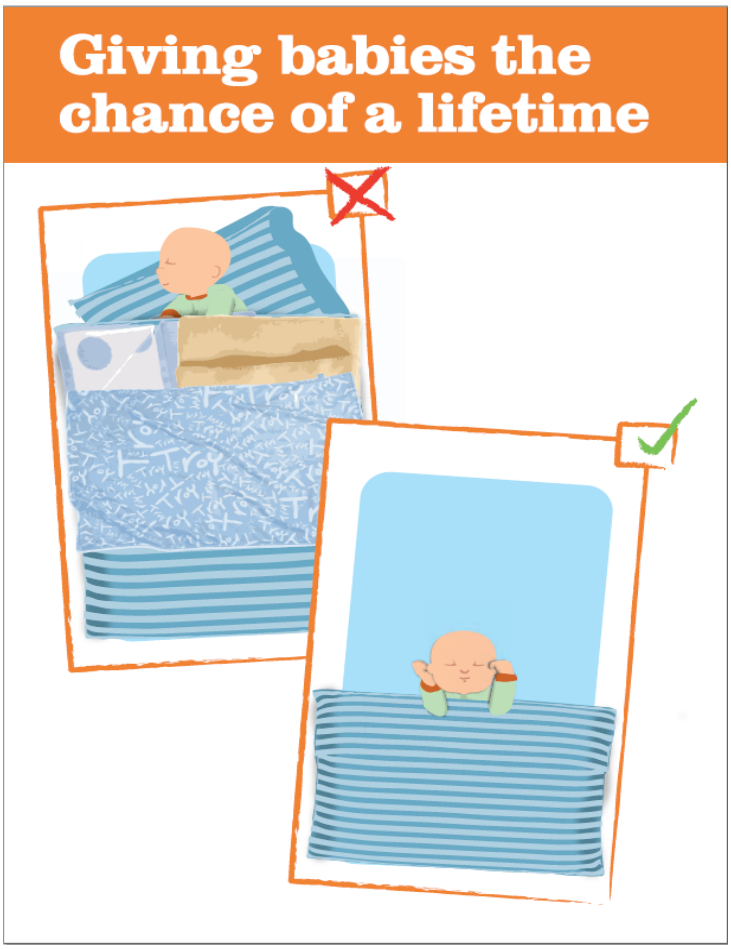
Bolton, Salford and Wigan Safe Sleeping Guidance



Sleep Safe

A joint initiative between Bolton, Salford and Wigan Safeguarding Children Boards

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Bolton, Salford and Wigan
Safeguarding Children Boards

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Definitions

For the purpose of this guidance the following definitions apply:

Bed sharing: 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: describes any one or more person falling asleep with a baby in any environment (e.g. sofa, bed or sleep surface, during any sleep period).This may be a practice that occurs on a regular basis or it may happen occasionally; may be intentional or unintentional.

Sofa Sharing: describes situations when a person shares a sofa with the baby.

Parent: this represents the main carer for an infant

Carer: this includes all other carers which may include the mother or the fathers but will also include a wide range of other carers including grandparents, foster carers, baby sitters, child minders, nursery staff or any other family member or friend or service that provides care for an infant.

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

Overlying: describes rolling onto an infant and smothering them, for example in bed (legal definition taken from the Children and Young Person Act 1993, sections 1 and 2b) or, on a chair, sofa or beanbag.

Sudden Infant Death Syndrome (SIDS): the sudden and unexplained death of a baby where no cause is found after a detailed post mortem.

SUDI: An umbrella term used to explain all sudden unexpected deaths in infancy, this term included SIDS.

Association: An association is described as an observed statistical relationship between a factor and out-come that does not necessarily infer a cause.

Key Message

The safest place for a baby to sleep is on their back in a cot or Moses basket and in the same room with their parents or carers for the first six months, including any sleep period, day or night.

Section 1: Introduction

Background

There is evidence from many long term studies of Sudden Infant Death Syndrome (SIDS) that some of the infant deaths associated with bed-sharing, co-sleeping and other factors associated with SIDS could have been preventable. There is no advice that guarantees the prevention of SIDS but parents should be informed that by following the advice in this guidance document, it is possible to reduce the likelihood of SIDS occurring.

National Rates

Nationally over 270 infants a year continue to die suddenly and unexpectedly. This is almost 4 times the number of children who die as a consequence of abuse and neglect every year and more than 4 times the number of children aged 0-15 years who die every year as a consequence of road traffic incidents (National Road Traffic Survey June 2015)

Research has shown the factors that contribute to such deaths have changed over the last 20 years.

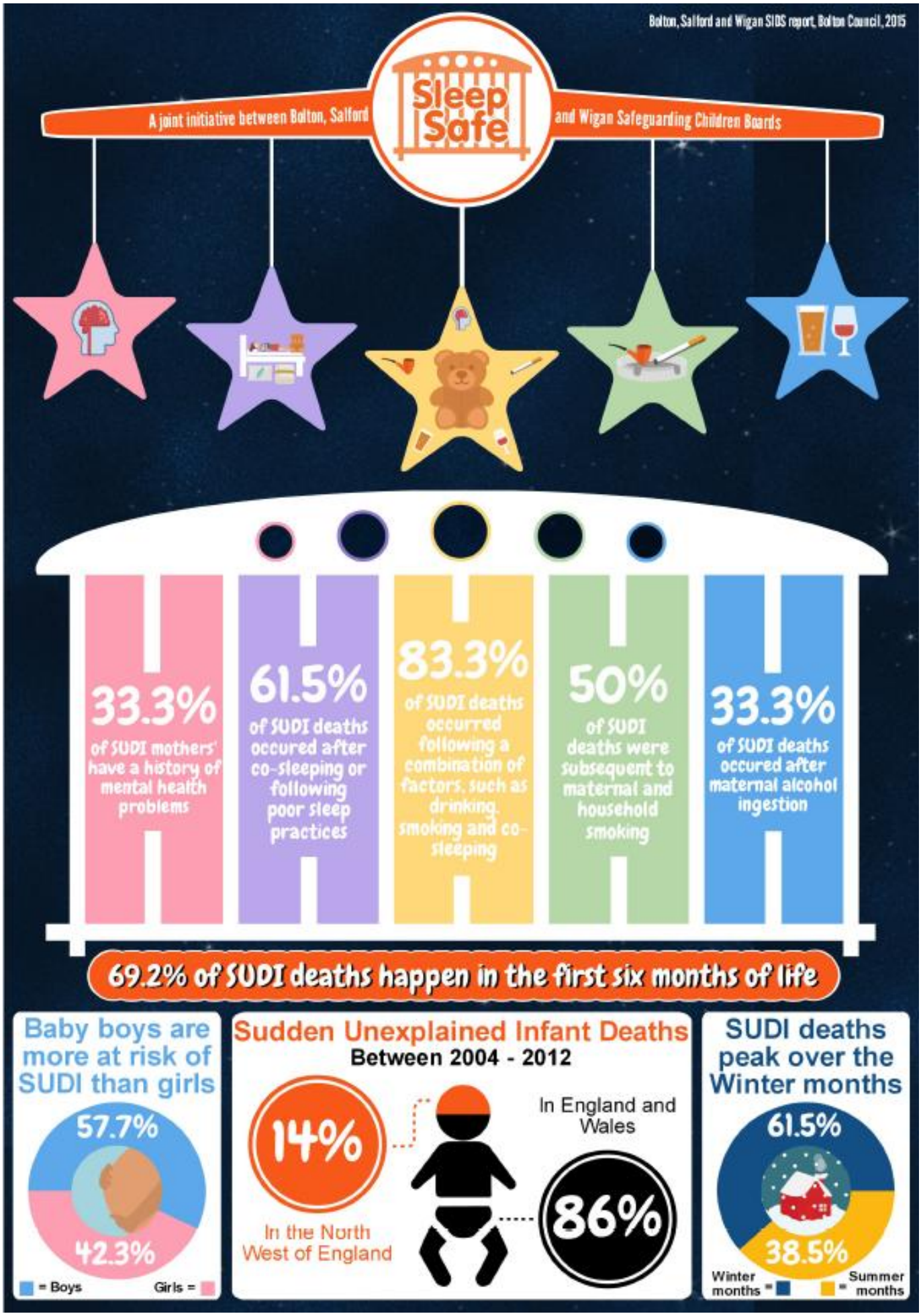
North West Rates

In 2012, the national rate of unexplained infant deaths was 0.31 per 1,000 live births; in 2008 the North West region had the highest rate of deaths in England and Wales, at 0.67 deaths per 1,000 live births this figure has now reduced to 0.21 deaths per 1,000 live births (2012).

Bolton, Salford & Wigan Rates

The combined rate for Bolton, Salford and Wigan in the period 2004-12 was an estimated 0.66 per 1,000 live births. A significant number of these deaths were associated with factors that are known to increase the risk of SIDS for example:

- Parental smoking/ tobacco use passive inhalation in the antenatal and post natal period
- Parental or carer recent alcohol consumption
- Parental or carer drug use
- Low birth weight or premature infants
- Co-sleeping or inappropriate sleeping arrangements


Bolton, Salford and Wigan SIDS report, Bolton Council, 2015
A joint initiative between Bolton, Salford
Sleep Safe
and Wigan Safeguarding Children Boards
33.3%
of SUDI mothers' have a history of mental health problems
61.5%
of SUDI deaths occured after co-sleeping or following poor sleep practices
83.3%
of SUDI deaths occurred following a combination of factors, such as drinking, smoking and co-sleeping
50%
of SUDI deaths were subsequent to maternal and household smoking
33.3%
of SUDI deaths occured after maternal alcohol ingestion
69.2% of SUDI deaths happen in the first six months of life
Baby boys are more at risk of SUDI than girls
57.7%
42.3%
= Boys
Girls =
Sudden Unexplained Infant Deaths
Between 2004 - 2012
14%
In the North West of England
In England and Wales
86%
SUDI deaths peak over the Winter months
61.5%
38.5%
Winter months =
= Summer months

Position Statement

Bolton, Salford and Wigan Safeguarding Children Boards and the Tripartite Child Death Overview Panel (CDOP) support the NICE, UNICEF and the Lullaby Trust guidance on safe sleeping. It is recommended that parents should always be advised that the safest place for their infant to sleep for the first six months is in a separate cot or Moses basket in the same room as their parents (including day time sleeps).

All parents and carers should be informed of the association between co-sleeping (sleeping on a bed, sofa or chair with an infant) and SIDS.
It is recognised that the factors which influence the sleeping arrangements of infants and children are a combination of parental values, socio-economic factors and cultural diversity.

The purpose of these guidelines is to enable staff to give appropriate information and advice to parents, supporting them in healthy lifestyle changes and their parenting practices. These guidelines aim to promote an understanding of the factors which are associated with SIDS, whilst promoting safe sleeping arrangements for babies and infants.

Guidance Aims

The key aim of the guidance is to contribute to reducing the number of infant deaths across the three areas. The guidance will support this by:

- Providing guidance to workers on what a safe sleeping environment for parents and babies looks like using current national and international evidence.
- Increasing workers' knowledge and understanding of the factors associated with SIDS and the reasons for the association.
- Increasing the knowledge and skills of workers to engage families in healthy lifestyle changes and parenting practices utilising local resources and services.
- Increasing parents' knowledge, understanding and ability to assess their individual associated factors with intentional or unintentional co-sleeping and bed sharing. This includes empowering them to make healthy lifestyle choices and supporting their parenting practices.
- Promoting consistent information to parents on co-sleeping and bed sharing with their infant across all organisations.
- Supporting workers in all organisations to contribute to promoting the message.
- Contributing to the successful implementation of the United Nations Children's Fund (UNICEF) Baby Friendly Initiative.

Target Audience and How to Use the Guidance

The guidance should be read and implemented by all workers providing support or services to parents, carers, the infant and, wider family members who care for the child. This includes all workers in either the statutory, voluntary, community or private sector.

The guidance not only gives practical information on the key factors associated with SIDS and the reasons why, but also outlines what individual organisations and workers can do to promote these messages.

The guidance is provided in four parts:

- **Section 1** – Introduction
- **Section 2** – Safe Sleep Guidance
- **Section 3** – Guidance for individual organisations
- **Section 4** – Appendices

All workers are expected to read Sections 1 and 2 and use the tools in the appendices, while workers from each organisation should read the guidance applicable to them in Section 3

Section 2: Safe Sleeping Guidance

Introduction

This section of the guidance outlines the key factors associated with SIDS. It also provides:

- Guidance on protective factors associated with SIDS.
- General guidance on the key messages to parents.
- How to give the messages and record parents' responses.
- Guidance on safe sleeping, cultural issues and parental choice.

Universal/Key Messages

- The safest place for a baby to sleep is on their back in a cot, crib or Moses basket and in the same room with their parents or carers for the first six months.
- Sleeping with a baby on a sofa puts the baby at greatest risk.
- Infants should never share a bed with anyone who is a smoker, has consumed alcohol or has taken drugs (legal or illegal).
- The incidence of SIDS is higher in the following groups: parents in low socio-economic groups, parents who abuse alcohol or drugs, parents who smoke, young mothers with more than one child, premature infants, those with low birth weight and boys.

Tables of Factors Associated With SIDS

The following table summarises the latest evidence base with regards to factors that are associated with SIDS. The list of factors in this table does not necessarily appear in order of importance.

Factors Associated with SIDS	Evidence	Implementation measures
Sleeping Position 5,6,7	Sleeping prone (face down) is associated with SIDS. (5,6) There is also an association with side sleeping and SIDS(7) especially for babies born prematurely or of low birth weight	All staff should recommend that infants are always placed on their back to sleep; not on their front and not on their side. Eventually babies will learn to roll from their back to their front on their own. When this happens, the advice to parents and carers should be to still put them to sleep on their back but not to worry about them rolling into other positions. Feet to foot position in their cot or Moses basket reduces the chance of an infant wriggling down and his/ her head becoming covered. Some babies may have been nursed in special care units in a prone position for medical reasons; **this must only be continued at home on advice of a paediatrician.** http://www.lullabytrust.org.uk/back-to-sleep
Smoking 58,59,60,61,62,63	More than one-quarter of the deaths due to SIDS are attributable to smoking during pregnancy and exposure to second hand smoke, particularly in the home.(58,59,60,61) The risk of SIDS is trebled in infants whose mothers smoke both during and after pregnancy.(62) The greater the number of cigarettes smoked, the higher the risk of SIDS. (62,63) 1-9 cigarettes/day =4 times the risk 10-19 cigarettes/day =6 times the risk 20+ cigarettes/day = 8 times the risk	All staff should always discuss the association between smoking and increased risk of SIDS with parents in both the antenatal and post natal period, if possible parents should be encouraged to stop smoking pre conceptually. Parents and members of extended family should be sign posted to local stop smoking services. All staff should advise parents that new legislation brought in from the 1st October 2015 makes it illegal to smoke in cars if you have someone in the car under 18. Babies and children should not be exposed to passive smoke in the house or in the car. www.gov.uk/government/news/smoking-in-vehicles All staff should advise parents that babies and children should not be

E-cigarettes		exposed to passive smoke in the house or in the car. If parents do smoke they should be advised to delay contact with their baby for at least half an hour, wash their hands before touching the baby and if possible change their clothing. Advise parents to smoke seven steps away from the house as moving into another room, opening the window or door is not sufficient to keep the house smoke free. http://www.lullabytrust.org.uk/smoking http://tobaccofreefutures.org/how-do-we-do-it/5-reducing-exposure-to-secondhand-smoke/take-7-steps-out/ Emerging evidence published by Public Health England suggested that e-cigarettes could be less harmful than smoking cigarettes and may assist smokers to reduce their smoking. However, for the purposes of information to parents, until there is some evidence on the effects of the vapour and its association with SIDS, e-cigarettes are to be treated the same as cigarettes and for parents to be advised not to smoke an e-cigarette in the presence of babies and young children. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/457102/Ecigarettes_an_evidence_update_A_report_commissioned_by_Public_Health_England_FINAL.pdf Parents, family and carers who are smokers of cigarettes or e-cigarettes should be signposted to local stop smoking services.

Sleeping Environment **Infant Sleeping in parent or carers bed** 12,13,14,15,16,17.31 55,56,57	Co-sleeping has an association with increased incidence of SIDS, with the association highest among mothers who smoke. [12,13,14,15,16,17.] NICE clinical guidelines 37: Post Natal Care (revised December 2014) state that "Evidence was reviewed relating co-sleeping (parents or carers sleeping on a bed or sofa or chair with an infant) in the first year of an infant's life. Some of the reviewed evidence showed that there may be an increased number of cases of SIDS. However the evidence does not allow us to say that co-sleeping causes SIDS" NICE (2014) (55) recognise that co-sleeping may be intentional or unintentional and that the association between co-sleeping (sleeping on a bed, sofa or chair with an infant) and SIDS is greater when the parent/carer or their partner smokes. There is a small, but statistically significant, increased association, even if the parents are non-smokers [12, 21.] NICE(2014) (55)also recognises from their evaluation of research that the association between co-sleeping and SIDS may also be greater if the parent or carer has recently consumed alcohol, used drugs, or if the baby is born with low birth weight (below 2,500 grams)or premature These associated factors mainly affect younger infants (less than three months postnatal age) and those with low birth weight (<2,500 grams) [31].	**Staff should convey the key message to parents and carers that the safest place for their baby to sleep is in a cot in the same room as the parent or carer for the first 6 months. The same consideration and care needs to be given to both night time and day time sleep; that is the safest place for the baby to sleep is in the same room as the parent or carer.** It is however known that a large proportion of UK parents sleep with their baby at some point, whether they intended to or not (Bolling et al, 2007; Blair & Ball, 2004). Acknowledging this reality is important, as it will help form the basis of honest conversations between professionals and parents, based on individual circumstances and needs.(UNICEF Baby Friendly statement on co-sleeping guidance December 2014)(66) Parents can bring a baby into bed to feed and settle the baby but should be advised to return the baby to its own cot in the same room as the parent to sleep. Breastfeeding mothers should be shown how to breastfeed their baby in the lying down C shaped position as evidence shows this is a protective position in case the mother inadvertently falls asleep during feeding. Practitioners can refer to: UNICEF UK Baby Friendly Initiative" Caring for your baby at night " Health Professionals guide leaflet, (57) Parents can be referred to UNICEF Baby Friendly "Caring for your baby at night" leaflet" (56) **<u>Infant Cots and mattresses</u>** • It is recommended that a new cot mattress is used for each infant. If parents are using a 'used' mattress from a previous child, 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.

	Co sleeping on an adult bed is likely to be associated with SIDS because: • Adult mattresses are not designed for infants. • Adult pillows and bedding may contribute to suffocation. • Adult duvets can contribute to overheating – the ideal temperature for an infant's room is 16-20 0C. • Other children or pets may be sharing the parental bed and this may lead to suffocation or over-heating. • Infants may be squashed /suffocated by parents or others in the bed. • Infants may get wedged in the bed or may wriggle into a position from which they can't get out. • Infants may roll out of bed and be injured.	**<u>Using a cot safely</u>** • All cots currently sold in the UK should conform to BSEN 716 and have a label that states such. 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. • 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. • 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.
		<u>Using a second-hand cot</u> Parents/Carers must check that the cot is safe for baby. This includes: • The same points above on cot safety apply when using a second hand cot. • If the cot is painted it will need to be stripped and re-painted as there is always a possibility that old paint may have lead in it. • 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. • Always follow the manufacturer's instructions. If none are available

		with the product, search online for them or contact the manufacturer directly for a copy. **Moses Basket** • If using a Moses basket the lining should be thin to allow ventilation. Moses baskets are only designed for use by babies up to a maximum of 6 months of age. Manufacturing guidelines should be followed with caution exercised according to the weight and size of the baby. **Pillows/bumpers/wedges** • Infants should never sleep using pillows, wedges, poddle pods, bedding rolls, bumpers or duvets. These items should be avoided to prevent the baby from being trapped, suffocated or overheating. **Sleeping Bags** • Specially designed sleeping bags are useful for babies who are kicking off their blankets. However practitioners must advise parents who are using these to check the weight and size of the sleeping bag is suitable for their baby. **Travel Cots** • There is no evidence that travel cots are less safe as long as the same consideration over mattress quality and fitting is adhered to.
Infant sleeping on sofa, armchair, beanbag or other sleeping devise with or without parent or carer. 52 53 54 66	Sleeping with a baby on a sofa is associated with SIDSs, and co-sleeping on a sofa has a greater association than co-sleeping on a bed (54). An infant may get wedged in the sofa, armchair, beanbag leading to overheating or suffocation. A parent may roll over on a sofa and suffocate the infant. It is known that a large proportion of UK parents sleep with their baby at some point, whether they intended to or not (52)(53)	Since there is evidence that co-sleeping on a sofa has a higher association with SIDS is riskier than co-sleeping in a bed, it is important that professionals do not inadvertently drive tired parents to feeding and caring for their baby on a sofa by overstating the risks of staying in bed (UNICEF Baby Friendly Initiative Dec 2014)(66).

Infant sleeping in seat 39,40,41	Some studies have shown that some infants, particularly pre-term infants or those with pre-existing health conditions are at risk of respiratory problems and/ or can experience slightly lower levels of oxygen in the blood if left for long periods in car seats. Also being left in a semi-upright position for long periods may place strain on a baby's developing spine.	Practitioners should advise parents that car seats are designed to keep babies safe whilst travelling so therefore should: • Always remove infants from car seats and place in Moses basket or cot at earliest convenience following journey. • Once inside the home, transfer baby into a cot or Moses basket and remove any outdoor clothing. • When travelling on long journeys make regular stops and take baby out of the car seat for breaks. Please note: • Some pram/ travel systems include a car seat as part of that system. The same consideration about the length of time a baby is lying in this position must be considered including also the removing of outdoor clothing and rain covers etc. once inside the home or similar warm environment.
Changes in sleeping circumstances / routine	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. http://www.rospa.com/home-safety/advice/product/baby-slings/	Slings should be • Secure • 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 must never be curled up so their chin is forced into their chest as this can restrict their breathing.
Toys in cot/ Moses basket	Toys in cots or Moses baskets can fall on baby causing overheating or accidental smothering	Parents should be advised that when the baby is very young, cuddly toys (especially large ones) should be avoided
Pets		Pets should never share a room where a baby is sleeping and a sleeping baby should never be left alone with pets.

Temperature regulation **Over wrapping/ Bedding/ Swaddling** 34,35,33,36, 7,24,37	Overheating (heating on all night, excess bedding) is associated with SIDS [34, 35,33,36.] Some of this effect is explained by the prone sleeping position [7,24,37.] The combination of overwrapping (excessive layers of bedding and/ or clothing, including hats) and signs of infection are associated with SIDS.[35.] Similarly, the combination of overwrapping and prone sleeping carries a higher association than either alone[34.] 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.	**Room temperature** • Practitioners should recommend to parents that the ideal room temperature for a baby is between 16°-20°. It is important that parents do not place the babies cot or Moses basket next to a heated radiator or in direct sunlight **Bedding** • 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. • Sheets and blankets are ideal. If the baby is too hot a layer can be removed and if too cold a layer can be added. • 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. • 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. • Use of cot bumpers – research has produced neutral results, but some experts 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. Practitioners should advise parents on signs of overheating in their child: • To look for sweating • To check if their tummies feel hot

		• Not to worry if their hands or feet feel cool - this is normal.
Head Covering [24, 12]	Covering a baby's head with bedding is associated with SIDS [24, 12.]	• 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. • Duvets, quilts, baby nests, wedges, bedding rolls or pillows should not be used. • Once indoors hats should be removed to prevent over heating
Swaddling	It has been suggested that swaddling has an emerging association with SIDS; however the research is currently inconclusive. Swaddling is common place in many cultures.	Practitioners should advise parents that if they do decide to swaddle their baby it should be done with extreme caution: • They should be advised not to cover the baby's head • Use thin materials if choosing to swaddle • Baby must be unswaddled once they are asleep
Infant Clothing	Babies should not be overdressed as this increases the risk of the baby overheating. After the age of one month, they do not need any more clothes than an adult does.	Practitioners should advise parents to: • Always remove 'outdoor clothes' including hats once indoors. • 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. • Bibs should always be removed before sleep.

		• Flame retardant sleepwear is always advised.
Pre term/ low birth weight infants 21, 50	The association with SIDS is increased for babies born prematurely (born before 37 weeks) or of low birth weight (less than 2.5 kg or 5 lb 8oz). The association with SIDS is increased when babies under 12 weeks of age share an adult bed, even if the parents are non-smokers. [21.] **Neonatal ward practises** In hospital the same universal sleeping messages apply – the safest place for a baby to sleep is in a cot. However, there may be some circumstances where hospital sleep practices differ from those recommended in the home, specifically for the care of pre-term or unwell babies being cared for in a neonatal unit (50). For example, pre-term infants in neonatal units may be propped up on pillows or bedding after a feed or put to sleep prone to support respiratory function; swaddled to provide comfort and support their posture during their early days; 'Kangaroo' care may be encouraged to settle babies and promote bonding and breastfeeding; the air temperature of neonatal units is higher than that recommended at home	It is therefore important that the reasons for this care of vulnerable infants on neonatal units is explained to parents so that such practices are not continued in the home environment. Infants in hospital wards are subjected to more monitoring and observation than would otherwise be the case at home, especially at night. Where infants in the Neonatal Unit have become accustomed to the prone position, there should be efforts made to acclimatize the infant to the supine position before discharge home. Neonatal wards are usually kept at a high temperature. It must be explained to parents not to feel they need to keep their house at a similar temperature
Illness and Infection	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. The risk of SIDS when babies are unwell appears to be higher when babies sleep in the prone position (face down).	It is recommended that medical advice be sought if a baby shows signs of illness that persist for more than 24 hours. Practitioners should advise parents on indicators that the baby is unwell.

	Sleeping with or swaddling an ill baby or a baby with a high temperature may increase the risk of infant death.	
Parental Life Style factors **Alcohol use** 26,27,28,29,62	The association between co-sleeping and SIDS may be greater with parental or carer recent alcohol consumption. Alcohol use sedates parents and impairs their level of consciousness. Reduces a parent's responsiveness and awareness of the infant.	Parents should be informed of the increased association between co-sleeping and SIDS with recent alcohol consumption. Practitioners should advise the parent on their alcohol use and impaired level of awareness and responsiveness to the needs of their baby that alcohol brings. Parents should be signposted to local alcohol support services.
Prescribed medication/ non prescribed medication/ illicit drug use. 27,28, 16, 13, 14	Prescribed medication may sedate parents or carers and impair their levels of consciousness. It could also reduce a parent or carer's responsiveness and awareness of the infant on any sleeping surface. Higher risk medication includes: sleeping tablets, anti-depressants, some cough remedies, some anti-histamines and some analgesics Research has demonstrated that ¼ of babies who died while co-sleeping did so, with an adult who had taken drugs that made them drowsy.	Parents should be advised to seek advice from their GP or pharmacy in regard to the effect that their medication may have on their level of consciousness. Parents should be informed of the increased association between co-sleeping and SIDS with recent drug use. Parents who are engaged in illicit drug use should be sign posted to local drug support services
Obesity	Co sleeping with a parent or carer who is obese is	The association with co sleeping and SIDS must be reiterated to these

	associated with an increase in SIDS because: • Infant may be squashed/ suffocated by parents. • Infant may overheat.	parents. Parents should be sign posted to local weight management services
Infant Feeding 52,65,56,57	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 has a protective association with SIDS and should be recommended as a protective measure. It is recognized 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.	Every effort should be made to promote breastfeeding. Families should be sign posted to local services in the antenatal period to be given anticipatory guidance on infant feeding choices, and breastfeeding mothers in the post natal period should be sign posted to local services to help support their breastfeeding. Practitioners should discuss with mothers the management of their feeding practises in particular night time feeds and the risks of falling asleep with their baby even if they do not intend to. Breastfeeding mothers should be shown how to feed in the protective lying down C shape position, and sign posted for more information using the: UNICEF Caring for your Baby at Night leaflet (56) Professionals can get more information to update themselves using the UNICEF Caring for your baby at Night Professionals guide.(57) The key messages still apply to breastfeeding mothers. Whilst providing support and balanced information to mothers who breastfeed, it should always be stated that: • The safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' bedroom • You should not share a bed if you or your partner smoke, have been drinking or taking drugs that make you drowsy or very tired. • If a mother does fall asleep when breastfeeding, as soon as she

		awakes the baby should be returned to their cot/Moses basket. • Never fall asleep with a baby on a sofa or armchair
Dummy use 46,47,48,42	Some studies have shown that using a dummy at the start of every sleep may reduce the association with SIDS and that stopping or inconsistent use of the dummy may increase the association with SIDS.	If parents choose to use a dummy, practitioners should make them aware that: • If the baby is breastfed the use of a dummy can undermine breastfeeding particularly before at least 6 weeks of age or until breastfeeding has become established. • It should be offered when settling the baby at **every** sleep episode (the protective factor appears to occur as the baby falls asleep). • If the dummy falls out of baby's mouth once asleep, do not put back in. • If your baby does not seem to want the dummy, do not force them. • Do not coat the dummy in a sweet liquid. • Always clean and regularly replace dummies. • Try to wean your baby off their dummy by the age of one year.
Previous unexpected Infant Death	There is an increased association with SIDS where a previous child has died of SIDS, possibly because some factors are still present. However the chance of a subsequent infant death in the same family is still fortunately very rare.	Practitioners should refer to the local area arrangements for Care of the Next Infant (CONI) programme to support families during subsequent pregnancies and after birth.
Gender	Nationally in 2012, two thirds of the babies who died from SIDS were male. There is no evidence currently to explain why boys are at a higher risk of SIDS.	Practitioners should promote safe sleeping messages to all families, however where the baby is male and other risk factors are present in the family, practitioners should emphasise safe sleeping messages with the family.
Twins	Practitioners may be asked by parents of twins or multiple births if the babies should sleep together in the same cot. Parents or carers may like to have the twins in their	If parents decide to co-bed their twins in the early weeks and months, these are a few key points to consider they should consider: • Only place them side-by-side in a cot in the early weeks, when they

	own Moses baskets or cots from birth, or they may decide to co-bed them in the early weeks and months. Co-bedding means siblings share the same sleep surface during any sleep period, for example by being in the same cot together. Many parents choose to co-bed their twins due to issues of space so enabling them to share the same room as their babies for the first six months. Whichever they decide, all the advice for safer sleep should be followed for each baby, for each day and night time sleep. This includes, for example: sleeping the babies on their backs, keeping the babies smoke-free during pregnancy and after birth, and using a flat, firm and waterproof mattresses, amongst others. .	can't roll over or onto each other. Make sure they are not close enough to touch and potentially obstruct each other's breathing • It might be good to start sleeping them at opposite ends of their cot from the beginning - this means they'll both be in the 'feet to foot' position with their own bedding firmly tucked in. You may choose instead to use baby sleeping bags • There's no need to use rolled up towels, pillows or anything else between their heads and the use of cot dividers is not recommended. These items can become potential hazards • Once either of the babies have learned to roll, it might be practical to move them to their own sleep surfaces. This is to prevent one from obstructing the breathing of the other, or causing an accident • It is not advisable to place the twins in the same Moses basket, even when they are very small. This is to minimise the chance of them overheating, which is known to increase the chance of SIDS. Even with small babies a Moses basket is too small for two babies to sleep safely For more information on safe sleeping for twins and multiple births, see http://www.lullabytrust.org.uk/file/Fact-Sheet-Twins.pdf

Factors to Consider When Delivering Safe Sleep Messages

The key aim of this guidance is to influence and change parental behaviour and reduce the number of infants dying unnecessarily. Various studies have shown that individuals absorb, respond and act upon messages according to their learning style. Some individuals will respond to, and act upon verbal discussions/messages, others will respond to verbal prompts, while for some it will be a combination of both.

The one thing that is constant is that the message has to be delivered on a number of occasions and be consistent. Parents soon pick up on inconsistent advice; this may lead them to disregard it completely. It is essential that every opportunity is taken to promote the safe sleeping message using the resources available by all of the workers delivering services to a family.

It is known that a large proportion of UK parents sleep with their baby at some point, whether they intended to or not. Acknowledging this reality is important, as it will help form the basis of honest conversations between health professionals and parents, based on individual circumstances and needs. 52, 53

Language

Consideration will have to be given where English is not the first language of parents, or where parents have a visual or hearing impairment, as to how messages can be delivered effectively. This may be with the support of an interpreter. You should always avoid asking children, young people or family members to interpret on your behalf. The support leaflets from the campaign can be translated and you should contact your local Safeguarding Children Board for further details.

- Bolton – 01204-337479 or e-mail **boltonsafeguardingchildren@bolton.gov.uk**
- Salford – 0161-603-4350 or e-mail **sscb@salford.gov.uk**
- Wigan – 01942-486025 or e-mail **WSCB@wigan.gov.uk**

Use of the pictorial information leaflet will assist in delivering the message when parents have low literacy skills or English is not their first language (See Appendix 1)

Below are some points to consider when engaging parents with the safe sleeping message:

- Take opportunities on every home visit, before and after birth, to see where the infant sleeps – parents are often keen to show what arrangements they have made.
- Use the 'Safe sleeping discussion tool' (Appendix 1) to discuss the issues – this is an engaging tool and will help you to have discussions as to why certain sleeping behaviours are unsafe; you can also use this to promote a comparison with their infants safe sleeping and identify potential hazards.
- Strike the right balance between promoting the message and exploring the reasons why a parent may co-sleep/bed share
- Discuss practical ways they can manage their own lifestyle and record how parents propose to manage safe sleeping and seek support for unhealthy behaviour.
- Make sure you include both mother and father in your discussions and, where possible, any other carers, particularly grandparents. It is likely that new parents will seek advice from their wider family and it is important that these key figures are aware of the safe sleeping message.

- Use the facts and data about the incidence of infant deaths – both local and national. Market research has shown that parents and carers respond to these and can relate this to their own situation having an impact on their behavior.
- Check and re-check how parents and carers have understood the message.
- Reiterate the message at every opportunity in order to stimulate discussion around the changing needs of the child and family over time.

Recording advice to parents

On every occasion where safe sleeping is discussed or the infants sleeping arrangements are assessed, a written record should be made. This should give details of:

- Who the message was discussed with and who delivered the message.
- The date and time of the discussion.
- Detail any tools that were used.
- Record the response from parents, including the choices they plan to make based on advice given.
- Record any further action required or any sleep plans agreed.
- Record if you have seen the baby's arrangements.
- Document the cases where parents refuse the offer to see the baby's sleeping arrangements. In these circumstances consider whether there may be safeguarding concerns.

Safe sleeping and safeguarding children

It is important to note that in implementing this guidance, workers from all organisations should still take account of their duty to safeguard and promote the welfare of infants. Where they identify there is a risk of significant harm, local child protection procedures should be followed.

Safe sleeping should be routinely embedded within child protection plans and any other assessments or plans that are concerned with promoting an infant's welfare or well-being, e.g. Common Assessment Framework; Looked after children care plans, Early help etc. There should be clear evidence in assessments and plans of the issues being assessed and tasks identified in the plan as to how safe sleeping arrangement will be supported.

To support the assessment of the risk a 'Safe sleeping risk checklist and action plan' is included in Appendix 2, as well as the 'Safe sleeping discussion tool' in Appendix 1

Section 3: Guidance for individual Services by area

Section 3.1: Guidance for individual Services (Bolton)

This section provides staff with clear and consistent information to enable them to discuss safer sleeping arrangements for babies with parents/carers. This guidance should be followed in addition to each organization's own policies and guidelines.

Responsibilities of All Staff

It is the workers responsibility to discuss and record the information they give to parents/carers about safe sleeping arrangements at all 'key contacts'. Significant 'key contacts' relevant to individual agency's practice and interventions are identified below.

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

Sleep Safe Training

It is recommended that all health professionals who work with families with small children complete the Safe Sleep training provided by Bolton Council. This two hour training covers all the latest research on safe sleeping and covers a wide variety of information of SIDS, as well as providing health professionals with the skills to undertake their own sleep safe assessment. The training takes place at Castle Hill three times a year.

Bolton Council employees can book onto the course via Oracle by searching for the word 'sleep'. Health professionals external to Bolton Council can obtain details about the Safe Sleep training, including dates and how to book a place, from Doreen Houghton in the training department of Bolton Council. Contact details are: Doreen.houghton@bolton.gov.uk.

Safe Start Cot Scheme

The Safe Start cot scheme is a campaign aimed at reducing the likelihood of Sudden Infant Death (SIDS). The scheme provides free cots and mattresses to families in emergency situations and no means of providing their own cot, placing that baby at an increased risk of SIDS.

The scheme is a pilot initiative involving Bolton Council, Greater Manchester Fire and Rescue Service and the charity Urban Outreach, and follows on from Bolton Safeguarding Children Board's successful Sleep Safe campaign which was launched in 2011.

The Safe Start Cot Referral scheme enables families with babies under the age of 18 months old, who do not currently have a suitable cot for their child or any means of providing one and have babies that are at a greater risk of SIDS, to benefit from brand new equipment. Health visitors or other health professionals who are working closely with families in the Bolton area can refer families who they are working with to the scheme. Once the baby has been born, Greater Manchester Fire and Rescue Service will arrange to deliver the cot to the

family and complete a Home Fire Risk Assessment. At the same time they can install equipment such as smoke detectors.

Referral forms can be found via the Bolton Safeguarding Board website: http://boltonsafeguardingchildren.org.uk and follow the Safe Sleep logo.

Bolton Start Safe Partnership

The Bolton Safe Start Partnership is made up of membership of services that deliver to families with young children across Bolton, or deliver lifestyle behavioral support to families. The purpose of the group is to cascade information to staff working in their services; monitor the delivery of safe sleep information; and lead on the delivery of the safe sleep information. The group covers Safe Sleeping and childhood accident prevention in the home. Anyone who would like more information can contact:
liz.johnston@bolton.gov.uk.

Responsibilities of Health Staff

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

Midwifery Staff

- During the antenatal period discuss what has been purchased/ sourced for the baby's sleeping arrangements, e.g. cot, crib, Moses basket, bedding etc.
- In hospital the same universal safe sleeping messages apply i.e. the safest place for baby to sleep is in the cot in the parent's/carers bedroom.
- There may be some circumstances where hospital sleep practices differ from those recommended in the home, for example: swaddled to provide comfort and support posture during babies' early days. The reasons for this developmentally sensitive care for vulnerable infants should be explained, so such practices are not continued in the home environment.
- Prior to discharge from the maternity unit – the pictorial leaflet 'Giving babies the chance of a lifetime' with the two good room and bad room pictures should be used in discussion with the mother, and the carer who supports her on the baby's return to the home; the discussion should ensure they can identify factors associated with an increased risk of SIDS.
- All new parents and carers should be given a room thermometer before discharge.
- At home following delivery – again the pictorial leaflet should be used in discussion with the parents/carers, plus any other supports to the main carer.
- The midwife should undertake a safe sleeping assessment within five working days of the baby being discharged from hospital or being born at home. The midwife should offer to view the baby's sleeping arrangements with the parents/carers, stating that 'all such initial midwife home visits offer this to all parents as standard practice', and complete the Safe Sleeping Assessment forms in the Parent Held Child Health Record (Red Book). Advice should be offered to address any apparent factors that may put that baby at an increased risk of SIDS and ensure all advice about protective factors are clearly communicated. Any factors associated with an increased risk of SIDS that have been identified, and the action plan agreed with the parents/carers, should be documented as part of the safe sleeping assessment.
- During the post-natal period, 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.
- Winter and summer tips leaflets should be give out as appropriate to parents and carers as an aid to reinforce Safe Sleep messages as deemed appropriate by the midwife.

Health Visitors

- Antenatal contact: the Health Visitor should discuss with the parents their plans for sleep arrangements of their new baby and begin to introduce the safe sleeping messages
- Primary visit: the Health Visitor should review the Safe Sleeping Assessment (checklist and action plan) in the red book (Appendix 2) and ensure that the sleeping arrangements reviewed by the Midwife are still being routinely used and safe sleeping advice followed
- If, on the rare occasion, a safe sleeping assessment has not been completed by the Midwife by the time of the primary visit then the Health Visitor will undertake a sleeping assessment by observing where the baby sleeps and completing the assessment forms in the Parent Held Child Health Record (Red Book)
- If the parent(s)/carer(s) are not following the safe sleeping action plan agreed with the Midwife this should be documented in the records. In addition, safe sleeping advice should also be given again and documented by the Health Visitor. Health Visitors should look again at where the baby is sleeping during the day and at night, if this has changed or if the Midwife has not observed this.
- Four to six week health review and three to four month review. Repeat as in primary visit, ensuring safe sleeping arrangements and safe sleep advice followed. Ensure parents have the information required to risk assess sleep episodes and bed-sharing; make a record of their current sleeping arrangements and plans
- The UNICEF 'caring for your baby at night' leaflet should be discussed with parents who are breastfeeding, using the pictorial 'Giving babies the chance of a lifetime' safe sleep leaflet with any families with low literacy, learning difficulties or where English is not the first language.

Neonatal Staff

In hospital the same universal sleeping message applies – the safest place for a baby to sleep is in a cot. However there may be some circumstances where hospital sleep practices differ from those recommended in the home, specifically for the care of pre-term or unwell babies being cared for in a neonatal unit. For example, pre-term infants in neonatal units may be propped up on pillows or bedding after a feed or put to sleep prone to support respiratory function; swaddled to provide comfort and support their posture during their early days; 'Kangaroo' care may be encouraged to settle babies and promote bonding and breastfeeding; the air temperature of neonatal units is higher than that recommended at home

The reasons for this developmentally sensitive care of vulnerable infants on neonatal units should be explained so that such practices are not continued in the home environment. Infants in hospital wards are subjected to more monitoring and observation than would otherwise be the case at home, especially at night. Where infants in the Neonatal Unit (NNU) have become accustomed to then prone position, there should be efforts made to acclimatise the infant to the supine position before discharge home. Staff should:

- Ensure that once babies are to be placed in a cot on the ward, they are to be placed in the prone position. Parents are to be advised that this should be continued one the baby is taken home.
- Read through the pages of the red book that refer to safe sleeping advice and advise parents on the risk of SIDS before they leave the ward.

- Give appropriate leaflet/information to parents, highlighting that premature babies can be at a greater risk of SIDS.
- Use laminated copies of the good room/bad room pictures to highlight to parent specific hazards in bedrooms.

Breastfeeding Support Workers and Volunteers

Breastfeeding support workers and volunteers should all be oriented to the information in the guidelines.

- They should support the consistent safe sleeping messages in their work in breastfeeding support groups, antenatal work shops and during one to one home visiting.
- If they identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery or health visiting team, the Infant Feeding lead, or their manager.
- They should use the UNICEF "Caring for your baby at Night" leaflet as a reference aid to discuss with parents coping strategies for dealing with tiredness and protective positions to breastfeed their baby.

General Practitioners (Family Doctors) and Practice Staff

- Doctors and practice staff should be familiar with the safe sleeping messages and practice guidance and encourage parent(s)/carer(s) of new babies and young children to be aware of sleep safe publicity materials (posters, leaflets).
- Doctors and practice staff who have consultations with pregnant women, their partners and parents of new or very young babies should use the opportunity to ask about sleeping arrangements for their baby and promote safe sleeping messages, highlighting risk and protective factors.
- Doctors or other health professionals who undertake the 6-8 week baby health review should ask about sleeping arrangements for the baby and promote safe sleeping messages, highlighting risk and protective factors.
- Where there are indications of higher vulnerability (e.g. parental smoking, social or housing issues, young parents, prematurity, possible alcohol or drug use) the Doctor or health professional should review with parent(s)/carer(s) the Safe Sleeping Assessment completed by the Midwife or Health Visitor and recorded in the Red Book. The need for additional support or intervention to promote safe sleeping practices should be considered. If the Doctor has concerns, or identifies the need for further support this should be referred to the family's Health Visitor.

Children's Social Workers

When Social Workers are undertaking a 'Child in Need (Section 17 Children Act 1989)' assessment and there is an infant under 12 months in the home, or there is a female carer who is pregnant, the following additional questions should be asked:

- Can you show me where the baby sleeps during the day and at night? Or where are you planning for your baby to sleep? If pregnant, advice should be given about how the future parent can access financial support to purchase a Moses basket/cot, if unable to purchase this by their own financial means, such as government grants re: pregnancy.
- Does the baby sleep in other places either day or night? Please will you show me where else they sleep?
- Tell me what you already know about how to keep your baby safe while they are asleep? Continue the discussion to highlight other safety measures; use the attributable risk and protective factors identified in the guidance to promote discussion

and explore any risk factors and what action needs to be taken to reduce risk; identify with all the adult carers in the home, including male carers, what practical steps can be taken to reduce risk.
- Use the safe sleeping pictorial images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- What arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke; be very clear that under no circumstances, when they are under the influence of alcohol and/or drugs should they sleep with their baby in bed, or on a settee/sofa/armchair, and that the baby should be placed in a cot/ Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.
- Sign post parents and family members to health improvement, stop smoking and specialist drug and alcohol services as appropriate.
- Clearly record within the children and families assessment (if one is active), and/or in the child's file that safe sleeping has been a factor of the assessment that has been considered, and whether safe sleeping practices are being followed or not. Record clearly any risk factors if indicated and any action required to address the concerns

Substance Misuse Workers

When working with a family who has a child less than 12 months of age in the household, all substance misuse workers should discuss and promote the safe sleeping message.

They should:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/ Moses basket/crib – support them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They should routinely:

- Promote the message that the safest place for a baby to sleep is in their cot/moses basket/crib in their parents' room for the first six months.
- Use the safe sleeping risk and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Ask what arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Discus the risks of sedation associated with drugs, alcohol and medication (including methadone, subutex, benzodiazepines e.g. diazepam, anti-depressants etc.) and the need to be particularly mindful at these times as to the risk of falling asleep with the baby.
- Reinforce that clients should never co-sleep or share a bed, settee or armchair with baby.

- Remind clients that the baby should be placed in a cot/ Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.

In cases where a service user who uses alcohol/substances is pregnant, during the pregnancy discuss:

- What plans they have and what clothing they have purchased/sourced for their baby to sleep in.
- Where are they planning for the baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.
- Liaise with specialist midwife for substance misuse

Record all discussions clearly on the service user's file as to safe sleeping advice give given and highlight any factors that the service user states they are to continue practicing and what advice was given.

Police Officers/Police Community Support Officers (PCSOs)

Police and PCSOs who attend any incidents at an address where an infant under 12 months old resides should make sure they establish where the infant sleeps and use their pocket notebook sized picture of 'Safe Sleeping' to consider whether this is a safe environment or not. When safe sleeping risks have been identified – such as the baby is sleeping with someone on a settee, has been left sleeping in a car seat or is seen sleeping in a situation that does not follow safe sleeping advice contained within this guidance they will address the issues briefly with the carers. Officers will record that the safe sleeping pictures have been discussed on the FWIN and make a brief reference in the pocket notebook. If officers identify safeguarding concerns they need to follow the usual children's safeguarding policy. Officers should ensure the FWIN is given the relevant code, G07 (Child Concern), which will create a PPI for review by a specialist officer. A decision will be made by the specialist officer depending on concerns/risk whether a referral is made to Children's services.

Children's Centre Family/Outreach Workers

Children's Centre's will ensure publicity information is available and updated in all buildings about Sleep Safe; this may include displays in main buildings.

All Children's Centre staff, including administrators, should be aware and familiar with the safe sleeping messages and practice guidance and encourage parent(s)/carer(s) of new babies and young children to be aware of sleep safe publicity materials (posters, leaflets).

Children and Families Workers should use the following discussion points to raise the issue of safe sleeping when working with all families who have a child under the age of one within their household:

- Tell me what you already know about how to keep your baby safe while they are asleep? Continue discussion to highlight other safety measures, develop protective factors and aim to address any presenting risk factors.
- Use the safe sleeping good and bad room images to develop the discussion; check if they still have the safe sleeping leaflet, if not make arrangements for it to be replaced.

- Ask the parent to talk to other people who care for a baby about the safety measures and talk with their friends or family who also may have babies.
- If either of the carers is known to be using substances and/or alcohol, ask what arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.

Housing Officers/Agents of the Landlord

- All agents of the landlord to raise any 'safe sleep' concerns to the relevant team. Bolton at Home staff are to refer through to the local Sustainment and Support Team.
- (BH) Sustainment & Support Officers to use S&S processes which include home visits, support plans, risk assessments to identify any 'safe sleeping' factors, such as drug / alcohol use, the baby is sleeping with someone on a settee, has been left sleeping in a car seat or is seen sleeping in a situation that does not follow the safe sleeping advice contained within this protocol.
- Use the pictures to raise discussion with the carers / parents re: any identified risk factors and advise them to ensure the baby sleeps in safe conditions.
- Through Sustainment & Support processes make appropriate referrals to professionals to support the carer in safe sleeping arrangements.
- Through Sustainment & Support processes encourage carers to become involved in community support groups / Children's centres etc.
- Provide any handouts / information cards to households where any safe sleeping factors are identified.
- Use the STeP (Successful Tenancy Plan) programme which includes home visits to identify any safe sleeping risk factors such as drug/alcohol use, the baby is sleeping with someone on a settee, has been left sleeping in a car seat, or is seen sleeping in a situation that does not follow the safe sleeping advice contained within this guidance.
- Through STeP make appropriate referrals to professionals to support the carer in making safe sleeping arrangements.
- Through STeP encourage carers to become involved in community support groups/Children's Centres etc.

Mental Health Workers

When working with a family who has a child under 12 months of age in the household, all mental health workers should discuss and promote the safe sleeping message.

They should:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/ Moses basket/crib, and provide support to them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They should routinely:

- Promote the message that the safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' room for the first six months.
- Use the Lullaby Trust "Safer Sleep for Babies"; UNICEF Caring for Your Baby at Night or the Pictorial Safe Sleep leaflet as appropriate
- Ask what arrangements are in place if the parent is taking prescribed medication for a mental health problem which may make them drowsy or sedated and could impact on their responsiveness or awareness. Also what arrangements they make for the baby

if they choose to drink alcohol and/or take drugs as well as their prescribed medication.
- Discuss the risks of sedation associated with medication, drugs and alcohol and the need to be particularly mindful at these times as to the risk of falling asleep with the baby; and help the parent to introduce strategies that can help manage the risks of sedation to parenting practices.
- Remind parents of the risks of falling asleep with their baby not only in bed, but also on a settee or armchair.
- Share information about your discussions with the parent and any safe sleeping issues you have identified with other workers involved with the family including those working with children.
- Record all discussions clearly on the service user's file as safe sleeping advice given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

In cases where a service user is experiencing mental health problems and/or uses alcohol or substances and is pregnant, the mental health worker needs to discuss:

- What plans they have and what have they purchases/sourced for their baby to sleep in?
- Where they are planning for their baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding or consider the cot referral scheme in appropriate.

Youth Offending Services

All young people supervised by Youth Offending Services known to be becoming a parent, or a parent of a child under the age of one year, or who have a partner who is pregnant, will be given the following advice/support from their case worker:

- Be shown the Safe Sleep pictorial leaflet and other supporting information.
- Be involved in a discussion about the planned sleeping arrangements for their unborn child/sleeping arrangements for their baby.
- With their consent referred to the teenage parenting worker(s) employed in their area.
- Be given practical assistance to ensure they have the resources to purchase appropriate sleeping equipment for their baby.
- The case worker will record on a young person's record when these actions have been carried out.

Probation

- The safe sleeping guidance will be discussed with all those individuals who have a child under 12 months of age
- All probation staff (including both the National Probation Service and the Community Rehabilitation Company) working with individuals/families who have a child under 12 months of age should discuss safe sleeping arrangements and record accurately what was said and to whom.
- Safe Sleeping resources should be available to all workers and should be used to form the basis of the discussion with the parent.
- Probation staff should share information about what was discussed and any safe sleeping issues that have been identified with other professionals involved with the family.
- Workers should also ensure safe sleeping is routinely recorded within case records.

Family Nurse Partnership (FNP)

The promotion of safe sleeping practices and reducing the risks of SIDS are key messages delivered within the FNP programme and they are delivered in a variety of ways.

During the pregnancy phase –

- Family Nurses will work closely with their clients and use a range of programme tools, materials and approaches to explore their client's knowledge and understanding about safe sleeping and give relevant advice; including the identification of protective factors and risk factors, and for implementing safe sleeping practices both for the day time and the night and for when the baby might stay away from home e.g. with family and friends or whilst on holiday.
- Support is given to help establish what equipment, arrangements and assistance clients might need in preparation for the babies arrival and in ensuring safe sleeping practices.
- Good practice is for the Family Nurse to observe where the baby will be sleeping; both in the day time and in the night and to see the sleeping arrangements so that further advice or support can be offered if necessary. Parents should be advised that this offer is routine standard practice for all clients.
- Family Nurses will utilise appropriate skills and strategies to support communication of the information and should any risks be identified, clients will be given relevant advice about implementing protective factors.
- Records will be maintained accordingly.

During the postnatal period and the infancy phase –

- On the first visit Family Nurses will review the Safe Sleeping Assessment (checklist and action plan in the Parent Held Child Health Record). This will be revisited when the baby is 6-8 weeks and as needed, thereafter, to ensure that safe sleeping arrangements are in place.
- If, in the unlikely event the above assessment has not been completed within five working days of the baby being discharged from hospital, the Family Nurse will complete this.
- As in the antenatal period, good practice is for the Family Nurse to observe where the baby sleeps both in the day time and at night, and to see the sleeping arrangements so that if necessary, any further advice or support can be offered. Again, parents should be advised that this offer is routine standard practice for all clients.
- For subsequent visits the Family Nurse will revisit and reiterate the safe sleep messages and utilise a variety of resources to support this.
- If a client moves address, again it is good practice to view the sleeping arrangements.
- At any point, should any risks be identified, Family Nurses will ensure that information about implementing protective factors is communicated and they will use a variety of resources, approaches and tools to support this.
- Records will be maintained accordingly.

Bolton Community and Voluntary Services (Bolton CVS)

The Bolton CVS Community Engagement Team is currently working with local people to raise awareness of the safe sleep message through the Prevention of Accidents in The Home (PATH) workshop. Engagement workers currently identify groups of parents, grandparents and carers of children under the age of 5 to take part in the one hour workshop that covers areas of the home where (according to local data) most accidents take place and result in a visit to the accident and emergency department at The Bolton Royal Hospital.

Greater Manchester Fire and Rescue Service

- Staff are to be familiar with the Safe Sleeping messages and guidance and attend Safe Sleeping training when appropriate.
- Staff should encourage the parents/carers of new babies and young children to be aware of the Safe Sleep publicity materials and emphasise the key messages.
- In particular this should apply to members of the public who the fire service comes across that smoke or use alcohol and have a young baby.
- When delivering the holistic home safety check as part of the Safe Start cot scheme, staff should deliver safe sleeping messages at the same time. Any other safeguarding concerns regarding the families referred to the scheme should be referred back to the appropriate department of Bolton Council.

Section 3.2: Guidance for individual Services (Salford)

This section provides staff with clear and consistent information to enable them to discuss safer sleeping arrangements for babies with parents/carers. This guidance should be followed in addition to each organisation's own policy and guidelines.

Responsibilities of All Staff

It is the workers responsibility to discuss and record the information they give to parents/carers about safe sleeping arrangements at all 'key contacts'. Significant 'key contacts' relevant to individual agencies practice and interventions are identified below.

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

Training of Staff

The training of all staff on Safe Sleep is carried out via the Salford Safeguarding Children's Board (SSCB) Seminar Training program and delivered by a multiagency team of members from the Salford Safe Sleep Implementation Group.

Midwifery, Health Visiting and Family Nurse Partnership (FNP)

Midwifery, Health Visiting and FNP nurses are required to attend an initial seminar training followed by an update training session every 3 years. Attendance on training is collated via the SSCB Training Coordinator but it is the responsibility of service managers to ensure attendance on this training.

All other services

All services that deliver to or come in contact with families with young children; or deliver lifestyle support services are required to attend the Safe Sleep Seminar training, and the update training every 3 years. Attendance on these training sessions will be monitored and recorded by the SSCB Training Coordinator.

Salford Safe Sleep Implementation Group

The Salford Safe Sleep Implementation Group membership is made up of partners that deliver services and support families with young children across Salford. The purpose of the group is to coordinate and deliver the safe sleep training; cascade information to staff working in their services; monitor the delivery of safe sleep information; and lead on the delivery of the safe sleep information within Salford.

Responsibilities of Health Staff

All health professionals in contact with families in the antenatal period and/or post-natal period should take every opportunity to discuss safer sleeping arrangements for babies and

highlight best practice recommendations. It is recommended that as a minimum, this information should be discussed by:

Midwifery Staff

- During the antenatal period – discuss what has been purchased/ sourced for the baby's sleeping arrangements, i.e. cot, crib, Moses basket, bedding etc.
- In hospital the same universal safe sleeping message applies – the safest place for baby to sleep is in the cot in the parent's bedroom.
- There may be some circumstances where hospital sleep practices differ from those recommended in the home, for example: swaddled to provide comfort and support their posture during their early days. The reasons for this developmentally sensitive care for vulnerable infants should be explained, so such practices are not continued in the home environment.
- Prior to discharge from the maternity unit - distribute and discuss the relevant safe sleep literature with the mother and the carer who supports her on the baby's return to the home; the discussion should ensure that parents are able identify safe sleeping parenting and life style factors associated with SIDS.
- At home following delivery – safe sleeping should discussed with the parents/carers, plus any other supports to the main carer.
- On the first Home Visit: The Midwife should undertake a Safe Sleeping Assessment (this is usually the day following discharge from hospital or the day after a homebirth but should take place within 5 working days). The Midwife should offer to view the baby's sleeping arrangements for both day time and night time with the parent, explaining that 'all such initial midwife home visits offer this to all parents as standard practice to help parents plan safer sleep practices.', The Safe Sleeping Assessment forms in the Parent Held Child Health Record (Red Book) should be completed. Advice should be offered to address any associated factors and ensure all advice is clearly communicated. Any attributable factors which have been identified and action plan agreed should be documented as part of the Safe Sleeping Assessment.
- During the post-natal period the Midwife should re-visit the safe sleeping messages and the assessment, reassessing the safe sleeping action plan Midwife review again with the parent where the baby is sleeping and offer any additional advice.

Health Visiting Service and Family Nurse Partnership (FNP)

- Antenatal contact – the Health Visitor and Family 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.
- New baby Review – the Health Visitor and Family Nurse should undertake a Safe Sleeping Assessment, if not undertaken by the midwife (checklist and action plan) in the Personal Child Health Records (Appendix 2) and ensure that the sleeping arrangements reviewed by the Midwife are still being routinely used and safe sleeping advice followed. The Health Visitor or Family Nurse, together with the parents and any other relevant carers will provide and discuss the UNICEF "Caring for your baby at night " leaflet.
- If the parent(s)/carer(s) are not following the safe sleeping advice discussed with the Midwife this should be documented in the child health records. In addition, safe sleeping advice should be given again and documented by the Health Visitor and Family Nurse. Health Visitors and Family Nurses 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. The UNICEF "Caring for Your baby at Night" leaflet should be discussed again with the parents, using the Pictorial Safe sleep leaflet with any

families with low literacy, learning difficulties or where English is not the first language. This should be combined with a discussion on sleep routines and any key life style associated factors.

- Six to eight week health review / three to four month health review/ 8 to 12 month health review. Repeat as in new baby review, ensuring safe sleeping arrangements and safe sleep advice is being followed. Should the parent decline to follow this advice or the Health Visiting Staff are unable to establish compliance this must be documented.
- At all contacts family members should be sign posted to stop smoking and health improvement services as relevant

Breastfeeding Support Services and Volunteers

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- Breastfeeding peer support services and volunteers should all be oriented to the information in the guidelines.
- They should support the consistent safe sleeping messages in their work in breastfeeding support groups, antenatal workshops and during home visiting.
- If they identify that a parent/carer is unclear about the messages, they should speak to a health professional from the Midwifery or Health Visiting team, or their manager.
- They should use the UNICEF "Caring for your Baby at Night" leaflet to discuss with parents coping strategies for dealing with tiredness and protective positions to breastfeed their baby.

General Practitioners (Family Doctors) and Practice Staff

- Doctors and practice staff should be familiar with the safe sleeping messages and practice guidance and encourage parent(s)/carer(s) of new babies and young children to be aware of sleep safe publicity materials (posters, leaflets).
- Doctors and practice staff who have consultations with pregnant women, their partners and parents of new or very young babies should use the opportunity to ask about sleeping arrangements for their baby and promote safe sleeping messages, highlighting associated factors and protective factors.
- Doctors or other health professionals who undertake the 6-8 week baby health review should ask about sleeping arrangements for the baby and promote safe sleeping messages, highlighting associated factors and protective factors.
- Where there are indicators of higher vulnerability (e.g. parental smoking, social or housing issues, young parents, prematurity, possible alcohol or drug use) the Doctor or health professional should review with parent(s)/carer(s) the Safe Sleeping Assessment completed by the Midwife or Health Visitor and recorded in the Parent Held Record Book. The need for additional support or intervention to promote safe sleeping practices should be considered. If the Doctor has concerns, or identifies the need for further support this should be referred to the family's Health Visitor.

Social Workers and Early Intervention & Prevention (EIP) Workers

When Social Workers are undertaking a 'Child in Need (Section 17 Children Act 1989)' assessment and there is an infant under 12 months in the home, or there is a female carer who is pregnant, the following additional questions should be asked:

- Can you show me where the baby sleeps during the day and at night? Or where are you planning for your baby to sleep? If pregnant, advice should be given about how the future parent can access financial support to purchase a Moses basket/cot, if

unable to purchase this by their own financial means, such as government grants re: pregnancy.

- Does the baby sleep in other places either day or night? Please will you show me where else they sleep?
- Tell me what you already know about how to keep your baby safe while they are asleep? Continue the discussion to highlight other safety measures; use the associated factors and protective factors identified in the guidance to promote discussion and explore any associated factors and what action needs to be taken to reduce these factors; identify with all the adult carers in the home, including male carers, what practical steps can be taken to address any associated factors.
- Use the safe sleeping pictorial images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- What arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke; be very clear that under no circumstances, when they are under the influence of alcohol and/or drugs should they sleep with their baby in bed, or on a settee/sofa/armchair, and that the baby should be placed in a cot/Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.
- Sign post parents and family members to health improvement, stop smoking and specialist drug and alcohol services as appropriate.

Children's Centre Family/Outreach Workers

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

- Tell me what you already know about how to keep your baby safe while they are asleep? Continue discussion to highlight other safety measures, develop protective factors and aim to address any presenting associated factors.
- Use pictorial Safe sleep leaflet to develop the discussion
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- If either of the carers is known to be using substances and/or alcohol, ask what arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Sign post parents to health improvement services, stop smoking services or specialist drug and alcohol services as appropriate.

Substance Misuse Workers

When working with a family who has a child less than 12 months of age in the household, all substance misuse workers should discuss and promote the safe sleeping message.

They should:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/Moses basket/crib – support them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They should routinely:

- Promote the message that the safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' room for the first six months.
- Use the safe sleeping room images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Ask what arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Discus the association with drugs, alcohol and medication (including methadone, subutex, benzodiazepines e.g. diazepam, anti-depressants etc.) and the need to be particularly mindful at these times as to the risk of falling asleep with the baby.
- Reinforce that clients should never co-sleep or share a bed, settee or armchair with baby.
- Remind clients that the baby should be placed in a cot/Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.

In cases where a service user who uses alcohol/substances is pregnant, during the pregnancy discuss:

- What plans they have and what have they purchased/sourced for their baby to sleep in.
- Where are they planning for the baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.
- Liaise with specialist midwife for substance misuse

Record all discussions clearly on the service user's file as to safe sleeping advice give given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

Mental Health Workers

When working with a family who has a child under 12 months of age in the household, all mental health workers should discuss and promote the safe sleeping message.

They should:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/Moses basket/crib, and provide support to them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They should routinely:

- Promote the message that the safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' room for the first six months.
- Use the Lullaby Trust "Safer Sleep for Babies"; UNICEF Caring for your Baby at Night or the Pictorial Safe Sleep leaflet as appropriate
- Ask what arrangements are in place if the parent is taking prescribed medication for a mental health problem which may make them drowsy or sedated and could impact on their responsiveness or awareness. Also what arrangements they make for the baby if they choose to drink alcohol and/or take drugs as well as their prescribed medication.
- Discuss the risks of sedation associated with medication, drugs and alcohol and the need to be particularly mindful at these times as to the risk of falling asleep with the baby; and help the parent to introduce strategies that can help manage the risks of sedation to parenting practices.
- Reinforce that clients should never co-sleep or share a bed, settee or armchair with a baby.
- Share information about your discussions with the parent and any safe sleeping issues you have identified with other workers involved with the family including those working with children.
- Record all discussions clearly on the service user's file as safe sleeping advice given and highlight any associated factors that the service user states they are to continue practicing and what advice was given.

In cases where a service user is experiencing mental health problems and/or uses alcohol or substances and is pregnant, the mental health worker needs to discuss:

- What plans they have and what have they purchases/sourced for their baby to sleep in?
- Where they are planning for their baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.

Health Trainers and Specialist Stop Smoking Advisors

When working with a family who has a child less than 12 months of age in the household, workers will discuss and promote the safe sleeping message.

They will:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc.
- Check that they have a cot / Moses basket/crib – support them to access financial aid if needed.
- Ask the parent / carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They will routinely:

- Promote the message that the safest place for a baby to sleep is in their cot / Moses basket / crib in their parents' room for the first six months.
- Use the safe sleeping associated and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Reinforce that clients who are smokers should never co-sleep or share a bed, settee or armchair with baby.
- Remind clients that the baby should be placed in a cot / Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.

In cases where a service user is pregnant, the worker will discuss:

- The dangers of smoking during pregnancy
- The dangers of second hand smoke during pregnancy
- Referral to Specialist Stop Smoking Pregnancy Advisor to support smoking cessation if not already accessing this service
- The dangers of alcohol consumption during pregnancy
- Refer to Public Health Midwife, Substance Misuse Team as appropriate
- What plans they have and what have they purchased/sourced for their baby to sleep in.
- Where are they planning for the baby to sleep?
- Offer advice / liaise with other agencies if financial support is needed to purchase a cot or bedding.

All safe sleep discussions will be recorded clearly on the service user's intervention notes, highlighting any identified risk factors and actions agreed with the client to that

Police Officers/Police Community Support Officers (PCSOs)

Police and PCSOs who attend any incidents at an address where an infant under 12 months old resides should make sure they establish where the infant sleeps and use their pocket notebook sized picture of 'Safe Sleeping' to consider whether this is a safe environment or not. When risks to safe sleeping have been identified – such as the baby is sleeping with someone on a settee, has been left sleeping in a car seat or is seen sleeping in a situation that does not follow safe sleeping advice contained within this guidance they will address the issues briefly with the carers. Officers will record that the safe sleeping pictures have been discussed on the FWIN and make a brief reference in the pocket notebook. If officers identify safeguarding concerns they need to follow the usual children's safeguarding policy. Officers should ensure the FWIN is given the relevant code, G07 (Child Concern), which will create a PPI for review by a specialist officer. A decision will be made by the specialist officer depending on concerns/risk whether a referral is made to Children's services.

Probation

The safe sleeping guidance will be incorporated into the local induction package.

- All staff working with individuals/families who have a child under 12 months of age should discuss safe sleeping arrangements and record accurately what was said and to whom.
- The safe sleep pictorial leaflet should form the basis of this discussion, GMPT staff should share information about what was discussed and any safe sleeping issues that have been identified with other professionals involved with the family.
- Staff should also ensure safe sleeping is routinely embedded within OASys assessments in relevant cases. This Guidance will be easily accessible to all staff to encourage greater awareness and use.

Youth Offending Services (YOS)

All young people supervised by YOS known to be becoming a parent, or a parent of a child under the age of one year, or who have a partner who is pregnant, will be given the following advice/support from their case worker:

- Be shown the Safe Sleep pictorial leaflet and other supporting information.
- Be involved in a discussion about the planned sleeping arrangements for their unborn child/sleeping arrangements for their baby.
- With their consent referred to the Teenage Parenting worker(s) employed in their area.
- Be given practical assistance to ensure they have the resources to purchase appropriate sleeping equipment for their baby.

The case worker will record on a young person's record when these actions have been carried out.

Housing Officers/Agents of the Landlord

- All Salford housing officers to observe at all contact with the family in or out of the home for evidence of infant sleeping arrangements, parenting practises or life style behaviours that could be deemed attributable to associated factors for SIDS.
- If concerns are identified to refer to the Midwifery team, Health Visiting team, or to their service manager as appropriate
- To work in close partnership and give support if necessary to Midwives and Health Visitors to gain access to rooms in housing in order to support the parents to assess their sleeping arrangements for their infants.
- To contact Children's Social Care for support or sign posting to charitable agencies to provide appropriate cots or mattresses as appropriate for the family when a need is identified.

Section 3.3: Guidance for individual Services (Wigan Borough)

This section provides staff with clear and consistent information to enable them to discuss safer sleeping arrangements for babies with parents/carers. This guidance should be followed in addition to each organization's own policy and guidelines.

Responsibilities of All Staff

It is the workers responsibility to discuss and record the information they give to parents/carers about safe sleeping arrangements at all 'key contacts'. Significant 'key contacts' relevant to individual agencies practice and interventions are identified below.

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

Training of Staff

The training of all staff is carried out through Wigan Safeguarding Children's Board Training programme and delivered by a multiagency team of members of the Wigan Safe Sleep Implementation Group.

Midwifery, Health Visiting and FNP Nurses

Midwifery, Health Visiting and FNP nurses are required to attend an initial 3 hour training followed by a 2 hour update training every 3 years. Attendance on training is documented through WSCB training but is the responsibility of managers to ensure attendance on this training. Annual infant feeding update will also include an over view of Safe Sleep information.

All Other Services

All services that deliver to or come in contact with families with young children; or deliver lifestyle support services are required to attend the 3 hour Safe sleep management training, and update this training every 3 years. Attendance on these training sessions will be documented by WSCB training.

Wigan Safe Sleep Implementation Group

The Wigan Safe sleep implementation group is made up of membership of services that deliver to families with young children across Wigan Borough, or deliver life style behavioural support to families.

The purpose of the group is to deliver safe sleep training; cascade information to staff working in their services; monitor the delivery of safe sleep information; and lead on the delivery of the safe sleep information.

Responsibilities of Health Staff

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

Midwifery Staff

- During the antenatal period discuss what has been purchased/ sourced for the baby's sleeping arrangements, i.e. cot, crib, Moses basket, bedding etc.
- Invite all parents onto the antenatal workshop programme workshops from 16 weeks of pregnancy; "Nurturing the Needs of your Bump and Baby", "Labour and Birth" "Breastfeeding Workshop" and "Getting it Right for you and your Baby" where safe sleep discussion is integral to all programmes.
- In hospital the same universal safe sleeping message applies – the safest place for baby to sleep is in the cot in the parent's bedroom. When ever possible the use of Side cots should be promoting enabling mothers to be closer to their babies and enabling easy handing..
- 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. The reasons for this developmentally sensitive care for vulnerable infants should be explained, so such practices are not continued in the home environment.
- Prior to discharge from the maternity unit Distribute and discuss the Lullaby Trust booklet 'Safer Sleep for babies ' (March 2013) and document this discussion in back of postnatal baby notes. The discussion should ensure that parents are able identify safe sleeping parenting and life style factors.
- Following a home delivery, The Lullaby Trust booklet "Safer Sleep for babies" (march 2013) should be used in discussion with the mother, partner and any other carer to ensure they can identify safer sleep parenting, and life style practices.
- On the first Home Visit: The Midwife should undertake a Safe Sleeping Assessment (this is usually the day following discharge from hospital or the day after a homebirth). The Midwife should offer to view the baby's sleeping arrangements for both day time and night time with the parent, explaining that 'all such initial midwife home visits offer this to all parents as standard practice to help parents plan safer sleep practices.', The Safe Sleeping Assessment forms in the Parent Held Child Health Record (Red Book) should be completed. Advice should be offered to address any attributable risk factors and ensure all advice is clearly communicated. Any attributable factors which have been identified and action plan agreed should be documented as part of the Safe Sleeping Assessment
- During the post-natal period the Midwife should re-visit the safe sleeping messages and the assessment, reassessing the safe sleeping action plan Midwife review again with the parent where the baby is sleeping and offer any additional advice if felt this is required.
- The Safe Sleep pictorial leaflet (appendix 1) should be used to support the message to any families with poor literacy, learning difficulties or where English is not the first language.

Health Visiting Service and Family Nurses

- Antenatal contact – the Health Visitor and Family 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.

- New baby Review – the Health Visitor and Family Nurse should undertake a Safe Sleeping Assessment, if not undertaken by the midwife (checklist and action plan) in the Personal Child Health Records (Appendix 2) and ensure that the sleeping arrangements reviewed by the Midwife are still being routinely used and safe sleeping advice followed. The Health Visitor or Family Nurse, together with the parents and any other relevant carers will provide and discuss the UNICEF "Caring for your baby at night " leaflet.
- If the parent(s)/carer(s) are not following the safe sleeping advice discussed with the Midwife this should be documented in the child health records. In addition, safe sleeping advice should also be given again and documented by the Health Visitor and FNP nurse. Health Visitors and Family Nurse 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. The UNICEF "Caring for Your baby at Night" leaflet should be discussed again with the parents, using the Pictorial Safe sleep leaflet with any families with low literacy, learning difficulties or where English is not the first language. This should be combined with a discussion on sleep routines and any key life style risks.
- Four to six week health review / three to four month health review/9month health review. Repeat as in new baby review, ensuring safe sleeping arrangements and safe sleep advice is being followed. Should the parent decline to follow this advice or the Health Visiting Staff are unable to establish compliance this must be documented.
- At all contacts family members should be sign posted to stop smoking and heath improvement services as relevant

Neonatal Staff

In hospital the same universal sleeping message applies – the safest place for baby to sleep is in a cot. However there may be some circumstances where hospital sleep practices differ from those recommended in the home, specifically for the care of pre-term or unwell babies being cared for in a neonatal unit (50). For example, pre-term infants in neonatal units may be:

- nursed with cot heads elevated by inclining the cot head using the bar or using the incline inbuilt into the underside of the cot (there is no need to use pillows or rolled blankets to create an incline)
- put to sleep prone to support respiratory function
- swaddled to provide comfort and support their posture during their early days.
- Nursed in an air temperature higher than that recommended at home

The reasons for this developmentally sensitive care of vulnerable infants on neonatal units should be explained to parents and carers so that such practices are not continued in the home environment. Infants in hospital wards are subjected to more monitoring and observation than would otherwise be the case at home, especially at night.

These differences will be discussed with parents at length prior to discharge home and at parent craft sessions to highlight the need for differences in care on the neonatal unit to care at home. These discussions will be documented.

Where infants in the Neonatal Unit (NNU) have become accustomed to the prone position, there should be efforts made to acclimatize the infant to the supine position before discharge. Prior to discharge once the baby's temperature is stable and all other prematurity factors are resolved all babies will be nursed in feet to foot, back to sleep position.

Breastfeeding Peer Support Services and Volunteers

Breastfeeding peer support services and volunteers should all be oriented to the information in the guidelines.

- They should support the consistent safe sleeping messages in their work in breastfeeding support groups, antenatal work shops and during one to one home visiting.
- If they identify that a parent/carer is unclear about the messages, they should speak to a health professional from the midwifery or health visiting team, the Infant Feeding lead, or their manager.
- They should use the UNICEF "Caring for your baby at Night" leaflet to discuss with parents coping strategies for dealing with tiredness and protective positions to breastfeed their baby.

General Practitioners (Family Doctors) and Practice Staff

- Doctors and practice staff should be familiar with the safe sleeping messages and practice guidance and encourage parent(s)/carer(s) of new babies and young children to be aware of sleep safe publicity materials (posters, leaflets).
- Doctors and practice staff who have consultations with pregnant women, their partners and parents of new or very young babies should use the opportunity to ask about sleeping arrangements for their baby and promote safe sleeping messages, highlighting risk and protective factors.
- Doctors or other health professionals who undertake the 6-8 week baby health review should ask about sleeping arrangements for the baby and promote safe sleeping messages, highlighting risk and protective factors.
- Where there are indications of higher vulnerability (e.g. parental smoking, social or housing issues, young parents, prematurity, possible alcohol or drug use) the Doctor or health professional should review with parent(s)/carer(s) the Safe Sleeping Assessment completed by the Midwife or Health Visitor and recorded in the Red Book. The need for additional support or intervention to promote safe sleeping practices should be considered. If the Doctor has concerns, or identifies the need for further support this should be referred to the family's Health Visitor.

Wigan Healthy Routes: Health Trainers and Specialist Stop Smoking Advisors

When working with a family who has a child less than 12 months of age in the household, all Healthy Routes Workers will discuss and promote the safe sleeping message.

They will:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc.
- Check that they have a cot / Moses basket/crib – support them to access financial aid if needed.
- Ask the parent / carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They will routinely:

- Promote the message that the safest place for a baby to sleep is in their cot / Moses basket / crib in their parents' room for the first six months.

- Use the safe sleeping risk and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Reinforce that clients should never co-sleep or share a bed, settee or armchair with baby.
- Remind clients that the baby should be placed in a cot / Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.

In cases where a service user is pregnant, the Healthy Routes Worker will discuss:

- The dangers of smoking during pregnancy
- The dangers of second hand smoke during pregnancy
- Referral to Specialist Stop Smoking Pregnancy Advisor to support smoking cessation if not already accessing this service
- The dangers of alcohol consumption during pregnancy
- Refer to Public Health Midwife, Substance Misuse or Substance Misuse Team if appropriate
- What plans they have and what have they purchased/sourced for their baby to sleep in.
- Where are they planning for the baby to sleep?
- Offer advice / liaise with other agencies if financial support is needed to purchase a cot or bedding.

All discussions will be recorded clearly on the service user's intervention notes as to safe sleeping advice give given highlighting any risk factors that the service user states they are to continue practicing and what advice was given.

Health Staff in Hindley Prison

Any work undertaken with a young man on remand or serving a custodial sentence who is known to be a father of a child under the age one or four has a partner who is pregnant with his child, should be shown the two safe sleeping 'risk' and 'protective' factor pictures, involving a discussion as to the sleeping conditions of their baby/the planned future sleeping arrangements for the unborn child. The young man should be advised to discuss this with the child's mother, or his pregnant partner, on their next visit to see him at the YOI, and support given to access financial aid if needed, e.g. to purchase a cot, crib or Moses basket.

Social Workers and Early Intervention Workers

When Social Workers are undertaking a 'Child in Need (Section 17 Children Act 1989)' assessment and there is an infant under 12 months in the home, or there is a female carer who is pregnant, the following additional questions should be asked:

- Can you show me where the baby sleeps during the day and at night? Or where are you planning for your baby to sleep? If pregnant, advice should be given about how the future parent can access financial support to purchase a Moses basket/cot, if unable to purchase this by their own financial means, such as government grants re: pregnancy.

- Does the baby sleep in other places either day or night? Please will you show me where else they sleep?
- Tell me what you already know about how to keep your baby safe while they are asleep? Continue the discussion to highlight other safety measures; use the attributable risk and protective factors identified in the guidance to promote discussion and explore any risk factors and what action needs to be taken to reduce risk; identify with all the adult carers in the home, including male carers, what practical steps can be taken to reduce risk.
- Use the safe sleeping pictorial images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- What arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke; be very clear that under no circumstances, when they are under the influence of alcohol and/or drugs should they sleep with their baby in bed, or on a settee/sofa/armchair, and that the baby should be placed in a cot/Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.
- Sign post parents and family members to health improvement, stop smoking and specialist drug and alcohol services as appropriate.

Substance Misuse Workers

When working with a family who has a child less than 12 months of age in the household, all substance misuse workers should discuss and promote the safe sleeping message.

They should:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/Moses basket/crib – support them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They should routinely:

- Promote the message that the safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' room for the first six months.
- Use the safe sleeping risk and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Ask what arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Discus the risks of sedation associated with drugs, alcohol and medication (including methadone, subutex, benzodiazepines e.g. diazepam, anti-depressants etc.) and the need to be particularly mindful at these times as to the risk of falling asleep with the baby.

- Reinforce that clients should never co-sleep or share a bed, settee or armchair with baby.
- Remind clients that the baby should be placed in a cot/Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.

In cases where a service user who uses alcohol/substances is pregnant, during the pregnancy discuss:

- What plans they have and what have they purchased/sourced for their baby to sleep in.
- Where are they planning for the baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.
- Liaise with specialist midwife for substance misuse

Record all discussions clearly on the service user's file as to safe sleeping advice give given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

Police Officers/Police Community Support Officers (PCSOs)

Police and PCSOs who attend any incidents at an address where an infant under 12 months old resides should make sure they establish where the infant sleeps and use their pocket notebook sized picture of 'Safe Sleeping' to consider whether this is a safe environment or not. When safe sleeping risks have been identified – such as the baby is sleeping with someone on a settee, has been left sleeping in a car seat or is seen sleeping in a situation that does not follow safe sleeping advice contained within this guidance they will address the issues briefly with the carers. Officers will record that the safe sleeping pictures have been discussed on the FWIN and make a brief reference in the pocket notebook. If officers identify safeguarding concerns they need to follow the usual children's safeguarding policy. Officers should ensure the FWIN is given the relevant code, G07 (Child Concern), which will create a PPI for review by a specialist officer. A decision will be made by the specialist officer depending on concerns/risk whether a referral is made to Children's services.

Children's Centre Family/Outreach Workers

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

- Tell me what you already know about how to keep your baby safe while they are asleep? Continue discussion to highlight other safety measures, develop protective factors and aim to address any presenting attributable risk factors.
- Use pictorial Safe sleep leaflet to develop the discussion
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- If either of the carers is known to be using substances and/or alcohol, ask what arrangements do they make for the baby if they are going to drink alcohol or take

drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Sign post parents to health improvement services, stop smoking services or specialist drug and alcohol services as appropriate.

Gateway Young Parents Support Team

All young parents support staff should undertake the following

Antenatal clinic contacts

- Discuss plans for sleeping after the birth of the baby with all potential carers where possible, including the father-to-be; check the understanding of what equipment is required for safe sleeping and their understanding of risk factors e.g. cot, bedding, room temperature, smoking, substance use etc.
- At 36 weeks appointment check what equipment has been purchased and use the safe sleeping check list and assessment.
- Provide back up written materials e.g. Lullaby Trust "Safer Sleep for Babies" or talk through with parents the Pictorial Safe Sleep leaflet

Post natal contacts

Home visits

- Discuss baby's sleeping arrangements: It is important to ask where the baby sleeps (include daytime sleeping arrangements). If appropriate ask to see where the baby sleeps to confirm arrangements or confirm the Midwife/Health Visitor has checked sleeping arrangements.
- Review the Safe Sleeping Assessment and any actions with all those present.
- Discuss with parents the Safe Sleep Pictorial leaflet.
- Ask about other carers and explain the need for mother to pass on safe sleeping messages to them e.g. grandparents, father (who may live elsewhere), friends, neighbours, babysitters etc.
- Highlight specific risks such as co-sleeping particularly after alcohol, drugs (including prescription drugs), smoking, sofa sleeping.

Other settings/opportunities

- At antenatal education sessions run for young people and in young parents groups, ensure education sessions include an in-depth session, at least six monthly, or for every new group on safe sleeping.
- In one to one discussion advise as above for home visits.
- Include fathers and other carers in discussions when possible.
- Provide accessible written materials in sessions.

Wigan and Leigh Homes Housing Officers/Agents of the Landlord

- All Wigan and Leigh Homes housing officers to observe at all contact with the family in or out of the home for evidence of infant sleeping arrangements, parenting practises or life style behaviours that could be deemed attributable to an increased risk of SUDI.
- If concerns are identified to refer to the Midwifery team, Health Visiting team, or to the Wigan and Leigh Homes Safe Guarding Manager as appropriate

- To work in close partnership and give support if necessary to Midwives and Health Visitors to gain access to rooms in housing in order to support the parents to assess their sleeping arrangements for their infants.
- To contact Social care duty team for support or sign posting to charitable agencies to provide appropriate cots or mattresses as appropriate for the family when a need is identified.

Mental Health Workers

When working with a family who has a child under 12 months of age in the household, all mental health workers should discuss and promote the safe sleeping message.

They should:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/Moses basket/crib, and provide support to them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They should routinely:

- Promote the message that the safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' room for the first six months.
- Use the Lullaby Trust "Safer Sleep for Babies"; UNICEF Caring for your baby at Night or the Pictorial Safe Sleep leaflet as appropriate
- Ask what arrangements are in place if the parent is taking prescribed medication for a mental health problem which may make them drowsy or sedated and could impact on their responsiveness or awareness. Also what arrangements they make for the baby if they choose to drink alcohol and/or take drugs as well as their prescribed medication.
- Discuss the risks of sedation associated with medication, drugs and alcohol and the need to be particularly mindful at these times as to the risk of falling asleep with the baby; and help the parent to introduce strategies that can help manage the risks of sedation to parenting practices.
- Reinforce that clients should never co-sleep or share a bed, settee or armchair with a baby.
- Share information about your discussions with the parent and any safe sleeping issues you have identified with other workers involved with the family including those working with children.
- Record all discussions clearly on the service user's file as safe sleeping advice given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

In cases where a service user is experiencing mental health problems and/or uses alcohol or substances and is pregnant, the mental health worker needs to discuss:

- What plans they have and what have they purchases/sourced for their baby to sleep in?
- Where they are planning for their baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.

Probation

The safe sleeping guidance will be incorporated into the local induction package.

- All Greater Manchester Probation Trust (GMPT) staff working with individuals/families who have a child under 12 months of age should discuss safe sleeping arrangements and record accurately what was said and to whom.
- The safe sleep pictorial leaflet should form the basis of this discussion, GMPT staff should share information about what was discussed and any safe sleeping issues that have been identified with other professionals involved with the family.
- Staff should also ensure safe sleeping is routinely embedded within OASys assessments in relevant cases. This Guidance will be easily accessible to all staff to encourage greater awareness and use.
-

Youth Offending Services

All young people supervised by Youth Offending Services known to be becoming a parent, or a parent of a child under the age of one year, or who have a partner who is pregnant, will be given the following advice/support from their case worker:

- Be shown the Safe Sleep pictorial leaflet and other supporting information and have it explained as part of a specific session around safe sleep with the YOT Health Worker.
- Be involved in a discussion about the planned sleeping arrangements for their unborn child/sleeping arrangements for their baby which will be facilitated by the YOT Health Worker either directly or through links to other appropriate health provision.
- With their consent referred to the Teenage Parenting worker(s) employed in their area. It is the responsibility of the allocated YOT Officer to initiate this with the support of the YOT Health Worker.
- Be given practical assistance to ensure they have the resources to purchase appropriate sleeping equipment for their baby by their YOT Officer and YOT Health Worker as part of a recorded intervention plan.

The case worker will record on a young person's record when these actions have been carried out.

APPENDIX 1

Please see an example of a bedroom a baby **should not** sleep in below:

Safe Sleeping Discussion Tool (Bad room picture)

There are examples of these risks in the picture above:

- **Nursery:** the infant is in his/her own bedroom. The safest place for babies to sleep for the first six months is in a cot/crib/Moses basket, in a room with their parents/carers. Research has also shown that an infant who sleeps in a cot in a separate room from her/his parents is nearly twice as likely to die of SIDS as one who shares a room with her/his parent(s).
- **Side sleeping**: the infant is asleep on their side. The safest way for a baby to sleep is on their back. It is not safe for babies to sleep on their front or side.
- **Smoking**: Has an association with SIDS while co-sleeping. All sleep environments, not just bedrooms, should be kept smoke free.
- **Alcohol**: Has an association with SIDS while co-sleeping. (Including in a parental bed and on a sofa/armchair).
- **Sofa/chair**: falling asleep with a baby on a sofa/chair has a much higher association with SIDS.
- **Feet-to-foot:** the infant is in the middle of the cot and not in a 'feet-to-foot' position. Babies should be placed to sleep with their feet to the foot of the cot, so that they can't easily wriggle down under the covers.
- **Bedclothes/Overwrapping**: overwrapping should be avoided, including the use of hats when indoors. Lightweight blankets should be used and tucked in firmly and no higher than the shoulders. To check if your infant is too hot, look for sweating or feel the back of your infant's neck of their tummy.
- **Soft toys or loose bedding in the cot**: these could cover the baby's head, increasing the association with sudden infant death.

- **Pillow**: there is a pillow in the cot. If an infant is under one year old, never use a pillow, quilt or duvet.
- **Radiator**: the cot is positioned next to a radiator and under a window. Babies don't need especially warm rooms and all-night heating is rarely needed. Babies should never sleep next to a radiator or in direct sunlight. Use a room thermometer to keep an eye on the temperature which should ideally be between 16-20^{o}C.

Please see an example of a bedroom a baby **should** sleep in below:

Safe Sleeping Discussion Tool (Good room picture)

- **Pets:** pets should not be allowed into bedrooms. There are examples of these protective factors in the picture above.
- **Cot in parent's/carer's bedroom:** the baby is sleeping in a cot in their parent's/carer's bedroom, which reduces the association with SIDS. Babies should sleep in the same bedroom as their parent/carer for the first six months, in a cot/crib/Moses basket.
- **Sleep position:** the baby is sleeping on their back, with feet to the foot of the cot, which reduces the association with sudden infant death.
- **Temperature:** the baby's sleep environment is kept at a temperature between 16-20^{o}C, to prevent overheating.
- **Bedding:** the baby's bedclothes are tucked firmly in, no higher than their shoulders to prevent the baby's head becoming covered; the cot is free of pillows, toys and loose bedding.

The following two images show other examples of good and bad places for babies to sleep. All these images are used on the photo leaflet for discussion with parents.

Appendix 2

Safe Sleeping checklist and action plan

	Yes/No	Comments
Have you discussed and given the 'Sleep Safe' leaflet?		
Have you seen baby's sleeping arrangements (day and night) and advised baby sleeps in same room as parents for first six 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 parent/care giver

	Yes/No	Comments
Would you consider placing your baby in your bed or on a sofa/beanbag to sleep?		
Do you share your bed with anyone else, including other children?		
Did you smoke at any time 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?		
Due to overtiredness could you easily fall sleep whilst settling/feeding your baby?		
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 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 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, after drinking alcohol at a party or celebration)?		

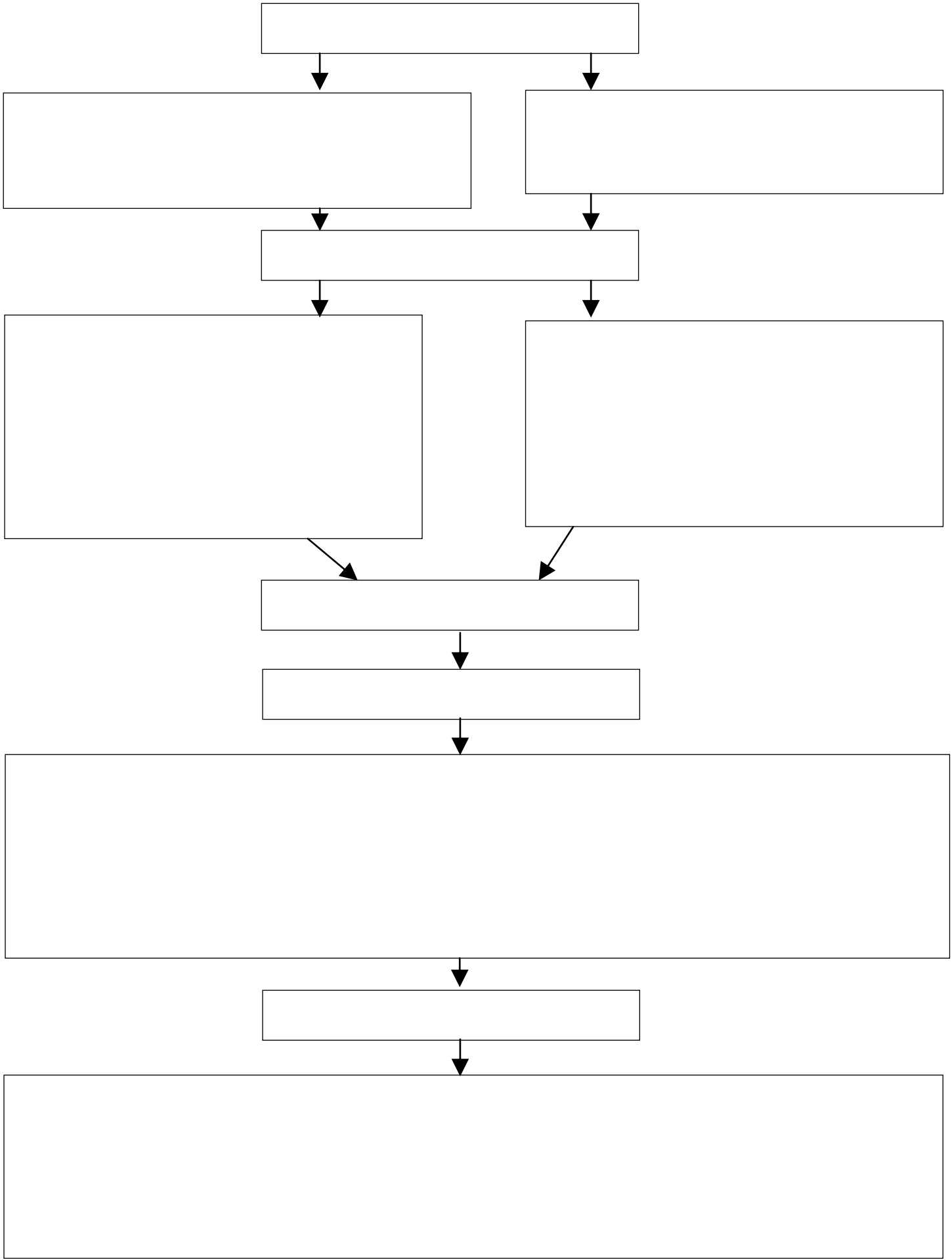
Analysis – What factors have been identified during this assessment?

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

Completed by …….
Date ……..

(One copy to Midwifery files, one copy to Health Visitor files, one copy retained in red book)

Safe sleeping advice and completion of safe sleeping assessment



Appendix 3 – Useful Links

For all the latest research and information please visit:

Lullaby Trust: **www.lullabytrust.org.uk**

UNICEF: https://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/caringatnight_web.pdf

UNICEF Baby Friendly Initiative:
:https://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/HPs_Guide_to_Coping_At_Night_Final.pdf

Smoke Free Homes:
http://tobaccofreefutures.org/how-do-we-do-it/5-reducing-exposure-to-secondhand-smoke/take-7-steps-out/

Smoking in vehicles: www.gov.uk/government/news/smoking-in-vehicles

ROSPA on Baby Slings Bhttp://www.rospa.com/home-safety/advice/product/baby-slings/

Twins: http://www.lullabytrust.org.uk/file/Fact-Sheet-Twins.pdf

Safeguarding Children Boards

Bolton SCB **boltonsafeguardingchildren@bolton.gov.uk**
Salford SCB **sscb@salford.gov.uk**
Wigan SCB **WSCB@wigan.gov.uk**

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