Bolton, Salford and Wigan Safe Sleeping Guidance

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A joint initiative between
Bolton, Salford and Wigan
Safeguarding Children Boards

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Definitions

For the purpose of this guidance the following definitions apply:

- **Bedsharing:** 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.

Position statement

This guidance has been endorsed by Bolton, Salford and Wigan Safeguarding Boards, the Tripartite Child Death Overview Panel and the Foundation for the Study of Infant Deaths (FSID). It is expected that all organisations and staff will implement this practice guidance.

Key message

The safest place for your baby to sleep is on their back in a cot, crib or moses basket and in a room with you for the first six months (Department of Health).

Section 1: Introduction

Background

There is evidence from many long term studies of Sudden Unexplained Deaths in Infancy (SUDI) that some of the infant deaths associated with bed-sharing, co-sleeping and other risk factors could have been preventable.

In 2008 the national rate of unexplained infant deaths was 0.40 per 1,000 live births, the North West region had the highest rate of deaths in England and Wales, at 0.67 deaths per 1,000 live births. The combined rate for Bolton, Salford and Wigan in the period 2008-09 was an estimated 1.03 per 1,000 live births. A significant number of these deaths were associated with risk factors that are known to increase the risk of SUDI or 'cot death', for example co-sleeping or inappropriate sleeping arrangements, parental smoking, drug or alcohol use.

There is no advice which guarantees prevention of sudden unexplained deaths, but the risk of SUDI can be reduced considerably if the 'reduce the risk' advice is followed[1,23].

From the data collected it has been recognised that for a number of the infants, the place of death was not in a parental bed, but also related to sofas and armchairs. Research conducted by Dr Peter Fleming found that **where a parent falls asleep with their infant on a sofa or armchair, the risk of sudden infant death is increased 50 times.**

Nationally over 300 infants a year continue to die suddenly and unexpectedly. Research has shown the factors that contribute to such deaths have changed over the last 20 years:

- The proportion of infants who died while co-sleeping with their parents has risen from 12% to 50% (although the actual number dying has reduced).
- There is an increase in the number of infants dying sharing a sofa.
- The proportion of deaths in families from deprived socio-economic backgrounds has risen from 47% to 74%.
- The proportion of deaths in pre-term babies has risen from 12% to 34%.

This is almost four times the number of children who die as a consequence of abuse and neglect every year and more than twice the number of children who die every year as a consequence of road traffic incidents.

In response to this emerging issue, Bolton, Salford and Wigan Child Death Overview Panel and the Safeguarding Children Boards in each area have developed and agreed this joint practice guidance for use by all workers who come into contact with infants, their parents or other carers.

It is recognised that parents will take infants into bed and share sofas with them to either comfort them, feed them, promote bonding and skin to skin contact.

This guidance does not discourage this but promotes alongside this that:

The safest place for your baby to sleep is on their back in a cot, crib or moses basket and in a room with you for the first six months (Department of Health).

Position statement

Bolton, Salford and Wigan Safeguarding Children Boards and the Tripartite Child Death Overview Panel support the Department of Health (DH) and the Foundation for the Study of Infant Deaths (FSID) advice that infants under the age of six months should sleep in their own cot, crib or moses basket, in the same room as their parent(s). This is in response to the risk factors associated with co-sleeping and bed sharing. Parents should always be advised that it is safest for their infant to sleep in his or her own cot, next to the parents' bed for the first six months of age.

All fathers and mothers should be informed of the potential risks associated with bed sharing and co-sleeping and the measures that can be taken to reduce risk.

It is also important for all parents to be aware of the risks of falling asleep with their infant on a sofa or armchair and to avoid this.

It is recognised that the factors which influence the sleeping arrangements of infants and children are a combination of parental values, socio-economic factors and cultural diversity.

The purpose of these guidelines is to enable staff to give appropriate information and advice to parents to enable them to make an informed choice about safe sleeping arrangements for their babies and infants.

Guidance aims

The key aim of the guidance is to contribute to reducing the number of infant deaths across the three areas. It will support this by:

- Providing guidance to workers on what a safe sleeping environment for parents and babies looks like using current national and international evidence.
- Increasing workers' knowledge and understanding of the risk factors and why they are risk factors.
- Increasing parents' knowledge and understanding of the risks associated with intentional or unintentional co-sleeping and bed sharing.
- Promoting consistent information and advice to parents on co-sleeping and bed sharing with their infant across all organisations.
- Supporting workers in all organisations to contribute to promoting the message.
- Contributing to the successful implementation of the United Nations Children's Fund (UNICEF) Baby Friendly Initiative.

Target audience and how to use the guidance

The guidance should be read and used by all workers providing support or services to mothers, fathers, the infant or wider family members who care for the child. This includes all workers in either the statutory, voluntary, community or private sector.

The guidance not only gives practical information on what the key risk factors are and why, but also outlines what individual organisations and workers can do to promote this message.

The guidance is provided in four parts:

- **Section 1** – Introduction
- **Section 2** – Guidance on known risk and protective factors
- **Section 3** – Guidance for individual organisations
- **Section 4** – Appendices

All workers are expected to read sections 1 and 2 and use the tools in the appendices, while workers from each organisation should read the guidance applicable to them in section 3.

Section 2: Safe sleeping guidance

Introduction

This section of the guidance outlines the key risk factors and where possible provides an explanation as to why this is the best advice to give. It also provides:

- Guidance on protective factors and where possible why.
- General guidance on the key messages to parents.
- How to give the messages and record parents' responses.
- Safe Sleeping, cultural issues and parental choice.

Universal/Key messages

The advice:

- **The safest place for a baby to sleep is on their back, in a cot, crib or moses basket in the same room as their parent(s)/carer(s) for the first six months.**

This is because there is a risk that parents/carers may roll over in their sleep and suffocate the baby, or the baby could get caught between the wall and the bed, or could roll out of bed and be injured.

Parent(s)/Carer(s) should not share a bed with their baby especially if they:

- Are smokers (no matter where or when they smoke) and especially if the mother smoked during pregnancy.
- Have been drinking alcohol.
- Have taken medication or drugs that may make them sleep more heavily, including non-prescription or illegal substances such as cannabis.
- Have had an anaesthetic, such as after day care surgery.
- Have any illness (physical or mental) or condition (for example epilepsy) that affects their awareness of the baby.
- Feel very tired or if they or their partner is unusually tired, to the point where they would find it difficult to respond to the baby: for example, if they have had less than four hours sleep in the last twenty four hours.
- Feel unwell.

Parent(s)/Carer(s) should not share a bed with their baby if:

- Their baby was premature (born before 37 weeks), or was of low birth weight (less than 2.5kg or 5.5lb).
- The baby has a high temperature, in which case medical advice should be sought; that is if the baby has a temperature of 38^{0}C or above, if he or she is less than three months; or 39^{0}C or above if three to six months old.

Very importantly:

- Parent(s)/carer(s) should be advised never to sleep with a baby/infant on a sofa or armchair.

In some cases, parents may decide they wish to sleep with their infant despite being given this information about the risks.

Protective factors:

- Reducing or quitting smoking in pregnancy reduces the risk of SUDI.
- Putting a baby to sleep on his or her back carries the lowest risk of SUDI.
- Room sharing (sleeping in parents' bedroom) lowers the risk.
- Breast-feeding protects against SUDI.
- Settling a baby to sleep with a dummy can reduce the risk of cot death, providing this is done consistently every time the baby is put down to sleep (breastfed babies should not be given a dummy until breastfeeding is established i.e. before they are one month old).

Known risk factors

Risk factor	Why it's a risk
Sleep position	Sleeping prone (face-down) has a higher risk of SUDI[5,6]. Sleeping supine (face upwards, or on the back) carries the lowest risk of SUDI. There is also an association between side sleeping and SUDI[7], with higher risk for babies born prematurely or of low birth weight. Placing infants on their back to sleep should always be recommended.
Smoking[8,9,10,11]	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[12,13,14,15,16,17]. There is a small, but statistically significant, increase in risk, even if the parents are non-smokers[12, 21]. This risk mainly affects younger infants (less than three months postnatal age) and those with low birth weight (<2,500 grams)[31]. 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[19,20,21,23]. 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^{0}C. • 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 or armchair with/without parent[16,29]	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 or armchair. • Parent may roll over on a sofa and suffocate the infant.

Risk factor	Why it's a risk
Parental alcohol use[26,27,28,29]	• Sedates parents and impairs their levels of consciousness. • Reduces a parent's responsiveness and awareness of the infant in bed.
Parental prescribed medication[27,28]	• Sedates 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 and some anti-histamines and painkillers – GP or pharmacy advice should be sought.
Parental illicit drug use[16,13 ,14]	• Sedates parents and impairs their levels 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[16,13,14]	• Impacts 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[7,21]. • 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[32,33]	• 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[34,35,33,36].	Overheating (heating on all night, excess bedding) is associated with SUDI[34,35,33,36]. Some of this effect is explained by the prone sleeping position[7,24,37]. The combination of overwrapping (excessive layers of bedding and/or clothing, including hats) and signs of infection confers a greatly increased risk of SUDI[35]. Similarly, the combination of overwrapping and prone sleeping carries a higher risk than either alone[34]. 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[24,12]. • 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.

Risk factor	Why it's a risk
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. • 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[39,40,41]	• 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 obesity	• Infant may be squashed/suffocated by parents. • Infant may overheat.
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[1,42,25,26,43] and infant sleeping position[5,6,7]	• 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 completely 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 can't 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, to strip 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 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. See points above re 'used' mattresses. **Using a cot safely** • 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. • 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 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. • When the cot mattress is at its lowest height the top of the rail should be above the baby's chest.
Breastfeeding	Breast feeding has been shown to protect against the risk of SUDI[44,45] (see below) and should be encouraged. The universal/key messages about safe sleeping still apply to breastfeeding mothers[1,49]. UNICEF Baby Friendly policy is that parents need a discussion about the management of night time feeds so that they are able to risk assess and make informed choices around bed-sharing.

Protective factor	Why it protects
Using a dummy	Several studies have identified a significant protective association between dummy (pacifier) use and reduced risk of SUDI[46,47,48]. As a result the Foundation for Study of Infant Deaths (FSID) recommends that[42]: • 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. • Inconsistent routines or changes to the last sleep episode have been described by parents whose infants have died.
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' above)	• Ideal room temperature is 16-20^{0}C; reduces the risk of over heating.

Breastfeeding and safe sleeping

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, then advice from the UNICEF leaflet should be given. Actions to minimise the potential risks regarding safe sleeping must be discussed, including the management of night time 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 breastfeeding mothers put in place a strategy to minimise the risk of unintentional co-sleeping (Appendix 2).

Other workers involved with the family should be made aware of any risk management plan and support the promotion of this and the safe sleeping message.

Premature infants, neonatal ward practices and safe sleeping

In hospital the same universal safe sleeping message applies – the safest place for baby to sleep is in a cot. However, there may be some circumstances where hospital sleep practices differ from those recommended in the home, specifically in the care of pre-term or unwell babies being cared for in a neonatal unit[50]. For example, pre-term infants in neonatal units may be propped up on pillows or bedding after a feed or put to sleep prone to support respiratory function; swaddled to provide comfort and support their posture during their early days; 'Kangaroo' care may be encouraged to settle babies and promote bonding and breastfeeding; the air temperature of neonatal units is higher than that recommended at home.

The reasons for this developmentally sensitive care of vulnerable infants on neonatal units should be explained so that such practices are not continued in the home environment. Infants in hospital wards are subject to more monitoring and observation than would otherwise be the case at home, especially at night. Where infants in the Neonatal Unit (NNU) have become accustomed to the prone position, there should be efforts made to acclimatise the infant to the supine position before discharge home.

Daytime Sudden Infant Death

The majority of infant deaths (83%) occur at night-time but of those that occurred during the day, most occurred when babies were left in a room unattended. Parents/Carers need to consider risk factors at each sleep episode and should keep their infant nearby during the day, so they can observe them.

Diversity issues and parental choice

Some cultures actively practice swaddling and co-sleeping as part of their parenting approach. While it is important to recognise this, it is equally as important to promote the safe sleeping message to these families in accordance with this guidance.

Consideration will have to be given where English is not the first language of parents, or where parents have a visual or hearing impairment, as to how messages can be delivered effectively. This may be with the support of an interpreter. You should always avoid asking children or young people to interpret on your behalf. The support leaflets from the campaign can be translated and you should contact your Local Safeguarding Children Board for further details:

- Bolton -01204 337479 or email boltonsafeguardingchildren.gov.uk
- Salford – 0161 603 4350 or email sscb@salford.gov.uk
- Wigan – 01942 486025 or email WSCB@wigan.gov.uk

This guidance also recognises that parents need to make informed choices in relation to how they will parent and provide care to their infants. However, it is important that parents make these choices in an informed way and with all the available information.

It is important that workers continue to discuss safe sleeping with parents, even where their choice is to bed-share or co-sleep, to record the advice given and the parental responses.

The recommended practice of separate sleeping is the safest sleeping arrangement, but a significant proportion of families may still choose to sleep together. The risk of suffocation and entrapment in adult beds should be discussed and addressed to minimise the risk.

Delivering messages

The key aim of this guidance is to influence and change parental behaviour and reduce the number of infants dying unnecessarily. Various studies have shown that individuals absorb, respond and act upon messages according to their learning style. Some individuals will respond to, and act upon verbal discussions/messages, others will respond to visual prompts, while for some it will be a combination of both.

The one thing that is constant is that the message has to be delivered on a number of occasions and be consistent. Parents soon pick up on inconsistent advice; this may lead them to disregard it completely. It is essential that every opportunity is taken to promote the safe sleeping message using the resources available by all of the workers delivering services to a family.

This is not a health responsibility, this is a safeguarding responsibility.

Below are some points to consider when engaging parents with the safe sleeping message:

- Take opportunities on every home visit, before and after birth, to see where the infant sleeps – parents are often keen to show what arrangements they have made.
- Use the 'Safe sleeping quiz' (Appendix 1) to discuss

the issues – this is an engaging tool and will help you to have discussions as to why certain sleeping behaviours are unsafe; you can also use this to promote a comparison with their infant's safe sleeping and identify potential risks.
- Strike the right balance between promoting the message and exploring the reasons why a parent may co-sleep/bed share – identify the risk times; it is not about criticism but it is about changing behaviour.
- Discuss practical ways they can manage risk times; for example setting an alarm/timer for every 10-15 minutes at times when they might be tired/drowsy (i.e. night time feeds, feeling over tired), make sure the moses basket is nearby as a prompt to remind them it is the safest place, include the partner as a protective factor, encourage parents to take time out to refresh/be alert i.e. cup of coffee, breath of fresh air when over tired.
- Make sure you include both mother and father in your discussions and, where possible, any other carers, particularly grandparents – it is likely that new parents will seek advice from their wider family and it is important that these key figures are aware of the safe sleeping message.
- Use the facts, use the data about the incidence of infant deaths – both local and national; market research has shown that parents and carers respond to these and can relate this to their own situation having an impact on their behaviour.
- Check and re-check how parents have understood the message.

Recording advice to parents/carers

On every occasion where safe sleeping advice is given or the infant's sleeping arrangements are assessed a written record should be made. This should give details of:

- Who the message was discussed with and who delivered the message.
- The date and time of the discussion.
- Detail any tools that were used.
- Record the response from parents, including the choices they plan to make based on advice given.
- Record any further action required or any sleep plans agreed.
- Record if you have seen the baby's sleeping arrangements.
- In cases where parents refuse the offer to see the baby's sleeping arrangements this should be documented. In these circumstances consider whether there may be safeguarding concerns.
- In some cases, parents may decide they wish to sleep with their baby despite being given this information about the risks and this should also be documented.

Safe sleeping and safeguarding children

It is important to note that in implementing this guidance, workers from all organisations should still take account of their duty to safeguard and promote the welfare of infants. Where they identify there is a risk of significant harm, local child protection procedures should be followed.

Safe sleeping should be routinely embedded within child protection plans and any other assessments or plans that are concerned with promoting an infant's welfare or well-being, e.g. Common Assessment Framework; Looked after children care plans etc. There should be clear evidence in assessments and plans of the issues being assessed and tasks identified in the plan as to how safe sleeping arrangement will be supported.

To support the assessment of the risk a 'Safe sleeping risk checklist' is included in Appendix 2, as well as the 'Safe sleeping quiz' in Appendix 1.

Section 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.

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.

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:

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 – the two safe sleeping risk/protective factor pictures should be used in discussion 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.
- All new parents should be given a copy of the A5 safe sleeping leaflet (do's and don'ts) and room thermometers before discharge.
- 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 undertake a Safe Sleeping Assessment 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,** and complete the Safe Sleeping Assessment forms in the Parent Held Child Health Record (Red Book). Advice should be offered to address any apparent risk factors and ensure all advice re: protective factors is clearly communicated. Any risk factors which 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.

Health Visitors:

- Antenatal contact – the Health Visitor should discuss with the parents their plans for sleep arrangements of their new baby and begin to introduce the safe sleeping messages.
- Primary visit – the Health Visitor should review the Safe Sleeping Assessment (checklist and action plan) in the red book (Appendix 2) and ensure that the sleeping arrangements reviewed by the Midwife are still being routinely used and safe sleeping advice followed.
- If, on the rare occasion, a Safe Sleeping Assessment has not been completed by the Midwife by the time of the primary visit then the Health Visitor will undertake a sleeping assessment by observing where the baby sleeps and completing the assessment forms in the Parent Held Child Health Record (Red Book).

- If the parent(s)/carer(s) are not following the safe sleeping action plan agreed 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. Health Visitors should look again 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 (Salford and Wigan). Repeat as in primary 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.

General Practitioners (Family Doctors) and Practice Staff

- Doctors and practice staff should be familiar with the safe sleeping messages and practice guidance and encourage parent(s)/carer(s) of new babies and young children to be aware of sleep safe publicity materials (posters, leaflets).
- Doctors and practice staff who have consultations with pregnant women, their partners and parents of new or very young babies should use the opportunity to ask about sleeping arrangements for their baby and promote safe sleeping messages, highlighting the risks and protective factors.
- Doctors or other health professionals who undertake the 6-8 week baby health review should ask about sleeping arrangements for the baby and promote safe sleeping messages, highlighting risk and protective factors.
- Where there are indications of higher vulnerability (e.g. parental smoking, social or housing issues, young parents, prematurity, possible alcohol or drug use) the Doctor or health professional should review with the parent(s)/carer(s) the Safe Sleeping Assessment completed by the Midwife or Health Visitor and recorded in the Red Book. The need for additional support or intervention to promote safe sleeping practices should be considered. If the Doctor has concerns or identifies the need for further support this should be referred to the family's Health Visitor.

Health staff in Young Offender Institutes (Barton Moss and Hindley YOIs)

Any work undertaken with a young man on remand or serving a custodial sentence who is known to be a father of a child under the age one or four has a partner who is pregnant with his child, should be shown the two safe sleeping 'risk' and 'protective' factors pictures, involving a discussion as to the sleeping conditions of their baby/the planned future sleeping arrangements for the unborn child. The young man should be advised to discuss this with the child's mother, or his pregnant partner, on their next visit to see him at the YOI, and support given to access financial aid if needed, e.g. to purchase a cot, crib or moses basket.

Social Workers

When Social Workers are undertaking a 'Child in Need (Section 17 Children Act 1989)' assessment or a 'Child Protection (Section 47 Children Act 1989)' assessment and there is an infant under 12 months in the home, or there is a female carer who is pregnant, the following additional questions should be asked:

- Can you show me where the baby sleeps during the day and at night? Or where you are planning for your baby to sleep? If pregnant, advice should be given about how the future parent can access financial support to purchase a moses basket/cot, if unable to purchase this by their own financial means, such as government grants re: pregnancy.
- Does the baby sleep in other places either day or night? Please will you show me where else they sleep?
- Tell me what you already know about how to keep your baby safe while they are asleep? Continue the discussion to highlight other safety measures; use the risk and protective factors identified in the guidance to promote discussion and explore any risk factors and what action needs to be taken to reduce risk; identify with all the adult carers in the home, including male carers, what practical steps can be taken to reduce risk.
- Use the safe sleeping risk and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet ('do's' and 'don'ts), if not make arrangements for it to be replaced.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends or family who also may have babies.
- What arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke; be very clear that under no circumstances, when they are under the influence of alcohol and/or drugs should they sleep with their baby in bed or on a settee/sofa/armchair, and that the baby should be placed in a cot/moses basket/crib, which is of a size suitable to the baby with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Share information about what you have discussed

and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.

Substance Misuse Workers

When working with a family with a child under 12 months of age in the household, all substance misuse workers should discuss and promote the safe sleeping message.

They should:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/moses basket – support them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They should routinely:

- Promote the message that the safest place for infants to sleep is in a cot in the parents' room for the first six months.
- Use the safe sleeping risk and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet ('do's' and 'don'ts), and if not, make arrangements for it to be replaced.
- Ask what arrangements they make for the baby when drinking alcohol or taking drugs. Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Discuss the risks of sedation associated with drugs, alcohol and medication (including methadone, subutex, benzodiazepines e.g. Diazepam, anti-depressants etc) and the need to be particularly mindful at these times as to the risk of falling asleep with the baby.
- Reinforce that clients should **never** co-sleep or share a bed, settee or armchair with baby.
- Remind clients that the baby should be placed in a cot/crib/moses basket, which is of a size suitable to the baby with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends or family who also may have babies.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family; including those working with the children.

In cases where a service user who uses alcohol/ substances is pregnant, during the pregnancy discuss:

- What plans they have and what have they purchased/sourced for their baby to sleep in.
- Where are they planning for their baby to sleep.
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.

Record all discussions clearly on the service user's file as to safe sleeping advice given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

Police Officers/Police Community Support Officers (PCSOs)

– subject to local discussion and agreement

Police and PCSOs who are attending any incidents at an address where an infant under 12 months resides should make sure they establish where the infant sleeps and use their pocket notebook sized picture of 'Safe Sleeping' to consider whether this is a safe environment or not. When safe sleeping risks have been identified – such as the baby is sleeping with someone on a settee, has been left sleeping in a car seat or is seen sleeping in a situation that does not follow safe sleeping advice contained within this guidance – use the pictures to begin discussions with the parent(s)/carer(s) about any identified risk factors and advise them to ensure the baby sleeps in safe conditions. This tool could also act as an aide memoir for officers. Record that the safe sleeping pictures have been discussed on the FWIN records and make a brief reference in the pocket notebook.

Where particular risk factors have been identified this should be shared with workers involved with the family or other relevant agencies in accordance with your local safeguarding children processes.

Children's Centre Family/Outreach Workers

Use the following discussion points to raise the issue of safe sleeping when working with all families who have a child under the age of one within their household:

- Tell me what you already know about how to keep your baby safe while they are asleep? Continue discussion to highlight other safety measures, develop protective factors and aim to address any presenting risk factors.
- Use the safe sleeping risk and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet ('do's' and 'don'ts), if not make arrangements for it to be replaced.
- Ask the parent to talk to other people who care for a baby about the safety measures and talk with their friends or family who also may have babies.
- If either of the carers is known to be using

substances and/or alcohol, ask what arrangements they make for the baby if they are going to drink alcohol or take drugs. Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.

Teenage Pregnancy Workers/Young Parents Support Team

All young parents support staff should undertake the following:

Antenatal clinic contacts

- Discuss plans for sleeping after the birth of the baby with all potential carers where possible, including the father-to-be; check the understanding of what equipment is required for safe sleeping and their understanding of risk factors e.g. cot, bedding, room temperature, smoking, substance use etc.
- At 36 weeks appointment **(Salford: 'At antenatal visit after week 30 of pregnancy')** check what equipment has been purchased and use the safe sleeping check list and assessment.
- Provide back up written materials i.e. safe sleeping leaflet.

Post natal contacts
Home visits

- Discuss baby's sleeping arrangements; it is important to ask where baby sleeps (include daytime sleeping arrangements). If appropriate ask to see where baby sleeps, to confirm arrangements or confirm the Midwife/Health Visitor has checked sleeping arrangements.
- Review the Safe Sleeping Assessment and any actions with all those present.
- Show safe sleeping risks and protective factor pictures and discuss.
- Ask about other carers and explain the need for mother to pass on safe sleeping messages to them e.g. grandparents, father (who may live elsewhere), friends, neighbours, babysitters etc.
- Highlight specific risks such as co-sleeping, particularly after alcohol, drugs (including prescription drugs), smoking, sofa sleeping.

Other settings/opportunities

- At antenatal education sessions run for young people and in young parents groups, ensure education sessions include an in-depth session, at least six monthly, or for every new group on safe sleeping.
- In one to one discussions advise as above for home visits.
- Include fathers and other carers in discussions when possible.
- Provide accessible written materials in sessions.

Housing Officers/Agents of the Landlord

- Use the STeP (Successful Tenancy Plan) programme **(Bolton only)**, which includes home visits to identify any safe sleeping risk factors, such as drug/alcohol use, the baby is sleeping with someone on a settee, has been left sleeping in a car seat, or is seen sleeping in a situation that does not follow the safe sleeping advice contained within this guidance.
- Use the pictures to discuss with the parent(s)/carers any identified risk factors, advising them to ensure baby sleeps in safe conditions.
- Through STeP make appropriate referrals to professionals to support the carer in making safe sleeping arrangements.
- Through STeP encourage carers to become involved in community support groups/Children's Centres etc.
- Provide any handouts/information cards to households where any safe sleeping factors are identified.

Mental Health Workers

When working with a family with a child under 12 months of age in the household, mental health workers should discuss and promote the safe sleeping message.

They should:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/moses basket providing support for them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They should routinely:

- Promote the message that the safest place for infants to sleep is in a cot/crib/moses basket in the parents' room for the first six months.
- Use the safe sleeping risk and protective factor room images to develop a discussion; check if they still have the safe sleeping leaflet ('do's' and 'don'ts), and if not, make arrangements for it to be replaced.
- Ask what arrangements are in place if the parent is taking prescribed medication for a mental health problem which may make them drowsy or sedated and could impact on their responsiveness or awareness. Also what arrangements they make for the baby if they choose to drink alcohol and/or take drugs as well as their prescribed medication.
- Discuss the risks of sedation associated with medication, drugs and alcohol and the need to be particularly mindful at these times as to the risk of falling asleep with the baby.

- Reinforce that clients should never co-sleep or share a bed, settee or armchair with a baby.
- Share information about your discussions with the parent and any safe sleeping issues you have identified with other workers involved with the family including those working with children.
- Record all discussions clearly on the service user's file as safe sleeping advice given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

In cases where a service user is experiencing mental health problems and/or uses alcohol or substances and is pregnant, the mental health worker needs to discuss:

- What plans they have and what have they purchased/sourced for their baby to sleep in?
- Where they are planning for their baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.

Probation

The safe sleeping guidance will be incorporated into the local induction package. All Greater Manchester Probation Trust (GMPT) staff working with individuals/ families who have a child under 12 months of age should discuss safe sleeping arrangements and record accurately what was said and to whom. The two safe sleeping "risk factors" and "protective factors" pictures and checklist should form the basis of this discussion. GMPT staff should share information about what was discussed and any safe sleeping issues that have been identified with other professionals involved with the family. Staff should also ensure safe sleeping is routinely embedded within OASys assessments in relevant cases. This Guidance will be easily accessible to all staff to encourage greater awareness and use.

Youth Offending Services

All young people supervised by Youth Offending Services known to be becoming a parent, or a parent of a child under the age of one year, or who have a partner who is pregnant, will be given the following advice/support from their case worker:

- Be shown the two safe sleeping risk and protective factor pictures and other supporting information.
- Be involved in a discussion about the planned sleeping arrangements for their unborn child/ sleeping arrangements for their baby.
- With their consent referred to the Teenage Parenting worker(s) employed in their area.
- The YOT nurse will liaise with their Midwife/Health Visitor.
- Be given practical assistance to ensure they have the resources to purchase appropriate sleeping equipment for their baby.

The case worker will record on a young person's record when these actions have been carried out.

Infant Feeding Workers (Salford Health Improvement Team only)

Antenatal contacts

- Check the pregnant woman has received written materials from her midwife. If not, this should be referred to the local midwifery team or the Health Visiting Team.

Postnatal contacts one-to-one

During home visits use the following discussion points to raise the issue of safe sleeping when working with families:

- Ask if the midwife discussed the issue after the mother and baby left the hospital. If not, this should be referred to the midwife team.
- If the midwife has not yet visited, the Infant Feeding Worker should remind the parent(s)/carer(s) of the key messages.
- Use the two safe sleeping 'risk factor' and 'protective factor' pictures to develop discussion.
- Ask the parent to talk to other people who care for a baby or who also have babies about the safety measures.
- Discussions should be documented in the Red Book.

Group session contacts

- At breastfeeding support groups or baby's first food groups, the safe sleeping messages should be reinforced.
- If a mother/carer at a group requires more information this should be provided by the Infant Feeding Worker.

Telephone calls

During brief telephone contacts it may not be appropriate for the Infant Feeding Worker to raise the issue of safe sleeping. However, during any phone discussions about managing the night feeds or baby's sleep patterns, parents should be reminded about the key messages on safe sleeping.

Breastfeeding volunteers

(e.g. breastmates, breastbuddies)

Breastfeeding volunteers should all be oriented to the information in the guidelines. They should support the consistent safe sleeping messages in their work in breastfeeding support groups, antenatal sessions and any other work place.

If they identify that a parent/carer is unclear about the messages, they should speak to an Infant Feeding Worker, health professional from the midwifery or health visiting team, the breastfeeding specialist, Children's Centre worker, or the infant feeding lead in the Health Improvement Team (Salford only).

Appendix 1

Please see an example of a bedroom a baby **should not** sleep in below:

Safe Sleeping quiz (‘risk factors’ picture)

There are examples of these risk factors in the picture above:

- **Nursery:** the infant is in his/her own bedroom. The safest place for babies to sleep for the first six months is in a cot/crib/moses basket, in a room with their parents/carers. Research has also shown that an infant who sleeps in a cot in a separate room from her/his parents is nearly twice as likely to die as a cot death than one who shares a room with her/his parent(s).
- **Side sleeping:** the infant is asleep on their side. The safest way for a baby to sleep is on their back. It is not safe for babies to sleep on their front or side. Babies sleeping on their side have twice the risk of cot death as babies who are sleeping on their back.
- **Smoking:** is a major risk for cot death. All sleep environments, not just bedrooms, should be kept smoke free.
- **Alcohol:** alcohol use is associated with a higher risk of cot death when the parent is co-sleeping or bed sharing (including in a parental bed and on a sofa/armchair).
- **Sofa/chair:** falling asleep with a baby on a sofa/chair has a much higher risk of sudden infant death.
- **Feet-to-foot:** the infant is in the middle of the cot and not in the ‘feet-to-foot’ position. Babies should be placed to sleep with their feet to the foot of the cot, so that they can’t easily wriggle down under the covers.
- **Bedclothes/Overwrapping:** overwrapping should be avoided, including the use of hats when indoors. Lightweight blankets should be used and tucked in firmly and no higher than the shoulders. To check if your infant is too hot, look for sweating or feel the back of your infant’s neck or their tummy.
- **Soft toys or loose bedding in the cot:** these could cover the baby’s head, increasing the risk of sudden infant death.
- **Pillow:** there is a pillow in the cot. If an infant is under one year old, never use a pillow, quilt or duvet.
- **Radiator:** the cot is positioned next to a radiator and under a window. Babies don’t need especially warm rooms and all-night heating is rarely needed. Babies should never sleep next to a radiator or in direct sunlight. Use a room thermometer to keep an eye on the temperature which should ideally be between 16-20°C.
- **Pets:** pets should not be allowed into bedrooms.

Please see an example of a bedroom a baby **should** sleep in below:

Safe Sleeping quiz ('protective factors' picture)

There are examples of these protective factors in the picture above:

- **Cot in parent's/carer's bedroom:** the baby is sleeping in a cot in their parent's/carer's bedroom, which reduces the risk of sudden infant death. Babies should sleep in the same bedroom as their parent/carer for the first six months, in a cot/crib/ moses basket.
- **Sleep position:** the baby is sleeping on their back, with feet to the foot of the cot, which reduces the risk of sudden infant death.
- **Temperature:** the baby's sleep environment is kept at a temperature between 16-20°c, to prevent overheating.
- **Bedding:** the baby's bedclothes are tucked firmly in, no higher than their shoulders to prevent the baby's head becoming covered; the cot is free of pillows, toys and loose bedding.

Appendix 2

Safe Sleeping checklist and action plan

	Yes/No	Comments
Have you discussed and given the 'Sleep Safe' leaflet?		
Have you seen baby's sleeping arrangements (day and night) and advised baby sleeps in same room as parents for first six months?		
Have you shown and discussed the 'Safe Sleeping' pictures – and discussed the protective and risk factors? • Back to sleep/feet to foot? • Room temperature, suitable bedding? • Use of dummies? • Sofa/car seats?		
If breastfeeding, has advice been given about managing breast feeding and safe sleeping?		

Routine questions for parent/care giver

	Yes/No	Comments
Would you consider placing your baby in your bed or on a sofa/beanbag to sleep?		
Do you share your bed with anyone else, including other children?		
Did you smoke at any time 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?		
Due to overtiredness could you easily fall asleep whilst settling/feeding your baby?		
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 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, after drinking alcohol at a party or celebration)?		

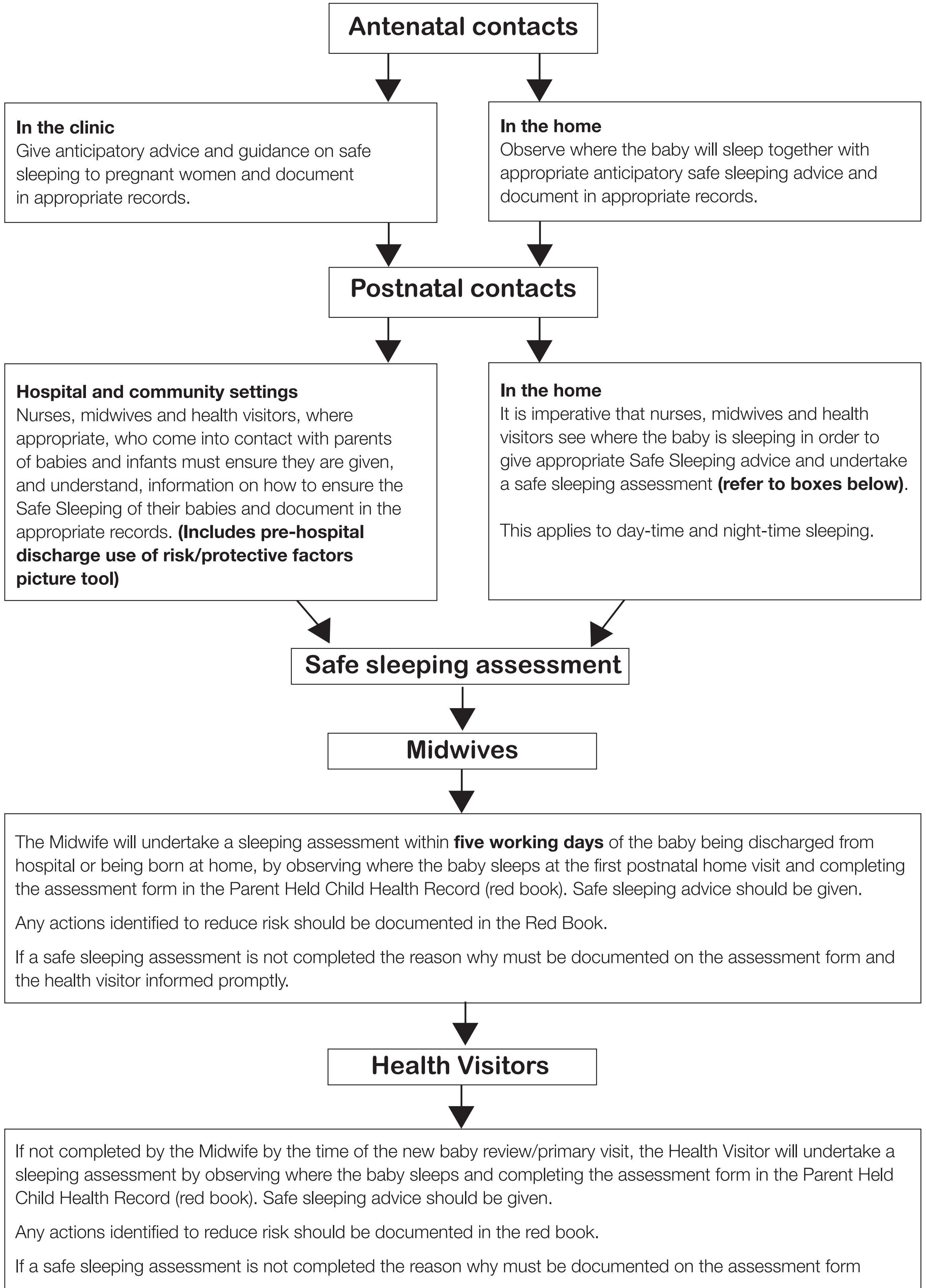
Analysis – What risk factors have been identified during this assessment?

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

Completed by:.. **Date:**..............................

(One copy to Midwifery files, one copy to Health Visitor files, one copy retained in red book)

Safe sleeping advice and completion of safe sleeping assessment



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