Humber Teaching
NHS Foundation Trust

STANDARD OPERATING PROCEDURE
INFANT SAFER SLEEP

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Instigated by: **Date Instigated:**	Isabel Carrick- Public Health Commissioner Louise Hobson (UCS) Manager
Date Last Reviewed:	18 July 2023
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Consultation:	Consultation with 0-19 ISPHN teams via Professionals Meeting and at team meetings. 0-19 ISPHNS and IPHNS Team Leaders, Safeguarding team, East Riding Safer Sleep group. BFI Lead, Debbie Jackson, Infant Feeding Co-ordinator Hull 0-19 Integrated Public Health Nursing Service / Safer Sleep Lead
Ratified and Quality Checked by: **Date Ratified:**	Children & LD Clinical Governance meeting 12 October 2022
Name of Trust Strategy / Policy / Guidelines this SOP refers to:	

VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*Oct 2022*	*New SOP. Approved at Children & LD Clinical Governance meeting (12/10/22).*
1.1	*18/07/23*	*Reviewed. Approved at 0-19 Clinical Network Group (18 July 2023).*

CONTENTS

Please note that throughout this document I(S)PHNS refers to the East Riding 0-19 (25) Integrated Specialist Public Health Nursing Service (ISPHNS) and Hull 0-19 Integrated Public Health Nursing Service (IPHNS)

1. INTRODUCTION/PURPOSE OF THE DOCUMENT

In the UK, nearly 300 babies die suddenly and unexpectedly every year from Sudden Infant Death Syndrome (SIDS) (NHS choices 2018).

Health visitors in the East Riding and Hull make contact with parents in the antenatal period and up to 14 days after delivery to undertake the New Birth Visit. This contact allows health visitors time to talk to new parents and provide evidence based information on safer sleep which can prevent and reduce the risk of SIDS.

The Lullaby Trust (2014) informs us there has been around a 70% reduction in the number of SIDS deaths since the early 1990s. This is largely due to the discovery that babies are much safer when placed on their back to sleep.

A further challenge for health professionals in reducing SIDS is encouraging parents to stop smoking during and after pregnancy. There is more SIDS occurring in younger and more vulnerable families due to the factors connected to health inequality. This includes families with babies on low incomes, often living in poor accommodation, who smoke and misuse drugs. Health visitors promote the health and wellbeing of babies, offering personalised advice and support to families who may require an enhanced service offer to implement health promoting activities.

'Out of Routine' (PHE, 2021) reports that cases reviewed demonstrated a continuum of risk where predisposing risks were often combined with out-of-routine incidents or 'situational risks' and that almost all of the infant deaths involved parents co-sleeping in unsafe sleep environments with infants, often when the parents had consumed alcohol or drugs; in addition, there were wider safeguarding concerns often involving cumulative neglect, domestic violence, parental mental health concerns and substance misuse.

Pre-disposing risks of Sudden Unexpected Death of an Infant (SUDI) Situational risks

- Smoking in pregnancy
- Maternal obesity
- Premature birth
- Low birth weight concerns
- Socio-economic deprivation
- Low-income household
- Overcrowding and temporary accommodation
- Adverse childhood experiences
- Previous safeguarding concerns
- Mother under 20

Situational risks

- 'Late booking'
- Cumulative neglect
- Domestic abuse, mental health
- Substance misuse and other safeguarding risks
- Reluctant engagement with professionals
- Co-sleeping / bed sharing

This cross organisational information has been developed because a contributing factor to the success of health promotion advice means providing a consistent message and approach to safer sleeping.
It is informed by guidance from the East Riding and Hull Infant Safer Sleeping Group on behalf of East Riding commissioners and Hull 1001 days steering group and has been produced to support all East Riding and Hull Safeguarding Childrens Partnership. It is expected that all staff implement this guidance to safeguard children across the area.

2. STATEMENT OF INTENT / SCOPE OF THE DOCUMENT

Humber Teaching NHS Foundation Trust will support a multiagency approach to the delivery of Safer Sleeping messages to all antenatal clients and new parents across the East Riding of Yorkshire and Hull.

3. ROLES & RESPONSIBILITIES

Humber Safeguarding Children's Team- To support awareness of this guidance across the Trust.

I(S)PHN Team Leaders- To ensure compliance across I(S)PHN teams and to support training requirements.

I(S)PHN Teams- To ensure the guidance is followed and to raise any implications for non-compliance with Team Leaders.

4. THE POLICY/GUIDELINE

This standard operating procedure should be viewed in conjunction with the East Riding and Hull Safer Sleep Guidance. Information in line with the Office of Health Improvements and Disparities guidance on reducing the risk of Sudden Infant Death (SIDS) is given out during antenatal contacts and new Birth Visits by the ISPHN and IPHN service. The Lullaby Trust Safer Sleep for Babies; a guide for parents is inserted into the parent held record book.

- All I(S)PHN teams will follow the Safer Sleeping Guidelines, which will be updated annually in line with any new research or guidance from NICE and The Lullaby Trust. Also any new research/information highlighted by BASIS (Baby Sleep Info Source).
- Each area will have a trained Safer Sleep Lead who will deliver update training. Staff will undertake update training every 3 years as agreed by the steering group.
- Information must be provided to parents/carers in a manner that they understand. For parents/carers with English as an additional language, an approved interpreter should be used. The Lullaby Trust easy read cards can be used in a language understood by the family. Similarly, families with other communication needs should be offered information in such a way as best facilitates their understanding.
- When possible include anyone who will be responsible for caring for the baby at night e.g. parents and grandparents in the conversations around safer sleep. Check with parents that they are aware of the up to date advice and that they are following it correctly.
- When discussing safer sleep at the antenatal or new birth visit an assessment of the parents' understanding of the information given and their ability to apply this should be reviewed. Use a health literacy approach to identify any gaps in understanding and knowledge and to identify any potential vulnerability. Document in the patient record any additional support required or non-compliance with information.
- At the antenatal contact the Health Visitor should establish parents sleep arrangements of their new baby to include equipment and bedding purchased and introduce the safer sleep messages. The Lullaby Trust Safer Sleep for babies; a guide for parents will be given and discussed with the parents. Parents will be sign posted to other information sheets within the parent held record and where they can access additional information from the Lullaby Trust and BASIS. This same information will be reinforced at the new birth visit to include the advice on the risk factors for increasing SIDS, sleeping position, room temperature, smoking and co-sleeping/ bed sharing etc. families at high risk will be identified and associated risks discussed.

Infant Feeding

- Due to the evidence around breastfeeding (exclusive or partial breastfeeding) and its impact on reducing sudden infant death syndrome this information should be shared with parents in the antenatal period.
- All parents are advised to put their babies in a clear, safe sleep space as per recommendations by the Lullaby Trust and BASIS following feeding.
- Research shows that breastfeeding duration is increased if babies are brought into bed to feed as this causes minimal disruption to the mothers and baby's sleep pattern.
- Breastfeeding mothers may fall asleep with their baby due to the hormonal effects of breastfeeding and a discussion should take place about safer sleep practices due to this.
- All parents will be supported to identify the risks of co-sleeping/ bed sharing and provided with information on the reduction of the risks associated with bed-sharing. Due to parental tiredness babies are likely to spend some part of the night in the parental bed and an open and honest discussion needs to take place as this practice may be unintentional or intentional.
- Parents will be supported to identify the risks of co-sleeping/ bed sharing and provided with information on the reduction of the risks associated with bed-sharing for the purpose of feeding.
- At the new birth visit the Health Visitor will establish where baby is sleeping both day and night and reinforce the safer sleep key messages. At any subsequent visits sleep arrangements should be established and advice offered. This will include any developmental changes such as transition from the Moses basket to the cot and the baby becoming more mobile or the onset of formula feeding.
- Any family with children under the age of 24 months will be given safer sleep advice and guidance.
- All conversation about safer sleep should be documented via SystmOne and recorded in the health education-cot death template at the New Birth Visit
- Any concerns or non-compliance with this procedure should be raised in line with Hull and East Riding Safeguarding Childrens Partnership's Policies and Procedures.

Safer sleep discussions at the Antenatal or New Birth Visit to include all of the following:

- Offer to view the baby's sleep environment for both day and night time sleeping at the antenatal contact (if done at home) or New Birth Visit. Inform parents that viewing the room upstairs is an option to highlight any potential risk factors that may not have been considered by the parents (lone worker procedures should be followed). This may include observation of the baby's sleep space being near a radiator, in direct sunlight or near dangling blind cords.
- Recommend that the baby sleeps in the same room as the parents for the first six months for both day and night time sleeping. This ensures that babies are not placed upstairs to sleep when parents are downstairs regardless if a monitor is in use.
- The baby should be in a smoke free home. Advice should be offered on local support available to stop smoking if this is an issue (referral to East Riding Yourhealth service and Smokefree Hull or GP). There is currently no strong evidence that smoking e-cigarettes is totally safe so advise against bed sharing if parents are smoking these.
- The room temperature should be between16-20 'c consistently.
- The baby should be placed on a firm mattress in a clear, safe sleep space. Although a new mattress is recommended for all babies, if the mattress is still firm, has a waterproof

covering, there are no rips or tears and is in good condition then that is acceptable (travel cots do not require an additional mattress).

- The baby should be placed on his/her back in a feet to foot position.
- Use appropriate bedding for a baby/child. Baby's sleeping bags that are age and tog appropriate or light cellular blankets can be used which can be tucked in no higher than the child's shoulders to allow free movement of their arms. Pillows are not recommended until the baby is over a year old.
- The clear safe sleep space should be clear and free from toys or other objects.
- Cot bumpers are not recommended.
- Any sleep aids that potentially restrict baby's movements and cause over heating should not be used. Refer to the Lullaby Trust Product Guide leaflet.
- Discourage prop feeding explaining the risk factors of choking and encourage responsive feeding.
- If parents decide to swaddle their baby it is advised to do this from birth and not 2-3 months later when the risk of SIDS increases. Babies should be swaddled firmly but not tightly and removed if brought into bed. (Additional information can be found in BASIS fact sheet dummies, swaddling and baby sleep bags 2018).
- If the mother is breastfeeding discourage the use of a dummy until breastfeeding is established. If the parents decide to use a dummy discuss that this should be used for all sleep periods both day and night until it is withdrawn.
- Babies head should remain uncovered for all sleep periods to avoid overheating. If a hat has been used outside, it should be removed immediately when inside the home.
- Babies should not sleep in the home in a car seat but removed and placed on a flat surface. When travelling it is recommended that babies are in the car seat for around 30mins at a time as sometimes the baby's positon can affect their breathing and heart rate. The baby should be viewed frequently either by someone sitting with them or by using a rear view mirror. If the journey is longer it is recommended that frequent stops are taken. For all car journeys babies' hat and outdoor coat should be removed to avoid overheating.

Contraindications to bed-sharing

If the parent:

- Is a smoker or her partner is a smoker (no matter where or when they smoke).
- Is sedated (e.g. following analgesia with a sedative effect or if parent is a drug user or taking any medication prescribed or non-prescribed that has a sedative effect).
- Is unusually tired to a point where they may find it difficult to respond to their baby.
- Has any condition which could alter consciousness, e.g. epilepsy, unstable diabetes.
- Has any other condition which could make them less aware of or less able to respond to their baby.
- Has drunk alcohol.
- Is morbidly obese.
- There is not enough space in the bed for the baby.
- Is sleeping on a sofa, armchair, waterbed, beanbag, or a sagging mattress.
- Has other children or animals in the bed with them.

Or if the baby:

- Is premature (less than 37 weeks gestation).

- Weighs less than 2.5kgs (5 ½ lbs).
- If the baby has a health condition or is unwell

Be cautious
There is evidence to suggest that breastfeeding mothers sleep facing their babies and adopt a protective sleeping position, whilst mothers who are artificially feeding can sometimes turn their backs on their babies once they have fallen to sleep. However, it is safest to warn all bottle feeding mothers who share a bed for comforting and settling, to put their baby back in their clear, safe sleep space before going to sleep. At present it is unknown whether teaching safe sleeping positions to bottle feeding mothers is feasible and effective.

Legal implications

- Professionals need to be aware of a recent change in the Law under The Serious Crime Act (2005) Section 5. 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.
- Health professionals need to be aware that there is an association between sudden infant death and domestic violence and to consider this in their risk assessment.

Outcomes

- All parents and those involved in the care of sleeping babies will receive evidence based and up to date information on how to implement safer sleep advice.
- All parents will have greater information and knowledge in relation to the risks involved with co-sleeping/bed sharing and can make informed choices in relation to bed sharing for the purpose of prolonged breast feeding.
- All Humber I(S)PHN staff will feel confident in promoting a safer sleeping environment for parents and babies and this is discussed at minimum of core contacts.
- All I(S)PHN staff will provide consistent information and practice across the wider health community in the advice given to parents on co-sleeping / bed sharing with their infant.
- I(S)PHN staff will make sure that all parents in the East Riding and Hull are aware of the risks associated with intentional or unintentional co-sleeping /bed sharing, can apply the information and are supported to make informed choices.
- All I(S)PHN staff will promote best practice standards for breastfeeding.
- Maintain the successful implementation of the UNICEF Baby Friendly Initiative best practice standards to ensure responsive and safe feeding practices occur.
- To support practitioners to deliver up to date information.
- Utilise the latest evidence base to reduce SIDS.
- Increase in referrals to smoking cessation services such as East Riding Yourhealth and Smokefree Hull.

5. IMPLEMENTATION

The I(S)PHN service have Safer Sleep Leads working with the Team Leaders and the East Riding commissioners and Hull 1001 days steering group to provide the necessary guidance and support for I(S)PHN teams. The Service Managers and East Riding and Hull Safeguarding Children's Partnerships will monitor the implementation of this procedure and review the impact of any changes across the service.

Lone working procedures should be reviewed and taken into consideration before offering to review the home sleeping environment. See Humber NHS TFT guidance lone worker policy.

6. MONITORING

The implementation of this procedure will be monitored through regular discussions with staff at team meetings, via Breast Feeding audits, and by review from Team Leaders and the Safer Sleep Health Visitor leads on an annual basis and at the quarterly safer sleep steering groups.

7. REFERENCES

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The Lullaby Trust Product Guide: A Guide to Buying Safer Sleep Essentials, available at: https://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Product-Guide-Web.pdf, accessed on 19/06/2023.

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Appendix A - Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** SOP Infant Safer Sleep
2. **EIA Reviewer:** (Sarah Clapham, FNP Supervisor / Modern Matron, Sledmere House, sarah.clapham@nhs.net):
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** SOP

Main Aims of the Document, Process or Service **To reduce the risk of Sudden Infant Death Syndrome in babies and infants**
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?	How have you arrived at the equality impact score?
1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	This SOP is applicable to all babies and infants
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	This SOP is applicable to all babies and infants regardless of disability
Sex	Men/Male Women/Female	Low	This SOP is not affected by Sex
Marriage/Civil Partnership		N/a	N/a
Pregnancy/ Maternity		N/a	N/a
Race	Colour Nationality Ethnic/national origins	Low	This SOP is not affected by race
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	This SOP is not affected by religion or belief
Sexual Orientation	Lesbian Gay men Bisexual	N/a	N/a

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	N/a	N/a

Summary

Please describe the main points/actions arising from your assessment that supports your decision. N/a	
EIA Reviewer: Sarah Clapham	
Date completed: 21/07/2023	Signature: S. Clapham