



## Pan-Lancashire Safer Sleeping Guidance for Children

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Guidance to be followed by the Multi-Disciplinary Workforce in relation to safer sleeping arrangements for children Document Final Version (last amended 14/08/15)
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## **1. PURPOSE**

- To provide staff with clear and consistent evidence-based information.
- To provide staff with the confidence and knowledge to facilitate an open and honest discussion to support babies' carers to make informed safer sleeping choices for their babies.
- To ensure consistent advice about safer sleeping arrangements is given in Lancashire, Blackburn with Darwen and Blackpool

## **2.0 SCOPE**

This guidance is applicable to the multi-disciplinary workforce who have contact with the parents, carers and relatives of babies, whilst being in a position to discuss baby sleeping arrangements, in order to support parents to make informed choices regarding safer sleep and raise awareness to factors associated with Sudden Infant Death Syndrome.

## **3.0 DEFINITIONS**

For the purpose of this document the following definitions will apply:

### **SIDS (Sudden Infant Death Syndrome)**

Sudden infant death syndrome is defined as the sudden unexpected death of an infant less than 1 year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including the performance of a complete autopsy and a review of the circumstances of death and clinical history (Krous, (2004) taken from NICE, (2014)).

### **Baby's Carer**

A parent, grandparent, foster carer/s babysitter or any other person responsible for the baby at that particular time.

### **Bed-sharing (planned)**

Babies' carers and infant in the same bed for any period of time (day or night) with consideration given to applicable risk factors.

### **Deaths in infancy**

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

### **Co-Sleeping (unplanned)**

Babies' carers and infant sleeping for any period of time, day or night, in close proximity: this can include in a bed, in unconventional sleeping arrangements, on a chair, sofa, bean bag, hammock etc.

### **Multi-Disciplinary Workforce**

Anyone coming into contact with families.

## **Lancashire**

Lancashire is defined as Lancashire, Blackpool and Blackburn with Darwen.

## **Overlaying**

Rolling onto an infant and smothering them in bed or on a chair, sofa or beanbag for example (please see appendix 1 for safer sleeping legislation).

## **SUDI**

An acronym used to categorise all sudden unexpected deaths in infancy, this term includes SIDS.

## **4.0 GUIDANCE**

### **4.1 Introduction**

Over 300 babies still die every year as a result of SIDS in the UK (The Lullaby Trust, May 2013).

Over recent years there has been a significant reduction in infant deaths largely due to an increase in evidence based knowledge and practice. Despite this rates within Lancashire remain high and are consistently higher than the national average.

This guidance has been produced in recognition of the fact that unsafe sleeping arrangements are a feature in some infant deaths in Lancashire. Accordingly the emphasis of this document is on **safer** sleeping arrangements for babies.

### **4.2 Responsibilities of the multi-disciplinary workforce**

It is the responsibility of the multi-disciplinary workforce to discuss and record, in line with record keeping guidelines, the information they give to babies' carers on safer sleeping arrangements at all key contacts **including asking to see where baby sleeps.**

Information must be provided in such a manner that it is understood by the baby's carer. For babies' carers 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 information in such a way to ensure understanding.

Anyone in contact with families should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations as well as risks based on current evidence.

### 4.3 Responsibilities of core health staff

It is recommended that as a **minimum**, this information should be discussed and recorded by:

Midwifery Teams:            During the antenatal period (ideally by 36 weeks)  
                                      As soon as possible after birth  
                                      Prior to discharge from in-patient services  
                                      During post-natal community visits

Health Visitor Teams:     Antenatal contact  
                                      Primary birth visit  
                                      Any subsequent follow up contacts as appropriate

See appendix 2 for a communications timeline when safer sleep messages are discussed on a multi-agency basis.

### 4.4 In Hospital

All mothers should be encouraged to spend time in skin to skin contact with their new baby in an unhurried environment as soon as possible after birth. 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 birth, after sedative medication, and during extreme tiredness.

All mothers should be encouraged to stay close to their babies whatever their preferred infant feeding choice.

Skin to skin contact is encouraged on the postnatal ward and during the postnatal period, particularly to establish the mother-baby bond, for settling babies, and for babies who are establishing breastfeeding.

In the hospital setting, separation of mother and baby should only occur where the health of either prevents care being offered in the postnatal areas.

Literature consistent with the Safer Sleeping Guidance, on reducing the risk of SUDI, should be given and discussed with all mothers early in the postnatal period.

The safest place for a baby to sleep whilst in hospital is in a cot by the side of mother's bed, or a sidecar crib.

If a mother chooses to share her bed with her baby whilst in hospital, to maintain skin to skin contact, for cuddling or feeding her baby, staff should ensure that:

- The benefits and contraindications (risk factors listed in 4.5.1 of this document) of bed sharing are discussed to allow 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 discussed and understood).
- The effects of analgesia are discussed and documented.

If the mother makes a fully informed choice to bed share with her baby, all information and care given should be documented. Staff should discuss appropriate sleeping positions (in case the mother falls asleep with or without intention). The mother and baby should be monitored by staff as frequently as is practicable. Effective communication with other members of staff and on hand over of care is essential. Mothers will need to take responsibility for protecting her baby from falling out of the bed/entrapment/overheating. In hospital the bed should always be lowered as far as possible.

In hospital, advise the mother to keep the curtains or door open if taking the baby to bed so that staff can observe if she inadvertently falls asleep whilst bed sharing.

#### **4.5 Current evidence-based information to be provided to all babies' carers**

Within Lancashire we recommend that the safest place for your baby to sleep is in a cot in a room with baby's carer for the first six months.

Please note this refers to any time the baby is asleep during the day or night.

Falling asleep on a sofa, or in a chair, with a baby can be very hazardous and should be avoided at all times (night or day).

Bed-sharing facilitates breastfeeding. Some women may choose to lie down to breastfeed. Breastfeeding mothers often find bed-sharing a positive experience whilst ensuring none of the risk factors below are present (see 4.5.1). Hauck et al (2011) reported that Breastfeeding is protective against SIDS, and this effect is stronger when breastfeeding is exclusive.

##### **4.5.1. Risk Factors**

Following the updated NICE Guidelines in December 2014 you should discuss the following with baby's carer:

- There is an association between co-sleeping (on a bed, sofa or chair with an infant) and SIDS
- The association between co-sleeping (on a bed, sofa or chair with an infant) and SIDS is likely to be greater when they, or their partner, smoke
- The association between co-sleeping (on a bed, sofa or chair) and SIDS may be greater with:
  - Parental or carer recent alcohol consumption, or
  - Parental or carer drug use, or
  - Low birthweight or premature infants

**Within pan-Lancashire we recommend that baby's carer/s are advised not to bed-share or co-sleep if any of the following factors are present:**

- If anyone sharing the room where baby is sleeping smokes (no matter where or when they smoke)
- If the mother smoked during pregnancy
- If baby's carer/s have consumed alcohol
- If baby's carer/s have taken medication or drugs that make them drowsy or sleep more heavily (illegal, prescription or purchased over the counter including anaesthetics after day case or dental surgery)
- Has any illness (physical or mental) or condition that affects awareness of the baby
- If the baby has a high temperature (then medical advice should be sought)
- If the baby's carer/s has a high temperature
- If baby's carer/s response to their baby is impaired, for example they are excessively tired or unwell
- If the baby was small at birth (born before 37 weeks, or weighing less than 2.5 kg at birth).

Women who chose to exclusively formula feed their baby should be advised that they may not naturally take up a protective sleeping position and this may increase the risk of SIDS.

See Appendix 3 for a prompting tool for the multi-disciplinary workforce featured in the 'Where Might My Baby Sleep?' leaflet.

#### **4.5.2 Reducing the risks**

**It is in no-one's interest to avoid this discussion with the baby's carer, either on the grounds that it is complex, or to wait until the mother reports that she has already slept with their baby in a bed (one would not apply the same thinking to teaching a child how to cross a road).**

Although many new parents/carers say that they will never sleep with their baby, about 50% of UK babies have bed-shared with a parent during their first three months. It is therefore important that ALL parents have a discussion about bed-sharing/co-sleeping and consider how they will manage night-time care.

Baby's carers **must** be advised never to fall asleep on the sofa, chair or beanbag with baby. If baby's carer chooses to sleep anywhere not designed for sleeping with their baby such as the sofa, chair or on a beanbag, they must be alerted to the risk factors associated with this choice. They must also be made aware that adult beds are not designed with infant safety in mind. Babies can die if they get trapped or wedged in the bed or if a baby's carer lies on them. It is the baby's carer's responsibility to make sure the bed environment is as safe as possible for a baby if he or she sleeps there.

If a baby's carer decides to bed-share then they need to make sure that the bed is as safe as possible, with the following guidance:

- The mattress needs to be clean, firm and flat. Soft mattresses and mattress toppers should not be used
- Do not use waterbeds, electric blankets or bean bags
- Make sure that baby cannot fall out of bed or get stuck between the mattress and the wall
- The room must not be too hot (16 – 20 C is ideal)
- Baby should not be overdressed
- The baby's covers must not overheat the baby or cover the baby's head. There is no need for baby to wear a hat in bed. Pillows must be kept away from the baby
- The baby must not be left alone **in** or **on** the bed as even very young babies can wriggle into dangerous positions
- Any adults in the bed must be made aware that the baby is in the bed
- If an older child is sleeping in the bed then an adult should sleep between the older child and the baby. Avoid overcrowding
- Avoid having pets or cuddly toys in the bed.

Most mothers who are breastfeeding naturally sleep facing their baby with a body position which protects the baby, for example, stops the baby moving up or down the bed and stops the mother rolling onto her baby.

#### **4.6 Using a cot, crib or moses basket**

Within pan-Lancashire we recommend that the safest place for your baby to sleep is in a cot in a room with baby's carer for the first six months.

Having the baby sleep (day or night) in a separate room to baby's carer is an established risk factor for SIDS. The multi-disciplinary workforce should advise all babies' carers to keep baby in the carer's bedroom at night for at least the first six months, regardless of how the baby is fed.

Guidance for using your cot, crib, moses basket:

- When an adult is not in the room with baby keep the drop side of the cot up and locked into position
- Keep the cot away from any furniture which an older baby could use to climb out of the cot
- Keep the cot away from toiletries such as baby lotion and wipes which an older baby may be able to reach
- Avoid curtains and blinds with cords. Dangling cords carry a risk of strangulation. Any present must be securely tied up and placed out of baby's reach
- Do not use bumper pads as they are a suffocation hazard for small babies and infants. When baby starts to crawl and climb they may also be used as steps to climb out of the cot.

- When the cot mattress is at its lowest height the top of the rail should be above the baby's chest
- Cuddly toys (especially large cuddly toys) should be avoided. They could fall on baby causing overheating or accidental smothering.
- Avoid putting the cot/moses basket next to a window, heater, fire, radiator, lamp or direct sunlight, as it could make the baby too hot.

#### **4.6.1 Buying a cot**

All cots currently sold in the UK should conform to British Safety Standards BS EN 716:2008 (<http://www.nct.org.uk/parenting/sleeping-safely-cot>) and have a label that states:

- The cot is deep enough to be safe for the baby
- Cot bars are less than 65mm apart
- The cot does not have cut outs or steps

#### **4.6.2 Using a second-hand cot**

Babies' carers must check that the cot is safe for baby. This includes:

- Points above (buying a cot)
- If the cot is painted, to strip and re-paint it. There is always a possibility that old paint may have lead in it, see Defra's leaflet for advice on how to safely strip lead paint (<https://www.gov.uk/government/publications/advice-on-lead-paint-in-older-homes> )
- 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 babies limbs.
- It is recommended that a new mattress is used for each child using the cot.

#### **4.6.3 Moses Baskets/cribs**

The same sleeping advice applies as for cots, keeping the Moses basket/cribs in babies' carers' room for the first six months.

#### **4.6.4 Travel Cots**

These should be used following manufacturers' instructions. The advice re cots, cribs and moses basket also applies to use of travel cots.

#### **4.6.5 Mattresses**

Ideally a new mattress should be purchased for each baby. If babies' carers are using a 'used' mattress from a previous child, they should be advised to ensure that it is completely waterproof, has no tears or holes. Ventilated mattresses are not recommended as they are very difficult to keep clean.

A baby should sleep on a firm, flat surface, the use of soft mattresses and toppers is not recommended.

#### 4.6.6 Car seats, pushchairs and prams

Car seats, push chairs and prams are not an ideal place for safe sleep in the home. It is important to check on your baby regularly when they are asleep. When they are being transported in a car they should be carried in a properly designed and fitted car seat, facing backwards, and be observed regularly by babies' carer. On long car journeys stop for regular breaks for air and for drinks for baby (The Lullaby Trust, May 2013), and ensure that baby does not spend longer than necessary in the car seat. Extra observation is needed for premature babies who may curl forwards and inwards.

Be careful your baby does not get too hot; remove hats and outdoor clothes when indoors, or in the car (The Lullaby Trust, May 2013). This advice should be considered when going into shops.

#### 4.6.7 Other baby sleep and carrying devices

These should comply with British safety standards and baby's parents/carers should be mindful of overheating and the importance of giving the baby room to breathe.

#### 4.6.8 Bedding

General advice:

- Babies' carers need to ensure that the bedding in use is the right size for the cot/crib/Moses basket, as this will prevent the baby getting tangled up.
- Sheets and blankets are ideal. If the baby is too hot a layer can be removed and if too cold a layer added. Cellular blankets should be used rather than fluffy blankets.
- The cot should be made up so that the blankets and sheets cover the baby up to his/her chest and tuck under their arms and under the mattress so that the baby 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 baby to wriggle down under the bedding.
- Duvets and pillows are **not** safe for use with babies under one year of age as they could cause overheating and/or increase the risk of accidents from suffocation.
- Do not use cot bumpers: some experts advise avoiding the use of cot bumpers once the baby can sit unaided as they can use the bumper as a means to get out of the cot.  
Some bumpers have strings attached to attach them to the cot. An older child could pull at these strings and become tangled in them.
- Specially designed sleeping bags are useful for babies who are kicking off their blankets. Babies' carers using these must be advised to check that the weight and size of the sleeping bag is right for baby. For example: could use 1 tog in the summer and 2+5 tog in the winter. The sleeping bag

should fit snugly around the babies' chest. Do not use extra blankets with sleeping bags and do not use sleeping bags when the baby is in the parent/carers bed

- Swaddling is suggested as an emerging risk factor for SIDS. Evidence is inconclusive, but babies' carers should be cautious; if they do decide to swaddle their baby, they should be advised not to cover the baby's heads and only use thin materials. Baby can be un-swaddled once they are asleep.
- If babies carers decide they want to use slings The Consortium of UK Sling Manufacturers and Retailers suggest babies carer's should be advised (ROSPA, 2012):
  - i. To ensure they can see baby's face at all times, they should not have to open a sling to view baby. Baby should be facing upwards and not towards baby's carers body.
  - ii. A sling should be tight enough so baby feels securely supported, in their natural position with their tummy and chest close to their carer's body. Baby's carer should be advised they should be able to kiss baby on the head/ forehead simply by tipping their head forward. If the sling is too slack baby will slump down which can hinder their breathing and pull on the back of baby's carer. Baby should not uncurl/ move forward if baby's back is gently pressed.
  - iii. If pouch or ring sling is being used baby should be positioned carefully to ensure their bottom is in the deepest part so the sling does not push baby forward so their chin is pressed to their chest.
  - iv. Ensure there is always a space of at least a finger width under baby's chin. Baby should never be curled so their chin is forced onto their chest as this restricts their breathing.

#### **4.6.9 Sleeping position**

The best sleeping position for a baby – is on their back. Wedges or props should not be used to keep baby in the same position, even though these can be used in Neonatal Units. Eventually babies learn to roll from their back to their front on their own. When this happens, the advice to babies' carers should still be to put them to sleep on their back, feet to foot of the cot, and not to worry about them moving and leave them to find their own comfortable position (The Lullaby Trust, May 2013).

There is no evidence to suggest that putting twins in the same cot (which is larger than a moses basket or crib) in the early weeks places them at greater risk of SUDI. However, once the babies can rollover or potentially bang their heads the safer sleeping advice described in this guidance should be followed and they need to be in separate cots (see the following link below for the ISIS twin sleep information sheet).

<https://www.dur.ac.uk/resources/isis.online/pdfs/ISISPDFtwinsJan2014.pdf>

#### 4.6.10 Clothing

- Flame retardant sleepwear is advised
- Care should be taken to ensure that suitable clothing is worn for the temperature of the room
- Remove bibs before sleep.

#### 4.7 Dummies

**UK Department of Health does not recommend dummy use as a way of reducing the risk of SIDS** (ISIS, December 2014).

This is a complex issue. It is possible that when dummies are regularly used then there is an increased risk of sudden infant death if they are not used at the start of **all** sleep periods. However, the evidence base is not strong and not all experts agree.

If baby's carers would prefer to give their baby a dummy, it should be explained that it is advised not to give a dummy until breastfeeding is well established, usually when baby is around one month old, and to gradually withdraw the dummy when they're between six and twelve months old.

Furthermore, The Lullaby Trust (May, 2013) state if a dummy is used it is important to ensure that:

- The use of dummies is consistent within the baby's sleeping routine
- A dummy is not forced on the infant or replaced if it falls out once the baby is asleep
- The dummy does not have any attachments on it
- The dummy is never coated with something sweet
- A dummy bought within Europe should conform to European standard EN 1400

## **5.0 RECOMMENDED RESOURCES INCLUDE:**

### **Safer Sleep Campaign (2012-2015) Lancashire LSCB, Blackpool LSCB, Blackburn with Darwen LSCB.**

This leaflet outlines the risk factors associated with sharing a bed with baby.

### **NICE guidelines (Addendum to Clinical Guideline 37, Postnatal Care), December, 2014**

### **Infant Sleep Information Source (ISIS) [www.isisonline.org.uk](http://www.isisonline.org.uk)**

ISIS provides information about normal infant sleep based upon the latest UK and world-wide research. ISIS is a 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).

### **Caring for your baby at night - a parent's guide, UNICEF (UK) Baby Friendly, 2011**

This UNICEF Baby Friendly Initiative leaflet, endorsed by the CPHVA, RCM and The Lullaby Trust, is designed to offer helpful, practical advice on coping at night. It covers getting some rest, night feeding, safe sleeping environments and helping baby to settle.

### **The Health Professionals guide to 'Caring for your baby at night', UNICEF (UK) Baby Friendly, 2011**

This guide aims to help health professionals who will be using Caring for Your Baby at Night with new parents. It looks at the evidence underpinning the recommendations in the leaflet and offers guidance on discussing these issues.

## **6.0 - APPENDIX ONE**



**Lancashire  
Constabulary**  
police and communities together

### **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:**

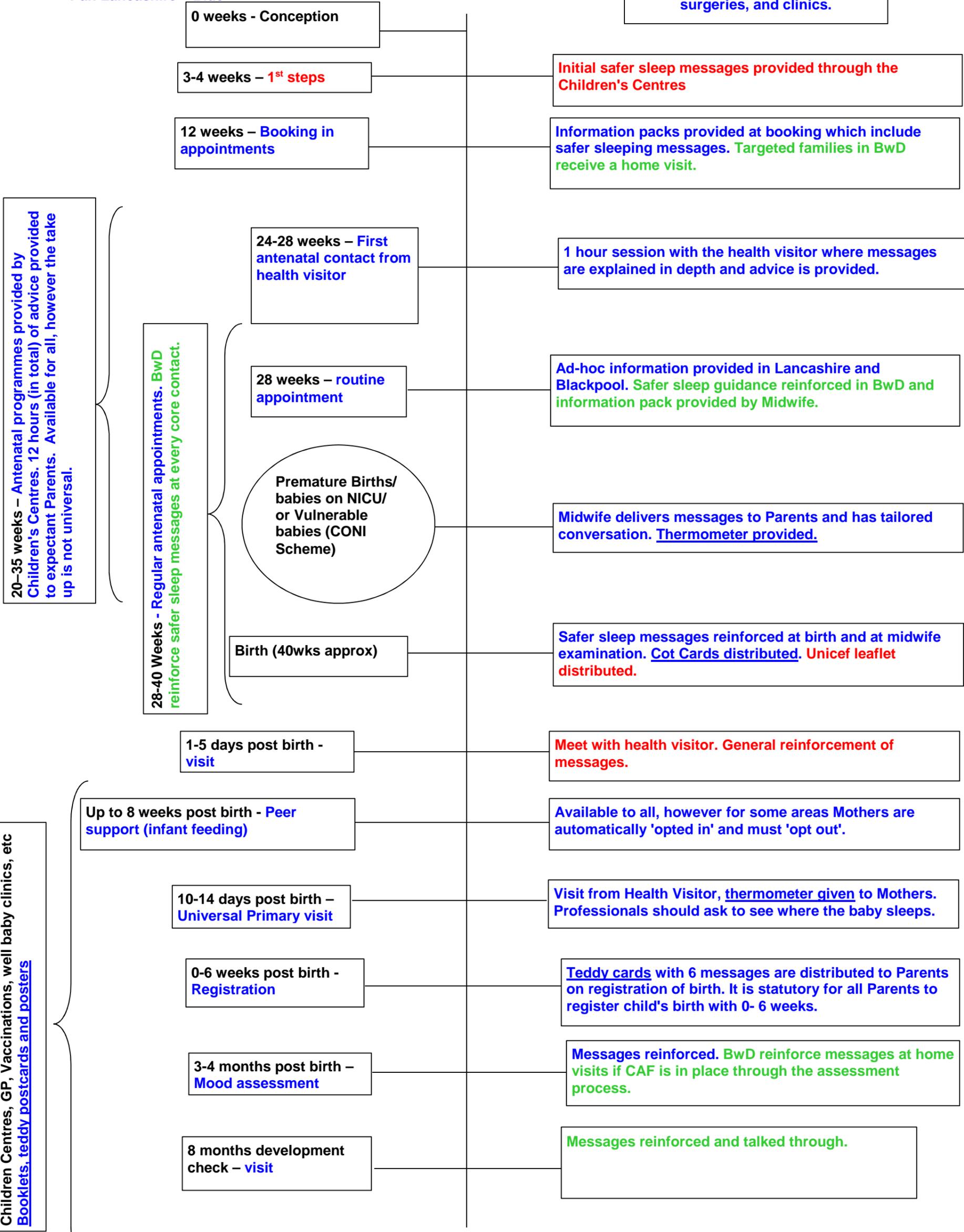
- Co-sleep with a child of any age
- Whilst under the influence of any drug/substance/alcohol
- Cause his/her death by suffocation
- You will be liable to criminal prosecution (Manslaughter) – Section 5. Offences against the Person Act 1861

7.0 - APPENDIX TWO

2014 Timeline of contact and distribution

Blackpool only – Red  
 Blackburn with Darwen only – Green  
 Pan Lancashire – Blue

Booklets, posters and teddy cards are available at children's centres, surgeries, and clinics.



## 8.0 - APPENDIX THREE

Risk Assessment Tool featured in the 'Where Might My Baby Sleep?' leaflet and it is also accessible on the infant sleep information source app available on apple and android.



**Before bed-sharing ask yourself these questions.** z z Z

**Remember, people sometimes bed-share accidentally as well as intentionally... circumstances also change...so complete this checklist and assess YOUR risk.** z z Z

Do either you or your partner EVER smoke?



ANSWER YES



Smoking increases your baby's risk of Sudden Infant Death Syndrome whilst bed-sharing.



Have you or your partner recently drunk any alcohol?



ANSWER YES



Alcohol increases the risk of Sudden Infant Death Syndrome and accidental death whilst bed-sharing.



Did you smoke in pregnancy?



ANSWER YES



Smoking during pregnancy increases your baby's risk of Sudden Infant Death Syndrome whilst bed-sharing



Have you or your partner taken any medication or drugs that might make you sleep heavily?



ANSWER YES



Taking drugs or medication which impair your consciousness increases the risk of accidental death whilst bed-sharing.



Are you excessively tired? (e.g have had less than 4 hours sleep in the last 24 hours?)



ANSWER YES



Excessive tiredness affects the way you sleep and increases the risk of accidental death.



Are you formula feeding your baby?



ANSWER YES



If you formula-feed, you may not naturally adopt the protective 'C' position whilst bed-sharing. See page 11.



Was your baby small at birth? (Born before 37 weeks, or weighing less than 2½ kg or 5½ lb at birth)



ANSWER YES



Some evidence suggests that small at birth babies may have an increased risk of Sudden Infant Death Syndrome when bed-sharing with no-smoking parents. There is a dramatically increased risk of Sudden Infant Death Syndrome for small at birth babies who bed-share with parents who smoke.



If you answer 'Yes' to any of these questions then bed-sharing is NOT advisable.

Instead, consider either using a 3-sided cot that attaches to your bed, or having baby in a cot near your bed.'

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