Cwm Taf Morgannwg Bwrdd Diogelu Safeguarding Board

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Baby and Infant Safe Sleeping Guidance

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Contents

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Definitions

For the purpose of this guidance the following definitions apply:

SUDI : Sudden unexpected death in infancy.

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.

PRUDiC : Procedural Response to Unexpected Death in Childhood.

Bed-sharing: describes babies sharing a parent's bed in hospital or home, to feed them or to receive comfort or to sleep. This may be a practice that occurs on a regular basis or it may happen occasionally.

Co-sleeping: describes any one or more person falling asleep with a baby in any environment (e.g. sofa, bed or sleep surface, any time of day or night).This may be a practice that occurs on a regular basis or it may happen occasionally and may be intentional or unintentional.

Parent/carer: 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.

Infant: a child up to the age of 12 months.

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).

Purpose

The purpose of this document is to set out the ways in which all practitioners who work with children and families can promote a safe sleeping environment. Practitioners should ensure that they provide clear and consistent information/advice to parents to enable them to make an informed choice about safe sleeping arrangements they chose for their babies and infants.

Background

Child poverty is on the increase and affects 1:3 children living in Wales. There is a strong association between deprivation and the risk of death with children living in the most deprived areas being at 70% greater risk. Rates of Sudden Unexpected Deaths in Infancy (SUDI) in Wales have been similar to or marginally higher than those in England or other comparable European countries.

Research has shown the factors that contribute to SUDI have changed over the last 20 years. The proportion of infants who died while co-sleeping with their parents has risen from 12% to 50% (although the actual number dying has reduced).There is an increase in the number of infants dying while sharing a sofa.

A Collaborative Thematic Review 2010-2012 undertaken by Public Health Wales (2015) concluded that of the 45 Sudden Unexpected Deaths in Infancy reported; 26 children were sharing a sleep surface with another person at the time of death (20 sharing an adult bed, 6 sharing a sofa). They recommended that all frontline professionals should ensure key messages on the prevention of SUDI and the research evidence on the interaction between co-sleeping and other risk factors such as smoking, low birth weight, very young infants and alcohol consumption are delivered to parents.

Aims

The key aim of the guidance is to promote safe sleeping and contribute to reducing the number of infant deaths across Cwm Taf Morgannwg UHB. It will support this by:

- Providing guidance to workers on what a safe sleeping environment for parents/carers and babies looks like using current national and international evidence.
- Increasing workers' knowledge and understanding of the risk factors
- Engaging the parents/carers to increase their knowledge and understanding of the risks associated with intentional and unintentional co-sleeping and bed sharing.
- Supporting workers in all organisations to contribute to promoting the advice and understanding and where to obtain further information from.

Safe Sleeping

In general, western adult beds are not designed for babies or infants to sleep on. This is because there is a risk that:

- Parents/carers/other children may roll over in their sleep and suffocate the baby; baby could get caught between the wall and the bed
- Baby could roll out of bed and be injured
- Baby may become overheated
- Risk of entanglement in bedding
- Adult beds usually have pillows which have been shown to be a risk factor.

Risk Factors for Unexpected Death in Childhood

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
- Family history of Sudden Infant Death in Childhood (within 1st year of life)
- Care of Next Infant Programme (CONI) must 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

Advice for parents ("Safer sleep for babies" leaflet The Lullaby Trust)

Things you can do:

- Always place your baby on their back to sleep in the feet to foot position, never on their front or side.
- Keep your baby smoke free during pregnancy and after birth.
- Breastfeed your baby, if you can.
- Place your baby to sleep in a separate cot or Moses basket (their own sleeping surface) in the same room as you for the first 6 months.
- After a night time feed, place your baby back into their own cot to sleep.
- Use a firm, flat, waterproof mattress in good condition. Waterbeds, bean bags and sagging mattresses are not suitable.

Things to avoid:

- Never co-sleep or put yourself in a position where you can doze off with your baby on a sofa or armchair.
- Don't sleep in the same bed as your baby if you smoke, drink alcohol, take drugs or are extremely tired, or if your baby was born prematurely or was of low birth weight.
- Do not let your baby get too hot, room temperature ideal 16-20 oC, do not overdress or cover with too much bedding.
- Don't cover your baby's face or head while sleeping or use loose bedding.

It is acknowledged that some cultures and social groups actively practice co-sleeping as part of their parenting approach and it is important for professionals to work sensitively to promote the safe sleeping advice to these families in accordance with the guidance.

If parents/carers make an informed decision to share a bed with their baby for breastfeeding, or for any other reason, they should be advised to follow the above advice and also:

- Keep the baby away from the pillows.
- Make sure the baby cannot fall out of bed or become trapped between the mattress and wall.
- Make sure the bedclothes cannot cover the baby's face, and the baby is not able to get under an adult duvet.
- Do not leave the baby alone on the bed, as even young baby's can wriggle into a dangerous position.

Breastfeeding and Safe Sleeping

Breastfeeding at night should be as safe as possible and appropriate advice should be given to mothers to reduce any risk. The UNICEF Baby Friendly Initiative requires that mothers are given the skills to manage 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.**

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Hospital setting

It is acknowledged that periods of skin contact are encouraged as part of routine care for all mothers 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 Cwm Taf Morgannwg UHB Infant Feeding Policy.

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 advised 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.

Premature infants, neonatal unit practices and Safe Sleeping

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. Therefore it is important to communicate any concerns regarding sleep positions with the Midwife or Health Visitor regarding the recommended safe sleeping advice.

Daytime Sudden Infant Death

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

Safe Sleeping and Safeguarding Children

Safe sleeping should be routinely embedded within child protection plans and any other assessments or plans that are concerned with promoting an infant's welfare or well-being. 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.

Appendix 1

Key Advice for Professionals

- 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.

Risk Factor	Why is it a known Risk
Sleep Position Cardiff and Vale of Glamorgan Safeguarding Children Board Numbers correspond to reference section.	Sleeping prone (face-down) has a higher risk of SUDI 5,6. Sleeping supine (face upwards, or on the back) carries the lowest risk of SUDI. There is also an association between side sleeping and SUDI 7, with higher risk for babies born prematurely or of low birth weight. Placing infants on their back to sleep should always be recommended.
Smoking 8,9,10,11	Smoking significantly increases the risk of SUDI, particularly when associated with co-sleeping. • Risk is increased by any exposure to cigarette smoking, but maternal smoking during pregnancy has the greatest effect. • Parents should not bed share, or fall asleep with their baby in bed, if they or any other person in the bed smokes (even if the smoking never occurs in bed). The effects of smoking are dose-related, the more cigarettes smoked the greater the risk.
Infant Sleeping in the Parents Bed	Infant co-sleeping with parents/others increases the risk of SUDI, with the risk highest among mothers who smoke in bed 12,13,14,15,16,17. There is a small, but statistically significant, increase in risk, even if the parents are non-smokers 12, 21. This risk mainly affects younger infants (less than three months postnatal age) and those with low birth weight (<2,500 grams)31. A recent study found a higher risk with bed sharing, below age two months, after adjustment for smoking and this was not significantly altered by the presence or absence of breastfeeding. Thus, bed-sharing poses a risk whether parents/carers smoke or not 19,20,21,23. This is because: • Adult mattresses are not designed for infants. • Adult pillows and bedding may contribute to suffocation. • Adult duvets can contribute to over heating – the ideal temperature for an infant's room is 16-20 °C. • Other children or pets may be sharing the parental bed and this may lead to suffocation or over-heating. • Infants may be squashed / suffocated by parents or others in the bed.

	• Infants may get wedged in the bed or may wriggle into a position from which they can't get out. • Infants may roll out of bed and be injured.
Infant sleeping on sofa or armchair with /without parents 16,29	Sleeping with infant on a sofa is associated with a significantly higher risk of sudden unexpected death in infancy. • Infant may get wedged in the sofa or armchair. • Parent may roll over on a sofa and suffocate the infant.
Parental alcohol use 26,27,28,29	• Sedates parents and impairs their levels of consciousness. • Reduces a parent's responsiveness and awareness of the infant in bed.
Parental prescribed medication27,28	• Sedates parents and impairs their levels of consciousness. • Reduces a parent's responsiveness and awareness of the infant in bed. • Less aware of, or less able to respond to the infant. • Higher risk medication includes: sleeping tablets, anti-depressants, some cough remedies and some anti-histamines and painkillers – GP or pharmacy advice should be sought.
Parental illicit drug use 16,13 ,14	• Sedates parents and impairs their levels of consciousness. • Impacts on responsiveness and awareness of the infant in bed. • Less aware of, or less able to respond to the infant's needs.
Parental tiredness 16,13,14	• Impacts on responsiveness and awareness of the infant in bed. • Less aware of or less able to respond to the infant.
Young, pre-term infants/low birth weight	• Babies under 12 weeks of age who sleep in an adult bed with parents are at increased risk of sudden infant death, even if their parents are non-smokers 7,21. • Babies are at greater risk if they were premature (born before 37 weeks) or of low birth weight (less than 2.5kg or 5 lbs 8oz).
Illness and infection 32,33	• The risk of SUDI when babies are unwell appears to be higher when babies sleep in the prone position (face down). • Sleeping with or overwrapping an ill baby or a baby with a high temperature may increase the risk of infant death.

Temperature/Overwrapping associated with SUDI 34,35,33,36.	Overheating (heating on all night, excess bedding) is associated with SUDI 34,35,33,36. Some of this effect is explained by the prone sleeping position 7,24,37. The combination of overwrapping (excessive layers of bedding and/or clothing, including hats) and signs of infection confers a greatly increased risk of SUDI 35. Similarly, the combination of overwrapping and prone sleeping carries a higher risk than either alone34. A number of factors such as fever following an infection, prone sleeping position, overwrapping or bedclothes covering the head, can affect the thermal balance in a baby by either making the baby too hot or reducing their ability to lose heat.
Head covering	Babies whose heads are covered with bedding are at increased risk of cot death 24,12. • Infants should be placed feet to foot in the crib, cot or pram and covers made up so that they reach no higher than the shoulders. • Duvets, quilts, baby nests, wedges, bedding rolls or pillows should not be used.
Bedding (see 'temperature, overwrapping and head-covering')	• Parents/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. • The cot should be made up so that the blanket and sheets are halfway down the cot, and tucked 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. • Use of cot bumpers – research has produced neutral results, but some expert's 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 secure them to the cot; an older child could pull at these strings and become tangled in them.

Infant sleeping in seat 39,40,41	• Infants, particularly pre-term infants or those with pre-existing health care conditions, are at risk of respiratory problems if sleeping in the semi-reclined position of car seats. • Advice is always to remove infants from car seats and place in moses basket, cot or crib.
Parental obesity	• Infant may be squashed/suffocated by parents. • Infant may overheat.
Parental epilepsy	• Alters parental consciousness and increases the risk of roll over by the parent.
Previous unexpected infant death	• There is an increased risk of SUDI where a death has already occurred, possibly because some risk factors are still present. However the risk of a subsequent infant death in the same family is still fortunately very rare. • Each area has a Care of Next Infant (CONI) programme to support families during subsequent pregnancies and after birth.
Toys in the cot/ moses basket	• When the baby is very young, cuddly toys (especially large ones) should be avoided. They could fall on baby causing overheating or accidental smothering.
Changes in sleep circumstances	• Inconsistent routines or changes to the last sleep episode have been described by parents whose infants have died. • Parents should be advised to make plans for safe sleep when there is a change to usual sleep arrangements, for example: when sleeping away from home; when their baby is looked after by relatives or friends; after family celebrations, alcohol use etc.

- 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

On every occasion where safe sleeping advice is given or the infant's sleeping arrangements are assessed a written record should be made. This should give 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 give
- 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

Evidence base for the Key Advice **Appendix 2**

Factors thought to reduce the risks:

Factor thought to reduce the risks	Why it reduced the risk
Infant sleeping in own crib, moses basket or cot, in parents bedroom 1,42,25,26,43 and infant sleeping position 5,6,7	• Sleeping on the back carries the lowest risk of SUDI. • Feet to foot position reduces the risk of an infant wriggling down and his/her head becoming covered. • Eliminates the risk of parental roll over, suffocation and over heating. • It is recommended that a new cot mattress is used for each infant. If parents are using a 'used' mattress from a previous child, they should be advised to ensure that it is completely waterproof, has no tears or holes. Ventilated mattresses are not recommended as they are very difficult to keep clean. **Cots** All cots currently sold in the UK should conform to BSEN 716 and have a label that states: • The cot is deep enough to be safe for the baby. • The bars should not be more than six centimetres apart, so that babies can't get their heads caught between them. The bars of cribs made prior to 1979 may have wider spacing that does not conform to these standards. • The cot does not have cut outs or steps. **Using a second-hand cot** Parents/Carers must check that the cot is safe for baby. This includes: • The same points above apply when using a second hand cot. • If the cot is painted, to strip and re-paint it. There is always a possibility that old paint may have lead in it. • 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. • It is recommended that a new mattress is used for each child using the cot. See points above re 'used' mattresses.

	Using a cot safely • 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. • When an adult is not in the room with baby keep the drop side of the cot up and locked in 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. • When the cot mattress is at its lowest height the top of the rail should be above the baby's chest.
Breastfeeding	Breast feeding has been shown to protect against the risk of SUDI 44,45 (see below) and should be encouraged. The universal/key advice about safe sleeping still apply to breastfeeding mothers 1,49. UNICEF Baby Friendly policy is that parents need a discussion about the management of night time feeds so that they are able to risk assess and make informed choices around bed-sharing.
Using a dummy	There is no evidence on which to either recommend or discourage dummies for use in the prevention of SIDS (Welsh Government, 2015, “Infant Feeding Guidelines”). The Foundation for Study of Infant Deaths (FSID) recommends that 42: • If parents choose to use a dummy it should be offered when settling the baby at **every** sleep episode (the protective factor appears to occur as the baby falls asleep). • If the dummy falls out of baby’s mouth once asleep, do not put back in. • If your baby does not seem to want the dummy do not force them. • Do not coat the dummy in a sweet liquid. • Always clean and regularly replace dummies. • Try to wean your baby off their dummy by the age of one year. **If your baby is breastfeeding do not consider giving them a dummy until breastfeeding is established (which may be around 4 – 6 weeks) as it may mask feeding cues and lead to a reduction in your milk supply. A dummy can**

	also interfere with your baby's ability to learn to breastfeed effectively.
Consistent information from a range of workers	• Increases the likelihood of parents understanding risks and changing their behaviour.
Room/Infant at the right temperature (see 'temperature and overwrapping' above)	• Ideal room temperature is 16-20 °C; reduces the risk of over heating.

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50 Crawford. D. Sudden unexpected deaths in infancy part II: Recommendations for practice. April 2011.
51Greenough. A. How has research in the past 5 years changed my clinical practice. Archives of Disease in Childhood 92(5), 404-407.

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