



# Spotlight on: **SAFER SLEEP**



## **Safer Sleep:**

The four Children Safeguarding Partnerships across HIPS have agreed programmes of intervention relating to Safer Sleep. This means all agencies and services who meet parents and carers of babies have a role to play in promoting consistent messages about safer sleep. This starts with having conversations with parents and carers about their babies sleep arrangements, including during pregnancy. Our agreed approaches to Safer Sleep also ask practitioners to be curious, ask questions and engage with parents and carers where potential unsafe sleep practices are apparent, seeking advice when needed. This also includes raising awareness of key safer sleep messages, what to do when you have concerns and the criminal offence of overlay. There are a range of resources available to practitioners and parents and carers and we ask you take an opportunity to explore them fully, learning new information or refreshing your existing knowledge. So please read on and always remember:

**The safest place for a baby to sleep is on their back in a clear cot or Moses basket in the same room as parents/ carers for the first six months and every sleep counts.**

## **Sudden Infant Death Syndrome:**

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected and unexplained death of an otherwise healthy baby. SIDS is rare, however approximately 240 children die per year in the UK due to SIDS. Most deaths happen during the first 6 months of a baby's life, but cases have been seen in children up to the age of 1 year. While no single likely cause has been identified, experts know there are several risk factors and preventative measures that parents can take to ensure their babies are sleeping as safely as possible. It is possible that many factors contribute but some factors are known to make SIDS more likely.

These can include:

- 1. The association between co-sleeping and SIDS whether the co-sleeping was intentional or unintentional and place of sleep (sofa v bed)**
- 2. The association of smoking (mother and partner/carer) and SIDS**
- 3. The association of co-sleeping and SIDS and parent/carer alcohol and drug use**
- 4. The association between SIDS and low birth weight or premature babies.**

**Across the UK, on any one night, 22% of babies will be in bed with their parents.**

The Hampshire, Isle of Wight, Portsmouth and Southampton Safeguarding Partnerships (HIPS) have agreed to deliver the same key safer sleep messages across the areas. Some areas will use existing information from agencies such as The Lullaby Trust and others will develop their own resources. The messages are the same.

## **Baby Development Key Messages:**

- Young babies will wake frequently during the night and need to be fed and cared for –this is normal and not modifiable.
- Many breastfeeding mothers sit up in bed to try to stop falling asleep, if she unintentionally falls asleep this can make the sleep position dangerous for the baby
- Babies thrive on comfort and parents can feel that co-sleeping is the only way to settle the baby
- Young babies are unable to re-position themselves
- Babies have an immature nervous system and are unable to regulate their body temperature
- The baby's head is the site of 40% of heat production and up to 85% heat loss –therefore covering the head (with hats/blankets) could result in thermal imbalance, which is associated with SIDs.

## **Safer Sleep Key Messages:**

### **Car seats**

Car seats should only be used for journeys. If a baby is under six weeks old they should be taken out for a stretch every 30 minutes and every hour once they are over 6 weeks old.

### **Co-sleeping**

Babies cannot regulate their own temperature and can easily overheat. Duvets and pillows might cover their face and make it difficult to breath. An adult could roll onto the baby causing death or serious harm.

### **Smoking**

Smoking significantly increases the risk of Sudden Infant Death Syndrome.

### **Drugs and alcohol**

Alcohol, street drugs and some prescription or over the counter medication can make you drowsy and may impact your response to a baby.

### **Travel cot**

A travel cot is an ideal place for a baby to sleep when away from home but do not add any extra padding because the mattresses are thinner babies need a firm flat sleep surface.

### **Makeshift bed**

Airbeds, sofa cushions, folded duvets or blankets, footstalls and pouffes are not safe for a baby to sleep on as they can move and are soft.

### **Sleep aid**

Sleep products are designed for specific ages and sizes, using a product that is not suitable for the babies age/size can be very dangerous. Just because something is made by a brand you know or sold on the high street doesn't make it safe.

### **Sofa**

A sofa is one of the most dangerous places to fall asleep with a baby and increases the risks of Sudden Infant Death Syndrome by up to 50 times.



## Practice Considerations Co-Sleeping:

- Co-sleeping does happen and parents/carers need to be aware of the risks and the key safer sleep messages. Some parents will continue to co-sleep and practitioners need to advise on when co-sleeping can be made safer, although not risk free. Those messages are here:
- Make sure your baby won't fall out of bed or get trapped between the wall and a mattress
- Keep pets away from the bed and do not have other children sharing the bed
- Keep pillows and adult bedding away from the baby
- If you think you might fall asleep with your baby follow these tips.

These tips do not detract from the very clear message:

**The safest place for a baby to sleep is on their back in a clear cot or Moses basket in the same room as parents/ carers for the first six months and every sleep counts.**

Some parents choose to co-sleep with their baby in other places such as on a mat, on a futon, on a waterbed, an air mattress, or on blankets and duvets on the floor. The risks associated with these arrangements are significantly higher. These sleeping arrangements are not recommended.

### Co-sleeping- when absolutely not to do so:

- Either parent/partner smokes (even if not in the bedroom)
- Either parent/partner has drunk alcohol/ taken drugs- this forms part of the criminal offence of 'overlay'.
- Either parent/partner is extremely tired or using prescribed medications that may cause drowsiness
- If the baby was born prematurely (before 37 weeks)
- If the baby was born at a low weight (2.5kg or 5.5 lbs or less)

### Criminal Offence of Overlay:

- Where the cause of death for an infant under 3 years is suffocation (not caused by disease/ foreign body etc.)
- The infant was in bed with a person who has attained the age of 16 years
- & that person was under the influence of drink or a prohibited drug either when they went to bed or at any later time before the suffocation.
- N.B. includes any kind of furniture or surface used for the purpose of sleeping

### Safer Sleep Procedure and Guidance:

Can be found [HERE](#) and you can find out more about:

- Key Safer Sleep messages
- How we can work together to reinforce safer sleeping messages
- Messages for all agencies and services
- Safeguarding concerns

Want to find out even more:

Go to [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk) or [HSCP Every Sleep Counts Toolkit](#)

Read the [Child Safeguarding Practice Review](#) from the National Child Safeguarding Practice Review Panel.

Go to your local LSCP website to access training and more information. Click on the relevant LSCP logo at the beginning of this document.