

# Merseyside Child Death Overview Panel

## Multi-Agency Safe Sleeping Guidance

March 2017

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# Safe Sleeping Guidance

## 1. Introduction

### 1.1 Rationale

Merseyside LSCB partner agencies and Merseyside Child Death Overview Panel (CDOP) have collated this 'Safe Sleeping Guidance' for professionals/agency workers across the area, in order for them to have clear and consistent messages when advising parents and carers on safe sleeping arrangements. The Child Death Overview Panel (CDOP) is responsible for reviewing information on all child deaths, and focuses on unexpected child deaths through the rapid response arrangements (SUDiC Protocol January 2015). They record any modifiable factors in child deaths and make recommendations to aim to ensure that similar deaths are prevented in the future.

### 1.2 Background

Sudden Unexpected Death in Infancy (SUDI) is the common term for sudden and unexpected infant deaths that are initially unexplained (commonly referred to as 'cot deaths'). Some sudden and unexpected infant deaths can subsequently be explained by a thorough post-mortem examination. Causes may include accidents, infections, congenital abnormalities, or metabolic disorders. Those that remain unexplained (i.e. are unexplained after the post-mortem examination) are usually registered as Sudden Infant Death Syndrome (SIDS).

The cause of sudden infant death syndrome is not known. It is possible that many factors contribute but some factors are known to make SIDS more likely. These include placing a baby on their front or side (1). The National Institute of Clinical Excellence have reviewed evidence relating to co-sleeping in the first year of an infant's life. Some of the reviewed evidence showed that there is a statistical relationship between SIDS and co-sleeping. This means that where co-sleeping occurs, there may be an increase in the number of cases of SIDS. However the evidence does not allow us to say that co-sleeping causes SIDS. Therefore the term 'association' has been used in the recommendations to describe the relationship between co-sleeping and SIDS (1).

Whilst the overall number of SIDS has decreased since the 'Back to Sleep' campaign in 1991, the latest published figures indicate 212 babies died of SIDS in 2014 (2). Previous UK data suggested approximately 50% of SIDS babies die while sleeping in a cot or Moses basket but approximately 50% of SIDS babies die while co-sleeping. It is indicated, however, that 90% of SIDS babies in co-sleeping situations died in hazardous situations that were deemed largely preventable.

Hazardous situations were identified as:

1 in 180 – the risk of SIDS while co-sleeping on a sofa

1 in 180 – the risk of SIDS while co-sleeping after consuming alcohol or drugs

1 in 800 – the risk of SIDS while co-sleeping with a regular smoker

The death rate from SIDS among babies of teenage parents is four times higher than that of older parents (3).

If no baby co-slept in hazardous situations there is the potential for a reduction of almost 90% SIDS deaths where co-sleeping was a feature. (4)

Nationally, and regionally, all child deaths are reviewed to improve the understanding of how and why children die; and the findings are used to plan and implement appropriate action to prevent future child deaths and more generally to improve the health and safety of the children in the area. On average there has been five deaths per year in Merseyside involving co-sleeping.

There is an association between SIDS and bed sharing if parents are smokers or have impaired consciousness e.g. through alcohol or drug taking or through excessive tiredness. Sudden infant death is also associated with overheating, sleeping prone and the head becoming inadvertently covered (5).

### 1.3 Definitions

For the purpose of this guidance, the following definitions apply:

**Accidental Deaths:** Sudden deaths in infancy can be accidental and caused by overlaying, entrapment and suffocation for example.

**Bed sharing (planned):** describes babies sharing a parent's bed in hospital or home, to feed them or to receive comfort. This may be a practice that occurs on a regular basis or it may happen occasionally.

**Co-sleeping (unplanned):** 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 etc). This may be a practice that occurs on a regular basis or it may happen occasionally; it may be intentional or unintentional.

**Baby's carer:** 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.

**Overlaying:** 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.

**Infant:** a child up to the age of 12 months.

**SUDI:** Sudden Unexpected Death in Infancy - an umbrella term used to explain all unexpected deaths in infancy, this term includes SIDS, and applies to children aged from 0 up to 2 years.

**SUDiC:** Sudden Unexpected Death in Childhood – protocol to be used for all sudden unexpected deaths of children aged from 0 up to 18 years old (contains documents specifically relevant to SUDI)

**SIDS (Sudden Infant Death Syndrome):** SIDS is an unexpected death of an infant which remains unexplained after a thorough investigation, the term 'unascertained' may also be used.

#### 1.4 Aim

The overarching aim of these guidelines is to reduce the number of child deaths through unsafe sleeping practices on Merseyside.

The aim of the guidelines will be fulfilled through the following objectives:

- To ensure that consistent evidence informed advice about the associated risks about all aspects of safe sleep are widely available to all parents and carers of young infants across Merseyside.
- To ensure that all those in contact with families and young children feel confident and equipped to promote safe sleeping advice to parents and carers from the antenatal period through to the post natal period.
- Encourage partnership working across Merseyside to promote consistent safe sleeping advice and guidance, using safe sleep campaign materials.

#### 1.5 Outcome

For all staff to be fully aware of and educated in all aspects of safe sleeping including the risks associated with co-sleeping and SIDS and to be able to pass this information onto parents and carers to make informed decisions around this issue.

#### 1.6 Target Group

The policy is intended for use by all partner agencies of Merseyside LSCBs who have contact with families.

For any professional/agency worker having contact with families they should adhere to the principles of this guidance and convey a consistent message regarding **safe sleeping** whenever circumstances warrant it.

The core staff group will be:

- Midwifery Services
- Health Visiting Services
- Family Nurse Partnership
- Neonatal staff
- Paediatric staff
- Primary care staff
- Unplanned care staff

Distribution of safe sleep messages and materials falls within the remit of the core staff group. However, all workers should be sufficiently aware of the messages to convey them whenever a need arises.

As a health professional tasked with discussing co-sleeping and SIDS with parents (as recommended by NICE (2014) the messages can seem complex, controversial and at odds with parents' lives. Sometimes parents may not follow the advice given, for several reasons:

- Young babies wake frequently at night and need to be fed and cared for somewhere. In most homes this will be in bed or on a sofa or armchair, simply because there is no other comfortable place. Parents can easily choose the more dangerous sofa over the less dangerous bed because they are trying to follow advice to never bed-share.
- Mothers can try and sit up rather than lay in bed to breastfeed in order to stop themselves falling asleep. As most babies breastfeed frequently, mothers risk falling asleep in a more dangerous position than if they had been lying down. Many abandon breastfeeding altogether as they are so exhausted, thereby depriving themselves and their baby of all the benefits that breastfeeding brings.
- Babies thrive on closeness and comfort. Many parents end up co-sleeping, whether they intended to or not, as it settles their baby and so enables everyone to sleep.
- While some young babies settle easily in a cot or Moses basket between feeds others do not. Some parents who choose not to co-sleep may decide to encourage their baby to learn to sleep independently using the controlled crying method, which is not recommended. This approach can be distressing for the parents and their baby, be detrimental to the baby's growth and development and can undermine breastfeeding.

If you have any concerns regarding parents failing to follow advice provided to them, or express their intention to do so, a referral could be forwarded to the local Children's Centre who may undertake a home visit to promote the safe sleeping advice and highlight the dangers of unsafe sleeping practices. The parent/s should be made aware of this referral. This should be done in conjunction with line management and following internal procedures for the respective agency. Any issues should be clearly documented in agency records.

If, during a home visit, a worker identifies that an additional assessment is required they should refer to the appropriate health professional or Children's Services to request an assessment. They must clearly identify the concerns and reasons for the request.

## 2. Recommendations

The following recommendations have been formulated through reference to national guidance documents and local intelligence that has been gained as a result of the analysis of data from the Child Death Overview Panel (CDOP) process. Professionals are expected to utilise these recommendations when speaking to parents and carers about safe sleeping.

### 2.1 Sleeping Position

Babies must always be placed on their back to sleep and never on their tummy and sides, to avoid suffocation and overheating. This also includes babies discharged from hospitals where the medical condition may have indicated the use of an alternative sleeping position. This will have been continually monitored in hospital and should cease immediately on discharge.

There is substantial evidence from all around the world that placing a baby on their back to sleep (known as the supine position) at the beginning of every sleep period significantly reduces the risk of SIDS. Sleeping an infant prone (on their front or side) is associated with significantly increased risk of SIDS.

Babies must always be placed in the 'feet to foot' position in cots with the bedclothes securely tucked in so they can reach no higher than the shoulders.

### 2.2 Environment

**It is recommended that the safest place for a baby to sleep is in a cot in a room with the baby carer for the first six months.**

#### Sleeping Arrangements

It is recognised that some associated risk factors such as co-sleeping can be intentional or unintentional therefore it is important to discuss this with parents and carers and inform them that there is an association between co-sleeping and SIDS (1)

Studies have found that parents/carers who fall asleep on a sofa or armchair put their baby at a fifty fold increased risk of SIDS (3). There is an association between SIDS and bed sharing if parents are smokers or have impaired consciousness e.g. through alcohol or drug taking or through excessive tiredness.

Adult beds and bedding are not designed for babies and caution must be taken to prevent babies from overheating, suffocating, becoming trapped and falling out of bed. Babies must always be returned to their cot to sleep.

Babies should **never be left unsupervised in or on an adult bed.**

Parents/carers should never sleep with their babies on a sofa or armchair. If settling a baby after feeding on a sofa they must always be returned to their cot, as this is

one of the most significant contributing factors in SIDS. Babies can become trapped down the side of sofas or between cushions.

## **Temperature**

The ideal room temperature for a baby is between 16-20° C. Overheating can increase the risk of SIDS, babies can become too hot because of too much bedding, clothing or increased room temperature.

## **Pets**

Pets should never share a room where a baby is sleeping. Babies must never be left alone with pets.

## **Breastfeeding**

Breastfeeding provides significant health benefits to babies including increased protection against respiratory tract infections, ear infections and gastroenteritis; the longer the baby breastfeeds the greater the health benefits. Breastfeeding should therefore be promoted as the ideal nutrition for babies, and families should be supported to continue to breastfeed for as long as possible. Several studies have found that breastfeeding protects against the risk of SUDI and should be recommended as a protective measure. Studies have shown a reduced risk of SIDS in breastfed infants. Exclusive breastfeeding (ie those who have never fed with formula milk) is associated with the lowest risk, but breastfeeding of any duration may be beneficial for lowering the risk of SIDS compared to formula feeding alone.

It is recognised that mothers who bring their babies into bed to feed tend to continue to breastfeed longer than those who do not. However, it is easy to fall asleep whilst breastfeeding as lactation hormones induce sleepiness. If breastfeeding parents indicate that they intend to bed-share, actions to minimise the potential risks regarding safe sleeping must be discussed, including the management of night-time feeds. The same advice should be given to parents who formula feed regarding the risks of taking baby into bed for feeding.

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

- You should not share a bed with your baby but particularly if you or your partner smoke, have been drinking or taking drugs that make you drowsy or feel very tired.
- If a mother does fall asleep when breastfeeding, 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.

Midwives and health visitors should use the safe sleeping assessment and action plan to help all mothers put in place a strategy to minimise the risk of unintentional co-sleeping (Appendix 2).

## 2.3 Equipment

Infants must never sleep using pillows, wedges, bedding rolls, bumpers, or duvets. These items should be avoided in order to prevent babies from being trapped, overheated or suffocated.

Avoid putting the cot/Moses basket next to a window, heater, fire, radiator, or in direct sunlight, as it could make the baby too hot.

When an adult is not in the room with baby keep the drop side of the cot up and locked in position.

Keep the cot away from any furniture, which an older child could use to climb into the cot.

Keep the cot away from toiletries, such as baby lotion, wipes and “nappy sacks” which an older baby may be able to reach.

Avoid curtains and blinds with cords. Place corded baby monitors at a safe distance. Dangling cords carry a risk of strangulation, any present must be securely tied up.

Please see PHE report on reducing childhood accidents - 2014  
<http://www.chimat.org.uk/resource/view.aspx?RID=204458>

When the cot mattress is at its lowest height the top of the rail should be above the baby's chest to prevent older babies climbing out of the cot.

### Cots

Babies should ideally sleep on a new mattress that is in a good condition. However if this is not possible baby's carers must ensure it is completely waterproof, not torn and is thoroughly clean.

Mattresses should be firm, fit the cot well without any gaps. They should be covered with a single sheet that fits well. The mattress should not sag.

### Moses Basket

It is advised that if using a Moses basket the lining should only be thin to allow ventilation. Moses baskets are only designed for use by babies up to the maximum age of 6 months. Manufacturing guidelines on the use of the Moses basket should be followed. Caution must be exercised according to the weight and size of the baby.

(See **APPENDIX 3** for guidance on Tog units for clothing and bedding)

### Slings

If slings are being used the following principles must be followed:

- It is firm and upright
- The adult can always see their baby's face by simply glancing down
- The adult can kiss their baby's head by tipping their head forward

- The baby should never be curled up so their chin is forced into their chest, as this can restrict their breathing

## **Modes of Transport**

Car seats, push chairs and prams are used for transferring baby and should not be used for a baby to sleep in in the home. It is important to check the baby regularly when they are asleep. When they are being transported in a car they should be carried in a properly designed and fitted car seat, facing backwards, and be observed regularly by babies' carer. On long car journeys stop for regular breaks for air and drinks for baby and ensure that the baby does not spend longer than necessary in the car seat, a maximum of two hours at any one time. Extra observation is needed for premature babies who may curl forwards and inwards.

### **2.4 Overheating**

It is advisable to check babies regularly to make sure they are not too hot or too cold. To check for overheating look for sweating or if their tummies feel hot, take off some bedding to reduce this. (Do not worry if their hands or feet feel cool - this is normal).

Usually one or more light layers of blankets are enough (a blanket folded in two counts as two layers).

Swaddling is suggested as an emerging risk factor for SIDS. Evidence is inconclusive, but babies' carers should be cautious; if they do decide to swaddle their baby, they should be advised not to cover the baby's head and only use thin materials. If parents choose to swaddle their baby they must do so consistently for each sleep. Baby must be unswaddled once they are asleep. Once a baby is learning to roll, a baby must not be swaddled.

Babies should not be overdressed. (After the age of one month, they do not need any more clothes than an adult does).

Always remove 'outdoor clothes' once indoors, and when in community venues remember to loosen or remove outdoor clothing. Parents or carers should always be mindful of the environmental temperature and reduce clothing and layers as appropriate.

Parents should be advised to seek medical advice if their child appears unwell.

### **Tog Values**

When babies are sleeping, clothing and bedding should never exceed 12 Tog units. Tog is a unit of thermal resistance to express the insulating qualities of clothes, quilts, bedding etc. (A Tog Table is contained within Appendix 3 – page 33)

## 2.5 Known Risk Factors

If, when raising these risk factors, it is apparent they are present within the home workers should explore with the family the reasons for pursuing the 'risky' behaviours and reinforce the safe sleep messages.

Risk Factor	Why it's a risk	Action
Sleep position	<p>Sleeping prone has a higher risk of SUDI. Sleeping supine (face upwards, or on the back) carries the lowest risk of SUDI.</p> <p>There is also an association between side sleeping and SUDI, with higher risk for babies born prematurely or of low birth weight.</p>	<p>Placing infants on their back to sleep should always be recommended.</p> <p>Feet to foot position reduces the risk of an infant wriggling down and his/her head becoming covered.</p> <p><b>This includes babies discharged from hospital immediately they return home unless the medical advice indicates otherwise.</b></p>
Smoking	<p>Smoking significantly increases the risk of SUDI, particularly when associated with co-sleeping.</p> <p>Risk is increased by any exposure to cigarette smoking, but maternal smoking during pregnancy has the greatest effect.</p> <p>Parents should not bed share, or fall asleep with their baby in bed, if they or any other person in the bed smokes (even if the smoking never occurs in bed).</p> <p>The effects of smoking are dose-related; the more cigarettes smoked the greater the risk.</p> <p>1-9 cigarettes/day =4 times the risk            10-19 cigarettes/day =6 times the risk            20+ cigarettes/day = 8 times the risk</p> <p>Babies exposed to cigarettes smoke after birth are also at an increased risk. The baby breathes faster than adults, so inhales more smoke.</p> <p><b>It takes 4 hours for the effects of one cigarette to be eliminated from the</b></p>	<p>Discuss the risks of smoking with the family</p> <p>No one should smoke in the house including visitors</p> <p>No one should smoke in the car.</p> <p>Discuss referral to Stop Smoking services</p>

Risk Factor	Why it's a risk	Action
<p>Infant sleeping in parents / carer's bed</p>	<p><b>human body.</b></p> <p>Co-sleeping increases the risk of SUDI, with the risk highest among mothers who smoke.</p> <p>There is a small, but statistically significant, increase in risk, even if the parents are non-smokers.</p> <p>This risk mainly affects younger infants (less than three months postnatal age) and those with low birth weight (&lt;2,500 grams). A recent study found a higher risk with bed sharing, below age two months, after adjustment for smoking and this was not significantly altered by the presence or absence of breastfeeding.</p> <p>Thus, bed-sharing poses a risk whether parents/carers smoke or not</p> <p>This is because:</p> <ul style="list-style-type: none"> <li>• Adult mattresses are not designed for infants.</li> <li>• Adult pillows and bedding may contribute to suffocation.</li> <li>• Adult duvets can contribute to overheating – the ideal temperature for an infant's room is 16-20°C.</li> <li>• Other children or pets may be sharing the parental bed and this may lead to suffocation or over-heating.</li> <li>• Infants may be squashed /suffocated by parents or others in the bed.</li> <li>• Infants may get wedged in the bed or may wriggle into a position from which they can't get out.</li> <li>• Infants may roll out of bed and be injured.</li> </ul> <p>Additional risks to co-sleeping may be compounded by siblings or pets also sharing the parental bed.</p>	<p>Inform parents and carers of the increased risk of co-sleeping and SIDS particularly if the adults smoke, take drugs or consume alcohol. (1).</p> <p>Explore the reasons for co-sleeping and aim to identify alternative measures.</p> <p>Reinforce safe sleep messages</p>

Risk Factor	Why it's a risk	Action
<p>Infant sleeping on sofa, armchair or beanbag or other sleeping device with/without parent / carer</p>	<p>Sleeping with an infant on a sofa is associated with a significantly higher risk of sudden unexpected death in infancy. <b>This exposes the infant to 50 times the risk of unexpected death.</b></p> <p>An infant may get wedged in the sofa, armchair, beanbag. A parent may roll over on a sofa and suffocate the infant.</p> <p><b><u>Using a cot safely</u></b></p> <p>Avoid putting the cot/Moses basket next to a window, heater, fire, radiator, or in direct sunlight, as it could make the baby too hot.</p> <p>When an adult is not in the room with baby keep the drop side of the cot up and locked in position.</p> <p>Keep the cot away from any furniture, which an older child could use to climb into the cot.</p> <p>Keep the cot away from toiletries, such as baby lotion, wipes and “nappy sacks” which an older baby may be able to reach.</p> <p>Avoid curtains and blinds with cords. Place corded baby monitors at a safe distance. Dangling cords carry a risk of strangulation. Any present must be securely tied up. <b>(Please see PHE report on reducing childhood accidents - 2014 <a href="http://www.chimat.org.uk/resource/view.aspx?RID=204458">http://www.chimat.org.uk/resource/view.aspx?RID=204458</a>)</b></p> <p>When the cot mattress is at its lowest height the top of the rail should be above the baby's chest to prevent older babies climbing out of the cot.</p>	<p><b><u>Cots</u></b></p> <p>All cots currently sold in the UK should conform to BSEN 716 and have a label that states:</p> <p>The cot is deep enough to be safe for the baby.</p> <p>The bars should not be more than six centimetres apart, so that babies cannot get their heads caught between them. The bars of cribs made prior to 1979 may have wider spacing that does not conform to these standards.</p> <p>The cot does not have cut outs or steps.</p> <p><b><u>Using a second-hand cot</u></b></p> <p>It is recommended that a new cot mattress is used for each infant. If parents are using a ‘previously used’ mattress, they should be advised to ensure that it is waterproof, has no tears or holes. Ventilated mattresses are not recommended, as they are very difficult to keep clean.</p> <p>Parents/Carers must check that the cot is safe for baby. This includes:</p> <ul style="list-style-type: none"> <li>• The same points above apply when using a second hand cot.</li> <li>• If the cot is painted, it will need to be stripped and re-painted. There is always a possibility that old paint may</li> </ul>

Risk Factor	Why it's a risk	Action
		<p>have lead in it.</p> <ul style="list-style-type: none"> <li>• Make sure the mattress fits snugly, there should be no corner post or decorative cut outs in the headboard, or foot board which could trap babies limbs.</li> <li>• It is recommended that a new mattress is used for each child using the cot.</li> </ul>
Alcohol use	Alcohol use sedates parents and impairs their level of consciousness. It reduces a parent's responsiveness and awareness of the infant.	<p>Advise on the risks of alcohol use. Offer referral to alcohol support services if necessary.</p> <p>Inform parents and carers that the association between co-sleeping and SIDS may be greater with parental or carer recent alcohol consumption (1).</p> <p>If necessary advise parents regarding the legal implications of co-sleeping with a child under 3 years when under the influence of alcohol [Children and Young Persons Act 1933 s1(2) - see appendix 4]</p>
Prescribed Medication / illicit substance	<p>Prescribed medication may sedate baby's carer and impair their levels of consciousness.</p> <p>Reduces the responsiveness of the baby's carer and awareness of the infant on any sleeping surface.</p> <p>Less aware of or less able to respond to the infant.</p> <p>Higher risk medication includes: sleeping tablets, anti-depressants, some cough remedies, some anti-histamines and some analgesics</p>	<p>Advice should be given in respect of medication.</p> <p>Additional GP or pharmacy advice should be sought.</p> <p>Inform parents and carers that the association between co-sleeping and SIDS may be greater with parental or carer drug use (1).</p>

Risk Factor	Why it's a risk	Action
	<p>Research has demonstrated that 25% of babies who died while co-sleeping did so, with an adult who had taken drugs that made them drowsy.</p>	
<p>Non-prescribed medication use.</p>	<p>Non-prescribed medication use may sedate parents and impair their level of consciousness.</p> <p>Impacts on responsiveness and awareness of the infant.</p> <p>Less aware of or less able to respond to the infant's needs.</p> <p>Research has demonstrated that 25% of babies who died while co-sleeping did so with an adult who had taken drugs that made them drowsy.</p>	<p>Advice should be given regarding the use of non-prescribed medication.</p> <p>Consider the need for the referral to substance misuse services.</p> <p>As part of a holistic assessment consider the need for a safeguarding referral.</p> <p>Inform parents and carers that the association between co-sleeping and SIDS may be greater with parental or carer drug use (1).</p>
<p>Tiredness</p>	<p>Parental tiredness may impact on responsiveness and awareness of the infant and render them less aware of or less able to respond to the infant.</p>	<p>Baby's carers should be encouraged to try and relax when their baby is sleeping.</p> <p>Discuss support networks for parents and consider options such as extended family, Homestart or similar support resources.</p>
<p>Young, pre-term infants/low birth weight</p>	<p>Babies under 12 weeks of age who sleep in an adult bed with parents are at increased risk of sudden infant death, even without other risk factors.</p> <p>Babies are at greater risk if they were premature (born before 37 weeks) or of low birth weight (less than 2.5kg or 5 lbs 8oz).</p>	<p>Inform parents and carers that the association between co-sleeping and SIDS may be greater with low birth weight or premature infants (1).</p> <p>Reinforce the need for babies to sleep in a cot or Moses basket and be placed 'feet to foot' on their backs. Emphasise the need to discontinue any previous alternative sleep positions that may have occurred in hospital.</p>

Risk Factor	Why it's a risk	Action
Illness and infection	<p>The exact role of illness in SIDS is not well understood and many of the babies who have died have not shown any signs of illness. It is recommended that medical advice be sought if a baby shows signs of illness that persist for more than 24 hours.</p> <p>The risk of SUDI when babies are unwell appears to be higher when babies sleep in the prone position (face down).</p> <p>Sleeping with or swaddling an ill baby or a baby with a high temperature may increase the risk of infant death.</p>	<p>Medical advice should be sought if a baby shows signs of illness that persist for more than 24 hours.</p> <p>Lullaby Trust has a 'baby check app' that helps parents decide if their baby is really ill and needs to see a doctor – it can be downloaded free on Google Play and in the App Store.</p> <p>Reinforce the greater risk of co-sleeping if their child is ill.</p>
Temperature/Swaddling associated with SUDI.	<p>Overheating (heating on all night, excess bedding) is associated with SUDI</p> <p>The combination of overwrapping (excessive layers of bedding and/or clothing including hats) and signs of infection confers a greatly increased risk of SUDI.</p> <p>Similarly, the combination of overwrapping and prone sleeping carries a higher risk than either alone.</p> <p>A number of factors such as fever following an infection, prone sleeping position, overwrapping or bedclothes covering the head, can affect the thermal balance in a baby by either making the baby too hot or reducing their ability to lose heat.</p>	<p>If parents/carer's decide to swaddle their baby they must not cover the baby's head and only use thin materials.</p> <p>Babies must be unswaddled once they are asleep.</p> <p>Once a baby is learning to roll they must not be swaddled.</p> <p>Refer to TOG rating table, appendix 3 on page 34</p>
Head covering	<p>Babies whose heads are covered with bedding are at increased risk of cot death.</p> <p>Infants should be placed feet to foot in the crib, cot or pram and covers made up so that they reach no higher than the shoulders. Ensure bedding is firmly tucked in.</p> <p>Duvets, quilts, baby nests, wedges, bedding rolls or pillows should not be used.</p> <p>Indoors, babies do not need to wear a hat</p>	<p>Refer to TOG rating table, appendix 3 on page 34</p>

Risk Factor	Why it's a risk	Action
	<p>as it poses a risk of overheating because their temperature control is regulated through heat loss via their head.</p>	
<p>Bedding (see 'temperature overwrapping and head-covering', p.14)</p>	<p>Parents/Carers need to ensure that the bedding in use is the right size for the cot/crib/Moses basket; as this will prevent the baby getting tangled up.</p> <p>Sheets and blankets are ideal. A baby sleeping bag is equally fine. If the baby is too hot a layer can be removed and if too cold a layer added.</p> <p>Duvets and pillows are not safe for use with babies under one year of age as they could cause overheating and/or increase the risk of accidents from suffocation.</p> <p>Use of cot bumpers – research has produced mixed results, but some expert's advise avoiding the use of cot bumpers once the baby can sit unaided as they can use the bumper as a means to get out of the cot. Some bumpers have strings attached to secure them to the cot; an older child could pull at these strings and become tangled in them. Some bumpers are classified as bulky bedding and thus, like pillows etc are risk factors for SIDS and suffocation.</p> <p>Blankets and covers must not be draped over the cot / moses basket as a means of occluding the light.</p>	<p>See Tog Table (appendix 3 –p34)</p> <p>The cot should be made up so that the blanket and sheets are halfway down the cot, and tucked under the mattress so that the baby lies with their feet at the end of the cot. This is a safe and recommended method as it means it's difficult for the baby to wriggle down under the bedding.</p> <p>Advise against the use of duvets and pillows for babies under 1 year.</p> <p>Advise against the use of cot bumpers.</p> <p>Advise against the draping of blankets and covers over cots, moses baskets, prams</p>
<p>Infant sleeping in seat</p>	<p>Infants, particularly pre-term infants or those with pre-existing health care conditions, are at risk of respiratory problems if sleeping in the semi-reclined position of car seats.</p>	<p>Advice is always to remove infants from car seats and place in Moses basket, cot or crib.</p>

Risk Factor	Why it's a risk	Action
Previous unexpected infant death	There is an increased risk of SUDI where a death has already occurred, possibly because some risk factors are still present. However, the risk of a subsequent infant death in the same family is still fortunately very rare.	Please refer to your local area arrangements for Care of Next Infant (CONI) programme to support families during subsequent pregnancies and after birth.  Local arrangements are contained within appendix 6
Toys in the cot/ Moses basket	They could fall on baby causing overheating or accidental smothering.	Advise against toys in the cot or moses basket.
Changes in sleep circumstances	Inconsistent routines or changes to the last sleep episode have been described by parents whose infants have died.	Parents should be advised to make plans for safe sleep when there is a change to usual sleep arrangements, for example: when sleeping away from home; when their baby is looked after by relatives or friends; after family celebrations, alcohol use etc.
Baby Slings	Baby slings can pose a risk to the baby if they are too loose or if the baby has moved into a position where they are not visible to the parent.	Slings should be <ul style="list-style-type: none"> <li>• Tight</li> <li>• The adult can always see their baby's face by simply glancing down</li> <li>• The adult can kiss their baby's head by tipping their head forward</li> <li>• The baby must never be curled up so their chin is forced into their chest as this can restrict their breathing.</li> <li>• Further guidance can be sought from <a href="http://www.lullabytrust.org.uk/swaddling-slings">www.lullabytrust.org.uk/swaddling-slings</a></li> </ul>
Baby Clothing	Risk of overheating during sleep if too much or tog rating too high  Risk of baby being strangled if bib is left on	Flame retardant sleepwear is advised.  Care should be taken to

Risk Factor	Why it's a risk	Action
	whilst sleeping	<p>ensure that suitable clothing is worn for the temperature of the room.</p> <p>Bibs should be removed before sleep.</p>
Using dummy	Some studies have shown that using a dummy at the start of every sleep may reduce the risk of SIDS and that stopping or inconsistent use of the dummy increases the risk of SIDS.	<ul style="list-style-type: none"> <li>• If parents choose to use a dummy it should be offered when settling the baby at <b>every</b> sleep episode (the protective factor appears to occur as the baby falls asleep).</li> <li>• If the dummy falls out of baby's mouth once asleep, do not put back in.</li> <li>• If your baby does not seem to want the dummy, do not force them.</li> <li>• Do not coat the dummy in a sweet liquid.</li> <li>• Always clean and regularly replace dummies.</li> <li>• Try to wean your baby off their dummy by the age of one year.</li> </ul> <p>If a baby has become accustomed to using a pacifier (dummy) while sleeping, it should not be stopped suddenly during the first 26 weeks (1).</p>
Twins / Multiple Births	<p>Many parents choose to co-bed their twins due to issues of space. There are risks associated both with the babies sleeping too close together and overheating and also when the babies are old enough to roll and potentially obstruct the other baby.</p> <p>The same advice applies to triplets or quads.</p>	<p>Start sleeping the babies at opposite ends of the cot from the beginning, this means that they will both be in the feet to foot position with their own bedding firmly tucked in.</p> <p>Only place babies side by side in the cot in the early weeks, when they can't</p>

Risk Factor	Why it's a risk	Action
		<p>roll over or onto each other. Make sure that they are not close enough to touch and potentially obstruct each other's breathing.</p> <p>Do not use rolled towels, pillows or anything else between their heads and the use of cot dividers is not recommended. These items can become potential hazards.</p> <p>Once either of the babies have learnt to roll, it is advisable to move them to sleep on their own sleep surfaces.</p> <p>Never put the babies in the same Moses basket. The risk of the babies overheating in the small space is too great and a high body temperature during sleep is known to increase the chance of SIDS.</p>

## 2.6 New Products

Merseyside Child Death Overview Panel and LSCB partner agencies are providing information in relation to new products that have been brought to our attention. We neither endorse nor advise regarding the purchase/use of any product as the safety and suitability has not been sufficiently researched to comment. Lullaby Trust may be in a position to offer comment:

[www.lullabytrust.org.uk/](http://www.lullabytrust.org.uk/)

We do, however, emphasise the six safe sleep messages and suggest that if they are adhered to this will offer the safest outcome.

- Cocoonababy – birth to 4 months – limited information
- Clevamama Clevasleep Positioner – birth to rolling over: further information available relating to key features and safety
- Sleepyhead Deluxe Portable Baby Pod – birth to 8 months: limited information regarding key feature and no reference to safety

- Cosydream Sleep Positioner – birth to 6 months: no information other than stating product has recommendations from health professionals but non-specific.
- Sleepyhead Grand Baby Pod – 8 months to 36 months: limited information
- Babymoov Cosymorpho Cushion – use from birth and can be used with bouncer, swing, car seat or carry cot
- Baby Hammock – birth to 9 months – provides information about the product
- Anti-rollover Cushion
- Babymoov Ergonest Sleeping Wedge – for babies who prefer to be propped up or have reflux/cough and cold ailments
- Babybay Convertible – birth to 9 months: attaches to full size bed, no information relating to safety
- Mitata Portable Mattress and Co-baby Sleeper – birth to 10 months: portable travel bed
- Snugglebundl: lifting wrap – limited information
- Swaddleme Adjustable Infant Wrap – 7-14lbs
- Baby Box – see information below

## Baby Box Initiative

The Baby Box initiative is part of the Cheshire and Merseyside Women's and Children's Service Partnership 'Improving me' Programme <http://improvingme.org.uk/>

This partnership is formed of 27 organisations working collaboratively to improve maternity, neonatal women's and children's services.

Key anticipated outcomes of the Programme include;

- **Reducing health inequalities.** Ensuring women, their babies, children and young people have access to services of the same high quality across Cheshire and Merseyside.
- **Delivering personalised health and care.** Increased informed choice for antenatal, birth and postnatal care, resulting in excellent experiences for women, babies and their families.
- **Public Health.** Improvements in outcomes, quality and safety which have a favourable impact on population health. In addition, the Programme will support specific local public health issues such as perinatal mental illness, maternal vaccinations, SIDS prevention, smoking rates and maternal obesity.

A roll-out programme of provision of the baby boxes and equipment specific to each area has commenced and remains ongoing.

### **3. Guidance for individual organisations**

#### **3.1 Responsibilities of health staff as described in the core staff groups**

All health professionals in contact with families in the antenatal period and/or postnatal period should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations, using safe sleep materials as identified in Appendix 4. It is recommended that as a minimum, this information should be discussed by:

#### **3.2 Midwives:**

- During the antenatal period – discuss what has been purchased / sourced for the baby's sleeping arrangements, i.e. cot, crib, Moses basket, bedding etc, and provide the safe sleep bookmark with the six messages on at the 20 week scan stage.
- In hospital the same universal safe sleeping message applies – the safest place for baby to sleep is in the cot, in the parents' bedroom. The cot card should be issued at the delivery stage of the baby.
- There may be some circumstances where hospital sleep practices differ from those recommended in the home, for example: pre-term infants in neonatal units may be propped up on pillows or bedding after a feed; swaddled to provide comfort and support their posture during their early days; 'Kangaroo' care to settle babies and promote bonding and breastfeeding. The reasons for this developmentally sensitive care for vulnerable infants should be explained, so such practices are not continued in the home environment. It should be reinforced that parents need to revert to ensuring their baby is placed in the 'back to sleep', 'feet to foot' sleeping positions.
- Prior to discharge from the maternity unit safe sleeping risk/protective factors should be discussed with the mother, and the carer who supports her on the baby's return to the home; the discussion should ensure they can identify safe sleeping risk factors and protective factors. Reinforce safe sleep messages listed on the cot card.
- For home births the midwife should issue the safe sleep cot card and reinforce the six safe sleep messages.
- At home following discharge –the safe sleeping picture should be used in conjunction with the safe sleep materials to promote discussion with the mother and father, plus other supports to the main carer, to ensure they can identify safe sleeping risk and protective factors.
- At the first postnatal home visit the midwife should issue the safe sleep thermometer and reinforce the 'six steps to safe sleep.' The Midwife should offer to view the baby's sleeping arrangements with the parent, stating that **all**

**such initial midwife home visits offer this to all parents as standard practice.**

- If the parent declines this offer this should be clearly documented in all hand held records and the red book. Advice should be offered to address any apparent risk factors and ensure all advice re: protective factors are clearly communicated. Any risk factors that have been identified and the action plan (Appendix 1) agreed with the parents/carers should be documented as part of the Safe Sleeping Assessment.
- Prior to discharge from midwifery care the Midwife should re-visit the safe sleeping messages and the assessment, checking the safe sleeping action plan is still relevant; the Midwife should look again at where the baby is sleeping and offer any additional advice. Any outstanding actions should be communicated to the health visitor on transfer of care.

### **3.3 Health Visitors and Family Nurse Partnership (FNP) Nurses:**

- **Antenatal contact** – the Health Visitor and FNP nurse should discuss with the parents their plans for sleep arrangements for their new baby, begin to introduce the safe sleeping messages and advise that they will offer to look at the sleeping arrangements at the birth visit. If the safe sleep bookmark has not been provided at this stage the health visitor should issue and discuss.
- **Birth visit** – the Health Visitor and FNP nurse should undertake a Safe Sleeping Assessment (checklist and action plan) in the Personal Child Health Records or Red Book (Appendix 2) and ensure that the sleeping arrangements reviewed by the Midwife are still being routinely used and safe sleeping advice followed. Issue the teddy bear postcard and reinforce the ‘six steps to safe sleep’ messages.
- If the parent(s)/carer(s) are not following the safe sleeping advice discussed with the Midwife discuss to establish reasons for non-compliance. Following exploration this should be documented in the records. In addition, safe sleeping advice should also be given again and documented by the Health Visitor and FNP nurse. Health Visitors should offer to look at where the baby is sleeping during the day and at night, if this has changed or if the Midwife has not observed this. Both of the safe sleeping ‘risk’ and ‘protective’ factors pictures, along with the teddy bear postcard should again be discussed to ensure parents can identify safe sleeping risk factors. This should be combined with a discussion on sleep routines and any key risk times.
- **Four to six week health review and three to four month review.** Repeat as in birth visit, ensuring safe sleeping arrangements and safe sleep advice followed. Should the parent decline to follow this advice or the Health Visitor is unable to establish compliance this must be documented, again following exploration of the reasons for non-compliance.

### **3.4 Guidance if parents fail to follow advice issued by the health professional**

Health professionals have a responsibility to ensure that they have issued the guidance and materials as stated within this document. Health professionals must ensure that they have made every attempt to view the baby's sleeping arrangements and document the advice that they have given to the parents. If a parent states that they are unwilling to follow the advice that has been issued by the health professional then the health professional must discuss this with the parent and clearly document that the parent has refused to follow the advice. If a parent discloses that they will continue to take actions that will place the baby at risk a full family assessment should be undertaken to determine if there are any safeguarding concerns that warrant initiating safeguarding procedures in accordance with the thresholds of need that are in place within the locality area.

### **3.5 Guidance if parents fail to follow advice issued by partner agencies**

If parents fail to follow advice provided to them, or express their intention to do so and there are no additional concerns, a referral should be forwarded to the local Children's Centre who may undertake a home visit to promote the safe sleeping advice and highlight the dangers of unsafe sleeping practices. The parent/s should be made aware that a referral will be made. This should be done in conjunction with line management and following internal procedures for the respective agency. Any issues should be clearly documented in agency records.

If, during a home visit, a worker identifies that an additional assessment is required they should refer to the appropriate health professional or Children's Services to request an assessment. They must clearly identify the concerns and reasons for the request.

## APPENDIX 1: to be completed by the Midwife

### Safe Sleeping Assessment and Action Plan

(to be completed by a midwife before 5 days or at first opportunity on arrival home)

Have you discussed, observed and /or shown picture of safe sleeping environments?

- In own cot, in parent's room for first 6 months: Yes  No
- Sleep on back/feet to foot: Yes  No
- Room temperature/suitable bedding/clothing/toys: Yes  No  \*Provision of room thermometer
- Day time sleep: Yes  No
- Sofas/chairs/car seats/ beanbags/ slings: Yes  No
- Tiredness/accidental falling asleep in bed/couch/chair when feeding/cuddling: Yes  No
- Have you observed the baby's sleeping arrangements? Yes  No 
  - If no give reason and document clearly

### Risk Factors

Do you ever share your bed with anyone else including other children/pets?

Yes  No  .....

Did you smoke at any time during your pregnancy?

Yes  No  .....

Do you or anyone in the house smoke, including visitors?

Yes  No  .....

**Do you or your partner drink alcohol?**

Yes  No  .....

**Do you or your partner ever take any medication that might make you sleepy, including illegal drugs?**

Yes  No  .....

**Was your baby born prematurely (before 37 weeks) or low birth weight (2.5kgs)?**

Yes  No  .....

**Does your baby use a dummy? Yes  No  .....**

**Do you have a plan to manage safe sleep for your baby in different circumstances e.g. sleeping away from home, after drinking alcohol, baby unwell?**

Yes  No

**Have you or any close family member ever suffered the sudden death of a baby?**

Yes  No  .....

**ACTION PLAN:**

.....  
.....  
.....

**Completed by:** ..... **(print name)** **Designation:**.....

**Signature:**.....**Date:**.....

**Completed with:** .....**Relationship to child:**.....

**Signature:** .....**Date:**.....

## Appendix 2: to be completed by the Health Visitor or other Health Professional.

Mothers details

Baby's Details

### Safe Sleeping Assessment and Action Plan

Professional Input	Yes / No	Comments
Have you discussed and / or given the Sleep Safe leaflet?		
Have you seen baby's sleeping arrangements (day and night), and advised baby sleeps in the same room as the parents for the first 6 months?		
Have you shown and discussed the Safe Sleeping pictures- and discussed the protective and risk factors? Back to sleep / feet to foot? Room temperature / suitable bedding? Use of dummies? Sofa / Car seats?		

Routine questions for Parents/ Care Giver	Yes / no	Comments
Would you consider placing your baby in your bed or on a sofa/ bean bag to sleep?		
Do you share your bed with anyone else, including other children?		
Did you smoke at anytime during your pregnancy?		
Does anyone in the house smoke?		
Do you drink alcohol in the house, or come home to baby after drinking?		
Are you taking any drugs or medication?		
Does your partner take drugs, medication, or drink alcohol?		
Was your baby premature or low birth weight?		
Would you keep a hat on the baby in the house, or leave baby in his/ her outdoor clothing when returning home from an outing?		
Do you place toys in your baby's cot?		
Do pets share your baby's sleeping environment or is baby ever left alone in the same room as a family pet?		
Do you have a plan to manage safe sleep for your baby in different circumstances (e.g. sleeping away from home, when the baby is being looked after by friends or relatives, after drinking alcohol, at a party or celebration etc)?		

Signature	Name
Date	Designation

**Safe Sleeping Assessment and Action Plan**

Analysis- What risk factors have been identified during this assessment?

--

Action Plan – What is your action plan and what are the time scales?

--

Signature	Name
Date	Designation

Mothers Sticker

Babies Sticker

### Safe Sleeping Advice and Assessment Pathway

#### Antenatal Contacts

**In the Clinic:** Give Safe Sleep Leaflet. Consider risk factors. Give anticipatory advice and guidance on safe sleeping to pregnant women, and record in appropriate records.  
**Issue bookmark for 'Six Steps to Safe Sleep'**

**In the home:** Consider risk factors. Observe where the baby will sleep, and give appropriate, anticipatory safe sleeping advice, and document in appropriate records.  
**Issue bookmark if not already received**

#### Post natal Contacts

**Hospital and Community Settings:** Health professionals must ensure that the parents of babies and infants have been given and understood information on Safe Sleeping, at each contact.  
**Issue safe sleep cot card on delivery suite**

**In The Home:** Health professionals should assess the babies day and night-time sleep environment, complete a Safe Sleeping Assessment, and give appropriate Safe Sleeping advice.  
**Midwife: issue safe sleep thermometer**  
**Health Visitor/FNP: issue teddy bear postcard**

#### Safe Sleeping Assessment

#### Midwives

The midwife will observe where the baby will sleep and undertake a Safe Sleeping Assessment within 5 working days of the baby being discharged from hospital, or being born at home, at the first post natal home visit. This will be recorded in the appropriate documents. Safe sleeping advice should be given.  
If the Safe Sleeping Assessment is not completed the midwife should record the reasons why, and advise the health visitor.

#### Health Visitors

If not completed by the time of the initial health visitor assessment, the health visitor must observe where the baby will sleep, and undertake a Safe Sleeping Assessment, and record this in the appropriate records. Safe Sleeping advice should be given.  
Any actions identified to reduce the risk must be recorded.  
If the Safe Sleeping Assessment is not completed the reasons for this must be recorded.

## Appendix 3

### Tog table

Apply no more than 12 Tog units including clothing and bedding

<b>Baby Clothing</b>		<b>Bedding</b>	
Vest	0.2	Sheet	0.2
Baby grow	1.0	Old Blanket	1.5
Jumper/Cardigan	2.0	New Blanket	2.0
Trousers	2.0	Quilt (check instruction)	9.0
Sleep Suite	4.0	Wrapped in single sheet	0.8
Disposable nappy	2.0	Wrapped in single blanket	8.0

Tog ratings for sheets and blankets are based on them being used as a single wrap e.g. blankets and sheets should not be folded over as this will increase their Tog rating.

Duvets and pillows are not safe for use with babies under one year of age as they could cause overheating and/or increase the risk of accidents from suffocation.

## Appendix 4

### Sleeping Legislation Guidelines

**If you are a person of any age and you:**

- Co sleep with a child
- **Not under** the influence of any drug/alcohol/or substance
  - Cause his/ her death by suffocation
- **This will be deemed a tragic accident**

**If you are aged 16 years or over and you:**

- Co sleep with a child under the age of 3 years
  - Whilst under the influence of drink/alcohol
  - Causing his/her death by suffocation
  - **You will be liable to criminal prosecution (Wilful Neglect) - Section 1. (2)**
- Children and Young Persons Act 1933**

**If you are a person of any age and you:**

- Co-sleep with a child of any age
  - Whilst under the influence of any drug/substance/alcohol
  - Cause his/her death by suffocation
  - **You will be liable to criminal prosecution (Manslaughter) – Section 5.**
- Offences against the Person Act 1861**

## Appendix 5: Safe Sleep Materials and Agency Responsibility for Distribution

### Merseyside Safer Sleep for Baby Campaign: “Follow our six steps to safer sleep”

1. Keep baby away from smoke, before and after birth.
2. Put baby in a cot, crib or Moses basket to sleep – never fall asleep with them on a sofa or chair.
3. Never fall asleep with baby after drinking or taking drugs/medication.
4. Put baby to sleep on their back with their feet to the foot of the cot.
5. Keep baby’s head and face uncovered and make sure they don’t get too hot.
6. Breastfeed your baby – support is available if you need it.

#### Campaign Materials:

**Bookmark:** to be issued antenatally at the 20 week scan or as soon as possible thereafter – encouraging discussion on safe sleep and appropriate equipment for baby.

**Teddy Bear Cot Card:** to be issued on delivery of the baby – either on delivery suite or at home – prime time for this material as parents will be keen to record details relating to their baby which presents a good opportunity to focus on safe sleep

**Safe Sleep Thermometer:** to be issued by the midwife on the first postnatal visit – presents opportunity to offer to view where the baby will be sleeping and note the temperature as a means of achieving this

**Teddy Bear Postcard:** to be issued by health visitors during their first postnatal contact – at this stage or sometime thereafter offer to view the baby’s sleeping arrangements

**A4 Posters:** disseminated widely and should be visible in clinics, walk in centres, GP practices, pharmacies, dentists, children’s centres, local authority buildings, support agency buildings etc



## **Appendix 6**

### **Care Of Next Infant (CONI) Arrangements**

**Knowsley:** Not available

**Liverpool:** Not available

**Sefton:** Caroline Vitty (South Sefton) 0151 247 6010; Lorna Blackburn (North Sefton) 01704 387141

**St Helens:** Not available

**Wirral:** Julie Thompson, 0151 604 7320

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