

DOCUMENT CONTROL PAGE

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This guideline has been produced using the Manchester Local Care Organisation guideline.
 Our appreciations to Manchester Local Care Organisation and Trafford Local Care Organisation guideline for all their work.



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1. Introduction

This Manchester and Trafford guidance outlines the core principles of safer sleeping which are implemented nationally.

To ensure a consistent message is given to parents/carers this guidance was written following collaborative working with the multiagency “Safe and Healthy Beginnings” Plan and professional groups involved in this plan.

In 2002 Manchester had the highest infant mortality rate (IMR) in the country. Examination of the Sudden Unexplained Death of an Infant (SUDI) by Manchester’s serious case review panel revealed some recurring features. A significant number of these deaths were associated with risk factors known to increase the risk of SUDI. Work since 2002 in Manchester has seen a 70% reduction in SUDI, however, the city continues to have a higher death rate than England.

The Safe and Healthy Beginnings Plan is currently working to reduce infant mortality in Manchester and address key themes/areas where improvement is required.

There is no advice which guarantees the prevention of SUDI; It is our ambition to ensure that all staff can discuss and explain how to reduce the risks so that families are informed about the choices they make.

The babies who have sadly died of SUDI or unascertained deaths in Manchester in recent years have most often been found in unsafe sleeping environments. It is worth considering asking parents/carers “where did you place your baby to sleep last night? where did your baby wake up this morning?”

It is recognised that parents/carers take their baby into bed to feed and provide comfort and closeness and to settle the baby. Those who bed share may fall asleep whether or not they intend to for reasons such as: breastfeeding, to get sleep, by accident, to bond with their baby, for safety or when there’s a change in routine (Ball, 2002 and Baddock et al 2019). This guideline does not discourage a close and loving bond but does promote that the safest place for a baby to sleep is on their back in a Moses basket or cot in a room with the parent or carer for the first six months (DoH 2021, NICE 2021). This advice is the same for all times of the day and night when the baby is sleeping (Lullaby Trust 2022, UNICEF 2021).

Many deaths happen in unplanned hazardous co sleeping situations and could be avoided.

For the purposes of this guidance the following definitions apply:

- **SUDI** (Sudden Unexplained Death of an Infant) describes the sudden death (or collapse leading to death) of a baby, which would not have been reasonably expected to occur 24 hours previously and in whom no pre-existing medical cause of death is apparent.
- **SIDS** (Sudden Infant Death Syndrome) where the unexpected death of a baby remains unexplained, when a thorough investigation including a post-mortem is unable to find a cause of the death. Alternatively, the death may be recorded as unascertained.
- **Co-sleeping** describes any one or more person falling asleep with a baby in any environment e.g. sofa, any bed, at any time of day or night.

- **Bedsharing** describes babies sharing a bed with another person in any setting.
- **Overlying** describes rolling onto an infant and smothering them, e.g. in bed (legal definition taken from the Children and Young Persons Act 1993, sections 1 and 2b) or, on a chair, sofa or beanbag.

This guideline should be used alongside the Public Health England leaflet ‘Safer Sleep for Babies’ and ‘Safer Sleep for Babies’ easy read card. [Easy-read-card-English-web.pdf \(lullabytrust.org.uk\)](https://www.lullabytrust.org.uk/Easy-read-card-English-web.pdf)

Information in languages other than English can be downloaded from [Lullaby Trust publications - The Lullaby Trust](#)

2. Aim

The overarching aim of this guidance is to reduce the number of child deaths in Manchester and Trafford where modifiable factors have been identified.

3. Purpose

The purpose of this guideline is to ensure that parents/carers and their families are provided with consistent information and advice by all professionals to enable them to make an informed choice about safer sleeping arrangements for their baby/babies. The safest place for a baby to sleep is in their own space (Moses basket or cot) on a firm, clear, flat and waterproof mattress.

4. Roles and Responsibilities

Staff providing care and advice for the residents of Manchester and Trafford have responsibility for providing a respectful but authoritative approach to:

- Ensuring that guidelines are implemented.
- Ensuring that the effectiveness of the guideline is monitored.
- Reviewing current risk assessments, control measures, procedures and training within MFT to ensure that deficiencies are identified and reported on and that recommendations and action plans are developed and monitored according to the Risk Management strategy.
- Ensuring identification of risk is followed by a SMART plan and referenced to ‘Out of Routine’ (2020), with an infant sleep plan recorded in any case planning or child protection plans.
- It is good practice to view the baby’s sleep space.

This will include adult and children’s services e.g. housing, mental health, Early Help, outreach workers, VCFSE, probation, drug and alcohol services, midwifery, health visiting, social workers, early years and play and general practice staff in a position to discuss the risk reduction of sudden infant death with parents, carers, and foster carers.

5. Detail of Guidelines

These guidelines are intended for use by any member of staff who will be in a position to discuss the risk reduction of sudden infant death with adults, parents, carers and foster carers.

5.1. Bedsharing/co-sleeping

In any setting from birth, staff should not recommend, encourage or promote bedsharing/co-sleeping. Staff should support parents/carers to understand the risks associated with their individual circumstance and certain hazardous/dangerous circumstances where they should **never** bedshare.

Key points:

- We do not recommend, encourage or promote co-sleeping/bedsharing
- The safest place for baby to sleep will always be their own separate clear sleep space: eg cot /moses basket in the same room as parents/carers for the first 6 months.
- Co-sleeping may happen by choice or by accident. Create an environment where families can discuss their situations and concerns.
- We need to make sure that families are given consistent information & advice to enable them to make an informed choice about safer sleep arrangements. Advice given must be documented.
- We need to ensure families understand the advice given through discussion alongside printed/online information. Treat each family as an individual.
- Deaths can occur when unplanned co-sleeping has taken place in a hazardous environment.
- Ensure you have considered all risk factors & potential safeguarding concerns when targeting advice regarding co-sleeping. Be clear that there is always a degree of risk.
- Talk about risks of unintentional co-sleeping (e.g. breastfeeding mothers) and how to reduce risk if this may happen. Parents/carers who chose to continue to co-sleep following discussions around risk should be provided with UNICEF "caring for your baby at night leaflet" and staff should discuss/explore parental understanding. This should be revisited at further contacts. Discussion should be documented.
- If there are concerns around safety/hazardous bed sharing situations the practitioner must take appropriate safeguarding action.

Bedsharing becomes particularly hazardous/dangerous when:

- Parent/carer has consumed alcohol
- Parent/carer is a smoker including vaping/cannabis (even if they smoke outside)

- Parent/carer uses drugs including some prescribed medications which can cause drowsiness
- Either parent/carer feels very tired.
- Other children/pets in the bed
- If the baby was low birth weight (less than 2.5kg).
- If the baby was premature (born before 37 weeks).
- The surface is soft, such as a waterbed, sofa or armchair.
- There is soft bedding such as pillows or a duvet on the bed.
- There is a risk baby can become trapped or wedged in the bed/fall off the bed.

We know that risk increases for families with vulnerabilities in their lives particularly those living in temporary accommodation/frequent changes to routine.

5.2. Factors which increase risk

There is an association between Sudden Unexplained Death of an Infant if certain risk factors are present, these include:

- If the mother has smoked at all (tobacco/ cannabis/vapes) during the antenatal period or either parent/carer is a smoker (Carpenter 2004, Child Safeguarding Practice Review Panel 2020).
- Co-sleeping (Carpenter et al, 2013, Carpenter et al 2006, Hauck et al 2004, Carpenter et al, 2004, Child Safeguarding Review Panel 2020).
- Sleeping prone (face down) has a higher risk of SUDI (Beal 1999, Mitchell 1991).
- Low birth weight babies / prematurity -under 2.5kg/under 37 weeks gestation (Blair et al 2006, Carpenter 2006, Mitchell 2007).
- Overheating as a result of overwrapping, inappropriate bedding, swaddling or illness. The ideal room temperature is 16-20°C. The use of a room thermometer can help parents to ensure the environment is not too hot (Carpenter et al 2004, Fleming et al 1996, Gilbert et al 1992, Williams et al 1996).
- Changes in sleeping circumstances e.g. holidays or staying with friends or relatives may mean that families find it difficult to engage with standard safer sleep messages (Child Safeguarding Review Panel 2020).
- Previous SUDI, possibly because some risk factors are still present. Referral to the Care of Next Infant (CONI) programme should be offered preferably in the antenatal period.
- Mental health problems (Child Safeguarding Review Panel 2020).
- Drugs and alcohol abuse (Blair et al 1999, Blair et al 2009, Child Safeguarding Review Panel 2020).

- Use of prescribed medication which may impair parental consciousness (NICE 2021).
- Conditions affecting spatial awareness e.g. diabetes, epilepsy and blindness.
- The developmental progress of the baby.
- Stressors in the family environment e.g. child protection concerns where an authoritative approach is required.

5.3. Known protective factors

- Reducing or quitting smoking in pregnancy reduces the risk of SUDI.
- Placing a baby to sleep on his or her back in their own cot carries the lowest risk of SUDI. It does not increase the risk of choking in a healthy baby.
- Room sharing (sleeping in parents' bedroom) for the first six months of life lowers the risk.
- A firm sleep surface that does not indent or mould to the baby's shape i.e. clean, clear, firm, flat, well fitted waterproof mattress with secure bedding or a well-fitting sleeping bag.
- Several studies have found that breast feeding has health benefits for both mother and baby. The Trust has a commitment to promote breast feeding. It is recognised that mothers who bring their babies into bed to feed tend to continue to breastfeed longer than those who do not. However, no studies have found co-sleeping under any circumstances to be safe; and some studies have shown a significant risk, even if the parents are non-smokers (Carpenter et al 2013). After each feed the safest practice is to return the baby to their cot to sleep.
- Having an infant sleep plan and routine particularly if change in sleep environment e.g. staying with friends/relatives overnight to address situational risk.
- Ensure the room temperature is between 16-20°C and avoid over wrapping or swaddling infant.
- The correct use of lightweight cellular blankets or a baby sleeping bag which meets British Safety Standards (this is addressed in safer sleeping training) and more information is available online at <https://www.gov.uk/guidance/child-safety-baby-sleep-products>
- Never prop feed a baby/leave a baby unattended when feeding
- Never feed a baby in a sling
- Follow the TICKS when using a sling/carrier
 - **T**ight
 - **I**n view at all times
 - **C**lose enough to kiss
 - **K**eeP chin off the chest
 - **S**upported back

5.4. Guidance re: Twins/multiple birth

The high prevalence of prematurity and low birth weight places twins at increased risk of Sudden Unexplained Death of an Infant. This knowledge should be considered when providing guidance to parents regarding safer sleep and **each baby treated as an individual** when assessing their safe sleep space. For up-to-date guidance see: www.lullabytrust.org.uk

5.5. Guidance re: car seats, nests, hammocks, bean bags and baby slings

For up-to-date guidance see: www.lullabytrust.org.uk

Sling Safety

We are mindful that advice around sling safety is currently under review. Staff will be updated with more robust guidance on sling safety when this evidence is released. See also <https://www.rospa.com/home-safety/product-safety/baby-sling>

5.6. Guidance re: new products

Manchester Foundation Trust and partner agencies do not endorse any products or advise parents regarding the purchase of any new sleeping 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. The simple evidence-based advice from health professionals and other trusted sources on choosing baby sleeping products can help parents make an informed choice:

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

Further information can be found in Product Information Guide Public Health England in conjunction with The Lullaby Trust.

5.7. Local practice guidance

1. Discuss the Lullaby Trust Easy Read card <https://www.lullabytrust.org.uk/resource/safer-sleep-for-babies-easy-read-card/> or information on pages 21-24 of personal child health record (also known as the 'red book'), about safe sleeping in detail with the parent/carer/foster carer.
2. Consider viewing the sleep environment.
3. Consider assessing the parents understanding of safe sleeping by using "Spot the 8 risks picture" (see Appendix 3 which can be downloaded from www.lullabytrust.org.uk).
4. Supply Manchester parents/carer with the room thermometer (see *appendix 4*). Please note the QR code on the reverse of the thermometer which enables access to Manchester safer sleep video. If you cannot locate these thermometers in your area of work please contact The Safe and Healthy Baby

Service for further supplies (0161 861 2258 or mft.vbs@nhs.net).

5.8. Training and referral for additional support for vulnerable families

Safer sleep training is offered on a regular basis delivered by SHB Service and CONI Lead Health Visitors to employees of the Trust and partner agencies.

Staff should access training 2 yearly to keep up to date with local and national evidence and follow and any interim updates/alerts additional updates to practice shared by safeguarding and leadership teams.

Further training for any staff who have contact with babies and families can be provided by contacting the Safe and Healthy Baby Service on telephone number 0161 861 2257/8 or email mft.vbs@nhs.net for Manchester staff.

If you are caring for a Manchester family who require additional support, please see the referral criteria and consider a referral for targeted multi-agency case planning. Patient information is available upon request from our service (See *Appendix 2*).

6. Communication & Documentation

As regularly as possible following birth (at home or in hospital) the midwife and Health Visitor in attendance must ensure they discuss in detail “Information for parents/carers 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” <http://www.unicef.org.uk/Caring-for-your-baby-at-night/>.

Parents or carers with learning or cognitive disabilities, visual or hearing impairments must be offered information in line with the Accessible Information Standards. For those whose first language is not English, assistance with interpretation must be offered. A face-to-face interpreter, telephone interpreter or British Sign Language interpreter must be used as appropriate.

It is paramount that clear channels of communication are maintained at all times between all staff, the women 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.

The Lullaby Trust’s Easy Read card is available in 25 languages at <https://www.lullabytrust.org.uk/professionals/publications/>

Parents and carers should be treated as individuals based on their level of understanding, language, and any additional needs which may impact on receiving/processing information.

All details surrounding discussion of safe sleeping and the risks of co-sleeping or bed sharing must be documented in the maternity records and in the child’s health records (NMC 2020).

7. 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. This can include an Enhanced Safer Sleep Conversation, Risk assessment and Plan, the loan of a movement{apnoea} monitor, parent/carer training in infant resuscitation, emotional support for parents/carers/wider families, closer monitoring of health, weight and wellbeing and liaison with professionals as appropriate. Expertise, support and consultation for the Health Visiting Teams working with families on the CONI Programme. The Programme is evidence-based and led by the Lullaby Trust and delivered and organised locally by trained CONI Coordinators working in the NHS.

Following discussion with and consent from the parents all referrals for CONI should be sent to the Safe and Healthy Baby Service mft.vbs@nhs.net.

CONI liaison health visitors Manchester:
Alice Conde 0161 861 2212/07854432691
Michelle Houghton 0161 861-2212/07967540135

CONI liaison Health Visitors Trafford:
sarah.dangare@mft.nhs.uk
joanne.whitnall@mft.nhs.uk
rachel.sant@mft.nhs.uk
Stephanie.cordall@mft.nhs.uk
Catherine.broadbent@mft.nhs.uk

8. Equality, Diversity and Human Rights Impact Assessment

This document has been equality impact assessed using the Trust's Equality Impact Assessment (EqIA) framework.

9. Consultation, Approval and Ratification Process

This guideline has been shared with partner agencies and stakeholders for consultation and feedback prior to ratification. This guideline has been approved and ratified in accordance with the agreed processes by the Site Obstetric Quality and Safety Committee and the MFT and MLCO Approval and Ratification process.

10. Monitoring Compliance

This guideline will be audited in accordance with the Obstetric and Division of Children's Community Health Services Directorate audit plan. This will be executed by reviewing documentation of discussions with families by professionals in the health records. In addition, the implementation and effectiveness of room thermometers will be audited by the CONI liaison health visitors.?? The service is developing an audit tool to monitor the information provided to families and how confident staff feel in sharing this. Feedback tools are also being developed.

The Children’s Community Services Directorate Integrated Clinical Effectiveness Group (Quality and Safety) recommends that any new guidance is evaluated. The effectiveness of implementation has been regularly audited since Safer Sleeping Guidance was first introduced in 2005 and will continue to be monitored by the Safe and Healthy Baby Service.

For reference the service was previously named “Vulnerable Baby Prevent and Protect Service”.

11. Appendices

Appendix 1. MSP 7 Minute Briefing

Appendix 2. Referral criteria

Appendix 3 Room Image: Spot the risks

Appendix 4 Example of room thermometer

12. References

Beal SM, Finch CF. (1999) “An overview of retrospective case control studies investigating the relationship between prone sleeping position and SIDS.” *Journal of Paediatric Child Health* 27: 334-9.

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www.lullabytrust.org.uk

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NMC 2020 www.nmc.org.uk/standards/code

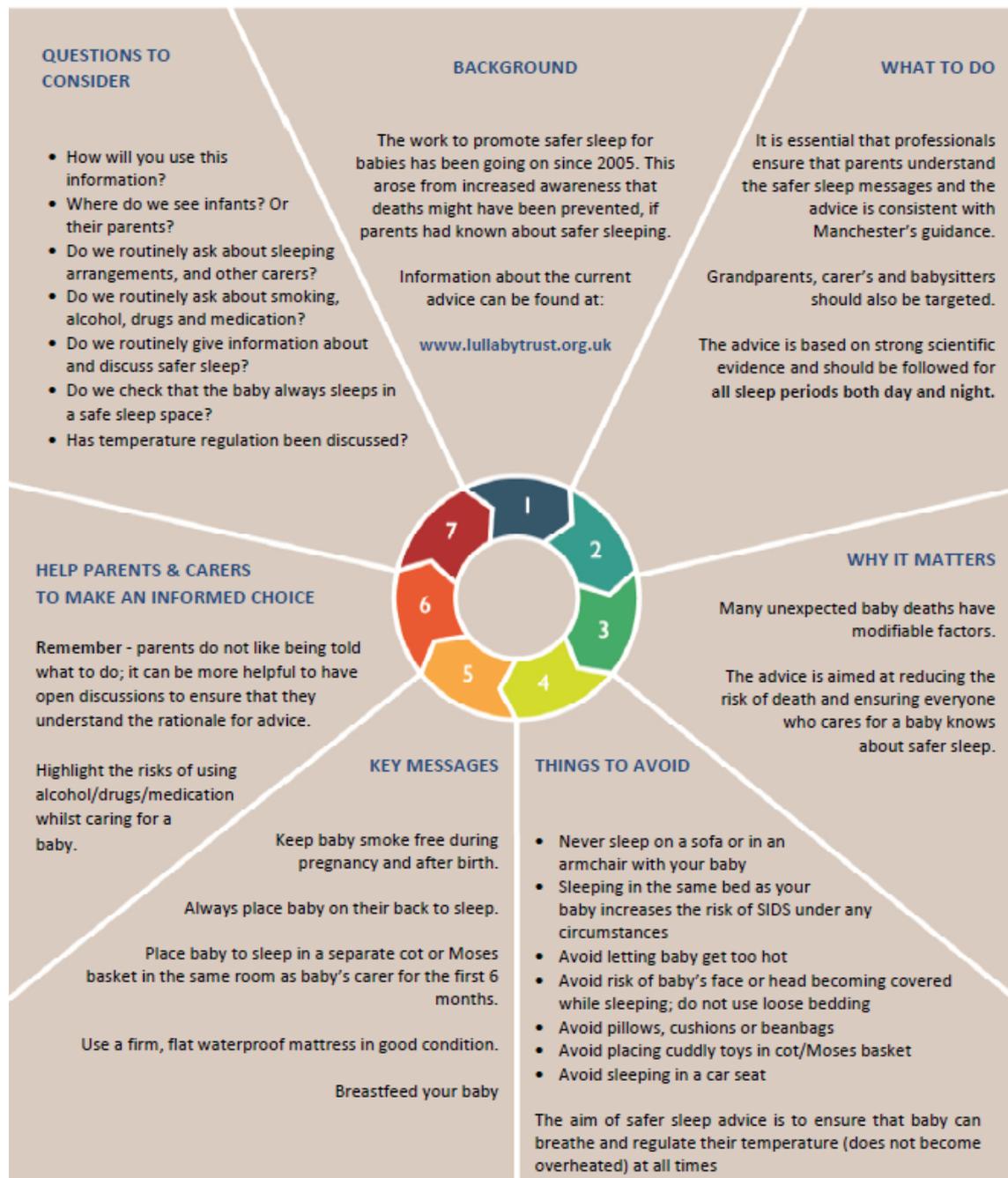
Unicef.org.uk/babyfriendly Caring for your baby at night (2021)

Williams SM, Taylor BJ, Mitchell EA. (1996) "Sudden Infant Death Syndrome: insulation from bedding and clothing and its effect modifiers." International Journal of Epidemiology; 25: 366-75.

Appendix 1 Safer Sleeping for Infants – 7-minute briefing

MANCHESTER SAFEGUARDING PARTNERSHIP SAFER SLEEP FOR INFANTS

7-MINUTE BRIEFING



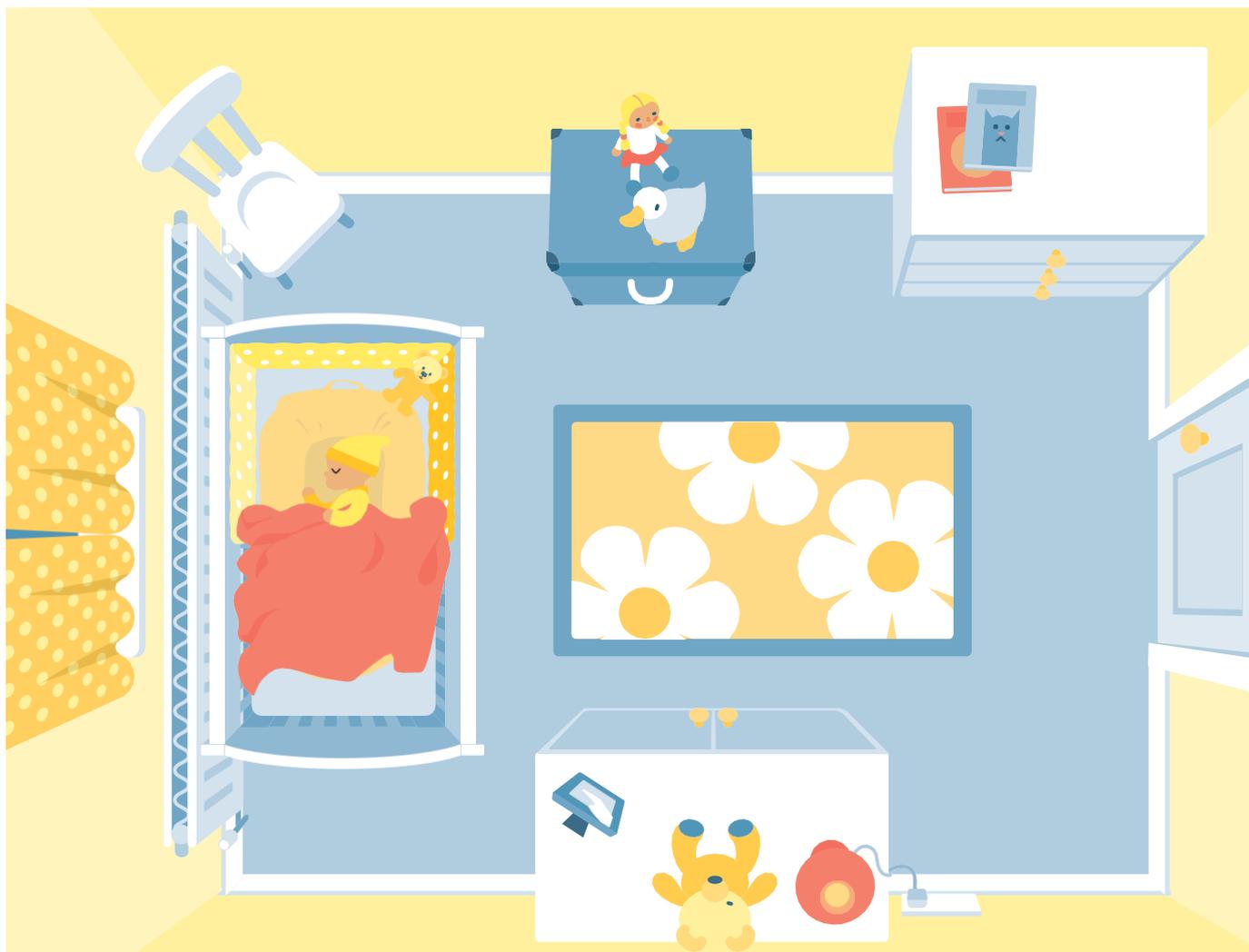
Appendix 2: Referral criteria for Safe and Healthy Baby Service

One of the following for referral:

- Concerns raised regarding parenting / bonding with baby
- Previous history of unexplained infant death
- Environmental or psychological barriers to following safer sleep advice
- Late booking for antenatal care
- Missed appointments / poor engagement
- Mental health
- Domestic abuse/criminal history
- Substance or alcohol misuse
- Homelessness or significant concerns re housing plus one other need
- Adverse childhood experiences that may impact parenting
- Young parents
- Other additional needs of parent or child

For Manchester hospitals: please contact Maria Graham, Jane McConkey, Gemma King, Alex Malik, Alice Conde or Michelle Haughton if you wish to make a referral to the Service or for the CONI programme tele: 0161 861-2258 or email mft.vbs@nhs.net

Appendix 3: Room image: Spot the risks



The wrong image

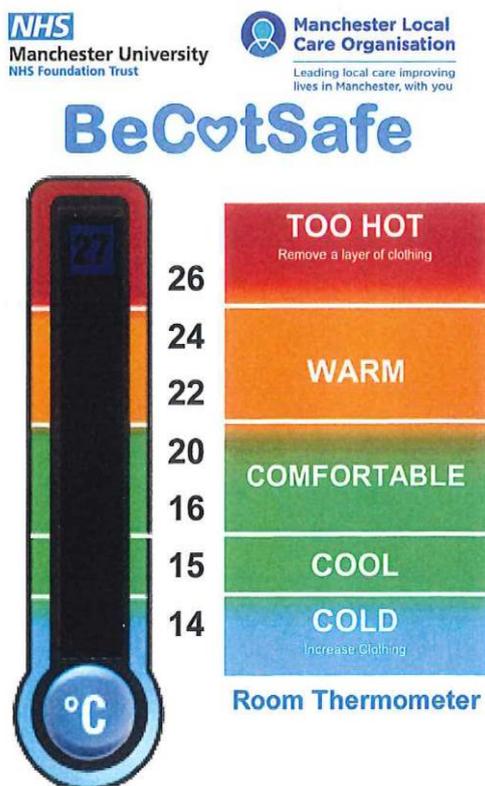
The above image can be used in conjunction with the Department of Health safe sleeping leaflet to assess the parents understanding of the information given.

Leaflet 'Safer Sleep for Babies' and 'Safer Sleep for Babies' advice card.
www.dh.gov.uk/publications 292301/Reduce the risk of cot death and
<http://www.lullabytrust.org.uk/publications-2022>

Information in languages other than English can be downloaded from
<https://www.lullabytrust.org.uk/professionals/publications/>

Appendix 4

A room thermometer is to be provided to every Manchester resident taking a newborn baby home from hospital or following a home birth.



BeCotSafe

- Smoking in pregnancy or during the first 12 months after baby is born increases the risk of Sudden Infant Death.
Do not smoke.
- Make sure your baby can breathe easily;** always put your baby to sleep on their back,
 - On a firm, **flat**, clean, waterproof mattress
 - In a Moses basket, crib or cot
 - In the same room as carer/parent
 - For every sleep episode
 - Day and night for the first 6 months.
- Never leave your baby to sleep on a sofa, chair, bed or other unsuitable surface eg baby nests.
- Avoid letting your baby get too hot;**
 - Do not cover your baby's head/ face or use loose bedding/quilts
 - Ideal room temp 16-20°C
- Babies who are unwell, with a fever, above 38°C need fewer bed clothes not more.
- Breastfeed your baby if you can.



mft.vbs@nhs.net
www.lullabytrust.org.uk

CM18022 R4 05/22

The above QR code can be scanned to access the safer sleep video.

