

## **Safe Sleeping for Babies**



### **Key Points**

- The ideal place for a baby to sleep is in their own safe sleeping place, in the same room as an adult care-giver – on their back, in a safe cot, both night and day.
- Sharing a sleep surface with a baby increases the risk of Sudden Unexplained Death in Infancy (SUDI).
- Parents will follow the sleeping practices they observe whilst in hospital when they are at home, so it is essential that hospital staff role model safe sleeping of babies at all times.
- Prone positioning is not a settling strategy.
- All babies at the Women's must be cared for following safe sleeping practices unless under 'therapeutic guidelines' and continuously monitored in the Newborn Intensive Care or Special Care Unit.

### **1. Purpose**

This guideline outlines the requirement for maintaining a safe sleep environment for all babies at the Women's.

This guideline is related to [Parent Rooms – NICU](#).

### **2. Definitions**

**Bed-sharing** – sharing a bed with one or both parents while baby and parent(s) are asleep.

**Co-sleeping** – an adult and a baby sleeping together on any surface (such as a bed, chair or sofa).

**'First days' Pepi-Pod®** – a portable safe sleeping space for infants while in hospital.

**Pepi-Pod®** - a portable safe sleeping space for infants less than 5 months of age for at home use.

**Safe sleep environment** - known potential dangers have been removed and the baby is sleeping in a safe place.

**SUDI**- Sudden Unexplained Death in Infancy - the sudden and unexpected death of a baby when there is no apparent cause of death

### **3. Responsibilities**

Nurses, midwives and medical staff caring for babies and/or their parents are responsible for implementing safe sleeping practices and educating parents on the risk factors for SUDI and the practices that may prevent it.

### **4. Guideline**

Parents are significantly influenced by the practices of health care professionals observed when in the hospital with their baby, so it is imperative that staff model recommended safe sleeping practices and appropriately educate parents prior to their baby's discharge home.

The following babies are at increased risk of SUDI:

- twins
- low birth weight
- born before 37 weeks' gestation
- any baby admitted to a neonatal unit.

Risks are greater if parents smoke or use alcohol or drugs (prescription or illegal) that cause sedation and impair their ability to respond to their baby.

Infants in Indigenous families are at increased risk, as are those in single parent families or where mothers have psychological vulnerabilities (i.e. depression) and where families are in crisis.

#### **4.1 Safe Sleeping Guidelines**

The 6 ways to sleep a baby safely and reduce the risk of SUDI are:

- Sleep baby on their back
- Keep head & face uncovered
- Keep baby smoke-free before & after birth
- Safe sleeping environment night & day: no soft surfaces or bulky bedding

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- Sleep baby in safe cot in parents' room
- Breastfeed baby

(Red Nose, 2017)

To support these safe sleeping practices whilst the baby and/or mother are in hospital, staff will practice the following:

- Always put babies in their cot, on their back with their feet at the bottom of the cot.
- Ensure the baby's face and head is uncovered.
- Remove any loose or soft items (i.e. pillows, soft toys, bumpers, lambswool, doonas).
- Use a flat, firm mattress with a well fitted/secured sheet. Cots should not be tilted or elevated.
- Multiples – each baby must sleep in their own cot.
- Positioning aids and nests are not to be used unless required developmentally and the baby is monitored under 'Therapeutic Positioning'.
- Blankets must not cover the infant's face and must be 'tucked' in to prevent them covering the baby.
- If the baby is swaddled, the wrap should not come above the baby's shoulders. It should be muslin or cotton to avoid overheating. Parents should be advised to cease swaddling once the baby can roll.
- Hats should not be worn when the baby is cared for in an open cot.
- Toys should only be inside the cot when the baby is awake and interacting with them, and should be removed when baby is ready to sleep.
- If someone holding a baby appears sleepy or affected by anaesthetic or other sedating substances, the baby should be returned to a safe sleeping environment (i.e. the baby's cot)
- Infants must never be left unattended on an adult bed or any other elevated surface.
- Parents and carers should be informed that they must provide a safe sleep environment night and day.
- Parents will be advised on the importance of a safe sleeping environment for their baby for every sleep as well as about the risk factors for SUDI/SIDS prior to discharge.
- Parents may consider the use of a dummy as consistent dummy use has been associated with reduced risk of SUDI. The introduction of a dummy should be delayed until breastfeeding is established (usually 4-6 weeks of age). A dummy must not have any ties or attachments and must not be forced on the baby.

**Co-sleeping is not recommended and should not be encouraged.** (See Appendix 1 for more information and risk minimisation strategies).

**However, in hospital if a mother chooses to share a sleeping surface with her infant:**

- The bed should be lowered to its minimal height
- Use a 'first days' Pepi-Pod if available
- Ensure that the call bell is within the mother's reach
- Make sure that the infant does not get too hot or go under the covers or into the pillows
- Do not let the infant share a bed with older children.

**A mother must not share a bed with her infant if she:**

- Is a smoker or has recently drunk alcohol
- Has taken any medication making her sleepy and alter her ability to respond to her infant (e.g. general anaesthetic, morphine, Endone, methadone)
- Is unusually tired to the point where she finds it difficult to respond to her infant
- Is immobile due to a spinal anaesthetic
- Has any condition which affects consciousness e.g. large blood loss, epilepsy, high temperature
- Is suffering any condition affecting spatial awareness e.g. blindness, multiple sclerosis, paralysis.

**Pepi-Pods**

Use of a [Pepi-Pod](#)<sup>7</sup> may be considered in the above situations on a case by case basis if it is considered appropriate.

Women being supported by the Women's Drug and Alcohol service may be actively encouraged to use a Pepi-Pod both in hospital and at home to reduce the risk of SUDI.

## Safe Sleeping for Babies



### 4.2 Therapeutic Positioning in NICU

Some babies cared for in the NICU and **Special Care** units will be positioned outside of the 'Safe Sleeping Guidelines' outlined above. Babies born prematurely and or receiving respiratory support are often positioned prone or on their side and may be supported by nests following developmental care principals.

Every baby cared for in the NICU or **Special Care** in an open cot must have a card on their cot to indicate whether they are being cared for under 'Therapeutic Positioning' or 'Safe Sleeping Guidelines'. This card is a visual reminder to staff and parents and will improve consistency in sleep practice and the information provided to parents. For babies receiving therapeutic positioning, please note the following:

- Nests/rolls are potential sources of airway obstruction.
- Any baby positioned in any way other than supine, or with nests present, must have continuous monitoring (as appropriate to their clinical condition) as well as frequent nurse observation.
- Prone positioning must not be used as a settling strategy regardless of the monitoring in situ.
- Parents must be advised that these alternate sleep practices are not appropriate once the baby is nearing readiness for home and will occur only whilst clinically indicated with the baby closely monitored and observed by staff in the hospital setting. These practices will stop as soon as developmentally appropriate and well in advance of discharge.

#### Transition from Therapeutic Positioning to Safe Sleeping

The staff caring for each baby should transition the baby to safe sleeping guidelines as soon as appropriate for their gestational age and clinical condition.

- All babies must follow safe sleeping guidelines prior to discharge.
- Safe sleeping must be practiced once monitoring is ceased.
- Monitoring should cease as soon as appropriate prior to discharge to help parents to transition to home. The exception to this may be babies going home on oxygen, but they must be following safe sleeping practices prior to discharge regardless of the monitoring in-situ.
- If a baby has been following safe sleeping guidelines and their condition requires them to return to therapeutic positioning, monitoring must be recommenced
- Babies cared for in the Parent Rooms in NICU must already be following Safe Sleeping Guidelines.

### 5. Evaluation, monitoring and reporting of compliance to this guideline or procedure

Compliance to this guideline will be monitored through VHIMS reports and audits of compliance to this guideline.

### 6. References

1. American Academy of Pediatrics, Policy Statement SIDS and Other Sleep Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Task Force of Sudden Infant Death Syndrome, *Pediatrics* 138 (5) pp.1-8.
2. Consultative Council on Obstetric and Paediatric Mortality and Morbidity, *Victoria's Mothers, Babies and Children 2016: 55<sup>th</sup> survey of perinatal deaths in Victoria*, Department of Health and Human Services 2017. Available at <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/consultativecouncils/council-obstetric-paediatric-mortality/mothers-babies-children-report>
3. RCH Clinical Practice Guideline 'Safe Sleep Policy' March 2013.
4. Red Nose, *Safe Sleeping* accessed January 2018 at <https://rednose.com.au/section/safe-sleeping>
5. Red Nose, *Sharing a sleep surface with a baby* accessed January 2018 at <https://rednose.com.au/article/sharing-a-sleep-surface-with-a-baby>
6. Cowan et al 2013. An evaluation of portable sleeping spaces for babies following the Christchurch earthquake of February 2011. *Paed And Child Health* 49, 364-368

## **Safe Sleeping for Babies**



7. Pepi-pods - [http://www.changeforourchildren.nz/pepi\\_pod\\_programme/home](http://www.changeforourchildren.nz/pepi_pod_programme/home)

## **7. Appendices**

[Appendix 1 – Bed-sharing /Co-sleeping Information](#)

[Appendix 2- Information on SUDI](#)

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## Bed-sharing/ Co-sleeping information

### **Bed-sharing/ co-sleeping**

Different parenting preferences, cultural beliefs or living circumstances may lead to co-sleeping for some families. It is therefore important to discuss the increased risk of SUDI associated with this practice, as well as the steps parents can take to minimise risk if co-sleeping occurs.

The following information about co-sleeping should be shared with parents:

- Sharing a sleep surface with a baby can increase the risk of SUDI. A considerable proportion of SUDI occur on a shared sleeping surface.
- Babies most at risk of SUDI when sharing a sleep surface are those less than 3 months postnatal age, babies who were born preterm or small for gestational age.
- The risks are much greater if parents smoke or are under the influence of alcohol or drugs (prescription or illegal) that cause sedation and impair their ability to respond to their baby.
- There is a very high risk of infant death, including deaths attributed to fatal sleeping accidents, when a baby shares a sofa or couch with an adult during sleep.
- There is no increased risk of SUDI whilst sharing a sleep surface with a baby during feeding, cuddling and playing providing that the baby is returned to a cot or their own safe sleeping surface before the parent goes to sleep.

In situations that bed-sharing/ co-sleeping will occur, the following harm minimisation strategies are recommended by Red Nose:

- Place baby on the back to sleep (not on the tummy or side).
- Ensure the mattress is firm and clean.
- Ensure that bedding cannot cover the baby's face.
- Use only lightweight blankets. Keep pillows, doonas, lambswool and any other soft items well away from the baby and make sure there is nothing soft underneath the baby. An infant sleeping bag with fitted neck and armholes may be used so the baby does not share the adult bedding.
- To allow free limb movement the baby sharing a sleep surface is not wrapped or swaddled.
- Place the baby at the side of one parent - not in between two parents, as this would increase the likelihood of the baby becoming covered or slipping underneath adult bedding.
- Ensure the baby is not close to the edge of the bed where he/she can fall off. Do not place pillows at the side of the baby to prevent rolling off. A safer alternative is to place the adult mattress on the floor.
- Avoid pushing the bed up against the wall. Babies have died after becoming trapped between the bed and the wall.
- Ensure the baby is never left unattended on a sofa or bed.
- Ensure very long hair is tied up to prevent entanglement around the infant's neck.

(Refer parents to the Red Nose website for safe sleeping resources and further information about bed sharing and using a risk minimisation approach <https://rednose.com.au/article/sharing-a-sleep-surface-with-a-baby>

**Information on SUDI**

Sudden Unexpected Death in Infancy (SUDI) is a term used when an infant, usually under one year of age, with no previous history of illness, dies unexpectedly. SUDI includes Sudden Infant Death Syndrome (SIDS).

Some babies are at increased risk of SUDI, especially twins, those born low birth weight or before 37 weeks gestation. Substance abuse and antenatal smoke exposure are key risk factors. Infants in Indigenous families are at increased risk of SUDI, as are those in single parent families or where mothers have psychological vulnerabilities, such as those suffering from depression and where families are in crisis. Of the 72 sleep related infant deaths in Victoria between 2008-2010, 30% were known to child protection.

Breastfeeding reduces the risk of SIDS, and breastfeeding is good for mothers and infants. When not actually breastfeeding, infants should be placed on their back to sleep in their own 'bed'. Having the infant in their own 'bed' (e.g. cot, bassinet) in the same room as the mother helps her to recognise when her infant is hungry, tired or in need of a cuddle; it will make it easier for her to know when her infant is ready to breastfeed.

Mothers should be informed that they must provide a safe sleep environment for their infant night and day. Infants must never be left unattended on an adult bed.

Room-sharing with an infant has been shown to reduce the risk of Sudden Infant Death Syndrome (SIDS). It is best that infants sleep in their own 'bed' (e.g. cot, bassinet) in the same room as an adult care-giver for the first six to twelve months.

Skin-to-skin contact has many benefits for mother and baby but may be associated with an increased rate of sudden, unexpected postnatal collapse where the baby may have had their airway accidentally blocked. One study reported that most mothers were awake at the time of the incident and that the baby had been observed to be well within minutes of the collapse (see Figure 1).

Mothers should be made aware of the importance of ensuring the baby's airway is not obstructed during skin-to-skin contact. Situations that increase this risk are obesity, use of analgesia, exhaustion and smoking. Special attention and careful supervision is necessary for babies during the first day of life, when mother and baby are skin-to-skin with baby in the prone position on her chest post-birth, and when breastfeeding in the side-lying position in hospital.



**Figure 1 Unrecognised post-natal collapse - photo taken by father (Colson 2014)**