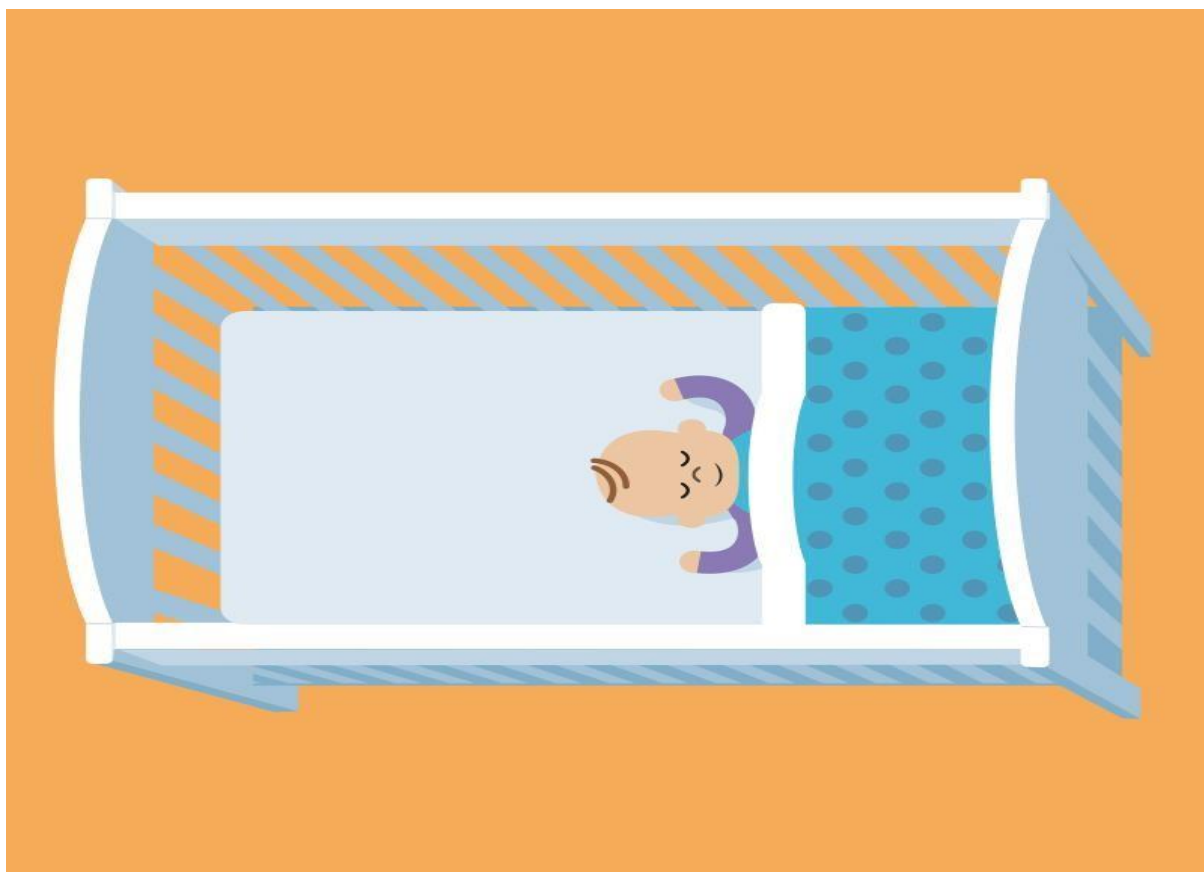


Wigan Multi Agency Safe Sleep Guidance



Developed by the Safe Sleep Subgroup of Wigan Safeguarding Children's Partnership

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Safe Sleep discussion pictures (for use with parents)

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Safe Sleeping checklist and action plan (Midwife and HV use)

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Safe Sleep Checklist for professionals (general use)

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Useful links for information

Definitions

For the purpose of this guidance the following definitions apply:

Sudden Unexpected Death in Infancy (SIDS): the sudden and unexplained death of a baby where no cause is found after a detailed post-mortem

An umbrella term used to explain all sudden unexpected deaths in infancy, this term includes SIDS. **Sudden Infant Death Syndrome (SIDS)** and fatal sleep accidents

Bed sharing: describes babies sharing a parent's bed in hospital or home, to feed them or to receive comfort. This may be a practice that occurs on a regular basis, or it may happen occasionally.

Co-sleeping describes any one or more person falling asleep with a baby in any environment (e.g., sofa, bed or sleep surface, during any sleep period). This may be a practice that occurs on a regular basis, or it may happen occasionally; may be intentional or unintentional

Sofa Sharing: describes situations when a person shares a sofa with the baby.

Parent: this represents the main carer for an infant

Carer: this includes all other carers which may include the mother or the fathers but will also include a wide range of other carers including grandparents, foster carers, babysitters, child minders, nursery staff or any other family member or friend or service that provides care for an infant.

Infant: a child up to the age of 12 months.

Overlying: describes rolling onto an infant and smothering them, for example in bed (legal definition taken from the Children and Young Person Act 1993, sections 1 and 2b) or, on a chair, sofa or beanbag.

Association: is described as an observed statistical relationship between a factor and out-come that does not necessarily infer a cause.

Key Message

The safest place for a baby to sleep is on their back with their feet to the foot of a cot or Moses' basket on a firm, flat, waterproof mattress in the same room with their parents or carers for the first six months, including any sleep period, day or night.
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Section 1: Introduction

Background

There is evidence from many long-term studies of Sudden Unexpected Death in Infancy (SIDS) that some of the infant deaths associated with bed-sharing, cosleeping and other factors associated with SIDS could have been preventable. There is no advice that guarantees the prevention of SIDS, but parents should be informed that by following the advice in this guidance document, it is possible to reduce the likelihood of SIDS occurring.

National Rates

- 198 unexplained infant deaths occurred in England and Wales in 2018, a rate of 0.30 deaths per 1,000 live births: an increase from 0.28 deaths per 1,000 live births in 2017
- Just over half (57.6%) of all unexplained infant deaths were boys in 2018 (0.34 deaths per 1,000 live births). This is an increase from 55.2% in 2017.
- The SIDS rate for babies born to mothers under 20 has declined by 16.5% since 2004. In 2018, the unexplained infant mortality rate was highest for mothers aged under 20 years, at 1.11 deaths per 1,000 live births
- 230 unexplained infant deaths occurred in the entire UK in 2018, a rate of 0.31 deaths per 1,000 live births

Credit: Office of National Statistics, National Records of Scotland and Northern Ireland Statistics and Research Agency 2020

North West Rates

The latest results from the Office of National Statistics (ONS) showed that in 2018 SIDS rates in England and Wales have increased by 7%.

SIDS rates in the North West have also increased from 0.37 in 2017 to 0.41 in 2018. Rates of SIDS deaths are now the highest in the country, considerably higher than the average rate across England and Wales of 0.30.

Position Statement

Wigan Safeguarding Children Board Safe Sleep Sub-group support the NICE, UNICEF and the Lullaby Trust guidance on safe sleeping. It is recommended that the safest place for a baby to sleep is on their back with their feet to the foot of a cot or Moses' basket on a firm, flat, waterproof mattress in the same room with their parents or carers for the first six months, including any sleep period, day or night

All parents and carers should be informed of the association between co-sleeping (sleeping on a bed, sofa or chair with an infant) and SIDS.

It is recognised that the factors which influence the sleeping arrangements of infants and children are a combination of parental values, socio-economic factors and cultural diversity.

The purpose of these guidelines is to enable staff to give appropriate information and advice to parents, supporting them in healthy lifestyle changes and their parenting practices. These guidelines aim to promote an understanding of the factors which are associated with SIDS, whilst promoting safe sleeping arrangements for babies and infants.

Guidance Aims

The key aim of the guidance is to contribute to reducing the number of infant deaths across Wigan. The guidance will support this by:

- Providing guidance to workers on what a safe sleeping environment for parents and babies looks like using current national and international evidence.
- Increasing workers' knowledge and understanding of the factors associated with SIDS and the reasons for the association.
- Increasing the knowledge and skills of workers to engage families in healthy lifestyle changes and parenting practices utilising local resources and services.
- Increasing parents' knowledge, understanding and ability to assess their individual associated factors with intentional or unintentional co-sleeping and bed sharing. This includes empowering them to make healthy lifestyle choices and supporting their parenting practices.
- Promoting consistent information to parents on co-sleeping and bed sharing with their infant across all organisations.
- Supporting workers in all organisations to contribute to promoting the message. Contributing to the successful implementation of the United Nations Children's Fund (UNICEF) Baby Friendly Initiative.

Target Audience and How to Use the Guidance

The guidance should be read and implemented by all workers providing support or services to parents, carers, the infant and wider family members who care for the child. This includes all workers in either the statutory, voluntary, community or private sector.

All workers are expected to read Sections I and 2 and use the tools in the appendices, while workers from each organisation should read the guidance applicable to them in Section 3

Section 2: Safe Sleeping Guidance

The number of babies who die of SIDS could be reduced dramatically if families followed 3 key pieces of advice:

- Put babies on their **BACK** for every period of sleep
- In a **CLEAR, FLAT SLEEP SPACE**
- Keep them **SMOKE FREE** day and night

The drop in SIDS deaths has been attributed to the success of the message to **sleep babies on their back: never their front or their side.**

Despite this clear message being in place for many years, around 10% of families still do not adhere to the message and sleep their baby in another position.

Back to sleep, for every sleep

Back sleeping needs to be consistent from day one. The odd night that a baby is slept differently, for whatever reason, is the one where the risk of SIDS peaks. Premature babies may have been slept differently whilst on a neonatal unit for health reasons, but when they go home they should be slept on their backs unless there is different medical advice.

Side sleeping is not safe

A baby sleeping on their side is not in a safe position and should never be propped in this position.

Longer, deeper sleep is not safer sleep

Babies sleeping on their front sometimes seem to sleep longer and deeper. Their risk of SIDS is also much higher, probably for these same reasons. Parents and grandparents may have been slept this way themselves before the Back to Sleep campaign but remind families that SIDS rates were significantly higher then. Babies need to be on their back!

Babies with reflux do not need to be on their front

Families should seek medical advice if they feel the position their baby is sleeping in is having a detrimental effect on their health. This decision should not be made by families alone, please advise families to seek support from their Midwife, Health Visitor or GP.

Creating a clear, flat, waterproof sleep space.

This piece of advice needs to be discussed with families to understand their circumstances and ensure they have planned for every eventuality, especially when not sleeping in their usual place e.g. holidays

This has been a concern identified in Serious Case Reviews in Wigan.

- Babies should sleep in the same room as their parent/carer (day and night) for the first 6 months.
- Professionals to check this is possible and advise for the next best alternative if it is not.
- Mattress needs to be firm, flat and waterproof with no raised or soft sides and not made of memory foam.
- Clear space means NO pillows, quilts, duvets, cot bumpers and NO pods, nests or sleep positioners.
- Use of slings is advised, professionals should use TICKS acronym to support safe use:

TICKS

- **T**ight
- **I**n view at all times
- **C**lose enough to kiss
- **K**eeP chin off the chest
- **S**upported back.

More information can be found on the ROSPA website

Keep babies smoke free

It has been estimated that the number of babies dying of SIDS could be halved overnight if we eliminated smoking in pregnancy. Babies should be kept smoke free both before and after birth. Smoking is the **single most important modifiable risk factor** in pregnancy

- Discuss smoking with the family - this will have already been raised but sometimes families need support to help make the decision to quit and you might make all the difference
- Refer to Health Improvement Stop Smoking Service for support or further advice to keep smoke free or quit in any literature given to the parents /carers.
- Question beyond the immediate family – what about visitors, other members of the family or smoky places; are they aware of keeping the baby smoke free?
- Discuss the link between bed sharing and smoking

Professionals should alert parents to the fact that the risk of SIDS is up to 10 times more if a baby shares a bed with a smoking parent

Support Breastfeeding

SIDS risk is halved in babies who are breastfed for at least 2 months. In the antenatal period, discuss infant feeding and how to get breastfeeding off to a good start. Let families know that breastmilk is all a baby needs for the first six months, and thereafter alongside other foods for two years and beyond. Support with infant feeding is available from the Midwives and Health Visiting Infant Feeding Teams for ALL families.

Hazardous sleeping situations

Of the babies who died whilst sharing a bed with an adult, 90% died in hazardous co-sleeping situations. Therefore, families should not fall asleep with their baby when

- they have recently drunk any alcohol
- they or their partner smoke
- they have taken any drugs that make them feel sleepy or affect their awareness
- their baby was born prematurely or weighed under 2.5kg or 5½ lbs when they were born

In these scenarios, it is always best to put baby in their own safe sleep space such as a cot or a Moses basket. Keeping the cot or Moses basket next to the bed or sofa might make it easier to do this. Anytime parents are under the influence of drugs or alcohol a sober adult should be in charge of the baby.

Key principles for conversations with families:

- Be open and non-judgemental – families bed share at any given time for a wide variety of reasons. Shock messages that increase fear do not work.
- Beware of assumptions – breastfeeding families are not automatically 'safe' bed sharers, and neither are formula fed babies always at a much higher risk. Both groups need guidance.
- Explore – why is the family bed sharing? Do they have an alternative safe sleep place for their baby should they need it? Help them find one if not.
- Plan – every family needs a plan to avoid unsafe accidental bed sharing, and those nights when something different happens.
- Do not be afraid – to tell families if their circumstances mean they are in a high risk group and should not bed share (if they are smokers, if the baby was born prem or low birth weight, if they use drugs or drink alcohol)
- If a family's risk for SIDS is high it is important to explain why. We know from our research and discussions with parents that they are much more likely to follow advice if they understand the reason.
- Give all families the tools and information to make an informed decision with clear advice.

Section 3 Guidance for Individual Services

This section provides staff with clear and consistent information to enable them to discuss safer sleeping arrangements for babies with parents/carers. This guidance should be followed in addition to each organization's own policy and guidelines.

Responsibilities of All Staff

It is the workers responsibility to discuss and record the information they give to parents/carers about safe sleeping arrangements at all 'key contacts'. Significant 'key contacts' relevant to individual agencies practice and interventions are identified below.

Information must be provided in a manner that is understood by the parent/carer. For parents/carers who do not understand English, an approved interpreter should be used. Similarly, families with other communication needs should be offered information in such a way as best facilitates their understanding.

Training of Staff

The training of all staff is carried out through Wigan Safeguarding Children's Board Training programme and delivered by a multiagency team of members of the Wigan Safe Sleep Sub-Group.

Wigan Safe Sleep Sub-Group

The Wigan Safe Sleep Sub-group is made up of membership of services that deliver to families with young children across Wigan Borough, or deliver life style behavioural support to families.

The purpose of the group is to deliver safe sleep training; cascade information to staff working in their services; monitor the delivery of safe sleep information; and lead strategically on the delivery of the safe sleep information.

Midwifery and Health Visiting

Midwifery and Health Visiting staff are required to attend the 3 hour Safe Sleep training every 3 years. Attendance on training is documented through WSCB training but is the responsibility of managers to ensure attendance. Annual infant feeding update will also include an over view of Safe Sleep information.

All Other Services

All services that deliver to or come in contact with families with young children; or deliver lifestyle support services are required to attend the 3 hour Safe Sleep training, and update this training every 3 years. Also digital training for induction of new staff as pre cursor to full training, and for refresher training .Attendance on these training sessions will be documented by WSCB training and monitored by individual services.

Responsibilities of Health Staff

All health professionals in contact with families in the antenatal period and/or post-natal period should take every opportunity to discuss safer sleeping arrangements for babies and highlight best practice recommendations. It is recommended that as a minimum, this information should be discussed by:

Midwifery Staff

- During the antenatal period discuss what has been purchased/sourced for the baby's sleeping arrangements, i.e. cot, crib, Moses basket, bedding etc.
- Invite all parents onto the antenatal workshop programme workshops from 16 weeks of pregnancy where safe sleep discussion is integral to all programmes.
- In hospital the same universal safe sleeping message applies — the safest place for baby to sleep is in the cot in the parent's bedroom. Whenever possible the use of side cots should be promoting enabling mothers to be closer to their babies and enabling easy handing.
- There may be some circumstances where hospital sleep practices differ from those recommended in the home, for example: pre-term infants in neonatal units may be propped up on pillows or bedding after a feed; swaddled to provide comfort and support their posture during their early days. The reasons for this developmentally sensitive care for vulnerable infants should be explained, so such practices are not continued in the home environment.
- Prior to discharge from the maternity unit Distribute and discuss the Lullaby Trust booklet 'Safer Sleep for babies ' (March 2013) and document this discussion in back of postnatal baby notes. The

discussion should ensure that parents are able identify safe sleeping parenting and life style factors.

- Following a home delivery, The Lullaby Trust booklet "Safer Sleep for babies" (March 2013) should be used in discussion with the mother, partner and any other carer to ensure they can identify safer sleep parenting, and life style practices. On the first Home Visit: The Midwife should undertake a Safe Sleeping Assessment (this is usually the day following discharge from hospital or the day after a homebirth). The Midwife should offer to view the baby's sleeping arrangements for both day time and night time with the parent, explaining that 'all such initial midwife home visits offer this to all parents as standard practice to help parents plan safer sleep practices.', The Safe Sleeping Assessment forms in the Parent Held Child Health Record (Red Book) should be completed. Advice should be offered to address any attributable risk factors and ensure all advice is clearly communicated. Any attributable factors which have been identified and action plan agreed should be documented as part of the Safe Sleeping Assessment
- During the post-natal period the Midwife should re-visit the safe sleeping messages and the assessment, reassessing the safe sleeping action plan Midwife review again with the parent where the baby is sleeping and offer any additional advice if felt this is required.
- The Safe Sleep pictorial leaflet (appendix 1) should be used to support the message to any families with poor literacy, learning difficulties or where English is not the first language.

Health Visiting Service including Specialist Health Visitors and Infant Feeding Team.

- Antenatal contact — the Health Visitor or Specialist Health Visitor will discuss with the parents their plans for sleep arrangements for their new baby, begin to introduce the safe sleeping messages and advise that they will offer to look at the sleeping arrangements at the birth visit.
- New baby Review — the Health Visitor or Specialist Health Visitor should undertake a Safe Sleeping Assessment, if not undertaken by the midwife (checklist and action plan) in the Personal Child Health Records (Appendix 2) and ensure that the sleeping arrangements reviewed by the Midwife are still being routinely used and safe sleeping advice followed. The Health Visitor or

Specialist Health Visitor, together with the parents and any other relevant carers will provide links to Safe Sleep advice online.

- If the parent(s)/carer(s) are not following the safe sleeping advice discussed with the Midwife this should be documented in the child health records. In addition, safe sleeping advice should also be given again and documented by the practitioner. Health Visitors and Specialist Health Visitor should offer to look at where the baby is sleeping during the day and at night, if this has changed or if the Midwife has not observed this. Practitioners should use the Pictorial Safe sleep leaflet with any families with low literacy, learning difficulties or where English is not the first language. This should be combined with a discussion on sleep routines and any key life style risks.
- Four to six week health review / three to four month health review/9month health review. Repeat as in New Baby Review, ensuring safe sleeping arrangements and safe sleep advice is being followed. Should the parent decline to follow this advice or the Health Visiting Staff are unable to establish compliance this must be documented.
- At all contacts family members should be sign posted to stop smoking and health improvement services as relevant

Neonatal Staff

In hospital the same universal sleeping message applies — the safest place for baby to sleep is in a cot. However there may be some circumstances where hospital sleep practices differ from those recommended in the home, specifically for the care of pre-term or unwell babies being cared for in a neonatal unit . For example, pre-term infants in neonatal units may be:

- nursed with cot heads elevated by inclining the cot head using the bar or using the incline inbuilt into the underside of the cot (there is no need to use pillows or rolled blankets to create an incline)
- put to sleep prone to support respiratory function
- swaddled to provide comfort and support their posture during their early days
- nursed in an air temperature higher than that recommended at home.

- The reasons for this developmentally sensitive care of vulnerable infants on neonatal units should be explained to parents and carers so that such practices are not continued in the home environment.
- Infants in hospital wards are subjected to more monitoring and observation than would otherwise be the case at home, especially at night.

These differences will be discussed with parents at length prior to discharge home and at parent craft sessions to highlight the need for differences in care on the neonatal unit to care at home. These discussions will be documented.

Where infants in the Neonatal Unit (NNU) have become accustomed to the prone position, there should be efforts made to acclimatize the infant to the supine position before discharge.

Prior to discharge once the baby's temperature is stable and all other prematurity factors are resolved all babies will be nursed in feet to foot, back to sleep position.

General Practitioners and Practice Staff

- Doctors and practice staff and Primary Care Network staff should be familiar with the safe sleeping messages and practice guidance and encourage parent(s)/carer(s) of new babies and young children to be aware of sleep safe publicity materials (posters, leaflets from the Lullaby Trust/UNICEF Baby Friendly Initiative/BASIS).
- Doctors and practice staff and Primary Care Network staff who have consultations with pregnant women, their partners and parents of new or very young babies should use the opportunity to ask about sleeping arrangements for their baby and promote safe sleeping messages, highlighting risk and protective factors.
- Doctors or other health professionals who undertake the 6-8 week baby health review should ask about sleeping arrangements for the baby and promote safe sleeping messages, highlighting risk and protective factors.
- Where there are indications of higher vulnerability (e.g. parental smoking, social or housing issues, young parents, prematurity, possible alcohol or drug use) the Doctor or health professional should review with parent(s)/carer(s) the Safe Sleeping Assessment

completed by the Midwife or Health Visitor and recorded in the Red Book, and refer to Health Improvement Stop Smoking Service. The need for additional support or intervention to promote safe sleeping practices should be considered. If the Doctor has concerns, or identifies the need for further support this should be referred to the family's Health Visitor.

Health Improvement: Stop Smoking Advisors

When working with a family who has a child less than 12 months of age in the household, all Healthy Routes Workers will discuss and promote the safe sleeping message.

They will:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc.
- Check that they have a cot / Moses basket/crib — support them to access financial aid if needed.
- Ask the parent / carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.

They will routinely:

- Promote the message that the safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' room for the first six months.
- Use the safe sleeping risk and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Reinforce that clients should never co-sleep or share a bed, settee or armchair with baby.
- Remind clients that the baby should be placed in a cot/Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.

- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.

In cases where a service user is pregnant, the Healthy Routes Worker will discuss:

- The dangers of smoking during pregnancy.
- The dangers of second hand smoke during pregnancy.
- Referral to Specialist Stop Smoking Pregnancy Advisor to support smoking cessation if not already accessing this service.
- The dangers of alcohol consumption during pregnancy.
- Refer to Public Health Midwife, Substance Misuse or Substance Misuse Team if appropriate.
- What plans they have and what have they purchased/sourced for their baby to sleep in.
- Where are they planning for the baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot or bedding.

All discussions will be recorded clearly on the service user's intervention notes as to safe sleeping advice given highlighting any risk factors that the service user states they are to continue practicing and what advice was given.

Health Staff in Hindley Prison

Any work undertaken with a young man on remand or serving a custodial sentence who is known to be a father of a child under the age one or four has a partner who is pregnant with his child, should be shown the two safe sleeping 'risk' and 'protective' factor pictures, involving a discussion as to the sleeping conditions of their baby/the planned future sleeping arrangements for the unborn child. The young man should be advised to discuss this with the child's mother, or his pregnant partner, on their next visit to see him at the Y 01, and support given to access financial aid if needed, e.g. to purchase a cot, crib or Moses basket.

Social Workers and CYPs Workers

When Social Workers are undertaking a 'Child in Need (Section 17 Children Act 1989)' assessment and there is an infant under 12 months in the home, or there is a female carer who is pregnant, the following additional questions should be asked.

- Can you show me where the baby sleeps during the day and at night? Or where are you planning for your baby to sleep? If pregnant, advice should be given about how the future parent can access financial support to purchase a Moses basket/cot, if unable to purchase this by their own financial means, such as government grants re: pregnancy.
- Does the baby sleep in other places either day or night? Please will you show me where else they sleep?
- Tell me what you already know about how to keep your baby safe while they are asleep? Continue the discussion to highlight other safety measures; use the attributable risk and protective factors identified in the guidance to promote discussion and explore any risk factors and what action needs to be taken to reduce risk; identify with all the adult carers in the home, including male carers, what practical steps can be taken to reduce risk.
- Use the safe sleeping pictorial images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- What arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke; be very clear that under no circumstances, when they are under the influence of alcohol and/or drugs should they sleep with their baby in bed, or on a settee/sofa/armchair, and that the baby should be placed in a cot/Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.

- Signpost parents and family members to health improvement, stop smoking and specialist drug and alcohol services as appropriate.

Substance Misuse Workers

When working with a family who has a child less than 12 months of age in the household, all substance misuse workers should discuss and promote the safe sleeping message.

They should routinely:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that they have a cot/Moses basket/crib — support them to access financial aid if needed.
- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g., not to be placed on the sofa.
- Promote the message that the safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' room for the first six months.
- Use the safe sleeping risk and protective factor room images to develop the discussion; check if they still have the safe sleeping leaflet (do's and don'ts), if not make arrangements for it to be replaced.
- Ask what arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding cosleeping when under the influence of alcohol, drugs and if they smoke. Discuss the risks of sedation associated with drugs, alcohol and medication (including methadone, subutex, benzodiazepines e.g. diazepam, antidepressants etc.) and the need to be particularly mindful at these times as to the risk of falling asleep with the baby. Reinforce that clients should never co-sleep or share a bed, settee or armchair with baby.
- Remind clients that the baby should be placed in a cot/Moses basket/crib, which is of a size suitable for the baby, with appropriate bedding, giving the baby room to breathe to ensure the baby cannot suffocate or overheat.
- Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.

- Share information about what you have discussed and any safe sleeping issues you have identified with other workers involved with the family, including those working with the adult carers.
In cases where a service user who uses alcohol/substances is pregnant, during the pregnancy discuss:
- What plans they have and what have they purchased/sourced for their baby to sleep in.
- Where are they planning for the baby to sleep?
- Offer advice/liaise with other agencies if financial support is needed to purchase a cot/bedding.
- Liaise with specialist midwife for substance misuse

Record all discussions clearly on the service user's file as to safe sleeping advice given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

Police Officers/Police Community Support Officers (PCSOs)

Police and PCSOs who attend any incidents at an address where an infant under 12 months old resides should make sure they establish where the infant sleeps and use their pocket notebook sized picture of 'Safe Sleeping' to consider whether this is a safe environment or not. When safe sleeping risks have been identified — such as the baby is sleeping with someone on a settee, has been left sleeping in a car seat or is seen sleeping in a situation that does not follow safe sleeping advice contained within this guidance they will address the issues briefly with the carers. Officers will record that the safe sleeping pictures have been discussed on the FWIN and make a brief reference in the pocket notebook. If officers identify safeguarding concerns they need to follow the usual children's safeguarding policy. Officers should ensure the FWIN is given the relevant code, G07 (Child Concern), which will create a PPI for review by a specialist officer. A decision will be made by the specialist officer depending on concerns/risk whether a referral is made to Children's services.

Start Well Family Centre Workers

Use the following discussion points to raise the issue of safe sleeping when working with all families who have a child under the age of one within their household:

- Tell me what you already know about how to keep your baby safe while they are asleep? Continue discussion to highlight other safety

measures, develop protective factors and aim to address any presenting attributable risk factors.

- Use pictorial Safe sleep leaflet to develop the discussion
Ask the parent to talk to other people who care for a baby about the safety measures and to talk with their friends and families who may also have babies.
- If either of the carers is known to be using substances and/or alcohol, ask what arrangements do they make for the baby if they are going to drink alcohol or take drugs? Highlight the specific risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Sign post parents to Health Improvement services, to support Start Well families on lifestyle change..

Wigan and Leigh Homes Housing Officers/Agents of the Landlord

- All Wigan and Leigh Homes housing officers to observe at all contact with the family in or out of the home for evidence of infant sleeping arrangements, parenting practises or lifestyle behaviours that could be deemed attributable to an increased risk of SIDS.
- If concerns are identified to refer to the Midwifery team, Health Visiting team, or to the Wigan and Leigh Homes Safeguarding Manager as appropriate
- To work in close partnership and give support if necessary to Midwives and Health Visitors to gain access to rooms in housing in order to support the parents to assess their sleeping arrangements for their infants.
- To contact Social care duty team for support or sign posting to charitable agencies to provide appropriate cots or mattresses as appropriate for the family when a need is identified.

Mental Health Workers

When working with a family who has a child under 12 months of age in the household, all mental health workers should discuss and promote the safe sleeping message.

They should routinely:

- Discuss the sleeping arrangements for the baby/infant with all known carers, including the father, grandparents, etc. Check that

they have a cot/Moses basket/crib, and provide support to them to access financial aid if needed.

- Ask the parent/carer whether the baby sleeps in other places during the day, offering safe sleeping advice where appropriate e.g. not to be placed on the sofa.
 - Promote the message that the safest place for a baby to sleep is in their cot/Moses basket/crib in their parents' room for the first six months.
 - Use the Lullaby Trust "Safer Sleep for Babies"; UNICEF Caring for your baby at Night or the Pictorial Safe Sleep leaflet as appropriate
 - Ask what arrangements are in place if the parent is taking prescribed medication for a mental health problem which may make them drowsy or sedated and could impact on their responsiveness or awareness. Also what arrangements they make for the baby if they choose to drink alcohol and/or take drugs as well as their prescribed medication.
 - Discuss the risks of sedation associated with medication, drugs and alcohol and the need to be particularly mindful at these times as to the risk of falling asleep with the baby; and help the parent to introduce strategies that can help manage the risks of sedation to parenting practices.
 - Reinforce that clients should never co-sleep or share a bed, settee or armchair with a baby.
 - Share information about your discussions with the parent and any safe sleeping issues you have identified with other workers involved with the family including those working with children.
- Record all discussions clearly on the service user's file as safe sleeping advice given and highlight any risk factors that the service user states they are to continue practicing and what advice was given.

In cases where a service user is experiencing mental health problems and/or uses alcohol or substances and is pregnant, the mental health worker needs to discuss:

- What plans they have and what have they purchases/sourced for their baby to sleep in?
- Where are they planning for their baby to sleep?
- Offer advice/liase with other agencies if financial support is needed to purchase a cot/bedding.

Probation Service

The safe sleeping guidance will be incorporated into the local induction package.

- All Greater Manchester Probation Trust (GMPT) staff working with individuals/families who have a child under 12 months of age should discuss safe sleeping arrangements and record accurately what was said and to whom.
- The safe sleep pictorial leaflet should form the basis of this discussion, GMPT staff should share information about what was discussed and any safe sleeping issues that have been identified with other professionals involved with the family. Staff should also ensure safe sleeping is routinely embedded within OASys assessments in relevant cases. This Guidance will be easily accessible to all staff to encourage greater awareness and use.

Youth Offending Services

All young people supervised by Youth Offending Services known to be becoming a parent, or a parent of a child under the age of one year, or who have a partner who is pregnant, will be given the following advice/support from their case worker:

- Be shown the Safe Sleep pictorial leaflet and other supporting information and have it explained as part of a specific session around safe sleep with the YOT Health Worker.
- Be involved in a discussion about the planned sleeping arrangements for their unborn child/sleeping arrangements for their baby which will be facilitated by the YOT Health Worker either directly or through links to other appropriate health provision.
- With their consent referred to the Teenage Parenting worker(s) employed in their area. It is the responsibility of the allocated YOT Officer to initiate this with the support of the YOT Health Worker.
- Be given practical assistance to ensure they have the resources to purchase appropriate sleeping equipment for their baby by their YOT Officer and YOT Health Worker as part of a recorded intervention plan.

The case worker will record on a young person's record when these actions have been carried out.

Appendix 1

Safe Sleep discussion pictures (For use with parents)

Please see an example of a bedroom a baby should not sleep in below:



Safe Sleeping Discussion Tool (Bad Room Picture)

There examples of these risks in the picture above:

- Nursery: the baby is in their own bedroom. The safest place for babies to sleep for the first six months is in a cot/crib/Moses basket, in a room with their parents/carers. Research has also shown that a baby who sleeps in a cot in a separate room from their parents is nearly twice as likely to die of SIDS as one who shares a room with their parent(s).
- Side sleeping: the baby is asleep on their side. The safest way for a baby to sleep is on their back. It is not safe for babies to sleep on their front or side.

- Smoking: Has an association with SIDS while co-sleeping. All sleep environments, not just bedrooms, should be kept smoke free. Alcohol: Has an association with SIDS while co-sleeping. (Including in a parental bed and on a sofa/armchair).
Sofa/chair: falling asleep with a baby on a sofa/chair has a much higher association with SIDS.
- Feet-to-foot: the baby is in the middle of the cot and not in a 'feet-to-foot' position. Babies should be placed to sleep with their feet to the foot of the cot, so that they can't easily wriggle down under the covers.
- Bedclothes/Overwrapping: overwrapping should be avoided, including the use of hats when indoors. Lightweight blankets should be used and tucked in firmly and no higher than the shoulders. Parents should be advised to check if their baby is too hot, look for sweating or feel the back of their baby's neck or their tummy.
- Soft toys or loose bedding in the cot: these could cover the baby's head, increasing the association with SIDS.
- Pillow: there is a pillow in the cot. If a baby is under one year old, never use a pillow, quilt or duvet.
- Radiator: the cot is positioned next to a radiator and under a window. Babies don't need especially warm rooms and all-night heating is rarely needed. Babies should never sleep next to a radiator or in direct sunlight. Parents should be advised to use a room thermometer to keep an eye on the temperature which should ideally be between 16-20°C.

Please see an example of a bedroom a baby should sleep in below:



Safe Sleeping Discussion Tool (Good Room Picture)

- Pets: pets should not be allowed into bedrooms. There are examples of these protective factors in the picture above.
- Cot in parent's/carer's bedroom: the baby is sleeping in a cot in their parent's/carer's bedroom, which reduces the association with SIDS. Babies should sleep in the same bedroom as their parent/carer for the first six months, in a cot/crib/Moses basket.
- Sleep position: the baby is sleeping on their back, with feet to the foot of the cot, which reduces the association with SIDS.
- Temperature: the baby's sleep environment is kept at a temperature between 16-20°C, to prevent overheating.

Bedding: the baby's bedclothes are tucked firmly in, no higher than their shoulders to prevent the baby's head becoming covered; the cot is free of pillows, toys and loose bedding.

The following two images show other examples of good and bad places for babies to sleep. All these images are used on the "Giving Babies the Chance of a Lifetime" leaflet for discussion with parents



Safe Sleeping Discussion Tool (Bad Room Picture)

There are examples of risks in the picture above:

- The baby is sleeping in a car seat, it is advised that as soon as parents reach their destination baby should be lifted from their car seat and placed to sleep on a firm, flat, waterproof mattress, e.g., flat bed pram/cot/Moses basket.
- Overheating: the baby is wearing an outdoor coat and blanket indoors. It is recommended that all outdoor clothing including hats be removed as soon as baby is indoors in order to prevent overheating.
- It is not recommended for babies to be placed in a car seat wearing outdoor coats as this can effect the fit of the seat harness. Parents should be advised to place baby in the car seat and fit the harness then use cellular blankets (not fleece) to insulate as these can be easily removed should the baby become hot in the car.

The presence of bedding and pillow on the sofa indicates parents may be sleeping downstairs/not in their own bed. Parents should be advised to sleep in their own bed with baby nearby in their own sleep space in order for parents to be well rested. The presence of bedding on the sofa should trigger exploration of sleep choices for the professional as this may indicate other problems.

- Smoking: Has an association with SIDS while co-sleeping. All sleep environments, not just bedrooms, should be kept smoke free. This baby is sleeping in the living room which, in a home where parents smoke, may have increased residual smoke and therefore expose baby more than sleeping in a bedroom.



Safe Sleeping Discussion Tool (Good Room Picture)

- Moses basket in use in same room as parent/carer: the baby is sleeping in a Moses basket for a daytime sleep, which reduces the association with SIDS. Babies should sleep in the same room as their parent/carer for the first six months, in a cot/crib/Moses basket.
- Sleep position: the baby is sleeping on their back, with feet to the foot of the Moses basket, which reduces the association with SIDS.

- Bedding: the baby's bedclothes are tucked firmly in, no higher than their shoulders to prevent the baby's head becoming covered; the Moses basket is free of pillows, toys and loose bedding.

Appendix 2

Safe Sleep Checklist and Action Plan

(Midwife and HV use)

	Yes/No	Comments
Have you discussed and given the 'Sleep Safe' leaflet?		
Have you seen baby's sleeping arrangements (day and night) and advised baby sleeps in same room as parents for first six months?		
Have you shown and discussed the 'Safe Sleeping' pictures — and discussed the protective and risk factors? Back to sleep/feet to foot? Room temperature, suitable bedding? Use of dummies? Sofa/car seats?		

Routine questions for parent/care giver

	Yes/No	Comments
Would you consider placing your baby in your bed or on a sofa/beanbag to sleep ?		
Do you share your bed with anyone else, including other children?		
Did you smoke at any time during your pregnancy ?		
Does anyone in the house smoke?		
Do you drink alcohol in the house or come home to baby after drinking alcohol ?		
Are you taking an drugs or medication?		
Does your partner take drugs, medication or drink alcohol?		

Safe Sleeping Advice and Completion of Safe Sleeping Assessment

Antenatal Contacts

In the clinic Give anticipatory advice and guidance on safe sleeping to pregnant women and document in appropriate records.

In the home Observe where the baby will sleep together with appropriate anticipatory safe sleeping advice and document in appropriate records.

Postnatal Contacts

Hospital and community settings Nurses, midwives and health visitors, where appropriate, who come into contact with parents of babies and infants must ensure they are given and understand information on how to ensure the Safe Sleeping of their babies and document in the appropriate records. (Includes pre-hospital discharge use of Safe Sleep discussion tool)

In the home It is imperative that nurses, midwives and health visitors see where the baby is sleeping in order to give appropriate Safe Sleeping advice and undertake a safe sleeping assessment. This applies to day-time and night-time sleeping.

Midwives

The Midwife will undertake a sleeping assessment on the first postnatal home visit (usually the day after baby is discharged from hospital) being born at home, by observing where the baby sleeps at the first postnatal home visit and completing the assessment form in the Parent Held Child Health Record (red book). Safe sleeping advice should be given.

Any actions identified to reduce risk should be documented in the Red Book. If a safe sleeping assessment is not completed the reason why must be documented in the assessment form.

Health Visitors If not completed by the Midwife by the time of the new baby review/primary visit, the Health Visitor will undertake a sleeping assessment by observing where the baby sleeps and completing the assessment form in the Parent Held Child Health Record (red book). Safe sleeping advice should be given.

Any actions identified to reduce risk should be documented in the red book. If a safe sleeping assessment is not completed the reason why must be documented in the assessment form.

Wigan Safe Sleep Guidance Checklist for Professionals

Action	Yes No	Prompts for professionals	Comments
Have you issued the Lullaby Trust Safe Sleep leaflet?		Ensure you have the latest version of the leaflet	
Have you discussed the content of the leaflet with parents?		<p>Familiarise yourself with the content and ensure this is discussed. Signpost parents to:</p> <p>Lullaby Trust www.lullabytrust.org.uk</p> <p>UNICEF Baby Friendly www.unicef.org.uk/babyfriendly/</p> <p>Basis www.basionline.org.uk</p>	
Have you seen where the baby sleeps during the day and the night?		Check the bedroom where baby sleeps at night and where baby sleeps in the day. Check the mattress is suitable. Discuss funding options to support if required.	
Have you discussed the protective and risk factors illustrated in the safe sleeping pictures? E.g., sleeping on back/feet to foot, room temperature/suitable bedding, use of dummies sofa and car seat		<p>Have the good/bad pictures printed on card separately to show and discuss with parents.</p> <p>Issue Lullaby Trust prompt card to parents.</p> <p>Issue room thermometer if required.</p>	

Have you used demonstration to show how baby needs to sleep to keep safe?		Take a doll and Moses basket to demonstrate good practice. Ask parent to model this with their baby, so you are sure they understand.	
Have you advised that baby sleeps in the same room as parents for the first 6 months?		Please note that the safe sleep guidance has been discussed with parents and any other members of the extended family, who may be caring for baby.	

		Appendix 3 Checklist with Parents	
Questions for parents	Yes No	Parents response	Comments
Was your baby premature or low birth weight?			
Did you smoke at any time during pregnancy?			
Would you consider placing baby in your bed or on a sofa or beanbag?			
Do you share your bed with anyone else, including other children?			
Do pets share your baby's sleeping environment or is baby ever left alone in the same room as a family pet?			

Do you have a plan to manage safe sleep-in different circumstances e.g., sleeping away from home, drinking alcohol for example at a social event?			
Do you smoke, take drugs, medication, or drink alcohol?			
Does your partner smoke, take drugs, medication, or drink alcohol?			
Due to overtiredness could you fall asleep while settling/feeding your baby?			
Do you place toys in baby's crib?			
Would you leave a hat on baby's head in the house, or leave on their outdoor clothing when returning from an outing?			

Please place a copy of this checklist on the child's file as evidence of Safe Sleep messages given to the family



Professional Signature

Date

Parent/Carer Signature

Date

Appendix 4 – Useful Links

For all the latest research and information please visit:

BASIS-Baby Sleep Info Source

www.basisonline.org.uk

Lullaby Trust

www.lullabytrust.org.uk

www.lullabytrust.org.uk/safer-sleep-advice/twins/

RoSPA Baby Slings

www.rospa.com/home-safety/advice/product/baby-slings

Smoking Ban in Vehicles

www.gov.uk/government/news/smoking-in-vehicles

Smoke Free Homes

www.nhs-health-trainers.co.uk/smokefree/smokefree-homes/

Tobacco Free Futures

www.collaborativechange.org.uk [Public Health | Collaborative Change](#)

Unicef Baby Friendly Initiative

www.unicef.org.uk/babyfriendly/

www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/

www.unicef.org.uk/babyfriendly/baby-friendly-resources/

Wigan Start Well Family Centres

www.wigan.gov.uk/Resident/Health-Social-Care/Children-and-young-people/Childrens-Centres/Start-Well-Centres.aspx

Wigan Be Healthier Partnership

<https://healthierwigan.nhs.uk>



In _____

we understand the importance of safe sleep and want to ensure that babies and young children who sleep in our environment do so in a way that promotes safe sleep.

This setting will:

- ✓ Have at least 1 Safe Sleep Champion within the setting (A Safe Sleep Champion will have completed the local Safeguarding Board Safe Sleep Training)
- ✓ Promote safe sleep messages to those with responsibility including parents, grandparents and carers
- ✓ Promote safe sleep when placing babies and young children to sleep.
- ✗ Not place babies to sleep in environments which are not safe sleep promoting, such as prams/ pushchairs (which do not lie completely flat), car seats, bouncy chairs, bean bags or sleep nests / pods or environments which are not clutter free.

For further guidance and information on Safe Sleep please see:

Safe Sleep Do's and Don'ts

DO:

- ✓ Place your baby to sleep in a cot, crib, Moses basket or baby box on a clean, firm, waterproof mattress.
- ✓ Place your baby on their back with their feet to the end of the cot 'feet to foot'.
- ✓ Place your baby to sleep in the same room as you for the first 6 months, for both daytime and night-time sleeps.
- ✓ Keep the room temperature between 16 and 20oC when baby is sleeping.
- ✓ Keep your house smoke free.
- ✓ Make sure everyone who cares for your baby knows the do's and don'ts of safe sleeping.

DON'T:

- ✗ Sleep with a baby in a bed, on a chair or sofa.
- ✗ Use duvets, quilts, cot bumpers, pillows or drapes in a baby's cot.
- ✗ Put a baby to sleep in a car seat or pushchair.
- ✗ Allow pets into a bedroom or leave in a room unsupervised with a baby.

Lullaby Trust:
<https://www.lullabytrust.org.uk/safer-sleep-advice/>

BASIS – Baby Sleep Information Source:
<https://www.basionline.org.uk/>

For Professionals:
<https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-saving-babies-lives-a-guide-for-professionals.pdf>
<https://www.basionline.org.uk/resources-for-practitioners/>

For Parents, Grandparents and Carers:
<https://www.lullabytrust.org.uk/wp-content/uploads/Safer-Sleep-for-babies-a-guide-for-parents.pdf>
<https://www.basionline.org.uk/resources-for-parents/>