# SAFER SLEEPING GUIDANCE FOR CHILDREN BLACKBURN WITH DARWEN, BLACKPOOL & LANCASHIRE

This documents supersedes previous version created January 2020 or earlier

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# Contents

## 1.0 Aims

To reduce the death rate of babies and infants by identifying where babies and infants sleep and maximising the ability of the carers to implement safer infant sleep practices.

To reduce the numbers of babies and infants who sleep in unsafe conditions by informing families of the risks of unsafe sleeping practices including bed-sharing/co-sleeping with babies and infants, by promoting safer sleeping.

To provide staff with evidence based research to support their discussions with parents.

To ensure consistent advice about safer sleeping arrangements is given in Blackburn with Darwen, Blackpool and Lancashire.

## 2.0 Scope

This guidance is applicable to the multi-disciplinary workforce who have contact with the parents, carers and relatives of babies and children up to the age of two, whilst being in a position to discuss sleeping arrangements, in order to support parents to make informed choices regarding safer sleep and raise awareness to factors associated with Sudden Infant Death Syndrome, Sudden Unexpected Death in Infants and Sudden Unexpected Death in Childhood.

## 3.0 Introduction

The Lullaby Trust (2018) tells us around 200 babies still die every year as a result of SIDS in the UK.

Over the years there has been a significant reduction in infant deaths largely due to an increase in evidence based knowledge and practice. Despite this, rates within Pan-Lancashire remain high and are consistently higher than the national average.

This guidance has been produced in recognition of the fact that unsafe sleeping arrangements are a feature in a number of sudden and unexpected childhood deaths in Pan-Lancashire. Accordingly the emphasis of this document is on safer sleeping arrangements for babies.

## 4.0 Definitions

For the purpose of this document the following definitions will apply:

**Baby's Carer (Adult)**
A parent, grandparent, foster carer/s, babysitter or any other person responsible for the baby at that particular time.

**Bed-sharing to sleep**
Baby's carer and infant or young child in the same bed for any period of time (day or night), where the adult carer is asleep.

**Bed-sharing at any time**
Baby's carer and infant or young child in the same bed for any period of time (day or night), whether or not the adult carer is sleeping.

**Co-Sleeping**
Baby's carer and infant/young child sleeping for any period of time, day or night, in close proximity, sharing any sleep surface. (As distinct from room sharing, see further down)

**Deaths in infancy**
Term relates to deaths of babies under the age of one year.

**Multi-Disciplinary Workforce**
Anyone coming into contact with families.

**Overlaying**
Overlaying occurs when part of an adult body or that of an older child lies over the head/face of the child, therefore occluding the mouth and nose and external airways or by overlaying the chest and abdominal areas, thus preventing respiration or a combination of both. The inability to breathe leads to deprivation of oxygen and death.

**SIDS (Sudden Infant Death Syndrome)**
Sudden infant death syndrome is defined as the 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, including the performance of a complete post mortem and a review of the circumstances of death and clinical history (Krous, (2004) taken from NICE, (2014)).

**Pan-Lancashire**
Pan-Lancashire is defined as Blackburn with Darwen, Blackpool & Lancashire.

**Personal Child Health Record**
Also known as the Red Book. This is a child's personal health record. It is the main record of a child's health, growth and development. It is given prior to discharge from hospital to a mother following the birth of her baby. It is best practice for health professionals to document contacts and plans in this record.

**Room Sharing**
It is recommended that babies sleep in their own Moses basket or cot in the same room with their parents' both day and night for at least the first six months.

**SUDC (Sudden Unexpected Death in Childhood)**
A descriptive term used at the point of presentation of death of a child or whose death was not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to death.

**SUDI (Sudden Unexpected Death in Infancy)**
A descriptive term used at the point of presentation of death of an infant or whose death was not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to death. This term includes SIDS.

## 5.0 Roles & Responsibilities

It is recommended that as a minimum, this information should be discussed and recorded by:

## 5.1 Midwifery

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|---|---|
| Midwifery Teams: | At booking and any subsequent follow up contacts antenatally<br>As soon as possible after birth<br>Prior to discharge from in-patient services<br>At every post-natal community visit |

See appendix 2 for a communications timeline when safer sleep messages are discussed on a multi-agency basis, which might include Children & Family Wellbeing Service, Primary Care, Paediatrics, Emergency Department or Social Care.

The midwife should complete the safer sleep assessment (see appendix 3) following the birth. The tool can support a family to better understand their own level of risk regarding safer sleeping. The initial sleep assessment should be completed by the health visitor, usually antenatally. The midwife can review at the first contact following the birth. If not completed by the health visitor antenatally, or by the midwife following the birth, the health visitor should complete the sleep assessment at the new birth visit. The sleep assessment can be completed at subsequent contacts carried out by the health visitor (or social worker, if appropriate). Following completion of the assessment, any identified needs should be addressed, with action plans set and reviewed within acceptable timescales. Practitioners should ask a family about any changes to sleep circumstances at **every contact**. They **must** ask to see where the baby/child sleeps at **every contact**. Guidance and support will be offered to families at every stage.

The assessment and action plan will be shared with other health professionals by leaving it with the parents/carers in the red book (child health record).

The completed assessment form is part of the clinical record and will be shared in multi-disciplinary meetings where appropriate.

If any additional needs are identified the practitioner should complete the Keeping Infants & Babies Safe; Review of Parental Awareness Tool (see appendix 4).

Parents will be advised that it is not safe for babies and infants to sleep in an adult bed; adult beds are not designed with children in mind. The safest place for a baby to sleep is always in a Moses basket or cot in the same room with their parents' both day and night for at least the first six months.

If following the assessment, parents choose to put baby into their bed for some or all of the night, messages about risks need to be communicated on a case by case basis.

**Parents will be advised never to bed-share where the baby:**

- **Was born premature or low birth-weight**
- **Has a fever or is unwell**

**Parents will be advised never to bed-share where the adult carer:**

- **Smokes even if they do not smoke in the bedroom**

- **Is extremely tired**
- **Has drunk alcohol**
- **Has taken drugs**
- **Has taken medication that may make them drowsy including over the counter**

If parents have none of the above risk factors and have their baby in bed with them, there is still a small risk that their baby could die due to e.g. overheating, smothering or overlay.

**PARENTS SHOULD BE ADVISED NEVER TO SLEEP ON A SOFA OR ARMCHAIR WITH THEIR BABY.**

Understanding that parents/carers may accidentally fall asleep on a sofa or armchair, staff should advise parents to consider where they will rest and comfort their baby when they are tired**.**

The safer sleep assessment tool is designed to gather as much information about a baby's sleeping situation in order that appropriate advice is given.

Anyone in contact with families should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations as well as risks based on current evidence.

## 5.2 Health Visitors

Health Visitor Teams: Antenatal contact
Primary birth visit
All subsequent follow up contacts up to and including the 2-2 ½ year check

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The assessment and action plan will be shared with other health professionals by leaving it with the parents/carers in the red book (child health record).

Health Visiting Team members will complete the safer sleep assessment at each contact and subsequent visit up to and including the 2 year check. Any changes will need to be documented in the parent held record.

If any additional needs are identified the practitioner should complete the Keeping Infants & Babies Safe; Review of Parental Awareness Tool (see appendix 4)

The completed assessment form is part of the clinical record and will be shared in multi-disciplinary meetings where appropriate.

Parents will be advised that it is not safe for babies and infants to sleep in an adult bed as adult beds are not designed with children in mind. The safest place for a baby to sleep is always in a Moses basket or cot in the same room with their parents' both day and night for at least the first six months.

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Anyone in contact with families should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations as well as risks based on current evidence.

## 5.3 Multi-disciplinary workforce

Parents will be advised that it is not safe for babies and infants to sleep in an adult bed; adult beds are not designed with children in mind.

The safest place for a baby to sleep is always in a Moses basket or cot in the same room with their parents' both day and night for at least the first six months.

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- **Smokes even if they do not smoke in the bedroom**
- **Is extremely tired**
- **Has drunk alcohol**
- **Has taken drugs**
- **Has taken medication that may make them drowsy including over the counter**

If parents/carers have none of the above risk factors and have their baby in bed with them, there is still a small risk that baby could die due to e.g. overheating, smothering or overlay.

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The sleep assessment tool is designed to gather as much information about a baby's sleeping situation in order that appropriate advice is given.

See appendix 2 for a communications timeline when safer sleep messages are discussed on a multi-agency basis, which might include Children & Family Wellbeing Service, Primary Care, Paediatrics, Emergency Department or Social Care.

It is the responsibility of the multi-disciplinary workforce to discuss and record, in line with record keeping guidelines, the information they give to babies' carers on safer sleeping arrangements at all key contacts including asking to see where baby sleeps.

Information must be provided in such a manner that it is understood by the baby's carer. For babies' carers 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 information in such a way to ensure understanding.

If any additional needs are identified the practitioner should complete the Keeping Infants & Babies Safe; Review of Parental Awareness Tool (see appendix 4).

Anyone in contact with families should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations as well as risks based on current evidence.

## 5.4 In the Immediate Postpartum Period

All mothers should be encouraged to spend time in skin to skin contact with their new baby in an unhurried environment as soon as possible after birth. 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 birth, after sedative medication, and during extreme tiredness.

All mothers should be encouraged to stay close to their babies whatever their preferred infant feeding choice.

Skin to skin contact is encouraged during the postnatal period particularly, to establish the mother-baby bond, for settling babies, and for babies who are establishing breastfeeding.

In the hospital setting, separation of mother and baby should only occur where the health of either prevents care being offered in the postnatal areas and discussed on the transfer out of hospital.

Literature consistent with the Safer Sleeping Guidance, on reducing the risk of SUDI, should be given and discussed with all mothers early in the postnatal period.

The safest place for a baby to sleep whilst in hospital is on a clutter free, flat mattress in a cot by the side of mother's bed.

Bed-sharing should not be initiated in hospital where there are any concerns for the mother or baby's health and wellbeing.

If a mother chooses to share her bed with her baby whilst in hospital, to maintain skin to skin contact, for cuddling or feeding her baby, staff should:

- Complete a risk assessment to take into account the clinical condition of the mother (see appendix 5), other contraindications to bed-sharing, e.g. mother smokes, baby is premature or ill, the safety of the physical environment. Details of the risk assessment should be documented with the maternal notes, including any risks noted and details of the advice given to mothers.

It should be noted that mothers and babies circumstances often change quickly post birth, therefore risk assessments will need to be reviewed. Staff should ensure the follow considerations are discussed and noted:

- The benefits and contraindications (risk factors listed on page 12 of this document) of bed-sharing are discussed to allow fully informed choice.
- Written information on bed-sharing is provided (documentation must be made in the care plan/records that the information, including any risks, has been given discussed and understood).
- The effects of analgesia is discussed and documented in mother's notes.
- The call bell must be in easy reach of the mother in the event of any restrictions to mobility or ability to care for baby.

If the mother makes a fully informed choice to bed share with her baby, all information and care given should be documented. Staff should discuss appropriate sleeping positions (in case the mother falls asleep with or without intention). The mother and baby should be monitored by staff as frequently as is practicable. Effective communication with other members of staff and on hand over of care is essential. Staff must ensure that it is highlighted that mother is bed-sharing and what level of supervision is required. The level of supervision and frequency of checks required must be decided by a suitably qualified health professional based on an individual risk assessment.

Mother will need to take responsibility for protecting her baby from falling out of the bed/entrapment/overheating. In hospital the bed should always be as low as possible. Direct the mother to keep the curtains or door open if taking the baby to bed so that staff can observe if she inadvertently falls asleep whilst bed-sharing.

To reduce risk staff should direct the mother to only bed share when another responsible adult is able to observe. Family members can be asked to support with this to ensure the baby's safety. The health professional must use professional judgement to assess the family's willingness and suitability and give basic instruction.

The presence of a family member or suitable equipment does not negate the professional responsibility and accountability for safety.

## 5.5 Evidence-based information to be provided to all babies' carers

**The safest place for a baby to sleep is always in a Moses basket or cot in the same room with their parents both day and night for at least the first six months.**

For most families it is recommended that babies and parents do not share a sleep surface.

If following the safer sleep assessment, parents choose to put baby into their bed for some or all of the night, messages about risks (see 6.0 risk factors) need to be communicated clearly on a case by case basis.

**Parents will be advised never to bed-share where the baby:**

- **Was born premature or low birth-weight**
- **Has a fever or is unwell**

**Parents will be advised never to bed-share where the adult carer:**

- **Smokes even if they do not smoke in the bedroom**
- **Is extremely tired**
- **Has drunk alcohol**
- **Has taken drugs**
- **Has taken medication that may make them drowsy including over the counter**

**Please note this refers to any time the baby is asleep during the day or night.**

Bed-sharing may facilitate breastfeeding. Some women may choose to lie down to breastfeed. Breastfeeding mothers often find bed-sharing a positive experience whilst ensuring none of the risk factors below are present (see page 11). Hauck et al (2011) reported that breastfeeding is protective against SIDS, and this effect is stronger when breastfeeding is exclusive.

The risk of bed-sharing and SIDS in the absence of hazardous conditions appears to be minimal. Bed-sharing is inappropriate and should never be advised, if parents consume alcohol, take drugs, smoke, or if the infant was born premature or of low birth weight. Sofa sharing is not a safe alternative to bed-sharing (Blair et al 2014).

**Falling asleep on a sofa, or in a chair, with a baby can be very hazardous and should be avoided at all times (night or day).**

## 6.0 Risk Factors

Following the updated NICE Guidelines in February 2015 you should discuss the following with baby's carer:

- There is an association between co-sleeping (on a bed, sofa or chair with an infant) and SIDS
- The association between co-sleeping (on a bed, sofa or chair with an infant) and SIDS is likely to be greater when they, or their partner, smoke
- The association between co-sleeping (on a bed, sofa or chair) and SIDS may be greater with:
- Parental or carer recent alcohol consumption, and/or
- Parental or carer drug use, and/or
- Low birthweight or premature infants

**Within Pan-Lancashire we recommend that, because of the associated risk factor, baby's carer/s are advised not to bed-share or co-sleep if any of the following factors are present:**

- If anyone sharing the room where baby is sleeping, smokes (no matter where or when they smoke)
- If the mother smoked during pregnancy
- If baby's carer/s have consumed alcohol
- If baby's carer/s have taken medication or drugs that make them drowsy or sleep more heavily (illegal, prescription or purchased over the counter including anaesthetics after day case or dental surgery)
- If baby's carer has any illness (physical or mental) or condition that affects awareness of the baby
- If the baby is unwell or has a high temperature (then medical advice should be sought)
- If the baby's carer/s has a high temperature
- If baby's carer/s response to their baby is impaired, for example they are excessively tired or unwell
- If the baby was small at birth (born before 37 weeks, or weighing less than 2.5 kg at birth)
- If baby is **not** exclusively breastfed

The Sleep Assessment Tool (see appendix 3) can be completed to help identify risks. Following completion of the assessment, any identified needs should be addressed and the action plan completed. If any additional needs are identified the practitioner should complete the Keeping Infants & Babies Safe; Review of Parental Awareness Tool (see appendix 4).

**The safest place for a baby to sleep is always in their own Moses basket or cot in the same room with their parents' both day and night for at least the first six months'.**

## 6.1 Reducing the risks of bed-sharing

It is in nobody's interest to avoid this discussion with the baby's carer, 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).

Although many new parents/carers say that they will never sleep with their baby, about 50% of UK babies have bed-shared with a parent during their first three months. It is important that ALL parents have a discussion about bed-sharing/co-sleeping and consider how they will manage night time care.

Baby's carers must be advised never to fall asleep on the sofa, chair or bean bag with baby. If baby's carer chooses to sleep anywhere not designed for sleeping with their baby 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. Babies can die if they get trapped or wedged in the bed or if a baby's carer lies on them. It is

the baby's carer's responsibility to make sure the bed environment is as safe as possible for a baby if he or she makes the decision to sleep there.

If a baby'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 baby cannot fall out of bed or get stuck between the mattress and the wall.
- The room must not be too hot (16 - 20$^{o}$ C is ideal).
- Baby should not be overdressed.
- The baby's covers must not overheat the baby or cover the baby's head. There is no need for baby to wear a hat in the house at any time. Pillows must be kept away from the baby.
- The baby must not be left alone in or on the bed as even very young babies can wriggle into dangerous positions.
- Any adults in the bed must be made aware that the baby 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 baby with a body position which protects the baby, for example, stops the baby moving up or down the bed and reduces the likelihood of the mother rolling onto her baby.

## 7.0 Using a cot, crib or Moses basket

**Within Pan-Lancashire we recommend that the safest place for your baby to sleep is in a cot in a room with baby's carer for at least the first six months.**

Having the baby sleep (day or night) in a separate room to baby's carer is an established risk factor for SIDS. The multi-disciplinary workforce should advise all babies' carers to keep baby in the carer's bedroom at night for at least the first six months, regardless of how the baby is fed.

Guidance for using your cot, crib and Moses basket:

- When an adult is not in the room with baby keep the drop side of the cot up and locked into position.
- Keep the cot away from any furniture which an older baby could use to climb out of the cot.
- Keep the cot away from toiletries such as baby lotion and wipes which an older baby may be able to reach.
- Avoid curtains and blinds with cords. Dangling cords carry a risk of strangulation. Any present must be securely tied up and placed out of baby's reach.
- Do not use cot bumpers or padding as they are a suffocation hazard for small babies and infants. When baby starts to crawl and climb they may also be used as steps to climb out of the cot.
- When the cot mattress is at its lowest height the top of the rail should be above the baby's chest.
- Cuddly toys (especially large cuddly toys) should be avoided. They could fall on baby causing overheating or accidental smothering.
- Avoid putting the cot/Moses basket next to a window, heater, fire, radiator, lamp or direct sunlight, as it could make the baby too hot.

## 7.1 Buying a cot

All cots currently sold in the UK should conform to British Safety Standards BS EN 716:2008 and have a label that states:

- The cot is deep enough to be safe for the baby
- Cot bars are less than 65mm apart
- The cot does not have cut outs or steps

## 7.2 Using a second-hand cot

Babies' carers must check that the cot is safe for baby. This includes:

- Points above (under 'Buying a Cot').
- 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 babies limbs.

## 7.3 Moses Baskets/cribs

The same sleeping advice applies as for cots, keeping the Moses basket/cribs in babies' carers' room for the first six months. It is recommended that a new mattress is used for each child using the Moses basket.

## 7.4 Travel Cots

These should be used following manufacturers' instructions. The advice re: cots, cribs and Moses basket also applies to use of travel cots.

## 7.5 Mattresses

Ideally a new mattress, which conforms to British Safety Standards, should be purchased for each baby. If babies' carers are using a 'used' mattress from a previous child, they should be advised to ensure that it is completely waterproof, has no rips, tears or holes. Ventilated mattresses are not recommended as they are very difficult to keep clean.

A baby should sleep on a firm, flat surface; the use of soft mattresses and toppers is not recommended.

## 7.6 Car seats, pushchairs and prams

Car seats, pushchairs and travel systems using car seats or non-flat pram bases are not an ideal place for safe sleep in the home.

It is important to check on your baby or young child regularly when they are asleep.

When they are being transported in a car they should be carried in a properly designed and fitted rear facing car seat, and be observed regularly by their carer. It is recommended that on long car journeys, over 2 hours, stop for regular breaks over a minimum of 20 minutes, and remove child from car seat for air and for drinks for baby and ensure that baby does not spend longer than necessary in the car seat. Extra observation is needed for premature or new babies who may curl forwards and inwards.

Be careful your baby does not get too hot; remove hats and outdoor clothes when indoors, or in the car. This advice should also be considered when going into shops, or returning home from trips out.

## 7.7 Other baby sleep and carrying devices

These should comply with British safety standards and baby's parents/carers should be mindful of overheating and the importance of giving the baby room to breathe.

There is no evidence to support the safety of sleep pods, wedges and sleep positioners.

If babies' carers decide they want to use slings, The Consortium of UK Sling Manufacturers and Retailers provides the following advice to baby sling wearers (RoSPA, 2019):

Keep your baby close and keep your baby safe. When you're wearing a sling or carrier, don't forget the **T.I.C.K.S** acronym:

- **T**ight
- **I**n view at all times
- **C**lose enough to kiss
- **K**eep chin off the chest
- **S**upported back

Parents should ensure that they keep their baby's chin off their chest, keeping the airways clear for breathing.

The safest method of baby wearing is in a carrier that keeps the new born baby solidly against the parent's body, in an upright position.

RoSPA advises parents to be careful with their selection of the type of sling and to be aware that there are risks attached.

In Pan-Lancashire we recommended that parents and carers attend a Sling Meet near them for advice and guidance on safe use.

## 7.8 Bedding

General advice:

- Babies' carers need to ensure that the bedding in use is the right size for the cot/crib/Moses basket, as this will prevent the baby getting tangled up.
- Sheets and blankets are ideal. If the baby is too hot a layer can be removed and if too cold a layer added. Cellular blankets should be used rather than fluffy blankets.
- The cot should be made up so that the blankets and sheets cover the baby up to their chest and tuck under their arms and under the mattress so that the baby 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 baby to wriggle down under the bedding.
- Duvets and pillows are not safe for use with babies under one year of age as they could cause overheating and/or increase the risk of accidents from suffocation.
- Do not use cot bumpers:
    - In addition to the risk to freely circulating air, some experts advise avoiding the use of cot bumpers once the baby can sit unaided as they can use the bumper as a means to get out of the cot.
    - Some bumpers have strings attached to attach them to the cot. An older child could pull at these strings and become tangled in them.

Specially designed sleeping bags are useful for babies who are kicking off their blankets. Babies' carers using these must be advised to check that the weight and size of the sleeping bag is right for baby. For example:

- Could use 1 tog in the summer and 2.5 tog in the winter.
- The sleeping bag should fit snugly around the babies' chest so that baby cannot wriggle inside with their shoulders.
- Do not use extra blankets with sleeping bags and do not use sleeping bags when the baby is in the parent/carers bed.

Swaddling is suggested as an emerging risk factor for SIDS. Evidence is inconclusive, but babies' carers should be cautious. If they do decide to swaddle their baby they should be advised not to cover the baby's head and only use thin materials. Baby can be un-swaddled once they are asleep. Babies who are able to roll (e.g. from 12 weeks of age) should not be swaddled if left unsupervised.

## 8.0 Sleeping Position

The best sleeping position for a baby is flat on their back. Wedges or props should not be used to keep baby in the same position, even though these can be used in Neonatal Units. Eventually babies learn to roll from their back to their front on their own. When this happens, the advice to babies' carers should still be to put them to sleep on their back, feet to foot of the cot, and not to worry about them moving and leave them to find their own comfortable position (The Lullaby Trust).

There is no evidence to suggest that putting twins in the same cot (which is larger than a Moses basket or crib) in the early weeks places them at greater risk of SUDI. However, once the babies can rollover or potentially bang their heads the safer sleeping advice described in this guidance should be followed and they need to be in separate cots (see the following link below for the BASIS twin sleep information sheet). https://www.basisonline.org.uk/twins/

## 9.0 Clothing

Flame retardant sleepwear is advised.

Care should be taken to ensure that suitable clothing is worn for the temperature of the room. Babies should not wear hats for sleep during the day or night as this can increase the risk of SIDS.

Remove bibs before sleep.

Headbands are not recommended.

## 10.0 Dummies

UK Department of Health does not recommend dummy use as a way of reducing the risk of SIDS (ISIS, December 2014).

This is a complex issue. It is possible that when dummies are regularly used then there is an increased risk of sudden infant death if they are not used at the start of all sleep periods. However, the evidence base is not strong and not all experts agree.

If baby's carer would prefer to give their baby a dummy, it should be explained that it is advised not to give a dummy until breastfeeding is well established, usually when baby is at least one month old, and to gradually withdraw the dummy when they're between six and twelve months old.

Furthermore, The Lullaby Trust (The Lullaby Trust, 2019) state if a dummy is used, the following are important:

- If you choose to use a dummy, wait until breastfeeding is well established.
- Stop giving a dummy to your baby to go to sleep between 6 and 12 months.
- Don’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.
- Don’t put anything sweet on the dummy.
- Don’t offer during awake time.
- Using an orthodontic dummy is best as it adapts to your baby’s mouth shape.
- If you choose to use a dummy make sure it is part of your baby’s regular sleep routine.

Further information can be found on The Lullaby Trust website.
https://www.lullabytrust.org.uk/safer-sleep-advice/dummies-and-sids/

## 11.0 Safer Sleep Advice for 2-5 year olds

The risk of SIDS once a child reaches 12 months is greatly reduced, therefore safer sleep can be better defined by thinking sleep hygiene. Sleep is important to support healthy growth, repair and development of all children.

The sleep environment should be a safe space and free of potential risks.

It is recommended where possible, toddlers (aged 1-2 years) should be getting 11-14 hours of sleep per day and children (aged 3-5 years) typically need 10-13 hours of sleep per day including naps. A consistent routine will support the child in gaining the necessary sleep.

Parents should continue to keep children safe from smoke at all times.

Bed and Bedding

- Children would normally be transitioning to a bed around the age of 2 years
- The bed/cot should be in good condition, appropriate for age of child, and being used for the manufactured purpose.
- Safety equipment can be purchased to reduce the risk of falling from the bed e.g. a bed guard or removing the side of the cot. Parents should ensure the bed/cot mattress is as low to the ground as possible.
- Parents should be advised NOT to manufacture safety precautions to add to the bed/cot as this can increase the risk of harm/injury.
- The mattress should continue to be firm and flat and in a good condition.
- Bedding should be appropriate for the age of the child, not too big or too heavy – risk of child becoming 'wrapped' up in adult sized quilts, which can lead to overheating or suffocation.
- If parents choose to continue to use a cot, parents should ensure there is nothing in the cot that can be used as a step which could increase the risk of falling from the cot.
- The child's bed should not be positioned next to a radiator or window - reduce the risks of overheating, ability to climb onto window sill and of falling or strangulation from blind cords.
- The bed should be positioned where the child cannot reach wires from electrical items – risk of strangulation or electrocution.

Room

- Advise parents that as a guide room temperature should continue to be between 16-20°.
- Windows must have a safety lock device to stop it from opening wide to reduce the risk of falling.
- Safety gates should not be fitted and used after the child has reached 24 months, and most certainly never placed on top of each other as this significantly increases the risk of entrapment.

Toys

- Parents should ensure toys containing lithium batteries are securely fixed.
- Toys should not be stored in bed for sleeps, with the exception of a favourite teddy.
- Advise parents that IT equipment is not recommended as a strategy to settle children, visual images continue to stimulate the brain and inhibits relaxation.

Other people and pets

- Children will have a more restful and hygienic sleep if in their own sleep space, not with other children, pets, or adults.

## 12.0 Recommended Resources

**Safer Sleep for Baby Campaign (2012-2019) Blackburn with Darwen, Blackpool & Lancashire Children's Safeguarding Assurance Partnership.**
This leaflet outlines the risk factors associated with sharing a bed with baby, with 6 easy to follow steps.

**NICE guidelines (Addendum to Clinical Guideline 37, Postnatal Care), December, 2014**

**Baby Sleep Information Source (BASIS) https://www.basisonline.org.uk/**
BASIS provides information about normal infant sleep based upon the latest UK and world-wide research.
BASIS is a collaboration between Durham University Parent-Infant Sleep Lab and senior representatives from La Leche League, NCT, and UNICEF UK Baby Friendly Initiative. There is also an app available to download: https://www.basisonline.org.uk/infant-sleep-info-app/

**Caring for your baby at night - a parent's guide, UNICEF (UK) Baby Friendly, 2017**
This UNICEF Baby Friendly Initiative leaflet, endorsed by the CPHVA, RCM and The Lullaby Trust, is designed to offer helpful, practical advice on coping at night. It covers getting some rest, night feeding, safe sleeping environments and helping baby to settle.

**The Health Professionals guide to 'Caring for your baby at night', UNICEF (UK) Baby Friendly, 2017**
This guide aims to help health professionals who will be using Caring for Your Baby at Night with new parents. It looks at the evidence underpinning the recommendations in the leaflet and offers guidance on discussing these issues.

## 13.0 Appendix 1 Safer Sleeping Legislation Guidelines

# Safer Sleeping Legislation Guidelines

**If you are a person of any age and you:**

- Co-sleep with a child on any surface (this includes, e.g. sofas, armchairs, beds and the floor)
- **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 on any surface
- **Whilst under** the influence of drink/alcohol
- Cause his/her death by suffocation

You could 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 on any surface
- **Whilst under** the influence of any drug/substance/alcohol
- Cause his/her death by suffocation

You could be liable to criminal prosecution – Section 5. Offences against the Person Act 1861

**Babysitters**

There's no legal age to babysit, so parents should think carefully about using anyone under 16. If the babysitter is under 16, the parent remains legally responsible for the child's safety. Check that older teenagers are comfortable with the responsibility you're giving them before you leave your child with them.

Lancashire Constabulary
police and communities together

14.0 Appendix 2 Safer Sleep Opportunity Timeline

*Timeline correct at time of publication and is subject to change. This timeline will be reviewed annually.

## Safer Sleep Opportunity & Distribution Timeline 2020

Blackpool only - Red
Blackburn with Darwen only - Green
Pan-Lancashire - Blue

Yellow box - hard copy materials should be given at the appointment. Contact your local CDOP

20 weeks plus – pre-birth assessment (if applicable). Children's Social Care to signpost parents/carers to the e-leaflet and reinforce the messages during the pre-birth assessment

Posters displayed in Children's Centres, CSC family centres, surgeries, pharmacies, libraries, maternity wards, A&E, walk-in centres, breastfeeding groups and Children Family & Wellbeing Service settings.

Key message PowerPoint available for team briefings, full toolkit available on the CSAP website.

| | |
|---|---|
| Up to 12 weeks – booking in appointments. | Safer Sleep can be discussed at this appointment if required (optional). Signpost to e-booklet. |
| 25-34 weeks - Bump, Birth & Beyond/Baby Steps (in Blackpool) offered at Neighbourhood Centres. | Advice provided to expectant parents. Available for all, however the take up is not universal. |
| Premature Births/ babies on NICU/ or Vulnerable babies (CONI Scheme). | Midwife/neonatal nurse delivers messages to parents and has tailored conversation. Thermometer & booklet provided. |
| 28 weeks plus – antenatal visit by the Heath Visitor. | 1 hour session with the health visitor where messages are explained in depth, booklet and thermometer is provided. Ask to check where baby sleeps. |
| 36 weeks - Birth Talk (midwifery). | Midwife delivers safer sleep messages to parents if the opportunity arises (optional due to time restraints). |
| Birth (40wks approx). | Safer sleep messages reinforced at birth and at midwife examination. Cot card & thermometer distributed. |
| Postnatal Visit - 1st home visit post birth (midwife). | Reiteration of Safer Sleep messages and risk factors, ask to see where baby sleeps. Signpost to e-booklet. |
| 10-14 days post birth – New Birth Visit (health visitor). | Visit from health visitor, thermometer and booklet given to parents. Health Visitor should ask to see where the baby sleeps. |
| 21 days - home/clinic visit. Discharge from maternity care. | Reiteration of Safer Sleep messages and risk factors during midwife discharge/handover visit at 21 days. Go over points. |
| 6-8 weeks post birth – Mood assessment/HV check. | Safer Sleep messages reinforced. Ask to see where baby slept last night/discuss any changes to sleep arrangements/patterns. |
| Early Infancy Visit – up to 8 weeks. | Health visitor to discuss the SIDS risk factors during early infancy visit. |
| 3-4 months post-birth – mood assessment (targeted). | BwD reinforce messages at home if CAF is in place (targeted families only). |
| 8, 12 & 16 weeks – Immunisations. | Posters displayed in GP surgeries. Safer Sleep message reinforced at 8, 12 & 16 week immunisations. |
| 8-12 months development check – Clinic/visit. | Safer Sleep messages reinforced. |

15.0 Appendix 3 Sleep Assessment Tool

# Sleep Assessment

Baby's Name: DoB:

NHS No: Postcode:

| | COMMENTS |
|---|---|
| Where did the assessment take place? | |
| Where does the baby sleep at night? | |
| Where does the baby sleep during the day? | |
| Where else does the baby sleep? (Sleepy head, bouncer, car seat, pram) | |
| Did you see where baby sleeps at day/night? (Visual assessment). If not observed, give the reason why and the planned date to see. | |

| | YES | NO | COMMENTS |
|---|---|---|---|
| Does anyone in your household or anybody who cares for baby smoke? | | | |
| Do you ever take your baby to bed with you? | | | |
| Do you share your bed with anybody else, including other children/pets? | | | |
| Does anyone in your household or anybody who cares for baby drink alcohol? | | | |
| Does anyone in your household or anybody who cares for baby use drugs or take medication? | | | |
| Is baby always put to bed on their back with their feet to foot of cot? | | | |
| What does your baby sleep in? (clothes/bedding) Is this appropriate? | | | |
| Is the family able to ensure room temperature stays between 16-20°C? | | | |
| Have you discussed how baby is being fed? | | | |
| 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)? | | | |

**Action Plan –** What is your Action Plan and what are the timescales?

**Completed by:……..Date:……**

**Review by:……Date:……..**

## 16.0 Appendix 4 Keeping Infants & Babies Safe; Review of Parental Awareness Tool

**Keeping Infants and Babies Safe; Review of Parental Awareness Tool**

*(For use by professional, when working with parents with additional needs)*

1. **Safe Sleeping Awareness**

| Advice | Aware without prompting | Awareness only when prompted | Not aware | Record verbatim parent's understanding of reason for this advice |
|---|---|---|---|---|
| **Sleeping position (on back, NOT front or side)** | | | | |
| Bed-sharing / Co-sleeping | | | | |
| Risk of smoking | | | | |
| Sleeping feet to foot | | | | |
| Not overheating | | | | |
| Use of dummy | | | | |
| Cot and mattress | | | | |

2. **What are parents' plans for controlling cigarette exposure?**

**Mother**

| |
|---|
| |

**Father**

| |
|---|
| |

**Other carers or visitors to the house**

| |
|---|
| |

3. **What plans do parents have for overcoming any problems they have with following the safer sleeping advice?**

| |
|---|
| |

4. **What will parents do it baby doesn't settle at night when they are implementing the safer sleeping advice?**

| |
|---|
| |

5. **Recognising illness**

| | **Response from parents using their words / language** | **Checklist** |
|---|---|---|
| How would parents know if their baby was unwell? | | • Off feeds<br>• Sleepy<br>• Persistent vomiting<br>• Change in bowel habits<br>• Crying more than usual<br>• Screaming<br>• Fewer wet nappies |
| What would parents do if their baby became unwell? | | • Seek advice from more experienced parents<br>• Speak to health visitor<br>• Call doctor<br>• Take to emergency department |

| |
|---|
| **Analysis** What risk factors have been identified with this review? |

| |
|---|
| **Action Plan** What is your action plan and what are the timescales? |

| Completed by: | Designation: | Date: |
|---|---|---|

## 17.0 Appendix 5 Clinical condition of the mother

Any mother who may be unable to remain awake or sustain consciousness or who may have restricted movement or severe difficulty with spatial awareness will require supervision when sharing a bed with her baby. It is not advisable for these mothers to bed share unless constantly supervised.

Examples of such mothers would include those who are:

• Under the effects of a general anaesthetic.

• Immobile due to spinal anaesthetic.

• Under the influence of drugs which cause drowsiness.

• Ill to the point that this may affect consciousness or ability to respond normally e.g. high temperature, following large blood loss, severe hypertension.

• Excessively tired to the point that would affect ability to respond to the baby.

• Suffering any condition that would affect spatial awareness e.g. Conditions that would severely affect mobility and sensory awareness such as multiple sclerosis or paralysis, or conditions affecting spatial awareness such as blindness.

• Very obese (individual assessment will be required, preferably with the mother, based on the mother's mobility, spatial awareness and the space available in the bed).

• Likely to have temporary losses of consciousness e.g. Insulin-dependent diabetic, epileptic.

The level of supervision required will depend on the severity of the mother's condition. This will need to be assessed by a suitably trained health professional. When possible, this assessment should be carried out in consultation with the mother. It is not advisable for these mothers to sleep with their baby unless constantly supervised.

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UNICEF Caring for your baby at night 2019 https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night

Child Accident Prevention Trust https://www.capt.org.uk/

Contact for families with disabled children https://contact.org.uk/