Safe Sleeping Guidance

Contents

Safe sleeping Guidance

1. Introduction

1.1 Rationale

The rate of deaths associated with co-sleeping has reduced dramatically since the 1990's. However, specific advice and guidance to avoid dangerous sleeping and co-sleeping arrangements is still required. In September 2013 Wirral Council, on behalf of the Merseyside Child Death Overview Panel (CDOP) issued a press release highlighting the risks of co-sleeping (appendix 1). NHS Wirral and Wirral University Teaching Hospital NHS Foundation Trust have collated this 'Safe Sleeping Guidance' for professionals, parents and carers.

1.2 Background

Sudden Unexpected Death in Infancy (SUDI) is the common term for sudden and unexpected infant deaths that are initially unexplained (commonly referred to as 'cot deaths'). Some sudden and unexpected infant deaths can subsequently be explained by a thorough post-mortem examination. Causes may include accidents, infections, congenital abnormalities, or metabolic disorders. Those that remain unexplained (i.e. are unexplained after the post-mortem examination) are usually registered as Sudden Infant Death Syndrome (SIDS).

Whilst the overall number of SIDS has decreased since the 'Back to Sleep' campaign in 1991, over 300 babies still die every year from SIDS in the UK making it the leading cause of death in babies over one month of age (3). The reduction in deaths are not evenly distributed across all sectors of the population. Those living in socially deprived areas seem not to have taken onboard the national recommendations and as a consequence 74% of deaths are now concentrated among the most deprived areas (4). The cot death rate among babies of teenage parents is four times higher than that of older parents (5).

Nationally, regionally and here in Wirral, all child deaths are reviewed to improve the understanding of how and why children die; and the findings are used to plan and implement appropriate action to prevent future child deaths and more generally to improve the health and safety of the children in the area. Over the past five years 20 babies within the Merseyside CDOP area have died in circumstances involving co-sleeping

Studies have found that parents/carers who fall asleep on a sofa or armchair put their baby at a fifty fold increased risk of SIDS (4). There is an association between SIDS and bed sharing if parents are smokers or have impaired consciousness e.g. through alcohol or drug taking or through excessive tiredness. Sudden infant death is also associated with over heating, sleeping prone and the head becoming inadvertently covered (2).

1.3 Definitions

For the purpose of this guidance, the following definitions apply:

• **Bed sharing:** describes babies sharing a parent's bed in hospital or home, to feed them or to receive comfort. 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 baby in any environment (e.g. sofa, bed, or sleep surface, any time of day etc). This may be a practice that occurs on a regular basis or it may happen occasionally; may be intentional or unintentional.

• **Parent:** this represents anyone caring for an infant; this includes mothers, fathers, grandparents, foster carers or any other family member or friend who provides care for an infant.

• **Infant:** a child up to the age of 12 months.

• **Overlying:** describes rolling onto an infant and smothering them, for example in bed (legal definition taken from the Children and Young Persons Act 1993, sections 1 and 2b) or, on a chair, sofa or beanbag.

1.4 Aim

To ensure that consistent evidence informed advice about the associated risks of bed sharing and sudden infant death syndrome (SIDS) are widely available to all parents and carers of young infants across Wirral.

To ensure that all those in contact with families and young children feel confident and equipped to promote safe sleeping advice to parents and carers from the antenatal period through to the post natal period.

Encourage partnership working across Wirral to promote safe sleeping advice and guidance.

1.5 Outcome

For parents and carers to be fully aware and educated of the risks associated with co-sleeping and SIDS and to be able to make informed decisions around this issue.

1.6 Target Group

The policy is intended for use by:

- Midwifery Services
- Health Visiting Services
- Family Nurse Partnership

2. Guidance/Recommendations

2.1 Sleeping Position

Babies should always be placed on their back to sleep, to avoid suffocation and never on their tummy or sides.

Babies should always be placed in the 'feet to foot' position in cots with the bedclothes securely tucked in so they can reach no higher than the shoulders.

2.2 Environment

It is recommended that the safest place for a baby to sleep is in a cot in the parental/carers bedroom for the first six months.

Adult beds are not designed for babies and caution must be taken to prevent babies from overheating, suffocating, becoming trapped and falling out of bed.

Babies should never be left unsupervised in or on an adult bed.

Parents/carers should never sleep with their babies on a sofa or armchair. If settling or breast feeding babies on a sofa they should always be returned to their cot, as this is one of the most significant contributing factors in SIDS. Babies can become trapped down the side of sofas or between cushions.

The ideal room temperature for a baby is between 16-20˚ C. Overheating can increase the risk of SIDS, babies can become too hot because of too much bedding, clothing or increased room temperature.

Pets should never share a room where a baby is sleeping

2.3 Equipment

Babies should ideally sleep on a new mattress that is in a good condition. However if this is not possible every effort should be made to ensure it is completely waterproof, not torn and is thoroughly clean.

Mattresses should be firm, fit the cot well without any gaps. They should be covered with a single sheet that should not sag.

It is advised that if using a Moses basket the lining should only be thin to allow ventilation.

Babies should never sleep using pillows, wedges, bedding rolls, bumpers, or duvets. These items should be avoided in order to prevent babies from being trapped or suffocated.

When babies are sleeping, clothing and bedding should never exceed 12 Tog units.

Tog is a unit of thermal resistance to express the insulating qualities of clothes, quilts, bedding etc.

(See **APPENDIX 2** for guidance on Tog units for clothing and bedding)

2.4 Overheating

It is advisable to check babies regularly to make sure they are not too hot or too cold. To check for overheating look for sweating or if their tummies feel hot, take off some bedding to reduce this. (Do not worry if their hands or feet feel cool - this is normal).

Usually one or more light layers of blankets are enough (a folded blanket counts as two).

Babies should not be overdressed. (After the age of one month, they do not need any more clothes than an adult does).

Always remove 'outdoor clothes' once indoors, and when in community venues remember to loosen or remove outdoor clothing. Parents or carers should always be mindful of the environmental temperature and reduce clothing and layers as appropriate.

Seek medical advice if your child appears unwell.

2.5 Breastfeeding

Breastfeeding provides significant health benefits to babies including increased protection against respiratory tract infections, ear infections and gastroenteritis; the longer the baby breastfeeds the greater the health benefits. Breastfeeding should therefore be promoted as the ideal nutrition for babies, and families should be supported to continue to breastfeed for as long as possible.

Several studies have found that breastfeeding protects against the risk of SUDI and should be recommended as a protective measure. However, no studies have found bed-sharing/co-sleeping under any circumstances to be safe, and some studies have shown a significant risk, even if the parents are non-smokers.

It is recognised that mothers who bring their babies into bed to feed tend to continue to breastfeed longer than those who do not. However, it is easy to fall asleep whilst breastfeeding as lactation hormones induce sleepiness. If breastfeeding parents indicate that they intend to bed-share, actions to minimise the potential risks regarding safe sleeping must be discussed, including the management of nighttime feeds.

The key risk reduction messages still apply to breastfeeding mothers. Whilst providing messages to mothers to support breastfeeding it should always be stated that:

The safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' bedroom.

- You should not share a bed if you or your partner smoke, have been drinking or taking drugs that make you drowsy or feel very tired.
- If a mother does fall asleep when breastfeeding, as soon as she wakes the baby should be returned to their cot/ Moses basket.
- Never fall asleep with a baby on a sofa or armchair.

Midwives and Health Visitors should use the safe sleeping assessment to help all mothers put in place a strategy to minimise the risk of unintentional co-sleeping (Appendix 2).

2.6 Known Risk Factors

Risk Factor	Why it's a risk
Sleep position	Sleeping prone has a higher risk of SUDI. Sleeping supine (face upwards, or on the back) carries the lowest risk of SUDI. There is also an association between side sleeping and SUDI, with higher risk for babies born prematurely or of low birth weight. Placing infants on their back to sleep should always be recommended.
Smoking	Smoking significantly increases the risk of SUDI, particularly when associated with co-sleeping. Risk is increased by any exposure to cigarette smoking, but maternal smoking during pregnancy has the greatest effect. Parents should not bed share, or fall asleep with their baby in bed, if they or any other person in the bed smokes (even if the smoking never occurs in bed). The effects of smoking are dose-related; the more cigarettes smoked the greater the risk.
Infant sleeping in parental bed	Co-sleeping increases the risk of SUDI, with the risk highest among mothers who smoke. There is a small, but statistically significant, increase in risk, even if the parents are non-smokers. This risk mainly affects younger infants (less than three months postnatal age) and those with low birth weight (<2,500 grams). A recent study found a higher risk with bed sharing, below age two months, after adjustment for smoking and this was not significantly altered by the presence or absence of breastfeeding. Thus, bed-sharing poses a risk whether parents/carers smoke or not This is because: • Adult mattresses are not designed for infants. • Adult pillows and bedding may contribute to suffocation. • Adult duvets can contribute to over heating – 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.
Infant sleeping on sofa, armchair or beanbag with/without parent	Sleeping with an infant on a sofa is associated with a significantly higher risk of sudden unexpected death in infancy. Infant may get wedged in the sofa, armchair, beanbag. Parent may roll over on a sofa and suffocate the infant.
Parental alcohol use	Alcohol use sedates parents and impairs their level of consciousness. Reduces a parent's responsiveness and awareness of the infant in bed.
Parental prescribed medication	Prescribed medication may sedate parents and impairs their levels of consciousness. Reduces a parent's responsiveness and awareness of the infant in bed. Less aware of or less able to respond to the infant. Higher risk medication includes: sleeping tablets, anti-depressants, some cough remedies, some anti-histamines and some analgesics – GP or pharmacy advice should be sought.
Parental illicit drug use	Illicit drug use may sedate parents and impair their level of consciousness. Impacts on responsiveness and awareness of the infant in bed. Less aware of or less able to respond to the infant's needs.
Parental tiredness	Parental tiredness may impact on responsiveness and awareness of the infant in bed. Less aware of or less able to respond to the infant.
Young, pre-term infants/low birth weight	Babies under 12 weeks of age who sleep in an adult bed with parents are at increased risk of sudden infant death, even if their parents are non-smokers. Babies are at greater risk if they were premature (born before 37 weeks) or of low birth weight (less than 2.5kg or 5 lbs 8oz).
Illness and infection	The risk of SUDI when babies are unwell appears to be higher when babies sleep in the prone position (face down).

	Sleeping with or overwrapping an ill baby or a baby with a high temperature may increase the risk of infant death.
Temperature/Overwrapping associated with SUDI.	Overheating (heating on all night, excess bedding) is associated with SUDI Some of this effect is explained by the prone sleeping position The combination of overwrapping (excessive layers of bedding and/or clothing including hats) and signs of infection confers a greatly increased risk of SUDI. Similarly, the combination of overwrapping and prone sleeping carries a higher risk than either alone. A number of factors such as fever following an infection, prone sleeping position, overwrapping or bedclothes covering the head, can affect the thermal balance in a baby by either making the baby too hot or reducing their ability to lose heat.
Head covering	Babies whose heads are covered with bedding are at increased risk of cot death. Infants should be placed feet to foot in the crib, cot or pram and covers made up so that they reach no higher than the shoulders. Duvets, quilts, baby nests, wedges, bedding rolls or pillows should not be used.
Bedding (see 'temperature overwrapping and head-covering', p.9)	Parents/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. See Tog Table (appendix 3) 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 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. Use of cot bumpers – research has produced neutral results, but some expert's 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 secure them to the cot; an older child could pull at these strings and become tangled in

	them.
Infant sleeping in seat	Infants, particularly pre-term infants or those with pre-existing health care conditions, are at risk of respiratory problems if sleeping in the semi-reclined position of car seats. Advice is always to remove infants from car seats and place in Moses basket, cot or crib.
Parental epilepsy	Alters parental consciousness and increases the risk of roll over by the parent.
Previous unexpected infant death	There is an increased risk of SUDI where a death 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. Each area has a Care of Next Infant (CONI) programme to support families during subsequent pregnancies and after birth.
Toys in the cot/ Moses basket	When the baby is very young, cuddly toys (especially large ones) should be avoided. They could fall on baby causing overheating or accidental smothering.
Changes in sleep circumstances	Inconsistent routines or changes to the last sleep episode have been described by parents whose infants have died. 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; when their baby is looked after by relatives or friends; after family celebrations, alcohol use etc.

Known Protective Factors

Protective Factor	Why it protects
Infant sleeping in own crib, Moses basket or cot, in parents bedroom and infant sleeping position	Sleeping on the back carries the lowest risk of SUDI. Feet to foot position reduces the risk of an infant wriggling down and his/her head becoming covered. Eliminates the risk of parental roll over, suffocation and over heating. It is recommended that a new cot mattress is used for each infant. 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. **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 baby. The bars should not be more than six centimetres apart, so that babies 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. The cot does not have cut outs or steps. **Using a second-hand cot** Parents/Carers must check that the cot is safe for baby. 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-paint it. There is always a possibility that old paint may have lead in it. • Make sure the mattress fits snugly, there should be no corner post or decorative cutouts 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. See points above re 'used' mattresses. **Using a cot safely** Avoid putting the cot/Moses basket next to a window, heater, fire, radiator, or direct sunlight, as it could make the baby too hot. When an adult is not in the room with baby keep the drop side of the cot up and locked in position.

	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 baby lotion, wipes and “nappy sacks” 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. When the cot mattress is at its lowest height the top of the rail should be above the baby's chest to prevent older babies climbing out of the cot.
Breast feeding	Breastfeeding has been shown to protect against the risk of SUDI (see below) and should be encouraged. The universal/key messages about safe sleeping still apply to breast feeding mothers UNICEF Baby Friendly policy is that parent’s need a discussion about the management of nighttime feeds so that they are able to risk assesses and make informed choices.
Using a dummy	Several studies have identified a significant protective association between dummy (pacifier) use and reduced risk of SUDI. As a result the Lullaby Trust recommends that: • If parents choose to use a dummy it should be offered when settling the baby at **every** sleep episode (the protective factor appears to occur as the baby falls asleep). • If the dummy falls out of baby’s mouth once asleep, do not put back in. • If your baby does not seem to want the dummy, do not force them. • Do not coat the dummy in a sweet liquid. • Always clean and regularly replace dummies. • Try to wean your baby off their dummy by the age of one year. **If your baby is breastfeeding do not give them a dummy until they are one month old to ensure that breastfeeding is established.**
Having an infant sleep plan and routine	Encourages parents to think about practical interventions to reduce the risk times, for example, if a mum is breastfeeding in the night and is tired she could set a timer to go off every 10 minutes or she could make sure her partner watches over her etc. Parents whose infants have died have described inconsistent routines or changes to the last sleep episode.

Consistent information from a range of workers	Increases the likelihood of parents understanding risks and changing their behaviour.
Room / infant at the right temperature (see temperature and overwrapping)	Ideal room temperature is 16-20 degrees Celsius; reduces the risk of overheating.

3: Guidance for individual organisations

This section provides staff with clear and consistent information to enable them to discuss safer sleeping arrangements for babies with parents/carers. This guidance should be followed in addition to each organisation's own policy and guidelines.

3.1 Responsibilities of all staff

It is the workers responsibility to discuss and record the information they give to parents/carers about safe sleeping arrangements at all 'key contacts'. Significant 'key contacts' relevant to individual agencies practice and interventions are identified below.

Information must be provided in a manner that is understood by the parent/carer. For parents/carers who do not understand English, an approved interpreter should be used. Similarly, families with other communication needs should be offered information in such a way as best facilitates their understanding.

3.2 Responsibilities of health staff

All health professionals in contact with families in the antenatal period and/or post-natal period should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations. It is recommended that as a minimum, this information should be discussed by:

3.3 Midwives:

- During the antenatal period – discuss what has been purchased / sourced for the baby's sleeping arrangements, i.e. cot, crib, moses basket, bedding etc.
- In hospital the same universal safe sleeping message applies – the safest place for baby to sleep is in the cot, in the parents' bedroom.
- There may be some circumstances where hospital sleep practices differ from those recommended in the home, for example: pre-term infants in neonatal units may be propped up on pillows or bedding after a feed; swaddled to provide comfort and support their posture during their early days; 'Kangaroo' care to settle babies and promote bonding and breastfeeding. The reasons for this developmentally sensitive care for vulnerable infants should be explained, so such practices are not continued in the home environment.

- Prior to discharge from the maternity unit safe sleeping risk/protective factors should be discussed with the mother, and the carer who supports her on the baby's return to the home; the discussion should ensure they can identify safe sleeping risk factors and protective factors.
- At home following delivery – again the two safe sleeping pictures should be used in discussion with the mother and father, plus other supports to the main carer, to ensure they can identify safe sleeping risk and protective factors in the two pictures.
- The Midwife should discuss Safe Sleeping arrangements within five working days of the baby being discharged from hospital or being born at home. The Midwife should offer to view the baby's sleeping arrangements with the parent, stating that **all such initial midwife home visits offer this to all parents as standard practice.** Advice should be offered to address any apparent risk factors and ensure all advice re: protective factors are clearly communicated. Any risk factors that have been identified and the action plan agreed with the parents/carers should be documented as part of the Safe Sleeping Assessment.
- During the post-natal period the Midwife should re-visit the safe sleeping messages and the assessment, checking the safe sleeping action plan is still relevant; the Midwife should look again at where the baby is sleeping and offer any additional advice.

3.4 Health Visitors and Family Nurse Partnership (FNP) Nurses:

- Antenatal contact – the Health Visitor and FNP nurse should discuss with the parents their plans for sleep arrangements of their new baby, begin to introduce the safe sleeping messages and advice that they will offer to look at the sleeping arrangements at the birth visit.
- Birth visit – the Health Visitor and FNP nurse should undertake a Safe Sleeping Assessment (checklist and action plan) in the Personal Child Health Records (Appendix 2) and ensure that the sleeping arrangements reviewed by the Midwife are still being routinely used and safe sleeping advice followed.
- If the parent(s)/carer(s) are not following the safe sleeping advice discussed with the Midwife this should be documented in the records. In addition, safe sleeping advice should also be given again and documented by the Health Visitor and FNP nurse. Health Visitors should offer to look at where the baby is sleeping during the day and at night, if this has changed or if the Midwife has not observed this. Both of the safe sleeping 'risk' and 'protective' factors pictures should again be discussed to ensure parents can identify safe sleeping risk factors. This should be combined with a discussion on sleep routines and any key risk times.
- Four to six week health review and three to four month review. Repeat as in birth visit, ensuring safe sleeping arrangements and safe sleep advice followed. Should the parent decline to follow this advice or the Health Visitor is unable to establish compliance this must be documented.

Appendix 1

ISSUED BY WIRRAL COUNCIL ON BEHALF OF MERSEYSIDE CHILD DEATH OVERVIEW PANEL

September 2, 2013

Experts warn against sharing a bed with baby after 'unacceptably high' number of deaths

Public health experts have repeated their warning to parents not to sleep in bed with their baby following the deaths of 20 babies in similar circumstances on Merseyside over the past five years.

All the babies were under four months and died in circumstances involving co-sleeping.

Co-sleeping is the term used when a baby sleeps with a parent/guardian in the same bed.

Margaret Jones, Consultant in Public Health, and co-chair of Merseyside Child Death Overview Panel, which reviews all deaths in children from birth to 18 years said: 'We have been extremely concerned that the numbers of these deaths coming to the panel for review are unacceptably high.

'If a young baby is sleeping in your bed rather than a cot, apart from the risks of them falling out and injuring themselves, the more serious risks are that the child could dangerously overheat (under a duvet next to adult bodies) or in the worst case scenario, could suffocate.

'This danger is hugely increased when one or both parents have been smoking, drinking or using drugs, as this can mean that the parent is far less capable of detecting when their child is in distress or danger. There have been several local cases where a parent has been under the influence of drugs or alcohol and has appeared to roll on top of the baby whilst sleeping, suffocating the child.'

Fiona Johnstone, Director of Public Health for Wirral said: 'We want to reduce the chance of further tragic deaths by offering some very basic safe sleeping advice. We are aware that many women choose to feed their babies in bed. The advice remains clear for everyone; once your baby has been fed, the safest thing to do is to put them in their cot to sleep.

'We'd also like to raise parent's awareness of the danger to babies of falling asleep with them in armchairs or on a sofa. While this might at first appear to be relatively safe, it is actually more dangerous than co-sleeping in a bed. It is very easy for small babies to slip off the

sleeping parent and fall between the back of the sofa/armchair and the cushions. In too many cases, this has resulted in the death of a young child.'

Dr Mallt Walters, Consultant Community Paediatrician said: 'Co-sleeping is a recognised factor associated with an increased risk of sudden unexpected death in young babies. Parents and carers must adopt the simple safe practice of always placing their baby in the cot to sleep.'

The best advice for parents/guardians is as follows:

- **The safest place for your baby to sleep is in a cot**
- Never sleep with your baby on a sofa or an armchair
- Do not take your baby into bed with you if you have been smoking, drinking or taking drugs

If you would like further information on safe sleeping, ask your Midwife or Health Visitor. Alternatively you can visit www.nhs.uk

Ends

Issued by Wirral Council's press office on behalf of Merseyside Child Death Overview Panel.

For further information contact Gill Gwatkin, Press and PR Officer, Wirral Council, 0151 691 8360.

Appendix 2

Mothers details Baby's Details

Safe Sleeping Assessment and Action Plan

Professional Input	Yes / No	Comments
Have you discussed and / or given the Sleep Safe leaflet?		
Have you seen baby's sleeping arrangements (day and night), and advised baby sleeps in the same room as the parents for the first 6 months?		
Have you shown and discussed the Safe Sleeping pictures- and discussed the protective and risk factors? Back t o sleep / feet to foot? Room temperature / suitable bedding? Use of dummies? Sofa / Car seats?		

Routine questions for Parents/ Care Giver	Yes / no	Comments
Would you consider placing your baby in your bed or on a sofa/ bean bag to sleep?		
Do you share your bed with anyone else, including other children?		
Did you smoke at anytime during your pregnancy?		
Does anyone in the house smoke?		
Do you drink alcohol in the house, or come home to baby after drinking?		
Are you taking any drugs or medication?		
Does your partner take drugs, medication, or drink alcohol?		
Was your baby premature or low birth weight?		
Would you keep a hat on the baby in the house, or leave baby in his/ her outdoor clothing when returning home from an outing?		
Do you place toys in your baby's cot?		
Do pets share your baby's sleeping environment or is baby ever left alone in the same room as a family pet?		
Do you have a plan to manage safe sleep for your baby in different circumstances (e.g. sleeping away from home, when the baby is being looked after by friends or relatives, after drinking alcohol, at a party or celebration etc)?		

Signature	Name
Date	Designation

Mothers Details Baby's Details

Safe Sleeping Assessment and Action Plan

Analysis- What risk factors have been identified during this assessment?

Action Plan – What is your action plan and what are the time scales?

Signature	Name
Date	Designation

Mothers Sticker

Babies Sticker

Safe Sleeping Advice and Assessment Pathway

Antenatal Contacts

In the Clinic Give Safe Sleep Leaflet. Consider risk factors. Give anticipatory advice and guidance on safe sleeping to pregnant women, and record in appropriate records.

In the home. Consider risk factors. Observe where the baby will sleep, and give appropriate, anticipatory safe sleeping advice, and document in appropriate records.

Post natal Contacts

Hospital and Community Settings.
Health professionals must ensure that the parents of babies and infants have been given and understood information on Safe Sleeping, at each contact.

In The Home.
Health professionals should assess the babies day and night-time sleep environment, complete a Safe Sleeping Assessment, and give appropriate Safe Sleeping advice.

Safe Sleeping Assessment

Midwives

The midwife will observe where the baby will sleep and undertake a Safe Sleeping Assessment within 5 working days of the baby being discharged from hospital, or being born at home, at the first post natal home visit. This will be recorded in the appropriate documents.
Safe sleeping advice should be given.
If the Safe Sleeping Assessment is not completed the midwife should record the reasons why, and advise the health visitor.

Health Visitors

If not completed by the time of the initial health visitor assessment, the health visitor must observe where the baby will sleep, and undertake a Safe Sleeping Assessment, and record this in the appropriate records. Safe Sleeping advice should be given.
Any actions identified to reduce the risk must be recorded.
If the Safe Sleeping Assessment is not completed the reasons for this must be recorded.

Appendix 3

Tog table

Apply no more than 12 Tog units including clothing and bedding

Baby Clothing		Bedding	
Vest	0.2	Sheet	0.2
Baby grow	1.0	Old Blanket	1.5
Jumper/Cardigan	2.0	New Blanket	2.0
Trousers	2.0	Quilt (check instruction)	9.0
Sleep Suite	4.0	Wrapped in single sheet	0.8
Disposable nappy	2.0	Wrapped in single blanket	8.0

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