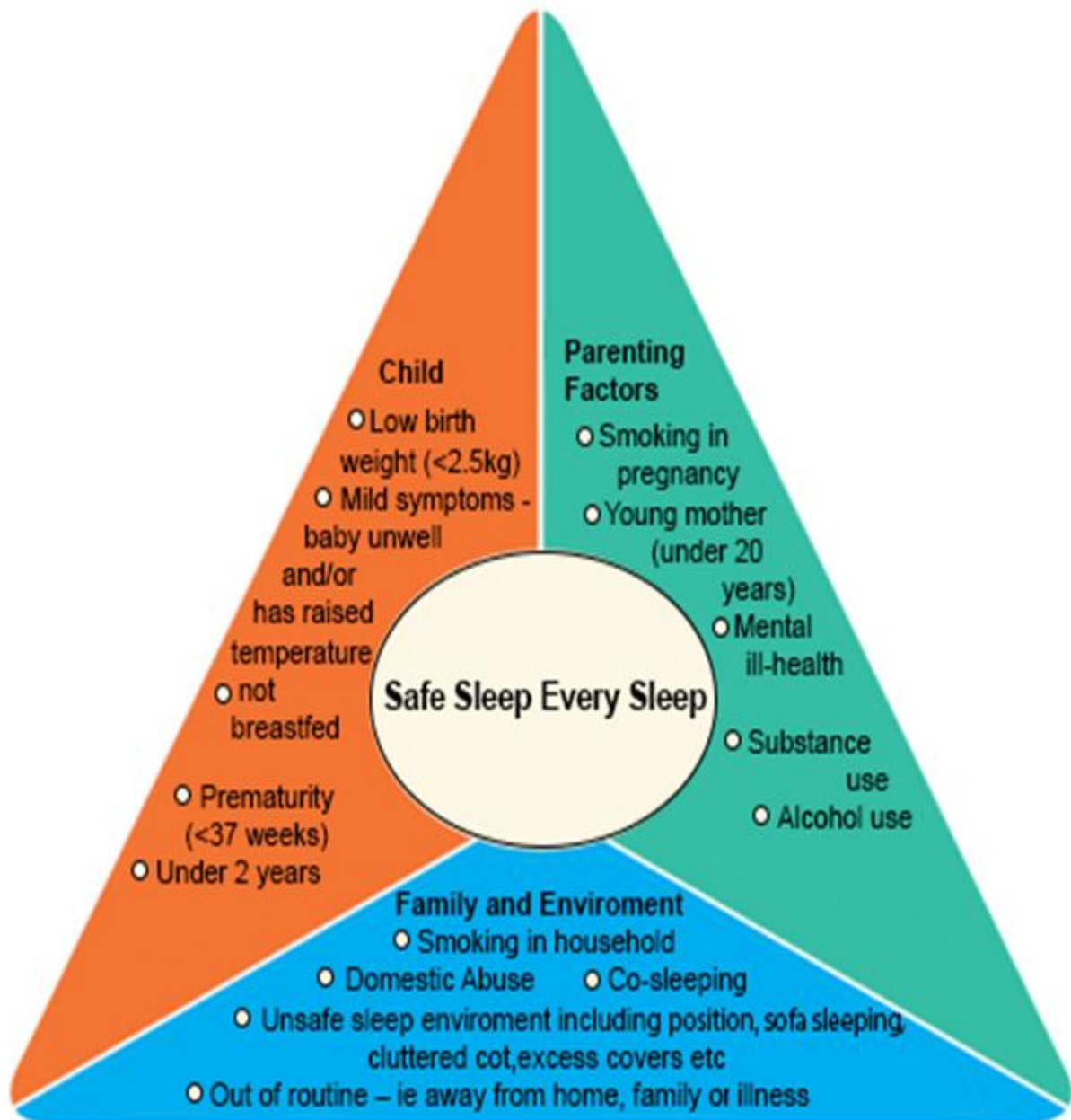


Child at risk of Sudden unexpected Death in Infancy



Parent(s)/Carer(s) practicing safe sleep with no triggers – no action needed, midwifery and health visiting team (0-19) to continue to assess safe sleep.

Parent(s)/Carer(s) practicing safe sleep with triggers identified – a clear and descriptive handover from midwifery to the health visiting team (0-19) is required. Health visiting team to continue to provide appropriate safe sleep advice and assess the safe sleep environment

Parent(s)/Carer(s) not practicing safe sleep with no triggers identified – midwifery to repeat safe sleep assessment within 72 hours. If parents have mental capacity and making an informed decision, a clear and descriptive handover to the health visiting team (0-19) is required. Health visiting team to continue to provide appropriate safe sleep advice and assess the safe sleep environment.

Parent(s)/Carer(s) not practicing safe sleep with triggers identified – repeat safe sleep assessment within 72 hours. If unsafe sleep practice continues on repeat assessment, using your professional judgement, consider a referral to Social Care or Early Help. If the Baby already has an open referral to these services, update the named worker with description of assessment and advice provided. A clear and descriptive handover to health visitor is required. Health visiting team to continue to offer advice/support, to consult with multiagency threshold descriptors, use professional judgement, seek advice/supervision and escalate concerns to Social Care/Early Help if required.

Complex: Inappropriate parenting strategies exposing the child to harm and inconsistencies in care
Acute; Environment is not safe for the child/ risk of harm through serious accident or injury.