



**North Lincolnshire**

**&**

**North East Lincolnshire**

**Safeguarding Children Boards**

**Safe Sleeping Guidance**

**Babies**

**A Resource for All Organisations**

<b>Date of next review</b>	January 2019
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## Purpose

This guidance has been led by North and North East Lincolnshire Local Safeguarding Children's Boards and has been produced to support all LSCB organisations and their workers in a consistent message and approach to safe sleeping to prevent baby/child deaths; this applies to day and night sleeping arrangements and is informed by the Bolton, Salford and Wigan Safe Sleeping Guidance<sup>1</sup>. The information has been taken from the Sudden Infant Death Syndrome – a guide for professionals produced by the Lullaby Trust. It also follows the quality standards for post-natal care from NICE QS37 page 24<sup>2</sup> and the information on the NHS Choices website<sup>3</sup>.

It has been endorsed by North and North East Lincolnshire Local Safeguarding Children Boards and the Lullaby Trust. There are some variations between North and North East Lincolnshire's services which are outlined in this guidance. It is expected that all organisations and staff implement this guidance to safeguard children across Northern Lincolnshire, taking any necessary governance arrangements for their organisation.

## Who is the guidance for?

This guidance is for all workers providing support or services to mothers, fathers, the infant or wider family members who care for a child particularly if the child is under 24 months of age. This includes all workers in either the statutory, voluntary, community or private sector.

For the purpose of this guidance the following definitions apply:

- Sudden Infants Death Syndrome (SIDS): the sudden and unexplained death of a baby where no cause is found after a detailed post mortem. Whilst SIDS is rare it can still happen and there are steps parents can take to reduce the chance of this tragedy occurring.
- Infant: a child up to the age of 12 months.
- Baby: includes "infant" but also young children up to the age of 24 months.
- 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.
- Co-sleeping: describes any one or more person falling asleep with a baby in any environment (e.g. sofa, bed or sleep surface at any time). This may be a practice that occurs on a regular basis or it may happen occasionally; may be intentional or unintentional.
- Bed sharing: describes babies sharing a parent's adult bed for most of the night and not just to be comforted or fed. This may be practice that occurs on a regular basis or it may happen occasionally.
- 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.

(Definitions taken from the Lullaby Trust. NB. The reference for baby is not explicitly defined but implied in Lullaby Trust material.)

<sup>1</sup> <https://www.wigan.gov.uk/WSCB/Professionals/Safe-sleep.aspx>

<sup>2</sup> <https://www.nice.org.uk/guidance/qs37>

<sup>3</sup> <http://www.nhs.uk/conditions/Sudden-infant-death-syndrome/pages/introduction.aspx>

## Organisational Responsibilities

Each individual organisation has a role to play in promoting the safe sleeping messages. This will be different between organisations with some having a greater role than others. The main contacts and discussions with parents and parents to be on the safe sleeping messages, will be mainly undertaken by midwives, and health visitors in both North and North East Lincolnshire, children's community outreach team (premature babies), and by Children Centre and Family Hub staff in North East Lincolnshire. However, there will be instances when contacts are made with other workers/organisations and they will also need to understand and be familiar with the key messages. It is for the organisation to ensure that workers are familiar with the guidance and the key messages. Any concerns should be raised in line with LSCB policies procedures.

### Responsibilities of North and North East Lincolnshire LSCB's

To ensure the joint safe sleeping guidance is reviewed on an annual basis or as required.

To ensure that weather warnings released by Public Health England are communicated to agencies through North and North East Lincolnshire LSCBs and via partner agencies to ensure that key safety messages are provided to parents, i.e. periods of very warm/hot weather, see appendix 5.

### Responsibilities of All Staff

**All workers are expected to read 'Safer Sleep for Babies - guide for parents' and 'SIDS - guide for professionals'** in appendix 1. This will provide an overview of the advice to give to parents. **All workers are expected to read the specific organisation guidance within this document** as roles will differ depending on their contact with families. All are to ensure that any information given out to parents/families contains the up to date information as on the Lullaby Trust website. Some further and specific guidance and fact sheets are listed in the appendices.

Information must be provided to parents/carers in a manner that they understand. For parents/carers who do not understand English, an approved interpreter should be used. The Lullaby Trust has leaflets available in over 20 languages. Similarly, families with other communication needs should be offered information in such a way as best facilitates their understanding.

It is the workers responsibility to discuss and record the information they give to parents/carers about safe sleeping arrangements at all contacts.

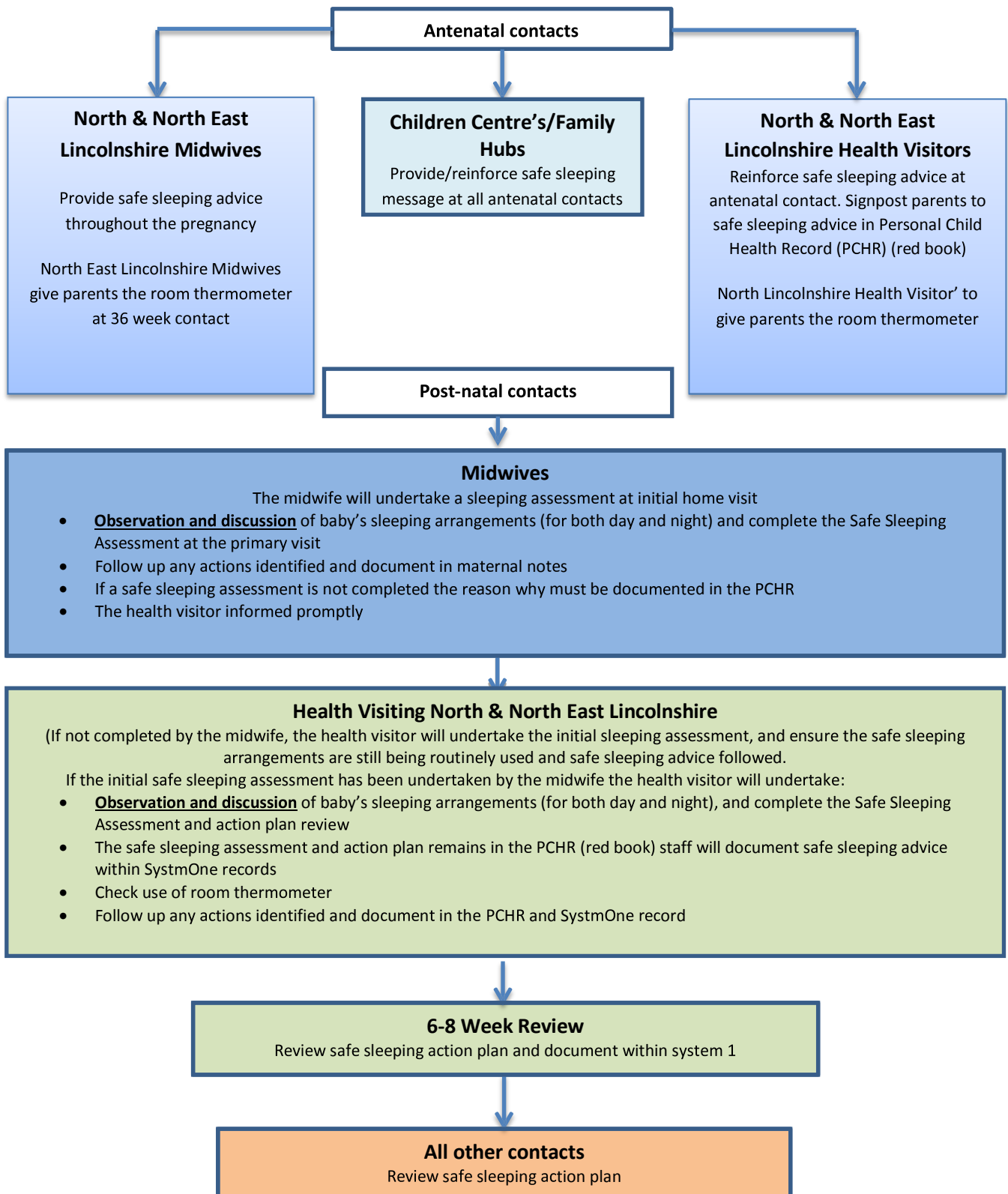
## Legal Considerations

Professionals need to be aware of a recent change in the Law under The Serious Crime Act (2005) section 5. It is now an offence where a child dies as a result of unsafe sleeping and where it is proven that this is as a result of a parent/carer (over the age of 16) being under the influence of alcohol or prohibited drugs. Where professionals are working with parents or carers where there is drug or alcohol use, this must be part of the assessment and the risks of co-sleeping/unsafe sleeping reiterated.

## Babies Over 12 Months of Age

Professionals should continue to promote safer sleeping practice for babies over the age of 12 months as it is recognised that there still remains a risk of sudden infant death. As babies become increasingly mobile they will choose their sleeping position. There is evidence to suggest that babies are at higher risk of SIDS if they have their heads covered and some items added to a cot may increase the risk of head-covering. Unnecessary items in a baby's cot can also increase the risk of accidents. There is current on-going research by the Lullaby Trust in regards to sudden infant death in babies over the age of 12 months.

## Safe Sleeping Advice – Midwives, Health Visiting and Children Centre Teams



At any stage when sleeping arrangements are highlighted as a potential safeguarding issue this is to be dealt with as per LSCB policies and procedures.

Additional contacts with families by other agencies are made dependent upon the services involved.

## Specific Organisation Guidance

### Midwives/Neonatal Intensive Care Unit (NICU)/Paediatric Outreach

In addition to all staff understanding the key messages in appendix 1 and 2, and undertaking safe sleeping training -

- Safe sleeping key messages will be incorporated within key antenatal contacts provided throughout the antenatal period and at the birth plan discussion. Thermometers are provided by midwifery at the birth plan visit around 34-36 weeks (North East Lincolnshire) and at the antenatal core contact by health visiting (North Lincolnshire). Signs of overheating and safe sleeping are discussed with parents by midwifery (see appendix 2 – temperature factsheet).
- During the antenatal period – discuss what has been purchased/sourced for the baby’s sleeping arrangements, i.e. cot, crib, Moses basket, bedding etc.
- If the baby is born premature, the antenatal visit may not have been undertaken. In such instances, the provision of the room thermometer should be included within the discharge from the neonatal unit.
- All mothers should be encouraged to spend time in skin to skin contact with their baby as soon as possible after delivery, and up to and including the baby’s first feed. This should be encouraged irrespective of feeding method where possible. Skin to skin contact is known to have beneficial effects for both mother and baby; it can help establish a bond between mother and child, and is also recommended to help establish breastfeeding. Staff should be vigilant and ensure skin to skin contact is conducted in a safe, unhurried environment, in order to reduce the risk of accidents. In hospital the same universal safe sleeping messages apply – the safest place for baby to sleep is in a cot by the side of the mother’s bed. If mother chooses to share the bed with her baby whilst in hospital, to feed, have skin to skin contact and/or cuddle her baby, staff should ensure any contra-indications to bed sharing are taken into account including as a minimum: clinical condition of mother and baby, effects of analgesia, feeding method, contra-indications to co-sleeping and the safety of the physical environment. Information on reducing the risks of bed sharing should be discussed with the mother and documented. Mother and baby should be monitored frequently where practicable, with effective communication between staff to ensure all staff are made aware.
- There may be some circumstances where hospital sleep practices differ from those recommended in the home, particularly if the baby is born prematurely. The reasons for this should be explained, so such practices are not continued in the home (see appendix 3).
- There is evidence to demonstrate that both total and partial breastfeeding is associated with lower sudden infant death rates where there are no contraindications to breastfeeding. Exclusive breastfeeding is associated with the lowest risk. If the mother is breast feeding, then staff should ensure that the mother is supported to adopt a safe and comfortable position to feed her baby(ies). Some women may choose to lie down to breastfeed. Further information should be given about supporting breastfeeding, and reducing the risks whilst breast feeding and bed sharing.
- If parents choose to co-sleep after full discussion around key messages, midwives should refer to and discuss recent information on reducing the risks of co sleeping (see appendix 1, 2, 4 and 6).
- If staff are concerned about a baby’s or child’s safety then they should raise this by following the LSCB policies and procedures.

### Safe Sleeping Assessment

- Completion of the Safe Sleeping Assessment should be undertaken at the primary postnatal home visit.
- The Midwife is to observe and discuss the baby’s sleeping arrangements, day and night, with the parent, and complete the Safe Sleeping Assessment forms in the PCHR.
  - In North Lincolnshire the top copy is removed and placed in maternity baby notes, and a copy is left in the PCHR. In North East Lincolnshire the safe sleeping forms are completed within the PCHR, the Midwife will then document within the blue postnatal maternity notes that safe

sleeping advice has been given. This will include:

- Assessment of parents understanding of the safe sleeping information given to identify any gaps in understanding and knowledge and to identify any potential vulnerability. Check and provide advice on the use of the room thermometer resource (provided during antenatal contact, or give if not received previously).
  - If the mother is breast feeding then use the information about supporting breast feeding and bed sharing from Unicef.
  - 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 and documented within the PCHR and maternity notes.
- During the postnatal period the Midwife should re-visit the safe sleeping messages and the assessment, checking the safe sleeping action plan is still relevant and offer further advice as necessary at handover to the Health Visitor/FNP Nurse.

To access more information see the useful information/further reading section, appendix 6.

## Health Visiting Looked After Child Nurse

In addition to all staff understanding the key messages in appendix 1 and 2, and undertaking safe sleeping training.

### Antenatal Contact(s)

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. Health Visitors are to signpost parents to safe sleeping advice in the PCHR.

In North Lincolnshire, Health Visitors are to provide the room thermometer in the antenatal period.

In North East Lincolnshire, Midwives will provide the room thermometer at 36 weeks in the antenatal period.

### Primary Visit

The Health Visitor Looked After Child (LAC) Nurse will review the Safe Sleeping Assessment and action plan in the PCHR. If a safe sleeping assessment has not been completed by the Midwife by the time of the primary visit then the Health Visitor/FNP Nurse will complete the initial Safe Sleeping Assessment. The LAC team in North East Lincolnshire undertake all health reviews for children who are looked after, this includes an initial health assessment undertaken by the paediatrician and follow up 6 monthly contacts where safe sleeping will be reviewed). In North East Lincolnshire a safe sleeping checklist and action plan is completed and stays within the PCHR (this is then documented within the SystemOne records. In North Lincolnshire the Safe Sleeping Assessment and action plan (top copy) should remain in the PCHR and the second copy scanned onto the patient electronic record.

- The Health Visitor/LAC nurse will observe and discuss where the baby sleeps, day and night, and will give safe sleeping advice and documents.
- Assess parents understanding of the safe sleeping information given, to identify any gaps in understanding and knowledge and to identify any potential vulnerability.

If the mother is breast feeding then information about breast feeding and safe bed sharing should be discussed as required (follow the information detailed in the 'Specific organisation guidance: Midwives/Neonatal Intensive care Unit/Paediatric Outreach' section). Information can be found in 'Caring for your baby at night – a parent's guide' available from Unicef.

- If the parents/carers are not following the safe sleeping action plan this should be documented in the records.

## Health Visiting Core Contacts

Revisit the plan to reaffirm safe sleeping arrangements and safe sleeping advice should still be offered and followed, this will include any developmental changes such as transition from Moses basket to cot and their baby becoming more mobile. General safety advice should include risks such as cot bumpers, cords and potential climbing from the cot (appendix 4). Should the parent decline to follow this advice or the Health Visitor/FNP Nurse is unable to establish compliance, this must be documented.

Health Visitor should complete an initial Safe Sleep Assessment whenever the baby has a new carer – whether that be a foster carer, family member or ‘other’, for example if the baby is in private foster care.

To access more information see the useful information/further reading section, appendix 6.

## Children’s Centres/Family Hubs/Outreach Workers

In addition to all staff understanding the key messages in appendix 1 and undertaking safe sleeping training, workers should -

- Discuss safe sleeping during antenatal groups using interactive methods and reinforce messages in all contacts.
- Ensure families understand what essential equipment and clothing need to be purchased for babies to be comfortable and safe.
- Signpost to organisations who might be able to support funding for essential equipment.
- Ensure that any babies/children who sleep on the premises do so in a safe way.
- Promote and display materials and activities about safe sleeping.
- Highlight safe sleeping messages with parents, in particular when parents/carers are 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 parents/carers smoke.
- If the mother is breast feeding, then staff should use the information about supporting breast feeding whilst reducing the risks of bed sharing, available from Unicef. Where required the mother should be referred to a Health Visitor, Midwife or suitably trained member of breastfeeding support staff to ensure that the breast feeding mother is supported to adopt a safe and comfortable position to feed her baby(ies). Information should be given about reducing the risks whilst breast feeding and bed sharing.
- If staff or volunteers identify that a parent/carers is unclear about the messages, they should speak to a health professional from the midwifery or health visiting teams. Where appropriate contact infant feeding leads for further information specific to feeding.
- If staff or volunteers are concerned about a baby’s or child’s safety then they should raise this by following the LSCB policies and procedures.
- Document any discussion and actions.

To access more information see the useful information/further reading section, appendix 6.

## Breastfeeding Peer Supporters/Volunteers

In addition to all staff understanding the key messages in appendix 1 –

- Workers should use the information about supporting breast feeding whilst reducing the risks of bed sharing, available from Unicef. Where required the mother should be supported to find a safe comfortable position to feed her baby, and where required the mother is referred to her Health Visitor or Midwife for further information and support.
- If staff/volunteers identify that a parent/carers is unclear about the messages, they should speak to a health professional from the midwifery or health visiting team.



- If staff or volunteers have concerns about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- Document any discussions and actions.

To access more information see the useful information/further reading section, appendix 6.

## General Practitioners and Practice Staff

In addition to all staff understanding the key messages in appendix 1 –

- Doctors and practice staff who have consultations with pregnant women, their partners and parents of babies should use the opportunity to ask about sleeping arrangements for their baby and promote the safe sleeping messages.
- Doctors or other health professionals who undertake the 6-8 week baby health review should ask about sleeping arrangements for the baby and continue to promote safe sleeping messages.
- Where there are indications of higher vulnerability (e.g. parental smoking, social or housing issues, young parents, prematurity, parental obesity, parental epilepsy, 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 that is recorded in the PCHR. The need for additional support or intervention to promote safe sleeping practices should then be considered.
- If the mother is breast feeding, and where required, the mother should be supported and/or referred for support to ensure mother finds a safe and comfortable position to feed her baby/ies. Staff should be aware of the information for health professionals to support breast feeding whilst reducing any potential risks of bed sharing, available from Unicef.
- If the Doctor identifies the need for further support this should be discussed with and referred to the Health Visitor, midwife or LAC nurse where relevant.
- If staff are concerned about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- Document any discussions and actions in the client's notes.

To access more information see the useful information/further reading section, appendix 6.

## Social Workers

In addition to all staff understanding the key messages in appendix 1 –

- At every contact where there is an infant under 12 months in the home or if there is a female who is pregnant, safe sleeping should be discussed.
- In North East Lincolnshire, Children's Assessment and Safeguarding Services take and discuss the safe sleeping leaflet at the initial meeting with the family.
- In North East Lincolnshire the multi-agency professional, where involved, will record a danger statement where there is an unborn child or infant relating to the issues of concern i.e. substance misuse and the increased risk on baby and safe sleeping.
- 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 regarding pregnancy.
- Review information completed by the Midwife/Health Visitor and recorded in the Safe Sleeping Assessment form in the PCHR to ensure that any actions agreed are in place.
- Ask and discuss the baby's sleeping arrangements, day and night, with the parents/carers to reinforce the messages.
- Highlight safe sleeping messages with parents in particular when parents/carers are 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.
- If they identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery or health visiting team.
- If staff are concerned about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- If the mother is breast feeding staff should be aware of the information about supporting breast feeding and safe bed sharing, available from Unicef.
- If staff require more guidance or identify that a parent/carer is unclear about the messages, they should speak to a health professional from midwifery, or health visiting team, and where appropriate contact infant feeding leads for further information specific to feeding.
- Document discussions and actions in client's file.

To access more information see the useful information/further reading section, appendix 6.

## **Substance Misuse Workers**

In addition to all staff understanding the key messages in appendix 1 –

- At every contact where there is an infant under 12 months in the home or if there is a female who is pregnant, safe sleeping should be discussed with them and any other carers.
- 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 regarding pregnancy.
- Review information completed by the Midwife/Health Visitor and that recorded in the Safe Sleeping Assessment form in the PCHR.
- Ask and discuss the baby's sleeping arrangements, day and night, with the parent/carers to reinforce the messages.
- Reinforce the safe sleeping messages with parents/carers known to be using substances and/or alcohol and if they smoke.
- Ask what arrangements they will make for the baby if they are going to drink alcohol or take drugs.
- Discuss the risks of sedation associated with drugs, alcohol and medication and the need to have arrangements in place to prevent the risk of falling asleep with the baby.
- If the mother is breast feeding, then staff should be aware of the information about supporting breast feeding and safe bed sharing, available from Unicef.
- If staff require more guidance or identify that a parent/carer is unclear about the messages, they should speak to a health professional from midwifery, or health visiting team, and where appropriate contact infant feeding leads for further information specific to feeding.
- If staff or volunteers are concerned about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- Document any discussions and actions in the clients file.

To access more information see the useful information/further reading section, appendix 6.

## **Police Officers/Police Community Support Officers (PCSOs)**

In addition to all staff understanding the key messages in appendix 1 –

- Police and PCSOs who are attending any incidents where an infant under 12 months is present/resides should take opportunities to establish any risk with unsafe sleeping guidance where appropriate.
- If staff identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery or Health Visiting.
- If staff are concerned about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.

- Document any discussions and actions.

To access more information see the useful information/further reading section, appendix 6.

## **Fire and Rescue Service Advocates/Personnel**

In addition to all staff understanding the key messages in appendix 1 –

- Fire Service Community Safety Advocates who are attending any visits where an infant under 12 months is present/resides should take opportunities to establish any risk with unsafe sleeping guidance.
- If they identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery or health visiting.
- If staff or volunteers are concerned about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- Document any discussions and actions.

To access more information see the useful information/further reading section, appendix 6.

## **Mental Health Workers**

In addition to all staff understanding the key messages in appendix 1 –

- At every contact where there is an infant under 12 months in the home or if there is a female who is pregnant, safe sleeping should be discussed with them and any other carers.
- 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 regarding pregnancy.
- Reinforce the safe sleeping messages with parents/carers known to be using substances and/or alcohol and if they smoke.
- Discuss and 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.
- Discuss what arrangements they make for the baby if they choose to drink alcohol and/or take drugs as well as their prescribed medication.
- If the mother is breast feeding, staff should be aware of the information about supporting breast feeding and safe bed sharing, available from Unicef.
- If staff require more guidance or identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery, or health visiting team for further information, and where appropriate, contact infant feeding leads for further information specific to feeding.
- If staff or volunteers are concerned about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- Document any discussions and actions in the clients file.

To access more information see the useful information/further reading section, appendix 6.

## **Probation service/Youth Offending Services**

In addition to all staff understanding the key messages in appendix 1 –

- At every contact where there is an infant under 12 months in the home or if there is a female who is pregnant, safe sleeping should be discussed with them and any other carers.
- 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 regarding pregnancy.

- Reinforce the safe sleeping messages with parents/carers known to be using substances and/or alcohol and if they smoke.
- If they identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery or health visiting team.
- If staff or volunteers are concerned about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- Document any discussions and actions in the clients file.

To access more information see the useful information/further reading section, appendix 6.

### **Private, Voluntary and Independent Childcare Providers (including Child-minders)**

In addition to all staff understanding the key messages in appendix 1, workers should –

- Ensure that any babies who sleep on the premises do so in a safe way.
- Promote and display materials and activities about safe sleeping.
- Highlight safe sleeping messages with parents in particular when parents/carers are 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.
- If workers identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery or health visiting team.
- If staff or volunteers have concerns about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- Document any discussion and actions.

To access more information see the useful information/further reading section, appendix 6.

### **Housing Workers**

In addition to all staff understanding the key messages in appendix 1 –

- Staff who visit households where an infant under 12 months is present/resides should take opportunities to establish any risk with unsafe sleeping guidance where appropriate.
- If staff identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery or Health Visiting.
- If staff are concerned about a baby's or child's safety then they should raise this by following the LSCB policies and procedures.
- Document any discussions and actions.

To access more information see the useful information/further reading section, appendix 6.

## Appendix 1: Safer Sleep for Babies, Guides For Parents and Professionals

[Safer Sleep for Babies - A Guide for Parents](#)

[Sudden Infant Death - A Guide for professionals](#)

## Appendix 2: Fact Sheets Lullaby Trust

[Back to Sleep Fact Sheet](#)

[Smoking Fact Sheet](#)

[Bed Sharing Fact Sheet](#)

[Breast Feeding Fact Sheet](#)

[Mattresses, Bedding and Cots Fact Sheet](#)

[Temperature Fact Sheet](#)

[Dummies/Pacifiers Fact Sheet](#)

[Safer Sleep for Twins Fact Sheet](#)

## Appendix 3: Premature Babies Lullaby Trust

–[Time to Get back to Sleep](#) Information for professionals on reducing the risk of cot death for premature babies.

## Appendix 4: Prevention of Accidents

[Child Safety – Accidents to Children](#)

## Appendix 5: How to Keep Baby Sleeping Safely In Hot Weather

- It is important to make sure that a baby is a comfortable temperature – not too hot or too cold.
- Overheating can increase the risk of Sudden Infant Death Syndrome (SIDS.) “With excess wrapping, your baby may find it hard to cool down and can become heat stressed”.
- Avoid co-sleeping with your baby. Do not sleep in the same bed **and never sleep on a sofa or armchair with your baby**. This increases the chance of SIDS and is particularly **dangerous**.
- Keep a room temperature of 16-20°C, with light bedding or a lightweight well-fitting baby sleep-suit.
- Avoid leaving your baby to sleep in the car seat, car, pushchair or pram. Ensure removal of hats and outdoor clothing once indoors or in a warm car.
- Open internal doors and windows, so a natural, flowing breeze is created but avoid air conditioning, as it can be dehydrating.
- Use a room thermometer in the rooms where your baby sleeps.
- The heat can sometimes make us lethargic, which is quite natural, “Don’t get too worried unless you have problems rousing your baby, they appear floppy or display odd behaviour.”
- The safest place for your baby to sleep is on their own sleep surface, such as a simple mattress in the cot with no loose bedding or bumpers, in the same room as you, for at least the first six months.
- If used, firmly tuck in sheets (not above shoulder height) cellular blankets are advised.
- Make sure babies head is not covered.

- If it is “too warm” for bedding, dress baby appropriately, just a nappy and vest may be sufficient and remove loose covers from the cot, ensure bibs are removed before a baby is placed in cot to sleep.
- During sleep, place a baby on their back in the feet-to-foot position, and remember the following:
- No pillows or duvets in a baby’s cot;
- place your baby directly on the mattress covered only by a single sheet
- Be sure to remove any soft toys from the cot before each sleep period;
- No cot bumpers;
- No loose bedding including blankets/throws and ensure bedding is right size for the cot
- No products to keep a baby in one sleeping position such as wedges or straps;
- Ensure mattress is new and avoid plastic/vinyl mattress covers, ensure there are no tears or holes within the mattress.

These key messages can also be found on the lullaby trust website.

## Appendix 6: Useful Information/Further Reading

Please also refer to the links and information in appendices 1 - 5.

[Lullaby Trust](#) - Safe Sleep Information And Guidance For Professionals And Families

[Spot the Risks](#) - Can you spot the 8 things in the picture that may increase the chance of Sudden Infant Death Syndrome??

[Unicef](#) - Protects And Defends The Right Of Every Child

[The Baby Friendly Initiative](#) - A Variety Of Information And Guidance For Professionals And Families

[Information Health Research](#) - Bed Sharing, Infant Sleep And SIDS

[Caring For Your Baby At Night](#) - A Parent’s Guide

[Co-Sleeping and SIDS](#) - A Guide for professionals

[The Royal Society for the Prevention of Accidents](#)

LSCB information, including policies and procedures – Please click on logo.



[Bolton, Salford and Wigan Safe Sleeping Guidance](#)

[Quality Standards For Post-Natal Care](#)

[NHS Choices – SIDS Information](#)

\*\*All website links within this guidance are correct as of January 2018.