



# **Promoting Safer Sleeping for Infants**

## **Guidance for Practitioners**

March 2019(v2)

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## Promoting Safer Sleeping for Infants and Reducing the Risk of Sudden Infant Death

**Introduction:** The terminology used in the area of sudden infant death is complex. Firstly, the distinction between Sudden Infant Death Syndrome (SIDS) and other Sudden Unexplained Deaths in Infancy (SUDI) is difficult particularly in the context of co-sleeping (Shapiro-Mendoza et al., 2006<sup>1</sup>). For consistency within this guidance it is important to clarify these three terms. Sudden Unexpected Death in Infancy (SUDI): is essentially a research term to describe all deaths, whether explained or unexplained, including SIDS (see below), which occurs during the first year of life (Jensen et al., 2014<sup>2</sup>). Cases of SUDI that remains unexplained after a thorough investigation including a complete autopsy and review of the circumstances of death are often classified as SIDS “(Horne et al., 2015<sup>3</sup>). However, more frequently, forensic paediatric pathologists are now using the term ‘unascertained’. Sudden Infant Death Syndrome (SIDS): occurs when a sleeping, seemingly healthy infant less than one year of age, dies for no apparent reason. SIDS is defined as ‘the sudden and unexpected death of an infant under 1 year of age, with the onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy, and a review of the circumstances

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Shapiro-Mendoza, C.K., Tomachek, K.M., Anderson, R.N. and Wingo, J. (2006). Recent national trends in sudden unexpected infant deaths: More evidence supporting a change in classification or reporting. *American Journal of Epidemiology*, 163(8), 762-769.

2

Jensen, L.L., Banner, J. and Byard, R.W. (2014). Does  $\beta$ -APP staining of the brain in infant bed-sharing deaths differentiate these cases from sudden infant death syndrome?. *Journal of Forensic and Legal Medicine*, 27, 46-49.  
Kemp

<sup>3</sup> Horne, R.S., Hauck, F.R. and Moon, R.Y. (2015). Sudden infant death syndrome and advice for safe sleeping. *British Medical Journal*, 350, p.h1989.

of death' (Krous et al., 2004, p.234<sup>4</sup>). The risk of an infant dying suddenly is extremely low, but it does happen. As such it is important that factors which are modifiable are understood by parents, carers and health professionals. The research evidence is clear in respect of some simple measures which can increase parents' understanding about risks to their child, and how they can mitigate these.

When an infant or child dies, it is a tragic loss to parents, extended family and the greater community. However, when an infant dies both suddenly and unexpectedly many questions are raised regarding what, if anything could have been done to prevent it. This guidance has been developed by the Public Health Agency (PHA) in consultation with key stakeholders due to concerns about the number of infants who die each year in sleep situations and also as a result of a recent survey commissioned by the PHA which shows that many adults are unaware of the main risk factors. The survey indicated very low levels of awareness of safe sleeping and dangers of co sleeping across the general population<sup>5</sup>

This is an updated version of the previous guidance issued by the Public Health Agency in 2018 which now includes a section of evidence based advice that can be discussed with parents/carers when addressing safer sleeping. It aims to provide health practitioners with information that promotes standardised practice in relation to reducing risks associated with Sudden Infant Death.

At present the knowledge base about safe sleep is robust, while still evolving. Our main advice is that parents/carers need to be supported to

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<sup>4</sup> Krous, H.F., Beckwith, J.B., Byard, R.W., Rognum, T.O., Bajanowski, T., Corey, T., Cutz, E., Hanzlick, R., Keens, T.G. and Mitchell, E.A. (2004). Sudden infant death syndrome and unclassified sudden infant deaths: a definitional and diagnostic approach. *Pediatrics*, 114, 234–238.

<sup>5</sup> PHA Omnibus Survey (2018)

have open discussions about sleep arrangements and sleep practices for their infant. Practitioners in health and social care have an important role to play in creating an open dialogue, where parents/carers do not feel judged, especially in relation to factors that are beyond their control in their wider social and economic situation. In doing so, parents/carers can be supported in ways which are sensitive to their cultural and personal circumstances. Appendices 1, 2 and 3 provide evidence based advice that should be discussed with parents/ carers when there is an identified risk.

It is acknowledged that consistent messages about safe sleeping should be provided regularly both in the antenatal period and postnatally.

Midwives, health visitors, nurses, paediatricians, GPs and other healthcare staff who have consultations with pregnant women and their partners in the antenatal and postnatal period and parents of new or very young babies at home or in the community should use the opportunity to:

- Talk more openly about Sudden Infant Death, enquire about sleeping arrangements for the infant and promote safer sleeping messages.
- Provide information to parents and carers on a case-by-case basis, taking individual and family circumstances into account.
- Identify risk factors, and put measures in place to help minimise the impact of these.
- Plan how to avoid unsafe accidental bed sharing, and those nights when something different happens.
- Assist fathers, grandparents and older siblings to understand and apply the advice.

- Model and discuss safe sleeping practices.
- Promote and support breastfeeding, and the right of parents to make informed choices about their infant's care. Understand that bed sharing is an important tool in keeping babies' breastfeeding and that in the absence of any risk factors breastfed babies who bed share with their mothers are at low risk of sudden infant death.
- Talk sensitively around cultural differences for infant's sleep environments.

There is no advice that guarantees the prevention of sudden infant death but parents/carers should be informed that by following evidence informed advice, it is possible to reduce the likelihood of sudden infant death occurring. The current body of evidence supports the following key messages, which should be conveyed to all parents:

- **The safest place for your baby to sleep is in a cot by your bed.**
- **Sleeping with your baby on a sofa/chair puts your baby at greatest risk.**
- **Baby should be placed to sleep on their back in the "feet to foot" position (feet touching the bottom of the cot)**
- **The use of sleep positioning devices should be discouraged**

A baby **should not** share a bed with anyone who:

- **Is a smoker.**
- **Has consumed alcohol.**
- **Has taken drugs (legal or illegal) that make them sleepy.**

Professionals should not be afraid to tell families if their circumstances mean they are in a high risk group and should not bed share. If a

family's risk for Sudden Infant Death is high it is important to explain why. People are much more likely to follow advice if they understand the reason. It is important to give families the tools and information to make an informed decision with clear advice.

The Public Health Agency is taking measures to raise both public and professional awareness regarding safer sleeping messages. In consultation with practitioners from the key disciplines across all five HSCT's we have developed some new resources which include.

1. A Parent Information Card
2. Identifying Risks: A checklist for professionals
3. Promoting Safer Sleeping Guidance Document
4. Posters for display in public places
5. Social Media Video clip by Consultant Paediatrician

### **Parent Information Card**

1. The parent information card and advice in relation to safe sleeping practices should be introduced and discussed by the midwife in the early antenatal period. Prior to discharge from hospital, midwives/nurses should discuss and reinforce safe sleeping messages. This should be further reinforced by the community midwife at initial home visit and again prior to discharge to health visiting services.
2. The health visitor/family nurse during the Healthy Child Healthy Futures antenatal home visit and/or the subsequent new birth visit should also discuss safe sleeping messages.

3. The health visitor/family nurse should revisit safe sleep advice at both the six week and 14-16 week review.

Health professionals should signpost parents/carers to the Pregnancy and Birth to Five Books for further information.

### **Identifying Risks: A Checklist for Professionals**

The checklist has been developed using the evidence base regarding sudden infant death and associated risk factors. It is intended that professionals use the checklist to identify any concern regarding risks or sleeping practices. This should create opportunities to:

- Have honest conversations with parents/carers based on their individual circumstances and needs regarding infant sleeping practices
- Discuss evidence based measures to promote safer sleeping practices and reduce risks.

Resources are available electronically on the PHA website at <http://www.publichealth.hscni.net/directorate-nursing-and-allied-health-professions/nursing/safeguarding-children-and-young-people> .

<http://www.publichealth.hscni.net/publications/safe-sleeping-reducing-risk-sudden-infant-death>

If you require any additional information please contact: [emily.roberts@hscni.net](mailto:emily.roberts@hscni.net)

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## Appendix 1

**Table 1: Factors Associated with Sudden Infant Death**

Factors Associated with Sudden Infant Death	Evidence	Advice to parents/carers
1. Sleeping position	<p>Sleeping prone (face down) is associated with Sudden Infant Death (Michael et al., 1999)</p> <p>Sleeping on the back carried the lowest risk of Sudden Infant Death (Henderson-Smart et al., 1998; Hauck, 2001)</p> <p>There is also an association with side sleeping in Sudden Infant Death (Mitchell 2007), especially for babies born prematurely or of low birth weight (Blare et al., 2006)</p>	<p>The safest place for baby to sleep is on their back. Always in a cot/Moses basket in the parent's room for the first six months.</p> <p>Staff should recommend that infants are always placed on their back to sleep; not on their front and not on their side.</p> <p>When babies learn to roll from their back to their front on their own, the advice to parents and carers should be to still put them to sleep on their back but not to worry about them rolling into other positions.</p> <p>Feet to foot position in their cot or Moses basket reduced the chance of an infant wriggling down and his/her head becoming covered.</p> <p>Some babies may have been nursed in special care units in a prone position for medical reasons; this must only be continued at home on advice of a paediatrician.</p> <p><a href="http://www.lullabytrust.org.uk/back-to-sleep">http://www.lullabytrust.org.uk/back-to-sleep</a></p>

<b>Factors Associated with Sudden Infant Death</b>	<b>Evidence</b>	<b>Advice to parents/carers</b>
2. Unsafe sleep environments	NICE clinical guidelines 37: Post Natal Care (revised December 2014) stated that “Evidence was reviewed relating to co-sleeping (Parents of carers sleeping on a bed or sofa or chair with an infant) in the first year of an infant’s life. Some of the reviewed evidence showed that there may be an increased number of cases of Sudden Infant Death “	Health practitioners should engage in honest conversations with parents, based on parents/carers individual circumstances and needs of infant sleeping practices. Key messages related to co-sleeping and Sudden Infant Death should be kept proportionate and contextualised within a broader discussion on night time care of help parents relate to the guidance to the reality of their life’s (UNICEF Baby Friendly statement on co-sleeping guidance December 2014).  <a href="https://www.unicef.org.uk/babyfriendly/sp-content/uploads/sites/2/2014/12/statement_NICE_guidance_co-sleeping_2014.12.pdf">https://www.unicef.org.uk/babyfriendly/sp-content/uploads/sites/2/2014/12/statement_NICE_guidance_co-sleeping_2014.12.pdf</a>
<i>Infant sleeping on sofa, armchair, beanbag or other sleeping device with or without parent or carer</i>	Sleeping with a baby on a sofa is associated with Sudden Infant Death, co-sleeping on a sofa has a greater association than co-sleeping on a bed (Rechtman et al., 2014; Blair et al., 2014)  An infant may get wedged in the sofa, armchair, beanbag leading to overheating or suffocation. A parent may roll over on a sofa and suffocate the infant.	Health practitioners should make parents/carer aware that although there is evidence that co-sleeping on a sofa has a higher association with infant death than co-sleeping in a bed, there was a lack of evidence from NICE to make separate recommendations on this. With this in mind, it is important that health practitioners do not inadvertently drive tired parents to feeding and caring for their baby on a sofa by overstating the risks of staying in bed  (UNICEF Baby Friendly Initiative Dec 2014)

Factors Associated with Sudden Infant Death	Evidence	Advice to parents/carers
		<p>Parents/carers should be made aware that sleeping on a sofa or in an armchair with their baby is one of the most high-risk situations for them.</p> <p>Parents/carers should make sure that they do not accidentally fall asleep with their baby on a sofa. If they think they might fall asleep, they should put the baby down in a safe place to sleep.</p> <p>Breastfeeding mothers should be shown how to breastfeed their baby in the lying down C shaped position as evidence shows this is a protective position in case the mother inadvertently falls asleep during feeding. Practitioners can refer to: UNICEF UK Baby Friendly Initiative “Caring for your baby at night” Health Practitioners guide leaflet.</p> <p>Parents/carers can bring a baby into bed to feed and settle the baby but should be advised to return the baby to his/her own cot in the same room as the parent/carer to sleep.</p> <p><a href="https://www.lullabytrust.org.uk/safer-sleep-advice/room-sharing/">https://www.lullabytrust.org.uk/safer-sleep-advice/room-sharing/</a></p>

<b>Factors Associated with Sudden Infant Death</b>	<b>Evidence</b>	<b>Advice to parents/carers</b>
<i>Pre-term/low birth weight/young infants</i>	<p>The association with Sudden Infant Death is increased for babies born prematurely (born before 37 weeks) or of low birth weight (less than 2.5kg or 5lb 8ozs) (Carpenter, 2006)</p>	<p>Parents/carers should be informed that the association between co-sleeping (sleeping on a bed or sofa or chair with an infant) and Sudden Infant Death may be greater with low birth weight, premature infants or under the age of 12 weeks.</p> <p>Where infants in the neonatal unit have become accustomed to the prone position, there should be efforts made to acclimatise the infant to the supine position before discharge home.</p> <p>Neonatal wards are usually kept at a high temperature. It must be explained to parents not to feel the need to keep their house at a similar temperature.</p> <p><a href="https://www.lullabytrust.org.uk/safer-sleep-advice/premature-babies/">https://www.lullabytrust.org.uk/safer-sleep-advice/premature-babies/</a></p>
<i>Smoking</i>	<p>Co-sleeping has an association with increased incidence of Sudden Infant Death, with the association highest among mother who smoke (Hauck et al., 2003; Carpenter et al., 2004; Tappen et al., 2005; McGarvey et al., 2006)</p> <p>There is evidence that infant's bed-sharing with non-smoking mothers are at increased risk of dying in their sleep (Blair et al., 2006) compared with infants of</p>	<p>Inform parents and carers that the association between co-sleeping (sleeping on a bed or sofa or chair with an infant) and sudden infant death is likely to be greater when they or their partner smoke.</p> <p>Parents and carers who smoke should be advised never to bed-share with babies or infants, no matter how many cigarettes, or where they</p>

Factors Associated with Sudden Infant Death	Evidence	Advice to parents/carers
	<p>smoking mothers who do not bed-share (Blair et al., 2006)- Thus bed-sharing poses a risk whether parents/carers smoke or not.</p> <p>The association with Sudden Infant Death is increased when babies under 12 weeks of age share an adult bed, even if the parents are non-smokers and the baby is breastfeed. (Tappen et al., 2005; Blair et al., 2006; Crawford, 2001</p> <p>More than one-quarter of the deaths due to Sudden Infant Death are attributable to smoking during pregnancy and exposure to second-hand smoke, particularly in the home (Rodgers, 2009; Abbot, 2012; Rubens &amp; Sarnat, 2013)</p> <p>The risk of Sudden Infant Death is trebled in infants whose mothers smoke both during and after pregnancy (McDonnell Naughton et al., 2012)</p> <p>The effects of smoking are dose-related, the more cigarettes smoked, the higher the risk of an infant dying (Fleming et al., 2000)</p> <p>1-9 cigarettes/day=4 times the risk  10-19 cigarettes/day=6 times the risk  20+ cigarettes/day=8 times the risk</p>	<p>smoke, even if they never smoke around the baby.</p> <p>All staff should advise parents/carers that new legislation brought in from 1st October 2015 makes it illegal to smoke in cars if you have someone in the car under 18.</p> <p>Babies and children should not be exposed to passive smoke in the house or in the car.</p> <p><a href="http://www.gov.uk/government/news/smoking-in-vehicles">www.gov.uk/government/news/smoking-in-vehicles</a></p> <p>If parents/carers do smoke they should be advised to delay contact with their baby for at least half an hour, wash their hands before touching the baby and if possible change their clothing.</p> <p>Advise parents/carers to smoke seven steps away from the house as moving into another room, opening the window or door is not sufficient to keep the house smoke free.</p> <p><a href="http://www.freshne.com/what-we-do/our-campaigns/take-7-steps-out/overview">http://www.freshne.com/what-we-do/our-campaigns/take-7-steps-out/overview</a></p> <p>Parents and members of extended family should be sign posted to local stop smoking services.</p>

Factors Associated with Sudden Infant Death	Evidence	Advice to parents/carers
		<a href="http://www.lullabytrust.org.uk/smoking">http://www.lullabytrust.org.uk/smoking</a>
<i>Parental life styles factors alcohol use</i>	<p>The association between co-sleeping and sudden infant death may be greater with parental or carer recent alcohol consumption (Carpenter et al., 2013)</p> <p>Alcohol use sedates parents and impairs their level of consciousness and reduces a parent's responsiveness and awareness of the infant (Scragg et al., 1993).</p>	<p>Parents/carers should be informed of the increased association between co-sleeping and sudden infant death when the adult has had recent alcohol consumption.</p> <p>Health practitioners should advice the parent/carer on their alcohol use and impaired level of awareness and responsiveness to the needs of their baby that alcohol brings.</p> <p>Parents/carers should be advised never to sleep with their baby if any of the below points apply to them:</p> <ul style="list-style-type: none"> <li>• If either parent/carer has drunk alcohol or taken drugs (including medications that may make you drowsy)</li> <li>• If parent/carer is extremely tired</li> <li>• If the baby was born premature (37 weeks or less)</li> <li>• If the baby was born at a low weight (2.5kg or 5lbs 5ozs or less)</li> </ul> <p><a href="https://www.lullabaytrust.org.uk/safer-sleep-advice/co-sleeping/">https://www.lullabaytrust.org.uk/safer-sleep-advice/co-sleeping/</a></p> <p><a href="https://www.unicef.org.uk/babyfriendly/wp-">https://www.unicef.org.uk/babyfriendly/wp-</a></p>

Factors Associated with Sudden Infant Death	Evidence	Advice to parents/carers
		<a href="content/uploads/sites/2/2018/08/Caring-for-your-baby-at-night-web.pdf">content/uploads/sites/2/2018/08/Caring-for-your-baby-at-night-web.pdf</a>
<i>Bedding and mattresses</i>	<p>Co-sleeping on an adult bed is likely to be associated with SIDS (Blair et al., 2009).</p> <ul style="list-style-type: none"> <li>• Adult mattresses are not designed for infants. Adult pillows and bedding may contribute to suffocation (Hauck et al., 2003).</li> <li>• Adult duvets can contribute to overheating – the ideal temperature for an infants’ room is 16-20°C.</li> <li>• Other children or pets may be sharing the parental bed and this may lead to suffocation or over-heating.</li> <li>• Infants may be squashed/suffocated by parents or others in the bed.</li> <li>• Infants may get wedged in the bed or may wriggle into a position from which they can’t get out.</li> <li>• Infants may roll out of bed and be injured.</li> </ul>	<p><b>Infant Cot and Mattresses</b></p> <p>It is recommended that a new cot mattress is used for each infant. If parents are using a “used” mattress from a previously child they should be advised to ensure that it is waterproof, has no tears or holes.</p> <p>Make sure the mattress fits snugly, there should be no corner post or decorative cut outs in the headboard, or foot board which could trap a baby’s limbs.</p> <p>Always follow the manufacturer’s instructions. If none are available with the product, search online for them or contact the manufacturer directly for a copy (<a href="http://www.nct.org.uk/parenting/sleeping-safely-cot">http://www.nct.org.uk/parenting/sleeping-safely-cot</a>)</p> <p><b>Using a second-hand cot</b> Parents/carers must check that the cot is safe for baby. The same cot safety points apply when using a second-hand cot.</p> <p>If the cot is painted it will need to be stripped and re-painted as there is always a possibility that old paint may have lead in it</p>

Factors Associated with Sudden Infant Death	Evidence	Advice to parents/carers
		<p data-bbox="1013 277 1404 376"><a href="http://www.defra.gov.uk/environment/chemicals/lead/advice3.htm">http://www.defra.gov.uk/environment/chemicals/lead/advice3.htm</a>)</p> <p data-bbox="1013 421 1230 450"><b>Moses basket</b></p> <p data-bbox="1013 456 1394 707">If using a Moses basket the lining should be thin to allow ventilation. Moses baskets are only designed for use by babies up to a maximum of six months of age.</p> <p data-bbox="1013 752 1374 927">Manufacturing guidelines should be followed with caution exercised according to the weight and size of the baby.</p> <p data-bbox="1013 972 1401 1001"><b>Pillows/bumpers/wedges</b></p> <p data-bbox="1013 1008 1394 1294">Infants should never sleep using pillows, wedges, sleep positioners, bedding rolls, bumper or duvets. These items should be avoided to prevent the baby from being trapped, suffocated or overheating.</p> <p data-bbox="1013 1339 1235 1368"><b>Sleeping bags</b></p> <p data-bbox="1013 1375 1394 1733">Specially designed sleeping bags are useful for babies who are kicking of their blankets. However, practitioners must advise parents who are using these to check the weight and size of the sleeping bag is suitable for their baby.</p> <p data-bbox="1013 1778 1193 1807"><b>Travel Cots</b></p> <p data-bbox="1013 1814 1401 2022">There is no evidence that travel cots are less safe as long as the same consideration over mattresses quality and fitting is adhered to.</p>

Factors Associated with Sudden Infant Death	Evidence	Advice to parents/carers
		<a href="https://www.lullabytrust.org.uk/safer-sleeping-advice/mattresses-and-bedding/">https://www.lullabytrust.org.uk/safer-sleeping-advice/mattresses-and-bedding/</a>
<p><i>Temperature and overwrapping</i></p>	<p>Overheating (heating on all night, excess bedding) is associated with Sudden Infant Death. (Venneman et al., 2005; Mitchell, 2007).</p> <p>The combination of overwrapping (excessive layers of bedding and/or clothing, including hats) and signs of infection are association with Sudden Infant Death. (Gilbert et al., 2005; Vennemann et al., 2005)</p> <p>Likewise, the combination of overwrapping and prone sleeping carries a higher association than either alone (Gilbert et al., 2005).</p> <p>Factors such as a temperature following an infection, prone sleeping position, overwrapping or bedclothes covering the head, can affect the baby's thermal balance by either making too hot or reducing their ability to lose heat (Blackwell, 2004).</p>	<p><b>Temperature</b> Practitioners should recommend that between 16-20°C is an ideal temperature for the baby's room and that using a room thermometer can help.</p> <p>Babies' cot or Moses basket should not be placed next to a heater radiator or in the direct sunlight.</p> <p><b>Bedding</b> Sheets and blankets are ideal and should be the right size for the cot/crib/Moses basket. Parents/carers should be advised never to use duvets, quilts or pillows for babies under one year. It is important to note that a folded blanket provides twice the insulation.</p> <p>The cot should be made up so that the blanket and sheets are halfway down the cot, and tucked under the mattress so that the baby lies with their feet at the end of the cot (this makes it difficult for the baby to wriggle down under the bedding).</p> <p>Practitioners should advise parents/carers on signs of overheating their child:</p>

Factors Associated with Sudden Infant Death	Evidence	Advice to parents/carers
		<ul style="list-style-type: none"> <li>• To look for sweating</li> <li>• To check if their tummies feel hot.</li> </ul> <p>If the baby is too hot a layer can be removed and if too cold a layer can be added.</p> <p><a href="https://www.lullabytrust.org.uk/wp-content/uploads/factsheet-temperature.pdf">https://www.lullabytrust.org.uk/wp-content/uploads/factsheet-temperature.pdf</a>)</p>

## Appendix 2

**Table 2: Factors Associated with a Decreased Risk of Sudden Infant Death**

Factors associated with a decreased risk of Sudden Infant Death	Evidence	Advice to parents/carers
Room Sharing	<p>There is evidence that when infants are placed in the same room as their parents but they do not share the same sleep surface (i.e. room sharing not bed-sharing), a significant decrease in the risk of Sudden Infant Death is seen (Blair et al., 1999; Carpenter et al., 2004)</p>	<p>Practitioners should advise parents/carers that the safest place for the baby to sleep for the first six months is in the separate cot/crib/Mosses basket in the same room as the parents/carers.</p> <p><a href="https://www.lullabytrust.org.uk/safer-sleep-advice/room-sharing/">https://www.lullabytrust.org.uk/safer-sleep-advice/room-sharing/</a></p>
Breastfeeding	<p>Breastfeeding reduces the risk of SIDS by half (Thompson et al., 2017)</p> <p>Several studies have found that breastfeeding has a protective association with SIDS and should be recommended as a protective measure (Vennemann et al., 2005; Ip et al., 2007; Hauck et al., 2011; Thompson et al., 2017)</p> <p>It is recognised that mothers who bring their babies into bed to feed tend to continue to breast feed</p>	<p>Every effort should be made to promote breastfeeding.</p> <p>Practitioners should discuss with mothers the management of their feeding practices in particular night time feeds and the risk of falling asleep with their baby even if they do not intend to.</p> <p>Breastfeeding mothers should be shown how to feed in the protective lying down C shape position, and sign posted for more information using the /:UNICEF Caring for your Baby at Night leaflet.</p> <p>The universal/key message about safe sleeping still apply to breasting mothers (UNICEF, 2008).</p> <p><a href="https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/">https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/</a></p>

Factors associated with a decreased risk of Sudden Infant Death	Evidence	Advice to parents/carers
	longer than those who do not (Blair et al., 2010; Thompson et al., 2017)	
Dummy (pacifier) use	Foundation for Study of Infant Deaths (FSI) and several studies have identified a significant protective association between dummy (pacifier) use and reduced risk of SIDS (Hauchk et al., 2005; Mitchell et al., 2006)	<p>If parents/carers choose to use a dummy, practitioners should make them aware that:</p> <ul style="list-style-type: none"> <li>• If they choose to use a dummy, wait until breastfeeding is well established (at up to about four weeks old).</li> <li>• Stop giving a dummy to the baby to go to sleep between six and 12 months.</li> <li>• Don't force the baby to take a dummy or put it back in if the baby spits it out. Don't use a neck cord.</li> <li>• Don't put anything sweet on the dummy, and don't offer during awake time.</li> <li>• Using an orthodontic dummy is best as it adapts to the baby's mouth shape.</li> <li>• If parents choose to use a dummy make sure it is part of your baby's regular sleep routine.</li> </ul> <p><a href="https://www.lullabytrust.org.uk/safer-sleep-advice/dummies-andsids/">https://www.lullabytrust.org.uk/safer-sleep-advice/dummies-andsids/</a></p>

## Appendix 3

**Table 3: Factors Needing Further Research to Determine their Relationship to Sudden Infant Death**

Factors needing further research to determine their relationship to Sudden Infant Death	Evidence	Advice to Parents/Carers
Swaddling	<p>It has been suggested that swaddling has an emerging association with Sudden Infant Death; however, the research is currently inconclusive. Swaddling is common place in many cultures (Hauck et al., 2003; Richardson et al., 2009)</p>	<p>Practitioners should advise parents/carers that if they do decide to swaddle their baby it should be done with extreme caution:</p> <p>Baby's head should not be covered and use only thin materials.            Baby must be unswaddled once they are asleep.  <a href="https://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings/">https://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings/</a></p>
Car Seats	<p>Infants, particularly pre-term infants or those with pre-existing health care conditions, are at risk of respiratory problems if sleeping in the semi-reclined position of car seats (Merchant et al., 2001; ROSPA, 2003)</p>	<p>Parents/carers should be advised that car seats are designed to keep babies safe whilst travelling so therefore should:</p> <ul style="list-style-type: none"> <li>• Always remove infant from car seat and place in cot/crib/Moses basket following journey.</li> <li>• When travelling long distances, parents should be recommended to make regular stops and take baby out of the car seat for short intervals.</li> </ul>

<p>Slings</p>	<p>There is currently a lack of significant data on the use of baby slings and Sudden Infant Death.</p> <p>Baby slings can pose a risk to the baby if they are too loose or if they baby has moved into a position where they are not visible to the parent</p> <p>(Bergounioux et al., 2015)</p>	<p>Parents/carers who wish to use baby slings should be advised to follow the guidance given by the Consortium of UK Sling Manufacturers and Retailers which provides the following advice to baby sling wearers:</p> <p>@T.I.C.K.S':</p> <p><b>Tight</b> – the sling should be secure.  <b>In</b> view at all times – the adult should always be able to see their baby’s face by simply glancing down.  <b>Close</b> enough to kiss – the adult can kiss their baby’s head by tipping their head forward.  <b>Keep</b> chin off the chest – the baby must never be curled up so their chin is forced into their chest as this can restrict their breathing.  <b>Supported</b> back – a baby’s back should always be supported.</p> <p><a href="http://www.rospa.com/home-safety/advice/product/baby-slings/">http://www.rospa.com/home-safety/advice/product/baby-slings/</a> (accessed April 2018)</p> <p><a href="http://www.thebabasling.com.com/info/sling_safety/">http://www.thebabasling.com.com/info/sling_safety/</a> (accessed April 2018)</p> <p><a href="https://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings/">https://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings/</a></p>
<p>Sleep Positioners</p>	<p>There is lack of available evidence around the use of sleep positioners and risk of sudden infant death</p>	<p>Parents should be discouraged from using positioners whilst baby is sleeping</p>
<p>Signs of ill health</p>	<p>The exact role of illness in SIDS is not well understood and many of the babies who have died have not shown any signs of illness</p> <p>(Emura et al., 2011)</p>	<p>It is recommended that medical advice be sought if a baby shows signs of illness that persist for more than 24 hours.</p> <p>Practitioners should advice parents/carers on indicators that the baby is unwell.</p> <p>Sleeping with or swaddling an ill baby or a baby with a high temperature may increase the risk of infant death.</p>

