

Pan Cheshire

Guidance to Support Safe sleeping Practices in Babies and Infants

Multi agencies

**(Working together to implement advice and information
on infant safe sleep practice to families)**

2024

Key message

The safest place for a baby to sleep is on their back in a cot or Moses basket. Bedsharing with a baby if a parent/carer smokes, drinks or has taken drugs illicit or over the counter that cause drowsiness increases the risk of sudden infant death. (Lullaby Trust 2024)

For the first 6 MONTHS a baby should be placed on their BACK to sleep. In a CLEAR, FLAT, SLEEP SPACE and share the same SMOKE FREE ROOM day and night as their parent/carer/s (UNICEF 2022).

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1.0 Purpose

To encourage multi agencies to work together in the delivery of consistent evidence-based information and guidance regarding infant safe sleep to all parents and carers of young infants up to 1 year of age living within the Pan Cheshire Area.

To provide staff with the confidence and knowledge to facilitate an open and honest discussion to support parents and carers to make safer sleeping choices for Infants.

To enable staff to assess the infant/s sleep environment and identify potential factors associated with sudden infant death syndrome (SIDS).

This Guidance contains several key changes from recent research and reports including The Child Safeguarding Practice Review Panel (2020) 'Out of Routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm'

2.0 Aims

To reduce Sudden Infant Deaths in infants in Pan Cheshire

To reduce the number of infants placed in unsafe sleep environments.

To identify those infants who may be at greater risk of being placed in an unsafe sleep situation. (consideration of social, environmental, financial factors and vulnerability of the baby).

To provide all families and carers with infants with current consistent and reliable information about safe sleep practices.

3.0 Scope

This guidance is applicable to multi agencies in Pan Cheshire (including health and social care, voluntary and community workers and police) who have contact with the parents, carers and relatives of an infant/s under the age of one year, to support them in establishing a safer infant sleeping environment and reducing factors associated with unsafe sleep and Sudden Infant Death (SIDS), in accordance with the best evidence available.

'Parents sharing a bed with their baby is common practice but there is often confusion and mixed messages about it. Giving parents advice at each routine postnatal contact about safer practices for bed sharing and when bed sharing is strongly advised against (such as avoiding certain sleeping positions or place, or after consuming drugs or alcohol), will support them to establish safer infant sleeping habits'.

(NICE Quality Statement 5: 2022)

4.0 Definitions

For this document the following definitions will apply.

Accidental Deaths

Sudden deaths in infancy can be accidental and caused by overlaying, entrapment and suffocation.

Bed-Sharing (co-sharing Lullaby trust)

Carers and infants sleeping for any period of time (day or night) in the same bed.

Carer

A parent, carer, grandparent, babysitter or any person responsible for the infant at that particular time.

CONI (Care of the Next Infant – not all NHS Trusts have this scheme)

A partnership scheme led by the NHS and Lullaby Trust to provide specialist advice and support for parents who have suffered a previous unexpected/unexplained death of an infant. Within the NHS this is led by health visitors, midwives, paediatricians and general practitioners, who provide specialist information and support to parents before and after the birth of any subsequent infant/s (Lullaby Trust 2020).

Co-Sleeping

Parent/carer/s and infants sleeping for any period, day or night, in close proximity, such as bed sharing or in more unconventional sleeping arrangements, such as a chair, sofa, bean bag, hammock etc.

Deaths in Infancy

Term relates to deaths of Infants under the age of one year.

Multi-agencies

All professionals who meet families and carers of infants, this may include:
Health professionals – GP's, Practice Nurses, Health Visitors, Midwives and Hospital and Paediatric staff
Children's service workers - Social Workers, Family Support Workers, Education and Early Year settings
Voluntary and Community Sector
Police

Lateral Position

On the side to sleep

Overlaying

Rolling onto an infant and smothering them in bed or on a chair, sofa or beanbag.

Prone Position

On the front to sleep (face downwards)

SIDS (Sudden Infant Death Syndrome)

Sudden infant death syndrome (SIDS) – sometimes known as ‘cot death’ – is the sudden, unexpected and unexplained death of an apparently healthy baby under the age of 12 months (NHS UK 2024)

SUDI (Sudden Unexpected Death in Infants)

Sudden Unexpected Death in Infancy (SUDI) is the common term for sudden and unexpected **ALL** infant deaths that are **initially unexplained**

Supine Position

On the back to sleep (face upwards)

GUIDANCE

5.1 Introduction

Every year the Pan Cheshire Child Death Overview Panel reviews cases of babies who have died both suddenly and unexpectedly, in a number of these cases they are factors identified by the Panel that are associated with unsafe infant sleep. The loss of a baby is one of the most intensely painful experiences, especially when the baby is fit and well.

Sudden infant death syndrome (SIDS) is still a leading cause for infant mortality in the United Kingdom (UK) despite the significant reduction in cases since the 1990s. Currently, there are ongoing public health campaigns aimed at promoting safer sleep, as most SIDS cases in the UK often occur in unsafe sleep environments (Garstang, Pease, cited in Duncan J, Byard R 2018).

This Guidance has been developed to support multi-agencies in Pan Cheshire. To ensure professionals have the underpinning knowledge so they can have a sensible, parent/carer discussion and share evidenced based information, to help parents to establish a safer infant sleeping environment and reduce the likelihood of SIDS.

5.2 Background

In 1991 The Foundation for Sudden Infant Deaths (now The Lullaby Trust) launched the ‘Back to Sleep’ campaign in 1991, SIDS cases reduced dramatically from nearly 1,545 to 647 per annum (FSID 2009). The campaign was continued abroad, and other countries saw subsequent rapid falls in SIDS too. Since then, there has been a much slower decline since 1992. However, we still have approximately 300 infants under one years of age in England and Wales who die suddenly and unexpectedly (SUDI) and in approximately 230 of those deaths no cause is found (SIDS (ONC 2021).

In 2016, **219** infants died of SIDS in the UK around half died whilst in a cot or Moses basket and half died whilst co-sleeping, however, 90% of the infants who died when co-sleeping died in hazardous situations which were largely preventable. The researchers concluded that the public health strategy should primarily focus on making parents to avoid hazardous co-sleeping situations such as co sleeping on a sofa or when a parent/carer is a smoker, has consumed alcohol or taken drugs, or if the infant is preterm. They said that prone sleeping was a higher risk when sleeping alone (Blair et al 2014).

Statistical evidence and research have shown that the reduction in infant deaths is not evenly distributed across all sectors of the population, with up to 74% of deaths now concentrated in some of the most deprived areas (Blair et al 2006). The SUDI rate among Infants of teenage parents is four times higher than that of older parents (UNICEF 2004).

The Royal College of Midwives (2021) say that there are three key factors that increase risk of SIDS. **Firstly, the physical vulnerability** of the baby, for example, prematurity, antenatal history of abnormalities, exposure to tobacco smoke in utero, small for gestational age and sex of infant as males are more vulnerable. **Secondly, the social and financial issues**, for example, poor housing, overcrowding, homelessness, being a young, single unsupported parent. **Thirdly, the sleeping environment**, position, and routine, bedding and environment, co-sleeping in hazardous circumstances and exposure to smoke.

Lower SIDS rates have been linked with both partial and exclusive breast feeding with exclusive breast feeding for at least two months having the lowest association (Lullaby Trust evidence 2019, Thompson et al 2017).

5.3 Key findings from the Analysis of National Child Data Review 2018/2019

shows that issues such as smoking in pregnancy, parental mental ill-health, alcohol, and drug use, was often evident with co sleep being a common feature in this was often in combination with social and environmental factors such as deprivation and overcrowding. This background of risks for many of these families, many who were known to services meant that this led to a vulnerability and an increased risk to their normal routine and ability to engage effectively with safer sleeping advice. The findings indicating that a more flexible and tailored approach is required for those families.

(Child Safeguarding Practice Review Panel 2020, Office for National Statistics (2021)

5.4 National Infant Safe Sleep Recommendations

Although It is always safer for a baby to sleep in their own cot or Moses basket in the same room day and night as their parent/carer, there may be times when parent/carer/s shares a bed with their baby so it is important to ensure they know how to how to co-sleep safely and when to avoid co-sleeping (NHS UK 2024).

In accordance with NICE standards Postnatal Care QS37 Statement 5 Safer practices for bed sharing (2022). Parents sharing a bed with their baby is common practice but there is often confusion and mixed messages about it. Giving parents advice at each routine postnatal contact about safer practices for bed sharing and when bed sharing is strongly advised against (such as avoiding certain sleeping positions or places, or after consuming drugs or alcohol), will support them to establish safer infant sleeping habits.

Contact from a healthcare professional that is part of the standard pathway of postnatal care. This includes the first contact on the postnatal ward by a midwife, the first home visit by a midwife and the first home visit by a health visitor (NICE guidelines on postnatal care 2022).

To inform parents and carers of the association between co-sleeping and SIDS, particularly in hazardous situations, **day and night** (sleeping on a bed, sofa or chair with an infant) and that SIDS is likely to be greater when:

- they, or their partner, smoke or
- parental or carer recent alcohol consumption, or
- parental or carer drug use, or
- low birth weight or premature infants
- Falling asleep on a sofa or chair day/night should be always avoided.

Professionals should take every opportunity at each planned contact to discuss safer sleeping arrangements for infants including safer practices for bedsharing at each routine postnatal contact and this information should be tailored to the context of each baby and family (NICE 2022).

To recognise that a significant number of parents will co-sleep, unintentionally or intentionally. Breast feeding mothers often find bed sharing a positive experience, breast feeding exclusively without any of the above factors present is reported to be protective against SIDS (Hauck et al 2011). Therefore, it is important to discuss coping strategies and bed sharing, to enable parents to make an informed decision (Thompson et al 2017).

Information must be provided in such a manner that it is understood by the infant/s carer/parents. For those carers/parents 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/delivered information in such a way to maximize their understanding. (lullabytrust.org.uk/product/safer-sleep-for-babies-easy-read-card)

Professionals should make a record of the discussion re infant safe sleep and advice given. If a parent/carer/s are placing an infant at risk of significant harm despite advice given, then professional judgement regarding the nature of the

unsafe sleep factors present should be considered and issue escalated as appropriate.

5.5 Safeguarding and Safety Planning

When a child is subject to a CIN or Child Protection Plan safe sleeping advice should be discussed and recorded at meetings and included on the plan.

6.0 Responsibilities of the integrated workforce

To advise parents on infant safer sleep:

- In the first 6 months, the safest place for a baby to sleep (day or night) is in their own cot or Moses basket in the same room as their parent/s or carer/s. When a baby is sleeping regardless of whether the baby is sleeping in a cot, crib, Moses basket, carrycot or if bedsharing with an adult, **their sleep space must be always be flat and clear.**
- Placed on their back to sleep in the 'feet to foot' position (feet touching the bottom of the cot). Products such as wedges or straps designed to keep babies in one sleeping position or pods, nests, rolled up towels etc should not be used.
- The mattress should be clean, firm, flat, well-fitting, waterproof mattress and in a good condition.
- Keep the cot free from toys, pillows, bumpers, and duvets. Remove anything that could cover their mouth or make a baby too hot.
- The environment should be smoke free environment during pregnancy and after birth.
- Room temperature should be between 16 - 20°C; lightweight bedding used, tucked in and below shoulder height, a folded sheet or blanket is a double layer. Outdoor clothing and hats should be removed when indoors.

(Lullaby Trust 2024).

Safer Practices for bed sharing

- Advice about bed sharing should include:
- Making sure the baby sleeps on a firm, flat mattress, lying face up (rather than face down or on their side)
- Not sleeping on a sofa or chair with the baby
- Not having pillows or duvets near the baby
- Not having children or pets in the bed when sharing a bed with a baby
- Advice not to share a bed with their baby if their baby was low birth weight or if either parent:
- Has had 2 or more units of alcohol.
- Smokes
- Has taken medicine that causes drowsiness.
- Has used recreational drugs.

(NICE standards Postnatal Care QS37 Statement 5 Safer practices for bed sharing 2022).

- Make sure baby cannot fall out of bed or become trapped between the mattress and wall (NHS.UK start for life)
- It is also advisable that if parents are co-sleeping that they have easy access to a crib/Moses basket or cot in any event should the co-sleep environment be unsafe. (Lullaby Trust 2024)

Approaches such as motivational interviewing, combined with other strategies for family support and risk reduction should be considered for all families, including those with additional needs and with children at risk. Characteristics should be personalised, culturally sensitive, enabling, empowering, relationship building, interactive, accepting of parental perspective, non-judgemental and delivered over time (Child Safeguarding Practice Review Panel 2020).

UNICEF (2016) say that it isn't helpful to tell parents what they must or must do but to 'listen carefully' and offer information that is appropriate to their needs.



(Royal College of Midwives 2015)

Pan Cheshire Infant Safer Sleep should be discussed alongside delivery of Infant Crying is Normal you Can Cope (ICON) Programme

7.0 Responsibilities of Health Care Professionals (Midwives and Health Visitors)

It's important that when midwives and health visitors explain infant safer sleep and safer practices for bed sharing at each routine visit that they check that the parents have understood the information that has been given and how it relates to them (NICE 2022).

Midwifery Teams:	During the antenatal period (booking and 36 weeks) Within 24 hours following birth Prior to discharge from in-patient services During post-natal community visits
Health Visitor Teams:	Antenatal contact Primary birth visit Any subsequent planned follow up contact
Family Nurse Partnership	Antenatal contact Primary birth visit Any subsequent planned follow up contact

7.1 Following birth - in hospital

Mothers should be encouraged to spend time in skin to skin contact with their new infant in an unhurried environment as soon as possible after delivery. 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 delivery, after sedative medication and during extreme tiredness.

Skin to skin contact is encouraged on the postnatal ward and during the post natal period to establish the parent-infant bond, to settle infants and to establish breast feeding.

Mothers should be encouraged to stay close to their infants whatever their preferred infant feeding choice.

Separation of a mother and her infant should only occur where the health of either prevents care being offered in the postnatal areas.

Literature consistent with the Safer Sleeping Guidance and the relation between SIDS, co sleeping and other associated factors should be given and discussed with all mothers to reiterate early advice.

The safest place for an infant to sleep whilst in hospital is in a cot by the side of the mother's bed or in a sidecar crib. If a mother chooses to share her bed with her infant whilst in hospital, for cuddling or feeding purposes, the following factors at the time that bed sharing occurs need to be considered:

- Clinical condition of the mother.
- Other contra-indications to bed sharing.
- Feeding method.
- The safety of the physical environment.

Staff should ensure that:

- Not only the benefits of bed sharing are discussed but also the association of co-sleeping and SIDS (including other associated factors) to allow a fully informed choice.
- Written information on bed sharing is provided (documentation must be made in the care plan/records that the information has been given and discussed).
- The effects of analgesia are discussed and documented.

If the mother makes a fully informed choice to bed share with her infant, all information given and discussed should be clearly documented. The mother and infant should be monitored by staff as frequently as is practicable. Effective communication with other members of staff including when handing over care is essential. The bed should be lowered as far as possible, and the mother should be asked to keep the curtains or door open so that staff can observe if she inadvertently falls asleep whilst bed sharing. Although a mother needs to take overall responsibility for protecting her infant/s, if there are any professional concerns regarding the safety of an infant this should be addressed and raised through local policies.

8.0 Twins & Multiples

The safest place for a baby to sleep in is their own clear, flat, separate sleep space such as a cot or Moses basket. If a parent chooses to bedshare it is not advisable to bedshare with more than one baby at a time due to the risks associated with bedsharing with more than one baby or child at a time. Sharing a bed with an adult is a significant risk for baby born prematurely or at a low birth weight, which is common in multiples. Parent/carers should not consider co-sleeping if either smoke (even if they do not smoke in the bedroom), has drunk alcohol, taken drugs over the counter, prescribed or illicit (that can cause drowsiness), or are feeling very tired (Lullaby Trust 2024)

8.1 Twins, Triplets, and Co - Bedding



Co-bedding means babies share the same sleep surface for any sleep period. This is different to co-sleeping (bedsharing), which means babies share a sleep surface with an adult (Lullaby Trust 2024, Factsheet 8).





There is no evidence to suggest that putting multiples in the same cot (which is larger than a Moses basket or crib) in the early weeks places them at greater risk of SIDS (it is not recommended that multiples co-bed in a Moses basket due to the limited space). Co-bedding twins in the same cot can help parents if they have restricted space, allowing the babies to sleep in the same room as their parents which helps parents to respond to their needs more readily. It is not advisable to put twins or triplets in the same Moses basket, even when very small due to restricted space and risk of overheating (Lullaby Trust 2024 Factsheet 8).





Various research studies have also indicated that putting twins in the same cot can help them regulate their body temperatures and sleep cycles and can soothe them and their twin. The advice should be followed as for all babies regarding safer sleep. However, once the infants can roll over or potentially bang their heads the safer sleeping advice described in this guidance should be followed and they need to be in separate cots. Some areas use the Baby Box Scheme, it is important not to sleep babies together in one box. Note: if parents are considering co sleeping the same advice applies as with all babies, however, it is more likely that babies of multiple births are more likely to be pre term or small for dates and parents are also more likely to be sleep deprived (Twins Trust 2024, Lullaby Trust 2024 Factsheet 8).




9.0 Known Associated Factors

Factors associated with an increase in SIDS

Associated Factors	
<p data-bbox="225 304 464 483">Infant Sleeping Position Prone (front down) or Lateral (side Sleeping)</p> 	<p data-bbox="486 304 1453 409">Sleeping prone or on in a lateral position increases the risk of SUDI. This risk increases in those infants born prematurely or of low birth weight.</p> <p data-bbox="486 450 1453 517">Sleeping supine carries the lowest risk of SIDS (RMC 2021, Lullaby Trust 2024)</p> <p data-bbox="486 562 1453 775">Placing infants on their back to sleep should always be recommended. <i>Unless otherwise medically indicated, i.e., Pierre Robin Syndrome as these Infants often need to be nursed in a lateral position.</i> Ref: Pierre Robin Syndrome https://www.clapa.com/what-is-cleft-lip-palate/related-conditions-and-%20syndromes/pierre-robin-sequence/#sleeping</p>
<p data-bbox="225 828 464 864">Smoking</p> 	<p data-bbox="486 828 1485 1081">The incidence of SIDS is likely to be greater when associated with co-sleeping and parents/carers who smoke. This association between smoking and SIDS includes the infant’s parent/carer or anyone in else in the household who smokes (no matter where or when they smoke). Although any exposure to cigarette smoking may increase SIDS, maternal smoking particularly during pregnancy has the greatest negative effect UNICEF (2019)</p> <p data-bbox="486 1122 1273 1158">There is not yet any research on e-cigarettes and SIDS</p> <p data-bbox="486 1198 1465 1303">Parent(s)/carers should not bed share, with an infant, if they or any other person in the bed smokes (even if the smoking never occurs in bed).</p> <p data-bbox="486 1344 1437 1411">The effects of smoking appear to be dose-related; between the number of cigarettes smoked and the increased possibility of SIDS</p> <p data-bbox="486 1451 1366 1570">The Lullaby Trust (2024) Smoking (2024) https://www.lullabytrust.org.uk/wp-content/uploads/fact-sheet-smoking.pdf</p>
<p data-bbox="225 1641 464 1783">Infant Sleeping in Parental Bed – Co Sleeping</p>	<p data-bbox="486 1641 1437 1821">Some of the evidence suggests that there is still a small correlation between bed-sharing and SIDS even when neither parent/carer/s smoke. This could be due to hazardous sleeping environment, an infants vulnerabilities such as pre term, small for dates and infants who are solely formula fed.</p> <p data-bbox="486 1825 1394 1892">Mothers who artificially feed are more inclined to turn onto their backs once they have fallen asleep (UNICEF 2022).</p> <p data-bbox="486 1897 906 1933">Bed Sharing & Safety Issues:</p> <ul data-bbox="539 1937 1378 2004" style="list-style-type: none"> • Adult mattresses are not designed for infants. • Adult pillows and bedding may contribute to suffocation.

	<ul style="list-style-type: none"> • Adult duvets can contribute to overheating – the ideal temperature for an infant’s room is 16-20 0C. • 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. <p>UNICEF UK Baby Friendly (2022) Caring for your baby at night – a parents guide. This leaflet offers helpful, practical advice to parents on looking after their baby at night.</p> <p>https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/</p>
<p>Infant Sleeping on a Sofa or Armchair, Beanbag, Cushion with/without Parent.</p> <p>Bouncy Chairs, Pods, Nests, Wedges, sleep positioners and Cushions</p>  <p>Lullaby Trust child minders</p>  <p>Lullaby Trust product list</p>	<p>Sleeping with an infant on a sofa/armchair is associated with SIDS due to entrapment or a parent may roll over on a sofa or chair and suffocate the infant.</p> <p>Infant may get wedged in the sofa, armchair, beanbag.</p> <p>Pods, nests, sleep positioners, cushions and bouncy chairs increase the risk of suffocation and overheating. ONLY firm flat mattress, that is free from toys, bumpers and sleep positioners is recommended.</p> <p>Lullaby Trust (2024) Sleep awareness: A guide for child minders and foster carers.</p> <p>https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-Awareness-A-Guide-For-Childminders-Foster-Carers-Nannies-and-Nursery-Settings.pdf</p> <p>Lullaby Trust (2024) Product checklist</p> <p>https://www.lullabytrust.org.uk/wp-content/uploads/safer-sleep-product-checklist-double-spread-7.pdf</p>
<p>Parental Alcohol/Illicit Drug Use</p> 	<p>Alcohol/Illicit drug use may sedate parent(s)/carer(s) and impair their level of consciousness, responsiveness, and awareness of the infant in bed. Therefore, they may be less aware or able to respond to their infant’s needs appropriately.</p> <p>UNICEF (2016) https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/07/Co-sleeping-and-SIDS-A-Guide-for-Health-Professionals.pdf</p> <p>(see section 6 re: Legislation)</p>

<p>Parental Prescribed Medication</p> 	<p>Prescribed medication may have a sedative effect and impair parent/s level of consciousness. If responsiveness and awareness of the infant in is bed impaired. Parent/s/carer/s less aware of or less able to respond to the infant’s needs appropriately. Medication that may have sedative effects include: sleeping tablets, anti-depressants, some cough remedies, some anti-histamines and some analgesics – GP or pharmacy advice should be sought. Anaesthetics given during day surgery or dental surgery could increase drowsiness. UNICEF 2016 https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2016/07/Co-sleeping-and-SIDS-A-Guide-for-Health-Professionals.pdf</p>
<p>Parental Tiredness</p> 	<p>Sleep deprivation can be overwhelming, and it can be tempting for parents to do whatever it takes to get their baby to settle. Parents can often have unrealistic expectations about how long their baby should sleep and that it is common for babies to wake at night until they are at least 12 months of age (Lullaby Trust 2020 Survey) https://www.lullabytrust.org.uk/half-of-new-parents-admit-to-risking-cot-death-when-tired-according-to-new-survey</p>
<p>Young, Pre-term Infants/Low Birth Weight</p> 	<p>Where co-sleeping occurs, there is an associated increase in the number of SIDS in infants under 12 weeks of age, premature infants (born before 37 weeks) or in infants of low birth weight (less than 2.5kg or 5 lbs 8oz). Even if their parents are non-smokers. The Lullaby Trust (2024) Safer sleep advice for premature babies https://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Safer-Sleep-Advice-For-Premature-Babies.pdf</p>
<p>Illness and Infection</p> 	<p>The incidence of SIDS appears to increase when infants are unwell, particularly when placed in a lateral or prone position (face down) to sleep. Sleeping with or overwrapping an ill infant or co-sleeping with a carer with a high temperature are other possible factors associated with SIDS. The Lullaby Trust (2023) Temperature https://www.lullabytrust.org.uk/wp-content/uploads/temperature-factsheet-2023.pdf</p>
<p>Temperature/Overwrapping/Swaddling</p>	<p>Overheating (heating on all night and excess bedding) is associated with SIDS. This includes the combination of overwrapping (excessive layers of bedding and/or clothing including hats) and/or infection. A number of factors such as infection, sleeping position, overwrapping or bedclothes covering the head, can affect the thermal balance in a baby by either making the infant too hot or reducing their ability to lose heat.</p>

	<p>Crib/cot placed next to a radiator. Care should be taken with positioning of crib/cot. The Lullaby Trust (2023) Temperature https://www.lullabytrust.org.uk/wp-content/uploads/temperature-factsheet-2023.pdf</p>
<p>Head Covering</p> 	<p>There appears to be a link with Infants whose heads are covered with bedding and SIDS.</p> <p>Infants should be placed feet to foot in the crib, cot or pram. Bedding should be placed no higher than the shoulders.</p> <p>Duvets, quilts, baby nests, wedges, bedding rolls or pillows should not be used. The Lullaby Trust (2024) Safer Sleep for babies- Parents Guide https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf</p>
<p>Bedding</p> 	<p>Parents/carers need to ensure that the bedding in use is the right size for the cot/crib/Moses basket; to prevent entanglement. Sheets and blankets are ideal. If the infant is too hot a layer can be removed and if too cold a layer added.</p> <p>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 infant 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 infant to wriggle down under the bedding.</p> <p>Duvets and pillows are not safe for use with Infants under one year of age as they may cause overheating and/or increase the risk of accidents from suffocation.</p> <p>Use of cot bumpers – research has produced neutral results, but some experts advise avoiding the use of cot bumpers once an infant 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 entangled in them. The Lullaby Trust (2015) https://www.lullabytrust.org.uk/parents-should-remove-cot-bumpers/</p>
<p>Car Seats / Prams/ Pushchair/Slings/Hammocks</p>	<p>Infant's particularly pre-term infants or those with pre-existing health care conditions maybe more likely to develop respiratory problems when placed for long periods in a semi-reclined position of a car seat, sling or pushchair. Ensure that infants on return home are placed in their usual firm, flat surface crib/cot to sleep.</p> <p>Car seats</p> <ul style="list-style-type: none"> • Extra observation should be made for premature Infants in



Lullaby Trust Car seats



Lullaby Trust swaddling and slings



UK Sling Consortium

car seats as they may curl forwards and inwards, compromising breathing.

- Infants should be transported in properly designed and fitted car seats, facing backwards.
- When travelling regular breaks should be taken.

Swaddling

- Suggested emerging association with SIDS, infants brought into bed should not be swaddled due to the risk of over heating.

Slings - two positions present a significant danger

- Lying with a curved back, with chin resting on the chest
- or lying with face pressed against the fabric of the sling or the wearer’s body.

In the UK in response to a small number of infant deaths due to suffocation associated to sling use. The Royal Society for the Prevention of Accidents and the consumer organisation Which? Produced the following guidance for sling wearers:

TICKS

Tight but comfortable, close enough to hug

In view at all times

Close enough to kiss

Keep chin off chest. A baby’s chin curled towards their chest restricts breathing.

Supported back, a baby in a slumped position can result in a restricted airway.

Hammocks

The safest place for an infant to sleep is on a firm, flat surface, which is their own sleeping area. Parents should be advised to look for the British Safety Kite Mark before any purchase.

The Lullaby Trust (2023) Car seat safety

<https://www.lullabytrust.org.uk/wp-content/uploads/car-seat-factsheet-2023.pdf>

The Lullaby Trust (2024) Sling safety and Swaddling

<https://www.lullabytrust.org.uk/safer-sleep-advice/product-information/swaddling-slings>

Baby Sling Safety The T.I.C.K.S. Rule for Safe Babywearing, used with permission of the UK Sling Consortium www.babyslingsafety.co.uk

Parental Physical or Mental Health Illness









Any parental physical or mental health illness that can alter level of consciousness increases the risk of roll over by the parent, for example, epilepsy or insulin dependent diabetes.

<https://www.epilepsy.org.uk/living/parents-and-children/parents-with-epilepsy>

Previous Unexpected Infant Death

There is an increased risk of SIDS where the death of a sibling (infant) 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.

	<p>Some areas have a Care of the Next Infant (CONI) programme to support families during subsequent pregnancies and after birth. The Lullaby Trust (2020) CONI https://www.lullabytrust.org.uk/wp-content/uploads/new-CONI-leaflet-2020</p>
<p>Toys in the Cot/ Moses Basket</p> 	<p>When the infant is very young, cuddly toys (especially large ones) should be avoided.</p> <p>Toys could fall onto the infant resulting in overheating or accidental smothering.</p> <p>The Lullaby Trust (2024) https://www.lullabytrust.org.uk/safer-sleep-advice/</p>
<p>Out of Routine & Changes in Sleep Circumstances</p>  <p>Lullaby Trust emergency situations</p>  <p>Lullaby Trust travel</p>  <p>Child safeguarding Practice Review out of routine</p>	<p>Inconsistent routines or changes to the last sleep episode have been described by parents whose infants have died.</p> <p>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; and when their infant is looked after by relatives or friends; after family celebrations, alcohol use etc.</p> <p>Lullaby Trust (2024) Safe sleep in emergency situations https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-emergency-situations.pdf</p> <p>The Lullaby Trust (2024) safe sleep in winter https://www.lullabytrust.org.uk/safer-sleep-advice/travel-and-weather/safer-sleep-winter/</p> <p>The Child Safeguarding Practice Review Panel (2020) Out of Routine https://www.gov.uk/government/publications/safeguarding-children-at-risk-from-sudden-unexpected-infant-death</p>
<p>Clothing and Jewellery</p>  <p>NHS start for life</p>	<p>Flame retardant sleepwear advised.</p> <p>Suitable clothing should be worn for the temperature of the room.</p> <p>Never leave anything with ties such as bibs or clothes in the cot as they might get caught around the baby's neck. Headbands are not recommended.</p> <p>https://www.nhs.uk/start-for-life/baby/baby-basics/newborn-and-baby-sleeping-advice-for-parents/safe-sleep-advice-for-babies/</p>

10.0 Known Protective Factors

Protective Factor	Why it protects
<p>Infant Sleeping in Own Crib, Moses Basket or Cot, in Parents Bedroom</p>	<p>Sleeping on the back in own crib, Moses basket or cot, in parents bedroom carries the lowest risk of SIDS. Eliminates the risk of parental roll over, suffocation and over heating.</p>

and Infant Sleeping Position



Lullaby Trust room sharing

Feet to foot position reduces the risk of an infant wriggling down and his/her head becoming covered.

Room sharing - having an infant sleep near you is a protective factor as parents/carers can readily respond to feeding cues and are more vigilant and responsive to their infants needs. Infants are also more settled when near to their parent/carer at night. **Room-sharing is recommended for at least the first 6 months DAY & NIGHT.**

The Lullaby Trust (2024) <https://www.lullabytrust.org.uk/safer-sleep-advice/safer-sleep-basics/room-sharing/>

Wedges or props should not be used to keep an infant in the same position. Carers should place infant on their back to sleep and be advised not to worry when their infant learns to roll and find a more comfortable position on their own. They can place the infant onto their back but there is no need to check throughout the night. At 5-6 months of age infants readily begin able to roll themselves from front to back.

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 infant.
- The bars should not be more than six centimetres apart, so that Infants cannot 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.

Using a second-hand cot





Parents/carers must check that the cot is safe for an infant



. This includes:

- The same points above apply when using a second hand cot.
- If the cot is painted, it will need to be stripped and re-painted. There is always a possibility that old paint may have lead in it (Defra.gov.uk)
- 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 an infants limbs.
- It is recommended that a new mattress is used for each infant using the cot. If parents are using a 'used' mattress from a previous child, they should be advised to ensure that it is waterproof, has no tears or holes. Ventilated mattresses are not recommended, as they are very difficult to keep clean.

Using a cot safely

- Avoid putting the cot/Moses basket next to a window, heater, fire, radiator, or direct sunlight, as it could make an infant too hot.
- When an adult is not in the same room as an infant the drop side of the cot should be up and locked in position.

 <p>Lullaby Trust mattresses</p>	<ul style="list-style-type: none"> • Keep the cot away from any furniture, which an older child could use to climb into the cot. • Keep the cot away from toiletries, such as infant lotion, wipes and “nappy sacks” which an older infant may be able to reach. • Do not place the cot next to curtains and blinds with cords. Dangling cords carry a risk of strangulation. Any cords must be securely tied up. • When the cot mattress is at its lowest height the top of the rail should be above the infant’s chest to prevent climbing out of the cot. <p><u>Mattresses</u></p> <p>Ideally a new mattress should be used for each baby, which conforms to BS Standards. If a ‘used’ mattress is used from a previous child it should be completely waterproof, with no tears or holes. Ventilated mattresses are not recommended as they are difficult to keep clean.</p> <p>Mattresses should be firm, flat and well fitting, the use of soft mattresses or toppers is not recommended.</p> <p>The Lullaby Trust Mattresses, Bedding and Cots (2023)</p> <p>https://www.lullabytrust.org.uk/wp-content/uploads/mattress-bedding-factsheet-2023.pdf</p>
<p>Breast Feeding</p>  <p>UNICEF caring for your baby at night</p>  <p>Lullaby Trust safe sleep</p>	<p>Breastfeeding has been shown to reduce the risk of SUDI. When breast feeding and bed-sharing there is evidence to suggest that breastfeeding mothers naturally adopt a protective ‘C’ shape position around the baby, facing their infant with a body position that protects the infant, for example, stops the infant moving up or down the bed and stops the mother rolling onto the infant and prevents the baby’s head coming into contact with the pillow.</p> <p>The universal/key messages about safe sleeping still apply to breast feeding mothers.</p> <p>UNICEF (UK) Baby Friendly (2022)</p> <p>https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/</p> <p>The lullaby Trust (2024) https://www.lullabytrust.org.uk/safer-sleep-advice/</p>
<p>Using a Dummy</p>  <p>Lullaby Trust dummies</p>	<p>Several studies have indicated that there is a protective association between dummy (pacifier) use against SIDS.</p> <p>The Lullaby Trust recommends that:</p> <p>If you choose to use a dummy, wait until breastfeeding is well established (at up to about 4 weeks old).</p> <p>Stop giving a dummy to your baby to go to sleep between 6 and 12 months.</p> <p>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.</p>

 <p>BASIS dummies</p>	<p>Don't put anything sweet on the dummy, and don't offer during awake time.</p> <p>Using an orthodontic dummy is best as it adapts to your baby's mouth shape.</p> <p>If you choose to use a dummy make sure it is part of your baby's regular sleep routine</p> <p>The Lullaby Trust (2020) Dummies/Pacifiers https://www.lullabytrust.org.uk/wp-content/uploads/7-dummy-factsheet-2020.pdf</p> <p>BASIS (2015) https://www.basisonline.org.uk/dummies/</p>
<p>Room / Infant at the Right Temperature (see temperature and overwrapping)/Baby Sleeping Bags.</p>  <p>Lullaby Trust safer sleep advice</p>	<p>Ideal room temperature is 16-20 degrees Celsius; reduces the risk of overheating.</p> <p>Specially designed sleeping bags are useful for Infants who are kicking off their blankets. No current evidence to suggest that sleep bags are safer than traditional blankets and sheets. Approx 95% of parents/carers use baby sleep bags, advise to ensure that appropriate weight and size of bag is appropriate for the infant and should fit snugly around chest. Appropriate tog to be used, i.e., 1 tog summer and 2.5 in winter. They can be used from birth providing the fit is correct.</p> <p>The Lullaby Trust (2024) https://www.lullabytrust.org.uk/safer-sleep-advice/</p>

11.0 Safer Sleeping Legislation Guidelines



Safer Sleeping Legislation Guidelines

If you are a person of any age and you:

- Co-sleep with a child
- **Not under** the influence of any drug/alcohol/or substance
- Cause his/ her death by suffocation
- This will be deemed a tragic accident

If you are aged 16 years or over and you:

- Co-sleep with a child under the age of 3 years whilst under the influence of drink/alcohol causing his/her death by suffocation you will 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 whilst under the influence of any drug/substance/alcohol cause his/her death by suffocation you will be liable to criminal prosecution (Manslaughter) – Section 5. Offences against the Person Act 1861

**Children and Young Persons Act 1933 - (Wilful Neglect) - Section 1. (2)
Offences against the Person Act 1861 - (Manslaughter) – Section 5**




12.0 RECOMMENDED RESOURCES

(The Lullaby Trust, BASIS, UNICEF, and the Twins Trust have worked together in the publication some of the following resources)

<p>BASIS formerly known as the Infant Sleep Information Service provides information about normal infant sleep based upon the latest UK and world-wide research. BASIS is collaboration between Durham University Parent-Infant Sleep Lab, La Leche League, NCT, and UNICEF UK Baby Friendly Initiative, funded by a grant from the ESRC (Economic and Social Research Council). https://www.basionline.org.uk/</p>	
<p>National Institute for Clinical Excellence (2022), <u>NICE standards Postnatal Care QS 37 Statement 5. Safer Practices for bed sharing.</u> https://www.nice.org.uk/guidance/qs37/chapter/Quality-statement-5-Safer-practices-for-bed-sharing</p>	
<p>NHS – Sudden infant death syndrome (SIDS) https://www.nhs.uk/conditions/sudden-infant-death-syndrome-sids/</p>	
<p>Out of Routine: A review of Sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm (2020)</p>	
<p>The Lullaby Trust (2024) Breast Feeding https://www.lullabytrust.org.uk/wp-content/uploads/fact-sheet-breastfeeding-2.pdf</p>	
<p>The Lullaby Trust Safer Sleep Statistics on SIDS (2023). https://www.lullabytrust.org.uk/wp-content/uploads/Facts-and-Figures-for-2021-released-2023.pdf</p>	
<p>The Lullaby Trust (2024) Safer Sleep for babies quick reference card https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-quick-reference-card.pdf</p>	
<p>The Lullaby Trust (2016) Safe Sleep Easy Read Card https://www.lullabytrust.org.uk/wp-content/uploads/Easy-read-card-English-web.pdf</p>	
<p>The Lullaby Trust (2024) Safer sleep from day one: Safer sleep for expectant parents https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-from-day-one.pdf</p>	
<p>The Lullaby Trust Safer Sleep from day one – A professionals guide https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-from-Day-One-A-Professionals-Guide.pdf</p>	

The Lullaby Trust Back to Sleep Fact Sheet fact-sheet-back-to-sleep.pdf (lullabytrust.org.uk)	
The Lullaby Trust (2024) Summer safety https://www.lullabytrust.org.uk/safer-sleep-advice/travel-and-weather/baby-summer-safety/	
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The Lullaby Trust 2024 Safer Sleep for twins Safer sleep for twins - The Lullaby Trust	
The Lullaby Trust 2024 Safer Sleep for twins, triplets and more https://www.lullabytrust.org.uk/wp-content/uploads/the-lullaby-trust-factsheet-8-twins-triplets-and-more.pdf	
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13.0 Video Resources

Birmingham who's in charge videos Safer Sleep for Babies – Birmingham Forward Steps (bhamforwardsteps.co.uk)	
The Lullaby Trust safer sleep video resources - The Lullaby Trust	
LIFT THE BABY – for safer sleeping	

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