



**North Lincolnshire Children's Multi Agency
Resilience and Safeguarding Board
&
North East Lincolnshire Safeguarding Children
Partnership**

**Joint Safe Sleeping Guidance
A resource for all organisations**

December 2021

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Purpose

This guidance has been developed and led by North Lincolnshire Children’s Multi Agency Resilience and Safeguarding Board (Children’s MARS Board) and North East Lincolnshire Safeguarding Children Partnership (NEL SCP). It has been produced to support all partner organisations working with families in North and North East Lincolnshire to enable evidenced based information to be given to all parents and carers. The guidance advocates that parents are given consistent safe sleeping messages throughout pregnancy and the post-natal period into infancy.

This guidance is informed by the Dudley Safe Sleeping Guidance¹, and information has been included from *Safer Sleep: saving babies lives – a guide for professionals* produced by the Lullaby Trust². It also follows the quality standards for post-natal care from NICE NG194³ and the information on the NHS Choices website⁴.

There are some variations between North and North East Lincolnshire’s services but the basic messages remain the same and will provide professionals with the information they need to support parents and carers of babies and young children. This applies to sleeping during the day and night, sleeping on the sofa/armchair as well as a bed, and to any adult/child who may sleep with the baby. It is expected that all organisations and staff implement this guidance to safeguard children across Northern Lincolnshire, taking any necessary governance arrangements for their organisation.

Who is the guidance for?

This guidance is for all staff, providing support or services to mothers, fathers, the infant or wider family members who care for a child particularly if the child is under 24 months of age. This includes all workers in either the statutory, voluntary, community or private sector.

Definitions

For the purpose of this guidance the following definitions apply:

- Sudden Infant Death Syndrome (SIDS): the sudden and unexplained death of a baby where no cause is found after a detailed post mortem. Whilst SIDS is rare and the cause is not known, some factors are known to make SIDS more likely, and there are steps that parents can take to reduce the risk of this tragedy occurring. Around 300 babies and toddlers still die every year of Sudden Infant Death Syndrome (SIDS), in the UK⁵

¹ <https://www.bcpft.nhs.uk/about-us/our-policies-and-procedures/p/1068-pre-school-dudley-safer-sleep/file>

² <https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-saving-lives-a-guide-for-professionals-web.pdf>

³ [Overview | Postnatal care | Guidance | NICE](#)

⁴ <https://www.nhs.uk/conditions/pregnancy-and-baby/reducing-risk-cot-death/>

⁵ Statistics on SIDS [Internet]. [cited 2018 Jul 17]. Available from: <https://www.lullabytrust.org.uk/professionals/statistics-on-sids/>

- Infant: a child up to the age of 12 months
- Baby: includes “infant” but also young children up to the age of 24 months
- Carer: this represents anyone caring for an infant; this includes mothers, fathers, grandparents, foster carers or any other family member or friend who provides care for an infant
- Co-sleeping: describes any one or more person falling asleep with a baby in any environment (e.g. sofa, bed or sleep surface at any time). This may be a practice that occurs on a regular basis or it may happen occasionally; may be intentional or unintentional
- Bed sharing: describes babies sharing a parent’s adult bed for most of the night and not just to be comforted or fed. This may be practice that occurs on a regular basis or it may happen occasionally
- Overlying: describes rolling onto an infant 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
- PCHR: Personal child health record (commonly known as the red book)

(Definitions taken from the Lullaby Trust). NB. The reference for baby is not explicitly defined but implied in Lullaby Trust material)⁶

Organisational responsibilities

Each individual organisation has a role to play in promoting safe sleeping messages. This will be different between organisations with some having a greater role than others. The majority of opportunities for offering the safe sleeping guidance to parents will be from midwives, and health visitors, children’s community outreach team (premature babies), and from Children Centre and Family Hub staff. However, there will be instances when contacts are made with other workers/organisations and they will also need to understand and be familiar with the key messages.

It is the responsibility of the organisation to ensure that workers are familiar with the guidance and the key messages. Any concerns should be raised in line with relevant policies and procedures. Some organisations will have their own guidance on safe sleeping and should follow this in conjunction with this multi-agency guidance.

⁶ <https://www.lullabytrust.org.uk/>

Responsibilities of the Children's MARS Board and NEL SCP

- To ensure the joint safe sleeping guidance is reviewed on an annual basis or as required
- To ensure that weather warnings released by Public Health England are communicated to agencies across North and North East Lincolnshire to ensure that key safety messages are provided to parents, i.e. periods of very warm/hot weather
- Disseminating of learning from child safeguarding practice reviews where safe sleeping is a factor

Responsibilities of all staff

All practitioners and workers are expected to provide the same consistent message in relation to safe sleeping and to be confident to challenge if they see episodes of unsafe sleeping.

- The safest place for baby to sleep is in a cot or Moses basket in parents/carers room for at least the first 6 months
- The safest position for baby to sleep is on their back with their feet to the foot of the cot
- No bumpers, toys or loose bedding in the cot
- No pillows or duvets
- No products to maintain position e.g. nests or cushions to prop/support

NEVER FACTORS - Give parents information, especially things they should NEVER do:

- NEVER sleep on a sofa or chair with a baby
- NEVER share a bed with your baby if either you or your partner smokes
- NEVER share a bed with your baby if you or your partner has drunk alcohol
- NEVER share a bed with your baby if you or your partner has taken legal (prescribed or unprescribed) medication/drugs that make you sleepy, or taken illegal drugs
- NEVER sleep with your baby if they are premature or low birth weight
- Car seats – follow guidance on correct use
- Slings – follow guidance for correct use

Information must be provided to parents/carers in a manner that they understand. For parents/carers who do not understand English, an approved interpreter should be used. The Lullaby Trust has leaflets available in over 20 languages. Similarly, families with other learning or communication needs should be offered information in such a way as best facilitates their understanding.

All staff should discuss and record the information they give to parents/carers about safe sleeping arrangements at all contacts.

Give parents additional information when the weather is warmer.

Additional NEVER factors when the weather is warmer:

- NEVER cover a pram or buggy with a blanket to keep the sun out. This can stop the air from circulating and lead to overheating. It also creates a barrier so that the parent/carer can no longer see the baby
- Make sure baby has enough fluids. Bottle fed babies should be given additional cooled boiled water. Fully breastfed babies do not need extra fluids
- Keep baby's room at 16-20 degrees by using a room thermometer
- Avoid leaving baby to sleep in the car seat, car, pushchair or pram. Ensure removal of hats and outdoor clothing once indoors or in a warm car
- Open internal doors and windows, so a natural, flowing breeze is created but avoid air conditioning, as it can be dehydrating
- Make sure baby's head is not covered
- If it is "too warm" for bedding, dress baby appropriately, just a nappy and vest may be sufficient and remove loose covers from the cot, ensure bibs are removed before a baby is placed in cot to sleep

Responsibilities of managers

It is the responsibility of all line managers to monitor compliance of this guidance and to ensure action is taken to address any concerns. Line managers, including those who take on leadership responsibilities within health services, specifically midwifery, neonatal/paediatric, health visiting; are responsible for the dissemination and ensuring adherence to this guidance.

Responsibilities of Nurses & Midwives

Nursing and midwifery registered staff should adhere to the Nursing & Midwifery Council Code of conduct, performance and ethics for nurses and midwives (NMC 2015).⁸

It is the responsibility of the trained registered practitioner to ensure that he/she acts at all times within the scope of their competence and maintains up-to-date knowledge and skills.

Legal considerations

Under The Serious Crime Act (2015) section 5⁹, it is an offence, where a child dies as a result of unsafe sleeping and, where it is proven that this is as a result of a parent/carer (over the age of 16) being under the influence of alcohol or prohibited drugs. When professionals are working with parents or carers where there is drug or alcohol use, this must be part of the assessment and the risks of co-sleeping/unsafe sleeping reiterated.

⁸ <https://www.nmc.org.uk/standards/code/>

⁹ <http://www.legislation.gov.uk/ukpga/2015/9/contents/enacted>

Babies over 12 months

Professionals should continue to promote safer sleeping practice for babies over the age of 12 months as it is recognised that there still remains a risk of SIDS. As babies become increasingly mobile they will choose their sleeping position. There is evidence to suggest that babies are at higher risk of SIDS if they have their heads covered and some items added to a cot may increase the risk of head-covering. Unnecessary items in a baby's cot can also increase the risk of accidents.

Risk factors/ protective factors

The Lullaby Trust highlights that maternal smoking during pregnancy and exposure of the newborn baby to tobacco smoke, both **increase the risk** of SIDS compared to babies whose mothers do not smoke.¹⁰

There are other **risks** for SIDS such as sleeping with a baby on a sofa or chair, bed sharing with a baby following consumption of alcohol¹¹, high environmental temperatures and overwrapping.

There are some factors which **protect** from SIDS which include, breastfeeding for at least 2 months (although breastfeeding of any duration is beneficial), sharing a room with baby and the sleep position of baby (on their back, feet to foot of cot/ moses basket)

Bed sharing/ co-sleeping

Co-sleeping can be intentional/unintentional so it is recommended that this is discussed with parents/carers and that they are made aware that there is an association between co-sleeping on a sofa or chair and SIDS.

Any parent/carer who is considering bed sharing with their baby should be given the advice to not share if she is extremely tired or has a **NEVER FACTOR** (see responsibilities for all staff section above).

As many parents bed share either intentionally or unintentionally, it is important to give appropriate guidance which balances risk with the support for breastfeeding at night.¹²

Recommendations from the Unicef UK Baby Friendly Initiative are to ask parents to think about 'what is happening tonight', each night and within each different environment, it may also be helpful to ask parents 'where did the baby wake up'. Health professionals should aim to ensure parents are aware of the circumstances in which co-sleeping is potentially more dangerous, and how to make infant bed sharing as safe as possible, during the day and the night.¹³

¹⁰ <https://www.lullabytrust.org.uk/safer-sleep-advice/smoking/>

¹¹ <https://www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/>

¹² <https://www.lullabytrust.org.uk/safer-sleep-advice/breastfeeding/>

¹³ <https://www.unicef.org.uk/babyfriendly/>

Mothers who are breastfeeding may choose to breastfeed their baby while lying in bed. The safest position for the mother to adopt, so that she does not roll forwards or backwards, is also the protective position that most breastfeeding mothers seem to adopt instinctively. A variation of the “recovery” position, mothers have been repeatedly observed to lay on their side, with their knees bent, their lower arm above the baby’s head and the baby about 20-30cms from her chest and often referred to by health professionals as the “C” position. The message should be reiterated around avoidance of the baby sleeping between two parents.

When discussing bed sharing the following recommendations should be considered:

- Keep baby away from the pillows
- Make sure that baby cannot fall out of the bed or become trapped between the wall and the mattress
- Make sure bedclothes cannot cover baby’s face or head
- Baby must not be left alone in the bed
- The mattress must be firm, not a water bed or a sagging mattress
- Do not use pillows to stop baby rolling out of bed
- Consider putting the mattress on the floor
- Do not let baby sleep between 2 parents
- Do not let older children or pets sleep in the same bed as baby
- Advise parents to use products recommended by the Lullaby Trust and/or that have a BSE Kitemark

Car seats

Car seats are essential for safety when travelling but babies should not sleep in a car seat for long periods as many are not flat, which can mean babies are slumped over. It is recommended on longer journeys to take regular breaks and remove baby from the car seat.

If possible, parents/carers should have an adult sit with the baby in the back of the car, or use a mirror in order to keep an eye on them. If a baby changes it’s position and slumps forward, then parents/carers should stop where safe to do so and take the baby out of the car seat. Babies should not sleep in car seats when they are not travelling.¹⁴

When discussing car seats, the following recommendations should be considered:

- Only use car seats for the purpose of transportation
- Follow the manufacturers guidance on correct positioning
- Never leave baby asleep in the car seat when not in the car
- Do not use a car seat as an alternative to a cot or a high chair
- Do not leave infants in the car seat for long periods or unsupervised
- On long journeys ensure regular breaks. The Lullaby Trust recommend that babies are not in a car seat for longer than 2 hours.
- Remove outdoor clothing to prevent overheating

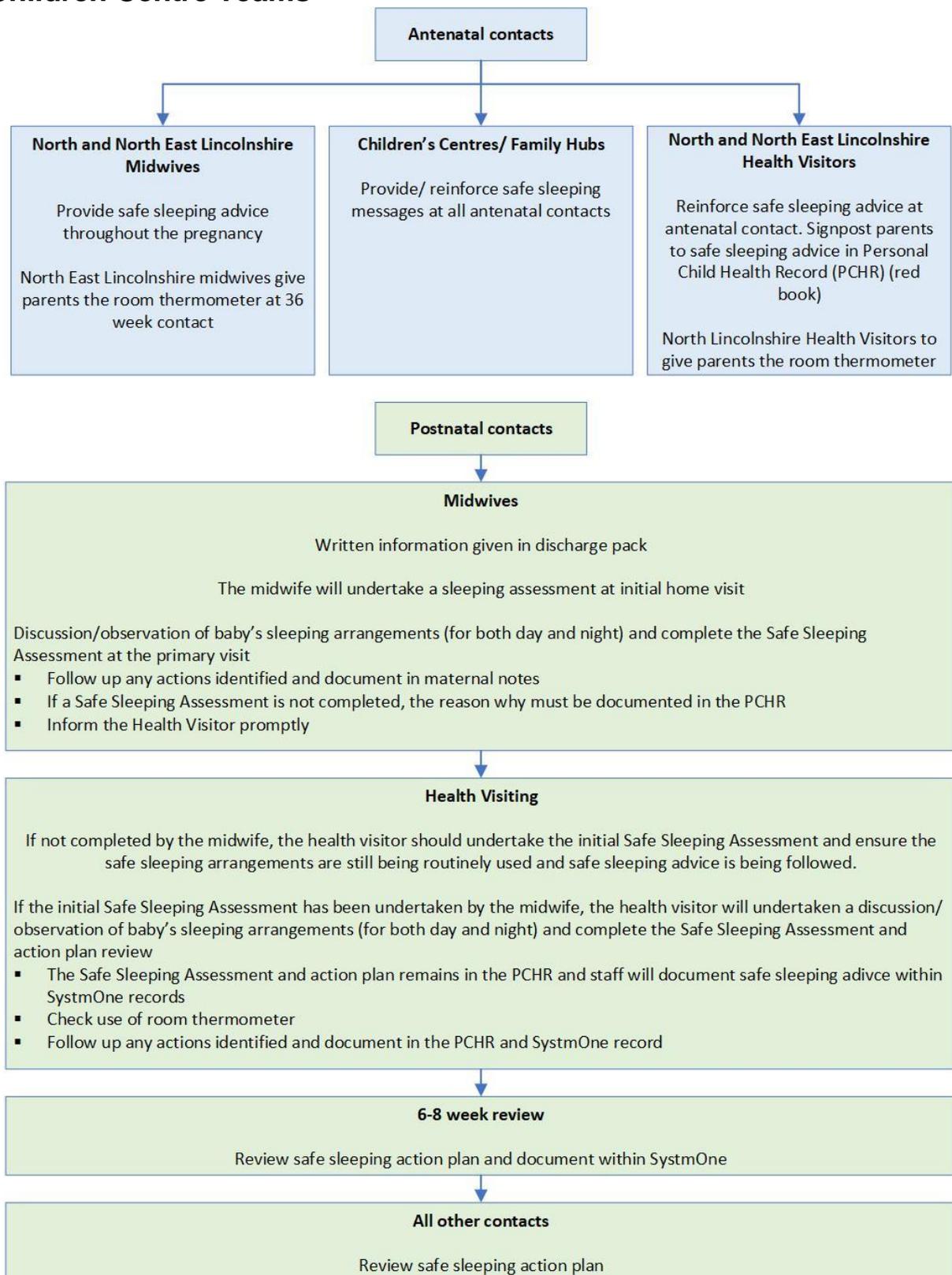
¹⁴ <https://www.lullabytrust.org.uk/safer-sleep-advice/car-seats-and-sids/>

Summary

The evidence and research supports the following key messages:

- The safest place for baby to sleep is in a cot or Moses basket beside your bed for at least the first 6 months
- Sleeping with a baby on a sofa or chair puts your baby at the greatest risk
- Your baby should not share a bed with anyone who is a smoker, has consumed alcohol, or has taken drugs (either legal or illegal) that make them sleepy
- You should not share a bed with your baby if they are premature or low birth weight.
- Do not let your baby get too hot (or too cold)
- Baby should be placed on their back to sleep, with their feet to the foot of the cot or Moses basket

Safe Sleeping Advice Flowchart – Midwives, Health Visiting and Children Centre Teams



At any stage when sleeping arrangements are highlighted as a potential safeguarding issue this is to be dealt with as per the Children's MARS Board/ NEL SCP policies and procedures.

Additional contacts with families by other agencies are made dependent upon the services involved.

Safe Sleeping Assessments

Completion of the Safe Sleeping Assessment should be undertaken at the primary postnatal home visit.

The Midwife is to discuss/observe the baby's sleeping arrangements, day and night, with the parent, and complete the Safe Sleeping Assessment forms in the Personal Child Health Record (PCHR).

In North Lincolnshire, the top copy is removed and placed in maternity baby notes, and a copy is left in the PCHR. In North East Lincolnshire, the safe sleeping forms are completed within the PCHR, the Midwife will then document within the blue postnatal maternity notes that safe sleeping advice has been given.

This will include:

- an assessment of parents' understanding of the safe sleeping information given to identify any gaps in understanding and knowledge and to identify any potential vulnerability. Check and provide advice on the use of the room thermometer resource (provided during antenatal contact, or give if not received previously)
- if the mother is breast feeding then use the information about supporting breast feeding and bed sharing from Unicef
- any risk factors which have been identified and the action plan agreed with the parents/carers should be documented as part of the Safe Sleeping Assessment and documented within the PCHR and maternity notes

If the visit is undertaken by the neonatal nurse (if the baby has had a period of time in hospital) the same will apply.

During the postnatal period the Midwife should re-visit the safe sleeping messages and the assessment, checking the safe sleeping action plan is still relevant and offer further advice as necessary at handover to the Health Visitor.

Antenatal contact(s)

The Health Visitor should discuss with the parents, their plans for sleep arrangements of their new baby and begin to introduce the safe sleeping messages. Health Visitors are to signpost parents to safe sleeping advice in the PCHR.

In North Lincolnshire, Health Visitors are to provide the room thermometer in the antenatal period. In North East Lincolnshire, Midwives will provide the room thermometer at 36 weeks in the antenatal period.

Primary visit

The Health Visitor/ Child Looked After (CLA) Nurse will review the Safe Sleeping Assessment and action plan in the PCHR. If a safe sleeping assessment has not been completed by the Midwife by the time of the primary visit then the Health Visitor should complete the initial Safe Sleeping Assessment. The reason for the assessment not being undertaken by the Midwife should be documented

The LAC team in North East Lincolnshire undertake all health reviews for children who are looked after, this includes an initial health assessment undertaken by the Paediatrician and follow up 6 monthly review health assessments by the CLA Health Nurse where safe sleeping will be reviewed. In North East Lincolnshire a safe sleeping checklist and action plan is completed and stays within the PCHR (this is then documented within the SystmOne records.

In North Lincolnshire the Safe Sleeping Assessment and action plan (top copy) should remain in the PCHR and the second copy scanned onto the patient electronic record.

The Health Visitor/CLA nurse will discuss/observe where the baby sleeps, day and night, and will give safe sleeping advice and documents. They will also assess parents' understanding of the safe sleeping information given, to identify any gaps in understanding and knowledge and to identify any potential vulnerability.

If the mother is breast feeding then information about breast feeding and safe bed sharing should be discussed as required. Information can be found in ['Caring for your baby at night – a parent's guide' available from Unicef.](#)

If the parents/carers are not following the safe sleeping action plan this should be documented in the records.

Health Visiting core contacts

Revisit the plan to reaffirm safe sleeping arrangements. Safe sleeping advice should still be offered and followed, which will include any developmental changes such as transition from a Moses basket to cot and their baby becoming more mobile. General safety advice should include risks such as cot bumpers, cords and potential climbing from the cot. Should the parent decline to follow this advice or the Health Visitor is unable to establish compliance, this must be documented.

Health Visitor should complete an initial Safe Sleep Assessment whenever the baby has a new carer – whether that be a foster carer, family member or 'other', for example if the baby is in private foster care.

For further information and resources, see appendix 1.

Appendix 1: Further information and resources

Local policies, procedures and guidance

North Lincolnshire

- [Children's MARS policies, procedures and guidance](#)
- [Children's MARS resources](#)

North East Lincolnshire

- [North East Lincolnshire's SCP Policy and Procedures](#)

Safer sleep for babies, guides for parents and professionals

The Lullaby Trust

Safe sleep information and guidance for professionals and families

www.lullabytrust.org.uk

Resources include:

- [Safer Sleep for babies - A guide for parents and carers](#)
- [Safer Sleep Reference Cards](#)
- [Safer sleep for babies - A guide for professionals](#)
- [Sudden Infant Death - A Guide for professionals](#)
- [Safer sleep advice for premature and low birth weight babies](#)
- [Back to Sleep Fact Sheet](#)
- [Smoking Fact Sheet](#)
- [Mattresses, Bedding and Cots Fact Sheet](#)
- [Bed sharing fact sheets](#)
- [Dummies and pacifiers fact sheet](#)
- [Safer Sleep for Twins Fact Sheet](#)
- [Temperature Fact Sheet](#)
- [Breastfeeding Fact Sheet](#)
- [Car Seat Fact Sheets](#)

Unicef

- [Caring for your baby at night leaflet](#)

Basis: Baby Sleep Info Source

- [How Babies Sleep](#)

Bliss

The leading UK charity for babies born premature or sick

www.bliss.org.uk

0808 801 0322

Twins Trust

Support, groups and advice for families raising twins or multiples

www.twintrust.org

0800 138 0509

Frimley Health NHS Foundation Trust

[Is your baby too hot? Leaflet](#)

The Baby Friendly Initiative

Information and guidance for professionals and families

[The Baby Friendly Initiative website](#)

Resources include:

- [Bed sharing, infant sleep and SIDS – Research on infant health](#)
- [Caring For Your Baby At Night](#) – A guide for parents
- [Co-Sleeping and SIDS](#) - A guide for health professionals

ICON programme

Information and guidance for professionals and families on infant crying and how to cope

[ICON - Babies cry you can cope - Advice and Support | ICON \(iconcope.org\)](#)

National Institute for Health and Care Excellence (NICE)

- [Quality Standards for Post-Natal Care](#)

NHS

- [SIDS Information](#)
- [Helping your baby to sleep](#)