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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Infant Sleep Policy

Specialty: Maternity Services

Date Approved: April 2018

Approved by: Postnatal Forum

Date for Review: March 2021

Policy Statement

This policy is to support those mothers with safe management of supporting their babies at night

Scope of Policy

This policy refers to all staff working within maternity setting that are supporting a mothers with infant care and infant feeding.

Aim

To support a safe sleep environment for mother and baby.

Objectives

For parents to have information to avoid hazardous circumstances that make Sudden Infant Death largely preventable.

To support meaningful communication and information giving between women (and their families or the main carer) and members of the midwifery team around night time feeding and safe sleep. Particular in regards to co-sleeping

To support safe sleep and feeding at night on the maternity unit

Definition

This policy is a written statement of intent setting out the way in which safe sleep messages are supported in Abertawe Bro Morgannwg University Health Board (ABMU HB) maternity services.

The guidance is underpinned by the NICE Postnatal Guidance 2006 and updated guidance on Co sleeping February 2015

The guidance is mandatory, binding staff working within the Midwifery and neonatal service to follow its content.

Identifying the need for a document

ABMU HB believes that breastfeeding is the healthiest way for a woman to feed her baby and recognises the important short, medium and long term physical and emotional health and wellbeing benefits known to exist for the mother and her child (Standing Committee on Nutrition of the British Paediatric Association, 1994).

This guidance is required to ensure that all staff at in the Maternity and Neonatal service of ABMU HB understand their role and responsibilities in supporting mothers and their partners to continue to breastfeed and care for their baby where their baby is reluctant to feed.

This guidance is required to ensure that all staff at in the Maternity and Neonatal service of ABMU HB understand their role and responsibilities in supporting mothers and their partners when a formula fed baby is reluctant to feed.

The guidance should be implemented in conjunction with other guidelines that protect, support and promote exclusive breastfeeding, and maximise the amount of breastmilk a baby receives.

This guidance will provide staff and parents with a clear pathway for feeding assessment, a pathway of care and referral if required to paediatric care when a baby is reluctant to feed.

This guidance will support staff to recognise clinical signs related to hypoglycaemia for either reluctant feeding breastfed or formula fed infants.

Responsibilities

Staff are committed to:

- Providing the highest standard of care to support new mothers and their partners to breastfeed their baby and build strong and loving parent-infant relationships.
- To avoid conflicting advice it is mandatory that all staff involved with the care of mothers and babies in the Midwifery and Neonatal service adhere to this guidance. Any deviation from the guidance must be justified and recorded in the Neonatal records as appropriate.
- Parent's experiences of care will be listened to, through: regular audits, parents' experience surveys, parents' forum meetings.
- All staff will have access to a copy of this guidance.

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

Background

Although the cause of SIDS is unknown, there are specific behaviours that may make SIDS more likely. Ninety percent of babies died in hazardous situations which are largely preventable (Blair et al 2014). Communication and information giving between women (and their families or the main carer) 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 women, their partners or main carers of babies should be given information in a format they can understand, irrespective of their culture.

Antenatal Conversations

Antenatal conversations should be meaningful and whilst having conversations with parents around smoking management and infant feeding choices the following can be considered.

Smoking: Smoking in pregnancy is associated with an increased risk of SIDS and infants exposed to cigarette smoke are at increased risk of SIDS

Infant feeding: Breastfeeding reduces the risk of cot death by half and its protective effect is strongest when breastfeeding is exclusive (Venneman et al 2009). Breastfeeding provides significant health benefits to both mother and infant and should be promoted.

Refer Parents to Bump, Baby and Beyond Health Challenge Wales and Durham University 'Infant Sleep Information Source' for information on normal infant sleep patterns, safe sleep, infant feeding, smoking in pregnancy and smoke free homes.

Health Challenge Wales "BUMP Baby and Beyond"
<http://www.wales.nhs.uk/documents/Pregnancy%20to%204%20Years%20Book%20FINAL%20English%20Revised%20E-Book%20Compressed.pdf>

Durham University Infant Sleep Information Source <https://www.isisonline.org.uk>

The Lullaby Trust safe sleep information is a basic pictorial card that is available in other languages follow link
<https://www.lullabytrust.org.uk/wp-content/uploads/easy-read-card-english.pdf>

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.

Key messages to parents as below should be given as in Bump, Baby Beyond, Health Challenge Wales using this as your reference.

- 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 her back to sleep, never on her front or side.

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

- Keep the cot beside your bed for at 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. Waterbeds, bean bags and sagging mattresses are not suitable for your baby.

- Avoid overheating your baby.

Make sure that your baby is not overdressed or covered with too much bedding.

Use no more bedding than you would use yourself and make sure the bedding does not cover her head and remove cot bumpers.

Make sure the room is not too hot. Around 16–20°C is ideal.

Recommendations for health professionals on discussing bed-sharing with parents

Try and 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 safest place for your baby to sleep is in a cot by your bed.
- **Sleeping with your baby on a sofa puts your baby at greatest risk.**
- Your baby should not share a bed with anyone who:

is a smoker

has consumed alcohol

has taken drugs (legal or illegal) that make them sleepy.

The incidence of SIDS (often called “cot death”) 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

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

Hospital – maternity care setting

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 when arriving on postnatal wards and having information on cot security.

Falling asleep with a baby on a sofa or arm chair 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.

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

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. A helpful document is 'Caring for your baby at night - a guide for parents' (UNICEF 2011).

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.

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/Co-sleeping-and-SIDS-A-Guide-for-Health-Professionals-2.pdf> h Professionals

UNICEF UK Baby Friendly Initiative (2011) Caring For Your Baby at Night. https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2011/11/Caring-for-your-baby-at-night_online-singles.pdf

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/e406>

Checklist for Clinical Guidelines approved by Maternity Services

Title of Guideline:	Infant Sleep Policy
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Chair of Group or Committee supporting submission:	Postnatal Forum Group
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Brief outline giving reasons for document being submitted for ratification	Updating of Bedsharing Policy and renaming policy
Name of Pharmacist (mandatory if drugs involved):	N/A
Please list any policies/guidelines this document will supercede:	Bedsharing Policy (March 2010)
Keywords linked to document:	Sleep, bed, sharing, feeding, sleeping
Date approved by Directorate Quality & Safety Group:	26 th April 2018
File Name: Used to locate where file is stores on hard drive	pow_fs1\ABM_W&CH_mgt\Clinical Governance-Q&S\Policies & Procedures – Ratified\Maternity

* To be completed by Author and submitted with document for ratification to Clinical Governance Facilitator