

## SAFER SLEEP GUIDANCE

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**VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.**

### CHANGE RECORD

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1.0	12 Oct 2023	<i>New Guideline. Created with consultation from Safer Sleep Steering Group, 1001 days Steering Group, Modern Matrons, Service Leads and East Riding Commissioners. Approved at Childrens and LD Clinical Governance Meeting (12/10/2023).</i>
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## 1. Introduction

The overarching aim of this guidance is to reflect the principles of the Working Together to Safeguard Children document (2018) which puts children at the centre of the system and ensures that every individual and agency play their part.

This guidance has been developed by the East Riding and Hull Infant Safer Sleeping Group on behalf of the child death overview panels, and has been produced to support all ERSCB and HSCB organisations and their workers in a consistent message and approach to safer sleeping to prevent baby/child deaths; this applies to day and night sleeping arrangements.

This guidance is informed by the North Lincolnshire and North-East Lincolnshire Safe Sleeping Guidance and is based on evidence-based information from the Lullaby Trust, Durham Sleep Lab Infant Sleep Information Service, and UNICEF UK. 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>.

The guidance is to be endorsed by the East Riding and Hull Safer Sleep Steering Group, for the First 1001 Days Steering Group (Hull), commissioners in the East Riding and the Lullaby Trust. There are some variations between East Riding and Hull's services which are outlined in this guidance. It is expected that all organisations and staff implement this guidance to safeguard children across the area, taking any necessary governance arrangements for their organisation.

### **Safer Sleep Pledge:**

To work together with all local agencies within the ICS to provide a consistent safer sleep message to support all families, parents, and carers to reduce the risk of Sudden Infant Death Syndrome or the Sudden Unexpected Death of an Infant. To ensure appropriate support and training is available to all local agencies to promote best evidence based practice.

## 2. Scope

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.

## 3. Key Messages

The key reference document for staff is the Infant Safer Sleep Key Messages, developed and regularly updated by the East Riding and Hull Infant Safer Sleep Steering Group.

The Child Death Overview Panel is a group of professionals and leaders from Health, Public Health, Police, and Children's Social Care who have a statutory responsibility under Working Together to Safeguard Children (2018) and Child Death Review: Statutory and Operational Guidance (2018) to review all deaths of children from birth to the 18th birthday who are resident. Nationally data collated from all child deaths indicates that infants sharing a sleep surface with their parents has been identified as a preventable contributory factor in infant deaths.

This guidance has been developed by the East Riding and Hull Infant Safer Sleeping Group on behalf of the child death overview panels, and has been produced to support all ERSCP

and HSCP organisations and their workers in a consistent message and approach to safer sleeping to prevent baby/child deaths; this applies to day and night sleeping arrangements.

### 3.1. Key Messages To Communicate To Parents

The aim is to communicate evidenced-based information with parents, in order that they can make an informed decision on the subject of safer sleeping:

Current advice for new parents is:

- The safest place for your baby to sleep is in a crib or a cot in a room with you for the first six months of life.
- The safest sleep position for babies is on their backs (supine). The Back to Sleep campaign in the 1990s is one of the main reasons why sudden infant death dropped by more than half between 1989 and 1992. Once babies can roll from front to back and back again by themselves, they can be left to find their own position to sleep.
- Babies should be placed on a flat firm waterproof mattress in good condition in the 'feet to foot' position in a cot kept clear of cot bumpers, soft toys, loose bedding, pillows or duvets, and products (such as wedges or straps) that will keep your baby in one sleeping position.
- Breast feeding and keeping your baby smoke free have been shown to reduce the risk of SIDS. Ask your Midwife or Health Visitor for help with breastfeeding and stopping smoking.

The Lullaby Trust identify key risk factors to parents and babies sharing a bed or other sleep surface:

If the parent (or partner or carer)

- Is a smoker, even if they never smoke in bed or at home
- Has been drinking alcohol or taking recreational drugs
- Has taken medication or drugs that make them drowsy
- Feels very tired

Or if the baby:

- is low birth weight (less than 2.5kgs or 5 1/2 lb)
- is premature (born before 37 weeks)

By the age of 3 months half of all babies born in England and Wales will have slept in an adult bed with one or both parents, whether intended or not. Therefore, it is expected that health practitioners will discuss issues around safer bed sharing with parents.

Parents and carers should be advised **never** to sleep with a baby on a sofa or in an armchair, and they should be reminded that accidents can happen: parents might roll over in their sleep and suffocate their baby, the baby's air flow could become compromised, the baby could get caught between the wall and the bed or could roll out of the bed and be injured.

NB Different research sources use different terms and definitions, so it is essential that practitioners are specific in the sleep practices they are describing and not assume that

terms such as 'co-sleeping' and 'bed sharing' are universally and consistently understood. (See Appendix 1 for some commonly used definitions)

It is important to emphasise to parents the need to re-assess infant sleep practices whenever anything changes, for example:

- someone new (such as grandparent, babysitter) putting baby to bed,
- sleeping in a different environment/away from home,
- changing from breastfeeding to formula-feeding especially when sharing a sleep surface with their baby

### **3.2. The Serious Crime Act**

The Serious Crime Act 2015 (child cruelty offence (Section 66)) extends provisions in the Children Act 1933 that deem the suffocation of a child under three years when in bed with a drunken person to constitute child neglect to now include:

- those under the influence of prohibited drugs;
- where the person comes under the influence of the substance in question at any time before the suffocation occurs; and
- irrespective of where the adult and child were sleeping (for example, a sofa or chair)

<http://www.legislation.gov.uk/ukpga/2015/9/section/66/enacted>

### **3.3. The Out of Routine Review**

A review of sudden unexpected death in Infancy (SUDI) in families where the children are considered at risk of significant harm (The Child Safeguarding Practice Review Panel, 2020) report states that situational risks and out-of-routine incidents were prominent: in 11 of the 14 reviewed cases, the last sleep was considered out of normal routine. In eight cases alcohol or drug misuse was noted at the time of the last sleep.

For further information see the Baby Sleep Info Source (BASIS) Infant Sleep app, which includes a decision tool for parents:

<https://www.basionline.org.uk/infant-sleep-info-app/>

and page 10 'What's happening tonight?':

<http://www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/Caring-for-your-baby-at-night/>

### **3.4. Supporting Information to be Given to Parents**

The core written resource for supporting parents is the leaflet "Safer Sleep for Babies: a guide for parents". This leaflet has been produced jointly by the Lullaby Trust, UNICEF UK, BASIS and Public Health England, and should be used in conjunction with the accompanying guide for professionals, "Safer Sleep: saving babies' lives."

The easy read card for safer sleep, A2 size, is available from the Lullaby trust in different languages.

#### **3.4.1. Antenatal Period**

The leaflet "Safer Sleep for Babies: a guide for parents" is discussed with pregnant women at the Healthy Child Team antenatal contact. To ensure consistency these are the main source of information for all parents.

<https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf>  
<https://www.lullabytrust.org.uk/wp-content/uploads/easy-read-card-english.pdf>

#### **3.4.2. Delivery/Postnatal**

A4 laminated sets of “Caring for your baby at night” will be provided for hospital midwifery staff for discussion with new parents prior to discharge.

#### **3.4.3. Birth Visit**

At the birth visit “Safer Sleep for Babies: a guide for parents” will be used to support safer sleeping discussions.

For parents whose first language is not English, the “Safer sleep for babies” card in the appropriate language will be used. ISPHNS/Health Visiting services will download leaflets in relevant languages as required. The leaflet is available in 21 languages:

The English wording can be viewed online at:

<https://www.lullabytrust.org.uk/file/easy-read-card-English-16.pdf>

For breast feeding mothers in Hull, information on accessing the leaflets “Caring for Your Baby at Night” and “Off to the Best Start” leaflet will be included in the parent held record (red book) also. These can be viewed online and downloaded at:

<http://www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/Caring-for-your-baby-at-night/>

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/off-to-the-best-start/>

#### **3.4.4. Postnatal Period**

“Safer Sleep for Babies: a guide for parents” in the parent held record will be used to reinforce key messages at contacts during the postnatal period.

If a parent would like further information regarding safer bed-sharing, it is expected that the parent would be referred to a Midwife or Health Visitor.

Update briefings and/or training sessions will be made available for staff on a 3 yearly basis.

### **4. Premature Babies**

Babies who are born prematurely (before 37 weeks) or of low birth weight (under 2.5kgs) are particularly vulnerable and it is important that all the safe sleep advice is followed. Premature babies are sometimes slept on their front in hospital for special medical reasons. When they are getting ready to go home these babies should always sleep on their back to reduce the risk of sudden infant death.

The Lullaby Trust leaflet for professionals, Time to Get Back to Sleep, highlights the importance of back-sleeping, and addresses commonly asked questions on sleep position for these vulnerable babies.

<https://www.lullabytrust.org.uk/wp-content/uploads/time-to-get-back-to-sleep-professional.pdf>

Prevention of Accidents

<https://www.rospa.com/home-safety/advice/child-safety/accidents-to-children/>

## **5. Organisational Responsibilities**

Each individual organisation has a role to play in promoting safer sleeping key 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 safer sleeping messages, will be mainly undertaken by midwives and ISPHNS/health visitors, Family Nurse Partnership nurses, and by Children's Centre staff.

However, there will be instances when contacts are made with other practitioners/ 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 safeguarding concerns about individual children should be raised in line with ERSCP and HSCP policies and procedures.

### **5.1. Responsibilities of East Riding and Hull Safer Sleep Steering Group**

To ensure the joint safe sleeping guidance is reviewed on a bi-annual basis alongside the 1001 days steering group.

### **5.2. Responsibilities of all staff**

All workers to be aware, via managers, of the Hull and East Riding Key Messages in section 3. This will provide an overview of the advice to give to parents. All workers to be aware of the specific guidance within this document at the level appropriate to their organisation, as roles will differ depending on their contact with families. All are to ensure that any information given to parents/families is consistent with the current key messages, and the information provided in the parent health care record (red book). Further specific guidance and fact sheets are listed in Appendix 3.

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 easy read cards are available in over 20 languages, and a card in the appropriate language should be filed in the red book.

Similarly, families with other communication needs or learning disabilities should be offered information in such a way that best facilitates their understanding.

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

Professionals need to be aware of the recent change in the Law under The Serious Crime Act (2015) (see section 3). It is now deemed 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, emphasis should be placed on reinforcing key messages and know where to signpost families for support.

## **6. Guidance for Partner Organisations**

This guidance does not contain the specific provisions for key services that have clinical responsibilities for infants and their parents (see individual organisations standard operating procedures). Other SCP partners and organisations providing support or services to infants and their parents and carers, will need to determine and document at which level (Level 1 or 2) they will be implementing this guidance. (See Appendix 2 for details of the local training offer)

In due course, details of organisations that have signed up to the guidance and at what level will be appended to the guidance.

This guidance will not include all individual standard operating procedures as these will remain the responsibility of each partner organisation to follow and maintain.

### **6.1. Children's Centres**

In addition to all staff understanding the key messages in appendix 1 and undertaking face to face safer sleep training, workers should –

- Discuss safer 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 safer sleeping.
- Highlight safer 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 sharing a sleeping surface with the infant when under the influence of alcohol, drugs and if parents/carers smoke.
- If the mother is breast feeding, then staff should use the information in 'Carin'. 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 infant. Information should be given about reducing the risks whilst breast feeding and bed sharing.
- If staff or volunteers identify that a parent/carer 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 have concerns about a baby's or child's safety then they should raise this by following SCB policies and procedures.
- Document any discussion and actions.

To access more information see the useful information/further reading in Appendix 3 and 4.

### **6.2. Level 2 guidance for partner organisations**

In addition to all staff understanding the key messages, certain staff groups may be deemed appropriate for safer sleep training. (See appendix 2 for details of the local training offer for East Riding of Yorkshire and Hull):

- At every contact where there is an infant under 12 months or pregnant woman in the home, safer 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 recorded by the Midwife/ISPHNS/Health Visitor/FNP Nurse (ERY) in the PCHR and Maternity hand-held notes if applicable.
- Ask and discuss the baby's sleeping arrangements, day and night, with the parent/carers to reinforce the messages.
- Where there are indications of higher vulnerability (for example parental smoking, social or housing issues, young parents, prematurity, parental obesity, parental epilepsy, possible alcohol or drug use) the professional should review with the parent(s)/carer(s) the information recorded by the Midwife or ISPHNS/Health Visitor/FNP Nurse. The need for additional support or intervention to promote safer sleeping practices should then be considered.
- 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
- Reinforce the safer 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 taking prescribed medication or/ and are going to drink alcohol or take drugs.
- If the mother is breast feeding, then staff should be aware of the information about supporting breast feeding and sharing a sleeping surface with the infant, in the 'Caring for your baby at night' leaflet. Where required, the mother should be referred for support to ensure mother finds a safe and comfortable position to feed her infant.
- If staff require more guidance or identify that a parent/carers is unclear about the messages, they should speak to a health professional from midwifery, or ISPHNS/health visiting team, and where appropriate contact infant feeding leads for further information specific to feeding.
- If staff or volunteers have concerns about a baby's or child's safety then they should raise this by following local SCP policies and procedures.
- Document any discussions and actions in the client's file.

To access more information see the useful information/further reading in Appendix 3 and Section 7.

### **6.3. Level 1 guidance for partner organisations**

In addition to all staff understanding the key messages in section 3:

- Staff who are attending any homes where an infant under 12 months is present/resides should take opportunities to establish any infant safer sleeping risk where appropriate
- If they identify that a parent/carers is unclear about the key messages, they should speak to a health professional from midwifery or ISPHNS/health visiting/FNP (ERY).
- If staff or volunteers have concerns about a baby's or child's safety then they should raise this by following SCB policies and procedures.
- Document any discussions and actions

To access more information see the useful information/further reading in Appendix 3 and Section 7.

## 7. References / Further Information

<https://www.basisonline.org.uk/app/>

BASIS sleep app details

<https://www.nice.org.uk/guidance/cg37/evidence/full-guideline-addendum-485782238>

NICE Postnatal care guidance updated December 2014 (section 1.2)

[NG194 Evidence review M \(nice.org.uk\)](https://www.nice.org.uk/guidance/NG194)

NICE Postnatal care: Benefits and harms of bed sharing

[http://www.unicef.org.uk/Documents/Baby\\_Friendly/Infosheets/statement\\_NICE\\_guidance\\_co-sleeping\\_2014.12.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Infosheets/statement_NICE_guidance_co-sleeping_2014.12.pdf)

UNICEF BFI statement on updated NICE guidance December 2014

<http://www.rcm.org.uk/midwives/news/risk-of-co-sleeping-highlighted-in-cot-death-study/>

[http://www.bmj.com/cgi/content/abstract/339/oct13\\_1/b3666](http://www.bmj.com/cgi/content/abstract/339/oct13_1/b3666)

Hazardous cosleeping environments and risk factors amenable to change: case-control study of SIDS in south west England *BMJ* 2009; 339 doi: 10.1136/bmj.b3666 (Published 13 October 2009)

<http://www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/Caring-for-your-baby-at-night/>

Caring for your baby at night leaflet and Health Professional's Guide

<http://www.lullabytrust.org.uk/roomtemperature>

Lullaby Trust advice on room temperature

## Appendix 1 – Definitions

For the purpose of this guidance the following definitions apply:

- **Sudden Infant Death Syndrome (SIDS):** the sudden and unexplained death of a child under one year of age 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
- **Sudden unexpected death in infancy/childhood (SUDI/SUDC)** – A descriptive term used at the point of presentation for the death of an infant or child whose death was not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death. At the conclusion of an investigation, they will divide into those for which we have a clear diagnosis (explained SUDI/SUDC) and those for which we do not have a diagnosis (SIDS up to 12 months of age, and sudden unexplained death in childhood for children over 12 months).
- Co-sleeping and bed sharing

NB Different research sources use different terms and definitions so it is essential that practitioners are specific in the sleep practices they are describing and not assume that terms such as 'co-sleeping' and 'bed sharing' are universally and consistently understood:

NICE uses the following definitions:

- **Co-sleeping:** an adult and a baby sleeping together on any surface (such as a bed, chair or sofa)
- **Bed-sharing:** sharing a bed with one or more parents while baby and parent[s] are asleep

While the BASIS online resource gives the following research-based definitions:

- **Co-sleeping:** is used to mean parents and infants sleeping in close proximity, but not necessarily on the same surface;
- **Bed-sharing:** means infants sleeping for at least some of the night in the same bed as a parent or parents.

### [Definitions of Terms Used on This Site – BASIS \(basisonline.org.uk\)](https://www.basisonline.org.uk)

- **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.

## **Appendix 2 – Local Infant Safer Sleep Training Offer**

Staff detailed in sections 5.1 and 5.2 as appropriate will receive a face to face training session of up to 3 hours, and 3-yearly updates

Staff in section 5.3 as appropriate will access online training as detailed below:

To summer 2020, access to the Virtual College Infant Safer Sleep module is available for East Riding staff only. Staff access the training are required to complete a survey after undertaking the training.

From 2020, an in-house slide set will be available for staff from both East Riding and Hull:

- For whom online training is appropriate
- Any staff in sections 5.1, 5.2 and 5.3 who cannot easily access face to face training.

and will be familiarised with this guidance and local procedures and pathways, and be updated on any changes to local or national guidance.

Staff covered in section 5.5 as appropriate will be familiarised with this guidance and local procedures and pathways, and be updated on any changes to local or national guidance.

## Appendix 3 – Useful Information

Both Durham Sleep Lab and the Lullaby Trust provide evidence-based resources for parents and professionals. Research papers can be accessed and the information is updated regularly so check the sites for any new additions/changes.

### DURHAM SLEEP LAB BABY SLEEP INFORMATION SERVICE (BASIS )

General BASIS website. <https://www.basionline.org.uk>

This link leads to the most up to date information sheets  
<https://www.basionline.org.uk/basis-information-sheets/>

Information sheet 1: [Normal Infant Sleep](#)

Information sheet 2: [Where babies sleep](#)

Information sheet 3: [Bed-sharing & safety](#)

Information sheet 4: [Daytime sleep and slings](#)

Information sheet 5: [Sleep aids: Dummies, swaddling and sleep bags](#)

Information sheet 6: [Sleep training](#)

Information sheet 7: [Twin infant sleep](#)

Information about the BASIS app <https://www.basionline.org.uk/infant-sleep-info-app/>

### LULLABY TRUST

Lullaby Trust research page

<http://www.lullabytrust.org.uk/sids>

Fact sheets are available on: Back to sleep, Breastfeeding, Mattresses, bedding and cots, Dummies, Twins, Bed sharing , Temperature, SIDS and smoking, Safer Sleep product guide

## **Appendix 4 – Membership of the East Riding and Hull Infant Safer Sleep Steering Group**

Hull 0-19 IPHNS  
East Riding ISPHNS  
East Riding Childrens Centre Staff  
Hull City Council Family Hubs Staff  
Volunteer agencies (Goodwin Trust Peer Supporters and Doulas)

### **ANNEX A**

Partner organisations signed up to this guidance with patient facing staff will be expected to train staff to level 2 in Safer Sleep.

Hull 0-19 IPHNS  
East Riding ISPHNS  
East Riding Childrens Centre Staff  
Hull City Council Family Hubs Staff  
Volunteer agencies (Goodwin Trust Peer Supporters and Doulas)

Further discussion to be had with Social services regarding level 2 training