

# Salford Safer Sleeping Guidance for Children

**A review and standardisation of the safe sleep guidance for Salford** based on the current evidence from the Lullaby Trust, BASIS, UNICEF and the NHS.



- Place your baby on their back to sleep & “feet to foot” in a cot in the same room as you, for the first 6 months.
- Don’t smoke during pregnancy or breastfeeding, and don’t let anyone smoke in the same room as your baby.
- Don’t share a bed with your baby if you have been drinking alcohol, if you take drugs, or you’re a smoker.

**Effective from: April 2021**

**Review date: April 2023**

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•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

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 •Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.  
 •Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

**This document reflects the advice given by the multiple maternity providers who provide services to the Salford resident and GP registered population. Acknowledgment must be given to other Greater Manchester (reference 13), Cheshire (reference 18), Lancashire (reference 10) and national NHS Trusts and Local Authorities whose current guidance has influenced the development of this document which builds on the previous joint Safe Sleep initiative work undertaken with Bolton and Wigan Safeguarding Childrens Boards in 2015.**

## **1.0 Purpose**

The purpose of this document is:

- To update relevant staff in Salford with the most recent evidence-based information to support a reduction in sudden unexpected deaths in infancy (SUDI).
- To provide relevant staff with the required information to enable them to support parents to make informed safer sleeping choices for their babies.
- To support consistency in the delivery of key messages and the advice given in relation to safer sleeping arrangements is by the workforce across Salford who work with expectant and new parents (including fathers and wider family members where possible) to include Salford Royal NHS Foundation Trust, Salford City Council and Salford CCG including Primary Care and wider partners.
- To contribute to maintaining the UNICEF Baby Friendly Initiative Gold accreditation achieved Salford.

## **2.0 Scope**

This evidence based guidance is intended for use by any member of the multi-disciplinary workforce within Salford who is in a position to discuss the risk reduction of sudden infant death and safer sleeping arrangements with parents, carers, foster carers and relatives.

*•Never sleep with your baby on a sofa or armchair.*

*•Don't let your baby get too hot or cold.*

*•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.*

### 3.0 Definitions

The definitions below are used throughout this document:

<b>Baby's Carer</b>	A parent, grandparent, foster carer/s, babysitter or any other person who has responsibility for the baby at a particular time.
<b>Bed-sharing</b>	This is an interchangeable term with co-sleeping but specific to the location of a bed whereby the carer(s) and infant in the same bed for any period of time (day or night), in close proximity.
<b>Co-Sleeping</b>	This is an interchangeable term with bed-sharing but not specific to a bed whereby the carer(s) and infant are sleeping for any period of time (day or night) in close proximity. This can occur on a wide variety of items, such as beds, chairs, sofas, bean bags or hammocks.
<b>Deaths in infancy</b>	Term relates to deaths of babies under the age of one year.
<b>Multi-Disciplinary Workforce</b>	Any employee of SRFT, Salford City Council or Salford CCG including Primary Care who have contact with families as part of their role. In addition, this also includes other workers across partner organisations such as maternity providers, police, housing and third sector organisations where, as part of their role, support is provided to families. Please note that this list is not exhaustive.
<b>Overlaying</b>	Rolling onto an infant and smothering them in a bed or in another area such as a chair or sofa. This is a legal definition taken from the Children and Young Persons Act 1993, sections 1 and 2b.
<b>Salford parent, carer or child</b>	This includes the resident population or those accessing services delivered by SRFT, Salford City Council and Salford CCG.

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- Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

<b>SIDS (Sudden Infant Death Syndrome)</b>	Taken from NICE (2014), Sudden Infant Death Syndrome is defined as the sudden unexpected death of an infant less than 1 year of age, with onset of the fatal episode apparently occurring during sleep, which remains unexplained after investigation.
<b>SUDI</b>	An acronym used to categorise all sudden unexpected deaths in infancy (including SIDS).

This guideline should be used alongside the NHS advice in reducing the risk of cot death <https://www.nhs.uk/conditions/pregnancy-and-baby/reducing-risk-cot-death/> and the advice from the Lullaby Trust <http://www.lullabytrust.org.uk> Information in languages other than English can be downloaded from <https://www.lullabytrust.org.uk/professionals/publications/>

## 4.0 **Guidance & rationale**

### 4.1 Background

Over recent years there has been a significant reduction in infant deaths largely due to an increase in evidence based knowledge and practice.

Since the launch of the Back to Sleep Campaign in England and Wales in 1991, the number of SIDS deaths has fallen by 82%. Despite this, rates within the North West and Salford remain high and are consistently above than the national average. The Bolton, Salford and Wigan Child Death Overview Panel review child deaths and identify any modifiable factors which could have prevented child deaths. Safer sleep is a frequent modifiable factor along with parental smoking and safeguarding issues.

- **There have been 12 deaths within Salford from 2016/17 to 2020/21**

Information taken from the Office of National Statistics (2019) states:

- 183 unexplained infant deaths occurred in England and Wales in 2017, a rate of 0.27 deaths per 1,000 live births: a statistically significant decrease from 0.32 deaths per 1,000 live births in 2016
- In the North West 30 SIDS which is 0.36 of the population
- Just over half (55.2%) of all unexplained infant deaths were boys in 2017 (0.29 deaths per 1,000 live births). This is a slight increase from 51.3% in 2016.

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- The SIDS rate for babies born to mothers under 20 has declined by 11.3% since 2004. The rate of SIDS decreased for mothers of all age groups since 2004 but the smallest decline was for mothers aged under 20 years
- 200 unexplained infant deaths occurred in the entire UK in 2017, a rate of 0.26 deaths per 1,000 live births

There is no advice which guarantees the prevention of Sudden Unexplained Death of an Infant (SUDI), however it is important that all staff are able to discuss and explain how to reduce the risks so that families are informed about the choices they make.

This guidance has been produced in recognition of the fact that unsafe sleeping arrangements are a feature in many of the infant deaths in Salford. Therefore, the emphasis of this document is on **safer** sleeping arrangements for babies.

All guidance is based on evidence shared by The Lullaby Trust (2019)

<https://www.lullabytrust.org.uk/research/evidence-base/>



## 4.2 Responsibilities of the multi-disciplinary workforce

It is the responsibility of the multi-disciplinary workforce to discuss and record, in line with their own organisations record keeping guidelines, the information they give to babies' carers on safer sleeping arrangements at all key contacts including asking to see where baby sleeps.

- Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.
- Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

Information must be provided in such a manner that it is understood by the baby's carer. For babies' carers who do not understand English, approved interpreting services should be used in line with the employee's organisational policy. Families with other language and communication needs, including learning disabilities, should be offered information in such a way to ensure understanding.

Anyone in contact with families should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations in addition to risks based on current evidence.

See appendix 1 which provides specific guidance and recommendations for the wider multi-disciplinary workforce within Salford.

### 4.3 Responsibilities of core health and early help staff

It is recommended that as a **minimum**, Safer Sleep information should be discussed and recorded by:

Midwifery Teams:	During the antenatal period As soon as possible after birth Prior to discharge from hospital or Midwifery Led Unit During the post-natal community visits
Health Visitor & FNP:	Antenatal contacts Primary birth visit Any subsequent follow up contacts as appropriate
GP/Primary Care:	Any antenatal contact 6-8 Week Child Health Review and Immunisations
Early Help Practitioners: (see appendix 2)	Antenatal Pathway contacts Postnatal contacts Baby Social Sessions

As detailed in the Safer Sleeping Practice for Infants (2020) the following 3 point process should be implemented as soon as possible after birth by the midwives:

<https://www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2020/06/Safer-Sleeping-Practice-for-Infants-2020.pdf>

1. Discuss in detail the NICE Guidance CG 37 (addendum) 2014 or information contained within the personal child health book (PCHR) referred to as the 'red book', about safer sleeping in detail with the parent/carer/foster carer.

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

2. Assess the parents understanding of safer sleeping by using “The wrong picture” which can be downloaded from the Lullaby Trust.  
<https://www.lullabytrust.org.uk/wp-content/uploads/Spot-the-risks.pdf>
3. Supply the parents/carers with the BeCotsafe room thermometer.

See appendix 2 for scheduled contacts at which safer sleep messages can be discussed by health and Local Authority staff as well as the wider workforce.

#### 4.3.1 Communication & Documentation

As soon as possible following birth (at home or in hospital) the midwife, as well as the Health Visitor or Family Nurse at New Birth Visits, must ensure they discuss in detail “Information for parents on sharing a bed and co-sleeping with your baby”. This can be found in “Caring for your baby at night: a guide for parents” and professionals. <https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/>

All parents and carers (including fathers) with learning disabilities, visual or hearing impairments or those whose first language is not English must be offered assistance with interpretation where applicable, and where appropriate a telephone interpreter must be used. It is paramount that clear channels of communication are maintained at all times between all staff, the parent(s) and their families. Once any decisions on sleeping arrangements have been made, comprehensive and clear advice must be given to the parent(s) thereby confirming the wishes of the parent(s) and their families.

The contents of any leaflet issued must be explained in full at the time it is issued. All communication difficulties (including learning difficulties) and language barriers must be addressed as outlined in the previous paragraph at the time the leaflet is issued checking with the parent(s) that they have understood the advice given.

Ensure the provision and discussion of information of the risks and benefits with women during the antenatal and postnatal periods.

Staff should aim to foster a culturally sensitive care approach in accordance with the religious and cultural beliefs of the parents and families whilst maintaining the safer sleep message.

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- Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

All details surrounding discussion of safer sleeping and the risks of co-sleeping or bed sharing must be documented in the child's health records in line with the NMC Code (2015) section 10, <https://www.nmc.org.uk/standards/code/read-the-code-online/> or your relevant professional body record keeping standards.

#### 4.4 Care Of Next Infant (CONI) and CONI Plus arrangements

The purpose of the CONI programme is to help in the provision of organised support for families who have previously suffered the tragedy of a Sudden Infant Death. Following discussion with and consent from the parents all referrals for CONI should be sent to the relevant CONI Link nurse within the 0-19 teams. The parents will be offered the CONI programme as part of their care plan.

##### CONI liaison Health Visitors:

East Central	<a href="mailto:broughton.hvteam@nhs.net">broughton.hvteam@nhs.net</a>
Central	<a href="mailto:central.hvteam@nhs.net">central.hvteam@nhs.net</a>
West	<a href="mailto:west.hvteam@nhs.net">west.hvteam@nhs.net</a>
South	<a href="mailto:south-0-19@nhs.net">south-0-19@nhs.net</a>
North	<a href="mailto:swinton_pendlebury.hvteam@nhs.net">swinton_pendlebury.hvteam@nhs.net</a>

#### 4.5 In Hospital (including Midwifery Led Units)

**Guidance within this section has been taken from maternity provider information.**

All new mothers should be encouraged to spend time in skin to skin contact with their new baby in an unhurried environment as soon as possible after birth. Staff should be vigilant in ensuring skin to skin contact is safe and the possibilities of any accidents are minimised. Examples of possible risk exposure includes on ward transfer, after operative birth, after sedative medication, and during extreme tiredness.

All mothers should be encouraged to stay close to their babies whatever their preferred infant feeding choice.

- Never sleep with your baby on a sofa or armchair.
- Don't let your baby get too hot or cold.
- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

Skin to skin contact is encouraged on the postnatal ward and during the postnatal period, particularly to establish the mother-baby bond, for settling babies, and for babies who are establishing breastfeeding.

In the hospital setting, separation of mother and baby should only occur where the health of either prevents care being offered in the postnatal areas.

Literature consistent with the Safer Sleeping Guidance, on reducing the risk of SUDI, should be given and discussed with all mothers early in the postnatal period.

The safest place for a baby to sleep whilst in hospital is in a cot by the side of mother's bed, or a sidecar crib.

If a mother chooses to share her bed with her baby whilst in hospital, to maintain skin to skin contact, for cuddling or feeding her baby, staff should ensure that:

- The benefits and contraindications (risk factors listed in 5.5.1 of this document) of bed sharing are discussed to allow fully informed choice.
- Written information on bed sharing is provided (documentation must be made in the care plan/records that the information has been given discussed and understood).
- The effects of analgesia are discussed and documented.

If the mother makes a fully informed choice to bed share with her baby, all information and care given should be documented. Staff should discuss appropriate sleeping positions (in case the mother falls asleep with or without intention). The mother and baby should be monitored by staff as frequently as is practicable. Effective communication with other members of staff and on hand over of care is essential. Mothers will need to take responsibility for protecting her baby from falling out of the bed/entrapment/overheating. In hospital the bed should always be lowered as far as possible.

In hospital, advise the mother to keep the curtains or door open if taking the baby to bed so that staff can observe if she inadvertently falls asleep whilst bed sharing.

## **5 Current evidence-based information to be shared with all babies' carers**

Within Salford we recommend that the safest place for your baby to sleep is in a cot in a room with baby's carer for the first six months.

*•Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.  
•Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.  
•Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.*

Please note this refers to any time the baby is asleep during the day or night. Falling asleep on a sofa, or in a chair, with a baby can be very hazardous and should be avoided at all times (night or day).

Bed-sharing may facilitate breastfeeding. Some women may choose to lie down to breastfeed. Breastfeeding mothers often find bed-sharing a positive experience whilst ensuring none of the risk factors below are present (see 5.2). Hauck et al (2011) reported that Breastfeeding is protective against SIDS, and this effect is stronger when exclusively breastfeeding.

### 5.1 Parents and carer should be provided with details of the following free Safer Sleep Apps:

- The **Infant Sleep Info App** provides key information from the **Basis website** in a handy format for mobile devices. Covering normal sleep development, sleep location and sleep safety the familiar info from the website is delivered in smaller chunks. A bed-sharing decision tool guides parents through the key considerations for safer bed-sharing, and explains when bed-sharing may be inadvisable and why. A sleep log tool helps parents track their baby's sleep, displaying this info on a chart depicting the range of normal sleep for infants of different ages to provide reassurance.

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

- The **Baby Check App** from the **Lullaby Trust** features 19 simple checks that parents can do if their baby is showing signs of illness. Each check tests for a different symptom and when completed, a score is calculated that tells parents or carers how ill their baby is. The app then lets parents know whether their baby needs to see a doctor or health professional.

<https://www.lullabytrust.org.uk/safer-sleep-advice/baby-check-app/>

**NOTE: Any parent should use the app as an aid if their child is unwell but if concerned they should seek medical assistance.**

In addition, the Lullaby Trust offer free online training for parents including videos to show best practice

### 5.2 Known Risk Factors

Following the updated NICE Guidelines (December 2014) staff should discuss the following with baby's carer:

- There is an association between co-sleeping (on a bed, sofa or chair with an infant) and SIDS

• *Never sleep with your baby on a sofa or armchair.*

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- The association between co-sleeping (on a bed, sofa or chair with an infant) and SIDS is likely to be greater when they, or their partner, \*smoke.
- The association between co-sleeping (on a bed, sofa or chair) and SIDS may be greater with:
  - Parental or carer recent alcohol consumption, or
  - Parental or carer drug use, or
  - Low birth weight or premature infants

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

**Within Salford we recommend that baby's carer/s are advised not to bed-share or co-sleep if any of the following risk factors are present:**

- If anyone sharing the room where baby is sleeping smokes (no matter where or when they smoke). \*See note below regarding e-cigarettes.
- If the mother smoked during pregnancy
- If baby's carer/s have consumed alcohol
- If baby's carer/s have taken medication or drugs that make them drowsy or sleep more heavily (illegal, prescription or purchased over the counter including anaesthetics after day case or dental surgery)
- Has any illness (physical or mental) or condition that affects awareness of the baby
- If the baby has a high temperature (then medical advice should be sought via GP or 111)
- If the baby's carer/s has a high temperature
- If baby's carer/s response to their baby is impaired, for example they are excessively tired or unwell
- If the baby was small at birth (born before 37 weeks, or weighing less than 2.5kg at birth).

**If staff encounter a parent who has chosen to co-sleep if any of the above risk factors are present, parents should be directed to the Apps in section 5.1**

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

<https://www.lullabytrust.org.uk/safer-sleep-advice/baby-check-app/>

#### **\*E-Cigarettes**

There is currently no research relating to e cigarettes and SIDS, but using an e cigarette appears to be much safer than continuing to smoke; both in pregnancy and once the baby is born. As there is no direct research on using e cigarettes and SIDS, it is suggested that parents/carers do not share a bed with their baby if

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they use e cigarettes. The safest option is to give up smoking entirely, but if parents choose to use e cigarettes instead then this is likely to be much safer.

The most important thing is to stay smoke free and protect the baby from the harm of second hand smoke. If using an e cigarette allows parents/carers to remain smoke free then this is likely to be much safer than smoking.

### 5.3 Reducing the risks

It is important to recognise that factors associated with the increased risk of SIDS detailed in 5.2 can be modified in order to reduce the risks. The table below summarises the modifiable factors that can be implemented by parents.

	Associated Factors	Modifiable factors
a)	Infant Sleeping Position Sleeping prone or on in a lateral position increases the risk of SUDI. This risk increases in those infants born prematurely or of low birth weight.	Sleeping supine carries the lowest risk of SIDS. Placing infants on their back to sleep (with feet to foot of the bed with bed clothing at the level of the chest) should always be recommended. Unless otherwise medically indicated, i.e. Pierre Robin Syndrome as these Infants often need to be nursed in a lateral position. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5415579/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5415579/</a>
b)	Smoking The incidence of SIDS is likely to be greater when associated with co-sleeping and parents/carers who smoke. This association between smoking and SIDS includes the infant's parent/carer or anyone in else in the household who smokes (no matter where or	Parent(s)/carers should not bed share, with an infant, if they or any other person in the bed smokes (even if the smoking never occurs in bed).

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	<p>when they smoke).</p> <p>Although any exposure to cigarette smoking may increase SIDS, maternal smoking particularly during pregnancy has the greatest negative effect UNICEF (2013)</p> <p>See p12 for information on e-cigarettes.</p>	
d)	<p><b>Bed sharing</b></p> <p>Evidence suggests that there is correlation between bed-sharing and SIDS even when neither parent/carer/s smoke.</p> <p>This associated factor and SIDS mainly affects younger infants (less than three months postnatal age) and those of low birth weight (&lt;2.5kg).</p>	<p><b>Bed Sharing &amp; Safety Issues:</b></p> <ul style="list-style-type: none"> <li>• Adult mattresses are not designed for infants.</li> <li>• Adult pillows and bedding may contribute to suffocation.</li> <li>• Adult duvets can contribute to overheating – the ideal temperature for an infant's room is 16-20C.</li> <li>• Other children or pets may be sharing the parental bed and this may lead to overheating.</li> <li>• Infants may be squashed /suffocated by parents or others in the bed.</li> <li>• Infants may get wedged in the bed or may wriggle into a position from which they can't get out.</li> <li>• Infants may roll out of bed and be injured.</li> </ul>
e)	<p><b>Infant sleeping on a sofa, armchair or beanbag with or without Parent/Carer</b></p>	<p>If an infant is placed to sleep on a sofa/armchair/beanbag this can be associated with SIDS due to entrapment as the baby may get wedged causing suffocation. If the parent is sleeping with the parent/carer they may roll over on a sofa and suffocate the infant.</p>
f)	<p><b>Parental Alcohol/Illicit Drug Use</b></p>	<p>Alcohol/Illicit drug use may sedate parent(s)/carer(s) and impair their level of consciousness, responsiveness and awareness of the infant in bed. Therefore, they may be less aware or able to respond to their infant's needs appropriately. See link for high impact videos from Birmingham Community Healthcare NHS foundation Trust &amp; Birmingham Safeguarding Childrens Partnership.</p> <p><a href="https://vimeo.com/bchc/download/502658053/e80f67b2d0">https://vimeo.com/bchc/download/502658053/e80f67b2d0</a></p>

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		<a href="https://vimeo.com/bchc/download/502656479/63ae47aad5">https://vimeo.com/bchc/download/502656479/63ae47aad5</a>
g)	Parental Medication (Prescribed or not)	<p>Some medication either, prescribed or not may have a sedative effect and impair parent/s level of consciousness could result in them being less able to respond to the infant's needs appropriately and become unaware of the infant alongside them if co-sleeping.</p> <p>GP or pharmacy advice should be sought if when taking any medication.</p> <p>NOTE: Anaesthetics given during day surgery or dental surgery could also increase drowsiness.</p>
h)	Parental Tiredness	Parental tiredness may impact on responsiveness and awareness of the infant in bed.
i)	Young, Pre-term Infants/Low Birth Weight	Where co-sleeping occurs there is an associated increase in the number of SIDS in infants under 12 weeks of age, premature infants (born before 37 weeks) or in infants of low birth weight, less than 2.5kg (5lbs 8oz) even if their parents are non-smokers.
j)	Illness and Infection	<p>The incidence of SIDS appears to increase when infants are unwell, particularly when placed in a lateral or prone position (face down) to sleep.</p> <p>Sleeping with or overwrapping an ill infant or co-sleeping with a carer with a high temperature are other possible factors associated with SIDS.</p>
k)	Overheating Associated with SIDS	<p>Overheating is associated with SIDS.</p> <p>This includes the combination of overwrapping (excessive layers of bedding and/or clothing including hats) and/or infection.</p> <p>Similarly, the combination of overwrapping and prone sleeping.</p> <p>A number of factors such as infection, sleeping position, overwrapping or bedclothes covering the head, can affect the thermal balance in a baby by either making the infant too hot or reducing their ability to lose heat.</p> <p>Crib/cot placed next to a radiator. Care should be taken with positioning of crib/cot.</p>
l)	Bedding	Parents/carers need to ensure that the bedding is the right size for the cot/crib/Moses basket to prevent entanglement.

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•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

		<p>Sheets and blankets are ideal. If the infant is too hot a layer can be removed and if too cold a layer added.</p> <p>The cot should be made up so that the blanket and sheets are halfway down the cot, and tucked under the mattress so that the infant lies with their feet at the end of the cot. This is a recommended method as it means it's difficult for the infant to wriggle down under the bedding.</p> <p>Baby sleeping bags have become very popular. They are given a 'tog' rating according to the warmth they provide and the higher the tog rating, the warmer the bag. Parents should choose the right sleeping bag based on the temperature of the room they are sleeping in</p> <p><b>3.5 tog</b> - Is designed for extremely cold climates so it's unlikely that you would need a tog this thick unless you're planning a trip overseas.</p> <p><b>2.5 tog</b> – Can be used all year round for standard room temperatures of 15-20 Celsius. Dress baby in a cotton bodysuit and add a sleep-suit if the temperature dips below 16 degrees.</p> <p><b>1.5 tog</b> - Is ideal for warmer weather and room temperatures of 20-25 Celsius. Dress baby in just a cotton bodysuit under the sleeping bag.</p> <p><b>0.5 tog</b> - Designed for hot weather and room temperatures of 24 Celsius or higher, dress baby in a short sleeved body suit or just a nappy if it's really warm.</p> <p>Duvets and pillows are not safe for use with Infants under one year of age as they may cause overheating and/or increase the risk of accidents from suffocation.</p> <p>Use of cot bumpers – research has produced neutral results, but some experts advise avoiding the use of cot bumpers once an infant 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 entangled in them.</p> <p>New and emerging cot products are increasingly available (e.g. Sleep Head) and Salford Royal NHS Foundation Trust and partners do not advocate their</p>
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- Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.
- Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

		use. Safer Sleep guidance should be followed at all times.
m)	Infant Sleeping in Car Seats / Prams/ Pushchairs/Slings/ Hammocks	<p><b>Car seats</b> Extra observation should be made for premature Infants in car seats as they may curl forwards and inwards, compromising breathing. Infants should be transported in properly designed and fitted car seats, facing backwards. When travelling regular breaks should be taken and the baby removed from the car seat.</p> <p>Ensure that infants on return home are placed in their usual firm, flat surface crib/cot to sleep.</p> <p><b>Swaddling</b> There is an emerging association with SIDS, suggesting that infants brought into bed should not be swaddled due to the risk of overheating.</p> <p><b>Slings</b> - two positions present a significant danger Lying with a curved back, with chin resting on the chest <b>Or</b> Lying with face pressed against the fabric of the sling or the wearer's body.</p> <p><b><i>In the UK in response to a small number of infant deaths due to suffocation associated to sling use. The Royal Society for the Prevention of Accidents and the consumer organisation Which? (2019) produced the following guidance for sling wearers:</i></b></p> <p><b><i>'TICKS'</i></b> <i>Tight but comfortable, close enough to hug In view at all times Close enough to kiss Keep chin off chest. A baby's chin curled towards their chest restricts breathing. Supported back, a baby in a slumped position can result in a restricted airway.</i></p>

•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

		<b>Hammocks</b> The safest place for an infant to sleep is on a firm, flat surface, which is their own sleeping area. Parents should be advised to look for the British Safety Kite Mark before any purchase.
n)	Parental Physical or Mental Health Illness	Any parental physical or mental health illness that can alter level of consciousness increases the risk of roll over by the parent, for example, epilepsy or insulin dependent diabetes.
o)	Previous Unexpected Infant Death	There is an increased risk of SIDS where the death of a sibling (infant) has already occurred, possibly because some risk factors are still present. However, the risk of a subsequent infant death in the same family is still fortunately very rare. Within Salford a Care of the Next Infant (CONI) programme is available to support families during subsequent pregnancies and after birth. (section 4.3.4)
p)	Toys or other objects in the Cot/ Moses Basket	When the infant is very young, cuddly toys (especially large ones) should be avoided. Toys could fall onto the infant resulting in overheating or accidental smothering.
q)	Changes in Sleep Circumstances See section 5.4	As identified in a national review, 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 safer sleep when there is a change to usual sleep arrangements, for example: when sleeping away from home; and when their infant is looked after by relatives or friends; after family celebrations, alcohol use etc. <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf</a>

As highlighted in the table above (section q), infant safety is not the only issue that might affect where babies sleep, however, and parents regularly make trade-offs between safety and other issues - sometimes on the basis of informed decisions, and sometimes due to unanticipated circumstances (Volpe & Ball 2014).

It is vital that professionals have discuss the risks with parents as although many new parents/carers say that they will never sleep with their baby, about 50% of UK babies have bed-shared with a parent during their first three months.

Co-sleeping needs to be discussed with all families. In a survey by the Lullaby Trust of 8500 parents has shown that 76% have co-slept with their baby at some point. However, over 40% of parents admitted to having done so in higher risk situations. It is known that when parents are told not to co-sleep they will then feel they cannot discuss what actually happens. As a result, they will not get important advice on how to co-sleep more safely. It is a reality that even if parents do not plan to co-sleep, many still fall asleep with their babies unintentionally. Babies can and do die in high risk co-sleeping situations. If given the right advice, parents can prepare for planned and unplanned co-sleeping that will help to mitigate those risks and reduce the chance of SIDS (Lullaby Trust March 2019).

Studies have shown that sharing a sofa or armchair is associated with an extremely high risk of SIDS and babies can become trapped between the parent and the back of the sofa or armchair. Bed sharing with an infant can also increase the risk of SIDS. The risk of bed sharing is particularly increased in families where either parent is a smoker, whether or not they smoke in the bedroom. For example, one evidence review found that the risk of SIDS when bed sharing was over 6 times greater in smokers than in non-smokers. The risk of SIDS has also been found to be higher where the bed sharer has used alcohol or drugs, or is overtired. Premature and low birth weight babies are at a particularly increased risk from bed sharing, whether or not the parents smoke. There is evidence to show, however, that when infants share the same room but not the same bed as their parents, the risk of SIDS is decreased.

It is important that ALL parents have a discussion about bed-sharing/co-sleeping and consider how they will manage night and day time care.

Therefore, baby's carers **must** be advised never to fall asleep on the sofa, chair or bean bag with baby. If baby's carer chooses to sleep anywhere not designed for sleeping with their baby such as the sofa, chair or on a beanbag, they must be alerted to the risk factors associated with this choice. They must also be made aware that adult beds are not designed with infant safety in mind. Babies can die if they get trapped or wedged in the bed or if a baby's carer lies on them.

It is the baby's carer's responsibility to make sure the bed environment is as safe as possible for a baby if he or she sleeps there.

If a baby's carer decides to bed-share then they need to make sure that the bed is as safe as possible, with the following guidance:

- Never sleep with your baby on a sofa or armchair.
- Don't let your baby get too hot or cold.
- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

- The mattress needs to be clean, firm and flat. Soft mattresses and mattress toppers should not be used
- Do not use waterbeds, electric blankets or bean bags
- Make sure that baby cannot fall out of bed or get stuck between the mattress and the wall
- The room must not be too hot (16 – 20C is ideal)
- Baby should not be overdressed
- The baby's covers must not overheat the baby or cover the baby's head. There is no need for baby to wear a hat in bed. Pillows must be kept away from the baby
- The baby must not be left alone **in** or **on** the bed as even very young babies can wriggle into dangerous positions
- Any adults in the bed must be made aware that the baby is in the bed
- If an older child is sleeping in the bed then an adult should sleep between the older child and the baby. Avoid overcrowding
- Avoid having pets or cuddly toys in the bed.

Members of the multi-disciplinary workforce should direct parents to the 'Where Might My Baby Sleep?' Basis fact sheet to support them in their decision making <https://www.basisonline.org.uk/wp-content/uploads/sites/6/2018/11/Infant-Sleep-A5-8pp-Final-Booklet.pdf>

It is important to note that although studies have shown that most mothers who are breastfeeding naturally sleep facing their baby with a body position which protects the baby, for example, stops the baby moving up or down the bed and stops the mother rolling onto her baby, bed-sharing advice must be shared with the mother.

## 5.4 Out of Routine

Situational risks and out-of-routine circumstances act together to increase the risk of SUDI and may mean that families find it difficult to or impossible to engage with standard safer sleep messages (The Child Safeguarding Practice Review Panel, July 2020). Parents must be advised to consider how they can continue to practice safer sleep behaviours when out of their own home either at relatives or friends or on holiday in the UK or abroad.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/901091/DfE\\_Death\\_in\\_infancy\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf)

Staff should direct parents to the Lullaby Trust to access the safer sleep advice in summer or when visiting warmer countries <https://www.lullabytrust.org.uk/safer-sleep-advice/baby-summer-safety/> See section 4.6.6. for advice in relation to long journey by car.

- *Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.*
- *Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.*
- *Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.*

In relation to specific guidance for winter a leaflet is available through the Salford Safeguarding Children link

[https://safeguardingchildren.salford.gov.uk/media/1069/winter\\_season\\_tips\\_-\\_keeping\\_baby\\_safe.pdf](https://safeguardingchildren.salford.gov.uk/media/1069/winter_season_tips_-_keeping_baby_safe.pdf)

Grandparents often play an important role in supporting new parents in caring for the grandchildren. Safer sleep guidance must also be following if the baby is being cared for by relatives, friends or new partners.

## 5.5 Cots

Within Salford we recommend that the safest place for your baby to sleep is in a cot in a room with baby's carer for the first six months.

Having the baby sleep (day or night) in a separate room to baby's carer is an established risk factor for SIDS. The multi-disciplinary workforce should advise all babies' carers to keep baby in the carer's bedroom at night for at least the first six months, regardless of how the baby is fed.

Guidance for using your cot (same advice applies for cribs and moses baskets):

<https://www.nhs.uk/conditions/baby/caring-for-a-newborn/what-you-will-need-for-your-baby/>

- When buying a new cot, parents/carers should be advised to look for the British Standard mark BS EN 716-1.
- The mattress must fit snugly, with no space for the baby's head to get stuck.
- The bars must be smooth, securely fixed, and the distance between each bar should not be less than 25mm (1 inch) and not more than 60mm (2.5 inches), so the baby's head can't get trapped.
- The cot should be sturdy.
- The moving parts should work smoothly and not allow fingers or clothing to get trapped.
- The Lullaby Trust advises that the safest cot is a clear cot - clear from soft toys, cot bumpers.
- Cot bumpers are not recommended as babies can overheat or get tangled in the fastenings. When the baby starts to crawl and climb, there is also a risk that they may be used as steps to climb out of the cot.
- Never leave anything with ties, such as bibs or clothes, in the cot as they might get caught around your baby's neck.
- Avoid curtains and blinds with cords or inflated balloons tied to the cot. Dangling cords carry a risk of strangulation. Any cords present must be securely tied up and placed out of baby's reach.

•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

- When an adult is not in the room with their baby they should keep the drop side of the cot up and locked into position
- Avoid putting the cot basket next to a window, heater, fire, radiator, lamp or direct sunlight, as it could make the baby too hot.
- \*\*New and emerging cot products are increasingly available (e.g. Sleep Head) and Salford Royal NHS Foundation Trust and partners do not advocate their use. Safer Sleep guidance should be followed at all times.

### 5.5.1 \*\*Purchasing a cot

All cots currently sold in the UK should conform to British Safety Standards BS EN 7-16

Parents should ensure that:

- The cot is deep enough to be safe for the baby
- The cot bars should not be less than 25mm (1 inch) and not more than 60mm (2.5 inches),
- The cot does not have cut outs or steps

More information in relation to sleep products and safety is available from the Lullaby Trust

<https://www.lullabytrust.org.uk/safer-sleep-advice/sleeping-products/>  
<https://www.lullabytrust.org.uk/wp-content/uploads/The-Lullaby-Trust-Product-Guide-Web.pdf>

### 5.5.2 Second-hand cots

Safety is the priority for any parent using a second hand cot.

- If the cot is painted, to strip and re-paint it. There is always a possibility that old paint may have lead in it, see Defra's leaflet for advice on how to safely strip lead paint <https://www.gov.uk/government/publications/advice-on-lead-paint-in-older-homes>
- If there are any stickers or transfers on the inside of the cot, remove them, as they may peel off and present a choking hazard.
- 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 the babies limbs.
- Check that there is nothing on the inside of the cot that the baby can use as a foothold to help him climb out

*•Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.  
 •Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.  
 •Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.*

- It is recommended that a new mattress is used for each child using the cot.

### 5.5.3 Moses Baskets and cribs

The same sleeping advice should be given for Moses Baskets and cribs as is given for cots. Again, they should be kept in babies' carers' room for the first six months.

### 5.5.4 Travel Cots

These should be used following manufacturers' instructions. The advice in relation to cots, cribs and Moses basket also applies to use of travel cots.

### 5.5.5 **\*\*Mattresses** (\*\*see p25)

Parents should be advised to purchase a new mattress for each baby, which conforms to British Safety Standards. Mattresses should carry the BSI number BS 1877-10:1997. If parents/carers do not purchase a new mattress, they should be advised to ensure that it is completely waterproof, with no tears or holes. Due to being difficult to keep clean, ventilated mattresses are not recommended. In addition, the use of soft mattresses and toppers is not recommended as babies should sleep on a firm, flat surface.

### 5.6 **\*\*Car seats, pushchairs and prams** (\*\*see p25)

Car seats, push chairs and prams are not an ideal place for safe sleep in the home. It is important to check on your baby regularly when they are asleep. When they are being transported in a car, they should be carried in a properly designed and fitted car seat, facing backwards, and be observed regularly by babies' carer. On long car journeys parents and carers should be advised to stop for regular breaks for air and for drinks for baby (The Lullaby Trust, 2019), and ensure that baby does not spend longer than necessary in the car seat. Baby should be removed from the car seat when not travelling in the car. Extra observation is needed for premature babies who may curl forwards and inwards.

<https://www.lullabytrust.org.uk/safer-sleep-advice/car-seats-and-sids/>

<https://www.lullabytrust.org.uk/wp-content/uploads/9-car-seat-factsheet-2019.pdf>

•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

In addition, care is required to ensure that the baby does not get too hot therefore removing hats and outdoor clothes when indoors, or in the car (The Lullaby Trust, 2019). This advice should be considered when going into retail or leisure premises.

### 5.7 **\*\*Slings and other baby sleep devices** (\*\*See page 25)

These should comply with British safety standards and baby's parents/carers should be mindful of overheating and the importance of giving the baby room to breathe.

If babies' carers decide they want to use slings ROSPA (2019) refer to the advice from the Consortium of UK Sling Manufacturers and Retailers which states:

*Keep your baby close and keep your baby safe. When you're wearing a sling or carrier, don't forget the **T.I.C.K.S** acronym:*

- *Tight*
- *In view at all times*
- *Close enough to kiss*
- *Keep chin off the chest*
- *Supported back*

<https://www.rospa.com/home-safety/advice/product/baby-slings>

### 5.8 Bedding & swaddling

General advice:

- Babies' 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.
- Layers are better e.g. sheets and blankets. Layers can be removed if the baby is too hot and if too cold a layer added. Cellular blankets should be used rather than fluffy blankets.
- The cot should be made up so that the blankets and sheets cover the baby up to his/her chest and tuck under their arms and under the mattress so that the baby lies with their feet at the end of the cot. This is a 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.
- Cot bumpers should be avoided as once the baby can sit unaided as they can use the bumper as a means to get out of the cot.
- Some bumpers have cords to attach them to the cot which could cause the baby could become entangled in them.
- **Swaddling** is suggested as a possible risk factor for SIDS and therefore the advice is not to swaddle. If babies' carers do decide to swaddle their baby,

•Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.

•Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.

•Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

they should be cautious and advised not to cover the baby's head and only use thin materials. Baby should then be un-swaddled once they are asleep.

<https://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings/>

**\*\*The SSCP and partner agencies do not endorse any particular brand of product.**

**There are a number of sleeping products available and new products regularly come onto the market some of which claim to help baby sleep for longer or more deeply, these can cause confusion. Simple evidence-based advice on choosing baby sleeping products can help parents make an informed choice.**

**Remember: The safest place for a baby to sleep is in a separate, clear cot or Moses basket with a firm, flat, waterproof mattress.**

## 5.9 Sleeping position

The best sleeping position for a baby is on their back with the baby's feet at the foot of the cot. Wedges or props should not be used to keep baby in the same position, even though these are sometimes used in NICU or SCBU's. Babies will learn to roll from their back to their front on their own. When this happens, the advice to babies' carers should still be to put them to sleep on their back, feet to foot of the cot, and not to worry about them moving and leave them to find their own comfortable position (The Lullaby Trust 2019).

There is no evidence to suggest that putting twins in the same cot (which is larger than a Moses basket or crib) in the early weeks' places them at greater risk of SUDI. However, once the babies can rollover or potentially bang their heads the safer sleeping advice described in this guidance should be followed and they need to be in separate cots (see the following link below for the The Lullaby Trust and BASIS twin sleep information sheets).

<https://www.lullabytrust.org.uk/safer-sleep-advice/twins/>

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

## 5.10 Sleepwear

Advise parents to:

- Remove bibs before sleep
- Ensure that suitable clothing is worn for the temperature of the room
- Ensure flame retardant sleepwear

<https://www.hants.gov.uk/business/tradingstandards/businessadvice/safety/nightwear>

•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

## 5.11 Use of dummies

As the evidence base is not strong and not all experts agree, Salford Safer Sleep guidance follows the advice of The Lullaby Trust (2017) who state that using a dummy when putting your baby down to sleep **might** reduce the chance of Sudden Infant Death Syndrome (SIDS).

When discussing this issue with carers The Lullaby Trust advice below should be given advising not to give a dummy until breastfeeding is well established, usually when baby is around one month old, and to gradually withdraw the dummy when they're between six and twelve months old.

The Lullaby Trust (2017) state if a dummy is used it is important to ensure that:

- If you choose to use a dummy, wait until breastfeeding is well established (at up to about 4 weeks old).
- Stop giving a dummy to your baby to go to sleep between 6 and 12 months.
- Don't force your baby to take a dummy or put it back in if your baby spits it out. Don't use a neck cord.
- Don't put anything sweet on the dummy, and don't offer during awake time.
- Using an orthodontic dummy is best as it adapts to your baby's mouth shape.
- If you choose to use a dummy make sure it is part of your baby's regular sleep routine.

<https://www.lullabytrust.org.uk/safer-sleep-advice/dummies-and-sids/>

<https://www.lullabytrust.org.uk/wp-content/uploads/7-dummy-factsheet-2017-1.pdf>

## 6 Coronavirus COVID-19

The following advice has been taken from the Lullaby Trust 2020.

Parents who have a young baby should be advised to continue to follow public health advice:

- Continue to breastfeed your baby if you are doing so
- It is important that parents continue to follow safer sleep advice to lower the risk of sudden infant death syndrome (SIDS)
- If parents have symptoms of coronavirus (COVID-19) they should be advised to try not to cough or sneeze on the baby. Make sure the baby is in their own separate sleep space such as a cot or Moses basket

*•Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.  
•Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.  
•Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.*

- If the baby is unwell with a cold or fever parents should not be tempted to wrap them up more than usual. Babies need fewer layers to lower their body temperature.
- Always seek medical advice if you are worried about your baby – either linked to coronavirus (COVID-19) or any other health issue

<https://www.lullabytrust.org.uk/safer-sleep-advice/coronavirus-and-caring-for-your-baby/>

## 7 **Safeguarding**

Safer sleep advice and guidance should be part of any multi agency plan for a child, there should be an understanding of how the advice has been understood and followed through by the parent/carer, in the context of the reasons why the multi-agency plan is in place.

For example if there is parental alcohol misuse, how does this impact the ability to follow through safer sleep advice and what is the multi-agency response to this? There should be a clear risk analysis and plan around this to support the meaningful review of how the child can be kept safe when sleeping. This would support the understanding of overall risk to the child, as well as defining the role and responsibilities of multi-agency partners and parents within the plan.

### 7.1 The **ICON** programme

As part of the safer sleep work Salford are promoting the ICON programme which supports parents in the management of a crying baby in order to prevent non-accidental injuries (NAI) to babies.

NAI is the leading cause of major trauma in young babies. Abusive Head Trauma is part of this and the peak age at which this happens is around 6-8 weeks old which corresponds to the age at which children cry most persistently.

It has been identified that the perpetrator is most likely to be a parent and is more commonly male.

**‘ICON : babies cry, you can cope’** is an intervention that helps young families, endorsed by the Royal College of General Practice, Royal College of Paediatrics and Child Health and National Children’s Major Trauma Network.

•Never sleep with your baby on a sofa or armchair.

•Don’t let your baby get too hot or cold.

•Keep your baby’s head uncovered. Their blanket should be tucked in no higher than their shoulders.

It is recognised that a 6-minute discussion and provision of a simple leaflet will help families and will protect babies.

Midwives are targeting new parents at the time of the birth, ensuring wherever possible that the fathers/male caregivers are included in the conversation. Early Help Teams and 0-19 Teams will provide information antenatally and postnatally with GP's also providing information postnatally.

- Give every prospective and new parent, ideally mum and dad together the ICON leaflet
- Ensure this is read through with the parent (s).
- Direct parents/carers to photograph the leaflet, ideally the male attending the birth, so they have the information on their phone.
- The leaflet, along with the 6 minute key talking point guide and the ICON personal plan and information can be downloaded and printed from the SSCP website as well as the ICON website [www.iconcope.org](http://www.iconcope.org). Parents/caregivers should also be encouraged to access the website.

## 8 **Safer Sleep Training & audit**

- In line with the recommendations from the national review, safer sleep training from the Lullaby Trust or BASIS will be offered to employees of the Trust, Local Authority and partner agencies.  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/901091/DfE\\_Death\\_in\\_infancy\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf)
- All relevant SRFT and Local Authority services that deliver or come in contact with families with young children; or deliver lifestyle support services will be expected to attend the Safer Sleep training, with update training every 3 years. Record of attendance on these training sessions will be monitored.
- All staff who attend the mandatory BFI two day training will receive a session on safer sleep which includes the Lullaby Trust, UNICEF and BASIS information and best practice in communicating the safer sleep message to parents and carers.
- As part of the one to one practical skills review and regular staff and parents Baby Friendly Audit the safe sleep message is discussed and reinforced. If there is a gap in knowledge or support offered through the responses from staff and parents, then this can be addressed as part of the annual update training and one to one practical skills review.
- Documentation audits for appropriate services within SRFT and the Local Authority will take place annually.

## 9 **Recommended Resources**

- *Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.*
- *Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.*
- *Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.*

### **The Lullaby Trust**

The Lullaby Trust raises awareness of sudden infant death syndrome (SIDS), provides expert advice on safer sleep for babies and offers emotional support for bereaved families. They have evidence based downloadable resources for professionals and parents to access with some in a variety of languages.

### **NICE guidelines (Addendum to Clinical Guideline 37, Postnatal Care), December, 2014**

This document outlines the risk factors associated with sharing a bed with baby.

### **Baby Sleep Information Source (BASIS) [www.basisonline.org.uk](http://www.basisonline.org.uk)**

BASIS provides information about normal infant sleep based upon the latest UK and world-wide research. BASIS is a collaboration between Durham University Parent-Infant Sleep Lab, La Leche League, NCT, and UNICEF UK Baby Friendly Initiative, funded by a grant from the ESRC (Economic and Social Research Council). There is also an app available to download: <https://www.basisonline.org.uk/app/>

### **Caring for your baby at night - a parent's guide, UNICEF (UK) Baby Friendly, 2017**

This UNICEF Baby Friendly Initiative leaflet, endorsed by the CPHVA, RCM and The Lullaby Trust, is designed to offer helpful, practical advice on coping at night. It covers getting some rest, night feeding, safe sleeping environments and helping baby to settle.

### **The Health Professionals guide to 'Caring for your baby at night', UNICEF (UK) Baby Friendly, 2017**

This guide aims to help health professionals who will be using Caring for Your Baby at Night with new parents. It looks at the evidence underpinning the recommendations in the leaflet and offers guidance on discussing these issues.

### ***Been out for a drink... Who's in charge? Videos, Birmingham Community Healthcare NHS foundation Trust & Birmingham Safeguarding Childrens Partnership.***

These 60 second high impact videos can be shared with parents to reinforce the message of ensuring parents do not co-sleep with their baby following alcohol consumption

#### **Bed & Sofa:-**

<https://vimeo.com/bchc/download/502658053/e80f67b2d0>

<https://vimeo.com/bchc/download/502656479/63ae47aad5>

**UNICEF, Baby Friendly Initiative. Research on Bed Sharing, Infant Sleep and SIDS.** The latest infant health studies that UNICEF have found to be most pertinent about bed sharing, infant sleep and SIDS

<https://www.unicef.org.uk/babyfriendly/?s=safe+sleep>

•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

**The NHS website.** This contains information and advice on health conditions, symptoms, healthy living, medicines and how to get help.

<https://www.nhs.uk/>

<https://www.nhs.uk/conditions/baby/caring-for-a-newborn/reduce-the-risk-of-sudden-infant-death-syndrome/>

## 10 Appendices

### 10.1 Appendix One

#### Guidance for individual Services within Salford

<b>Midwifery Staff</b>	<p>Maternity providers will follow individual NHS Trust Policies and local Safeguarding Childrens Partnership Board guidelines</p> <p><a href="https://www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2020/06/Safer-Sleeping-Practice-for-Infants-2020.pdf">https://www.manchestersafeguardingpartnership.co.uk/wp-content/uploads/2020/06/Safer-Sleeping-Practice-for-Infants-2020.pdf</a></p> <p>In addition, it is recommended that midwives should all be orientated to the information within in these guidelines and support the consistent safer sleeping messages in their work.</p> <p>Professional Advice and Support provided by midwives will include:</p> <ul style="list-style-type: none"> <li>• Antenatal contacts – discussion what has been purchased/ sourced for the baby's sleeping arrangements, i.e. cot, crib, Moses basket, bedding etc.</li> <li>• Discuss and provide information regarding the ICON programme.</li> <li>• In hospital and midwifery led units, the same universal safer sleeping message applies.</li> <li>• 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.</li> <li>• Prior to discharge from the maternity unit - distribute and discuss the relevant safer 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 safer sleeping parenting and life style factors associated with SIDS.</li> <li>• For home births following delivery, safer sleeping should discussed with the parents/carers.</li> </ul>
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- Place your baby on their back to sleep & "feet to foot" in a cot in the same room as you, for the first 6 months.
- Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

	<ul style="list-style-type: none"> <li>On the first Home Visit, the Midwife should undertake a Safe Sleeping Assessment. The Midwife should 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.</li> <li>During the post-natal period the Midwife should re-visit the safer sleeping messages and the assessment, reassessing the safer sleeping action plan and again review where the baby is sleeping and offer any additional advice.</li> <li>Ensure any advice is documented within the relevant organisational systems and professional record keeping guidelines to allow for audit and review as required.</li> </ul>
<b>0-19 Health Visiting Service and Family Nurse Partnership (FNP)</b>	<ul style="list-style-type: none"> <li>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 safer sleeping messages and advise that they will offer to look at the sleeping arrangements at the new birth visit.</li> <li>New birth visit – 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 and ensure that the sleeping arrangements reviewed by the Midwife are still being routinely used and safer sleeping advice followed. The Health Visitor or Family Nurse will provide and discuss the UNICEF "Caring for your baby at night" leaflet.</li> <li>If the parent(s)/carer(s) are not following the safer sleeping advice discussed with the Midwife this should be documented in the child health records. In addition, safer sleeping advice should be given again and documented by the Health Visitor and Family Nurse. Health Visitors and Family Nurses should view where the baby is sleeping during the day and at night, note 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 Lullaby Trust pictorial safer 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.</li> <li>Also provide information and discuss the ICON programme.</li> <li>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 safer sleeping arrangements and safer sleep advice is being followed. Should the parent decline to follow this advice or the Health</li> </ul>

•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

	<p>Visiting Staff are unable to establish compliance this must be documented.</p> <ul style="list-style-type: none"> <li>At all contacts family members should be sign posted to stop smoking and health improvement services as relevant.</li> <li>Ensure any advice is documented on the Electronic Patient Record.</li> </ul>
<b>Breastfeeding Support Services and Volunteers</b>	<p>It is recommended that Breastfeeding Support Services and Volunteers should all be orientated to the information within in these guidelines and support the consistent safer sleeping messages in their work.</p> <p><b><u>Recommendations</u></b></p> <ul style="list-style-type: none"> <li>They should support the consistent safer sleeping messages in their work in breastfeeding support groups, antenatal workshops and during home visiting.</li> <li>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.</li> <li>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.</li> </ul>
<b>General Practitioners (GP's) and Practice Staff</b>	<p>It is recommended that GP's and Practice staff should all be orientated to the information within in these guidelines and support the consistent safer sleeping messages in their work.</p> <p><b><u>Recommendations</u></b></p> <ul style="list-style-type: none"> <li>Doctors and practice staff should be familiar with the safer sleeping messages and practice guidance and encourage parent(s)/carer(s) of new babies and young children to be aware of The Lullaby Trust publicity materials (posters, leaflets).</li> <li>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 safer sleeping messages, highlighting associated factors and protective factors.</li> <li>Doctors or other health professionals who undertake the 6-8 week baby health review should ask about sleeping arrangements for the baby and promote safer sleeping messages, highlighting associated factors and protective factors.</li> <li>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 safer 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.</li> <li>There are direct links for the GP to the social worker as required in open child protection/safeguarding cases</li> </ul>
<b>Social Workers</b>	<ul style="list-style-type: none"> <li>When Social Workers are undertaking a 'Child in Need (Section 17 Children Act 1989)' assessment and there is an infant under 12</li> </ul>

- Place your baby on their back to sleep & “feet to foot” in a cot in the same room as you, for the first 6 months.
- Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

	<p>months in the home, or there is a female carer who is pregnant, the following additional questions should be asked:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Does the baby sleep in other places either day or night? Please will you show me where else they sleep?</li> <li>• 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.</li> <li>• Use the safer sleeping pictorial images to develop the discussion; check if they still have The Lullaby Trust Safer Sleeping resources, if not make arrangements for them to be replaced.</li> <li>• 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.</li> <li>• 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.</li> <li>• Share information about what you have discussed and any safer sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.</li> <li>• Sign post parents and family members to health improvement, stop smoking and specialist drug and alcohol services as appropriate.</li> <li>• Document on appropriate systems</li> </ul>
<b>Early Help Practitioners</b>	<ul style="list-style-type: none"> <li>• As part of the Antenatal and Postnatal pathway within the first 1001 days programme, use the following discussion points to raise the issue of safer sleeping when working with all families who have a child under the age of twelve months within their household:</li> <li>• 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.</li> <li>• Can you show me where the baby sleeps during the day and at night? Or where are you planning for your baby to sleep?</li> </ul>

•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

	<ul style="list-style-type: none"> <li>• Use the Lullaby Trust pictorial Safer sleep leaflet to develop the discussion</li> <li>• 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.</li> <li>• 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.</li> <li>• Sign post parents to health improvement services, stop smoking services or specialist drug and alcohol services as appropriate.</li> <li>• Ensure any advice is documented on appropriate system</li> </ul>
<b>Substance Misuse Workers</b>	<p>It is recommended that Substance Misuse Workers should all be orientated to the information within these guidelines and support the consistent safer sleeping messages in their work.</p> <p><b><u>Recommendations:</u></b></p> <p>It is recommended that 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 safer sleeping message.</p> <p><b>They should:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Ask “Can you show me where the baby sleeps during the day and at night? Or where are you planning for your baby to sleep?”</li> <li>• Ask the parent/carer whether the baby sleeps in other places during the day, offering safer sleeping advice where appropriate e.g. not to be placed on the sofa.</li> </ul> <p><b>They should routinely:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Use the safe sleeping room images to develop the discussion; check if they still have The Lullaby Trust resources, if not make arrangements for them to be replaced.</li> <li>• 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.</li> <li>• Discuss 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.</li> <li>• Reinforce that clients should never co-sleep or share a bed, settee or armchair with baby.</li> <li>• 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</li> </ul>

•Place your baby on their back to sleep & “feet to foot” in a cot in the same room as you, for the first 6 months.  
 •Don’t smoke during pregnancy or breastfeeding, and don’t let anyone smoke in the same room as your baby.  
 •Don’t share a bed with your baby if you have been drinking alcohol, if you take drugs, or you’re a smoker.

	<p>bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Share information about what you have discussed and any safer sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.</li> </ul> <p><b>In cases where a service user who uses alcohol/substances is pregnant, during the pregnancy discuss:</b></p> <ul style="list-style-type: none"> <li>• What plans they have and what have they purchased/sourced for their baby to sleep in.</li> <li>• Where are they planning for the baby to sleep?</li> <li>• Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.</li> <li>• Liaise with specialist midwife for substance misuse</li> <li>• Record all discussions clearly on the service user's file as to safer sleeping advice given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.</li> </ul>
<b>Mental Health Workers</b>	<p>It is recommended that Mental Health Workers should all be orientated to the information within these guidelines and support the consistent safer sleeping messages in their work.</p> <p><b><u>Recommendations:</u></b></p> <p>It is recommended that 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 safer sleeping message.</p> <p><b>They should:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Ask "Can you show me where the baby sleeps during the day and at night? Or where are you planning for your baby to sleep?"</li> <li>• Ask the parent/carer whether the baby sleeps in other places during the day, offering safer sleeping advice where appropriate e.g. not to be placed on the sofa.</li> </ul> <p><b>They should routinely:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Use the Lullaby Trust "Safer Sleep for Babies"; UNICEF Caring for your Baby at Night or the Pictorial Safe Sleep leaflet as appropriate</li> <li>• 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</li> </ul>

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•Don't let your baby get too hot or cold.

•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

	<p>choose to drink alcohol and/or take drugs as well as their prescribed medication.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Reinforce that clients should never co-sleep or share a bed, settee or armchair with a baby.</li> <li>• Share information about your discussions with the parent and any safer sleeping issues you have identified with other workers involved with the family including those working with children.</li> <li>• Record all discussions clearly on the service user's file as safer sleeping advice given and highlight any associated factors that the service user states they are to continue practicing and what advice was given.</li> </ul> <p>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:</p> <ul style="list-style-type: none"> <li>• What plans they have and what have they purchases/sourced for their baby to sleep in?</li> <li>• Where they are planning for their baby to sleep?</li> <li>• Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.</li> </ul>
<b>Health Trainers and Specialist Stop Smoking Advisors</b>	<p>It is recommended that Health Trainers and Specialist Stop Smoking Advisors should all be orientated to the information within these guidelines and support the consistent safer sleeping messages in their work.</p> <p><b><u>Recommendations:</u></b></p> <p>It is recommended that when working with a family who has a child less than 12 months of age in the household, workers will discuss and promote the safer sleeping message.</p> <p>They will:</p> <p>Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc.</p> <p>Check that they have a cot / Moses basket/crib – support them to access financial aid if needed.</p> <p>If visiting the home to ask the parent to show you where the baby sleeps during the day and at night? Or where are they are planning for their baby to sleep?</p> <p>Ask the parent / carer whether the baby sleeps in other places during the day, offering safer sleeping advice where appropriate e.g. not to be placed on the sofa.</p> <p>They will routinely:</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• Use the safer sleeping associated and protective factor room images to develop the discussion; check if they still have The Lullaby Trust resources, if not make arrangements for these to be replaced.</li> <li>• Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.</li> <li>• Reinforce that clients who are smokers should never co-sleep or share a bed, settee or armchair with baby.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p>In cases where a service user is pregnant, the worker will discuss:</p> <ul style="list-style-type: none"> <li>• The dangers of smoking during pregnancy</li> <li>• The dangers of second hand smoke during pregnancy</li> <li>• Referral to Specialist Stop Smoking Pregnancy Advisor to support smoking cessation if not already accessing this service</li> <li>• The dangers of alcohol consumption during pregnancy</li> <li>• Refer to Public Health Midwife, Substance Misuse Team as appropriate</li> <li>• What plans they have and what have they purchased/sourced for their baby to sleep in.</li> <li>• Where are they planning for the baby to sleep?</li> <li>• Offer advice / liaise with other agencies if financial support is needed to purchase a cot or bedding.</li> </ul> <p>All safer sleep discussions will be recorded clearly on the service user's intervention notes, highlighting any identified risk factors and actions agreed with the client.</p>
<b>Police Officers/Police Community Support Officers (PCSOs)</b>	It is recommended that Police Officers and PCSO's should all be orientated to the information within in these guidelines and support the consistent safer sleeping messages in their work.
<b>Probation</b>	It is recommended that members of the Probation Serves should all be orientated to the information within in these guidelines and support the consistent safer sleeping messages in their work.
<b>Housing</b>	It is recommended that members of Housing Serves should all be orientated to the information within in these guidelines and support the consistent safer sleeping messages in their work.
<b>Third sector organisations</b>	It is recommended that members of any Third Sector organisation which supports new families as part of their offer should all be orientated to the information within in these guidelines and support the consistent safer sleeping messages in their work.

•Never sleep with your baby on a sofa or armchair.

•Don't let your baby get too hot or cold.

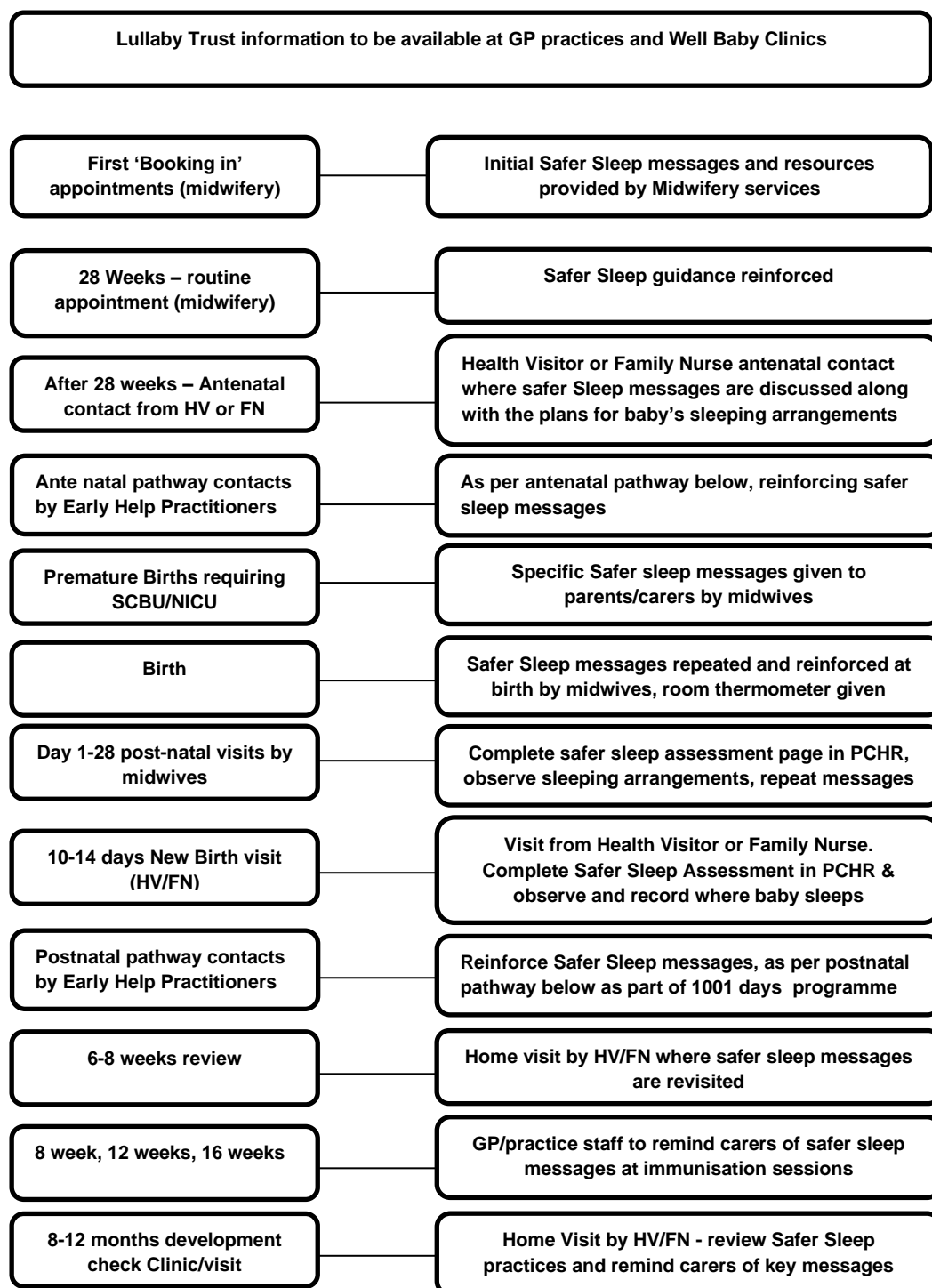
•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

- Place your baby on their back to sleep & “feet to foot” in a cot in the same room as you, for the first 6 months.
- Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.

## 10.2 Appendix Two

## Suggested Contacts for Safer Sleep Messages

Safer Sleep messages to be shared opportunistically at well baby clinics and baby social groups  
Messages to be included in all Antenatal Solihull and Baby Incredible Years  
See Antenatal and postnatal pathway below



In addition, it is recommended that opportunistic messaging should take place during any contact with Salford families during the first 12 months by any professional within Health, Local Authority and wider partners

### **Universal Antenatal Pathway**

Notification from Midwifery/0-19 Health/Parent Self-Referral to the EH Service

- Solihull Antenatal On-line course – Understanding pregnancy, labour, birth and your baby.
- Safe Sleep Campaign – Website, Social Media, Virtual Visits. (Across EH, 0-19 Health, GPs)
- Infant Feeding Advice – Website, Social Media, Virtual Visits. (Across EH, 0-19 Health, GPs)

### **Targeted Antenatal Pathway**

**Please contact the Baby Leads to discuss the family in the first instance**

#### **Request for Service through the Bridge**

from Midwifery and 0-19 Health Service.

Targeted Antenatal Support through the Bridge.

#### **Citywide Allocation**

8 x Identified Early Help Practitioners who are trained Baby Leads

#### **Family Partnership Model - Exploration.**

Key topics for exploration and targeted advice.

- Safe Sleep.
- Infant Feeding.
- Salford Relationships Matter (Family Conflict, Attachment, PIMH).

#### **Solihull Antenatal On-line Course**

Understanding Pregnancy, Labour, Birth and your Baby.

Guided virtual 1:1 delivery with Early Help Practitioners 'check-ins' following each module.

Any additional specialist support required during the intervention – discussion to be had with referring midwife or with specialist/allocated Health Visitor or Family Nurse.

#### **Modules**

1) Helping you and your baby through pregnancy and birth.	5) Feeding your baby.
2) Getting to know your baby in the womb.	6) Who's the Daddy now – I'm the Daddy – plus referral to Home Start Dad Matters Coordinator (Salford) for 'Dad Chat' support.
3) You, your baby and the stages of labour.	7) After your baby is born.
4) Helping you & your baby through labour & birth.	

\*\*\*These families will the go on to access the Postnatal Pathway (see below) – with the existing identified EHP.\*\*\*

### Universal Postnatal Pathway

Notification from Midwifery/0-19 Health/Parent Self-Referral  
to the EH Service

- Solihull Antenatal On-line course – Understanding pregnancy, labour, birth and your baby.
- Safe Sleep Campaign – Website, Social Media, Virtual Visits. (Across EH, 0-19 Health, GPs)
- Infant Feeding Advice – Website, Social Media, Virtual Visits. (Across EH, 0-19 Health, GPs)

Please contact the leads to discuss the family in the first instance

Request for Service through the Bridge  
for targeted postnatal support,  
from 0-19 Health (following the New Birth Visit/6-8 week visit ) and GPs.

### Citywide Allocation

8 x Early Help Practitioners trained as Baby Leads

### Family Partnership Model - Exploration.

Key topics for exploration and targeted advice.

- Safe Sleep.
- Infant Feeding.
- Salford Relationships Matter (Family Conflict, Attachment, PIMH).

### Solihull Postnatal On-line Course

Understanding your baby

Guided virtual 1:1 delivery with Parenting Practitioner with “check-ins” following each module.

1) Understanding feelings...both your own and your baby's.	6) Developing healthy sleep patterns.
2) Understanding your baby's brain.	7) Understanding your baby's feeding.
3) Understanding your baby's crying.	8) Who's the Daddy now – I'm the Daddy – plus referral to Home Start Dad Matters coordinator (Salford) for 'Dad Chat' support.
4) How to respond to crying.	9) Understanding your baby's development and play.
5) Understanding your baby's rhythms	10) Understanding your baby's childcare.

\*\*\*Families who require further parenting support will be placed on the next available Baby Incredible Years course\*\*\*








### 10.3 Appendix Three

Risk Assessment Tool featured in the 'Where Might My Baby Sleep?' leaflet and it is also accessible on the infant sleep information source app available on apple and android.



## Before bed-sharing ask yourself these questions.

Remember, people sometimes bed-share accidentally as well as intentionally... circumstances also change...so complete this checklist and assess YOUR risk. 

Do either you or your partner EVER smoke?	→ ANSWER YES	→ Smoking increases your baby's risk of Sudden Infant Death Syndrome whilst bed-sharing.	
Have you or your partner recently drunk any alcohol?	→ ANSWER YES	→ Alcohol increases the risk of Sudden Infant Death Syndrome and accidental death whilst bed-sharing.	
Did you smoke in pregnancy?	→ ANSWER YES	→ Smoking during pregnancy increases your baby's risk of Sudden Infant Death Syndrome whilst bed-sharing.	
Have you or your partner taken any medication or drugs that might make you sleep heavily?	→ ANSWER YES	→ Taking drugs or medication which impair your consciousness increases the risk of accidental death whilst bed-sharing.	
Are you excessively tired? (e.g have had less than 4 hours sleep in the last 24 hours?)	→ ANSWER YES	→ Excessive tiredness affects the way you sleep and increases the risk of accidental death.	
Are you formula feeding your baby?	→ ANSWER YES	→ If you formula-feed, you may not naturally adopt the protective 'C' position whilst bed-sharing. See page 11.	
Was your baby small at birth? (Born before 37 weeks, or weighing less than 2½ kg or 5½ lb at birth)	→ ANSWER YES	→ Some evidence suggests that small at birth babies may have an increased risk of Sudden Infant Death Syndrome when bed-sharing with no-smoking parents. There is a dramatically increased risk of Sudden Infant Death Syndrome for small at birth babies who bed-share with parents who smoke.	

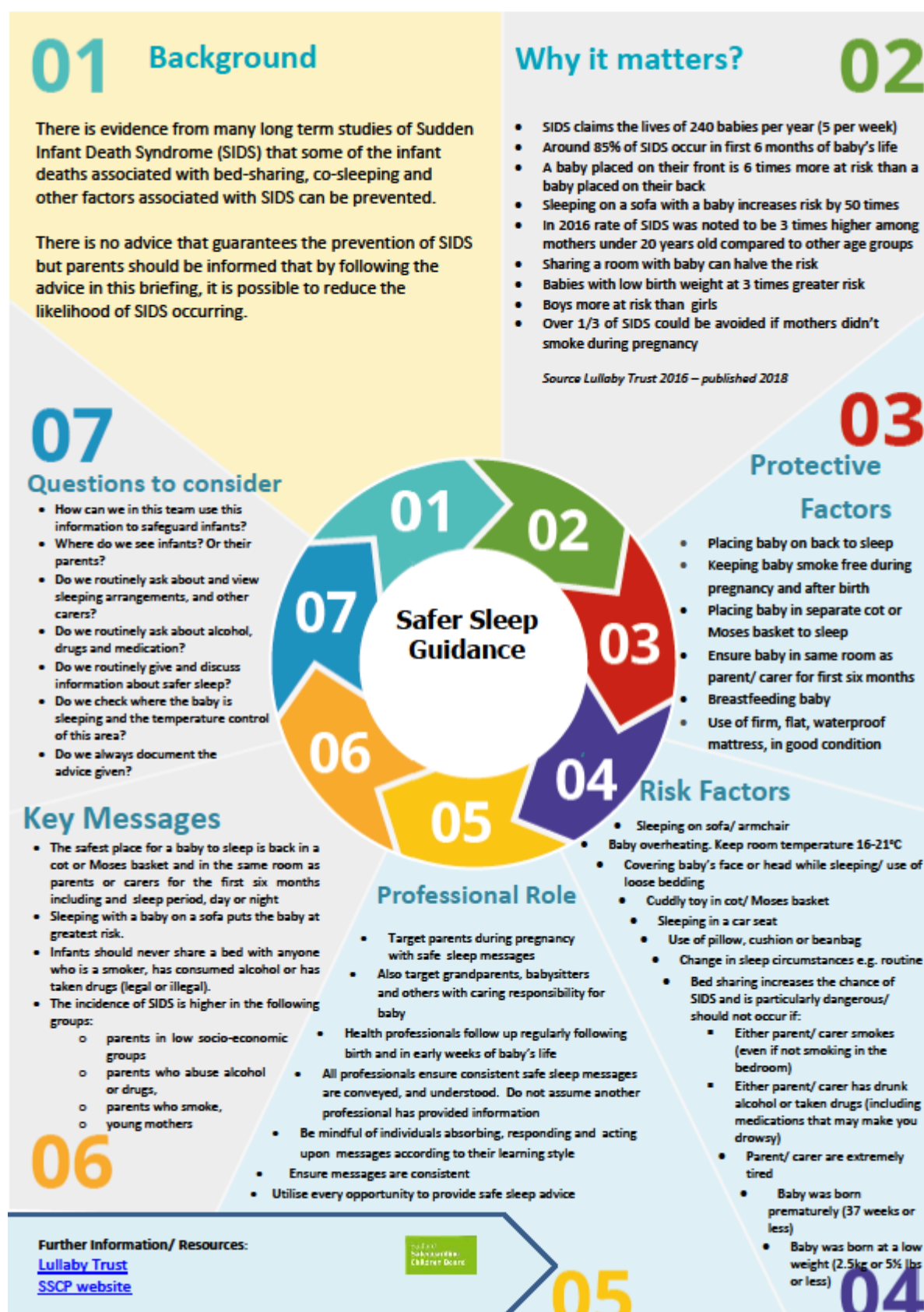


If you answer 'Yes' to any of these questions then bed-sharing is NOT advisable.

Instead, consider either using a 3-sided cot that attaches to your bed, or having baby in a cot near your bed.'



### 10.4 Appendix Four – 7 minute briefing



## 11 References

- Never sleep with your baby on a sofa or armchair.
- Don't let your baby get too hot or cold.
- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.

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•Never sleep with your baby on a sofa or armchair.

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•Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.