



Safer Sleeping Practice for Infants

Issued: July 2022

Review Date: July 2025

Uploaded by MSP: July 2022

Powered by:



Section	Contents	Page
1	Introduction	1-2
2	Aim	2
3	Purpose	2
4	Roles and Responsibilities	2
5	Detail of the Guideline	2-5
6	Care of Next Infant (CONI) and CONI plus arrangements	5
7	Equality, Diversity and Human Rights Impact Assessment	6
8	Consultation, Approval and Ratification Process	6
9	Dissemination and Implementation	6
10	Monitoring Compliance	6
11	Associated Trust documents	6
12	Appendices	6-10
13	References	11-12

MFT DOCUMENT CONTROL	
Title	Title: Safer sleeping practice for infants Version: 5 Reference Number: MAT
Supersedes	Supersedes: Doc Ref: SAF008 "Safe Sleeping Practice for Infants" 2009, 2013, 2015, 2017 and 2020 Significant Changes: None
Minor Amendment	Notified To: MSP and Vulnerable Baby Prevent and Protect Service, Date: July 2022 Summary of amendments: hyperlinks checked, TLCO additions
Author	Originated / Modified By: Heather Keeley (specialist midwife) and Ethna Dillon (service manager) VBS Prevent and Protect Email: mft.vbs@nhs.net
Ratification	Ratified by: Site Obstetric Quality and Safety Committee and Children's Community Health Services, Quality and Safety meeting. Date of Ratification: July 2022
Application	All Staff and partner agencies
Circulation	Issue Date: 25 07 2022 Circulated by: Clinical Governance Team MFT, Vulnerable Baby Prevent and Protect Service, Reducing Infant Mortality Steering Group, Manchester Safeguarding Partnership. Dissemination and Implementation: Refer to section 7
Review	Review Date: July 2025 Responsibility of: Policy & Audit Midwife, VBS Prevent and Protect
Date placed on the Intranet:	Please enter your EqIA Registration Number here: 140/15

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 in Manchester and Trafford this guidance was written following a period of collaborative working between Manchester and Pennine (Bury, Rochdale and Oldham) Trusts.

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. In 2019 Manchester's Reducing Infant Mortality Strategy was launched in order to address a range of known modifiable factors.

There is no advice which guarantees the prevention of SUDI; It is our ambition to ensure that all staff are able to 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 "where did you place your baby to sleep last night? Where did your baby wake up this morning?"

It is recognised that parents take their baby into bed to feed and provide comfort and closeness and to settle the baby. Parents who bed share may fall asleep whether or not they intend to. 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).

There is a plethora of evidence from long term studies of SUDI suggesting that some of the infant deaths associated with bed-sharing, co-sleeping and other risk factors could have been 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 parent's bed in hospital or at home, to feed them or to receive comfort. The Mother or carer remains awake.
- **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 \(lullabytrust.org.uk\)](#)

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 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 according to the agreed process.
- 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.

This will include adult and children's services e.g. housing, mental health, 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.

The Trust, in accordance with Department of Health (DoH), United Nations International Children's Emergency Fund (UNICEF) and Lullaby Trust guidance, recommends that parents do not co-sleep or share a bed with their baby whilst in hospital or in any other living circumstances whether temporary (e.g. on holiday or staying with family or friends) or permanent.

Co-sleeping is **not** recommended for **any** babies. However, certain situations make bed-sharing and co-sleeping even more dangerous:

- If they or their partner smoke or smoked in the ante natal period, even if they never smoke in bed or at home.
- If they or their partner have been drinking alcohol.

- If they or their partner take medication or drugs (prescribed or otherwise) which cause drowsiness.
- If they or their partner feel very tired.
- If their baby was low birth weight (less than 2.5kg).
- If their 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.

5.1 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 during the ante-natal period or either parent 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 ante-natal period.
- Mental ill-health (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.

5.2 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.

- In circumstances where parents indicate that they intend to bed share, then advice from the UNICEF leaflet “Caring for your baby at night: A guide for parents” <http://www.unicef.org.uk/Caring-for-your-baby-at-night/>.
- 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 British standard baby sleeping bag (this is addressed in safer sleeping training).

5.3 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

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

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

5.5 Guidance re: new products

Manchester Foundation Trust and partner agencies do not endorse 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 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 (2019) Public Health England in conjunction with The Lullaby Trust.

5.6 Local practice guidance

The following 3 point process should be implemented as soon as possible after birth:

1. Discuss the Department of Health guidance Reduce the risk of Sudden Infant Death Syndrome (2021) or information on pages 21-24 of red child health book, about safe sleeping in detail with the parent/carer/foster carer.
2. Assess 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).
3. Supply the parents/carer with the BeCotsafe 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 Vulnerable Baby Prevent and Protect Service for further supplies (0161 861 2258 or mft.vbs@nhs.net).

5.7 Training and referral for additional support for vulnerable families

Safer sleep training is offered on a regular basis to employees of the Trust and partner agencies.

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

NOTE: Trafford staff training resource is currently being discussed.

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

NOTE: Trafford targeted multiagency case planning resource is currently being discussed.

5.8 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 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/>.

All women 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.

Lullaby Trust's Easy Read card is available in 25 languages at <https://www.lullabytrust.org.uk/professionals/publications/> It is paramount that clear channels of communication are maintained at all times between all staff, the women and their families. Once any decisions have been made/agreed, comprehensive and clear details must be given to the woman thereby confirming the wishes of 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.

Ensure the provision and discussion of information of the risks and benefits with women during the antenatal, intrapartum 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 in our care.

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

6. 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 VBS Prevent and Protect on an EHA form via mft.vbs@nhs.net. The parents will be offered the CONI programme alongside targeted case planning.

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

7. Equality, Diversity and Human Rights Impact Assessment

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

The completed Equality Impact Assessment has been completed and submitted to the Equality and Diversity Department for 'Service Equality Team Sign Off'.

The EqIA score fell into low priority; no significant issues in relation to equality, diversity, gender, colour, race or religion are identified as raising a concern.

8. Consultation, Approval and Ratification Process

This guideline has been approved and ratified in accordance with the agreed processes. See: Guideline for the Introduction or Re-approval of a Clinical Guideline for Obstetric Practice and the MFT and MLCO Approval and Ratification process.

9. Dissemination and Implementation

This guideline has been disseminated and implemented in accordance with the agreed process. See: Guideline for the Introduction or Re-approval of a Clinical Guideline for Obstetric Practice, the Directorate of Children's Services, Quality and Safety meeting and Manchester Safeguarding Partnership.

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 findings of the audit report will be presented to staff via the Obstetric Clinical Effectiveness Group and where appropriate an action plan will be developed and monitored at the Obstetric Clinical Effectiveness Group.

The Children's Community Services Directorate Integrated Clinical Effectiveness Group (Quality and Safety) recommends that a 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 Vulnerable Baby Prevent and Protect Service.

11. Associated Trust Documents

Sharing a bed with your baby.

Vulnerable Baby Service Practice Guidance

12. Appendices

Appendix 1. MSP 7 Minute Briefing

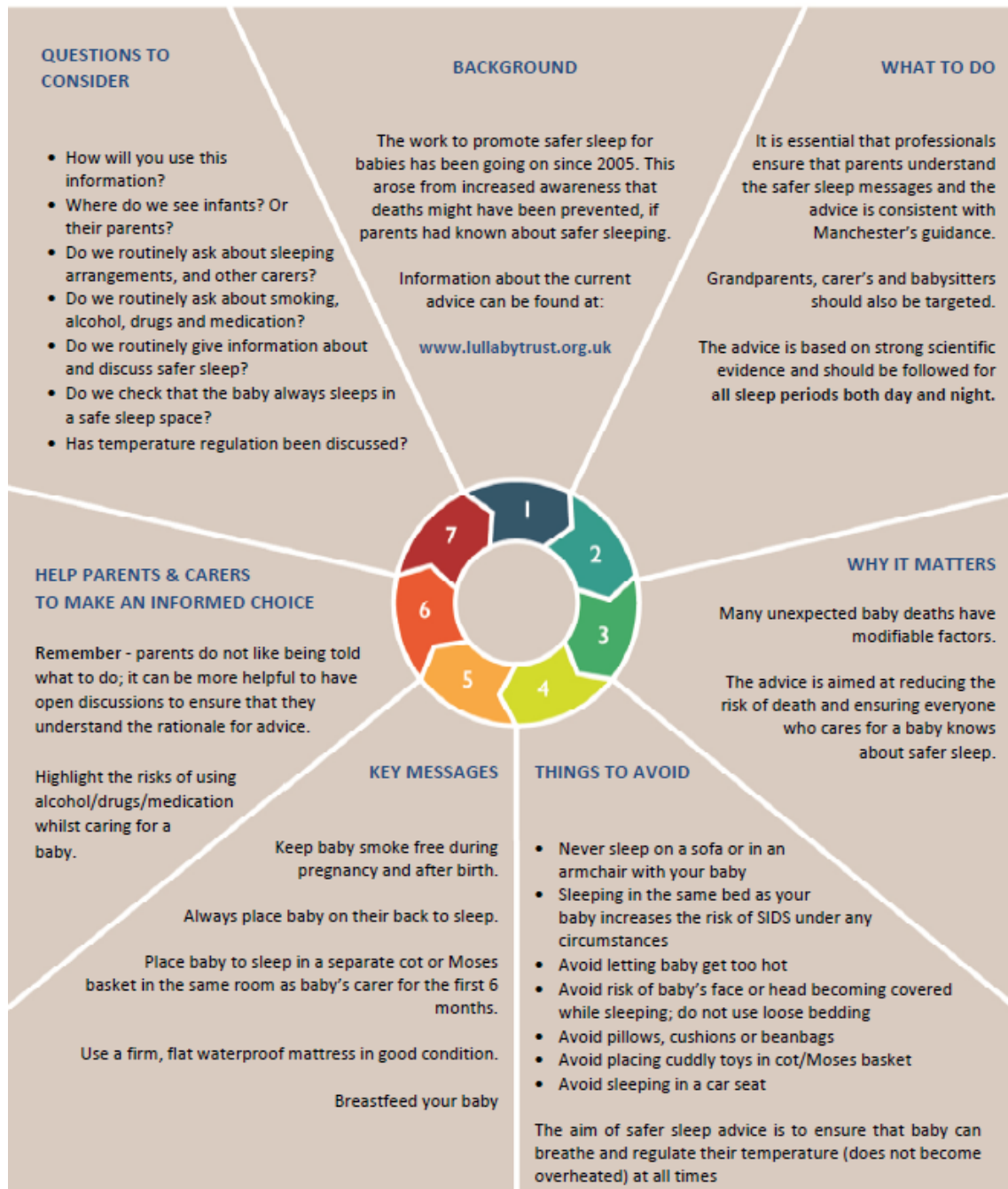
Appendix 2. Referral criteria

Appendix 3 Room Image: Spot the risks

Appendix 4 Example of room thermometer

MANCHESTER SAFEGUARDING PARTNERSHIP SAFER SLEEP FOR INFANTS

7-MINUTE BRIEFING



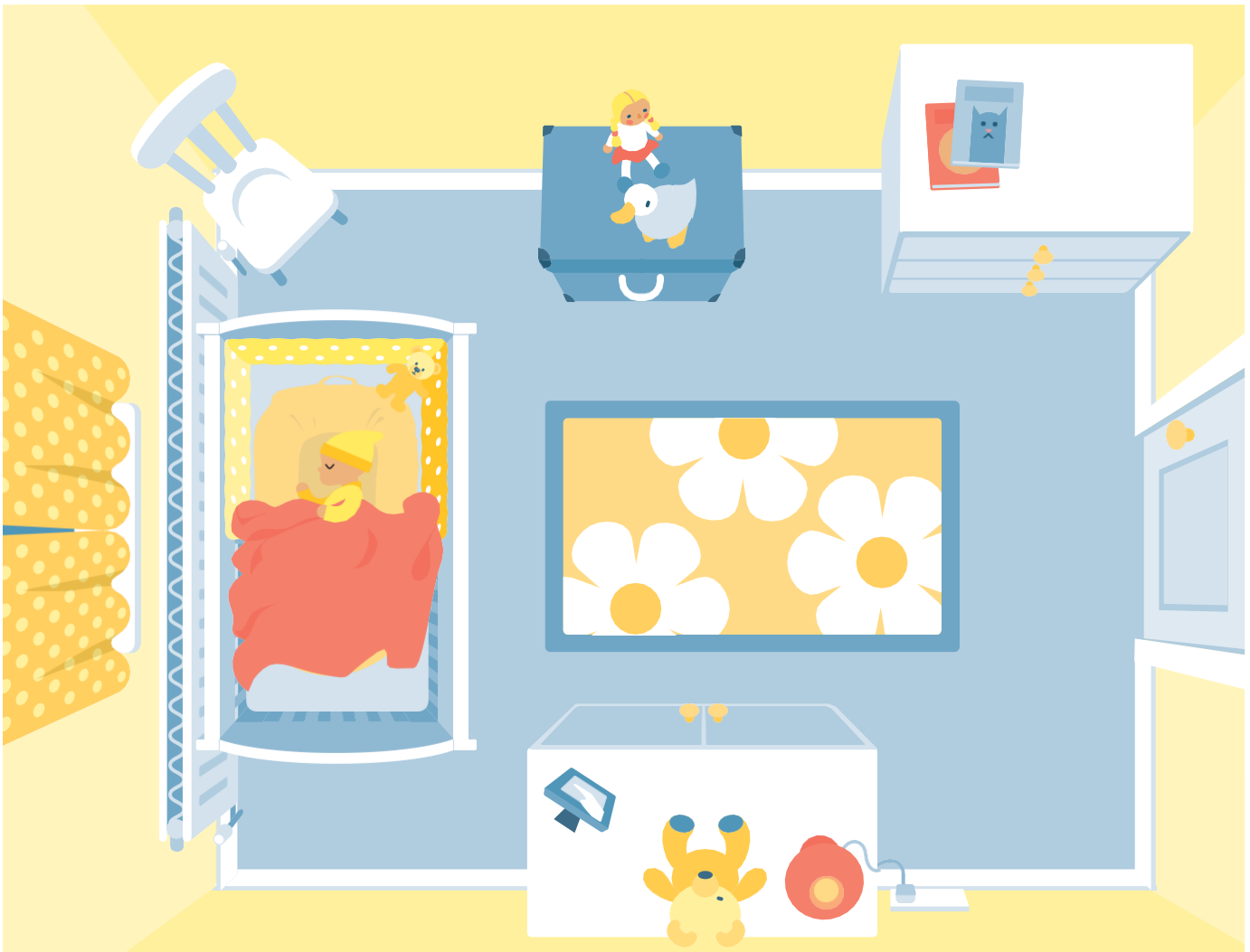
Criteria for Vulnerable Baby Service, Prevent and Protect, Baby Case Planning

A family should be offered the opportunity for a meeting as part of the EHA when the case is **NOT** open to Children, Families & Social Care and the following applies: -

- Substance misuse which raises concerns around safe and consistent parenting and/or has the potential to place the baby at risk.
- A previous unexplained death of a child in the family.
- A violent criminal history against a child or partner.
- Parents who have experienced a difficult childhood.
- Late booking for ante natal care, (no proof of care before 22 weeks gestation) plus movement into Manchester or poor engagement with ante-natal care.
- A previous child not living with a parent.
- Homelessness/transient lifestyle/ inappropriate housing plus any one of the following: mental illness, domestic violence, drug/substance user (including alcohol), contact with the probation service or criminal justice team (including drug treatment and testing orders); hearing impaired parents.
- Other Additional Needs that may impact upon ability to parent

For Manchester hospitals: please do not hesitate to contact Ethna Dillon, Heather Keeley, Jan Owen or Jane McConkey if you wish to make a referral to the Vulnerable Baby 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 should be used in conjunction with the Department of Health safe sleeping leaflet to assess the parents understanding of the information given.

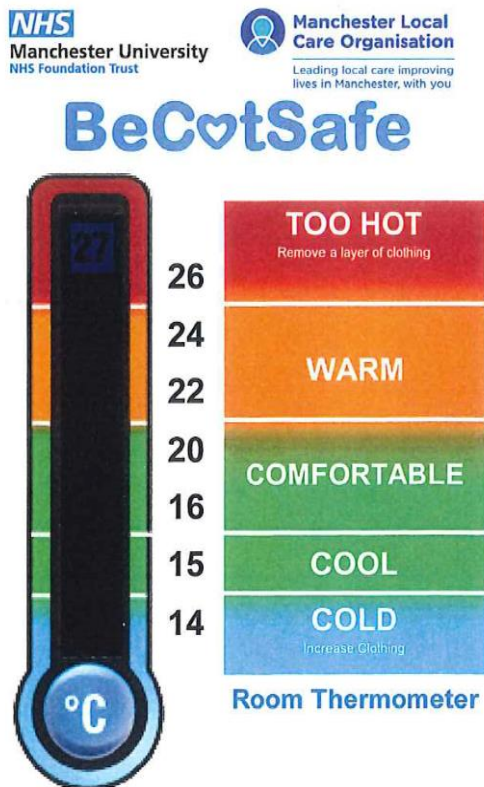
Leaflet 'Safer Sleep for Babies' and 'Safer Sleep for Babies' advice card.

[www.dh.gov.uk/publications/292301/Reduce the risk of cot death and http://www.lullabytrust.org.uk/publications-2022](http://www.dh.gov.uk/publications/292301/Reduce%20the%20risk%20of%20cot%20death%20and%20http://www.lullabytrust.org.uk/publications-2022)

Information in languages other than English can be downloaded from

<http://www.lullabytrust.org.uk/professionals/publications/>

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



BeCotSafe

1. Smoking in pregnancy or during the first 12 months after baby is born increases the risk of Sudden Infant Death. **Do not smoke.**
2. **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.
3. Never leave your baby to sleep on a sofa, chair, bed or other unsuitable surface eg baby nests.
4. **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
5. Babies who are unwell, with a **fever, above 38°C** need fewer bed clothes not more.
6. 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.



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.
- Blair PS, Fleming PJ, Smith I et al. (1999) "Babies sleeping with parents: case control study of factors influencing the risk of Sudden Infant Death Syndrome." *BMJ*. 319. 1457-62.
- Blair PS, Sidebotham P, Evason-Coombe C, et al. (2009) "Hazardous co-sleeping environments and risk factors amendable to change: case control study of SIDS in south west England." *BMJ* 339:b3666.
- Carpenter RG, Irgents LM, Blair PS et al. (2004) "Sudden unexplained death in 20 regions in Europe: case control study." *Lancet* 363: 185-91.
- Carpenter RG. (2006) "The hazards of bed sharing." *Paediatric Child Health* 11 (supplement A): 28A-29A.
- Carpenter RG, McGarvey C, Mitchell E et al. (2013) Bed sharing when parents do not smoke: Is there a risk of SIDS? An individual level analysis of five major case-control studies. *BMJ Open* 3.
- Child Safeguarding Review Panel (2020) *Out of Routine: A Review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm.*
- Department of Health (2021) *Reduce the risk of Sudden Infant Death Syndrome.* Available from <http://www.gov.uk>
- Fleming PJ, Gilbert R, Azaz Y et al. (1990) "Interaction between bedding and sleeping position in sudden infant death syndrome: a population based case-control study." *BMJ* 301: 85-9.
- Fleming PJ, Blair PS, Bacon C et al. (1996) "Environment of infants during sleep and risk of sudden infant death syndrome: results of 1993-5 case-control study for Confidential Inquiry into stillbirths and death in infancy." *BMJ* 313: 191-5.
- Gilbert R, Rudd P, Berry PJ et al. (1992) "Combined effect of infection and heavy wrapping on the risk of sudden unexpected infant death. *Archives Disease Children* 1992; 67: 171-7.
- www.lullabytrust.org.uk
- www.manchester.gov.uk (2019). [Manchester Reducing Infant Mortality Strategy 2019-2024](#)
- www.manchestersafeguardingpartnership.co.uk 7 minute briefing: Safer sleep for infants (2020)
- Maternal and child health consortium. (2000) *Confidential enquiry into stillbirths and Deaths in Infancy: 7th Annual Report, 1 January-31December 1998.* London: Maternal and Child Health Research Consortium
- Mitchell EA. (2007) "Recommendations for sudden infant death syndrome prevention: a discussion document." *Archives of Disease in Childhood* 92: 155-59.
- Mitchell EA. (1991) "Cot death: should the prone sleeping position be discouraged?" *Journal of Paediatric Child Health* 27:319-21.

National Institute of Clinical Excellence. (2021) NG194 Post-natal care of women and their babies up to 8 weeks after birth. London: NICE. www.nice.org.uk/guidance/NG194

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.