



Baby and Infant Safe

Sleeping Practice

Guidance

Author	Approved by	Approval date
WSCP	SCL	September 2021

Foreword

Dear Reader

Thank you for taking the opportunity to read and engage with this guidance document which has been led by Wandsworth Safeguarding Children Partnership Board (WSCP) along with partner agencies who work with parents/carers and families of babies and children.

This guidance has been produced to provide a consistent message and approach to safe sleeping to prevent baby /child deaths and this applies to both day and night sleeping arrangements.

Sudden Unexpected Death in Infants (SUDI) continue to be one of the leading causes of death in the community and in many cases modifiable factors are identified regarding the babies sleeping environment. WSCP supports the promotion of multiagency approaches to embedding safe sleeping messages at all levels from frontline service delivery to the commissioning of services. This work is aligned to the recommendations made in the Child Safeguarding Practice Review Panel's national thematic review of sudden unexpected death in infancy (SUDI), published in July 2020.

Whilst this guidance document focuses on safe sleeping practice for those babies under one year, the multi-disciplinary workforce should continue to promote safer sleeping practice with the parents/carers of babies and children up to the age of two in order that they are supported to make informed choices as it is recognised that there remains a risk of Sudden Unexpected Death in Childhood (SUDiC).

We thank you for your interest and look forward to a safe sleeping community of practice

Wandsworth Safeguarding Children Partnership

Table of Contents

Baby and Infant Safe Sleeping Practice Guidance	
Foreword.....	1
1. Introduction.....	3
2. Background.....	3
3. Responsibilities of the Multi-Disciplinary Workforce	5
4. Safe Sleeping and Safeguarding Children.....	5
5. Responsibilities of Core Health Staff.....	7
6. Current Evidence-Based Information to be Provided to All Baby’s Carers.....	9
7. Risk Factors.....	9
8. Reducing the Risks	10
9. Using a Cot, Crib or Moses Basket	12
10. Car Seats, Pushchairs and Prams.....	14
11. Baby Carriers / Slings.....	15
12. Dummies.....	16
13. Nights out, parties, & staying with relatives & friends.....	16
14. Pets.....	17
15. Effective and Inclusive Communication	17
16. Appendix 1 – SAFER : sleep advice mnemonic for professionals.....	18
17. Appendix 2 – Definitions.....	19
18. Appendix 3: References and Resources for Professionals	20
19. Appendix 4: Resources for Parents	20

“I kissed Julie and Charlie goodbye and wondered if Annie was awake for a kiss... Suddenly our whole world changed and would never be the same again. Julie screamed out! I ran into Annie’s room and found her slumped against the side of her cot, cold and lifeless...I picked her up and started to give her mouth to mouth trying desperately to see her cough, sputter and breathe. Sadly, it was to no avail.” - Neil, Annie’s dad

1. Introduction

1.1 Wandsworth Safeguarding Children Partnership partner agencies have collated this ‘Baby and Infant Safe Sleeping Guidance’ for the multidisciplinary workforce who have contact with parents, carers, and relatives of babies (by using the term ‘baby’ we are referring to babies from birth to aged 2 years old to ensure that practitioners have the confidence and knowledge needed to support baby’s parents/carers in making informed choices regarding safer sleeping arrangements and to raise awareness of the factors associated with Sudden Unexpected Deaths in Infancy (SUDI) (please refer to Appendix 1 for more information on abbreviations/definitions used throughout this document).

1.2 There is no advice which guarantees the prevention of SUDI. All practitioners working with children and families are in a unique position to educate parents/carers about safer sleep advice so they need to ensure that they understand and can explain information on safer sleep advice and how to reduce the risks so that families are informed about the choices they make.

1.3 The purpose of the guidance is to:

- Provide the multi-disciplinary workforce in Wandsworth with clear and consistent evidence-based information
- Provide workers with the confidence and knowledge to facilitate an open and honest discussion to support baby’s parents/carers to make informed safer sleeping choices for their babies
- Ensure consistent advice about safer sleeping arrangements is given across Wandsworth by all workers.

2. Background

2.1 The sudden and unexpected death of a baby is one of the most devastating tragedies that could happen to any family.

A grandfather recalls, *“When we received the word from the hospital that Bailey was gone it was like there was no reason to life. What was the point of a child just going to sleep and not to waken? It’s not as if he was ill. It’s not as if we had any chance to say our goodbyes before he left his Mum and Dad”*

2.2 Despite substantial reductions in the incidences of sudden unexpected death in infancy (SUDI) in the 1990s, as a result of the Back to Sleep Campaign, at least 300 babies die suddenly and unexpectedly each year in England and Wales¹.

2.3 The unexplained infant mortality rate had been decreasing since records began in 2004 but has levelled out since 2014 and was 0.30 deaths per 1,000 live births in 2018.² The South West London 2019/2020 Child Death Overview Panel (CDOP) report stated that seven percent (7%) of deaths were classified as SUDI.

2.4 The Child Safeguarding Practice Review Panel’s national thematic review of sudden unexpected death in infancy (SUDI), published in July 2020³ shows that *‘increasingly these deaths occur in families whose circumstances put them at risk, not just of SUDI, but of a host of other adverse outcomes’*

2.5 Of the 568 serious incidents notified to the Panel between June 2018 and August 2019, 40 involved babies dying suddenly and unexpectedly, making this one of the largest groups of children notified. Co-sleeping was a feature in 38 of these 40 cases. Parental alcohol and drug use were common, as were parental mental health difficulties. Additional safeguarding concerns were also present including cumulative neglect, domestic violence, parental mental health concerns and substance misuse.

2.6 The report recognises that the contexts within which these families were living meant that understanding and acting on safer sleep messages was severely challenged for a multitude of reasons, even when those messages were ‘rigorously delivered’ by health professionals.

2.7 An SCR in Wandsworth in 2018⁴ highlighted the need for Practitioners to be aware of and promote learning about the importance of ‘safe sleeping’ and the risks of co-

¹ [Child Death Reviews: year ending March 2019](#)

² [Unexplained Deaths in Infancy, England and Wales: 2018](#)

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’](#)

⁴ [Wandsworth SCR 7-minute learning 2018](#)

sleeping with babies, understanding that the message may need to be adapted according to the families individual living circumstances. Practitioners should be aware of the increased risks to babies when parents have transient lifestyles.

3. Responsibilities of the Multi-Disciplinary Workforce

3.1 It is the responsibility of the multi-disciplinary workforce to discuss and record, in line with record keeping guidelines of their employing organisation or professional bodies, the information they give to baby's parents/carers on safer sleeping arrangements at all key contacts. This refers to any professional that meets a family or anyone that has caring responsibilities for a baby.

3.2 Information must be provided in such a manner that it is understood by the baby's parent/carer. For those babies' whose parents/carers do not understand English, an approved interpreter should be used where possible and appropriate. Families with other language and communication needs, including learning disabilities, should be offered information in such a way to aid understanding.

3.3 Anyone in contact with parents/carers should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations and risks based on current evidence. This guideline should be used alongside the NHS guidance [Reduce the risk of sudden infant death syndrome \(SIDS\)](#) and the Lullaby Trust's guidance [How to reduce the risk of SIDS](#).

4. Safe Sleeping and Safeguarding Children

4.1 The Child Safeguarding Practice Review Panel's national thematic review of sudden unexpected death in infancy (SUDI), published in July 2020 highlighted '*that safer sleep conversations and risk assessments tended not to be sufficiently joined up with wider plans to work with the family in addressing safeguarding concerns and changing circumstances*'

4.2 Creating a safe sleeping environment for babies and young children is best achieved by building this into relationships and conversations with families that Early Help and CSC work with. Families can be supported to join with practitioners to find solutions and plans for safe sleep. This should be collaborative and reflected in plans EH, CiN

or CP plans agreed with families. Families should be offered help and support to think about how babies and children experience bedtimes and sleep environments. Assessments should reflect and include safe sleep environments and where indicated address this within the risk assessment and safety planning.

4.3 Babies in Foster Care: A foster carer is a very important person for a baby, their care, affection, and attention will help to provide security for a baby who has had difficulties or disruptions before birth or early in life. Support, advice, and guidance for Foster carers will be provided by the supervising social worker, the babies foster carer, health visitor and the Child Looked After (CLA) Nurse who will review safe sleeping arrangements at all contacts discussing where the baby sleeps, day and night and give safe sleeping advice.

In Wandsworth the key messages are 'The safest place for a baby to sleep is on their back in a cot or Moses basket, with no bumpers, pillows, blankets, or toys, in the same room at their parents or carers for the first six months, day or night, at home or away. It is recommended that the safest place for your baby to sleep is in a cot in a room with baby's parent/carer for at least the first six months'.

4.4 Special Circumstances: There may be instances due to medical concerns or additional health needs where babies are unsettled and irritable, keeping routines as consistent as possible will help to calm the baby and help the parent/carer to find ways of soothing and comforting him or her when he or she is distressed. Such routines will be discussed as part of the discharge from Hospital planning process and this advice should be followed. For foster carers having a space to talk with their supervising social worker and health visitor is especially important when looking after a baby with medical concerns or additional health needs as they may have a lot of thoughts and worries.

A grieving parent shares, *“I miss my son as much for the things we didn’t do together as for the things we did. What strikes me most of all these days is the fundamental way in which his death has changed and continues to change us. He was only with us for five months, but I doubt if anyone else will make such a profound impression on our lives.”*

5. Responsibilities of Core Health Staff

5.1 In the Community: It is recommended that as a minimum, this information should be discussed and recorded by:

✚ Midwifery Teams:

- During the antenatal period (ideally by 36 weeks)
- As soon as possible after birth
- Prior to discharge from in-patient services
- During post-natal community visits

✚ Health Visitor Teams / Family Nurse Partnership:

- Antenatal contact
- Primary birth visit
- Any subsequent follow up contacts

✚ GP and Practice Nurses

- Any contact with parents/carers or babies

✚ In Hospital

- It is acknowledged that periods of skin contact are encouraged as part of routine care for all parents/carers and babies while being cared for in the hospital setting, in line with UNICEF UK Baby Friendly Standards (4) and Postnatal care NICE guideline [NG194] Published: 20 April 2021(5) and the Lullaby Trust.
- All carers 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 carers should be encouraged to stay close to their babies whatever their preferred baby feeding choice.

5.2 Skin to skin contact is encouraged on the postnatal ward and during the postnatal period, particularly to establish the parent/carer-baby bond, for settling babies, and for babies who are establishing breast/chest feeding.

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

5.4 Evidence based 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 Maternity Unit at St Georges Hospital provide parents with the ICON Safe Sleeping leaflet as part of the discharge information along with verbal advice on safe sleeping as part of the discharge discussion.

5.5 Premature babies, neonatal unit practices and Safe Sleeping: Premature babies or babies with specific health conditions are particularly vulnerable and will have specific care plans put in place when they are discharged from hospital. Premature babies often have lighter and more active sleep than babies born at full-term, and this means that they can have more frequent sleep difficulties. [The Lullaby Trust](#) and [ICON](#) have more information and a video on safer sleeping for premature babies and SUDI on their website.

Advice given should be clearly documented.

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

5.7 If a parent/carer chooses to share their bed with their baby whilst in hospital, to maintain skin to skin contact, for cuddling or feeding their baby, staff should ensure that:

- The benefits, contraindications (see Section 6, Risk Factors) and risk factors for 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.

5.8 If the parent/carer makes a fully informed choice to bed share with their baby, all information and care given should be documented.

- Staff should discuss appropriate sleeping positions (in the case where the parent/carer falls asleep with or without intention).
- The parent/carer and baby should be monitored by staff as frequently as is practicable.

5.9 Effective communication with other members of staff and on hand over of care is essential. Parents/carers will need to take responsibility for protecting their baby from falling out of the bed/entrapment/overheating. In hospital the bed should always be lowered as far as possible.

6. Current Evidence-Based Information to be Provided to All Baby's Carers

6.1 In Wandsworth we recommend that the safest place for your baby to sleep is in a cot in a room with their parent/carer for the first six months. **Please note this refers to any time the baby is asleep during the day or night.**

6.2 Falling asleep on a sofa, or in a chair, with a baby can be very hazardous and should be always avoided **(night or day)**.

7. Risk Factors

7.1 NICE Guidelines (NICE (2021) Clinical Guideline NG194. Postnatal care Recommendation 1.3.13: Bed sharing advocates professionals should discuss with parent/carers' safer practices for bed sharing, including:

- making sure the baby sleeps on a firm, flat mattress, lying face up (rather than face down or on their side)
- not sleeping on a sofa or chair with the baby
- not having pillows or duvets near the baby
- not having other children or pets in the bed when sharing a bed with a baby.

7.2 To strongly advise parent/carers not to share a bed with their baby if:

- their baby was low birth weight or if either parent/carer:
 - has had 2 or more units of alcohol
 - smokes
 - has taken medicine that causes drowsiness
 - has used recreational drugs.

7.3 In Wandsworth it is recommended that baby's parent/carers are advised not to bed-share or co-sleep if any of the following additional factors are present:

- If anyone sharing the room where baby is sleeping smokes (no matter where or when they smoke)
- If the parent/carer smoked during pregnancy
- If baby's parent/carers 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)
- If the baby's parent/carer has a high temperature
- If baby's parent/carer response to their baby is impaired, for example they are excessively tired or unwell
- Parent/carers who chose to exclusively formula feed their baby should be advised that they may not naturally take up a protective sleeping position and this may increase the risk of SUDI.

8. Reducing the Risks

8.1 It is in no-one's interest to avoid this discussion with the baby's parent/carer, either on the grounds that it is complex, or to wait until the parent/carer report that they have already slept with their baby in a bed.

8.2 In 2019 a survey of over 8,500 parents carried out by The Lullaby Trust has shown that 76% have co-slept with their baby at some point. However, over 40% of parents/carers admitted to having done so in dangerous circumstances such as on a sofa, having drunk alcohol or as a smoker. All these circumstances greatly increase the risk of sudden unexpected death in infancy.

A young mum shares, ***“I don’t remember being told anything about co-sleeping [...] at the time I lived at home with my mum, so she was telling me how to do certain things. She did not know a lot about co-sleeping, so we did not know the safe way”***

8.3 Co-sleeping on a sofa or armchair was the most prevalent risk, with 40% of parent/carers admitting to having done so and 25% having done so more than once. An adult falling asleep on a sofa or armchair with a baby increases the risk of SUDI by up to 50 times. 12% of respondents smoke and share a bed with their baby and 9% have done so after drinking alcohol. Studies have found that bed-sharing with your baby after drinking alcohol or using drugs or if you are a smoker has a very high risk of SUDI.

8.4 A survey commissioned by The Lullaby Trust in 2020 found that during the pandemic less than a third of dads are being given information on the basic steps they can take to lower the risk of SUDI. They found that less than a quarter of dads had been able to attend all antenatal appointments and over 50% have not been allowed to attend any at all and have missed out on receiving information on how to sleep their baby safely

8.5 Baby's parents/carers must be advised never to fall asleep on the sofa, chair, or beanbag with baby. If baby's parent/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 baby safety in mind. Babies can die if they get trapped or wedged in the bed or if a baby's parent/carer lies on them. It is the parent/carer's responsibility to make sure the bed environment is as safe as possible for a baby if he or she sleeps there.

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

- 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

- Ensure the floor is clear should baby fall out of bed
- The room must not be too hot (16 – 20°C 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 and duvets 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 and get trapped between bed and wall
- 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 having pets or cuddly toys in the bed.
- Most parents who are breast/chest feeding, 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 parent rolling onto her baby.

9. Using a Cot, Crib or Moses Basket

9.1 Within Wandsworth the key messages are *'The safest place for a baby to sleep is on their back in a cot or Moses basket, with no bumpers, pillows, blankets, or toys, in the same room at their parents or carers for the first six months, day or night, at home or away. It is recommended that the safest place for your baby to sleep is in a cot in a room with baby's parent/carer for at least the first six months'*.

9.2 Whilst a cot is the safest place for a baby to sleep, they can still pose a risk if set up or used incorrectly. Practitioners should provide parent/carers with the following guidance for cot use:

- Babies should ideally sleep on a new mattress that is in a good condition. However, if this is not possible baby's parent/carers must ensure it is completely waterproof, not torn and is thoroughly clean. Mattresses should be firm, fit the cot well without any gaps. They should be covered with a single sheet that fits well. The mattress should not sag.
- It is advised that if using a Moses basket, the lining should be thin to allow ventilation. Moses baskets are only designed for use by babies up to the maximum age of 6 months. Manufacturing guidelines on the use of the

Moses basket should be followed. Caution must be exercised according to the weight and size of the baby.

- Babies should be put to sleep on their backs, facing upwards. They should also be in the 'feet to foot' position with their feet at the end of the cot, as this will prevent the baby from wriggling down under the covers while sleeping.
- There should be no pillows, cot bumpers or soft toys in the cot.
- When an adult is not in the room with the baby, the drop side of the cot should be up and locked into position.
- The cot should be kept away from any furniture that an older child could use to climb into the cot.
- The parent/carer/s should avoid curtains and blinds with cords as there is a potential risk of strangulation. The cot should not be placed in a location which could cause the baby to become too hot, such as next to a window or heater, fire, radiator, or in direct sunlight, as it could make the baby too hot.
- When the cot is at its lowest height, the top of the rail should be above the baby's chest.
- Practitioners should advise parent/carer/s that babies should sleep on a firm, flat surface and that the use of soft mattresses and toppers is not recommended.
- It is preferable for a new mattress to be purchased for each baby. However, if this is not possible then carer/s should ensure that any used mattresses are waterproof and do not have any tears or holes. It is important to check that the mattress is fitted correctly, and that the headboard does not have any decorative cut outs which the baby's limbs could become trapped in.
- Parents/carers must ensure that the bedding used in the cot is of the appropriate size as this will prevent the baby from getting wrapped up in it. The blankets and sheets should only cover the baby up to their chest and should be firmly tucked in, no higher than the baby's shoulder tuck under their arms. Use sheets or blankets with no extras in the cot which should be firmly tucked in, no higher than the baby's shoulders. Alternatively, a baby sleeping bag may be used ensuring the sleeping bag fits well around the shoulders so that baby cannot slip down into the bag.
- Co-Bedding: Many parents of twins decide to sleep them together in the same cot for the first few weeks. Parents need to be advised that as soon as

any of the babies start to roll, they need to be moved into their own cots⁵. Once baby can roll from back to front and back again, they can be left to find their own position.

- Bedside cribs and co-sleeping cots are a popular choice among parents/carers who want to keep their baby close overnight during the first few months of their life while adhering to safety guidelines that recommend babies sleep in a separate cot. The same health and safety guidelines for bed-sharing apply if you use the bedside cot as they do for your baby sleeping in your bed.

A young sibling shares, ***“I was so worried my baby brother would die of COVID in the night-time, I would get up in the night to check he was breathing”***

9.3 All cots currently sold in the UK should conform to British Safety Standards BS EN 716:2008 and have a label that states:

- The cot is deep enough to be safe for the baby
- Cot bars are less than 65mm apart
- The cot does not have cut outs or steps.

9.4 WSCP do not endorse or advise parent/carers regarding the purchase of any new sleeping product. There are several 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. Pods, nests, and sleep positioners are not recommended as they do not conform to safer sleep guidelines. The simple evidence-based advice on choosing baby sleeping products can help parents make an informed choice.

9.5 Further information can be found in [Product Information Guide \(2019\) Public Health England in conjunction with The Lullaby Trust.](#)

10. Car Seats, Pushchairs and Prams

10.1 Car seats, push chairs and prams are not an ideal place for safe sleep in the home. It is important to check on baby regularly when they are asleep. When they

⁵ [Basis: How Twins Co-Bed](#)

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' parent/carer.

10.2 On long car journeys stop for regular breaks for air and for drinks for baby⁶ and ensure that baby does not spend longer than necessary in the car seat. It is recommended that after 2 hours babies should be removed from car seats to stimulate and reposition. Extra observation is needed for premature babies who may curl forwards and inwards.

10.3 Parents/carers should be careful baby does not get too hot; remove hats and outdoor clothes when indoors, or in the car. Parents/carers should be advised to remove hats and outdoor clothing when indoors or in the car and when in community venues remember to loosen or remove outdoor clothing. Parents/carers should always be mindful of the environmental temperature and reduce clothing and layers as appropriate.

11. Baby Carriers / Slings

11.1 Baby carriers /slings have become an increasingly popular choice for parents/carers, who wish to keep their babies as part of the bonding process, and for those who practise "attachment parenting". "Attachment parenting" or "Babywearing" helps to develop and promote secure attachments between the child and their parents/carers. The benefits are overwhelming and when carried out safely it is valuable skill to have.

11.2 RoSPA⁷ advocates products that keep babies upright and allow parents to see their baby and to ensure that the face isn't restricted. Not all slings are dangerous. A carrier that keeps the new-born baby solidly against the parent/carers body, in an upright position, is the safest method. Parents/carers should ensure that they keep their baby's chin off their chest, keeping the airways clear for breathing. Parents/carers need to ensure baby's airway does not become blocked. T.I.C.K.S is the universal acronym for baby wearing:

- Tight,

⁶ [Lullaby Trust: Car seats and SIDs](#)

⁷ [Royal Society for the Prevention of Accidents \(RoSPA\) guidance for baby carriers and slings](#)

- In view always,
- Close enough to kiss,
- Keep the chin off chest and
- Supported back.

12. Dummies

12.1 UK Department of Health and Social Care does not recommend dummy use as a way of reducing the risk of SUDI (Basis, December 2014). The Lullaby Trust (May 2021) states some research suggests that it is possible that using a dummy when putting a baby down to sleep could reduce the risk of sudden infant death and advises the following

- 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 baby to go to sleep between 6 and 12 months.
- Don't force baby to take a dummy or put it back in if 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 baby's mouth shape.
- If you choose to use a dummy, make sure it is part of baby's regular sleep routine.

13. Nights out, parties, & staying with relatives & friends.

13.1 Parents/carers should be advised of the importance of having a baby sleep plan and routine, particularly if a change in sleep environment is planned e.g., staying with friends/relatives overnight or leaving baby with a babysitter, and this should include discussing safe sleeping, which includes not allowing anyone to smoke in the home or drink alcohol or be taking medication or drugs that can make them sleep more heavily. It is always better that a baby sleeps in their own cot but if using a travel cot make sure the mattress is clean, well-fitting, and firm and make sure baby sleeps on their back. Baby should not be put down to sleep in a sofa or propped in a chair.

14. Pets

- 14.1 Pets should never share a room where a baby is sleeping. Babies must never be left alone with pets.

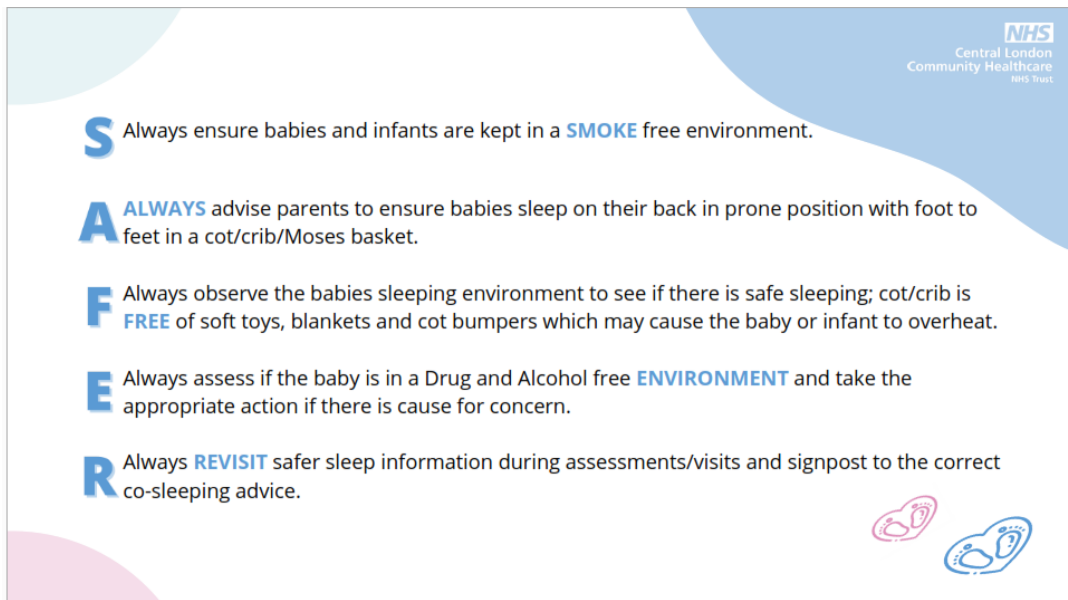
15. Effective and Inclusive Communication

- 15.1 It is vital that information from practitioners is provided in a manner that is inclusive and can be well understood by those receiving it. In families with other needs, such as deafness or hearing impairments, blindness and learning disabilities, the practitioner must ensure that safe sleeping information is offered in an accommodative way. All families with learning disabilities, visual or hearing impairments, or those whose first language is not English must be helped with interpretation where applicable, where appropriate a telephone interpreter must be used, and safe sleeping information offered in an accommodative way. Information in languages other than English can be downloaded from <https://www.lullabytrust.org.uk/professionals/publications/>

- 15.2 Practitioners must also be conscious of the fact that not all babies will be cared for predominantly by their mother, it is important that they do not use language or examples that exclude fathers, LGBTQ+ people, foster carers, adoptive parents, older brothers and sisters, other relatives such as grandparents or aunts/uncles. It is advised that the term “carer” is used by practitioners to refer to any person with responsibility for the baby at that time.

16. Appendix 1 – **SAFER**: sleep advice mnemonic for professionals

This card can be downloaded and printed to use as a reminder of what to look for seeing babies and infants in the home



17. Appendix 2 – Definitions

For the purpose of this guidance, the following definitions apply:

Term	Definition
Accidental Deaths	Sudden deaths in infancy can be accidental and caused by overlaying, entrapment, and suffocation for example.
Baby	A child up to the age of 12 months.
Baby's carer	This represents anyone caring for a baby; this includes mothers, fathers, grandparents, foster carers, private foster carers, or any other family member or friend who provides care for a baby.
Bed sharing (planned)	Describes babies sharing a parent's bed in hospital or home, to feed them or to receive comfort. This may be a practice that occurs on a regular basis or it may happen occasionally.
CiN Plan	Child in Need Plan
Co-Bedding	Refers to babies (typically twins or higher-order multiples) sharing the same bed
Co-sleeping (unplanned)	Describes any one or more person falling asleep with a baby in any environment (e.g., sofa, bed, or sleep surface, any time-of-day etc). This may be a practice that occurs on a regular basis or it may happen occasionally; it may be intentional or unintentional.
CP Plan	Child Protection Plan
CSC	Children's Social Care
EH	Early Help
ICON	Infant crying is normal Comforting methods can help It's OK to walk away Never, ever shake a baby
Overlaying	Describes rolling onto a baby and smothering them, for example in bed (legal definition taken from the Children and Young Persons Act 1993, sections 1 and 2b) or on a chair, sofa, or beanbag.
SIDS	S udden I nfant D eath S ndrome - defined as the sudden death of an infant (less than 1 year of age), that remains unexplained following a detailed post-mortem and a review of the circumstances of death and clinical history.
SUDI	S udden U nexpected D eath in I nfancy - an umbrella term used to explain all unexpected deaths in infancy, this term includes SIDS, and applies to children aged from 0 up to 2 years.
SUDIC	Sudden Unexpected Death in Childhood

18. Appendix 3: References and Resources for Professionals

- 1) <https://www.lullabytrust.org.uk/wp-content/uploads/15-parents-stories.pdf>
- 2) [Child Death Reviews: year ending 31 March 2019 - NHS Digital](#)
- 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'](#)
- 4) [UNICEF UK Baby Friendly Initiative: Health Professionals' Guide to "Caring for your baby at night"](#)
- 5) [Postnatal care NICE guideline \[NG194\] Published: 20 April 2021](#)
- 6) The Lullaby Trust <https://www.lullabytrust.org.uk/safer-sleep-advice/>
- 7) [Sudden unexpected death in infancy and childhood: Multi-agency guidelines for care and investigation](#) convened by Royal College of Pathologists and endorsed by Royal College of Paediatrics and Child Health
- 8) ROSPA [Baby Slings: What are baby slings and are they safe for your baby?](#)
- 9) [The T.I.C.K.S Rule for Safe Babywearing](#)
- 10) Little Lullaby: [Discussing co-sleeping with Health Visitors and Midwives](#)

19. Appendix 4: Resources for Parents

- 1) [BASIS. Baby Sleep Information Centre](#)
- 2) [ICON: Babies Cry, You Can Cope](#)
- 3) The Lullaby Trust: [Safer sleep for babies, Support for families](#)
- 4) The Lullaby Trust: [Product Guide: a guide to buying safer sleeping essentials](#)
- 5) The Lullaby Trust: [Smoking Fact Sheet](#)
- 6) The Lullaby Trust: [Co-sleeping with your baby](#)
- 7) The Lullaby Trust: [The best sleeping position for your baby](#)
- 8) National Health Service: [Quit Smoking support](#)
- 9) UNICEF: [Caring for Your Baby at Night](#)