

Cardiff and Vale of Glamorgan Local Safeguarding Children Board

Baby and Infant Safe Sleeping Guidance

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Acknowledgments

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1. Definitions

For the purpose of this guidance the following definitions apply:

- 1.1. SUDI : Any sudden unexpected death in infancy.
- 1.2. Sudden Infant Death Syndrome (SIDS): also known as cot death; is the sudden, unexpected and unexplained death of an apparently well baby. No one knows exactly what causes SIDS, but it is thought to be the result of a combination of factors.
- 1.3. Bed-sharing: describes babies sharing a parent's bed in hospital or home, to feed them or to receive comfort or to sleep. This may be a practice that occurs on a regular basis or it may happen occasionally.
- 1.4. Co-sleeping: describes any one or more person falling asleep with a baby in any environment (e.g. sofa, bed or sleep surface, any time of day or night).This may be a practice that occurs on a regular basis or it may happen occasionally and may be intentional or unintentional.
- 1.5. Parent/carer: this represents anyone caring for an infant; this includes mothers, fathers, grandparents, foster carers or any other family member or friend who provides care for an infant.
- 1.6. Infant: a child up to the age of 12 months.
- 1.7. Overlying: describes rolling onto an infant and smothering them, for example in bed or, on a chair, sofa or beanbag (legal definition taken from the Children and Young Persons Act 1993, sections 1 and 2b).

2. Historical Context

Mortality from sudden infant death syndrome (SIDS) has decreased substantially from the late 1980s. This has been attributed to the change in infant sleep position initially from prone (front) to supine (back). However, it is argued that we could save more infant lives, if more focus was given to the risks of co-sleeping were addressed.

3. Position statement:

- 3.1. This guidance has been endorsed by Cardiff and Vale of Glamorgan Local Safeguarding Children Board.
- 3.2. The purpose is to set out the ways in which all practitioners who work with children and families can promote a safe sleeping environment for young babies and infants by giving clear and consistent information and advice to parents to enable them to make an informed choice about safe sleeping arrangements for their babies and infants. It is acknowledged that some cultures and social groups actively practice co-sleeping as part of their parenting approach and it is important for professionals to work sensitively to promote the safe sleeping advice to these families in accordance with the guidance.
- 3.3. The guidance has been developed following a Serious Case Review which acknowledged that risks associated with co-sleeping should be factored into child protection plans. Furthermore the local Coroner noted a number of cases where co-sleeping had been a factor and set out the need to develop further support for parents. In one verdict it was stated that "Plainly parents should not co-sleep if there are (these) risk factors and clearly the responsibility is on parents, but I think more can be done to emphasise how dangerous this is".
- 3.4. The guidance set out in this document should be read in conjunction with the All Wales Child Protection Procedures 2008 <http://www.awcpp.org.uk/areasofwork/safeguardingchildren/awcpprg/index.html> and concerns about the welfare of a child should be followed as described in Part 3 of the Procedures.
- 3.5. Welsh Government "Reduce the Risk of Cot Death" leaflet:
This is a support leaflet in respect of the advice are given to parents following delivery of their baby. Advice is then followed up by the Health Visitor. This Leaflet is available in English and Welsh through the Welsh Government, or downloadable in Chinese, Portuguese, Latvian and Polish on the Foundation for the Study of Infant Deaths (FSID) website at www.fsid.org.uk. There is further information from different leaflets on the FSID website in Gujarati, Punjabi, Polish, Chinese, Urdu, Kurdish, Arabic, Portuguese, French, and Russian. Further Information is also available from the United Nations International Children's Emergency Fund (UNICEF) Website at <http://www.unicef.org.uk/> in Arabic, Bengali, French, Gujarati, Hindi, Japanese, Portuguese, Punjabi, Spanish, Tamil, Urdu and Braille.

4. Key Advice

- 4.1. **The safest place for your baby to sleep is on their back in a cot, crib or Moses Basket placed in your room for the first six months. It is NEVER safe to sleep with a baby on a sofa or chair or leave a baby to sleep on these surfaces alone.**
- 4.2. This is consistent with the advice given by the Department of Health and the Welsh Government. Promoting this message is not only the responsibility of health care workers but is the responsibility of ALL workers involved in safeguarding children.

5. SECTION 1: Introduction

5.1. Background

5.1.1. According to the Bolton, Salford & Wigan Safe Sleeping Guidance (2011), nationally there are over 300 infants a year who continue to die suddenly and unexpectedly. For up to date figures refer to the FSID website at www.fsid.org.uk.

5.1.1.1. Bolton, Salford and Wigan Safe Sleeping Guidance research has shown the factors that contribute to such deaths have changed over the last 20 years:

- the proportion of infants who died while co-sleeping with their parents has risen from 12% to 50% (although the actual number dying has reduced);
- there is an increase in the number of infants dying while sharing a sofa;
- the proportion of deaths in families from deprived socio-economic backgrounds has risen from 47% to 74%; and
- the proportion of deaths in pre-term babies has risen from 12% to 34%.

5.1.1.2. This is almost four times the number of children who die as a consequence of abuse and neglect every year and more than twice the number of children who die every year as a consequence of road traffic incidents.

5.1.2. In Wales, in 2010 there were 31 Sudden Unexpected Deaths in Infancy reported to the Child Death Review Team; of which co-sleeping was a factor present in five of these deaths. It is not known whether co-sleeping was a factor in the remaining 26 reported deaths.

5.2. Guidance Aims:

5.2.1. **Cardiff and the Vale of Glamorgan Local Safeguarding Children Boards have developed and agreed this joint practice guidance for use by all workers who come into contact with infants, their parents or other carers.**

5.2.2. The key aim of the guidance is to contribute to reducing the number of infant deaths across Cardiff and Vale of Glamorgan. It will support this by:

- providing guidance to workers on what a safe sleeping environment for parents/carers and babies looks like using current national and international evidence;
- increasing workers' knowledge and understanding of the risk factors and why they are risk factors;

- engaging the parents/carers to increase their knowledge and understanding of the risks associated with intentional and unintentional co-sleeping and bed sharing;
- supporting workers in all organisations to contribute to promoting the advice and understanding where to obtain further information from;
- contributing to the successful implementation of the UNICEF Baby Friendly Initiative.

5.3. Target audience

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

6. Section 2: Safe sleeping guidance

6.1. Introduction

6.1.1. This section of the guidance outlines the key risk factors and where possible provides an explanation as to why this is the best advice to give. It also provides:

- guidance on risk and risk reduction;
- essential advice for parents/carers.

6.2. Key Advice

6.2.1. **The safest place for your baby to sleep is on their back in a cot, crib or Moses Basket placed in your room for the first six months. It is NEVER safe to sleep on a sofa or chair with a baby, or leave a baby to sleep on these surfaces alone.**

6.2.2. In general, western adult beds are not designed for babies or infants to sleep on.

6.2.3. This is because there is a risk that:

- parents/carers/other children may roll over in their sleep and suffocate the baby;
- baby could get caught between the wall and the bed;
- baby could roll out of bed and be injured;
- baby may become overheated;
- risk of entanglement in bedding; and
- adult beds usually have pillows which have been shown to be a risk factor for SIDS.

6.3. Risk factors for SUDI specific to co-sleeping:

6.3.1. Parents / Carer specific increased risk factors:

- parents/carers are smokers (no matter where or when they smoke) and especially if the mother smoked during pregnancy;
- parents/carers have been drinking alcohol;
- parents/carers have taken prescribed medication or drugs that may make them sleep more heavily, including non-prescription or illegal substances such as cannabis;
- parents/carers have had an anaesthetic, such as after day care surgery;
- parents/carers have any illness (physical or mental) or condition (for example epilepsy) that affects their awareness of the baby;

- parents/carers feel very tired or if they or their partner is unusually tired, to the point where they would find it difficult to respond to the baby: for example, if they have had less than four hours sleep in the last twenty four hours;
- parents/carers feel unwell; and
- mother's under 20 years old are 3-4 times more likely to have a baby that dies from cot death.

6.3.2. Child specific risk factors:

- baby was premature (born before 37 weeks), or was of low birth weight (less than 2.5kg or 5.5lb);
- baby has a high temperature, in which case medical advice should be sought; that is if the baby has a temperature of 38°C or above, if he or she is less than three months; or 39°C or above if three to six months old; and
- baby has been unwell.

6.3.3. Very importantly: Parents/carers should be advised never to sleep with a baby/infant on a sofa or armchair, or allow the baby to sleep on the sofa or armchair alone.

6.3.4. It is recognised that there will be some parents/carers who may choose to co-sleep despite this guidance. If parents/carers decide to share a bed with their baby for breastfeeding, or for any other reason, they would be advised to follow the above advice and also:

- keep the baby away from the pillows;
- make sure the baby cannot fall out of bed or become trapped between the mattress and wall;
- make sure the bedclothes cannot cover the baby's face, and the baby is not able to get under an adult duvet;
- do not leave the baby alone on the bed;
- it is not safe to bed-share if the baby was born very early or very small; or any of the parents/carers risk factors apply; and
- the baby must always be placed on its back to sleep.

6.3.5. Factors which are thought to reduce the risks:

- quitting smoking in pregnancy and maintaining a smoke free household after birth reduces the risk of SUDI;
- putting babies on their back to sleep has significantly reduced the numbers of SIDS;
- room sharing (sleeping in parents'/carers' bedroom on their own sleeping surface) lowers risk;
- breast-feeding does reduce the risk of SIDS.

6.4. Breastfeeding and safe sleeping.

- 6.4.1. Breastfeeding reduces the risk of cot death and this effect seems stronger when breastfeeding is exclusive (Hauck et al, 2011)
Breastfeeding provides significant health benefits to both mother and baby. Breastfeeding should therefore be recommended and mothers supported with breastfeeding.
- 6.4.2. Numerous researchers have found that women who breastfeed are more likely to bed share; and that bed sharing is associated with a greater duration of breastfeeding (Blair et al, 2012, Kendall-Tackett 2012).
- 6.4.3. Breastfeeding at night should be as safe as possible and appropriate advice should be given to mothers to reduce any risk. The UNICEF Baby Friendly Initiative requires that mothers are given the skills to manage night feeds, including how to feed lying down and appropriate advice about bed sharing.
- 6.4.4. The following advice is taken from the Welsh Government leaflet "Reduce the risk of cot death". This leaflet is given to all mothers when they have their baby and is discussed with them by their midwife and health visitor. The advice is reinforced in the 'Birth to Five' book given to all mothers after birth.
- 6.4.5. This advice is the same for formula and breastfeeding babies and is:
- **place your baby on their back to sleep in a cot in a room with you for the first six months;**
 - do not smoke during pregnancy or let anyone smoke in the same room as the baby;
 - do not share a bed with your baby if you have been drinking alcohol, if you have taken medication or drugs that make you sleep more heavily, feel very tired, or if you are a smoker (no matter where or how much you smoke);
 - never sleep with your baby on a sofa or armchair;
 - do not let your baby get too hot - keep your baby's head uncovered, and place your baby in the feet to foot position; and
 - after a night time feed, place your baby back into their own cot to sleep.
- 6.4.6. No studies have found that co-sleeping to be safer than placing your baby on their back to sleep in a cot in a room with you for the first six months.
- 6.4.7. Infant sleep safety in the UK has been examined directly by the South West Infant Sleep Study (SWISS) (Blair et al, 2009). The authors concluded that many of the SIDS infants had slept with an adult in a hazardous environment. In the work by Blabey and Gessner (2009) in 99% of cases at least one additional risk factor was present, including maternal tobacco use (75%), and sleeping with an impaired adult (43%).

6.4.8. Stringent anti-bed sharing recommendations, without further information being given to parents/carers about particularly high risk situations, and an unwillingness by health professionals to discuss the issue of bed sharing so that parents/carers can make an informed decision, may risk encouraging unsafe behaviour, such as night feeds on a sofa, with the attendant risks of falling asleep, putting the baby to sleep in another room (if there is no room in parent's room for a crib). If parents/carers decide to bed share then they should follow the guide lines laid out in the UNICEF leaflet "Caring for your baby at night" which is endorsed by Foundation for the Study of Infant Death, Royal College of Midwives and Community Practitioners and Health Visitors Association.

6.4.9. Other workers involved with the family should be made aware of any risk management plan and support the promotion of this and the safe sleeping advice.

6.5. Premature infants, neonatal unit practices and safe sleeping

6.5.1. Premature babies or babies with specific health conditions are particularly vulnerable and will have specific Care Plans put in place when they are discharged from hospital. Therefore it is important to liaise with the Health Visitor or Midwife regarding the recommended safe sleeping advice.

6.6. Daytime sudden infant death

6.6.1. The majority of infant deaths (83%) occur at night-time but of those that occurred during the day, most occurred when babies were left in a room unattended. Parents/Carers need to consider risk factors at each sleep episode and should keep their infant nearby during the day, so they can observe them.

6.7. Recording advice to parents/carers

6.7.1. On every occasion where safe sleeping advice is given or the infant's sleeping arrangements are assessed a written record should be made. This should give details of:

- who the advice was discussed with and who delivered the advice and support;
- the date and time of the discussion;
- record the response from parents, including the choices they plan to make based on advice given;
- record any further action required or any sleep plans agreed;
- record if you have seen the baby's sleeping arrangements;
- in cases where parents/carers refuse the offer to see the baby's sleeping arrangements this should be documented. In

- these circumstances consider whether there may be safeguarding concerns;
- in some cases, parents/carers may decide they wish to sleep with their baby despite being given this information about the risks and this should also be documented.

6.8. Safe sleeping and safeguarding children

- 6.8.1. It is important to note that in implementing this guidance, workers from all organisations should still take account of their duty to safeguard and promote the welfare of infants.
- 6.8.2. Where they identify there is a risk of significant harm, All Wales Child Protection Procedures, 2008 should be followed <http://www.awcpp.org.uk/areasofwork/safeguardingchildren/awcpprg/index.html> and if a parent/carer persists in placing their infant at risk against the advice of health care professionals than a referral to Children's Services - Children's Access Point Team (Cardiff) or Duty Team - Intake and Family Support (Vale of Glamorgan) should be made.
- 6.8.3. Safe sleeping should be routinely embedded within child protection plans and any other assessments or plans that are concerned with promoting an infant's welfare or well-being.
- 6.8.4. There should be clear evidence in assessments and plans of the issues being assessed and tasks identified in the plan as to how safe sleeping arrangement will be supported.
- 6.8.5. The Procedural Response to Unexpected Deaths in Childhood (PRUDIC) procedure sets a minimum standard for a response to unexpected deaths in infancy and childhood. This Procedure can be viewed in full on the Public Health Wales website <http://www.wales.nhs.uk/sitesplus/888/page/43706>

7. Section 3: Summary of Guidance for Professionals

7.1. All Professionals should be aware of their safeguarding responsibilities. The prompts below are designed to assist professionals in their understanding of the risks of Co-Sleeping, on an intentional or unintentional basis. Professionals should take every opportunity to discuss safe sleeping arrangements and highlight the advice set out in this document.

7.2. Be aware of the risk factors for co-sleeping:

- parents/carers are smokers (no matter where they smoke);
- parents/carers have been drinking alcohol or taking prescribed medication or drugs that may make them sleep more heavily;
- parents/carers have an illness, or have a condition which affects their awareness of their baby such as epilepsy or flu;
- parents/carers feel very tired;
- baby was born premature or was a low birth weight baby;
- parents/carers sleep with their baby on the sofa or an armchair;
- baby has a high temperature or becomes overheated;
- baby is unwell; and
- adult bedding is being used for a baby.

7.3. **Key advice:**

7.3.1. **The safest place for your baby to sleep is on their back in a cot, crib or Moses Basket placed in your room for the first six months. NEVER sleep on a sofa or chair with a baby; or leave a baby to sleep on these surfaces alone.**

- Take all reasonable opportunities within the context of your role on home visits or during consultation with parents/carers, before and after birth, to see where the infant sleeps both day and night.
- Make sure you include both mother and father in your discussions and, where possible, any other carer, particularly grandparents.
- If either of the parents/carers are known to be using substances and/ or alcohol, ask what arrangements they make for the baby if they are going to drink alcohol or take drugs. Highlight the increased risks regarding co-sleeping when under the influence of alcohol, drugs and if they smoke.
- Ask what arrangements are in place if the parent /carer is taking prescribed medication for various conditions including mental health problems which may make them drowsy or sedated and could impact on their responsiveness and awareness.
- Record all discussions clearly including safe sleeping advice given and any risk factors highlighted. If the parents/carers state that they are going to continue; document the advice given and actions taken.

- Parents/carers have the right to informed choice and may make the decision to co-sleep despite being informed of the risks. Their decision should be documented along with the advice given and consideration should be given about any further action which may be required.
- Be aware of the potential to refer to a health professional for further advice or specific individual care plans.
- 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 the children.
- Take up any concerns following a home visit with your line manager or safeguarding lead.

8. Appendix 1: Evidence base for the Key Advice

Risk Factor	Why is it a known Risk
Sleep Position	<p>Sleeping prone (face-down) has a higher risk of SUDI 5,6. Sleeping supine (face upwards, or on the back) carries the lowest risk of SUDI. There is also an association between side sleeping and SUDI 7, with higher risk for babies born prematurely or of low birth weight. Placing infants on their back to sleep should always be recommended.</p>
Smoking 8,9,10,11	<p>Smoking significantly increases the risk of SUDI, particularly when associated with co-sleeping.</p> <ul style="list-style-type: none"> • Risk is increased by any exposure to cigarette smoking, but maternal smoking during pregnancy has the greatest effect. • Parents should not bed share, or fall asleep with their baby in bed, if they or any other person in the bed smokes (even if the smoking never occurs in bed). The effects of smoking are dose-related, the more cigarettes smoked the greater the risk.
Infant Sleeping in the Parents Bed	<p>Infant sleeping in Co-sleeping increases the risk of SUDI, with the risk highest among mothers who smoke in bed 12,13,14,15,16,17. There is a small, but statistically significant, increase in risk, even if the parents are non-smokers 12, 21. This risk mainly affects younger infants (less than three months postnatal age) and those with low birth weight (<2,500 grams)31. A recent study found a higher risk with bed sharing, below age two months, after adjustment for smoking and this was not significantly altered by the presence or absence of breastfeeding. Thus, bed-sharing poses a risk whether parents/carers smoke or not 19,20,21,23. This is because:</p> <ul style="list-style-type: none"> • Adult mattresses are not designed for infants. • Adult pillows and bedding may contribute to suffocation. • Adult duvets can contribute to over heating – the ideal temperature for an infant's room is 16-20 °C. • Other children or pets may be sharing the parental bed and this may lead to suffocation or over-heating. • Infants may be squashed / suffocated by parents or others in the bed. • Infants may get wedged in the bed or may wriggle into a position from which they can't get out. • Infants may roll out of bed and be injured.
Infant sleeping on sofa or armchair with /without parents 16,29	<p>Sleeping with infant on a sofa is associated with a significantly higher risk of sudden unexpected death in infancy.</p> <ul style="list-style-type: none"> • Infant may get wedged in the sofa or armchair. • Parent may roll over on a sofa and suffocate the infant.

Parental alcohol use 26,27,28,29	<ul style="list-style-type: none"> • Sedates parents and impairs their levels of consciousness. • Reduces a parent's responsiveness and awareness of the infant in bed.
Parental prescribed medication 27,28	<ul style="list-style-type: none"> • Sedates parents and impairs their levels of consciousness. • Reduces a parent's responsiveness and awareness of the infant in bed. • Less aware of, or less able to respond to the infant. • Higher risk medication includes: sleeping tablets, anti-depressants, some cough remedies and some anti-histamines and painkillers – GP or pharmacy advice should be sought.
Parental illicit drug use 16,13,14	<ul style="list-style-type: none"> • Sedates parents and impairs their levels of consciousness. • Impacts on responsiveness and awareness of the infant in bed. • Less aware of, or less able to respond to the infant's needs.
Parental tiredness 16,13,14	<ul style="list-style-type: none"> • Impacts on responsiveness and awareness of the infant in bed. • Less aware of or less able to respond to the infant.
Young, pre-term infants/low birth weight	<ul style="list-style-type: none"> • Babies under 12 weeks of age who sleep in an adult bed with parents are at increased risk of sudden infant death, even if their parents are non-smokers 7,21. • Babies are at greater risk if they were premature (born before 37 weeks) or of low birth weight (less than 2.5kg or 5 lbs 8oz).
Illness and infection 32,33	<ul style="list-style-type: none"> • The risk of SUDI when babies are unwell appears to be higher when babies sleep in the prone position (face down). • Sleeping with or overwrapping an ill baby or a baby with a high temperature may increase the risk of infant death.
Temperature/Overwrapping associated with SUDI 34,35,33,36.	Overheating (heating on all night, excess bedding) is associated with SUDI 34,35,33,36. Some of this effect is explained by the prone sleeping position 7,24,37. The combination of overwrapping (excessive layers of bedding and/or clothing, including hats) and signs of infection confers a greatly increased risk of SUDI 35. Similarly, the combination of overwrapping and prone sleeping carries a higher risk than either alone ³⁴ . A number of factors such as fever following an infection, prone sleeping position, overwrapping or bedclothes covering the head, can affect the thermal balance in a baby by either making the baby too hot or reducing their ability to lose heat.
Head covering	Babies whose heads are covered with bedding are at increased risk of cot death 24,12.

	<ul style="list-style-type: none"> • Infants should be placed feet to foot in the crib, cot or pram and covers made up so that they reach no higher than the shoulders. • Duvets, quilts, baby nests, wedges, bedding rolls or pillows should not be used.
Bedding (see 'temperature, overwrapping and head-covering')	<ul style="list-style-type: none"> • Parents/Carers need to ensure that the bedding in use is the right size for the cot/crib/ Moses basket; as this will prevent the baby getting tangled up. • Sheets and blankets are ideal. If the baby is too hot a layer can be removed and if too cold a layer added. • The cot should be made up so that the blanket and sheets are halfway down the cot, and tucked under the mattress so that the baby lies with their feet at the end of the cot. This is a safe and recommended method as it means it's difficult for the baby to wriggle down under the bedding. • Duvets and pillows are not safe for use with babies under one year of age as they could cause overheating and/or increase the risk of accidents from suffocation. • Use of cot bumpers – research has produced neutral results, but some experts advise avoiding the use of cot bumpers once the baby can sit unaided as they can use the bumper as a means to get out of the cot. Some bumpers have strings attached to secure them to the cot; an older child could pull at these strings and become tangled in them.
Infant sleeping in seat 39,40,41	<ul style="list-style-type: none"> • Infants, particularly pre-term infants or those with pre-existing health care conditions, are at risk of respiratory problems if sleeping in the semi-reclined position of car seats. • Advice is always to remove infants from car seats and place in Moses basket, cot or crib.
Parental obesity	<ul style="list-style-type: none"> • Infant may be squashed/suffocated by parents. • Infant may overheat.
Parental epilepsy	<ul style="list-style-type: none"> • Alters parental consciousness and increases the risk of roll over by the parent.
Previous unexpected infant death	<ul style="list-style-type: none"> • There is an increased risk of SUDI where a death has already occurred, possibly because some risk factors are still present. However the risk of a subsequent infant death in the same family is still fortunately very rare. • Each area has a Care of Next Infant (CONI) programme to support families during subsequent pregnancies and after birth.
Toys in the cot/ Moses basket	<ul style="list-style-type: none"> • When the baby is very young, cuddly toys (especially large ones) should be avoided. They could fall on baby causing overheating or accidental smothering.
Changes in sleep circumstances	<ul style="list-style-type: none"> • Inconsistent routines or changes to the last sleep episode have been described by parents whose infants have died.

	<ul style="list-style-type: none"> • Parents should be advised to make plans for safe sleep when there is a change to usual sleep arrangements, for example: when sleeping away from home; when their baby is looked after by relatives or friends; after family celebrations, alcohol use etc.
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8.1. Factors thought to reduce the risks:

Factor thought to reduce the risks	Why it reduced the risk
<p>Infant sleeping in own crib, moses basket or cot, in parents bedroom 1,42,25,26,43 and infant sleeping position 5,6,7</p>	<ul style="list-style-type: none"> • Sleeping on the back carries the lowest risk of SUDI. • Feet to foot position reduces the risk of an infant wriggling down and his/her head becoming covered. • Eliminates the risk of parental roll over, suffocation and over heating. • It is recommended that a new cot mattress is used for each infant. If parents are using a 'used' mattress from a previous child, they should be advised to ensure that it is completely waterproof, has no tears or holes. Ventilated mattresses are not recommended as they are very difficult to keep clean. <p>Cots All cots currently sold in the UK should conform to BSEN 716 and have a label that states:</p> <ul style="list-style-type: none"> • The cot is deep enough to be safe for the baby. • The bars should not be more than six centimetres apart, so that babies can't get their heads caught between them. The bars of cribs made prior to 1979 may have wider spacing that does not conform to these standards. • The cot does not have cut outs or steps. <p>Using a second-hand cot Parents/Carers must check that the cot is safe for baby. This includes:</p> <ul style="list-style-type: none"> • The same points above apply when using a second hand cot. • If the cot is painted, to strip and re-paint it. There is always a possibility that old paint may have lead in it. • Make sure the mattress fits snugly, there should be no corner post or decorative cut outs in the headboard or foot board which could trap babies limbs. • It is recommended that a new mattress is used for each child using the cot.

	<p>See points above re 'used' mattresses.</p> <p>Using a cot safely</p> <ul style="list-style-type: none"> • Avoid putting the cot/ Moses basket next to a window, heater, fire, radiator, lamp or direct sunlight, as it could make the baby too hot. • When an adult is not in the room with baby keep the drop side of the cot up and locked in position. • Keep the cot away from any furniture which an older baby could use to climb out of the cot. • Keep the cot away from toiletries, such as baby lotion and wipes which an older baby may be able to reach. • Avoid curtains and blinds with cords. Dangling cords carry a risk of strangulation. Any present must be securely tied up. • When the cot mattress is at its lowest height the top of the rail should be above the baby's chest.
Breastfeeding	<p>Breast feeding has been shown to protect against the risk of SUDI 44,45 (see below) and should be encouraged. The universal/key advice about safe sleeping still apply to breastfeeding mothers 1,49. UNICEF Baby Friendly policy is that parents need a discussion about the management of night time feeds so that they are able to risk assess and make informed choices around bed-sharing.</p>
Using a dummy	<p>Several studies have identified a significant protective association between dummy (pacifier) use and reduced risk of SUDI 46,47,48. As a result the Foundation for Study of Infant Deaths (FSID) recommends that 42:</p> <ul style="list-style-type: none"> • If parents choose to use a dummy it should be offered when settling the baby at every sleep episode (the protective factor appears to occur as the baby falls asleep). • If the dummy falls out of baby's mouth once asleep, do not put back in. • If your baby does not seem to want the dummy do not force them. • Do not coat the dummy in a sweet liquid. • Always clean and regularly replace dummies. • Try to wean your baby off their dummy by the age of one year. <p>If your baby is breastfeeding do not give them a dummy until they are one month old to ensure that breastfeeding is established (which may be around 4 – 6 weeks).</p>
Consistent information from a range of workers	<ul style="list-style-type: none"> • Increases the likelihood of parents understanding risks and changing their behaviour.
Room/Infant at the right temperature (see 'temperature and	<ul style="list-style-type: none"> • Ideal room temperature is 16-20 °C; reduces the risk of over heating.

9. Appendix 2: References and useful links

All Wales Child Protection Procedures, 2008

<http://www.awcpp.org.uk/areasofwork/safeguardingchildren/awcpprg/index.html>

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PRUDIC <http://www.wales.nhs.uk/sitesplus/888/page/43706>

FSID www.fsid.org.uk

UNISEF <http://www.unicef.org.uk/>

Cardiff Child Protection Referrals:

Child Access Point
Global Link
PO Box 97
Cardiff
CF11 1BP

(029) 2053 6490

Vale of Glamorgan Child Protection Referrals:

Duty Team- Intake and Family Support
Haydock House
1 Holton Road
Barry
CF63 4HA

(014) 4672 5202

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