

POLICY

SAFE SLEEP FOR INFANTS FROM BIRTH TO SIX MONTHS

**Babies sleep safely when they are on their back and can breathe easily.**

Overview

Sixty infants die of Sudden Unexpected Death in Infancy (SUDI) each year in New Zealand.

Among the industrialized nations New Zealand has the highest rate of death from SUDI with 1.1 deaths per 1000 live births. The rate for Maori is 2.3 deaths per 1000 births (CYMRC Fifth Report Chapter 1).

Known risk factors increase the risk of SUDI. Practices to minimise these risks can assist in protecting infants from SUDI.

Background

With the widespread universal implementation of safe sleeping practices the number of deaths from SUDI in New Zealand has dropped from 200 infants per year to approximately 60 per year. However suffocation in place of sleep remains the commonest cause of unintentional injury death in the first year of life. (CYMRC Special Report March 2013) The peak age of death is in the second month of life. Infants living in deprived circumstances (NZ Dep 9-10) are 8.5 times more likely to die of SUDI than infants living in the least deprived settings (NZDEP 1-2).

Within the vulnerable age group, those under 12 months old, the risk of death can be increased because of elements intrinsic to the infant or environmental factors. While death can occur where only environmental events or intrinsic risks are implicated, in many instances these two elements conspire together to contribute to death.

**Risks intrinsic to the infant** – smoke exposure before or after birth, prematurity, small for gestational age, less than 3 months of age, medical conditions, congenital abnormalities and formula feeding.

**Environmental risk factors** – prone sleeping, face covering, entrapment, shared sleep surface (with adult or child), soft sleep surfaces, suffocation, strangulation, neck flexing, overheating, unsafe swaddling, sleeping on surfaces not designed for infant sleep, parents with impaired alertness (e.g. medications, exhaustion, drug or alcohol consumption).

Definitions

**SUDI** The sudden death of an infant under one year of age which is unexpected by care givers and may be unexplained or occur because of a disease process or accidental suffocation or strangulation while asleep.

**Safe Sleep** An infant sleeping on their back in the same room as a responsible adult, when the adult is asleep, the infant lying on a firm, flat, level surface where nothing can move to cover the face or impair breathing by pressure on the chest or neck, entrapment<sup>1</sup> cannot occur and there are no objects such as pillows or toys that can flex the neck.

<sup>1</sup> Entrapment can occur into a gap e.g. ill fitting mattress, between bed and wall or under the limbs or body of a co-sleeping partner.

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Co-Sleeping and

Bed-Sharing

These terms mean different things to different people and are not used in this policy. Whenever these concepts are discussed it is important to be very clear about meaning. When assessing risk or safety of a sleeping arrangement consideration of these factors must occur; the sleep surface, what if anything protects the babies ability to breath and if others on the same sleep surface are awake and alert<sup>2</sup>

Purpose

The purpose of this policy is to ensure DHB health professionals have the necessary skills and resources required to provide safe sleeping arrangements within it's facilities and consistent verbal and written advice on safe sleeping tailored to the needs of the infant, family and whanau as identified during careful assessment.

<sup>2</sup> See assessing sleep spaces from first principles CYMRC Suffocation Report page 17

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### Policy statement

DHB undertakes to maximise the opportunity for every infant to sleep safely, in every place for every sleep by:

- Ensuring DHB health professionals have the skills and resources required to:
  - ▶ identify family needs
  - ▶ consistently discuss and provide written advice on safe sleeping that is tailored to the families/whanau needs
  - ▶ document what needs to occur to mitigate identified risks as an action plan in the clinical notes and share and/or hand over these actions with the others involved in the provision of health care
  - ▶ document the actions taken to support safe sleep in the clinical notes.
- Supporting families in ensuring safe sleeping environments are always available e.g. a safe bassinet or standards compliant cot.
- Modelling safe sleep practices within all DHB services.
- Continuous quality improvement with audit and evaluation of practice and skills.

### Scope

This policy applies to all settings for which DHB has responsibility or influence where infants under 6 months<sup>3</sup> of age may sleep and is therefore relevant to all health professionals working with pregnant women or infants under 6 months of age.<sup>4</sup>

There are six specific situations where policy, procedures, training, audit and practice to support this policy must be in place:

1. Antenatal care
2. Maternity inpatient care
3. Postnatal Community based care
4. Special care baby units
5. Inpatient infants and boarder infants
6. Care of infants in community by outreach services.

<sup>3</sup> While deaths occur up to 12 months of age the greatest proportion die under 6 months and sleeping behaviours are established in the first 6 months.

<sup>4</sup> It is strongly recommended that this policy is followed by all health practitioners providing care for babies under 6 months of age but it is only binding for DHB employees.

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**Principles**

1. All parents and caregivers have a right to know about the hazards present for infants sleeping in some situations, e.g. shared sleep surfaces or sleeping alone in an adult bed and to be informed about safe sleeping practices.  
The dissemination of safe sleeping information and advice should be universal and consistent.
2. Every contact with health professionals is an opportunity to impart knowledge about safe sleeping practices and inform caregivers of the hazards present for infants sleeping in some situations.
3. Smoking cessation support is a vital component of antenatal and postnatal care.
4. Safe sleeping practices should be modelled at all times in all DHB facilities.
5. Breastfeeding is very important for the wellbeing of infants and mothers so must be supported and encouraged.
6. Every infant discharged from DHB facilities should have a safe place designed for infant<sup>5</sup> sleep at home.
7. Seamless information flow and record keeping with regard to safe sleep is a high priority to ensure health professionals have the correct information on which to base advice and families receive clear consistent advice.
8. Needs assessment with regard to risks and prevention of SUDI is a routine part of health care in DHB and an action plan to mitigate risks and support families will be clearly documented in case notes.
9. Each service will develop resources relevant to the care they deliver to fulfil this policy.
10. Families are supported in connecting with lead maternity carer (LMC), General practice, Well child care/Tamariki Ora services and other supports as needed.
11. Information about safe sleep is an important part of all transfers of care.

<sup>5</sup> A cot compliant with the mandatory safety standard AS/NZS 2172:2003 or safe bassinette, wahakura, pepi pod or other arrangement that minimises risk of entrapment, suffocation or strangulation. Each arrangement needs to be assessed carefully in the context of it's intended method of use.

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### Requirements

- A. All staff to which this policy applies must be provided with education training and resources to achieve and maintain relevant levels of skill.
- B. All areas to which this policy applies will meet the required safe sleep service standards and be monitored by regular audit and spot checks of clinical areas using the South Island Child Health Alliance approved audit tools and supported by safe sleep champions.
- C. All pregnant women will be provided with verbal and written information about safe sleeping practices including suffocation hazards as a part of an individualised care plan.
- D. The immediate postnatal period is recognised as a specific period of risk DHB staff and all staff using the DHB facilities must provide care in accordance with the Ministry of Health Consensus Statement<sup>6</sup> on Care of mothers and babies in the immediate postnatal period. This includes close observation during mother and baby skin to skin contact time.
- E. Every infant and mother should have a needs assessment<sup>7</sup> with regard to SUDI and be given advice and support tailored to match the level of need as part of routine health care.
- F. Provision of smoking cessation advice, support and referrals is a universal component of care for all families where smoking occurs.
- G. Advice must be provided on safe strategies for night feeds and settling infants.
- H. Staff should support parents in having a safe cot/space designed for infant sleep at home by providing information about safe sleeping environments or linking families to available resources.
- I. Every infant discharged from DHB will be supported in linking to primary care services including Lead Maternity Carer, General Practice and Well Child Care/Tamariki Ora services with the completion of the Newborn Enrolment Form, and electronic discharge summaries.
- J. Handover of care and referrals where relevant should include safe sleeping practises and risk factors present for the infant.

### Associated Documents

#### DHB policies:

- Breastfeeding
- He Oranga Best Practice
- Change for our children safe sleep policy framework

<sup>6</sup> <http://www.health.govt.nz/our-work/life-stages/maternity-and-breastfeeding/national-maternity-clinical-guidance/observation-mother-and-baby-immediate-postnatal-period-consensus-statements-guiding-practice>

<sup>7</sup> Needs assessment describes a systematic process which identifies the risks for an infant and then considers what needs to be in place to mitigate every identified risk as far as is possible.

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