

7 Minute Briefing: Safer Sleep

Date: April 2021

7. Questions to consider:

- How can we as a multi-disciplinary workforce use this information to safeguard infants?
- Where do we see babies? Or their parents?
- Do we routinely ask about and view sleeping arrangements to ensure it is a safe space?
- Has temperature regulation been discussed?
- Do we routinely ask about alcohol, smoking, drugs and medication?
- Do you refer to smoking cessation service &/or drug & alcohol service?
- Do we routinely give information about and discuss safer sleep? Do we ask about other carers?
- When do we discuss safer sleep?
- Do we always document the advice given?

1. Background:

On average 4 babies die, suddenly and unexpectedly, every week in the UK and no cause will be found. This is known as sudden infant death syndrome (SIDS). Increased awareness of safer sleep practices has led to a significant reduction in the number of deaths and rates have fallen by 80% since the 1991 Back to Sleep campaign

2. Why it matters?

The latest results from the Office for National Statistics showed that in 2018 SIDS rates in England and Wales increased by 7%. More action must be taken to ensure that all parents, carers and families of babies have access to information on how to reduce the risk of SIDS. If all parents followed safer sleep advice, many more babies could be saved. Bed sharing can be intentional or a necessity, but all women, their partners or main carers of babies should be given information in a format they can understand, irrespective of their culture.

3. Who is this for?

This safer sleeping guidance for children is applicable to the multi-disciplinary workforce who have contact with the parents, carers and families of babies. They are in a position to provide consistent evidenced based advice to parents, carers and families, to discuss sleeping arrangements for baby, support them to make informed choices regarding safer sleep and raise awareness of factors associated with SIDS. Communication and information-giving between parents, carers, families, and members of the multi-disciplinary workforce are key. Relevant adjustments should be in place for people with communication difficulties, and those who do not speak or read English. Verbal and written information should be appropriate for the person's level of literacy, culture, language and family circumstances.



4. Key Messages

The safest place for a baby to sleep is in their own clear, flat, separate sleep space, such as a cot or Moses basket in the same room as you. Babies should always sleep in the same room as you for the first six months, day and night.

- Always place your baby on their back to sleep for every sleep, day and night
- Give your baby a clear safe sleep space, in the same room as you
- Keep your baby smoke free before and after birth
- Bed-sharing more safely
- Breast feed if you can, breast feeding lowers the risk of SIDS

For further Information: The Lullaby Trust:
<https://www.lullabytrust.org.uk/safer-sleep-advice/>

6. Risk factors and Bed Sharing

Strongly advise parents not to share a bed with their baby if their baby was low birth weight or if either parent:

- has had 2 or more units of alcohol
- smokes
- has taken medicine that causes drowsiness
- has used recreational drugs

5. Bed Sharing

NICE's Postnatal Care Quality standard [QS37] details at each contact, practitioners should discuss with parents safer practices for bed sharing, including:

- making sure the baby sleeps on a firm, flat mattress, lying face up (rather than face down or on their side)
- not sleeping on a sofa or chair with the baby
- not having pillows or duvets near the baby
- not having other children or pets in the bed when sharing a bed with a baby