Safe Sleeping Audit Report

Context

Since the Child Death Overview Panel began its operation in April 2008 across Hounslow, Kingston and Richmond, deaths from Sudden Infant Death Syndrome and similar causes have been identified as the leading cause of potentially preventable death locally. The majority of these deaths have been judged by the panel to be modifiable i.e. to have modifiable factors by which local and/or national interventions could be made to reduce the risk of future child deaths. These have typically been the presence of one or more risk factors for Sudden Infant Death Syndrome which could be altered to reduce the risk.

In 2010, the panel issued some safe sleeping advice locally in the form of leaflets for insertion into the red book (a personal child health record for babies given to parents) and an A4 poster for public display (see appendices 1 & 2). The panel wished to establish whether these continue to be distributed as intended, and to evaluate whether they are helpful to professionals and families and effective in promoting safe sleeping.

Method

Midwifery

The CDOP Coordinator wrote to midwifery leads at West Middlesex University Hospital and Kingston Hospital to ask the following:

- How is safe sleeping addressed antenatally?
- What literature is being provided antenatally and when?
- Is this embedded in local protocols

Health Visiting

Hounslow and Richmond Community Healthcare (provider of Health Visiting in Hounslow and Richmond) and Your Healthcare (provider of Health Visiting in Kingston) were asked to undertake a questionnaire (see appendix 3) on behalf of the Child Death Overview Panel face to face with 10 families selected at random from each of the following boroughs Hounslow, Richmond and Kingston (via their attendance at HV Clinic drop-in). To qualify for the questionnaire, the baby within the family had to be under 1 year of age. It was requested that ideally the questionnaire be facilitated by an independent audit facilitator.

Where permission was granted by families, the auditor checked the record of the baby of the respondent to confirm whether safe sleeping advice was documented as being given at the new birth visit by the family’s Health Visitor.
Response and Analysis

Midwifery

West Middlesex University Hospital:

The Infant Feeding Coordinator at West Middlesex University Hospital (WMUH) advised that they have recently been revising their guideline along with fellow coordinators. They have been working with Infant Sleep Information Source (https://www.isisonline.org.uk/) and have been ensuring the revised guideline meets the requirement of the changes to the NICE guidelines. This guideline may be subject to amendment in future as WMUH amalgamates with Chelsea & Westminster Hospital and their processes are aligned.

At 16 weeks gestation of pregnancy, expectant mothers are given the leaflet in appendix 4. This is to prompt thinking about safe sleeping arrangements.

A session is provided on Thursday evenings for prospective parents which they can attend to explore any worries they may have. Safe sleeping is discussed at these sessions and parents are advised on where, why and how to sleep their baby. There is also a clinic on a Thursday to which parents with particular needs or worries can be referred including difficulties with feeding or other issues arising in the postnatal period. The bereavement midwife at WMUH will provide support to any families bereaved previously by SIDS, during their pregnancy and postnatally.

Following birth, parents are given the going home leaflet and an excerpt of the section concerning safe sleep is in appendix 5.

Parents are spoken to about safe sleeping both antenatally and postnatally by the midwives as outlined above and are signposted to https://www.isisonline.org.uk/

Kingston Hospital:

The Head of Midwifery at Kingston Hospital advised that the information in appendix 6 is given to expectant mothers at the beginning of pregnancy and is held by the mother throughout. Attention is drawn to it again on discharge from hospital. The leaflet on cot death is given on discharge. There are no specific discussions in pregnancy about cot death.

Health Visiting

Hounslow and Richmond Community Healthcare, providers of Health Visiting in Hounslow and Richmond, undertook 27 questionnaires with parents in Hounslow and Richmond.

Your Healthcare undertook the questionnaire with 8 parents in Kingston.

The following charts and commentary summarise the findings from the survey and suggests what we may learn from the responses.
The majority of parents, 77%, had received the leaflet; however, 8 parents (4 Hounslow, 3 Richmond and 1 Kingston) had not, therefore the consistency of distribution could be improved.

Significantly fewer families overall had seen the safe sleep poster. This was particularly the case in Kingston and suggests that improvements to targeted display within this borough could be made. Only one respondent from the three boroughs commented on having seen the poster in a public place, which in this case was a children’s centre. Again it would appear that more could be done to reinforce safe sleep messaging across a range of venues frequented by families across all three boroughs.

Eight parents advised they had received the poster from the Health Visitors and/or in their pack. This implies that the leaflet and poster version are possibly both given simultaneously, or are used interchangeably. The panel’s original intention was that the leaflet would be present in the red book as the first page from the moment it was issued to families, as a prompt for them and in discussion with health professionals. It would appear from the feedback that it is typically given to families by
Health Visitors and therefore there is potentially a gap in information provision during the initial Midwifery led support to families until the new birth visit conducted by Health Visitors.

Of the 35 respondents overall, 28 found the information presented in the safe sleep leaflet and/or poster helpful. Three respondents gave specific comments including, ‘Very helpful’, ‘Safe sleeping techniques’ and ‘Useful to know the guidelines e.g. temp of room’. A further parent noted in the comments section that this was their third child and they had read this information differently but that it could be daunting in the context of a first child. This emphasises the need for user friendly advice and the benefit of an approach of parents being talked through literature in order that any concerns can be explored and advice and reassurance given.

The seven respondents that did not find it helpful included 5 people who did not take a view on the merit of the content as they had not previously received this information in either format.

A further two parents advised that they had received this information in respect of older siblings and therefore did not find it helpful at this point in time as they were already aware of this advice.

Overall 28 out of the 30 parents that had received the safe sleep information in one format or another, found it helpful, representing 93%. This positive response supports continued distribution of this material.
There were 2 parents who reported not having received safe sleeping advice from any source.

The majority of parents across the three boroughs, 83%, recorded having received safe sleeping advice from a health professional postnatally. Comparatively few, 20%, reported having received advice from a health professional antenatally. This would suggest that more might be done during this period to encourage families to consider and establish safe sleeping arrangements and practices.

Although it is the next most common source of advice report by parents after health professional postnatally, the low response rate for internet would appear to be at odds with perceived widespread use of the internet generally, and the rise in popularity of parental support networking sites such as mumsnet. With both this and other media sources surveyed with parents such as radio, television and newspaper, it is difficult to draw firm conclusions as there is no contextual data available i.e. inclusion of a question such as ‘how regularly do you access the internet generally?’; however, there would still appear to be benefit in updating our existing resources to include website addresses/links, in order that parents could refer to these for further advice and support if they wished to.

Family and friends rank relatively highly as sources of support and this supports a model of peer support and the benefit of ensuring that safe sleeping information is received and understood by all families and is shared by them in turn.
The above chart shows a breakdown by percentage across the three boroughs of where babies were reported by their parent as having slept the previous night. Because of the relatively small number of respondents for each borough the percentages are somewhat distorted; however this information has been presented in this way to show variation between boroughs as to sleeping arrangements.

Of the families that reported co-sleeping, only one gave permission for their record to be checked by the auditor in respect of safe sleeping advice provision. Safe Sleeping advice was recorded on this family’s record as having been given. It is important to note that NICE guidelines (https://www.nice.org.uk/guidance/CG37) and Lullaby Trust (http://www.lullabytrust.org.uk/nice-guidelines-dec-2014?) advice recognises that parents may choose to co-sleep but that they should make an informed choice based on their knowledge of the association between co-sleeping and Sudden Infant Death Syndrome (SIDS), as well as the other factors that increase the risk of SIDS when co-sleeping, namely parental smoking, drinking of alcohol, & taking of drugs, and/or if their baby was of low birth weight or premature.

Of the families that reported their baby as sleeping in a cot in their own room, 66% were under 6 months of age. This varies from the safe sleep advice issued by the panel which recommends that it is ideal for a baby to sleep in their own cot in their parents’ room for the first six months of their life.

All parents surveyed were asked for their consent for the auditor to check the record of the new birth visit to see if safe sleeping advice had been documented.

Ten parents from Hounslow and Richmond chose not to provide consent. Therefore records were reviewed for 17 families from Hounslow and Richmond and for 8 families from Kingston. The parents surveyed ranged in age from 19 to 42 years, with the mean average age of parent surveyed being 34, their babies ranged in aged from 3 weeks to 9 months.

Of the records audited by HRCH, 7 out of 17 - 41%, did not appear to the auditor to have safe sleeping advice documented as having been given at the new birth visit. This has been raised with the Clinical Service Manager and it has been suggested that there may have been a failure of the
audit to capture the advice given due to different terms being used; whilst the audit refers to safe
sleeping advice, it has been advised that typically the record would note ‘cot death discussed’. There
may also have been a differing approach to where in the record it was recorded i.e. a tick-box versus
case notes. It was advised that there is a new electronic case recording system which should
improve consistency in this area. It was advised that in the new red book there is an information
section on safe sleeping for parents, so all parents with a red book will have this information.

An incidental finding was that there were four records across HRCH and Your Healthcare for which
there did not appear to the auditor to have a named professional as having undertaken the new
birth visit/input the record. It is clearly important that all record entries are clear as to which
professional has had contact and is inputting the information in order that any queries regarding this
information in future can be addressed appropriately to them. These cases will be fed back for
information to the service managers.

Recommendations

The following are recommendations based on the survey response and analysis above:

▪ Explore role of midwives, antenatal classes and GPs in promoting safe sleeping messages during
  the antenatal period, families may be receptive to this advice at this stage whilst they are
  planning arrangements;
▪ Add the Lullaby Trust website to the panel issued poster and flyer;
▪ Recirculate updated safe sleeping materials for distribution by partners to professionals and
  parents and encourage display of poster version at a range of venues;
▪ Encourage partner professionals to explore safe sleeping with parents and provide targeted
  advice for those for whom there are risk factors for SIDS, through for example, consideration of
  use of a risk assessment framework such as that used by Coventry (see appendix 7); and,
▪ Ensure universal safe sleeping advice provision in line with NICE Guidance and consistency of
  recording on individual records.

Recommended Action plan

▪ LSCBs/CDOPs to promote safe sleep advice provision amongst midwifery services at West
  Middlesex University Hospital and Kingston Hospital and through local GPs;
▪ LSCBs/CDOPs to update safe sleep information issued;
▪ LSCBs/CDOPs to recirculate updated safe sleeping materials for distribution by partners to
  professionals and parents and encourage display of poster version at a range of venues;
▪ LSCBs/CDOPs to explore with partners enhanced approach to targeted advice and support for
  those parents with known risk factors for SIDS, beyond universal safe sleeping advice currently
  provided;
▪ LSCBs/CDOPs to ask local hospitals, HRCH and Your Healthcare to consider regular review of safe
  sleeping advice provision to ensure this is consistently provided and recorded in line with best
  practice guidelines; and,
▪ LSCBs/CDOPs to consider future quality assurance of safe sleep information provision.

References

https://www.nice.org.uk/guidance/CG37

http://www.lullabytrust.org.uk/nice-guidelines-dec-2014?
Create a safe sleep zone

By following some simple tips you can help to reduce the risk while your baby is asleep.

Remember:

The safest place for your baby to sleep is in a cot in a room with you for the first six months.

Never put your baby sleep on a sofa.

Breast feeding and bonding are important to your baby's health. It's good to feed your baby in bed with you, but remember to put your baby in a cot when you go to sleep.

Free helpline: 0808 802 6868

 Provided by the Foundation for the Study of Infant Deaths

Joint Child Death Overview Panel for the boroughs of Kingston, Hounslow and Richmond upon Thames

NHS

Appendix 1: Two-side safe sleep leaflet for personal child health record (red book)
Important things to know

- Research shows that bed sharing (falling asleep with your baby) can be unsafe.
- Adult beds, sofas and arm chairs are not safe for sleeping babies.
- Soft bedding such as pillows, quilts and duvets increase your baby's risk of sudden infant death syndrome and suffocation.
- Adults sharing a bed with a baby can accidentally roll too close or onto a baby whilst asleep. There is a higher risk of this occurring if you have taken medication, alcohol or are excessively tired.
- Do not smoke in pregnancy or in the same room as your baby.
- It is unsafe for adults, children or pets to share a sleeping area with your baby.
- Overheating can increase the risk of death while your baby is sleeping. Babies can overheat due to too much bedding or if the room is too hot. Use lightweight blankets. If you fold a blanket in half, it counts as two blankets.
- Don't worry if your baby's hands feel cold. This is normal. Check their tummy and if it feels hot remove some of the bedding.
- Babies do not need hot rooms and it is rare for their room to need to be heated all night. About 18°C (65°F) is comfortable.
- Keep baby's head uncovered and place your baby on their back with their feet to the foot of the cot.

Free helpline: 0808 802 6868
Appendix 2: A4 poster version of safe sleep advice

Create a safe sleep zone

By following some simple tips you can help to reduce the risk while your baby is asleep.

Remember:
The safest place for your baby to sleep is in a cot in a room with you for the first six months.
Never let your baby sleep on a sofa.
Breastfeeding and bonding are important to your baby’s health. It is good to feed your baby in bed with you, but remember to put your baby in a cot when you go to sleep.

Important things to know

- Research shows that co-sleeping (falling asleep with your baby) can be unsafe.
- Adult beds, sofas and armchairs are not safe for sleeping babies.
- Soft bedding such as pillows, quilts and duvets increase your baby’s risk of Sudden Infant Death Syndrome and suffocation.
- Adults sharing a bed with a baby can accidentally roll too close or onto a baby whilst asleep. There is a higher risk of this occurring if you have taken medication, alcohol or are excessively tired.
- Do not smoke in pregnancy or in the same room as your baby.
- It is unsafe for adults, children or pets to share a sleeping area with your baby.
- Overheating can increase the risk of death while your baby is sleeping. Babies can overheat due to too much bedding or if the room is too hot. Use lightweight blankets. If you fold a blanket in half, it counts as two blankets.
- Don’t worry if your baby’s hands feel cold. This is normal. Check their tummy and if it feels hot remove some of the bedding.
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Provided by the Foundation for the Study of Infant Deaths

Joint Child Death Overview Panel for the boroughs of Kingston, Hounslow and Richmond upon Thames

LSCB
Kingston
NHS
Appendix 3: Questionnaire conducted with parents by HRCH and Your Healthcare (not reproduced to original scale)

Joint Child Death Overview Panel for the boroughs of Hounslow, Kingston and Richmond

Safe Sleeping Questionnaire

Dear Parent,

The Joint Child Death Overview Panel is a subgroup of the Local Safeguarding Children Boards for Hounslow, Kingston and Richmond. Since 2008 we have been responsible for reviewing the deaths of any child resident in the three boroughs in order to consider whether there is any learning that may prevent future deaths and to make recommendations to assist this. As part of our work we have identified that safe sleeping is an issue locally and we want to ensure that the panel are supporting local families and professionals in promoting safe sleeping advice to help reduce the risk of Sudden Infant Death Syndrome.

We would be very grateful for your help in answering the following questions and in providing as much information as possible in the comments section where applicable. The findings will be collated across the three boroughs and the summary report will be anonymised.

1. Have you received the Safe Sleeping Leaflet (A)?
   - □ Yes
   - □ No
   Comments:

2. Have you seen the poster version (B) displayed? If yes, please state where in the comments section
   - □ Yes
   - □ No
   Comments:

3. Do you find the information on the leaflet and poster helpful?
   - □ Yes
   - □ No
   Comments:
4. Have you received safe sleeping advice from any of the following sources? Please tick all that apply.

☐ Health professional antenatally  
☐ Health professional postnatally  
☐ Television  
☐ Radio  
☐ Newspaper  
☐ Magazine  
☐ Internet  
☐ Family member  
☐ Friend  
☐ Parenting group  
☐ Children’s Centre  
☐ Other ________________________________

5. Where did your baby sleep last night?

☐ In bed with mother and/or father  
☐ In bed with siblings  
☐ Cot in parents’ room  
☐ Moses Basket in parents’ room  
☐ Cot in own room  
☐ Moses basket in own room  
☐ Car Seat  
☐ Buggy/Pram  
☐ Sofa  
☐ Floor  
☐ Other ________________________________

With your permission we would like to review your baby’s record to check what has been recorded there with regard to safe sleeping advice provision. If you consent to this please provide your details below, if not please leave blank:

Parent’s name:  
Parent’s date of birth:  
Child’s name:  
Child’s date of birth:  
Borough of residence:  
Signature and date:  

Thank you for your time and assistance.
For Professional use only -

Date questionnaire completed with parent/carer:

Location questionnaire completed with

Borough of residence:

Consent given to check record: Yes/No (delete as applicable)

Date record accessed:

Date of new birth visit:

Name of Health Visitor undertaking new birth visit:

Safe Sleeping Advice Documented: Yes/No (delete as applicable)

Additional Comments:

Name and Signature of auditor:
Caring for your baby at night
A guide for parents

Becoming a parent is a very special time and can be one of the most rewarding experiences of your life as you get to know your new baby and learn how to care for her needs. However, it can also be challenging, especially when you are tired and your baby is wakeful and wanting to feed frequently during the night.

It may be reassuring to know that it is not only normal but essential for your baby to feed during the night. Babies grow quickly in the early weeks and months of life and they have very small stomachs. They therefore need to feed around the clock to meet their needs.

Whilst it can be frustrating when your sleep is disturbed during the night, it can also be a lovely quiet time to be with your baby away from the bustle and distractions of daytime. Babies rely on the security and comfort of being close to their parents and need this during the night as well as during the day.
Getting some rest

It’s important to make sure you create the right environment for getting as much rest as possible.

Keep the room fairly dark – switching on the light wakes everyone up and is not usually needed when you are feeding and comforting your baby.

Keep your baby close. The safest place for your baby to sleep is in a cot by the side of your bed. This means you can hear your baby and respond to her needs before she starts crying or becoming distressed, you can reach her easily without having to get up.

LISTEN FOR THESE EARLY FEEDING CUES:

- Sucking fingers
- Restlessness
- Murmuring sounds

Try not to stimulate your baby too much. As soon as she starts waking, offer her a feed, that way she doesn’t get too upset and difficult to settle. Talk to her only in a soft, quiet voice and avoid changing her nappy or clothing unless really necessary.

Breastfeeding

Many women choose to feed their baby whilst lying in bed. Ask your midwife or health visitor to help you find a safe and comfortable position and also see the safety information on page 6.

Bottle feeding

It is important to be organised in order to reduce disturbance when bottle-feeding at night. Powdered milk is not sterile and can cause infections if made up in advance. Therefore you will need to make up feeds during the night. However, you can make this easier by having bottles and tests ready sterilised, the powder measured out and boiled water kept in a flask. You may also choose to use ready-to-feed milk.

ASK YOUR MIDWIFE OR HEALTH VISITOR FOR INFORMATION ON HOW TO MAKE UP BOTTLE FEEDS SAFELY

Never force your baby to take more than she needs in the hope that she will ‘go for longer’ as this can cause her to become colicky and distressed and may result in her becoming overweight in the long term. Don’t add cereal or any other substance to feeds as this is dangerous for your baby. Always follow manufacturer’s guidelines with regard to amounts.

PARTNERS, IT WOULD BE GREAT IF YOU...

- Make sure your breastfeeding partner is comfortable
- Pass her things, rather than her having to reach for them
- Bring her drinks and snacks and see she has a glass of water at hand as breastfeeding can be thirsty work
- Give plenty of support – breastfeeding is important for your baby’s and your partner’s health
When babies don’t settle

There may be times when your baby remains unsettled after feeds. Placing your baby in skin-to-skin contact with you and gently rocking can provide comfort. Your partner can help with this too.

If you are breastfeeding you can offer your breast again even if your baby has just fed. Babies find the suckling comforting and there is no risk of overfeeding a breastfed baby.

If you have had a particularly disturbed night, try to take time out to rest during the daytime. Visitors can wait – or help by taking over chores or looking after other children while you and your baby catch up on sleep.

If your baby is crying for long periods she may be ill and require a medical check.

Putting your baby down to sleep

To keep your baby safe and to reduce the risk of sudden infant death (sometimes called cot death) always make sure:

- You put the baby down on their back to sleep, never on the front or side
- The cot is beside the parents’ bed for at least the first six months
- The mattress is firm and flat – waterbeds, bean bags and sagging mattresses are not suitable
- Your baby is not overdressed or covered with too much bedding (no more than you would use yourself)
- The bedding must not be able to cover the baby’s head
- The room is not too hot (16-20°C is ideal)
- The room in which the baby sleeps is a smoke-free zone

BED-SHARING

Some parents choose to sleep with their baby in bed and some fall asleep with their baby during the night while feeding and comforting whether they intend to or not. Therefore it is very important to consider the following points.
If you decide to share a bed with your baby:

- Keep your baby away from the pillows
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall
- Make sure the bedclothes cannot cover your baby’s face or head
- Don’t leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position
- It is not safe to bed-share in the early months if your baby was born very small or pre-term

**WARNING**

- The safest place for your baby to sleep is in a cot by the side of your bed
- Do not sleep with your baby when you have been drinking any alcohol or taking drugs that may cause drowsiness (legal or illegal)
- Do not sleep with your baby if you or anyone else is a smoker
- Do not put yourself in the position where you could doze off with your baby on a sofa or armchair

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**UNICEF UK Baby Friendly Initiative**

UNICEF works with families, communities and governments in more than 100 countries to help every child reach his or her full potential.

UNICEF UK’s Baby Friendly Initiative works with hospitals, community-health care settings and universities to help them ensure that pregnant women and new mothers get the support they need to breastfeed successfully.

**CONTACT US** ☎️ 0844 801 2414 📧 bfi@unicef.org.uk  
Learn more at www.unicef.org.uk/babyfriendly

The Community Practitioners and Health Visitors Association (CPHVA)
The CPHVA is the UK’s leading professional organisation for health visitors, school nurses, nursery nurses and other community nurses working in primary care. The CPHVA is a professional organisation within the Unite trade union. CPHVA represents the professional interests of practitioners throughout the United Kingdom ensuring that the community practitioner remains a valued – and distinct – entity in the care of families and communities.

[unite@unison.org.uk](mailto:unite@unison.org.uk)

The Lullaby Trust
The Lullaby Trust provides expert advice on safer sleep for babies, supports bereaved families and raises awareness on sudden infant death.

For more information about SIDS and risks, visit [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk) or call free 📞 0808 802 6868.

For bereavement support please call our free helpline 📞 0808 802 6868.

The Royal College of Midwives (RCM)
The RCM is the UK’s only trade union and professional organisation led by midwives for midwives. The RCM promotes midwifery, quality maternity services and professional standards. It supports and represents its members individually and collectively in all four UK countries. The RCM influences on behalf of its members and for the interests of the women and families for which they care.

[www.rcm.org.uk](http://www.rcm.org.uk)

Download the health professionals guide to this leaflet at [www.unicef.org.uk/caringatnight](http://www.unicef.org.uk/caringatnight)

Registered Charity Numbers 1070612 (England and Wales) SC03877 (Scotland)
Appendix 5: Excerpt of going home leaflet provided to parents by WMUH at time of discharge following birth

**Sharing a bed with your baby**

The safest place for your baby to sleep is in a cot by the side of your bed for the first six months.

If you do decide to share a bed with your baby, or if you think you might fall asleep in bed whilst breast feeding your baby, it is very important to consider the following points:

- It is not safe to bed-share in the early months if your baby was born very small or pre-term
- Do not share a bed with your baby if you (or your partner) are very tired, have been drinking alcohol, taking drugs or if you are a smoker
- Keep your baby away from the pillows
- Make sure your baby cannot fall out of bed or become trapped between the mattress and the wall
- Make sure the bedclothes cannot cover the baby’s face
- Do not leave the baby alone in bed, as even very young babes can wriggle into a dangerous position

**Reducing the risk of cot death**

- Place your baby on his or her back to sleep (but let him play on his front)
- Place your baby in the feet to foot position at the bottom of the cot
- Do not use cot bumpers or closely surround the baby with soft toys
- Do not let your baby get too hot
- Use sheets and light weight blankets, not duvets
- Keep your baby’s head uncovered indoors
- Do not let anyone smoke in the same room as your baby
- Never sleep with your baby on a sofa or armchair
Appendix 6: Information provided to new parents by Kingston Hospital following birth

Kingston Hospital
NHS
POSTNATAL INFORMATION – BABY

Baby’s first feeding. It is important to feed your baby whenever he or she looks hungry, for as long as they want. Crying is a fast
reaction to start a feed and this can be avoided by looking for teasing cues such as rooting, tongue movements, rapid eye
movements and the baby sucking his or her fist.

Skin-to-skin contact. Spending some time cuddling him or her in skin-to-skin contact (baby naked against your bare
deaughter’s chest) within the first hour after birth is very important because it helps to calm your baby, keeps him or her warm, stimulates
your baby’s brain, and gives you two a positive beginning. As long as both of you are comfortable, you will be able to
hold your baby still and safely. A blanket or a cloth will help keep your baby warm. If you have had a
cesarean delivery, or have been separated from your baby for a while after birth, you will still benefit from
skin-to-skin contact as soon as you are able.

Breastfeeding, from which in hospital babies are encouraged to sleep next to you in a cot, 24 hours a day. That way you will get
more frequent feeds and will quickly know when they need feeding. This is especially important at night when you can breastfeed
your baby as soon as he or she is ready, without either of you being disturbed. When your baby is able to
swallow freely and exit the nursery, it is recommended that your baby nurse a feed with you, particularly at night, for at least the first 6 months.

Sleeping position. Your baby should be placed in the cot, on his or her back with their feet against the foot of the cot. This is
to ensure that your baby’s head does not become covered by bedding, leading to overheating. This is commonly referred to as
the Toto foet position.

Dangers of sleeping with your baby. The safest place for your baby to sleep for the first 6 months is in your room.

When a feed is over, ensure the baby is put in the cot before you go to sleep. A pillow and a blanket should not be used in the first year. This
is because of the risk that you might roll over in your sleep and unknowingly suffocate your baby, or that
your baby could get caught between the wall and the bed, or could roll out of an adult bed and be injured. You are advised
ever to sleep on a sofa or armchair with your baby, or to sleep with your baby in your bed if your or your partner are smoking or
have recently smoked, or if you have sickle cell trait. Because of the link with cot death, Use of a dummy should be
stopped suddenly during the first 6 months of life.

Ways to use a sleepy baby. If there are concerns about how your baby has slept, gently move your baby by providing
some subtle stimuli such as humming the happy, by flashing, or by speaking the noise, or by making your body up and
down the bed. Your baby can also be placed in skin-to-skin contact (see Kangaroo care).

Kangaroo care. Dressed only in a nappy, the baby is held against your chest between your body and your body,
often for hours. Benefits can be for the baby. Advantages include increased bonding, heart rate and temperature, increased crying,
weight gain, and increased milk supply.

Ways to settle a crying baby
- Calm a baby
- Rubbing on baby’s back
- Gentle rocking
- Put baby to sleep in the cot
- Check that the baby is not hungry
- Check that the baby is not cold
- Check that the baby is not ill
- Make sure the baby is comfortable

Taking your baby out safely. Your baby is ready to go out as soon as you feel confident enough to go out yourself. Walking is good
for both of you. It may be easiest to take a little baby in a sling. If you use a buggy, make sure your baby can sit flat on the seat
of the buggy.

In a car, it is illegal for anyone to hold a baby while sitting in the back or front seat of a car. The only safe way for your baby to
travel is in a car seat. If you have a back car seat, baby seat, or a carry cot (or a Moses basket), wrap your baby up and secure
with special straps. If you have a car with air bags in the back seat, your baby should not travel in the front seat (even
facing backwards) because of the danger of suffocation if the bag deploys. Some areas have special laws in place to enable
you to borrow a suitable baby seat when you and your baby first return from hospital. Ask your midwife or health visitor for
details.

In cold weather, make sure your baby’s wrapped up warm in cold weather because a baby will chill very easily. Take the extra
precaution all the time you go into a warm place, including the car, so that your baby does not overheat, even if he or she is asleep.
Risk Assessment Framework for Sudden Infant Death – Coventry

Sudden Infant Death Syndrome (SIDS) is described as the sudden death of an infant that is unexpected by medical history and remains unexplained after a detailed investigation. An infant is at higher risk of SIDS during sleep. The cause of SIDS is unknown but some risk factors and characteristics associated with the syndrome have been identified.

From 2008-2013 Coventry Child Death Overview Panel has reviewed 15 deaths categorised as SIDS and have identified the key risk factors/characteristics that were present. Many of these risk factors/characteristics are supported by national and international evidence relating to SIDS.

This tool allows professionals and workers to further identify and support families who may be vulnerable to SIDS. This tool should be used by all professionals/workers who come into contact with families with infants under 1 year, to assess an infant’s sleeping environment and reinforce safe sleeping messages.

Risk factors and characteristics present in Coventry SIDS since 2008
- Smoking
- Sleeping environment (this includes co-sleeping in bed/sofa and overlay, babies being placed on their front or side to sleep and head covering from bedding/duvet)
- Alcohol use
- Substance misuse
- Criminal Convictions (either parent)
- Domestic Abuse
- History of Neglect (this includes siblings)
- Low birth weight
- Male infant
- Mental Ill Health (either parent)
- Not Breastfed
- Poor engagement with services
- Poor living conditions (this includes condemned boiler, disrepair of windows, no central heating and condemned housing)
- Poverty (this includes unemployment or very low income)
- Young Mum (age range 16-21 years)

Risk factors and characteristics
26% of the deaths in Coventry had 10 or more of the risk factors/characteristics present, 33% had 6 or more of the risk factors/characteristics present and 20% had at least 4 risk factors/characteristics present. Only one child had no risk factors other than being of low birth weight.

The percentage figures show risk factor and characteristic prevalence for Coventry SIDS from 2008-2013