



SECTION 1: NURSING CARE STANDARDS

1.3 Safety and Protection

1.3.1 Safe Infant Sleeping

Aims

1. To ensure and promote the safest possible sleeping environment for all infants admitted to general ward areas at PMH.
2. To ensure parents receive consistent accurate information that provides an opportunity for them to observe recommended safe sleeping practices.
3. To support and prepare parents/carers for ongoing safe sleeping practices in the home environment following discharge from hospital.

Definitions

Co-sleeping/bed sharing refers to any person being asleep, whether intentional or not, on the same sleep surface as an infant.¹

Fatal Sleep Accident: preventable death associated with suffocation or entrapment as a result of the sleep environment.¹

Evidence has demonstrated that there is an increased risk of sudden unexpected death in infancy (SUDI) and fatal sleep accidents associated with co-sleeping and bed sharing, especially in the presence of other risk factors:^{1, 2}

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| Infant risk factors: | <4 months of age are at most risk, low birth weight, prematurity, neonatal health issues, decreased tone/reflexes |
| Parental risk factors: | Poor antenatal care, very young parents, extreme tiredness, obesity, medications (altered consciousness), conditions affecting mobility and sensory awareness, cultural. ³ |
| Environmental risk factors: | Low socio economic group, change in care practices (unfamiliar surroundings), exposure to tobacco smoke, drug and alcohol use, other children/pets |
| Modifiable risk factors: | Sleep position- prone and side sleep position, unsafe sleep environment - multiple bed sharers, co-sleeping, soft or sagging sleep surface |

Key Points

- All nursing staff responsible for the care of infants at PMH are encouraged to complete the Safe Sleeping E-learning package to ensure consistent information and implementation of safe sleeping practices. Please see link at the end of this document.
- A co-sleeping risk assessment is to be undertaken on admission to hospital for all infants less than 12 months.
- All parents/caregivers of infants under 12 months are to be provided with the most current brochures on safe infant sleeping. The information provided to the parent/caregiver is to be documented in the medical record.
- Twins are to be placed in separate cots for sleeping whilst inpatients.
- All nursing staff involved in the care of infants less than 12 months are to promote and reinforce a safe sleeping environment in accordance with SIDS and Kids and WA Safe Sleeping Policy as follows:

1. Safe Sleeping position: Back to sleep

- All infants under 12 months are to be positioned on their back (supine) on a flat, firm surface for every sleep period, unless medically contraindicated and documented in the patients' medical record by the treating medical team.
- Position infant with feet at the end of the cot, with head and face uncovered.
- Side-lying and cot elevation are not recommended sleeping positions, including for infants with gastro-oesophageal reflux (GOR).^{2, 4-6} Elevation increases the risk of the infant slipping beneath the cot bedding.
- Bouncinettes, rockers and strollers have not been designed as sleeping products and infants should not be left unsupervised if they fall asleep in them.^{7, 8}



Prone position: (Medical indications and safety measures)

- *Acutely* unwell infants may benefit from the prone position to improve ventilation.⁸ Continuous cardio-respiratory monitoring is required and is to be documented in the medical records by the treating medical team.
- The infant should be transitioned to the supine position once the acute illness has resolved. Monitoring can cease once the infant is clinically stable and tolerating the supine position.
- Infants with anatomical airway anomalies eg. Pierre Robin Sequence usually require prone positioning with continuous cardio-respiratory and pulse oximetry monitoring. Refer to [neonatal guidelines](#).
- Infants who require home monitoring are to be referred to the 'home monitoring' physician prior to discharge.

2. Environment: Keep head and face uncovered

Bedding and wrapping:

- Blankets are to be at chest height and firmly tucked in. If an infant sleeping bag is used, ensure it is of the correct size with a fitted neck and no hood. Extra bedding is not usually necessary.
- Infant hats are not required outside of the neonatal unit.
- Remove pillows, soft toys, loose bedding or fabric from the cot area when the infant is unattended and/or sleeping. Sheepskins and 'nests' are not recommended and are to be removed when the infant is sleeping or unattended⁸
- Avoid wrapping infants if infection and/or fever present.
- If wrapping is appropriate, use a light cotton sheet/muslin to avoid overheating and ensure the wrap is loose enough to allow the infant's chest to expand and hips to flex.
- Wrapping is no longer appropriate once the infant is rolling, approximately 4 months of age. Refer to SIDs and Kids Safe Wrapping Brochure (link in resource section below)

3. Avoid exposure to smoke: Smoking remains the most important modifiable risk factor in reducing the risk of SIDS.

- Provide education on cigarette smoke exposure and the risk of SIDS.
- Advise parents, carers and visitors to minimise exposure whilst in hospital by smoking *after*, not before holding or feeding the infant; advise a change of clothing or removing outer clothing before handling the infant.
- Reinforce SIDS and kids advice of maintaining a smoke free home environment and car.
- Refer parents to smoking cessation programs, for example: www.quit.org.au

4. Promote/support breastfeeding:

- Breastfeeding and maternal bonding should be encouraged and facilitated wherever possible. Feeding and comforting in the parental bed has not been associated with increased risk ***providing the infant is returned to their own cot before the parent falls asleep.***^{4,9}

High risk co-sleeping practice in hospital

- Refer to the [risk factors](#) above.
- The incidence of co-sleeping against medical advice must be documented by nursing and/or medical staff in the patient medical record. The parent must be asked to sign the notation in the medical record that they have received the relevant information to make an informed decision and that they fully understand the risks associated with co-sleeping with their infant.
- Where high risk situations arise, nursing staff must be sensitive to the emotional, cultural and physical needs of the mother/carers and implement measures to ensure the safest possible environment for the infant.¹
- Recliner chairs must not be used for bed sharing as they increase the risk of entrapment and increase the risk of falls.
- Portable foldable beds do not have a firm mattress and are not suitable for co-sleeping with an infant. Provide a firm mattress on the floor if absolutely necessary and appropriate.
 - Place the mattress away from walls and furniture so there are no gaps for the infant to slip into and become trapped.
 - Do not place pillows or rolls beside the infant to prevent rolling.
 - Do not wrap the infant if sharing the same sleep surface to prevent overheating and ensure parent bedding cannot cover the infants face. Provide infant with a suitable sleeping bag where available and position outside of the adult bedding.

Discharge advice and education.

Some parents may choose to co-sleep for a variety of reasons – eg. settling, breastfeeding, cultural beliefs or avoidance of potentially harmful situations.


Refer to the '[Safe Infant Sleeping Information for Parents, Carers and Families](#)' and discuss the strategies for reducing risk of SUDI with the family/carers prior to discharge from hospital.

| Related Policies |
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| Operational Directive OD 0474/13 Safe Infant Sleeping. |
| Department of Health, WA. Safe Infant Sleeping Policy and Framework . Health Networks Branch. DoH. June 2013. |

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| Resources. |
| SIDS and Kids . Information Statements Safe Sleeping Brochure |
| Aboriginal and Torres Strait Islander Safe Sleeping Resources Safe Wrapping Brochure |
| Safe Sleeping E-learning Package . Available via the CAHS intranet. Recommended for all staff caring for infants at PMH. |

References:

1. Department of Health WA. Safe Infant Sleeping Policy and Framework. Womens and Newborns Health Networks,. June 2013.
2. SIDSandKIDS. Safe Infant Sleeping Policy Statement and Guidelines. 2013.
3. Ombudsman Western Ausitralia. Investigation into ways that State Government departments can prevent or reduce sleep-related infant deaths. November 2012.
4. Mitchell E, Freemantle, J., Young, J., & Byard, R. Scientific consensus forum to review the evidence underpinning the recommendations of the Australian SIDS and Kids Safe Sleeping Health Promotion Programme. Journal of Paediatrics and Child Health.;48:626-633; 2010.
5. SIDSandKIDS. Information Statement: Sleeping position for babies with gastro-oesophageal reflux (GOR). Melbourne, National SIDS Council of Australia. 2013.
6. Craig W, Hanlon-Dearman A, Sinclair C, Taback SMoffatt M Metochlopramide, thickened feedings and positining for gastro-oesophageal reflux in children under two years. Cochrane Database of Systematic Reviews. 3; 2004.
7. Department of Health WA. Safe Infant Sleeping: Information for Parents, Carers and Families. 2013.
8. Royal Children's Hospital Melbourne. Safe Sleeping. Clinical Guidelines (Nursing). 2013.
9. SIDS and Kids. Information Statement: Sleeping with a Baby. National Scientific Advisory Group Melbourne,. 2007.

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| File Name and Path: | Safe Infant Sleeping https://healthpoint.hdwa.health.wa.gov.au/policies/Policies/CAHS/PNPM%2001.03.01%20Safe%20Infant%20Sleeping.pdf | | |
| Document Owner: | Clinical Nurse Manager, Ward 8A Infants | | |
| Reviewer / Team: | Nursing team ward 8A | | |
| Document Sponsor: | Nursing Director, PMCCU | | |
| Date First Issued: | January 2009 | Version: 2 | |
| Last Revised: | 12 August 2014 | Review Date: | 12 August 2017 |
| Endorsed by: | Paediatric Nursing Practice Committee | Date: 25 August 2014 | |
| Standards Applicable: | NSQHS Standards:  | | |
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