

# **Safe Sleeping Practice for Infants**

Practice guidance for staff working with  
parents/carers and families with young babies

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Produced by Manchester's Vulnerable Baby Pilot Steering Group in  
collaboration with the Foundation for the Study of Infant Deaths (FSID)

## **Introduction**

The Foundation for the Study of Infant Deaths (FSID) has been highlighting the benefits of room sharing and the dangers of “bed sharing”. The dangers of bed sharing for the purpose of this practice guidance also includes falling asleep with a baby on a sofa/chair.

It is recognised that mothers take their baby into bed to feed and provide comfort and closeness and to settle the baby.

However, there is evidence to indicate that co-sleeping is associated with a greater incidence of accidental or sudden infant death where certain “risk factors” are present. (See appendix 1)

In Manchester we are concerned about the number of sudden and unexpected deaths of babies where these risk factors have been present. A recent opinion poll carried out on behalf of FSIDs shows that parents are confused on safe sleeping practices for their baby. In Manchester staff working within children and adult services are also requesting clarification.

This practice guidance will provide staff with the information they need to enable a consistent Manchester message.

## **Definition of Co- Sleeping**

Any one or more person falling asleep with a baby in any environment e.g. sofa, any bed, at any time of day.

## **Guidance**

To be used alongside the FSID leaflet ‘Reduce the Risk of Cot Death’ and ‘The Safest Place’ advice card.

## **Facts and Figures**

### **Confidential Enquiry into Stillbirth and Deaths in Infancy (CESDI 2000)**

- Room sharing is protective. A baby is less likely to be a victim of SID if sharing a bedroom. 75% of the babies that died were not room sharing.
- 12 x increase risk of dying of SID for babies who share a bed with a parent who is a smoker.
- 14 x increase risk for babies sharing a bed when the mother has drunk more than 2 units of alcohol.

### European Study (Carpenter)

- 52% of SIDs might have been prevented if the baby had slept in a cot in the parents' room.
- If a 2 week old baby shared a bed with a mother who is a smoker, the risk of the baby dying is 27 x higher than if the baby's parents are not smokers and the baby sleeps in a cot.

*RG Carpenter, Sudden unexplained infant deaths in 20 regions in Europe: case study control. Lancet 363;9404p185*

### Sofa Sharing

- If a parent falls asleep with their baby on a sofa or armchair the risk of sudden infant death is increased 50x.

*Fleming P. Babies sleeping with parents; case study control of factors influencing the risk of the sudden infant death syndrome. BMJ, Dec 1999; 319;1457-1462.*

### Who is the guidance for

Any member of staff who will be in a position to discuss the prevention of sudden infant death with adults, parents, carers and foster carers.

This will include adult and children's services e.g. housing, mental health, probation, drug & alcohol services, midwifery, health visiting, social workers, early years & play and general practice staff.

### Practice Guidance

If available, use the FSID advice card 'The Safest Place'. Talk through each point and encourage discussion with the parent/carer/foster carer.

If the advice card is not available ensure the following information is given and discussed: -

- **Smoking** anytime during pregnancy or afterwards is the biggest known risk factor in SIDS
- **Never share a bed with your baby if you are a smoker.** This is very dangerous no matter where or when you smoke, even if you never smoke in bed
- **Don't** share a bed with your baby if you or your partner have been drinking alcohol or using drugs
- **Don't** share a bed with your baby if you or your partner are excessively tired
- **Don't** share a bed with your baby if you or your partner have been taking medication or drugs that make you drowsy

- **Watch out for accidents!** There is a risk you might roll over in your sleep and suffocate your baby, or your baby could get caught between the wall and the bed, or could roll out of your bed and be injured
- **The Safest Place** for your baby to sleep is in a cot in your room for the first six months

**Emphasise that this advice applies: -**

- **To sleep during the day or night**
- **To sleeping on a sofa/chair/armchair**
- **To any adult or young person who may sleep with a baby**

**ANYONE - ANYWHERE - ANYTIME**

- **Place your baby on his/her back to sleep from the very beginning.** This will reduce risks of cot death. Side sleeping is not as safe as sleeping on the back. Healthy babies placed on their backs are **not** more likely to choke.

### **Conclusion**

The practice guidelines supports the FSID message that the safest place for a baby is to sleep in a cot in the parent's room for the first six months.

### **Risk factors for SIDS, ( illness, accidents, congenital abnormalities and child abuse)**

- Smoking
- Low birth weight babies / prematurity
- Single and young parents
- Unemployment
- Low incomes
- Less educated parents
- Poverty, Poor hygiene, Disorganised household
- Travelling family
- Overcrowded, damp and mouldy housing
- Depression
- Drugs and alcohol abuse
- Previous convictions

### **In addition Manchester's Vulnerable Baby Criteria**

- Homelessness plus any one of the following stresses –
  - mental illness
  - domestic abuse
  - drug or alcohol use
  - probation/criminal justice team
  - social exclusion
- Substance misuse which raises concerns around safe and consistent parenting and/or has the potential to place the baby at risk
- A previous unexplained death of a child in the family
- A violent criminal history against a child or partner
- Sex worker
- Previous child in care