

Safer Infant Sleep Policy

Originator: Infant Feeding Co-ordinator (Maternity)

Date Approved: September 2023

Approved By: Perinatal Forum

Date for Review: September 2026

1. Policy Statement

This policy is to support parents to adopt safer sleeping principals with their babies. The guidance is underpinned by the NICE Postnatal Guidance 2021.

2. Scope of Policy

This policy refers to all staff within Swansea Bay University Health Board working with new parents and their babies.

3. Aims and Objectives

To support a safe sleep environment for mother and baby to reduce the risk of Sudden Infant Death Syndrome. For parents to have information to avoid hazardous circumstances that make Sudden Infant Death largely preventable.

To support meaningful communication and information giving between families and their team of Healthcare Professionals around night time feeding and safe sleep, especially in regards to co-sleeping

4. Responsibilities

To avoid conflicting advice, it is mandatory that all staff involved with the care of parents and babies adhere to this guidance. Any deviation from the guidance must be justified and recorded in the written records as appropriate. All staff will have access to a copy of this guidance.

5. Definitions

For the purpose of this guidance the following definitions apply:

Sudden Infant Death Syndrome (SIDS): also known as cot death; is the sudden, unexpected and unexplained death of an apparently well infant.

Bed-sharing: describes infants sharing a parent's/carers bed 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 infant in any environment (e.g. sofa, bed or any other sleep environment, 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

6. Implementation

Although the cause of SIDS is unknown, there are specific behaviours that may make SIDS more likely. The risk of SIDS is reduced by 50% when parents share a bedroom with their baby and 30% of SIDS cases could be avoided if no women smoked in their pregnancy (Office of National Statistics, 2020). Communication and information giving between families and members of the midwifery team should be meaningful.

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. Co-sleeping can be intentional or unplanned, but all parents of babies should be given information in a format they can understand, irrespective of their culture.

Antenatal Conversations

Antenatal conversations should be meaningful. Whilst having conversations with parents around smoking management, mental health and infant feeding choices the following should be incorporated:

Smoking: Smoking in pregnancy is associated with an increased risk of SIDS and infants exposed to cigarette smoke are at increased risk of SIDS. Midwives should offer very brief advice regarding smoking cessation to all smokers, using the 3A's approach (Ask, Advise, Act), and refer to Help Me Quit as per the Smoking Cessation Pathway.

Mental Health

It is recognized that poor sleep practices and sleep deprivation can be triggers for deteriorating mental health. Mental health and emotional wellbeing enquiries should take place at every contact to ensure appropriate escalation at the right time, from the right professional background. Please refer to the national Perinatal Mental Health pathways for guidance on escalating mental health concerns and seek support from the local Perinatal Mental Health Midwife/health visitor or Perinatal Mental Health champion.

Infant feeding: Breastfeeding reduces the risk of SIDS by half and its protective effect is strongest when breastfeeding is exclusive (Venneman et al 2009). Breastfeeding provides significant health benefits to the dyad and should be promoted as the biologically normal way to feed human babies.

Refer Parents to:

UNICEF

[Caring for your baby at night and when sleeping \(unicef.org.uk\)](https://www.unicef.org/uk/parenting/caring-for-your-baby-at-night-and-when-sleeping)

Baby Sleep Information Source BASIS

[BASIS – Baby Sleep Information Source \(basisonline.org.uk\)](https://www.basisonline.org.uk/)

Lullaby Trust

[The Lullaby Trust - Safer sleep for babies, Support for families](https://www.lullabytrust.org.uk/)

Postnatal Conversations

Hospital maternity:

- Post natal ward: Discussion prior to discharge.
- Record on postnatal checklist

Community Midwifery service:

- First postnatal visit.
- Meaningful information at postnatal visits discussing infant sleep and feeding.
- Discharge visit.

Health Visiting Service

- During each contact meaningful information discussing infant sleep and feeding.

Key messages to parents as below, as agreed by UNICEF, BASIS and the Lullaby Trust:

- **The safest place for baby to sleep is in a cot by the side of your bed.**

Young babies wake frequently at night and need to be cared for. Keeping a baby close allows the mother to hear her baby and respond to their feeding cues

- **Put your baby down on their back to sleep, never on their front or side.**

Position baby at the bottom of the cot with their feet at the foot of the cot – not with their head at the top. That way, baby can't wriggle down and get caught under their blankets.

- **Keep the cot in the same room as you for least the first six 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. Sleep pods or nests, waterbeds, bean bags and sagging mattresses are not suitable places for your baby to sleep.

- **Avoid overheating your baby.**

Make sure that your baby is not overdressed or covered with too much bedding. Babies do not need to wear hats indoors. Make sure the room is not too hot. Around 16–20°C is ideal.

- **Sleeping with your baby on a sofa puts your baby at greatest risk.**

Sofas and armchairs present an extra risk to co-sleeping as babies may become trapped in cushions or crevices. If you are feeling very tired whilst holding your baby on a sofa, you should move to a safer place to avoid unintentionally falling asleep.

- **Your baby should not share a bed with anyone who:**

- o is a smoker
- o has consumed alcohol
- o has taken drugs (legal or illegal) that make them sleepy.

If parents choose to bed share whilst breastfeeding

The following information must be given

- Keep your baby away from the pillows.
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall.
- Ensure 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 should not be in adult beds with other children or pets.

Recommendations for health professionals on discussing bed-sharing with parents

Take time to discuss the issues with parents and to help them look for practical solutions to issues that are affecting them such as lack of a cot, bed or space for sleeping.

Breaks in routine, such as visiting friends and family overnight or going on holiday can also present an extra risk to babies. Suggesting that parents think about what they are going to do at such times can therefore be helpful.

Remember, shocking messages that imply that all or any co-sleeping leads to death are not helpful. They do not reflect the evidence, and they frighten parents and staff, induce guilt and close down honest meaningful conversations (UNICEF 2016).

The current body of evidence overwhelmingly supports the following key messages, which should be conveyed to all parents:

The incidence of SIDS is higher in the following groups:

parents in low socio-economic groups
parents who currently abuse alcohol or drugs
young mothers with more than one child
premature infants and those with low birth weight
Formula fed babies

Parents within these groups will need more face to face discussion to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice

If parents are formula feeding their baby, the safety messages around putting baby in a cot in the same room as them should be re-emphasised as these babies will lack the protective factor of breastfeeding against SIDS.

Hospital based care

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.

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

This information should be given and documented by staff on arrival to any postnatal setting and information on cot security should be explained.

Staff should support parents 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 baby 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.

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:

Consider

The clinical condition of the mother.

Other contra-indications to co-sleeping

Feeding method.

The safety of the physical environment.

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 co-sleep unless constantly supervised.

Staff should ensure that:

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 Healthcare professional should plan any monitoring by staff as frequently as the situation suggests.

If written information or signposting 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. A helpful document is [Caring for your baby at night and when sleeping \(unicef.org.uk\)](http://unicef.org.uk)

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.

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

7. Equality Impact Assessment Statement

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required

8. References

Blair, PS, Sidebotham, P, Pease, A & Fleming, P (2014), "Bed-Sharing in the Absence of Hazardous Circumstances: Is There a Risk of Sudden Infant Death Syndrome? An Analysis from Two Case-Control Studies Conducted in the UK." PLOSOne <http://dx.doi.org/10.1371/journal.pone.0107799>

UNICEF. UK Baby Friendly Initiative (2016) Co-Sleeping and SIDS: A Guide for Health Professionals <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/07/Cosleeping-and-SIDS-A-Guide-for-Health-Professionals-2.pdf> h Professionals

UNICEF UK Baby Friendly Initiative (2022) Caring For Your Baby at Night [Caring for your baby at night and when sleeping \(unicef.org.uk\)](https://www.unicef.org.uk/caring-for-your-baby-at-night)

Vennemann MM, T. Bajanowski, B. Brinkmann, G. Jorch, K. Yücesan, C. Sauerland, E.A.

Mitchell (2009) Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome? <http://pediatrics.aappublications.org/cgi/content/full/123/3/e40>

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Safer Infant Sleep Policy
Name(s) of Author:	Heather O'Shea, Infant Feeding Co-ordinator Maternity
Chair of Group or Committee approving submission:	Perinatal Forum
Brief outline giving reasons for document being submitted for ratification	Supersedes 2018 policy
Details of persons included in consultation process:	Belinda Hannah, IFC for Health Visiting Emma Richards, Public Health Midwife Ann-Marie Thomas, Perinatal Mental Health Midwife
Name of Pharmacist (mandatory if drugs involved):	n/a
Issue / Version No:	
Please list any policies/guidelines this document will supercede:	Infant Sleep Policy 2018
Date approved by Group:	
Next Review / Guideline Expiry:	
Please indicate key words you wish to be linked to document	Sleep, SIDS, co-sleeping, bedsharing, breastfeeding
File Name: Used to locate where file is stores on hard drive	ABM Groups/Z/Maternity/Policies and Guidelines

