Keeping Babies Safe - Babies Sharing their Mothers' Bed / Co-Sleeping and SIDS- Full Clinical Guideline

Reference No.: UHDB/CL/MAT/03:24/B7

Contents

1. Introduction

Sleeping in close contact helps babies to settle and supports breastfeeding, which in turn protects babies from SIDS. On any one night, 22% of babies will bed share, so 154,000 babies will be in bed with their parent each night whether intentional or not.

Babies who share a bed with their mother tend to feed more frequently and are more likely to be breastfeeding at three months of age. Bed-sharing is also prevalent among parents with new babies after discharge from hospital. However, there is an increased risk of accidents if bed-sharing is not managed appropriately.

Safe sleep guidance covers keeping babies safe from sleep-related accidents. Accidents can occur wherever babies sleep, and parents/carers need to be aware of their baby's sleep environment.

The cause of SIDS is unknown. It is probable that many factors contribute; however, certain factors are known to make SIDS more likely. These include placing a baby on their front or side to sleep. Current evidence does not allow us to say that co-sleeping causes SIDS, there is only an "association".

The association between SIDS and co-sleeping is likely to be greater if:

- the parents/carers are smokers
- the parents/carers have impaired consciousness e.g. through drug taking or alcohol consumption
- baby was born with a low birth weight or premature

Therefore, this guideline is intended to allow mothers and babies to derive the benefits of bed-sharing in hospital and at home, while protecting both mother and baby safety.

2. Definitions

- **Bed-sharing:** sharing a bed with one or both parents while baby and parents are asleep
- **Co-sleeping:** an adult and baby sleeping together on any surface (such as a bed, chair or sofa).

It is recognised that mothers take their baby into bed in hospital or at home to feed and provide comfort and closeness with or without any intention of sleeping with their baby. While it is acknowledged that no activity is entirely without risk, in the absence of maternal sleep there is no evidence that this incurs any *greater* risk than the mother holding or feeding her baby elsewhere.

3. Objectives

- To ensure the safest possible environment for mothers/parents/carers and babies.
- To provide support and guidance to parents to allow them to make fully informed choices.
- To encourage successful breastfeeding.
- To reduce the risks associated with co-sleeping where there is increased risk.
- To be sensitive to the emotional and physical needs of the mother and her family.
- To facilitate the successful implementation of the WHO/UNICEF Baby Friendly Initiative best practice standards for breastfeeding.
- To ensure that parents have all the information required to enable them to co-sleep as safely as possible with their baby at home.
- To ensure baby is placed safely in a cot in hospital or at home

4. Abbreviations

SIDS	-	Sudden Infant Death Syndrome
UNICEF	-	United Nations International Children's Emergency Fund
WHO	-	World Health Organisation

5. Guidelines

Discuss the benefits of and increased risks associated with co-sleeping to enable parents to make a fully informed decision.

Individual risk assessment needs to be carried out for every mother and baby prior to bed-sharing (see appendix A). It should be noted that mothers' and babies' circumstances can quickly change. Therefore, risk assessment will need to be reviewed as required.

Once the risk assessment has been carried out:

- Inform the mother that we do not recommend co-sleeping in bed or chair with their baby whilst in hospital, however, we recommend the baby is placed in their cot
- Discuss the benefits of skin-to-skin contact with mother. Skin contact can help regulate the baby's temperature, calms the baby and encourages breastfeeding. Facilitate skin contact by undressing the baby and assisting with the mother's clothing as appropriate. Note: babies should never be swaddled in wraps or blankets when sharing a bed with their mother.
- If breastfeeding, ensure the baby is well attached and effectively feeding at the breast.
- Take measures to ensure that the physical environment is as safe as possible and that the baby is protected from falling out of bed/chair (see appendix A), whilst sharing bed/chair with mother.
- Ensure the mother has easy access to the call system.
- Draw the curtains back, so if mother/carer falls asleep with baby staff are more likely see be aware.
- **Assess and record the level of supervision required in the hand held records and then implement appropriately (see appendix A).**
- When handing care to another member of staff, ensure that they are aware that mother and baby are sharing a bed and the level of supervision required.
- Reassess level of supervision according to individual needs. & document.

5.1 Before Transfer Home or Following a Home Birth

Staff should ensure that *all* parents have a copy of the postnatal information booklet that includes safe sleep information and a QR code to read additional information. Parents should watch the Discharge DVD which explains about safe infant sleeping. Other resources include information that parents can down load from the internet are from the Lullaby Trust and from the Infant Sleep Safe Information resource highlighted in the video and hand held records.

Staff should also discuss with all parents, whether or not they have shared a bed**/chair in hospital:**

- The increased dangers of bed-sharing if *either* the mother/or partner (carer):
    - is a smoker.
    - Has consumed alcohol or taken drugs which alter consciousness or cause drowsiness.
- The dangers of:
    - bed-sharing when unusually tired (i.e. to a point where parents (carer) would find it difficult to respond to their baby).
    - sleeping with a baby on a sofa, waterbed, bean bag or a sagging mattress.
    - letting a baby sleep alone in an adult bed.
    - letting a baby sleep with other children or pets and the ways to reduce the risk of accidents.
- The importance of ensuring that the baby does not overheat whilst bed-sharing.
- The benefits of bed-sharing to successful breastfeeding in the absence of contra-indications.
- The benefits of bed-sharing for settling and comforting babies.
- The benefits of keeping baby close and sleeping in a separate cot or Moses basket in the same room as the parent(s) for the 1st 6 months.

6. <u>Safer Sleep for Babies - Bed sharing</u>

Complete the Safe Sleep for Babies assessment form on first postnatal visit at home (Appendix B)

Discuss with parents safer practices for bed sharing, including:

- making sure the baby sleeps on a firm, flat mattress, lying face up (rather than face down or on their side)
- not sleeping on a sofa or chair with the baby
- not having pillows or duvets near the baby
- not having other children or pets in the bed when sharing a bed with a baby.

Strongly advise parents not to share a bed with their baby if their baby was low birth weight or if either parent:

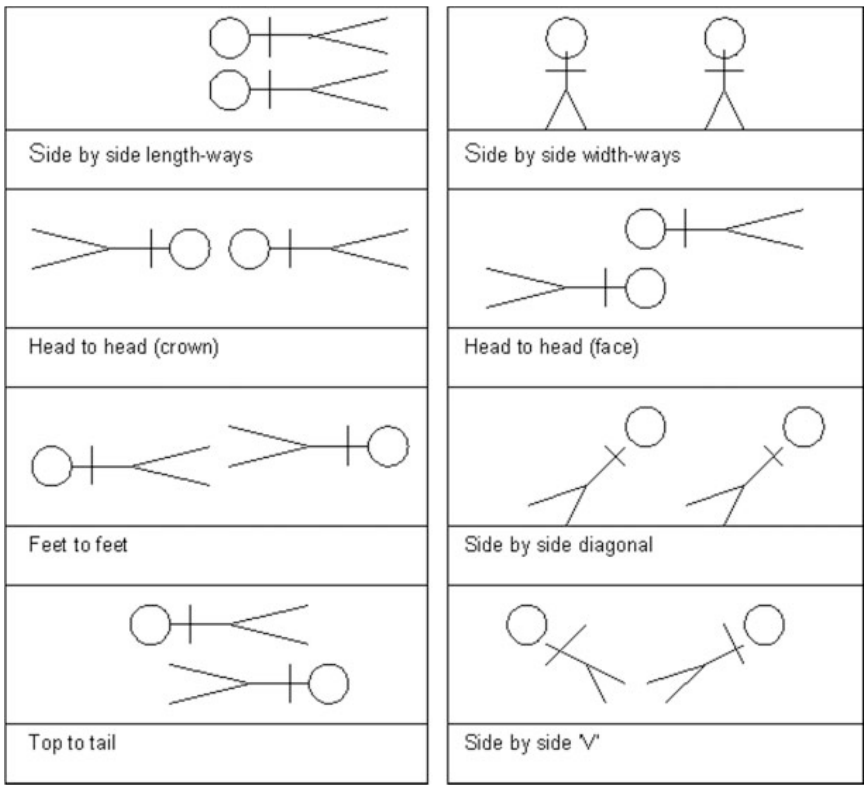
- has had 2 or more units of alcohol
- smokes
- has taken medicine that causes drowsiness
- has used recreational drugs.

6.1 Positioning in the Cot.

- Baby should always be placed on their back as part of their regular sleep routine and not on their side or front **(unless the baby has a cleft palate, when side lying is advised for medical reasons).**
- Parents need to be aware that a baby sleeping on its side or front has an increased risk of SIDS.
- A baby who has rolled onto their tummy, should be turned back onto their back again, until they can roll from back to front and back again on their own, when they can be left to find their own position.
- Place baby in the feet to foot (of the cot) position so that baby can't wriggle down under the blankets
- Baby should sleep on a firm waterproof mattress in good condition.
- Room temperature should be between 16-20^{o} C, with light weight bedding or a lightweight well-fitting baby sleep bag.
- Use blankets that are firmly tucked in, and are no higher than the babies shoulder or sleep bag
- Baby needs to be checked regularly to ensure he / she is not too hot or cold.

6.2 Twins

Twins can be co bedded in the same cot as per the diagrams, using the principles as defined above (Infant Sleep Safe Information)



7. Monitoring Compliance and Effectiveness

As per agreed audit forward programme

8. References

NICE (2014) Postnatal care CG37CG37: https://www.noce.org.uk/guidance/cg37 (10).

UNICEF UK baby Friendly Initiative (2012). *A Guide to the Baby Friendly Initiative Standards..* UNICEF UK Baby Friendly Initiative, London.

UNICEF UK Baby Friendly Initiative (2017). *Caring for your baby at night.* UNICEF UK Baby Friendly Initiative, London.

ASSESSING THE LEVEL OF RISK WHEN MOTHERS/PARTNERS AND BABIES ARE SHARING A BED/CHAIR IN HOSPITAL

The level of risk depends on the following factors at the time that bed sharing will occur:

A) Clinical condition of the mother.
B) Other contra-indications to co-sleeping.
C) Feeding method.
D) The safety of the physical environment.

All mothers should be asked to inform staff when taking their baby into bed if there is a possibility that they may fall asleep. Some level of supervision will then be required until the baby is put back in the cot to ensure that mother and baby are well and the mother has not fallen asleep.

Level of supervision required.
The level of supervision required for mothers when bed-sharing will vary depending on the above factors. Categories of supervision would include:

- Constant supervision for mothers whose clinical condition means that they cannot take any responsibility for their baby.
- Intermittent checks to ensure that the mother has not fallen asleep if she is bed-sharing when none of the contra-indications listed in A or B are present for mother or baby.

The level of supervision and frequency of checks required must be decided by a suitably qualified health professional based on the factors listed from A to D below.

It is important to ensure that guidance is fully implemented for all mothers and babies who are bed sharing.

Ensuring that mothers and babies can be easily seen when bed-sharing will assist staff to make the necessary checks easily and quickly without disturbing the mothers and babies. Keeping curtains open and low level lighting can help with this.

A. Clinical condition of the mother.
Any mother who may be unable to remain awake or sustain consciousness or who may have restricted movement or severe difficulty with spatial awareness will require supervision when sharing a bed with her baby. It is **not** advisable for these mothers to co-sleep with their baby.

Examples of such mothers would include those who are:

- Under the effects of a general anaesthetic.
- Immobile due to spinal anaesthetic.
- Under the influence of drugs which cause drowsiness.
- Ill to the point that it may affect consciousness or ability to respond normally e.g. High temperature, following large blood loss, severe hypertension.
- Excessively tired to the point that would affect ability to respond to the baby.
- Suffering any condition that would affect spatial awareness e.g. Conditions that would severely affect mobility and sensory awareness such as multiple sclerosis or paralysis, or conditions affecting spatial awareness such as blindness.
- Very obese (individual assessment will be required, preferably with the mother, based on the mother's mobility, spatial awareness and the space available in the bed).
- Likely to have temporary losses of consciousness e.g. Insulin dependant diabetic, epileptic.

The level of supervision required will depend on the severity of the mother's condition. This will need to be assessed by a suitably trained health professional. When possible, this assessment should be carried out in consultation with the mother. It is **not** advisable for these mothers to co-sleep with their baby.

B. Other contra-indications to co-sleeping.
Any mother or baby to whom any of the following applies will require some level of supervision when bed-sharing, as there is evidence to suggest that **co-sleeping for these mothers may cause an increased risk of sudden infant death or accident:**

- Mothers who smoke
- Baby is premature or ill *

* An ill or premature baby may require professional supervision over and above that outlined in this guideline. These babies are at increased risk of Sudden Infant Death and it is not known whether co-sleeping increases this risk further. Therefore, a cautionary approach is recommended.

C. Feeding Method.
There is evidence to suggest that breastfeeding mothers sleep facing their babies and adopt a protective sleeping position. However, mothers who are artificially feeding can sometimes turn their backs on their babies once they have fallen asleep. Therefore, whilst artificially feeding mothers may take their baby into bed for comforting and settling, it is safest to advise that the baby be put back in the cot before going to sleep.

A breastfeeding mother with **none** of the contra-indications listed in A or B whose baby is healthy and term may find it helpful to **bed-share when at home** in order to allow her to rest or sleep while the baby feeds.

D. The safety of the physical environment.
It is important that babies are protected from falling out of the bed. In hospital the bed should always be lowered as far as possible and the bed clothes tucked around mother and baby. The use of cots which can be lowered or raised to the height of the bed is recommended to allow the mother easy access to her baby and can prevent the baby falling out of bed.

For some mothers, depending on clinical condition, suitable family members can be asked to supervise the mother to ensure the baby's safety. The health professional must use professional judgement to assess the family member's willingness and suitability and give basic instruction. **The presence of a family member or suitable equipment does not negate the professional responsibility and accountability for safety**.

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Sleeping Assessment Safe Sleeping Practice

NHS No ..... Post Code .....

Baby's Name ..... DOB .....

Please Complete

1. Where did this assessment take place? .....
2. Did you see where baby sleeps? (e.g. bedroom) ..... Y N
3. Where does baby sleep at night? (e.g. cot) .....
4. Where does baby sleep during the day? .....
Consider. Are the above in line with FSID recommendations? ..... Y N

Routine Questions

5. Do you ever bring your baby into bed with you? ..... Y N
6. Do you share your bed with anyone else? ..... Y N
7. Do you smoke? ..... Y N
If yes how many per day? .....
8. Does your partner smoke? ..... Y N
If yes how many per day? .....
9. Do you take any medication/drugs? ..... Y N
If yes please list .....
10. Does your partner take medication/drugs? ..... Y N
If yes please list .....
11. Do you drink alcohol? ..... Y N
If yes how much? .....
12. Does your partner drink alcohol? ..... Y N
If yes how much? .....
Consider. Have you discussed the above risk factors? ..... Y N
If No – give reason .....

Have you discussed the following safe sleeping issues?

Back to sleep/feet to foot? ..... Y N
Room Temperature / Suitable Bedding? ..... Y N
Use of Dummies? ..... Y N
Sofa/Car Seats? ..... Y N
What to do if baby unwell/has a temperature? ..... Y N

Analysis - *What risk factors have been identified during this assessment?*

Action Plan - *What is your Action Plan and what are the time scales?*

Date Baby Discharged from Hospital .....

Completed by: ..... **Designation:** ..... **Date:** .....

Midwives file top copy in Parent held record (red book), 2nd copy file in maternal record
Health Visitors top copy in child health record, 2nd copy shred.

Reference Number: UHDB/CL/MAT/03:24/B7	**Version:** UHDB 2		**Status:** FINAL	
Version / Amendment		Date	Author	Reason
	1	10:05	Karen Payne, Clinical Specialist MW Infant Feeding	New
	2	02:09	Karen Payne, Clinical Specialist MW Infant Feeding	Review of guideline in view of new equipment i.e. new beds
	3	09:14	Karen Payne, Clinical Specialist MW Infant Feeding	Review/update
	4	March 2018	Karen Payne, Clinical Specialist MW Infant Feeding	Review / update
UHDB	1	April 2021	Shovpreet Birring – Senior Midwife (RDH) Emma Wilmot – Senior Midwife (QHB	Review / merge
	1.1	Nov 2023	Joanna Harrison-Engwell - Lead Senior Midwife for Guidelines, Audit and QI	To ensure full compliance with Baseline Assessment Tool
	2	Feb 2024	Stephanie Steele - Senior Midwife/Ward Manager	Triannual review
Intended Recipients: All Staff Caring for Mother and New Babies				
Dissemination: Cascaded through lead midwives/doctors, Published on Intranet, NHS mail circulation list. Article in BU newsletter.				
To be read in conjunction with: Infant Feeding Policy (mat/10:15/B5)				
Consultation with:	Midwifery staff			
Business Unit sign off:	05/03/2024: Maternity Guidelines Group: Miss A Joshi -Chair 11/03/2024: Maternity Governance Group / CD - Mr R Deveraj			
Notification Overview sent to TIER 3 Divisional Performance & Quality 19/03/2024				
Implementation date:	03/04/2024			
Review Date:	March 2027			
Key Contact:	Joanna Harrison-Engwell			