Recommended Safe Sleep Practices for Babies

Summary The Guideline recommends safe sleeping practices to reduce the risk of Sudden Unexpected Death in Infancy (SUDI) and Sudden Infant Death Syndrome (SIDS).

Document type Guideline

Document number GL2021_013

Publication date 27 July 2021

Author branch Health and Social Policy

Branch contact (02) 9424 5944

Replaces PD2019_038

Review date 27 July 2026

Policy manual Patient Matters Manual for Public Health Organisations

File number H21/72145

Status Active

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

Applies to Ministry of Health, Local Health Districts, Board Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Community Health Centres, Public Hospitals

Distributed to Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Audience Maternity Services;Emergency Department;Paediatrics;Child and Family Health Professionals

RECOMMENDED SAFE SLEEPING PRACTICES FOR BABIES

GUIDELINE SUMMARY

The Guideline recommends safe sleeping practices to reduce the risk of Sudden Unexpected Death in Infancy (SUDI) and Sudden Infant Death Syndrome (SIDS).

KEY PRINCIPLES

Health professionals use a partnership approach to engage and work with families in a culturally sensitive manner to build relationships and find ways to support families to keep their babies safe.

Carers receive consistent, clear information about the recommended safe sleeping practices routinely and opportunistically in antenatal, postnatal, newborn care and community settings until the baby is 12 months of age.

Risk assessments are conducted at specified points in care for factors that may indicate a higher risk of SUDI.

All care and care planning, including risk assessments, must be documented in the health record.

USE OF THIS GUIDELINE

Local Health Districts and Specialty Health Networks must ensure relevant staff:

- receive education and training to provide safe sleeping information
- are aware of the evidence supporting the safe sleeping practices
- model safe sleeping practices
- are aware of the risk factors for SUDI and identify families who may require additional information, education and support
- develop local procedures and strategies to:
    - to implement this Guideline
    - monitor practice.

REVISION HISTORY

Version	Approved by	Amendment notes
July-2021 (GL2021_013)	Deputy Secretary Health System Strategy and Planning	Two additional key safe sleep practices: to avoid overheating baby and to ensure that all caregivers are aware of the key safe sleeping practices for babies. New advice about the risk of SUDI in the first few days of life and about the risk of SUDI for babies who are small for gestational age. Stronger recommendations about the use of baby carriers, slings and pouches.

August 2019 (PD2019_039)	Deputy Secretary Strategy and Resources	Amalgamation of GL2005_063 Sudden Infant Death Syndrome (SIDS) and Safe Sleeping for Infants and PD2012_062 Maternity - Safer Sleeping Practices for Babies in NSW Public Health Organisations.
November 2012 (PD2012_062)	Deputy Director – General Population Health	Replaces PD2005_594 with updated information for safer sleeping practices in Public Health Organisations.
June 2005 (PD2005_594)	Primary Health and Community Partnerships	No previous policy
May 2005 (PD2005_063)	Primary Health and Community Partnerships	Replaces IB2003/17 Sudden Infant Death Syndrome (SIDS) and safe sleeping for infants
IB2003/17	Primary Health and Community Partnerships	Initial document

ATTACHMENTS

1. Recommended Safe Sleeping Practices for Babies: Guideline

CONTENTS

1 BACKGROUND

While the incidence of Sudden Unexpected Death in Infancy (SUDI) has declined over the past 15 years, this decline has plateaued, and the rate has not changed significantly over the past decade.[1]

Families known to the child protection system and Aboriginal babies are over-represented in SUDI deaths compared with the general population.[1,2]

Many of the risk factors associated with SUDI are modifiable, therefore the implementation of the recommended safe sleeping practices may further reduce the incidence of SUDI.[1]

1.1 About this document

This Guideline applies to NSW Health staff who, as part of their role, provide care for babies up to 12 months of age. Expectant parents, parents, caregivers and/ or extended family members who provide care for these babies are subsequently referred to collectively as 'carers'.

1.2 Key Definitions

Carer

Expectant parents, parents, caregivers and/ or extended family members providing care for a baby.

Co-sleeping

A carer being asleep on the same sleep surface as the baby.

Neonatal period

This is the time from birth to 28 days of age.

Sharing a sleep surface

Practices of bed sharing and co-sleeping on the same sleep surface.

Partnership approach

Health professionals and family members working together in pursuit of a common goal. This approach is based on shared decision making, shared responsibility, mutual trust and mutual respect in line with the NSW Health Policy Directive *Maternal Child Health Primary Health Care Policy* (PD2010_017).

Sudden Infant Death Syndrome (SIDS)

The sudden and unexpected death of an infant under 1 year of age, with onset of the lethal episode apparently occurring during sleep, that remains unexplained after thorough investigation including performance of a complete autopsy, a review of the circumstances of death and the clinical history.

Sudden Unexpected Death in Infancy (SUDI)

Is a classification not a cause of death. The term defines the death of an infant less than 12 months of age that is sudden and unexpected, where the cause was not immediately apparent at the time of death. Included in SUDI are:

- deaths that were unexpected and unexplained at autopsy (i.e. those meeting the criteria for Sudden Infant Death Syndrome)
- deaths occurring in the course of an acute illness that was not recognised by carers and/ or health professionals as potentially life threatening
- deaths arising from a pre-existing condition that had not been previously recognised by health professionals
- deaths resulting from accident, trauma or poisoning where the cause of death was not known at the time of death.

In some cases, a cause of death may be identified by autopsy and examination of the circumstances of the infant's death. For others, no clear cause can be determined and many of these deaths are classified as SIDS.

1.3 Related NSW Health Documents

This document should be read in conjunction with:

NSW Health Policy Directives	
PD2010_017	Maternal and Child Health Primary Health Care Policy
PD2012_069	Health Care Records - Documentation and Management
PD2017_044	Interpreters - Standard Procedures for Working with Health Care Interpreters

2 THE RECOMMENDED SAFE SLEEPING PRACTICES

To reduce the risk of SUDI, it is recommended that carers use the following safe sleeping practices in any environment where the baby is placed to sleep:

- Place the baby on their back to sleep.
- Use a cot that meets the Australian safety standard and has a firm, well fitted mattress.
- Sleep the baby in the same room as the carer for the first six to 12 months of life.
- Do not sleep the baby on couches or armchairs, especially with another person.
- Make sure the baby's head and face cannot become covered while sleeping to prevent suffocation or overheating. Tuck in sheets and blankets or use a safe infant sleeping bag. Do not use a doona, cot bumper, mattress padding, sheep skin or leave soft toys in the cot.
- Dress the baby to be comfortably warm, not hot, to avoid overheating.
- Breastfeed the baby for the first 6 months where possible.

- Avoid smoking during pregnancy and keep the baby in a smoke free environment after birth.
- All carers should know about the recommended safe sleeping practices.

The recommended safe sleeping practices are adapted from raisingchildren.net.au/safesleep. See Appendix 1 for more information.

NSW Health staff must model the recommended safe sleeping practices and provide clear, consistent written, verbal and/ or digital information about recommended safe sleeping practices to influence the behaviour of carers.[3]

These interventions should occur during the antenatal period and at each opportunity until the baby is 12 months of age.

2.1 Safe sleeping resources for carers

All carers should receive written, culturally appropriate, safe sleeping information about the recommended safe sleeping practices. Written resources support and inform the safe sleeping discussion with parents. These resources may include:

- *My Personal Health Record* (The Blue Book)
- NSW Health, *Safe Sleep Cot Card*
- *Safe Sleeping Recommendations* Flyer
- *Safe Sleeping for Your Baby* – strong women strong babies - Aboriginal Maternal Infant Health Service (AHMIS) – Building Strong Foundations (BSF).

3 SPECIFIC ADVICE TO CARERS

In addition to providing all families with information about the recommended safe sleeping practices some carers may need more information about specific issues (see Appendix 1).

3.1 The risk of co-sleeping

It is important that NSW Health professionals provide carers with evidence-based information that the safest place for a baby to sleep is in her/ his own safe sleeping place in the same room as an adult carer for the first six to 12 months of age.[1,3] This includes baby not sharing any sleep surface with another baby, child, or carer.

3.1.1 Unintentionally falling asleep with baby

Carers should be advised of the risk of SUDI if they unintentionally fall asleep when feeding or settling baby either in bed, on a sofa or couch, armchair, waterbed, hammock or bean bag. In years 2016 to 2017, 14 babies died from unintentional asphyxiation as a result of loose/soft bedding or in the context of co-sleeping.[1] If the carer is excessively tired or sleepy the risk of unintentionally falling asleep on a soft surface may be higher. If a baby is brought into an adult bed or soft surface (described above) for feeding or settling, it is safest if the baby is returned to their own safe sleeping place prior to the adult falling asleep.[3] If possible another carer can help by returning the baby to the cot after feeding.

3.1.2 Twins and multiple births

Co-bedding of twins and multiples is **NOT** recommended. There is no compelling evidence of the benefit of co-bedding.[3]

It is important for postnatal staff and carers to follow the same recommended sleeping practices for twins and multiple births as they would with other babies in line with Section 2 and Appendix 1.

Twins and higher-order multiples are often born prematurely and with low birth weight and have a higher risk of SUDI. Co-bedding these babies increases their risk of SUDI with the potential to cause overheating, rebreathing and any difference in size of the babies may increase the risk of suffocation.[3]

3.2 The risks associated with other sleeping environments

Babies should not be left unsupervised when they are asleep in places other than their own safe cot (see Appendix 1).

Babies who were born premature, of low birth weight, are unwell, or are under four months of age are at greater risk of suffocation in baby carriers, slings or pouches. Encourage carers to talk to their child and family health nurse, GP or paediatrician before using a baby carrier, sling or pouch.

For more information about safer use of these devices visit Raising Children's Network and Product Safety Australia websites.

3.3 The risk of overheating

Thermal stress and SUDI can occur when excessive clothing and/ or bedding is used. Too much insulation such as when a baby's head or face is covered by hats or beanies, bedding or clothing, when baby is wrapped or dressed in overly warm clothing may not allow the baby to regulate their temperature or to cool down by evaporation of sweat.[1,3,] Some cultures prefer to wrap baby in several layers which may lead to overheating.

It is recommended that carers should dress their babies as they would dress themselves to be comfortably warm, not hot.

3.4 The risk of baby's head and face being covered

Wrapping baby, without covering the head or face, may be used as a settling and sleeping strategy in babies who have not started rolling. The wrap must be loose enough to allow for hip flexion and chest wall expansion, and the baby should not be overdressed under the wrap to prevent overheating (see Section 3.3).

Wrapping may become a hazard for babies who have started rolling. Once the baby moves enough to become tangled in wrapping consider using a safe sleeping bag. If bed linen is used it should be tucked in firmly to prevent it covering the baby's head and face.

3.5 The risk of exposure to tobacco smoke

The harm of exposure to tobacco smoke is a risk factor for SUDI. Strategies to minimise the risks may include:

- referral to *Quitline* phone: 137 848 or *iCanQuit*
- education on the association between cigarette smoking and risk of SUDI
- smoke after, not before feeding or holding the baby
- prevent nicotine and toxin contact with the baby by changing clothes after smoking
- keep the house and car smoke free
- designated outside smoking areas, away from doors and windows.

Quit for new Life resources are available at https://www.health.nsw.gov.au/tobacco/Pages/publications-resources.aspx

3.6 Use of a pacifier (dummy) may be protective

Breastfeeding a baby is protective against SUDI.[1,3] If a baby is breastfeeding, a dummy is not recommended until breastfeeding is established.[3] The evidence indicates that the use of a dummy may be protective against the risk of SUDI.

3.7 Immunisation may be protective

The evidence shows that immunisation may be protective against SUDI.[3] Carers should be strongly encouraged to ensure babies are vaccinated on time, in line with the National Immunisation Program Schedule. Resources are available on the NSW Health Immunisation website.

4 HIGHER RISK OF SUDI

The majority of SUDI occurs in the first 3 months of life.[1]

The first day of life is a particularly vulnerable period for the newborn as they adapt to extrauterine life. Newborn babies can suffer an acute life-threatening event which may, for example, be caused by physiological maladaptation to extrauterine life, airway compromise due to positioning or the indirect effects of maternal perinatal opiate administration.[4]

SUDI is also significantly more likely in families who are known to the child protection system and families who are disadvantaged and poorly resourced.[1,2] These families may experience a range of issues that could impact on the parents' capacity to make safe sleeping choices for their baby.

It is important to note that Aboriginal babies are over-represented in SUDI deaths. On average almost 20% of SUDI deaths in NSW have been Aboriginal babies.[1]

4.1 Risk assessment for factors associated with SUDI

Risk assessment for factors that are associated with SUDI should be conducted with the family by NSW Health staff by 28 weeks gestation. In cases when families engage with services late in pregnancy a risk assessment should be conducted as soon as possible. Subsequent risk assessment should occur in the postnatal period immediately after the birth of the baby and during the first 1- 4 week health check, which is often conducted at home. The following factors should be considered:

- mother's clinical condition
- baby's circumstances
- family circumstances
- safety of the physical environment.

4.1.1 Mother's clinical condition

Postnatal maternal risk factors may include women who are:

- recovering from a general anaesthetic (first 24 hours)
- immobile due to spinal or epidural anaesthetic (until fully mobile)
- experiencing a medical condition that may affect consciousness or ability to respond normally to the baby, for example, fever, excessive blood loss, severe hypertension
- under the influence of drugs/ medications that may cause drowsiness, for example: sedatives, analgesia especially narcotics and other opioids such as, methadone, alcohol, illicit drugs
- tired or exhausted so that their ability to respond to the baby is affected for example, women who have laboured through the night or awake > 24 hours.

4.1.2 Baby's circumstances

There is an increased risk of SUDI associated with:

- the first day of life[4]
- premature birth (less than 37 weeks)[1,3]
- low birth weight (less than 2,500g)[1,3]
- small for gestational age (less than the 10th percentile at birth)[1,3]
- the first three months of life[1]
- a history of upper respiratory tract infections in the two weeks prior to death including: signs of cold/ flu, chesty coughs and/ or wheezing; ear infection; staphylococcus infections; gastrointestinal illness or fever[1,3]
- prenatal exposure to drugs, particularly nicotine (from cigarettes) and alcohol[1]
- overheating due to excess bedding or clothing[1,3]
- sleeping position, either prone or lateral.[1,3]

4.1.3 Family circumstances

SUDI disproportionately affects vulnerable families and infants living in socio-economic disadvantage. Mortality rates are lower in cities compared to remote areas.[1]

Risk factors within some families and populations may lead to a higher incidence of SUDI. These may include:

- families of Aboriginal[1] descent and other indigenous groups
- families living in remote areas of NSW[1]
- younger maternal age, particularly under 21 years.[1,2,]
- carers using medications which may cause drowsiness[1]
- carers who smoke[1,3]
- carers with drug and/ or alcohol use[1,2,3]
- families with a child protection history[1,2]
- vulnerable families and/ or those living in areas of socio-economic disadvantage.[1,2]

4.1.4 Safety of the physical environment

To ensure a safe sleeping environment for every sleep, day and night, families need:

- access to a cot that complies with the Australian Safety Standard and a firm mattress that fits the cot
- to ensure the environment:
    - is free from tobacco smoke
    - has appropriate cot bedding and baby clothing to avoid overheating baby
    - is free from objects that may pose a suffocation risk, for example soft toys, pillows, adult blankets and doonas
- adequate housing (for some families, homelessness or overcrowding may be an issue).

4.2 Risk of significant harm

If health professionals are concerned about the risk of significant harm to an infant they should consult the *NSW Health Child Wellbeing Unit*, on 1300 480 420 (Monday – Friday 8:30am – 5:30pm) or the Child Protection Helpline (24/7) directly on 132111.

5 STRATEGIES TO SUPPORT FAMILIES

Families who have identified risk factors for SUDI may not receive, understand or adopt the recommended safe sleeping practices. It is therefore important that health professionals build relationships with these families and communities to support them to find ways to keep their babies safe. When talking with families, NSW Health professionals must be sensitive to cultural norms, clear and consistent about the recommended safe sleeping practices and non-judgemental.[2] The use of appropriate resources about the recommended safe sleeping practices will support and inform families (see Section 2).

5.1 Aboriginal families

'Building trust and sharing respect is central to good work with Aboriginal families. The importance of culturally responsive practice with Aboriginal families cannot be overstated. It

involves acknowledging the trauma and impact of the Stolen Generations while genuinely valuing Aboriginal culture and connection to community, and working collaboratively within that context to address any safety and risk issues identified for children'.[5]

Consider referral of Aboriginal families to targeted maternity and child and family health services such as the Aboriginal Maternal and Infant Health Service (AMIHS) and Building Strong Foundations (BSF) program where available. These services can provide additional support to families to help mitigate risks. Further information about these services is available at NSW Health website. Ensure families are given the NSW Health *Safe Sleeping for Your Baby* – strong women strong babies brochure (Aboriginal Maternal Infant Health Service, Building Strong Foundations) and the NSW Health Strong Women Strong Babies pregnancy diary.

5.2 Culturally and linguistically diverse families

The following resources are available to support families where English is not their first language:

- *My personal health record* (The Blue Book) - available in multiple languages
- *Safe Sleeping Recommendations* Flyer - available in multiple languages
- a health care interpreter for families who are not fluent in English or who are Deaf, in line with NSW Health Policy Directive *Interpreters - Standard Procedures for Working with Health Care Interpreters* (PD2017_044).

5.3 Referral to family support services

A range of factors may act as barriers to a family ensuring a safe sleeping environment (see Section 4.1.3). In these circumstances it is important to provide additional support, information and education. Health professionals should:

- Proactively support families to access relevant services, supports or referrals, or if necessary, engage relevant services, supports or referrals on their behalf. This may include social workers and welfare services available in districts and/or the NSW Government Communities and Justice
- Refer the family to Family Connect and Support services for further support and community resources.

6 IMMEDIATE POSTNATAL CONSIDERATIONS

The orientation of families to postnatal care environments in NSW Health maternity services must include the recommended safe sleeping practices (see Section 2 and Appendix 1). This must include a demonstration of positioning baby in the cot for safe sleeping. Care planning must include consideration of previously identified safe sleeping risk factors and any further risks identified, appropriate advice and documentation.

6.1 Safe sleeping in NSW Health maternity services

To promote safe sleeping, staff of NSW Health maternity services must advise all mothers that co-sleeping with their babies is not recommended because it increases the

risk of SUDI. Babies should be returned to their own safe cot prior to the mother falling asleep.

There may be instances where a parent chooses to co-sleep with their baby despite advice from health professionals. The advice and subsequent actions should be documented in the health care record.

6.2 Baby feeding and settling

Staff should be aware that some mothers are at greater risk of unintentionally falling asleep when feeding or settling their baby in their adult bed, which increases the risk of SUDI (see Section 4.1.1). It is therefore important that staff are vigilant in the early postnatal period to support these mothers.

When the partner/ support person is assisting with feeding and/ or settling of the baby, it is important to remind them of the need to return the baby to their own safe cot for sleeping.

In the event that a baby requires breastfeeding or settling whilst the mother is receiving medication of a sedative nature, regular monitoring and support by staff is required. In addition, staff should consider the following:

- lowering the bed as far as possible
- placing the call bell/ buzzer as close as possible to the mother/ partner
- ensuring that if bed rails are used, they do not cause a risk of entrapment to the baby.

7 NEONATAL INTENSIVE CARE OR SPECIAL CARE SETTINGS

Districts and Specialty Health Networks (SHNs) should ensure that newborn care settings such as neonatal intensive care, newborn care nurseries and some paediatric units (where newborn care is provided):

- Develop strategies to ‘normalise’ the care of the baby consistent with the recommended safe sleeping practices at an appropriate time. For example, when cardio-respiratory monitoring is ceased and prior to discharge[3]
- Ensure staff discuss with carers at appropriate times, the rationale for any variation to the recommended safe sleeping practices in a newborn care environment. For example; explaining to parents that their baby has been nursed prone due to respiratory distress and continuous monitoring; however, this is not in line with the recommended safe sleeping practices after discharge
- Provide all carers taking their baby home from a newborn care environment with education and modelling regarding the recommended safe sleeping practices, including any variation to the practices if medically indicated for their baby.

8 COMMUNITY SETTING CONSIDERATIONS

The recommended safe sleeping practices described in Section 2 and Appendix 1 should also be applied in community health settings including residential, where any baby up to

12 months of age is placed to sleep. The recommendations should be discussed with all carers.

At the 1 to 4 week check the child and family health nurse should:

- use a partnership approach to discuss the recommended safe sleeping practices in line with Section 2 and Appendix 1 and offer to assist carers in making changes to the sleeping environment as required
- ensure all carers have safe sleeping information (available in multiple languages), and discuss this information with them
- ensure the delivery of services to promote safe sleeping is accurately and comprehensively documented in the baby's health care record.

9 BABIES IN OTHER HEALTH CARE SETTINGS

It is recommended that health professionals working in any NSW Health setting, where babies up to 12 months of age are placed to sleep should:

- undertake and document a clinical risk assessment to facilitate a safe sleeping environment for the baby, as outlined in Section 4.1
- model the recommended safe sleeping practices in line with Appendix 1
- discuss the recommended safe sleeping practices with carers in line with Appendix 1.

These settings may include children's hospitals, paediatric wards and any other departments where the baby may be accommodated with a carer, such as day stay and residential settings.

There may be instances where a carer chooses to co-sleep with their baby despite advice from health professionals. The advice and subsequent actions should be documented in the clinical notes.

10 DOCUMENTATION

Comprehensive contemporaneous documentation of the safe sleeping information given to carers, the risk assessment, carer choices and a clear care plan should be recorded in line with The NSW Health Policy Directive *Health Care Records – Documentation and Management* PD2012_069.

11 EDUCATION FOR HEALTH PROFESSIONALS

The importance of explaining the recommended safe sleeping practices to families should not be underestimated. Some staff will require additional education and support to have these conversations. The following resources are available to assist staff to meet the minimum skills and knowledge required:

- HETI: My Health Learning: Safe Sleep eLearning Module (136321254)
- NSW Health website, Safe Sleep Resources.

12 MONITORING PRACTICE

Districts and SHNs must monitor compliance with this Guideline. This may include mechanisms such as electronic medical record systems and documentation audits in line with *Health Care Records – Documentation and Management* PD2012_069. District and SHN monitoring should include, but not be limited to, the following:

- families have received information about the recommended safe sleeping practices in antenatal, postnatal, newborn care and community settings in the most appropriate form:
    - verbal, written and/ or digital education
    - discussion regarding any identified risks e.g. smoking
- families have been shown the safest way to position their baby for sleep.

13 REFERENCES

1. Biennial report of the deaths of children in New South Wales: 2016 and 2017 Incorporating reviewable deaths of children. Sydney: NSW Ombudsman 25 June 2019.
2. NSW Department of Communities and Justice, Child Deaths 2019 Annual Report - Learning to improve services. NSW Government Publication. November 2020.
3. Moon RY. and American Academy of Paediatrics, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Paediatrics.* 2016; Volume 138, Number 5:e20162938; DOI: https://doi.org/10.1542/peds.2016-2940
4. Lutz T. L., Elliott E. J, and Jeffery H. E. Sudden unexplained early neonatal death or collapse: a national surveillance study. *International Pediatric Research.* 2016; 80, 493 - 498. https://doi.org/10.1038/pr.2016.110
5. NSW Department of Families and Community Services, Child Deaths 2016 Annual Report - Learning to improve services. NSW Government Publication. January 2017.

14 APPENDIX LIST

1. The recommended safe sleeping practices for staff to model and discuss with carers

Appendix 1: The recommended safe sleeping practices for staff to model and discuss with carers

The recommended safe sleeping practices for staff to model and discuss with carers
Place baby on their back to sleep
Placing baby on their back to sleep reduces the risk of SUDI. Healthy babies placed on their back to sleep are less likely to choke on vomit than when prone sleeping or side sleeping. Older babies (around 4-6 months) who can move around the cot should be placed on their back and allowed to find their own sleeping position. The risk of SUDI in babies over six months is lower. When an adult is present and baby is awake, tummy play is safe and good for baby.
Use a cot that meets the Australian safety standard and has a firm, well fitted mattress.
Cots that meet the current Australian standard will have a clear label • **AS/NZS 2172 for cots** • **AS/NZS 2195 for portable cots** **Only use the firm mattress supplied with the cot, without additional padding**. The cot **must be positioned flat.** If a bassinet is used, it should only be used in the first few months of baby's life. Once the baby can roll the baby should be placed in a safe cot.
Sleep baby in the same room as the carer for the first six to 12 months of life.
The risk of SUDI is lower if a baby sleeps in a safe cot in the same room as the carer for the first six to twelve months. Close proximity of the baby, in the same room as the carer facilitates feeding, comforting, and monitoring of the baby.
Do not sleep the baby on couches or armchairs, especially with another person.
The risk of an injury and SUDI is increased if a baby sleeps, or is left unsupervised, on an adult bed, waterbed, makeshift bed, armchair/ lounge/ couch/ sofa, bean bag, hammock, bouncinette, rocker or pram. **It is recommended that babies have their own sleep surface.** Sharing a sleep surface increases the risk of the baby becoming trapped, suffocated, and dying. **It is important for carers to know** that there are some circumstances in which sharing a sleep surface with the baby can be particularly dangerous. The highest risk is associated with: • adults affected by alcohol or other drugs, medication (prescribed or other) that cause drowsiness • an adult who is a smoker (even if they don't smoke in the bedroom) • babies under 3 months of age • babies born prematurely, low birth weight and/ or small for gestational age. Sharing a sleep surface with baby can happen without it being planned. This is more likely when carers are extremely tired. Carers can help keep the baby safe by making sure that if a baby is brought into an adult bed for feeding or settling, the baby is returned to their own safe sleeping place prior to the adult falling asleep. If carers are feeling tired it is best not to settle the baby on these higher-risk surfaces where the carer could fall asleep unintentionally.

The recommended safe sleeping practices for staff to model and discuss with carers

Make sure the baby's head and face cannot become covered while sleeping to prevent suffocation or overheating. Tuck in sheets and blankets or use a safe infant sleeping bag. Do not use a doona, cot bumper, mattress padding, sheep skin or to leave soft toys in the cot.

To avoid overheating or suffocation make sure baby's head and face cannot become covered:

- **Remove head coverings before baby is placed to sleep** for example hats, bonnets, beanies and hooded clothing
- **Don't use cot bumpers, pillows, doonas, mattress padding, sheepskin or lamb's wool** that could cover baby's face
- **Tuck in sheets and blankets or use a safe infant sleeping bag** as loose bedding could cover baby's face
- **Don't leave soft toys in the cot with baby**
- **Position the baby's feet at the bottom of the cot** to prevent baby moving down the cot and becoming covered by bedding.

Dress baby to be comfortably warm, not hot, to avoid overheating

Carers should dress baby as they would themselves to be comfortably warm but not hot.

Avoid excessive bedding/ wrapping and head covering that could increase the baby's risk of thermal stress and SUDI by providing insulation which prevents the baby from regulating their temperature.[1,3]

Avoid overheating the room where baby is sleeping.

Breastfeed the baby for the first 6 months where possible.

The risk of SUDI is lower if a baby sleeps in a safe cot in the same room as the carer for the first six to twelve months.

Close proximity of the baby, in the same room as the carer facilitates feeding, comforting, and monitoring of the baby.

Avoid smoking during pregnancy and keep the baby in a smoke free environment after birth

Smoking during pregnancy causes a higher risk of SUDI.

Smoking in pregnancy increases the risk of premature birth and low birth weight of babies. Premature birth and low birth weight babies also have increased risk of SUDI.

The risk of SUDI is increased if parents or other household members are smokers.

Encourage carers who are smokers to contact *Quitline* (phone: 137848) or *iCanQuit*

All carers should know about the recommended safe sleeping practices

Make sure all the baby's carers know about the recommended safe sleeping practices so that they always position the baby safely to sleep.