

Infant Safe Sleeping Guideline

Guideline information

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Summary of document:

This guideline aims to set out the ways in which all practitioners who work with children and families can promote a safe sleeping environment.

Scope:

This guideline refers to all staff working within the maternity and neonatal setting that are supporting a mother with infant care and infant feeding. The guidance uses the term “woman” (pronouns she, mother) to describe individuals whose sex assigned at birth was female, whether they identify as female, male or non-binary.

It is important to acknowledge it is not only people who identify as women for whom it is necessary to access women’s health and reproductive services. Therefore, this should include people who do not identify themselves as women but who are pregnant or have recently given birth. Obstetric and midwifery services and delivery of care must therefore be appropriate, inclusive and sensitive to the

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needs of those individuals whose gender identity does not align with the sex that they were assigned at birth.

To be read in conjunction with:

NICE Postnatal Care Guideline [2021]

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Babies Sharing Bed with Mothers, Safe Sleeping, SUID/ SIDS, Infant Sleep

Glossary of terms

HDUHB - Hywel Dda University Health Board

Term	Definition
SUID	Sudden unexpected Infant death
PRUDiC	Procedural Response to Unexpected Death in Childhood.
Parent / carer	This represents anyone caring for an infant; this includes mothers, fathers, parents, 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.

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Purpose

This guideline aims 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.

Scope

This policy refers to all staff working within the maternity and neonatal setting that are supporting mothers and parents with infant care to promote safe sleeping.

Aim

The aim of this document is to ensure practitioners have the confidence and knowledge needed to support babies' parents/carers in making informed choices regarding safer sleep arrangements and to raise awareness of the factors associated with Sudden Unexpected Infant Deaths (SUID).

There is no advice which guarantees the prevention of SUID. Safe sleep advice is shared with all new parents in pregnancy and the first few days and weeks of a baby's life by the midwifery and neonatal team. To reduce avoidable deaths, we need everyone working with families in Hywel Dda to help ensure safety advice and consistent, evidence-based messages are followed.

Objectives

The aim of this document will be achieved by the following objectives:

- Provide the multi-disciplinary workforce in Hywel Dda with clear and consistent evidence-based information.
- Provide workers with the confidence and knowledge to facilitate an open and honest discussion to support baby's parents/carers to make informed safer sleeping choices for their babies.
- Consistent advice about safer sleeping arrangements is given by all workers.

Introduction

The sudden and unexpected death of a baby is one of the most devastating tragedies that could happen to any family. In spite of substantial reductions in the incidences of SUID in the 1990s, as a result of the Back to Sleep Campaign, at least 300 babies die suddenly and unexpectedly each year in England and Wales.

Ninety percent of babies died in hazardous situations which are largely preventable (Blair et al 2014).

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. The Child Safeguarding Practice Review Panel's national thematic review of SUID, published in July 2020 shows that 'increasingly these deaths occur in families whose circumstances put them at risk, not just of SUID, but of a host of other adverse outcomes'.

Rates of SUID in Wales have been similar to or marginally higher than those in England or other comparable European countries.

Although the cause of SUID is unknown, there are specific behaviours/ factors that may make SUID more likely. Research has shown the factors that contribute to SUID 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.

HDUHB believe that the safest place for an infant less than 6 months old to sleep is in a cot by the side of your bed in line with the UNICEF BFI 'Caring for your baby at night' (2011). However, it is recognised that mothers take their babies into their bed in hospital and at home to feed, provide closeness and for comfort with and without the intention of sleeping with their baby. This guideline is designed to support mothers who choose to bed share in hospital, while optimising both mothers and baby's safety.

Bed-sharing and Co-sleeping

The terms '**co-sleeping**' and '**bed-sharing**' are often used interchangeably by the public, by practitioners and sometimes in the research literature and therefore can be very confusing. They each have quite specific meanings, however for the purpose of this guidance the following researched based definitions are used:

- **Bed-sharing** is used to mean 'adults and infants sharing the same surface for sleep'. Technically **bed-sharing means sleeping for at least some of the night in the same bed as a parent or parents.**
- **Co-sleeping:** used to mean **parents and infants sleeping in close proximity, but not necessarily in a bed, and not always on the same surface.** Room-sharing with the infant's cot beside or near the bed and parents and infants sleeping on adjacent mattresses could be included in co-sleeping, and so is sleeping with a baby on a sofa
- **Sudden Infant Death Syndrome (SIDS):** also known as cot death; is the sudden, unexpected and unexplained death of an apparently well infant.

Risk Factors for Unexpected Death in Childhood

Parental specific risk factors related to SUID

- Maternal Age under 20 years of age. are 3-4 times more likely to have a baby that dies from cot death.
- Parents smoking. Risk increases if the mother smoked during pregnancy
- Parents/carers drinking alcohol
- Medication or drugs that may sleep more heavily, includes non-prescription or illegal substances e.g. cannabis
- Anaesthetics
- Any illness (physical or mental) or condition (e.g. epilepsy or flu) that affects their awareness of the baby.
- Fatigue-feel very tired /unusually tired, to the point where they would find it difficult to respond to the baby e.g. less than four hours sleep in the last twenty-four hours.
- Sleep with baby on the sofa or an armchair

- Having a baby following a previous unexpected and Sudden Infant Death in childhood (within 1st year of life) of a baby.

Baby/infant Specific risk factors for SUID

- Premature Birth (born before 37 weeks)
- Low birth weight Centile <10th centile
- Baby has a high temperature medical advice should be sought if:
 - Less than 3 months and Temperature is 38°C or above,
 - OR three to six months old and temperature is 39°C or above.
- 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

Responsibility of the Multidisciplinary Team

- All opportunities should be used to discuss safer sleeping arrangements based on best practice recommendations and risks based on current evidence.
- To avoid conflicting advice, it is mandatory that all staff involved with the care of mothers and babies in the Midwifery and Neonatal service to provide consistent evidenced based information and advice.
- The multidisciplinary team is responsible for discussing and documenting the information given to baby's parents on safer sleeping.
- All information must be given so that parents are able to understand it. Use of Translations services to support parents who do not understand English. Families with other communication of language needs, including learning disabilities, should be offered information in such a way to aid understanding.

Assessments and Safer sleeping discussions

Assessments and safer sleeping discussions with parents need to start early in the pregnancy and continue in the postnatal period.

- During the antenatal period
- As soon as possible after birth
- Prior to discharge from in-patient service
- During postnatal community visits.

Antenatal Conversations

In the antenatal period a discussion should be had with a woman by the 32nd week of pregnancy.

The woman should also be advised to read:

- “Every Child Your Pregnancy and Birth” and “Every Child Newborn to age 2” website. <https://everychild.wales/parent-information-2/> -open in new tab.
- The Lullaby Trust's guidance “Baby Safety”. <https://www.lullabytrust.org.uk/baby-safety/> -opens in new tab, for further information codes are available in the useful resources page in the All-Wales Maternity Record.

Following Birth

The midwife should recommend that the mother performs skin to skin with her baby. The baby should be placed on the mother's chest, with the chin in a neutral position. The mother and partner should be given enough information to be able to monitor the baby's well-being i.e., colour, tone, chest movement. This conversation should be documented in maternal notes.

Parents should be advised to read the safe sleep for baby's guide. and should be advised that the safest place for their baby to sleep is in their cot. Because single hospital beds reduce the amount of space available and women and their babies cannot be constantly observed advise that bed sharing is not supported or advised by the maternity department.

Bed sharing Risk Assessment for women.

Following delivery, a risk assessment should be undertaken to determine the level of supervision required for bed-sharing on labour ward (See [Appendix 5](#))

This risk assessment should be utilised immediately after delivery and should reviewed as patients' needs and level of supervision require change postnatally.

Advise during the postnatal period

Staff should take every opportunity to discuss safer sleeping arrangements for babies.

During bedside handover on admission to the postnatal ward the receiving midwife should refer the woman to the Safe sleep for baby guide and remind that although skin-to-skin contact is supported, woman bed- sharing is not supported or advised by the maternity department.

NOTE: Whilst parents can be signposted to QR codes to support information given it must not replace verbal advice and discussion.

Recommendations for Health Professionals on Discussing Bed sharing with Parents

Bed sharing can be intentional or unplanned, but all women, their partners or main carers of babies should be given information in a format they can understand, irrespective of their culture.

Relevant adjustments should be in place for people with communication difficulties, and those who do not speak or read English. Verbal and written information should be appropriate for the person's level of literacy, culture, language and family circumstances.

(Refer to [Appendix 2](#) "Safer sleep for babies" leaflet The Lullaby Trust)

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.

Key Messages to Parents

Share the following Information in line with “Every child -your Pregnancy and Birth as your reference. (<https://everychild.wales>)

Things to advise parents to do:

- The safest place for baby to sleep is in a separate cot or Moses basket (their own sleeping surface) in the same room as mother for at least the first 6 months.
- Make sure the cot mattress is firm, flat and well fitted with gaps no larger than two fingers between the sides of the cot and the mattress. Waterbeds, bean bags and sagging mattresses are not suitable for baby.
- Young babies wake frequently at night and need to be cared for keeping a baby close allows the mother to hear baby and respond to their feeding cues.
- Always place baby on their back to sleep, never on their front or side
- Position at the bottom of the cot with feet at the base of the cot – not with head at the top. That way, baby can't wriggle down and get caught under their blankets.
- Keep baby smoke free during pregnancy and after birth.
- Breastfeed baby, if the mother can.
- After a nighttime feed, place baby back into their own cot to sleep.

Things to advise parent not to do:

- Never co-sleep or put themselves in a position where they can doze off with baby on a sofa or armchair. Sleeping with a baby on the sofa/chair increases the average risk of SIDS/SUID from 1/3600 to 1/180. (BASIS).
- Don't sleep in the same bed as baby if parent/s smoke, drink alcohol, take drugs or are extremely tired, or if baby was born prematurely or was of low birth weight.
- Avoid overheating, do not let baby get too hot, room temperature ideal 16-20 degree Celsius
- Make sure that baby is not overdressed or covered with too much bedding or use loose bedding
- Use no more bedding than you would use yourself and make sure the bedding does not cover their head and remove cot bumpers.

It is acknowledged that some cultures and social groups actively practice bed-sharing and 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.

Feeding and Safe Sleeping

Most babies wake frequently in the night to feed regardless of if they are breast or bottle feeding. This is normal behaviour. Broken sleep can lead to parents falling asleep with their baby, regardless of their intention. It is important all parents receive regarding bed sharing, in order to allow for informed decision making (UNICEF, 2011).

HUHB recognises the important of breastfeeding on the short, medium and long term physical and emotional health and wellbeing of the mother and her child (Standing Committee on Nutrition of the British Paediatric Association, 1994). Breastfeeding provides significant health benefits to both mother and infant and should be promoted. It reduces the risk of cot death by half, and its protective effect is strongest when breastfeeding is exclusive. (Venneman et al 2009).

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 nighttime feed.**

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 babies can wriggle into a dangerous position.

Bottle feeding parents should be advised against overfeeding in the assumption or thought that the baby will sleep for longer in-between feeds.

Postnatal Conversations

Staff must ensure that information about safer sleeping is discussed.

Hospital Maternity:

- Advise and Care immediately following birth
- Post natal ward: Discussion prior to discharge.

Community Midwifery Service:

- First postnatal visit. During the first postnatal visit the baby’s sleep environment should be viewed and documented by the community midwife
- Meaningful information at postnatal visits discussing infant sleep and feeding.
- Discharge visit.

Hospital – Maternity Care Setting

Information should be given and documented by staff when arriving on postnatal wards and having information on cot security.

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).

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.

The safest place for an infant to sleep whilst in hospital is in a cot by the side of mother's bed

- Feeding at night in particular should be monitored irrespective of mode of feeding. To ensure it is as safe as possible at a time when any mother may be particularly tired, appropriate action should be taken and advice given to mothers to reduce any risk.
- Falling asleep with a baby on a sofa or armchair carries the highest risk, both parents should be informed of this.
- Staff should support mothers to cuddle, feed and settle their infants safely.
- Ensure that mother has the call bell close to hand so that she can call for assistance if necessary.
- Monitor mother and infant whilst they are in skin contact, cuddling or feeding. It may be necessary to leave curtains or door open to facilitate this if mother is unaccompanied or there are identified risk factors.
- Assist with the transfer of infant to the cot once the infant has settled if required.
- Ensure the bed is on its lowest setting.
- If a mother chooses to share her bed with her infant whilst in hospital, for cuddling or feeding her infant, the level of risk depends on the following factors at the time that bed sharing will occur:

Staff should discuss and advise regarding appropriate sleeping positions i.e. protective C shaped sleeping position (in case the mother falls asleep with or without intention). Subsequent to advice and information given, mothers will need to take responsibility for protecting her infant from falling out of the bed/entrapment/overheating.

Written information on bed sharing is provided to the parents; the documentation must be made in the care plan/records that the information has been given discussed and understood. [Appendix 4](#) is a helpful document is 'Caring for your baby at night - a guide for parents' (UNICEF 2021).

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.

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.

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.
- 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.

Documentation, communication and recording advice given to parents/carers.

If the mother makes a fully informed choice to bed share with her infant, all the information and care given should be documented including any contraindications. The midwife should plan any monitoring by staff as frequently as the situation suggests (Refer to [Appendix 3](#) “Babies don’t bounce”).

Effective communication with other members of staff on duty and on handover of care is **essential** so that mother and infant are effectively monitored.

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 given
- In some cases, parents/carers may decide they wish to sleep with their baby, all advice given, and actions taken are to be documented.
- Any further action required, or any sleep plans agreed.
- If you have seen the baby’s sleeping arrangements.
- In cases where parents/carers refuse the offer to see the baby’s sleeping arrangements this should be documented. In these circumstances consider whether there may be safeguarding concerns. Support and advice can be sought from senior members of the team or safeguarding if needed.

Resources

“Every Child Your Pregnancy and Birth” and “Every Child Newborn to age 2”.

<https://everychild.wales/parent-information-2/>

UNICEF ‘Responsive Feeding Information sheet

[Recently updated: Infant formula and responsive bottle feeding leaflet - Baby Friendly Initiative](#)

Durham University ‘Infant Sleep Information Source’ for information on normal infant sleep patterns, safe sleep, infant feeding, smoking in pregnancy and smoke free homes.

<https://www.isisonline.org.uk>

The Lullaby Trust safe sleep information is a basic pictorial card that is available in other languages follow link [Resource cards | The Lullaby Trust](#)

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Baby Sleep Information Source – www.basisonline.org.uk

Appendix 1 - Patient information Poster with QR Code

The poster features a central image of a sleeping baby in a striped shirt. To the right of the baby is a QR code. Above the QR code is a crescent moon and three 'Z's, symbolizing sleep. The text 'SAFE SLEEPING ADVICE' is prominently displayed in large, bold, black letters. Below the QR code, it says 'PLEASE USE THIS QR CODE TO ACCESS SAFE SLEEPING ADVICE FROM THE LULLABY TRUST'. In the top left corner, there are logos for GIG Cymru NHS Wales and Hywel Dda University Health Board.

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

SAFE SLEEPING ADVICE

PLEASE USE THIS QR CODE TO ACCESS SAFE SLEEPING ADVICE FROM THE LULLABY TRUST

Appendix 2 - Safer sleep for babies (Lullaby Trust) guide



<https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-forhttps://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdfparents-web.pdf> - opens in new tab

Appendix 3 - HDUHB patient information leaflet

Holding your baby safely for everyone

Please make sure my neck is straight and my head is upright so I can breathe easily...



...and that you can always see my face so you can check I'm ok (and I love to be able to see you too)



If you accidentally fall asleep while feeding, staff will move your baby to the cot without disturbing your rest



Beware

- It is not safe to bed-share if your baby was born very small or preterm
- Do not sleep with your baby when you have been drinking any alcohol or taking drugs that may cause drowsiness (legal or illegal)
- Do not sleep with your baby if you or anyone else is a smoker
- Do not put yourself in a position where you could doze off with your baby on a sofa or armchair

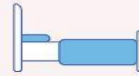
Helpful tips for safe sleeping

It is easy to fall asleep while cuddling or feeding your baby



This increases the risk of your baby falling off the bed

Lower your bed to the 'super-low' setting to reduce the risk of any injury if your baby was to fall



Try lying down rather than sitting up when holding your baby in bed



Call staff for help to move your baby to the cot when finished feeding or if you are feeling tired

Putting your baby down to sleep

To keep your baby safe and to reduce the risk of sudden infant death (sometimes called cot death) always make sure:

- You put your baby down on their back to sleep, never on their front or side
- The cot is beside your bed for at least the first six months
- The mattress is firm and flat - soft beds, bean bags and sagging mattresses are not suitable
- Your baby is not overdressed or covered with too much bedding (no more than you would use yourself)
- The bedding must not be able to cover the baby's head
- The room is not too hot (16-20 degrees is ideal)
- The room where your baby sleeps is a smoke-free zone



Sofas are not safe for sleeping babies



If you decide to share a bed with your baby

Some parents chose to sleep with their baby in bed and some fall asleep with their baby during the night while feeding and comforting - whether they intend to or not. Therefore, it is very important to consider the following points:

- Keep your baby away from the pillows
- Make sure your baby cannot fall out of bed or become trapped between mattress and wall
- Make sure the bedclothes cannot cover your baby's face or head
- don't leave your baby alone in the bed, as even very young babies can wriggle into dangerous positions



Babies don't bounce

Always sleep your baby



...on their back...



...in a clear cot or sleep space.

Following the ABC's for every sleep day and night will help to protect your baby from Sudden Infant Death Syndrome (SIDS) giving you the peace of mind to enjoy this special time.

Appendix 4 - Patient information: Caring for your baby at night



A guide for parents



(UNICEF, 2021) <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/08/Caring-for-your-baby-at-night-web.pdf> – opens in new tab

Hywel Dda University Health Board

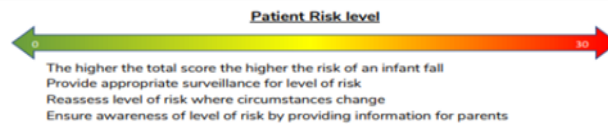
Appendix 5 - Risk Assessment Tool for infant falls



Addressograph

Risk Assessment Tool Infant Falls

The risk assessment tool should be completed following birth and repeated following transfer to the postnatal ward. The risk assessment should be repeated every 4 hours, or sooner if clinically indicated



Mode of birth	Normal birth	0
	Assisted birth	2
	Caesarean birth	4
Mobility	Independent	0
	Restricted	2
	Immobile	4
Pain relief in labour	Nil	0
	Entonox	1
	Opiates in the last 12 hours	2
	Spinal or GA	4

Additional Risk Factors – Treat as “High Risk” (score 8+)

Medical history eg diabetes, epilepsy, physical disability, learning disability	8
Hb 95g/l or less	8
BMI 40 or more	8
Language barrier	8
Known substance abuse / methadone use	8
Sedative medications	8
Altered conscious level (including extreme tiredness)	8

Low Risk 0-7: Reinforce information (written and verbal, ensure woman understands safe sleeping guidance for baby’s safety). Midwife / Health Care Support Worker to review and document on a **4 hourly basis, or sooner if clinically indicated**

High Risk 8+ : Reinforce information (written and verbal, ensure woman understands safe sleeping guidance for baby’s safety). Midwife / Health Care Support Worker to review and document on a **1 hourly basis**