



Safe Sleep For Babies

A guide for early years care providers,
childminders and foster carers



Keeping babies safe



Whether you are caring for a number of infants in a nursery setting, a childminder or foster carer, it is important that you are aware of the risks of sudden unexpected death in infancy (SUDI) and the role you can play in helping to reduce those risks. **SUDI is quite rare, but we lose around 1 baby every 8 days across Scotland, so the risk is very real.**

By ensuring that you understand what SUDI is and by recognising babies who might be at increased risk, you can reduce that risk for the children in your care.

Most current research has been done with infants 12 months and under, therefore the evidence base is most clear for this age group. However, where applicable, professionals can use this guidance to inform their practice for children aged over 12 months up to 2 years old. It is important to remember that each child is individual in their development so 12 months of age is a guide and not an absolute.

What is SUDI?

SUDI is a term used to describe the death of a previously healthy baby, who has died for no apparent reason. Typically a seemingly healthy child is put down to sleep and when next checked the baby is sadly found to have died. Sometimes the time interval is only minutes. Babies can be found in car seats, prams, in an adult bed or on a sofa or chair as well as cot, crib or Moses basket. A baby may also die from SUDI whilst being held in someone's arms. There is usually no sound or sign of a struggle, or of any distress and whilst the majority of SUDI occur during the night, they can also happen during the day.

You may have also heard the term 'Sudden Infant Death Syndrome' (SIDS) used. In Scotland the most common medical term used is "Sudden Unexpected Death in Infancy" (SUDI). However, "Cot death" is still a term understood and used in day to day language.

Since the introduction of the national 'Back to Sleep' campaign in the early 1990's SUDI rates have dramatically reduced. There are now 80% fewer SUDI deaths since babies have been placed on their backs to sleep, across the UK.

Which babies are at risk?

All babies are potentially at risk of SUDI, however, there are certain circumstances where the risks are increased:

- The risk of SUDI is highest during the first six months of life, and decreases quite dramatically after this. However, a number of SUDI still occur in babies over six months, and very occasionally over the age of one.
- There is a clear gender difference in SUDI with boys being at higher risk of SUDI than girls.
- SUDI is more common in the winter months with approximately 60% of deaths occurring during the winter/spring compared with 40% in summer/ autumn.
- Second and later born infants in a family are at greater risk than first born.

Which babies are at risk?

- Research has shown that young mothers (under 20 years old) are more likely to lose a baby to SUDI than older mothers.
- Preterm (less than 37 weeks gestation) or low birth weight babies (under 5½ lbs) are more likely to die from SUDI than full term infants. As a result of this twins and other multiple babies are also more vulnerable.
- There is a seven-fold increase in the risk of SUDI if the mother smokes during pregnancy. This risk is further increased if the father also smokes.
- The infants of mothers who use illicit substances are also more vulnerable to SUDI and alcohol consumption by adults in the home also seems to have an adverse effect.

Sleep positions, surfaces and space

It is important that everyone caring for a baby or young child is aware of these safe sleep messages and follows these steps at all times:

- The safest places for baby to sleep are a cot, travel cot or Moses basket with a firm, flat mattress and base. Ensure that the equipment used within your setting has passed necessary safety standards (e.g. BSI kitemark, UKCA or CE) and that you follow the manufacturers guidelines for use.
- All babies should be placed to sleep on their back for every sleep, with their feet at the bottom end of the cot. Sleeping a baby on their front or side increases the risk of SUDI.
- If the baby is less than six months old and you discover that they have turned onto their tummy, you should gently return them onto their back.
- We strongly advise against sharing any sleep surface with a child (e.g. bed, sofa, chair) as there are increased risks of SUDI linked to this for babies. Risks are even higher if a baby is premature, low birth weight or if you are a smoker, have used any alcohol or drugs/medications which cause drowsiness, or are experiencing excessive tiredness.

- Beanbags, cushions, hammocks, bouncy chairs, swings, and sleep nests (pods) should not be used as sleep surfaces. All of these can increase the risk of SUDI due to overheating or through cushioned parts covering baby's airway.



- Buggies and prams are not designed as safe sleep spaces, although some are made more safe if they can be adjusted to provide a firm, completely flat surface. Using these for sleep is never ideal, thus if a baby or child under 2 falls asleep in a pram or buggy they should generally be transferred to a safer sleep space as soon as possible.
- Cot should be clear of soft toys, loose blankets or comforters that might cover baby's face or head.
- Sleeping babies should be closely supervised and should be in the same room as an adult for all sleep periods. We work closely with Care Inspectorate to ensure safe sleep guidelines are available and you should have a protocol within your nursery or setting which outlines your safe sleep procedures. For example ensuring regular monitoring of babies in an open plan room, or having a member of staff present in a dedicated sleep room.

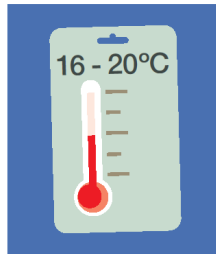
Mattresses and Bedding

- Cot mattresses should be covered in a washable, waterproof sheet, which can be removed and washed alongside the normal bed sheet between infant sleeps. Mattresses for older children should have a waterproof surface and be wiped down with antibacterial spray between each child's sleep. Mattresses should be regularly inspected for signs of damage and if punctured, cracked, torn, stained or sagging they should be replaced immediately.
- Try to monitor when mattresses are purchased to make sure they are replaced regularly.
- Ensure that the distance between the top of the mattress and the top of the cot is at least 50cm, and the gaps between the bars of the cot are more than 2.5cm and less than 6.5 cm. The mattress should fit snugly into the cot space.
- Cot Bumpers should not be used as they are a risk to babies when they start to roll and move in the cot. Babies can become tangled in their ties or fall attempting to pull themselves up on bumpers.

- Children under 2 years old should not have pillows, duvets, soft toys or comfort blankets in their cot. Instead use one or more layers of light blankets (remember one blanket doubled over counts as two) or a well fitting sleep bag that is the right tog for the room temperature. Ensure bedclothes are firmly tucked in under baby's armpits, so that they can't wriggle down under covers.
- Sleep bags are a good, safe option. Ensure they are snug but comfortable around the neck and under the armpits, to avoid baby slipping head and arms into the bag itself. There is some evidence which suggests well fitted sleep bags have a protective effect, as they reduce the risk of blankets/sheets covering baby's head.
- Each child should have their own personal bedding, which is for their use only.



Temperature and Overheating



- Babies are not good at regulating their own temperature and the chance of SUDI is higher for those babies who get too hot. Aim for room temperature between 16-20°C.
- Use a room thermometer to monitor temperature and ensure temperature is documented before and during nap times.
- To check a baby's temperature, feel the back of their neck or tummy, if these areas feel too warm (hot, clammy or sticky) remove some clothing or bedding. Hands and feet always feel cooler in comparison so aren't a good indication of their core body temperature.
- Babies should wear layers according to the room temperature they are sleeping in, but they shouldn't wear hats, coats or other outdoor wear whilst asleep indoors.
- Keep the room well ventilated but don't position a cot below a window or in front of a radiator where there may be direct heat from sunlight or the radiator.

Swaddling or wrapping

Swaddling or wrapping a baby in a light cotton cloth is thought to provide some babies comfort and an overall feeling of safety. However there is evidence that swaddling a baby inconsistently increases the risk of cot death, particularly when swaddling is not carried out steadily from birth and for every sleep time.

Secondary caregivers need to consider whether infants are swaddled at home and ensure consistency with this. All parents should be asked whether they routinely swaddle their baby.

- Baby's head should **never** be covered and use of a muslin cloth or thin cotton can help reduce the risk of overheating. Other blankets or additional bedding should not be used on a swaddled baby as this may also cause them to overheat.
- Infant sleeping bags are available as an alternative to swaddling. Providing these are of the right size and tog these are safe to use.
- Infants should never be placed on their tummy when swaddled.
- Current research suggests that it is safest to swaddle infants from birth and not to introduce swaddling at a later stage. There is an increased risk of SUDI if swaddling is introduced around 3 months of age when SUDI risk is greatest.
- When babies begin to show the first signs of rolling swaddling should be stopped.



Dummy use

- Some research suggests that using a dummy for every period of sleep may reduce the risk of cot death.
- Our advice when an infant uses a dummy is to offer it at every period of sleep, including daytime naps.
- If the dummy falls out during the sleep do not waken the baby up to put it back in. However if the baby awakens then offer the dummy once again.
- Never force a baby to take a dummy or put it back in if the baby spits it out.
- Don't use a neck cord or dummy tie, and never coat a dummy in anything sweet.



Car seat safety

- Take frequent short breaks even if it means waking baby.
- Don't use the seat for sitting or sleeping outside of the car.
- Ensure baby is lying as flat as possible within the seat so that their head cannot fall forwards.
- If baby has fallen asleep during travel take them out of the car seat and transfer to a cot where the mattress is firm and flat.
- Minimise the time an infant spends in the seat, but never exceed a maximum of 30 minutes if baby is less than 4 weeks old, or a maximum of two hours if they are over 4 weeks. This includes being mindful of time when using car seat-buggy attachments.
- Consider the amount of clothing baby wears in the car, as cars quickly heat up and children can overheat. Wearing bulky clothing in a car seat can also mean that car seat safety harnesses do not hold baby as firmly as they should.



Advice should a SUDI occur

Dealing with the sudden and unexpected death of a baby or child may be one of the most difficult experiences you have in your career. If the death has happened in your care you will need to answer questions asked by the police as part of the investigation into the baby's death. This is very difficult for anyone and you should be well supported by your employer.

At some point you may also become the focal point for the parents' anger. It is worth remembering that the parents are in shock and everyone reacts differently when facing something so life changing. Do ensure that you seek support from colleagues, supervisors or an appropriate healthcare professional as this can be very difficult to journey through.

No matter your professional background, this is a time when a team debrief can be very helpful. Team members do not have to speak or contribute more than they wish but the opportunity to share the experience and move on from the event can be therapeutic. The Scottish Cot Death Trust can also provide useful literature and support to nursery staff, childminders, or foster carers as required.

If, after your team debrief, you continue to feel that the loss is having an adverse affect on your health or your work, you should ask your employer about support from an Occupational Health service or contact the Scottish Cot Death Trust for additional advice and support.

Scottish Cot Death Trust support services

Support worker

A support worker from the Scottish Cot Death Trust can provide a listening ear to families affected by a SUDI and support them to cope with this loss. We also provide support to professionals who are seeking information about the procedures surrounding a SUDI, or who are may also be having difficulties around a loss.

Peer Support

The Scottish Cot Death Trust can put family members in contact with another person who has also suffered the loss of a baby or young child to SUDI.

Counselling and play therapy

When someone affected by the loss of a baby or child to SUDI requires in-depth emotional support, the Scottish Cot Death Trust can provide resources, professional counselling or children's play therapy free of charge.

Next Infant Support Programme

When a parent loses a baby to SUDI, the arrival of a new baby can bring anxiety that it might happen again. The Trust offers support to families going on to have another infant, including a breathing monitor for baby to help provide peace of mind.

Contact us

By telephone:

0141 357 3946

By email:

contact@scottishcotdeathtrust.org

We would be delighted to hear from you if you have a request for safe sleep training, would like any literature, or have any questions.



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