Guideline

Sudden Infant Death Syndrome (SIDS) and safe sleeping for infants

Summary This guideline provides a more explicit explanation of the risk of SIDS associated with positioning babies on their stomach and includes information on safe sleeping practices, commonly asked questions and more detail on SIDS and Kids resources and contacts.

Document type Guideline

Document number GL2005_063

Publication date 24 May 2005

Author branch Primary Health and Community Partnerships

Branch contact 9391 9475

Review date 31 December 2018

Policy manual Not applicable

File number 02/6378

Previous reference IB 2003/17

Status Review

Functional group Clinical/Patient Services - Baby and Child, Maternity

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Affiliated Health Organisations - Declared, Community Health Centres, Private Hospitals and day Procedure Centres, Public Hospitals

Distributed to Public Health System, Community Health Centres, Divisions of General Practice, Health Professional Associations and Related Organisations, Ministry of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Audience

Secretary, NSW Health
This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
GUIDELINE

SUDDEN INFANT DEATH SYNDROME (SIDS) AND SAFE SLEEPING FOR INFANTS

This Guideline updates Information Bulletin Number 03/17. This Guideline provides a more explicit explanation of the risk of SIDS associated with positioning babies on their stomach and includes information on safe sleeping practices, commonly asked questions and more detail on SIDS and Kids resources and contacts.

The recommendations in this Guideline should be implemented as NSW Health policy in all NSW Health facilities.

Health professionals in maternity units should ensure that positioning infants to sleep follow these guidelines, and that parents are strongly encouraged to maintain these practices when they return home with their infants.

This Guideline may be used by both health professionals and parents, and incorporates the parent information developed by SIDS and Kids (formerly known as SIDS Australia). The language used by SIDS and Kids has been retained so that health professionals may distribute the information directly to parents.

Sudden Infant Death Syndrome (SIDS) and Safe Sleeping for Infants

Some sleeping arrangements are not safe. They can increase the risk of SIDS or cause serious sleeping accidents. Research has found some important ways to reduce the risks of SIDS and to create a safe sleeping environment for babies and young children. The following provides information on how to create a safe sleeping environment for a baby.

There are three main ways to reduce the risk of SIDS:
1. Put baby on the back to sleep, from birth;
2. Make sure baby's head remains uncovered during sleep.
3. Keep your baby smoke free, before birth and after;

Put baby on the back to sleep, from birth

Sleeping on the back reduces the risk of SIDS. The chance of babies dying from SIDS is greater if they sleep on their tummies or sides. Put your baby on the back to sleep, from birth, unless your doctor or nurse tells you otherwise. Healthy babies placed to sleep on the back are less likely to choke on vomit than tummy sleeping infants.

The best position for babies to sleep is on their backs. If you choose to sleep your baby on the side, make sure that his or her lower arm is well forward to stop rolling onto the tummy. The side position is not recommended for babies as they may roll onto their tummies during sleep. However, if your baby has certain rare medical conditions, side or tummy sleeping may have been recommended by your doctor.

When the baby is awake it is important to vary the baby’s position from lying on its
back. Tummy play is safe and good for babies when they are awake and an adult is present, but don't put baby on the tummy to sleep.

Older babies can turn over and move around the cot. Put them on the back but let them find their own sleeping position. The risk of SIDS in babies over six months is extremely low.

**Make sure baby's head remains uncovered during sleep**

Be careful your baby's face and head stay uncovered during sleep as this decreases the risk of SIDS. Loose bedding can cover your baby's head. Tuck your baby in securely so that he or she can't slip under the bedclothes. Make up the bed so that the baby's feet are at the foot of the bed. Quilts, doonas, duvets, pillows, soft toys and cot bumpers should not be placed where your baby sleeps during the first year.

Taking a baby into an adult bed may be unsafe if baby:
- Gets caught under adult bedding or pillows;
- Is trapped between the wall and the bed;
- Falls out of bed;
- Is rolled on by someone who sleeps very deeply or who is affected by drugs or alcohol.

**Keep your baby smoke free, before birth and after**

Cigarette smoke harms babies before birth and after. Parents who smoke during the pregnancy and after the baby is born increase the risk of SIDS for their baby. In fact, if mother smokes, the risk of SIDS doubles, and if father smokes too, the risk doubles again.

There is an increased risk of SIDS if parents are smokers, even if they smoke outside, away from the baby. If mothers who are smokers bed share with their babies the risk of SIDS is increased. The reasons for this are not clear. However, we do know that being a non-smoker or smoking less will reduce the risk for your baby.

Try not to let anyone smoke near your baby – not in the house, the car or anywhere else your baby spends time. If you want to quit smoking and you're not finding it easy, ask for help. Call the Quitline on 131 848 or ask your doctor, midwife or child health nurse for information and advice about quitting.

**Other important information**

The following outlines other important information for parents.

**Is immunisation linked with SIDS?**

No. There is very strong evidence to show that immunisation is not associated with SIDS. The peak age of SIDS is the same age babies are most often immunised (two to four months), so by chance they can occur at the same time. Have your baby fully immunised on time.
How can I stop my baby getting a flat ‘pressure spot’ on the skull?

Some babies are born with a different shaped head. A flat pressure spot can develop on baby’s head if the baby lies in the one position for long periods of time. These flat spots improve with age and most, but not all, will disappear completely. They are not dangerous and improve naturally as baby’s head grows and when baby starts to sit up and look about.

Babies often develop a preference to look in one direction. Sleep baby on the back and encourage him/her to look in a different direction. You can change baby’s head position for each sleep, from face turned to one side, then to the other, then to looking straight up. If the baby always seems to turn his/her head to face out into the room, alternate putting the baby at different ends of the cot, so they will turn their head to a different position. If baby has a favourite object to look at, change the position of this object so that the position of baby’s head changes.

If the baby continues to turn only to one side, parents need to speak to the early childhood health nurse or doctor about referral to physiotherapy. Parents can then be given exercises to encourage full head movement and therefore reduction or prevention of flat pressure spots. If the baby’s head seems to be oddly shaped or crooked, parents should have it checked out by the doctor.

Will bed sharing during sleep increase the risk of sudden infant death syndrome?

Bed sharing does not appear to increase the risk of SIDS for any of the following groups:
- When you bed share to feed and cuddle the baby and put the baby back in the cot;
- When the baby is older than 4 months;
- If you and your partner are non-smokers.

If you or your partner smoke, sleeping with your baby in the first 4 months may increase the risk of SIDS. Particular circumstances that may increase the risk for all parents include when you or your partner have consumed alcohol or have taken drugs which make you sleep more heavily.

If you sleep with your baby, make sure that the baby’s head cannot become covered by bedding. Keep the baby away from the pillows; use firm bedding and lightweight blankets rather than doonas or duvets and place your baby in a position where there is not the risk of him/her falling out of the bed. The safest place for the baby to sleep is in a basinet beside your bed.

Does sleeping with baby on a couch increase the risk of sudden infant death syndrome?

Yes. Some research into sudden infant death has shown that an adult sleeping on a couch with a baby can be dangerous. This is because baby may become wedged
into cushions or the back of the sofa and the sleeping person would not notice. Put baby back into his or her own sleeping place before you doze off on a couch.

Further information

More information on how to reduce the risk of SIDS and sleeping your baby safely can be obtained from the SIDS and Kids website http://www.sidsandkids.org or by contacting SIDS and Kids on telephone 1300 308 307.

The following SIDS and Kids information products are available:

- SIDS & Kids safe sleeping Brochure;
- SIDS & Kids safe sleeping Easy Read Brochure;
- SIDS & Kids safe sleeping Frequently Asked Questions;
- SIDS & Kids safe sleeping Door Hanger;
- SIDS & Kids safe sleeping Parent Video;
- Reducing the Risk of Sudden Infant Death Syndrome - Scientific literature to support the recommendations of the Forum to review the risk factors for SIDS.

Copies of the above resources are available from SIDS and Kids on telephone 1300 308 307. SIDS and Kids also provides education and training on reducing the risk of SIDS and safe sleeping for health professionals on request. Safe sleeping resources for midwives are available that outline recent research and other up to date evidence for back sleeping.

Robyn Kruk

Director General