

# Safer Sleeping guidelines for Professionals



## 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)**

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 safer sleeping arrangements for their babies and infants

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# Section 1: Introduction

## 1.1 Definitions

For the purposes of this guidance the following definitions apply:

- **Bed sharing** (also referred to as co-sleeping) describes a baby sharing a parent's bed in hospital or at home, to feed them or to receive comfort. This may be a practice that occurs on a regular basis or it may happen occasionally. It 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 or night). 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
- **Sudden Infant Death:** (SIDS) is the recognised term for the sudden and unexpected death of a baby for no obvious reason

## 1.2 Position Statement

This guidance has been endorsed by Norfolk Child Death Overview Panel and The Lullaby Trust. It is expected that all organisations and their staff will implement this practice guidance.

Norfolk Safeguarding Children Board supports the Department of Health and the Lullaby Trust advice that infants under age 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 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 parent's bed for the first six months of age.

All parents should be informed of the potential risks associated with bed sharing and the measures that can be taken to reduce the 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 safer sleeping arrangements for their babies and infants.

## 1.3 Guidance Aims

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

- Providing guidance to workers on what a safer 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 risk associated with intentional or unintentional bed sharing
- Promoting consistent information and advice to parents on bed sharing with their infant across all organisations
- Supporting workers in all organisations to contribute to promoting the message

## 1.4 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 sections:

<i>Section 1</i>	Introduction
<i>Section 2</i>	guidance on known risk and protective factors
<i>Section 3</i>	Guidance for individual organisations
<i>Section 4</i>	References and resources

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

## 1.5 Background

There is evidence from many long term studies of Sudden Infant Deaths (SIDS) that some of the infant deaths associated with bed sharing and other risk factors could have been preventable.

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

Norfolk Child Death Overview Panel annual report 2012/13 states: *'Safe sleeping (including co-sleeping); this continues to be a national issue and some panels have raised the need for safe sleeping messages to be shared with the wider family and anyone who may look after the child'*.

From 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.**

National figures in 2012 show 269 infants died 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 with a parent
- 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, Norfolk Safeguarding Children Board has developed this practice guidance for use by all workers who come into contact with infants, their parents and other carers.

It is recognised that parents will take infants into bed and share sofas with them to comfort them, feed them and 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).***

## Section 2: Safer Sleeping Guidance

### 2.1 Purpose

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

- Guidance on protective factors
- General guidance on the key messages to parents
- How to give the messages and record parents responses
- Safer sleeping, cultural issues and parental choice

### 2.2 Universal/Key messages

All professionals who have contact with parents or carers of young babies should give the message:

**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) for the first six months**

In some cases, parents may decide they wish to sleep with their infant despite being given this information about the risks. Health visitors and midwives are available to give specialist support to parents and professionals on safer sleeping practice.

The links below provide information and advice to parents on the other risk factors associated with SIDS.

[www.unicef.org.uk/Documents/Baby\\_Friendly/Leaflets/HPs\\_Guide\\_to\\_Coping\\_At\\_Night\\_Final.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/HPs_Guide_to_Coping_At_Night_Final.pdf)

[www.lullabytrust.org.uk/document.doc?id=295](http://www.lullabytrust.org.uk/document.doc?id=295)

### 2.3 Breast feeding and safer sleeping

Breastfeeding provides significant health benefits to babies including increased protection against respiratory tract infections, ear infections and gastroenteritis, childhood leukemia and diabetes; the longer the baby breastfeeds the greater the health benefits. Breastfeeding should therefore be promoted as the ideal nutrition for babies and to protect a mother's health too, and families should be supported to continue to breastfeed for as long as possible and as exclusively as possible up to six months of age.

Several studies have found that breast feeding protects against the risk of SIDS and should be recommended as a protective measure. No study has linked bed-sharing with a reduction in risk.

It is recognised that mothers who bring their babies into bed to feed tend to continue to breast feed longer than those who do not. It is easy to fall asleep whilst breast feeding as lactation hormones induce sleepiness. Actions to minimise the potential risks must be discussed, including the management of night time feeds.

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

- The safest place for a baby to sleep is in their cot/moses basket/crib in their bedroom
- Parent(s) should not take their baby into their bed if either parent has been drinking or taking drugs that make them drowsy or feel very tired
- If a mother does fall asleep when breast feeding, 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
- Breast feeding is one of the most protective factors against SIDS, If parents choose to use a dummy, they should be advised to wait until breastfeeding is established

Midwives and Health Visitors should use the safer sleeping assessment to help breast feeding mothers put in place a strategy to minimise the risk of unintentional bed-sharing.

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

### 2.4 Premature infants, neonatal ward practices and safer sleeping

In hospital the same universal safer 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. For example, pre-term infants in neonatal units may be propped up on pillows or bedding after a feed, put to sleep prone to support respiratory function, swaddled to provide comfort and support their posture during their early days or 'Kangaroo' care (a method of holding a baby that involves skin to skin contact) may be encouraged to settle babies and promote bonding and breast feeding. 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.

## 2.5 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 need to consider risk factors at each sleep episode and should keep their infant with them in the same room so they can be regularly observed.

## 2.6 Diversity issues and parental choice

Some cultures actively practice swaddling and bed-sharing as part of their parenting approach. While it is important to recognise this, it is equally important to promote the safer 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

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 available information.

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

The recommended practice of 'Rooming in' (sleeping in the same room but in their own cot) 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.

## 2.7 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 safer sleeping message using the resources available by all of workers delivering services to a family.

***This is not solely a health responsibility, this is a responsibility for all agencies in contact with parents of young babies.***

Further information for parents can be found in Appendix 2; The essential guide to feeding & caring for your baby Norfolk 2014/2015, P7.

An 'easy read' card is available to download in various translations from The Lullaby Trust:  
[www.lullabytrust.org.uk/publications](http://www.lullabytrust.org.uk/publications)

Below are some points to consider when engaging parents with the safer 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

- Strike the right balance between promoting the message and exploring the reasons why a parent may bed share. Identify the risk times; it is not about criticism but 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 safer 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

## 2.8 Recording advice to parents

On every occasion where safer 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 of the discussion
- 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 information about the risks and this should also be documented

## 2.9 Safer 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.

Safer 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 safer sleeping arrangement will be supported.

## 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. This guidance should be followed in addition to each organisation's own policy and guidelines.

### 3.1 Responsibilities of all staff

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

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

### 3.2 Health Staff

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

#### 3.2.1 Midwives

- During the antenatal period – discuss bed sharing and infant safety, completing the Infant Feeding Checklist in the Maternity Care Record.
- Recommend three sided cribs which attach securely to the parent's bed to maximise close contact, responsive parenting and breastfeeding and to minimise risks from bed sharing. These can be rented to enable them to be affordable to all
- 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 safer sleeping method applies – the safest place for the baby to sleep is in a cot, alongside the mother's bed
- There may be some circumstances where hospital sleep practices differ from those recommended in the home, for example pre-term infants in the

Neonatal Unit may be propped up on pillows or bedding after a feed, swaddled to provide comfort and support to their posture during the early days (see hospital policy on bed sharing)

- The midwife should complete the safer sleeping assessment (appendix 1) initiated by the Health Visitor at the antenatal visit and recorded/filed in the Parent Held Child Record (red book) within five working days of the baby being discharged from hospital or being born at home. Advice should be offered to address any apparent risk factors and ensure all advice on protective factors is clearly communicated. Any risk factors which have been identified and the action plan agreed with the parents should be documented as part of the safer sleeping assessment.

#### 3.2.2 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 safer sleeping messages using the safer sleeping assessment (appendix 1). This should be recorded/filed in the Parent Held Record (red book)
- **Primary visit:** the health visitor should review the safer sleeping assessment and ensure that the sleeping arrangements are still routinely used and safer sleeping advice followed. This should be combined with a discussion on sleep routines during the day and night
- If, on the rare occasion, a safer sleeping assessment has not been initiated by the health visitor or the midwife at the antenatal contact then the health visitor will undertake a sleeping assessment by observing where the baby sleeps and completing the safer sleeping assessment sheet (appendix 1)
- If parent(s)/carers are not following the safer sleeping action plan agreed with midwife/health visitor, this should be documented in the records. In addition, safer sleeping advice should also be given again and documented
- **Four to six week health review:** Repeat as in primary visit, ensuring safer sleeping arrangements

and safer sleep advice is followed. Should the parent decline to follow this advice or the health visitor is unable to establish compliance, this must be documented

### 3.2.3 General Practitioner and Practice Staff

- Doctors and practice staff should be familiar with the safer sleeping messages and practice guidance and encourage parent(s) of new babies and young children to be aware of safer sleep publicity materials ([www.lullabytrust.org.uk/publications](http://www.lullabytrust.org.uk/publications))
- Doctors and practice staff who have consultations with pregnant women, their partner and parents of new or very young babies should use the opportunity to ask about sleeping arrangements for their baby and promote safer 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 safer 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 professionals should review with the parent(s) the safer sleeping assessment completed by the health visitor or midwife and recorded in the red book. The need for additional support or intervention to promote safer 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

## 3.3 Mental Health Workers

When working with a family with a child less than 12 months of age in the household, mental health workers should discuss and promote the safer 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 whether the baby sleeps in other places during the day, offering safer 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 same room as their parents for the first six months
- 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, sofa or armchair with a baby
- Share information about your discussions with the parent and any safer sleeping issues you have identified with other workers involved with the family including those working with other children
- Record all discussions clearly on service user's file as safer 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/liase with other agencies if financial support is needed to purchase a cot/bedding

## 3.4 Substance Mis-use Workers

When working with a family with a child less than 12 months of age in the household, substance mis-use workers should discuss and promote the safer 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 whether the baby sleeps in other places during the day, offering safer 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 same room as their parents for at least the first six months
- 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, sofa 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 parents to talk to other people who care for a baby about the safety measures and to talk with their friends and family who also may have babies
- Share information about your discussions with the parent and any safer sleeping issues you have identified with other workers involved with the family including those working with other 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 they are 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 safer sleeping advice given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

## **3.5 Infant Feeding Workers/Maternity Care Assistants (IFW/MCA)**

### **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 safer 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 midwifery team
- If the midwife has not yet visited, the IFW/MCA should remind the parent(s) of the key messages
- 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 safer sleeping messages should be reinforced
- If a mother at a group requires more information this should be provided by the IFW/MCA

### **Telephone calls**

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

## **3.6 Breastfeeding volunteers**

Breastfeeding volunteers should all be oriented to the information in the guidelines. They should support the consistent safer sleeping messages in their work in breastfeeding support groups, antenatal sessions and any other work place. If they identify that a parent 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 or hospital.

### 3.7 Teenage Pregnancy Workers/Young Parents Support Team/Family Nurse Partnership

All staff offering support to young parents 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 safer sleeping and their understanding of risk factors e.g. cot, bedding, room temperature, smoking, substance use etc.

#### 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 Safer Sleeping Assessment recorded in the Parent Held Record (Red book) and any actions with all those present
- Ask about other carers and explain the need for mother to pass on safer sleeping messages to them e.g. grandparents, father (who may live elsewhere), friends, neighbours, babysitters etc.
- Highlight specific risks such as bed-sharing, particularly after alcohol, drugs (including prescription drugs), smoking and falling asleep with baby on a sofa or armchair

#### 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 safer sleeping
- In one to one discussions advise as above for home visits
- Include fathers and other carers in discussions when possible

### 3.8 Children's Centres/Outreach Workers

Use the following discussion points to raise the issue of safer sleeping when working with all families who have a child under the age of 12 months within their household:

- Tell me what you already know about how to keep your baby as safe as possible while they are asleep? Continue discussion to highlight other safety measures, develop protective factors and aim to address any presenting risk factors
- Ask the parent to talk to other people who care for a baby about safety measures and talk with their friends and family who also may have babies
- If any carer is known to be using substances and/or alcohol, ask what arrangements they make for the baby if they are going to drink or take drugs. Highlight the specific risks regarding bed-sharing when under the influence of alcohol, drugs and if they smoke

### 3.9 Social Workers

When social workers are undertaking a 'child in need' (Section 17 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, such as government grants, if unable to purchase by their own financial means
- 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 as safe as possible while they are asleep? Continue the discussion to highlight other safety measures 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

- Ask the parent to talk to other people who care for a baby about safety measures and to talk with their friends and 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 bed-sharing 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 sofa or 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 safer sleeping issues you have identified with other workers involved with the family, including those working with adult carers

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

Police and PCSOs attending any incident at an address where an infant under 12 months resides should, if practical and appropriate, establish where the infant sleeps and consider whether the environment follows the safer sleeping advice. When safer sleeping risks have been identified, such as the baby is sleeping with someone on a sofa, has been left sleeping in a car seat or is seen sleeping in a situation that does not follow safer sleeping advice contained within this guidance, begin discussions with the parents/carers about any identified risk factors and advise them to ensure the baby sleeps in safe conditions. A record that safer sleeping advice has been discussed should be noted on the C39d paperwork.

Where particular risk factors have been identified this will be shared with workers involved with the family or other relevant agencies via the C39d and in accordance with local safeguarding children processes.

### 3.11 Probation

The safer sleeping guidance will be incorporated into the local induction package. All probation staff working with individuals/families who have a child under 12 months of age should discuss safer sleeping

arrangements and record accurately what was said and to whom. Staff should share information about what was discussed and any safer sleeping issues that have been identified with other professionals involved with the family. Staff should also ensure safer 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.

### 3.12 Youth Offending Team

All young people supervised by Norfolk Youth Offending Team (NYOT) 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 advice/support from the seconded NYOT Health Coordinator.

The seconded NYOT Health Coordinator will liaise with the midwife/health visitor for the young person or their partner to clarify if the young person or their partner is already known to relevant health services.

Where appropriate the young person supervised by NYOT will be;

- Involved in a discussion about the planned sleeping arrangements for their unborn child/sleeping arrangements for their baby
- Referred to the Teenage Parenting worker(s) employed in their area with their consent
- Signposted to organisations that may be able to help with resources to purchase appropriate sleeping equipment for their baby

The seconded NYOT Health Coordinator will record on a young person's record on the NYOT case management system when these actions have been carried out.

### 3.13 Housing Officers/Agents of the Landlord

- Use the STeP (Successful Tenancy Plan) programme which includes home visits to identify any safer sleeping risk factors, such as drug/alcohol use, the baby is sleeping in a car seat, or is seen sleeping in a situation that does not follow the safer sleeping advice contained within this guidance
- Through STeP make appropriate referrals to professionals to support the carer in making safer sleeping arrangements

- Through STeP encourage carers to become involved in Community Support Groups/Children's Centres etc.

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## Section 4: References & Guidance

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- 1 Department of Health. Reduce the risk of cot death an easy guide, 2005, 2009. [www.dhgov.uk](http://www.dhgov.uk)
- 2 Mitchell. EA. Recommendations for sudden infant death syndrome prevention: a discussion document. Arch.Dis.Child. 2007; 92; 155-159
- 3 Norfolk Safeguarding Children Board Annual Report. September 2013. P31. [www.nscb.norfolk.gov.uk](http://www.nscb.norfolk.gov.uk)
- 4 Peter Fleming, professor of infant health and developmental physiology. Hazardous co-sleeping environments and risk factors amenable to change: case-control study of SIDS in south west England. BMJ 2009;339:b3666. [www.bmj.com/content/339/bmj.b3666](http://www.bmj.com/content/339/bmj.b3666)
- 5 Blair PS, Sidebotham P, Berry PJ, Evans M, Fleming PJ. Major epidemiological changes in sudden infant death syndrome: a 20-year population-based study in the UK. Lancet. 2006;367(9507):314
- 6 [www.unicef.org.uk/BabyFriendly/News-and-Research/News/UNICEF-UK-Baby-Friendly-Initiative-statement-on-new-research-into-Sudden-Infant-Death-Syndrome-and-bed-sharing](http://www.unicef.org.uk/BabyFriendly/News-and-Research/News/UNICEF-UK-Baby-Friendly-Initiative-statement-on-new-research-into-Sudden-Infant-Death-Syndrome-and-bed-sharing)
- 7 UNICEF UK Baby Friendly Initiative (2011) Caring for your baby at night- A guide for parents [www.unicef.org.uk/Documents/Baby\\_Friendly/Leaflets/caringatnight\\_web.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/caringatnight_web.pdf)
- 8 A guide to help health professionals who will be using Caring For Your Baby At Night with new parents. It looks at the evidence underpinning the recommendations in the leaflet and offers guidance on discussing these issues: [http://www.unicef.org.uk/Documents/Baby\\_Friendly/Leaflets/caringatnight\\_web.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/caringatnight_web.pdf)
- 9 Bed sharing when parents do not smoke: is there a risk of SIDS? An individual level analysis of five major case-control studies. Robert Carpenter, Cliona McGarvey, Edwin A. Michell, et al. BMJ Open2013:3 [www.bmjopen.bmj.com/content/3/5/e002299.full.html](http://www.bmjopen.bmj.com/content/3/5/e002299.full.html)
- 10 ISIS provides information about normal infant sleep based upon the latest UK and world-wide research. [www.isisonline.org.uk](http://www.isisonline.org.uk)
11. Local services for healthy living in Norfolk & Waveney. [www.norfolkswell.org.uk/about-us/](http://www.norfolkswell.org.uk/about-us/)
12. Resources & information/. [www.lullabytrust.org.uk/publications](http://www.lullabytrust.org.uk/publications)
13. 'A meta-analysis published in 2012 found that not a single study (that met the inclusion criteria for the analysis) published since January 1970 showed a reduced risk of SIDS in bed sharing infants; all studies found an increased risk (Figure 1)'. [www.lullabytrust.org.uk/evidencebase](http://www.lullabytrust.org.uk/evidencebase) Page 7
14. NSCB Pre-Birth Protocol. [http://norfolkscb.proceduresonline.com/chapters/pr\\_prebirth.html](http://norfolkscb.proceduresonline.com/chapters/pr_prebirth.html)
15. The essential guide to feeding and caring for your baby, Norfolk 2014/2015 (available from the family Midwife or Health Visitor)
16. Appendix 1: Safer Sleep Assessment Tool
17. Appendix 2: 'Caring for your baby at night'