Safer Sleep and Reducing the Risk of Sudden Infant Death Syndrome

Leicestershire Partnership NHS Trust

University Hospitals of Leicester NHS

NHS Trust

Trust ref: E18/2016

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Adopted by:	UHL Women's & Children's CMG Policy and Guideline Committee
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Name of responsible committee:	UHL Policy & Guideline Committee
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Expiry date:	June 2026
Target audience: Primarily for In addition, the following services can use as a reference document	 Midwifery Services Public Health Nurses Services (Health Visiting) Children and Family Wellbeing Services Voluntary services having contact with families G.P services Alcohol and Drug services Neonatal and Paediatric Services Social Workers for Children Smoking cessation services
Type of Policy:	Clinical
Which Relevant CQC Fundamental Standards?	Person centred care Safety Staffing Good Governance Duty of Candour Safeguarding Consent

Contents

Equality Statement

Leicestershire Partnership NHS Trust (LPT) & University Hospitals of Leicester (UHL) aim to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable

treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.
In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review

Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies, and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified

Definitions

Co-sleeping	Parents choosing to share a bed or other sleep surface with their baby. The baby shares the same bed with an adult for most of the night and not just to be comforted or fed.
Sudden Infant Death Syndrome (SIDS)	"The sudden unexpected death of an infant <1 year of age, with onset of the fatal episode apparently occurring during sleep, which remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history" (Krous et al. 2004).
Sudden Unexpected Infant Death in Infancy (SUDI)	The death of a baby which was not anticipated as a significant possibility 24 hours before the death.
Sudden Unexpected Infant Death of a Child (SUDC)	Babies that die suddenly over the age of 12 months
SUPC	Sudden & unexpected postnatal collapse
Overlaying	Is the act of accidentally smothering a child to death by rolling onto them in sleep. It is offence if it occurs when the adult is under the influence of alcohol or drugs.
Swaddling	Swaddling including bundling or wrapping.
LPT	Leicestershire Partnership Trust
UHL	University Hospitals of Leicester
Equality groups	People exhibiting one or more of the protected characteristics.
Carers	A parent, grandparent, foster carer, babysitter anyone left with responsibility to care for baby at that particular time.

Language and Identity	Currently UHL utilises the terms 'woman' and 'women' within their obstetric and maternity guidelines, but these recommendations will also apply to people who do not identify as women but are pregnant or have given birth.
Due Regard	Having **due regard** for advancing equality involves: • Removing or minimising disadvantages suffered by people due to their protected characteristics. • New mothers whose first language is not English, or who have recently arrived in the UK. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Modifiable Factor	These are defined as factors which may have contributed to the death of the child, and which might, by means of a locally or nationally achievable intervention, be modified to reduce the risk of future deaths. (Working Together to Safeguard Children 2018).

1. Guideline summary and who this guideline applies to

1.1 Since the back to sleep campaign in launched in 1991 there has been a significant reduction in infant deaths largely due to an increase in evidence-based knowledge and practice. Research suggests that:

1.2 Around half of SUDI babies die while sleeping in a cot or Moses' basket.
Around half of SUDI babies die while co-sleeping. However, 90% of these babies died in hazardous situations which are largely preventable.

1.3 If no baby co-slept in ***hazardous situations***, we could potentially reduce co-sleeping SUDI deaths by nearly 90% (UNICEF 2016).

1.4 This guidance has been produced in recognition of the fact that unsafe/hazardous sleeping arrangements are a feature in some infant deaths. The emphasis of this document is on planning safer sleeping for infants.

1.5 This collaborative guidance shares its principles with University Hospitals of Leicester NHS Trust and Leicestershire Partnership NHS Trust.

1.6 The guidance is designed to ensure that staff working with parents and carers of infants under 12 months of age provide accurate, consistent, evidence-based information to parents' around safe sleep. Information will be provided in an appropriate format to ensure equity and that no group is excluded. This may include access to interpreters and those who use other forms of communication e.g., sign language.

1.7 Following safer sleep guidance, if followed, will significantly reduce the chances of SUDI even though it cannot prevent it in every circumstance.

1.8 This guidance applies to all staff and volunteers involved in the care of expectant and new parents/carers. Staff and volunteers are required to work to this guidance

1.9 Managers of staff at all levels are responsible for ensuring that the staff, for which they are responsible, are familiarised with and adhere to this guidance.

1.10 New staff and volunteers are familiarised with this guidance on commencement of employment.

2. Purpose of the Guidance

The aims are to:

- Reduce the death rate of infants in Leicester, Leicestershire and Rutland Health and Local Authority Services
- Provide staff with research-based information and resources to enable them to explore and discuss with parents/carers the modifiable factors involved so that the risk of SIDS can be minimised.
- Reduce the number of infants who are put to sleep in unsafe conditions.
- Empower parents/carers to make a fully informed decision about safer sleeping practices by having conversations at key points.
- Promote, support, and protect breastfeeding for as long as the mother/parent desires whilst ensuring the safety of infants
- Ensure safe sleep information is provided to all families regardless of the chosen feeding method

3. Introduction

3.1 Between 1st April 2015 and 31st March 2021 the LLR CDOP completed 15 case reviews of Sudden unexpected, unexplained deaths in under 1's outside of the Neonatal unit. Findings from the reviews identified the below characteristics.

SUDI Case characteristics:

- 12 (80%) cases the infant was bottle-fed.
- 11 (73%) cases the infant was not a first-born.
- 10 (67%) cases the infant had been born preterm.
- 7 (47%) cases the infant lived in an area of deprivation (IMD decile 1 & 2).
- 5 (33%) cases the infant had a birthweight below the second centile.
- Medical cause of death following post-mortem examination was given as 'Unascertained' in 12 (80%) cases and 'SIDS' in 3 (20%) cases.

SUDI Cases with Modifiable factors:

- 10 (67%) cases identified unsafe sleeping practices (including co-sleeping with additional risk factors) as a modifiable factor.
- 9 (60%) cases identified parental smoking as a modifiable factor.
- 13 (87%) cases identified one or more modifiable factor
- 10 (67%) cases identified more than one modifiable factor

National statistics

- 196 unexplained infant deaths occurred in the entire UK in 2019, a rate of 0.28 deaths per 1,000 live births
- 170 unexplained infant deaths occurred in England and Wales in 2019, a rate of 0.27 deaths per 1,000 live births: a decrease from 0.32 deaths per 1,000 live births in 2018
- Just over half (55.3%) of all unexplained infant deaths were boys in 2019 (0.29 deaths per 1,000 live births). This is a decrease from 57.6% in 2018
- In 2019, the unexplained infant mortality rate was highest for mothers aged under 20 years, at 0.96 deaths per 1,000 live births. Within LLR the mean maternal age was 28.8yrs.

Credit: Office of National Statistics, National Records of Scotland and Northern Ireland Statistics and Research Agency 2020

3.2 Parents/carers need to be able to provide safe care to their vulnerable infants who rely on them for all their needs. Parents/carers need clear and consistent information about safe sleep practices and safe sleeping equipment.

3.3 Most babies (91%) who die SUDI have one or more known risk factors present, 75% have two or more risk factors present.

3.4 Research indicates that there are many risk factors that can increase or decrease the risk of SUDI. See Table 1

Table 1: Risk Factors Associated with SUDI

Factors associated with an *increased* risk of SUDI	**Factors associated with a *decreased* risk of SUDI**
Poor antenatal care	Room sharing
Prematurity, Low birth weight	Breastfeeding
Unsafe sleeping positions	Immunisations
Smoking	Sleeping positions
Alcohol and drug use in pregnancy	
Temperature and overwrapping	
Bedding and mattresses	
Unsafe sleeping environments including bed sharing in hazardous circumstances and sofa sharing	

4. Role of the Practitioners

4.1 To provide guidance to parent's/carers with the most up to date information and evidence base around safer sleeping practice, and the increased risk of SUDI due to unsafe sleeping practices, empowering parents to make informed decisions of where their baby sleep. A discussion about safer sleep must be carried out with all families at the key contact points (see Appendix 1),

4.2 All staff should identify the main risk factors for SUDI (Table 1) when discussing safer sleep both antenatally and postnatally. If any risk factors are identified, then those should be highlighted to the family and advice given should be based on those. If the baby is at increased risk of SUDI due to vulnerabilities or unsafe sleep practices, this needs to be discussed clearly and openly with the family.

5. Information for parents/carers:

5.1 Education for parents/carers about unsafe sleep positions, and identifying risk factors, and behaviours that may increase risk of SUDI.
Products advised not to be purchased or used pods, nests, hammocks.

5.2 The benefits of skin to skin for both parent/carer and baby, how this can be safely.

Safe skin-to-skin positioning includes:

- Parent/carer is sitting upright or leaning back, not lying flat in bed.
- Baby's body is vertically aligned (spine to neck to head) with legs tucked.
- Baby's airway must be protected; the baby must be able to lift his head freely and is turned to one side.
- When parent/carer and baby are having skin-to-skin, advise parent/carer to watch and observe their baby.
- Advise parent/carer if they become sleepy while holding baby, to place on flat sleeping position on back in a clear space.
- Practitioner to advise parents/carers who wish to swaddle their baby how to do this safely to reduce the risk of SUDI

Also see Postnatal Care UHL Obstetric Guideline – (Trust ref: C119/2011)

6. Safer sleeping In Hospital

6.1 **Postnatal ward**

- All mothers should be encouraged to stay close to their babies whatever their preferred infant feeding choice.
- In the hospital setting, separation of mother and baby should only occur where the health of either prevents care being offered in the postnatal areas.
- All parents/carers should be provided with the Safer Sleeping Guidance, on reducing the risk of SUDI at each postnatal check. Advice given should be clearly documented in the postnatal notes.
- The benefits, contraindications (see Table 1, Risk Factors) and risk factors for bed sharing should be discussed to allow fully informed choice;
- Written information on bed sharing is provided.

- The effects of analgesia are discussed and documented.
- Staff should discuss appropriate sleeping positions
- Effective communication with other member of staff.

7. Neonatal Units

7.1 Neonatal Unit staff should discuss safe sleep with parents/carers while their baby is on the Neonatal Unit and prior to discharge from the Neonatal Unit. These discussions include highlighting the particular risks of co-sleeping when the baby is preterm or low birth weight.

7.2 Parents/Carers are provided with the Lullaby Trust 'Safer Sleep Advice for Premature and Low Birth Weight Babies' information prior to discharge electronically via the STORK app (for parents unable to access this, paper copies are provided).

7.3 Parents/carers of babies with neonatal unit / transitional care admissions are provided with STORK parent/carer education while in hospital, which includes a Safe Sleep section and further signposts to The Lullaby Trust and BASIS resources of safe sleep for preterm and low birth weight babies. As part of the STORK programme parents/carers are taught that, while in prone and lateral positions, positioning aids may be used when medically indicated in hospital, these interventions are reduced and stopped as soon as it is medically safe to do so, and safe sleep practices are then promoted, to be continued at home. This includes promotion of: babies sleeping on their backs with their feet at the foot of their cot, a flat cot (*not* elevated at one end), a clear cot with no bumpers, nests, or positioners, no hats on when indoors, and no extra layers of clothing or blankets.

8. Co-Sleeping in the community

8.1 It is recognised that parents/carers practice bed-sharing for a variety of reasons and that can include the following:

- Lack of awareness of risk factors reducing the ability to make an informed decision
- Parents'/carers' choice
- To cope with the normal pattern of frequent night feeding or the infant being unsettled.
- Necessity due to lack of space/travelling- 'no-where else for infant to sleep'
- Normal cultural practice or ideology

8.2 **Planned Co-sleeping**

Although there is an association between bed-sharing and SUDI, increasingly the evidence suggests that it is not bed-sharing but additional factors and circumstances in which it occurs (Blair P.S et al 2014)

The reviewed Nice Guidance (2021) is clear on the need to give parents/carers balanced information to allow informed decision making. For this to happen a parent/carer centred discussion on care of their infant when sleeping, tailored to individual circumstances, is required. (UNICEF UK Dec 2014).

8.3 **Contra-indications to bed-sharing**

Research has shown that the association between co-sleeping and SUDI is likely to be greater when **certain factors are present**.

- Either parent/carer smoke.
- Either parent/carer has drunk alcohol or taken drugs (including medications that may make you drowsy).
- Premature birth (before 37wks)
- Low Birth Weight (2.5kg or less)

Key Messages

Strongly advise parents and carers that the association between co-sleeping, SUDI and risk of overlaying is likely to be greater when:

- Parents/carers who smoke or did so in pregnancy. Parents/ carers need to be made aware of the increased risk of SUDI due to passive smoking. It is illegal to smoke in a car with a child under the age of 18. Mothers/Parents/carers who would like support to stop smoke can self-refer via Live Well Leicester (City) and QuitReady.co.uk (Leicestershire and Rutland).
- Parent or carer recently consumed alcohol.
- Parent or carer use drugs either illicit or prescribed that could make them less responsive.
- Parent or carer sleeping with infant on a sofa or armchair.
- The infant is low birth weight less than 2.5kg
- Preterm infant born before 37wks.

Other factors to consider:

- Either parent/carer have any condition which alters levels of consciousness or reduces the ability to respond to the infant e.g., diabetes, epilepsy
- There is an association between breastfeeding and reduced incidence of SUDI. Breast feeding for two months halves the risk of SUDI (Lullaby Trust 2022)
- Parental age- Although numbers are very small, the risk of SUDI is three times greater for babies born to mothers aged twenty and under than in other age groups (Lullaby Trust 2018).
- Infants have any signs of ill health or pyrexia
- There is a family history of SUDI

8.4 **Informed Decision**

Planned Co-sleeping -

According to the Infant Feeding Survey DH, 2010, around half of all mothers allowed their infant to sleep in the parental bed at least occasionally and bed sharing was associated with breastfeeding mothers.

The safest place for the infant to sleep is in their own cot/crib in the same room as the parent/carer it is important to ensure parents/carers who choose to bed-share, should do so as safely as possible. Complete the ‘Safe Sleep Discussion and risk assessment. (Appendix 3)

The Child safeguarding practice review panel ‘out of routine’ review 2020 found that 11 out of 14 cases reviewed the last sleep was considered out of normal routine including a move to different accommodation, a family party, baby being unwell.

If parents/carers, choose to bedshare with their baby they should consider any risks before **every** sleep. Circumstances may change if they are unwell or have drunk any alcohol, baby will be safest in a flat, clear, separate sleep space such as a cot or Moses' basket.

9. Sleeping Environments & Equipment

It is essential that when using any product, parents/carers are advised to follow manufacturer's guidelines.

9.1 The safest place for babies to sleep day or night is in a smokefree environment, in the same room with baby's parent/carer for at least the first six months.

9.2 The ideal temperature for an infants' room is 16-20^{o}C.

9.3 The combination of overwrapping (excessive layers of bedding and/or clothing, including hats) are associated with Sudden Infant Death.

9.4 Babies should be place on their backs, feet to foot, on a firm, flat, clear surface e.g., cot, Moses' basket,

9.5 Practitioners should provide parents/carers with clear consistent information around safer sleeping, using lullaby trust guidelines.
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9.6 Buying a cot / Moses' basket/ cribs/ travel cot

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

9.7 Using a second-hand cot

- Points above (under 'Buying a Cot').

9.8 **Mattresses**

- It is recommended that a new mattress, which conforms to British Safety Standards, should be purchased for each baby.
- If using a 'used' mattress, parent/carers should be advised to ensure that it is completely waterproof, has no rips, tears, or holes.
- Soft mattresses and mattress toppers are not recommended.

9.9 **Car seats, pushchairs, and travel systems**

- Professionals to advise on safe use of car seats, pushchairs and travel systems. Professionals to highlight risks associated with car seats, travel systems, pushchairs and SUDI including overheating.
- Profession to advise use of car seats or non-flat pram bases are not recommended for safe sleep in the home.
- Professionals need to highlight increased risk for premature or new babies.

9.10 **Other baby sleep and carrying devices**

- Practitioners should be aware of guidance around safe use products e.g., sleeping bags, next to me cribs.
- Practitioners should advise parents not to be purchase or use pods, nests, hammocks.
- Practitioners should refer to the Lullaby Trust leaflet How to choose baby sleeping products.

9.11 **Slings/ Baby wearing**

- Practitioners should advise parents/carers to follow manufacturer's advice regarding safe use of slings/ baby wearing and increase increased risk of SUDI with incorrect use.
- Practitioners to direct parents and carers to Lullaby Trust 2022 and RoSPA for further guidance.

9.12 **Dummies**

- Parents/carers should be advised on Lullaby trust guidance on use of dummies and reduction of SUDI

10. Education and Training

Safer sleep and CONI training is provided quarterly by Healthy Together leadership team for all new starters to the Health visiting service to access.

UHL Non- registered staff (new starters) receive training during their induction to job role.

11. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency
Completion of safer sleep assessment by health visiting staff	Audit of the 10-14 day and 6-8 weeks SystemOne questionnaires	PH Nursing Lead	Continuous

12. Supporting References

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13. Key Words

Co-sleeping, Bed sharing, Overlaying, Safe sleeping

CONTACT AND REVIEW DETAILS			
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Version	**Date**	**Reviewed by:**	**Comment (description change and amendments)**
9	**August 2022**	Claire Hubbard Infant Feeding Clinical Lead L Quinell Public Health Nursing Lead A Raja Lead Infant Feeding Midwife UHL Lorraine Taylor UHL Quality Standards Midwife.	1. Added risk assessment form 2. Added BAPM SUPC risk reduction pathway 3. Added contacts list 4. Added information and support signpost to website etc. 5. Hospital guidance to prevent and educate regarding SIDS 6. Re-format in line with UHL 7. Title Changed. 8. Revised definition list. 9. Key points of contact.

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Circulation list for comments – Version 9

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Children's Hospital cpm	
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Appendix 1: Key Contact Points

Parents will have contact with the organisations during their antenatal and postnatal period. Key points are identified below

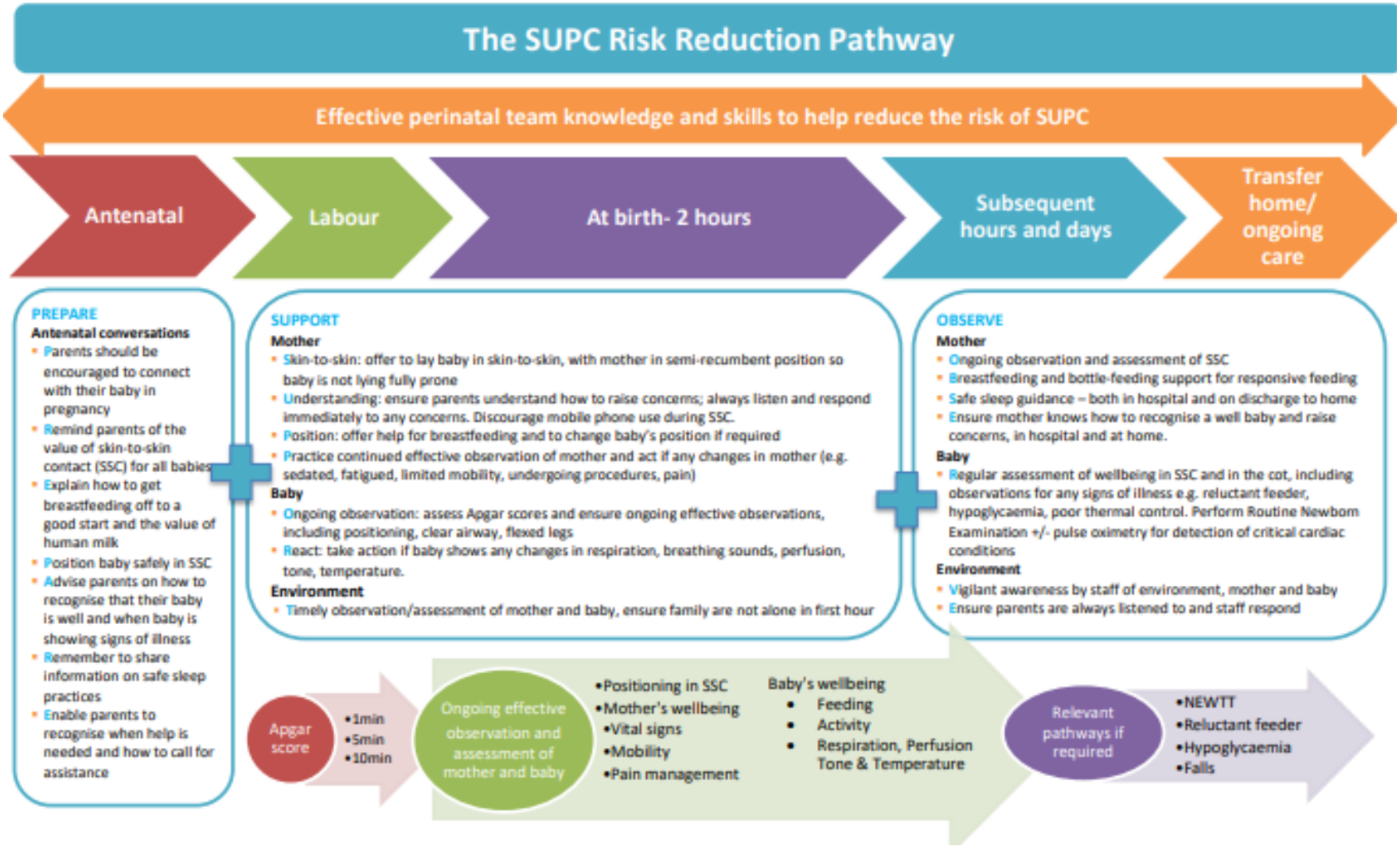
Contact	By	Intervention	Documentation
Antenatal third trimester contact	Midwifery	ABCD message using Mothers and Others Guide	Antenatal notes
Antenatal Contact form This may be a face-to-face contact and/or digital	Public Health Nurse – Health Visitor	Safe Sleeping Guidelines Lullaby trust BASIS	Systm0ne mother's record
Birth of baby	Midwifery	ABCD message using Mothers and Others Guide	Filed in P/N diary
Discharge from hospital/homebirth	Midwifery / Neonatal Nurse	ABCD message using Mothers and Others Guide	Filed in P/N diary
Postnatal Contacts Primary Visit	Midwifery	Risk assessment form completed	Filed in P/N notes
10–14-day new birth	Public Health Nurse – Health Visitor	Safe sleeping guidelines Lullaby trust leaflet. Risk Assessment.	Systm0ne record child's record Personal Child Health Record (PCHR)
6–8-week development review	Public Health Nurse or Healthy Child Programme Nurse	Safe sleeping guidelines Lullaby trust leaflet. (If not previously given) Risk Assessment.	Systm0ne record PCHR
3–4-month contact This maybe face to face and/or digital	Public Health Nurse or member of Healthy Together team	Safe sleeping guidelines Lullaby trust. Health for under 5s	Systm0ne record PCHR
10–12-month development review	Public Health Nurse or member of Health Together team.	Discuss Safe sleeping Lullaby trust	Systm0ne record PCHR

Please Note:

- Parents/carers may have additional contacts with GP's, specialist services and the voluntary sector. These additional contacts provide opportunities for safe sleep messages to be reinforced.

- Parents may receive care from other organisations i.e., cross border maternity services, and safe sleep messages should be discussed at contacts with named organisation.

Appendix 2: BAPM SUPC risk reduction



Appendix 3: Red book – Risk Assessment

Further information can be entered on the notes page at back of record if needed		Y/N MW Primary	Y/N H/V HV 10-14 day	Y/N HV 6-8 week	Any concerns identified? Plan to reduce any risk?	HV Notes on any concerns
1	Was your baby premature or low birth weight?					
2	Where did your baby sleep last night? Is this where your baby normally sleeps?					
3	Where does your baby sleep in the day? Advice for the first 6 months- add both comments					
4	Is baby placed on their back?					
5	Is baby placed feet to foot?					
6	Is temperature of the room/clothing as recommended?					
7	Have you discussed planned safe co sleeping with your baby in your bed?					
8	Is there anything else placed in your baby's sleeping space? e.g., bumpers/toys					
9	Have your considered/thought about putting your baby to sleep on a sofa/beanbag/pod?					
10	Do you share your bed with anyone else including children or pets?					
11	Are you or anyone that cares for your baby take any drugs or medication?					
12	Did you smoke at any time during your pregnancy?					
13	Does anyone who cares for your baby smoke?					
14	Does anyone in your home or that cares for your baby you drink alcohol in the house or come home to baby after drinking?					
15	Due to overtiredness could you easily fall asleep whilst settling/feeding your baby?					
16	Do you have a plan to manage safe sleep for your baby in different circumstances (e.g., sleeping away from home, after drinking alcohol at a party or celebration)?					
17	**Health Professional:** Have you seen where the baby sleeps?					

Appendix 4: Supporting information and websites for families

Topic	Rational	Leaflets/Websites
ABCD: • **Always on Back** • **Clear flat space** • **Day and night in the same room and smoke free**	• Babies sleeping on their front sometimes seem to sleep longer and deeper. Their risk of SUDI is also much higher, probably for these same reasons. • A baby sleeping on their side is not in a stable position and should never be propped to stay in this position. • Clear sleep space means: - No pillows, quilts or duvets, bumpers - No pods, nests, or sleep positioners. A firm, flat mattress with no raised or soft sides • It has been estimated that the number of babies dying of SUDI could be halved overnight if we eliminated smoking in pregnancy. Babies should be kept smoke free both before and after birth. • Keeping the baby in the same room allows parents to observe and respond to their baby's needs.	**http://basis.webspace.durham.ac.uk/wp-content/uploads/sites/66/2021/04/Safer-sleep-saving-babies-lives-a-guide-for-professionals.pdf** **https://www.basisonline.org.uk/** **https://www.lullabytrust.org.uk/safer-sleep-advice/** **http://www.mothersguide.co.uk** **https://healthforunder5s.co.uk/** https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/08/Caring-for-your-baby-at-night-web.pdf
Conversations about breastfeeding **(Antenatal conversations about breastfeeding is part of being a Baby Friendly Accredited Organisation)**	• ***SUDI risk is halved in babies who are breastfed for at least 2 months.*** • In the antenatal period, discuss infant feeding and how to get breastfeeding off to a good start. • Let families know that breastmilk is all a baby needs for the first six months, and thereafter alongside other foods for two years and beyond. • Provide information about support groups and antenatal sessions to start and maintain breastfeeding • How to do safe skin to skin - **Postnatal Care UHL Obstetric Guideline**	**https://www.unicef.org.uk/babyfriendly/** **https://www.nhs.uk/start4life/baby/feeding-your-baby/breastfeeding/** **http://www.mammas.org.uk/** http://www.mothersguide.co.uk **https://healthforunder5s.co.uk/**
Bedsharing	It is known that co sleeping occurs whether it is intentional or	**https://www.lullabytrust.org.uk/safer-sleep-advice/**

	unintentional, Bed sharing needs to be discussed with all parents/ carers who have young babies to ensure it is done as safely as possible. **Parents/carers be advised never to bed-share where the baby:** **• Was born premature or low birthweight** **• Has a fever or is unwell** **Parents/carers will be advised never to bed-share where the adult carer:** **• Smokes even if they do not smoke in the bedroom** **Is extremely tired** **Had consumed drugs or alcohol.** **Please not this refers to anytime the baby is asleep day of night.**	**https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/** **https://www.basisonline.org.uk/parents-bed/**
Sofas and chairs	Parents/carers need to know that they should ***never*** sleep with the baby on a sofa or chair. The sofa is the only sleep environment in which SUDI deaths have increased in recent years The average chance of SUDI in England and Wales is 1 in 3,300, but the chance of SUDI while co-sleeping on a sofa is 1 in 180.	**https://www.basisonline.org.uk/sofa-sharing/** https://www.lullabytrust.org.uk/safer-sleep-advice/
Planning safe sleep at every sleep	Helping parents/carers plan for sleep in out of routine situations as this can lead to unsafe sleeping environments. Where will the baby sleep if being looked after by someone else or if you go on holiday?	**https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/901091/DfE_Death_in_infancy_review.pdf**
Thermal regulation	Heat stress is extremely dangerous for infants: Keep room temperature in the safe range (16- 20 degrees) Adjust the baby's clothes layering according to temperature.	https://www.lullabytrust.org.uk/safer-sleep-advice/
Alcohol and drug use	You could be liable to criminal prosecution (Willful Neglect) - Section 1. (2) Children and Young Persons Act 1933 **If you are a person of any age**	**Personal Child Health Record statement.**

and you:
• Co-sleep with a child of any age on any surface
• **Whilst under** the influence of any drug/substance/alcohol
• Cause his/her death by suffocation

You could be liable to criminal prosecution – Section 5. Offences against the Person Act 1861