Sleep – Safe Sleeping for Infants

Document Type	Policy
Function	Clinical Service Delivery
Directorate(s)	Women's Health
Department(s) affected	Maternity
Applicable for which patients, clients or residents?	All postnatal women - in relation to the education they require about their babies sleeping position
Applicable for which staff members?	All Midwives and Nurses in Maternity
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1. Purpose of policy

The purpose of this policy is to provide clear guidelines for safe sleep practices that are culturally appropriate and culturally prioritised. This information is effective for everyone who works within the Auckland District Health Board; in particular those who engage with pregnant women, mothers of young infants and whanau.

This is a generic policy that is expected to cover all maternity, newborn, and infant environments, including but not limited to:

- Antenatal care in the community and hospitals
- All maternity environments including delivery suites and birthing units
- Inpatient infants, boarder infants and Neonatal Units
- Postnatal care in the community and hospitals
- Emergency Departments
- Child Health Community Services including Community Child Health & Disability Service, Paediatric Homecare and Newborn Homecare

Health care services that provide specialist care may develop additional safe sleep guidelines (e.g. neonatal unit). These guidelines are expected to align and refer to this overarching safe sleep policy.

2. Rationale

New Zealand has the highest rate of death from SUDI amongst industrialised nations. Around forty to fifty infants die of Sudden Unexpected Death in Infancy (SUDI) each year in New Zealand. Maori infants represent over half of all deaths from SUDI, and Pacific infants also have a disproportionately high rate. Implementing the safe sleep practices of this policy will substantially reduce the risk of SUDI.

The risk factors for SUDI are well known. Practices to minimise these risks can assist in protecting infants from SUDI.

3. Risk Factors for SUDI

An unsafe sleep environment includes any one or combination of the following:

- Bed sharing
- Smoking during and after pregnancy, and smoking around an infant
- Infant sleeping on their tummy
- Caregivers use of alcohol, medication and other drugs
- Mothers who are young, Maori or Pacific, or living in high deprivation
- Infants who are under 6 months of age and / or were born pre term and /or low birth weight
- Formula feeding

4. Key Safe Sleep Message

4.1 P.E.P.E.

Place infant in his or her own sleep space; face clear of bedding in the same room as the caregiver

Eliminate smoking in pregnancy and protect the infant with a smoke free whānau, whare and waka

Position infant flat on his or her back to sleep

Encourage and support mum, so that infant is breastfed

5. Definitions

Term	Definition
Sudden Unexpected Death in Infancy (SUDI)	A coronial term that captures both unexplained and explained causes of death during an infant's first year of life that is unexpected. It is made up of three components which are Sudden Infant Death Syndrome (SIDS), Unintentional Suffocation and Other Explained Deaths.
Sudden Infant Death Syndrome (SIDS)	The first component of SUDI is SIDS. The cause of death is unexpected and remains unexplained after a full coronial investigation.
Unintentional Suffocation.	The second component of SUDI is unintentional suffocation where infant is in a position that causes asphyxiation in their sleeping environment. Examples of this are wedging or overlay. These incidents are explained.
Other Explained Deaths.	The third component of SUDI is medical deaths such as heart disease, meningitis, pneumonia or infectious diseases. Conditions at time of death remained undiagnosed until the coronial process identified the cause. These incidents are explained.
Infant bed	A bed designed as a safe place of sleep for infants, for example, bassinet, cot, wahakura, pepi pod or Moses basket.
Bed Sharing	The infant sleeps on the same sleeping surface (usually a mattress) with another sleeping adult or child. An infant bed placed on the same mattress as the awake mother/caregiver is **not** bed sharing.
Infant	Baby who is under one year of age.
Room Sharing	Infants sleep in their own bed in the same room as their caregiver.
Skin to Skin	Mother-baby skin-to-skin contact is where the naked infant is placed prone on the mother's bare chest, and then covered with a warm, dry blanket or towel. Infant has to be supervised at all times in order to protect the infant's airway (supervision can be by a parent or health professional). This should start immediately after birth.
Kangaroo care (KC)	Kangaroo Care is a method of holding an infant in skin-to-skin contact, prone and upright on the chest of the parent. The infant is enclosed in the parent's clothing in order to maintain temperature stability. KC should be employed regularly and consistently with medically stable premature infants and their parents due to its beneficial effects.

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6. Principles of care when infant is well

6.1 Assessment and support

- Care must be taken to foster an open and honest relationship between health professionals and the families / whānau caring for infants
- The safe infant sleep environment will be assessed and planned during every pregnancy and for all infants up to the age of 12 months. The safe sleep environment includes where ever the infant sleeps at home
- Families assessed with unsafe infant sleep environments will receive additional support to reduce the risk of SUDI
- Smoking cessation support will be offered to all mothers, fathers, and whānau who smoke, with referral to an appropriate smoking cessation service
- Breastfeeding will be promoted and supported as it protects against SUDI
- Care plans reflect mitigation strategies and early intervention advice

6.2 Engaging with mother, father and whānau

- Key safe sleep messaging will be reinforced face to face, and ensured they are understood by the mother, father, and whānau
- Key safe sleep messaging is modelled and reinforced with consistent messaging from all staff. Additional material such as brochures from TAHA and Whakawhetu is available
- Advice and support is given on safe strategies and to plan ahead for night feeds and settling infants
- In community settings families should be assisted as appropriate to access a safe sleep place for their infant

6.3 Safe Sleep Practices

- Infants are placed to sleep in their own infant bed in the same room as the mother or caregiver
- If a mother chooses to bed share and has been given appropriate information on the risks and strategies to minimise risks, the health professional will document this in the care plan and continue with professional responsibilities of care
- Bed sharing should not be confused with 'skin to skin'. 'Skin to Skin' contact between mothers and infants is encouraged when the mother is alert, awake and responsive to her infant's needs. All staff members have a responsibility to ensure supervision and encourage the return of infant to their own bed before mother falls asleep, particularly in circumstances where the mothers capacity to care for her infant may be diminished, e.g. following medication and other drugs, extreme tiredness, or surgery

6.4 Safe sleep environment is free, firm and flat, and comfortable

6.4.1 The infants sleep environment should be free from:

- Smoke – Infants should sleep in smoke free environments.
- Other people who might roll or lie on the infant.
- Objects that might cover the face or cause strangulation or neck flexing. Nothing should be put near that could cover the face during sleep or impair breathing. This includes pillows, cushions, bedding, sleep restraint apparatus, toys or mobiles.
- Gaps that could trap or wedge the infant.
- Any restriction on the chest, such as restrictive wrapping (swaddling) or heavy bedding.

6.4.2 The sleeping infant should be positioned:

- Flat and on their back, so the infant does not suffer compromise to their breathing by rolling over, tipping out, or becoming wedged
- On a firm surface so the infant's neck does not flex and compromise their breathing and the face cannot get buried in the surface if the infant rolls into the prone position. Never put sleeping infants on a pillow, sofa, baby bouncer or other soft surface. A car seat is not a baby bed and should be used for transport only
- So the infant is at a comfortable temperature and avoid overheating

7. Principles of care when infant is hospitalised and unwell

- Safe sleep practices should be promoted on admission and reinforced on discharge.
- Bed sharing is not supported.
- In general, infants should be placed flat on their back in a baby bed. While hospitalised infants may require cot end to be elevated in some clinical conditions (e.g. bronchiolitis).
- If elevated cot end is required, cot end should be flat again when possible and safe sleep practices reinforced.

8. Organisational Responsibility

- This Safe Sleep Policy will be provided to every staff member working in maternity and child health environments and any environment where babies and infants sleep including home settings
- Bed sharing is not supported
- Training of staff around safe sleep will be provided, and will include:
  - safe sleep education
  - delivery of safe sleep messaging to support the promotion of safe sleeping practices with Maori and Pacific
  - effective engagement and cultural competency

- Audits of the implementation of this policy will be conducted quarterly
- Each department/area will be responsible for the supply and provision of all promotional materials and educational resources for safe sleep practices
- Each area will be accountable for the modelling of safe sleep practices
- Safe Sleep Champions within each area are identified to champion safe sleep care for infants up to one year of age

9. Addressing Inequalities

Health professionals and organisations have a responsibility to address inequalities across community and hospital health care services, through:

- Promoting safe infant sleeping practices that are inclusive of Māori, Pacific and other cultural values.
- Supporting Maori and Pacific families to access health care services in the community.

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10. Supporting evidence

- Carpenter R, et al. Bed sharing when parents do not smoke: is there a risk of SIDS? An individual level analysis of five major case control studies. *BMJ Open 2013;3*
- Inch S. (2003) Bed sharing and co-sleeping in the UK – implications for midwives. RCM Midwives. Vol 6. No 10. October 2003. 425-427
- McKenna JJ, Mosko SS, Richard CA (1997) Bed sharing promotes breastfeeding Paediatrics 100:214-9
- Mitchell E, Blair P (2012) SIDS prevention: 3000 lives saved but can we do better The New Zealand Medical Journal. Vol 125. No 1359. August 2012
- MOH Consensus statement Observation of Mother and Baby in the Immediate Postnatal Period: consensus statements guiding practice July 2012
- NZCOM Consensus statement *Safe Sleeping for Baby*
- Preventing sudden unexpected death in infancy Information for health practitioner, Ministry of Health, NZ (includes further references)
- RCM (2004) Bed sharing and co-sleeping Position Statement
- UNICEF UK Baby Friendly Hospital Initiative with the foundation for the study of infant deaths. (2005-2006)
- UNICEF UK Baby Friendly Initiative. (2004)

10.1 Patient information

- Protecting your baby's head shape Ministry of Health 2009
- TAHA (www.taha.org.nz)
- Whakawhetu (www.whakawhetu.co.nz)
- www.learnonline.health.nz (SUDI prevention)
- LMC or well child provider caring for the family can provide support and advice

11. Associated Auckland DHB documents

Infant Feeding - Breastfeeding

12. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

13. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed ***before*** the scheduled date, they should contact the owner or the Clinical Policy Advisor without delay.