

Safe Sleep for Newborns

Information sheet for Health professionals

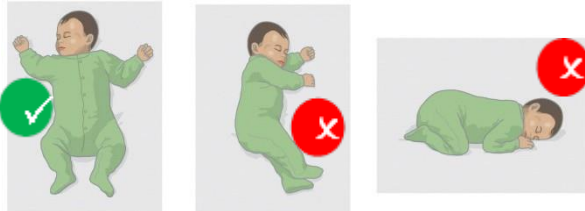
May 2016

Although, the rate of Sudden Unexpected Death in Infants (SUDI) has been declining in Australia, it remains a significant cause of death for babies up to 12 months of age. Almost all of SUDI deaths were in a sleep environment¹. The NSW Health policy directive, *Babies – Safe Sleeping – Policy and Procedures for Staff of NSW Public Health Organisations* provides guidance for NSW Health professionals on implementing safe sleeping practices in health facilities and modelling good practice to parents and caregivers.

SAFE SLEEPING PRACTICES

1 Sleep baby on the back from birth, not the tummy or side

Sudden Unexpected Death in Infants (SUDI) includes Sudden Infant Death Syndrome (SIDS).



Sleeping on the back reduces the risk of SUDI^{1,2}. The risk of SUDI increases if the baby sleeps on their side or prone (on their tummy)^{3,4}. The side position is unstable and babies may roll onto their front during sleep⁵. Pillows or other props are unsafe to keep babies on the side as this may cause the baby to roll onto their tummy.

Regurgitation and risk of aspiration

It is normal for newborn babies to regurgitate regularly. Tilting the cot does not reduce regurgitation and may lead to obstruction of their airway if the baby slides down the cot and becomes covered by bedding⁴.

Babies with gastro-oesophageal reflux should be placed on their back to sleep for every sleep as this position does not increase the risk of choking or

aspiration⁴.

2 Sleep baby with head and face uncovered

Babies should be put to sleep with their face and head uncovered.

- Face or head covering of any kind during sleep may obstruct breathing² and overheat the baby.
- If blankets are required they should be light weight and tucked firmly in around baby. Baby's feet should be at the foot of the cot to prevent baby sliding under the covers. This should be demonstrated and modelled for families.
- Baby sleeping bags may reduce SUDI and fatal sleep accidents because they avoid the danger of loose coverings.
- Soft toys or soft objects, such as bumpers, pose a risk of suffocation.
- Cot mattresses should be well-fitting and not tilted or elevated, as this may increase the risk of the baby's face or head becoming covered by bedding⁵.

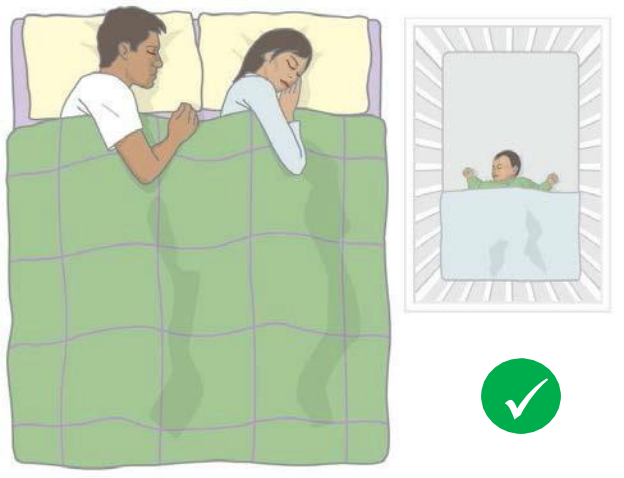
3 Keep baby smoke free before and after birth

Maternal smoking or exposure to passive smoking during pregnancy or in the baby's environment after birth has been identified as risk factors for SUDI¹. Exposure to tobacco smoke increases the risk of premature birth and low birth weight, both risk factors for SUDI.

Families should be encouraged to maintain smoke-free homes, cars and anywhere their baby spends time. Toxins from smoking can contaminate any surface where anyone has been smoking including on clothes, in hair, on furniture and flooring. This means that babies can be exposed to the harmful chemicals even after adults have finished their cigarettes⁶.

If parents/caregivers are finding it difficult to quit smoking, encourage them to ask for help through the Quit Line – www.icanquit.com.au/further-resources/quitline.

4 Provide a safe sleeping environment night and day



Parents/caregivers should be encouraged to create a safe sleeping environment for the baby.

Parents/caregivers should avoid overheating baby by not placing heaters near the sleeping environment. Baby should be dressed in layers to regulate their temperature so they are neither too hot nor too cold. Baby should be dressed in a similar way to the parents for comfort.

The safest way to sleep twins at home is in their own separate cots, in the parents/ caregivers' room for the first six to 12 months¹.

5 Sleep baby in their own safe sleeping place

A safe sleeping place is the particular area set aside for use by the baby for sleep in the same room as an adult caregiver for the first six to 12 months. The following advice is especially important to give to parents in the first few days of their baby's life as this will affect the sleeping practices in the home environment. Sharing a sleep surface is well known to increase the risk of SUDI. In the hospital environment, this message is especially important when mothers are exhausted and/or have received analgesia (epidural or opioids).

Co-sleeping

There is evidence that babies under three months of age are at increased risk of SUDI when co-sleeping with an adult⁶. Co-sleeping is more dangerous

if ^{6,7,8,9}

- The adult is a smoker
- The adult has recently consumed alcohol
- The adult has recently consumed drugs that cause sedation

- The baby was born prematurely and/or small for gestational age
- The sleep surface is a sofa, armchair, or other soft surface.

Co-sleeping is a significant risk factor for SUDI and is not recommended for any baby up to 12 months of age.

6 Breastfeed baby

There is strong evidence that breastfeeding is a protective factor against SUDI, with the greatest protective effect when exclusive breastfeeding up to six months of age^{1,9,10}.

¹ NSW Child Death Review Team (2005) *Sudden Unexpected Deaths in Infancy: The New South Wales Experience. Report written for the NSW Child Death Review Team by the Commission for Children and Young People.* Sydney: NSW Commission for Children and Young People, NSW Child Death Review Team.

² Horne RS, Hauck FR, Moon RY (2015) 'Sudden Infant Death Syndrome and advice for safe sleeping', *British Medical Journal* 350: h1989.

³ Moon RY, Horne RS, Hauck FR (2007) 'Sudden infant death syndrome', *The Lancet* 370 (9598) pp.1578–1587.

⁴ Task Force On Sudden Infant Death Syndrome (2011) 'SIDS and other sleep-related infant deaths: Expansion of recommendations for a safe infant sleeping environment', *Paediatrics* 128, pp.1030-1039.

⁵ SIDS and Kids Information Statement on GOR (2015) <http://www.sidsandkids.org/wp-content/uploads/SIDS055-D-Gastro-Oesophageal-Reflux-Information-Statement-web.pdf>

⁶ Australian Parenting website: http://raisingchildren.net.au/articles/passive_smoking.html

⁷ Vennemann MM, Hense H, Bajanowski T (2012) 'Bed sharing and the risk of Sudden Infant Death Syndrome: Can we resolve the debate?', *The Journal of Paediatrics* 160 pp.44-48.

⁸ Carpenter R, McGarvey C, Mitchell EA, Tappin DM, Vennemann MM, Smuk M, and Carpenter JR (2013) 'Bed sharing when parents do not smoke: Is there a risk of SIDS? An individual level analysis of five major case-control studies', *British Medical Journal Open* 3:e002299.

⁹ Blair PS, Sidebotham P, Pease A, and Fleming PJ (2014) 'Bedsharing in the absence of hazardous circumstances: Is there a risk of Sudden Infant Death Syndrome? An analysis from two case-control studies conducted in the UK', *PLoS ONE* 9(9): e107799.

¹⁰ Hauck FR, Thompson JM, Tanabe KO, Moon RY, and Vennemann MM (2011) 'Breastfeeding and reduced risk of Sudden Infant Death Syndrome: A meta-analysis', *Paediatrics* 128(1) pp.103-110.