would urge parents to follow the advice below and if they do decide to adopt swaddling, this should be done for each day and night time sleep as part of a regular routine:

- Use thin materials
- Do not swaddle above the shoulders
- Never put a swaddled baby to sleep on their front
- Do not swaddle too tight
- Check the baby's temperature to ensure they do not get too hot.

## 4.8 Dummy Use

- Some research suggests that use of a dummy ('pacifier' or 'soother') has been found to be associated with a lower risk of SIDS, although it is not clear why this is (Lullaby Trust 2019), however, dummy use is not recommended as a way of reducing SIDS.
- Research has also found that an infant who is accustomed to dummy use is not given one on a particular occasion, the degree of protection may be less during sleep periods to when a dummy is given.
- If the parent/carer prefers to give their baby a dummy, the following should be advised:
  - If a baby uses a dummy as part of their general routine, it should be given for every sleep period.
  - If the baby is breastfed, the mother should wait until breastfeeding is well established (around 4 weeks old).
  - Babies should not be forced to take a dummy or put back in if the baby spits it out.
  - Parent should stop giving a dummy to their baby between 6 and 12 months

## 4.9 Carriers/Slings

Parents need to ensure baby's airway does not become blocked. T.I.C.K.S is the universal acronym for baby wearing:

**T**ight

**I**n view at all times

**C**lose enough to kiss

**K**ep the chin off chest and

**S**upported back

Royal Society for the Prevention of Accidents guidance (RoSPA) for baby carriers and slings  
[www.rosipa.com/home-safety/advice/product/baby-slings/](http://www.rosipa.com/home-safety/advice/product/baby-slings/)

## 5 RECORD KEEPING

Practitioners will follow their individual organisations/professional bodies guidelines for record keeping ensuring that on every occasion where safe sleep is discussed, there is written evidence within the child's record providing as a minimum, the following:

- Name and relationship to baby of person/s involved in the discussion

- Safe sleep advice has been provided highlighting any risk factors present, parents have been informed bed-sharing/co-sleeping is unsafe and parents response.
- All known or suspected risk factors identified and agreed actions should be clearly documented in the parent and child's record.
- An overlay risk assessment has been undertaken and details entered onto child's record (appendix B).
- Safety plan completed as indicated and evidence this has been shared with GP and any other services involved with the parents and baby.
- Baby's sleeping arrangements, either reported by the parent/seen by the practitioner.
- Details of any resources recommended/provided.
- Details of referral to any services.
- Details of any communication with other services.
- If parents refuse to follow advice, add reasons given and consider whether there are any safeguarding concerns and inform all services involved in the care of the parent and child. Practitioners should contact their safeguarding team to discuss and escalate if required.
- The impact of identified safeguarding concerns on the child, should be considered along with capturing the voice of the child be this vocal or behavioural.
- Document in the child's PCHR any identified risks or concerns.

## **6 COMMUNICATION WITH OTHER SERVICES**

Responsibility for sharing safe sleep messages and identification of risk factors lies with all practitioners who have contact with the parents and baby. It is important that information is shared among services when risk factors associated with unsafe sleeping are identified.

Any known incidences of unsafe co-sleeping and bed sharing will be shared during any information sharing activity for infants including child protection reports, Child in Need, Team around the Child meetings and at handover of care etc.

## **7 CARE OF NEXT INFANT PROGRAMME (CONI)**

For parents who have sadly had a child who has died due to Sudden Infant Death or an extended family member who has, they can be referred for the CONI programme delivered by the CONI Coordinators.

## **8 EVIDENCE OF BEST PRACTICE**

All practitioners from the multi-disciplinary workforce who comes into contact with parents of babies under 1 year of age will discuss safer sleep for babies and the risks associated with co-sleeping and bed sharing as per the information in this standard.

100% of parents will have had the opportunity to discuss ways in which they might care for their baby at night during pregnancy and as soon as possible after birth and at the latest before they leave hospital.

All practitioners are responsible, under their own organisations policy and procedures to maintain a contemporaneous record of events. The record will evidence the information given to parents on safe sleep, any identified associated risk factors and will demonstrate analysis and plan.

## 9 RESOURCES FOR PARENTS

BASIS. Baby Sleep Information Centre: <https://www.basionline.org.uk/basis-information-sheets/> [Accessed 30/10/20]

ICON: <https://iconcope.org/> [Accessed 30/10/20]

Lullaby Trust: <https://www.lullabytrust.org.uk/> [Accessed 30/10/20]

Lullaby Trust: <https://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Product-Guide-Web.pdf> [Accessed 30/10/20]

Lullaby Trust: <https://www.lullabytrust.org.uk/wp-content/uploads/fact-sheet-smoking.pdf> [Accessed 30/10/20]

Lullaby Trust: <https://www.lullabytrust.org.uk/wp-content/uploads/4-bed-sharing-factsheet-2018.pdf> [Accessed 30/10/20]

UNICEF: <https://www.unicef.org.uk/babyfriendly/sleep-and-night-time-resources/caring-for-your-baby-at-night/> [Accessed 30/10/20]

Lullaby Trust: <https://www.lullabytrust.org.uk/wp-content/uploads/fact-sheet-back-to-sleep.pdf> [Accessed 30/10/20]

National Health Service, Smokefree: <https://www.nhs.uk/smokefree> [Accessed 30/10/20]

### **Online support for Young Parents**

Lullaby Trust: <https://www.lullabytrust.org.uk/young-parents/> [Accessed 30/10/20]

Twins Trust: <https://twinstrust.org/> [Accessed 30/10/20]

## 10 RESOURCES FOR PRACTITIONERS

BASIS. Baby Sleep Information Centre: <https://www.basionline.org.uk/hcp-sleep-and-health/> [Accessed 30/11/20]

ICON: <https://iconcope.org/> [Accessed 30/11/20]

Lullaby Trust Product Guide: <https://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Product-Guide-Web.pdf> [Accessed 30/11/20]

Lullaby Trust Easy Read Card: <https://www.lullabytrust.org.uk/wp-content/uploads/Easy-read-card-English-web.pdf> [Accessed 30/11/20]

Lullaby Trust Safer Sleep Guide for Professionals: <https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-saving-lives-a-guide-for-professionals-web.pdf> [Accessed 30/11/20]

UNICEF (2019). Caring for your Baby at Night. Guide for Professionals: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2011/11/Caring-for-your-Baby-at-Night-A-Health-Professionals-Guide.pdf> [Accessed 30/11/20]

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UNICEF (2019). Having Meaningful Conversations with Mothers: <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/10/Having-meaningful-conversations-with-mothers.pdf> [Accessed 30/11/20]

### **Tools to use with parents**

Lullaby Trust (2020). True and False Cards: <https://littlelullaby/True-and-False-cards.pdf>

Lullaby Trust (2020): Make a room Game: <https://www.lullabytrust.org.uk/game-make-a-room.pdf>

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UNICEF (2019). Co-Sleeping and SIDS: A guide for health professionals. Available at <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/co-sleeping-and-sids/> [Accessed 30/11/20]

## APPENDIX A: SAFER SLEEP QUESTIONS

These questions can be used to aid discussion and to complete the assessment tool (Appendix B) around safe and unsafe sleeping at the practitioner's initial contact with the family and other contacts as required:

- Do you share your bed with anyone else, including children/pets?
- Where are you planning to/is your baby sleeping at night?
- Did you smoke at any time during your pregnancy?
- Does anyone in the house smoke including visitors?
- Do you or your partner drink alcohol in the house or come home to baby after drinking?
- Are you or your partner taking any drugs or medication including illegal drugs that have made you or might make you sleep heavily?
- Do you have a plan to ensure your baby is safe sleeping after drinking alcohol or taking drugs?
- Do you have anything in your baby's cot/Moses basket, such as toys, sleep pods, head huggers?
- Where does your baby sleep during the day?
- Have you ever slept with your baby in a bed, settee or chair either planned or unplanned?
- Was your baby born before 37 weeks?
- Was your baby's weight at birth less than 2.5 kgs (5.5lb)?
- What are your plans for where baby will sleep should your baby sleep away from home?

## APPENDIX B: OVERLAY RISK ASSESSMENT

	Yes	No
Did you smoke at any time during your pregnancy?		
Does anyone in the house smoke including visitors?		
Do you or your partner regularly drink alcohol out or in the home?		
Do you or your partner take prescription/non-prescription medication or drugs, either legal or illegal, that have made you or might make you sleep heavily?		
Do you ever share your bed with anyone else including other children or pets?		
Was your baby born before 37 weeks or low birth weight (less than 2.5kg)?		
Are you so tired that you could easily fall asleep?		
Are there any plans to change baby's sleeping arrangements(moving to another room, sleeping away from home including staying at relative or going on holiday)?		
Does your baby have a dummy?		
Observation of sleep environment?		
<b>Analysis – Specific to safe sleeping assessment</b>		
<b>Plan – Specific to safe sleeping</b>		



## APPENDIX C : PARENT HELD RECORD INSERT



**ABC of Safe Sleep for your baby**  
 Please follow this every time at home and away  
 This will reduce the risk of Sudden Infant Death Syndrome

**A**

**ALONE.** For every sleep. Not with other people, pillows, blankets or stuffed animals. In the same room as the parents or carer. Not in your bed. Never nap on a settee, chair or holding your baby. Keep them **SMOKE FREE** day and night. The ideal temperature in the room is 18 degrees

**B**

On my **BACK.** Feet at the bottom of the cot. Do not put baby on their front or side. Once baby can roll back to front and back again you can leave them to find their own position. You do not need to use any equipment to keep them on their back.

**C**

In my **CRIB or COT.** Always put your baby down to sleep on a flat firm mattress. Use a crib or cot that meets current safety standards. It might be called 'safety approved'. Make sure the space around the baby is clear. Remove all choking hazards from the crib including cuddly toys. Baby should not sleep on an adult bed, sofa, cushion or other soft surface.

Sudden Infant Death Syndrome is the unexplained death of a child less than one year of age



Sharing a bed with your baby can increase the risk of Sudden Infant Death Syndrome. Remember, people sometimes bed-share accidentally as well as intentionally. Check your risk here:

Overlay Risk Assessment	Yes	No
Did you smoke anytime during your pregnancy ?		
Does anyone in the household including any visitors smoke ?		
Have you or your partner recently drunk any alcohol in or out of the home?		
Have you or your partner taken any medication or drugs, legal or illegal that have or might make you sleep heavily?		
Are you so tired that you could easily fall asleep?		
Are you formula feeding your baby?		
Was your baby's weight at birth less than 2.5kg/5.5lbs born before 37 weeks?		
Was your baby born before 37 weeks?		

