Government of **Western Australia**
Department of **Health**

Safe Infant Sleeping Standard

Women's and Newborns Health Network October 2018

better health • better care • better value

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1 Standard

1.1 Statement

The WA health system supports safe infant sleeping practices and messages to reduce the incidence of Sudden Unexpected Deaths in Infancy (SUDI) by:

- using an evidence-based approach
- engaging and consulting with parents, carers, families and communities to deliver safe infant sleeping practices and messages
- establishing and maintaining partnerships with government departments, private, not-for-profit and community sector organisations working with parents, carers, families and communities
- supporting evidence-based training and workforce development.

The WA health system promotes the monitoring and evaluation of the implementation and effectiveness of strategies that reduce the risk of SUDI.

1.2 Intent of this Standard

This Standard is applicable to Health Service Providers that provide maternity and/or paediatric services and child health services and Contracted Health Entities that provide publicly funded maternity and child health services to the extent that this Policy forms part of their contract.

The Standard is intended to inform policy and service development within the WA health system and other government and community sector agencies working with parents, carers, families and communities in order to promote Safe Infant Sleeping.

This Standard supports the implementation of and compliance with the *Safe Infant Sleeping Policy.*

1.3 Scope

This Standard was developed in collaboration with other government departments, non-government health providers and stakeholders with the intention that it is suitable for adoption by WA organisations working with parents, carers, families and communities.

This Standard is applicable to all maternity, paediatric and child health services, Health Service Providers and Contracted Health Entities (permanent, temporary, casual, contract) working with parents, carers, families and communities.

It is also appropriate for adoption by other government departments, private, not-for-profit and non-government organisations working with parents, carers, families and communities.

2 Definitions Sudden Unexpected Death in Infancy

This Standard discusses Safe Infant Sleeping with an objective to reduce SUDI. SUDI is a broad term used to describe the sudden and unexpected death of a baby (up to age 12 months) for which the cause is not immediately obvious. The only means to find out the reason why a baby has died suddenly and unexpectedly is to perform an autopsy, review the clinical history and to investigate the circumstances of death, including the death scene, thoroughly. Following this thorough investigation, some deaths are explained, such as accidental deaths, asphyxiation by bedclothes, pillows and overlaying whilst co-sleeping, infection, metabolic disorders, genetic disorders or non-accidental injury such as homicide, while others are unexplained.[1]

A full list of definitions of terms used in this standard can be found at Appendix 1.

3 Core components of the Standard

3.1 Guiding principles

Six key principles have been identified to assist Health Service Providers to provide advice and support relating to Safe Infant Sleeping:

1. Consistent Safe Infant Sleeping promotion and messages should be delivered across all health and social service agencies in Western Australia (in line with this Standard).
2. Safe Infant Sleeping messaging needs to acknowledge and be respectful of parents, carers, families and communities' choices and be sensitive to cultural practices and each infants know risk factors.
3. The development of services or resources should be undertaken through engagement with parents, carers, families and communities and or their advocate representatives.
4. All services/programs are informed by Red Nose evidence-based Safe Infant Sleeping messages.
5. Service providers apply a continuous quality improvement approach to ensure the effectiveness of their Safe Infant Sleeping messages.
6. Employees/staff of organisations and services providing Safe Infant Sleeping promotion and messages need to be supported with evidence-based training and resources.

3.2 Sudden Unexpected Deaths in Infancy risk factors

In order to encourage Safe Infant Sleeping, services using this Standard should consider the following SUDI risk factors in their practice. This should include the employment of strategies to screen for/identify and mitigate modifiable risks through policy, practice, tools and messaging/promotional work (appropriate to the services provided).

The risk factors relate to three key areas namely:

1. Infant Risk Factors

Preventable (modifiable)	
Risk Factor	***Additional Information***
Health Issues	Infant Gastro-Oesphageal Reflux Disease (GORD) occurs when the reflux of gastric (stomach) contents causes troublesome signs and/or complications, that is, when GOR (Gastro-Oesphageal Reflux) has an adverse effect on the well being of the baby. For example, when the GOR causes poor weight gain or complications such as oesophagitis or respiratory signs. This requires medical assessment before a diagnosis of GORD is made. Breastfed babies have better feed tolerance and less physiological GORD. History of viral respiratory infections.
Overheating/thermal stress	Increased temperature has been shown to alter infant physiology by increasing respiratory rate and in some studies the frequency of central apnoeas. Increased temperature could be due to head covering or increased room temperature.
Breastfeeding	There is a strong link between baby receiving breast milk and a reduction in risk of SUDI. Reduction in risk is evident even in breast fed babies who are given supplementary feeds of infant formula.
Dummy Use	If parents choose to use a dummy for their baby, evidence based advice needs to be provided including the advantages and disadvantages of dummy use. The mechanism for pacifier use is still unclear; however, pacifier use has been shown to favourably modify autonomic control and maintain airway patency during sleep.
Non-Preventable	
Risk Factor	***Additional Information***
<4 months age	The peak incidence of risk for SUDI is between 2 and 4 months. However, all infants up to 12 months of age are at risk of sudden unexpected infant death.
Low birth weight	Low birth weight infants (< 2.5 kg at 37 weeks or more).
Prematurity	Preterm (<37 weeks) Premature and low birth weight babies are at increased risk of SUDI. The combined effects of SUDI risk factors in the sleeping environment and being pre-term or low birth weight generate high risks for these babies. Their longer postnatal stay allows an opportunity to target parents and staff with risk reduction messages.
Decreased tone/Reflexes	NA
Male infants	NA

2. Parental/Carer Risk Factors

Preventable	
Risk Factor	***Additional Information***
Either Parent/Carer smoking	Mother smoked during pregnancy.
Extreme tiredness	Mothers are less likely to be responsive to their infant and more likely to fall asleep during infant feeds creating an unsafe space.
Drug and alcohol use	Either parent/carer consuming alcohol or medications or illicit drugs which may alter consciousness or cause drowsiness. A meta-analysis of studies investigating association between in utero cocaine exposure and Sudden Infant Death Syndrome (SIDS) found an increased risk of SIDS to be associated with prenatal exposure to cocaine and illicit drugs in general.
No Counselling / Education of Parents of Preterm infants	The parents of pre-term infants should be counselled about the importance of supine sleeping in preventing SIDS. Hospitalised pre-term infants should be kept predominantly in the supine position at least from 32 weeks onward so they become acclimated to supine sleeping before discharge. Neonatal Instensive Care Unit (NICU) personnel should endorse safe sleeping guidelines with parents of infants from the time of admission to the NICU.
Medications (alter consciousness)	Increased risk associated with co-sleeping as parents/carers may move dangerously close to the infant and are less likely to rouse during sleep. Consideration to mothers who are administered analgesia during birth and its ongoing effects in early postnatal period.
Obesity	Increased risk of SUDI is associated with co-sleeping as parent/carer may move dangerously close to the infant and create an unsafe sleep space.
Non-Preventable	
Risk Factor	***Additional Information***
Conditions affecting mobility and sensory awareness	Conditions can by physical (affecting mobility), neurological (affect ability to control movements) or sensory (affecting vision and/or hearing.
Conditions causing temporary loss of conscious	Temporary loss of consciousness can be due to a number of potential causes including; dysfunction of the nervous system (e.g. epilepsy),dysfunction of the cardiovascular system (syncope).
Low socioeconomic status	NA
Maternal young age	NA
Aboriginal	NA
Family Domestic Violence	NA

3. Infant Environment Risk Factors

Preventable	
Risk Factor	***Additional Information***
Infant Prone/Side sleep position	Elevating the head of the infant's crib is ineffective in reducing GORD and is not recommended. Elevating the head of the crib may result in the infant sliding to the foot of the crib into a position that may compromise respiration.
Unsafe infant sleeping environment: • **multiple bed sharers** • **co-sleeping** • **soft or sagging sleep surface.**	Excessive bedding on the sleep surface. The risk posed by suffocation by the presence of: • other children for babies under 7 months of age • pets – particularly cats for babies under 7 months of age • soft toys, pillows, blankets for babies under 7 months of age. Adult sleeping environments may contain hazards that can be fatal for an infant, risks include: • overlaying (rolling onto) infant by another individual • entrapment/wedging between mattress and other object for example, wall • head entrapment in bed railings. Increase in thermal stress from adult bedding that may cover baby.
Thermal stress	Overheating can be caused by: room heating, high body temperature, excessive clothing or bedding and head covering. Recommendation that parents/carers use own judgement and take into account factors such as: • where you live (climate, whether its summer or winter). • whether there is heating in the house. Whether baby has a cold or minor illness (which may cause their temperature to rise).
Environmental tobacco smoke	Babies who are exposed to tobacco smoke before and after birth are at an increased risk of SUDI. Do not let anyone smoke near baby, or in any environment the baby spends time. Legislation in all jurisdictions in Australia prohibits smoking in a vehicle when babies and young children are present. Exposure to second-hand smoke in a vehicle is more toxic than in a house due to the smaller enclosed space.

These risk factors have been adapted from the WA health system and Red Nose Safe Sleeping E-learning Package,[1] American Academy of Pediatrics,[2] Rogers G & O'Flynn N[3] and Duncan JR & Byard RW.[4]

3.3 Safe Infant Sleeping education of parents, carers, families and communities

Education of parents, carers, families and communities is core to promoting Safe Infant Sleeping messages in WA. The following section outlines the type of messages to be promoted, key target groups and supporting activities.

- Health care practitioners must have open and non-judgemental conversations with families about their sleep practices and individual risk factors for SUDI.
- It is critically important that every caregiver use the supine sleeping position for every sleep period – particularly relevant in situations in which a new caregiver is introduced.
- Paediatricians, Neonatologists, Neonatal and Paediatric nurses and other health care providers responsible for organising the hospital discharge of infants from Neonatal Intensive Care Units (NICUs) and Paediatric wards must be vigilant about endorsing SUDI/SIDS risk recommendations from birth up to the infant age of 12 months.
- SUDI/SIDS recommendations must be modelled as soon as the infant is medically stable and significantly before the infant's anticipated discharge from hospital.
- Primary care-based educational interventions, particularly those that address caregiver concerns and misconceptions about safe sleep recommendations can be effective in altering practice.
- Health care providers must develop quality-improvement initiatives to improve adherence to safe sleep recommendations among their patients.
- Midwifery, nursing and hospital staff must model safe sleep arrangements to parents after birth and during inpatient hospital stays. Where staff find a parent/carer asleep in a bed with a newborn or infant, the parent should be woken and the baby placed in its own sleep space. Staff should document this in the medical record and include the counselling of the risks of SUDI provided to the parent.
- Health care providers must avoid the use of commercial devices that are inconsistent with safe sleep recommendations. If positioning devices are used in hospital as part of physical therapy, they must be removed from the infant sleep area well before discharge from the hospital.
- Promote a risk minimisation approach that educates parent and health professionals about strategies from the best available research to reduce risk in all infant sleep environments and facilitate informed choice to suit a family's cultural beliefs and environmental circumstances.

3.3.1 Safe Infant Sleeping messages to underpin education of parents, carers, families and communities

Red Nose, through the National Scientific Advisory Group, are recognised in this standard as providing Safe Infant Sleeping messaging that organisations in WA should consider in their development of policies, guidelines and resources.

Red Nose Safe Sleeping brochure

The following six key messages to reinforce Safe Infant Sleeping are adapted from Red Nose:

1. Sleep baby on back.*
2. Keep baby's head and face uncovered.
3. Keep baby smoke free before and after birth.
4. Safe sleeping environment night and day (refer to Appendix 1 'Unsafe Infant Sleep Surface' Definition).
5. Sleep baby in a safe cot in parent's room.
6. Breastfeed baby.**

*Medical advice may be needed for babies with a severe disability.

**While breastfeeding is the ideal way to feed babies, we understand that it is not possible for all mothers.

Organisations and services must endeavour to consistently promote and reinforce the six key messages above.

The below recommendations for sleeping baby safely have been shown to reduce the risk of SUDI. Providing individualised advice to parents and/or carers can help accommodate physiological, socio-economic and/or cultural factors that may prevent the adoption of the six key messages.

These messages must be reinforced for Safe Infant Sleeping both at the primary residence of families **and** at other sleep locations, such as at the home of a friend or relative. This is because recent research has shown that the risk of SIDS is higher when the infant sleeps in a different location than their usual place of sleep.[5]

Recommendations

- Health Service Providers and contracted health entities should ensure that policies are consistent with current Red Nose safe sleep recommendations and that infant sleep spaces (bassinets, cribs) meet current Australian safety standards. For example current mandatory Australian Standard for Cots [AS/NZS 2172].
- When babies are ready for discharge, confirm that the parents know how to reduce the risk of SUDI and fatal sleep accidents. Do not assume parents have this information already as they may have missed other opportunities to learn about safe sleeping environments for babies.
- Rare situations where the tummy sleeping position is recommended for medical reasons: if the child's medical practitioner determines that the stomach sleeping position is necessary because of a rare medical condition or other concern, the medical practitioner should advise the parents in writing. Ideally, this is an individualised care plan for the baby. The medical practitioner should also provide information about the child care practices that reduce the risk of SUDI.

3.3.2 Target groups for education of parents, carers, families and communities

The key messages should be promoted by all Health Service Providers and contracted health entities at the antenatal care stage, in hospital with a newborn infant (where the birth is not a home birth) and at home, in hospital or in the community with the infant up to 12 months of age.

In addition, messaging must be accessible and appropriate to all people who are likely to care for an infant, including mothers, fathers, grandparents, carers, people who have low literacy skills, and people for whom English may be a second or third language, including Aboriginal Australians and those from other culturally and linguistically diverse backgrounds.

Culturally appropriate resources can include generic resources that are translated or targeted to provide adapted but consistent messaging. They take into account cultural and lifestyle practices prevalent in some communities such as ‘wrapping’, ‘stroller sleeping’ and ‘co-sleeping’. For some families living in or from low social economic communities, ‘co-sleeping’ may be seen as providing safety for the child and understanding the motivations of families to co-sleep is important.

The evidence indicates that Aboriginal children are at significantly higher risk of sleep related deaths.[6] The cultural diversity of Aboriginal peoples and the social and economic deprivation experienced by some communities requires consideration be given to localising resources to address specific needs.

Recommendations

- Education should continue for all who care for infants including parents, carers, child care providers, grandparents, foster parents and baby sitters and should include strategies for overcoming barriers to behaviour change.
- Education campaigns should include strategies to increase breast feeding while decreasing bed-sharing and eliminating tobacco smoke exposure. Campaigns should also highlight the circumstances that substantially increase the risk of SUDI or unintentional injury/death while bed-sharing.
- Education should ensure that key messages are clear and widely promoted to parents and caregivers about what is a safe infant sleep space. For example media advertising images of excess bedding and soft toys in cots are targeted at parents and caregivers who are likely motivated by good intentions and perceived cultural norms when they adopt media portrayed 'norms' demonstrating unsafe sleep spaces.
- Safe sleep messages should be reviewed, revised and reissued at least every three years to ensure they appropriately address the next generation of new parents/carers and products on the market and take into account new information.

3.3.3 Activities to support education of parents, carers, families and communities

Health Service Providers should provide or enable access to resources to support the education of parents, carers, families and communities in line with the key messages from RedNose https://rednose.com.au/resources/education.

Local Health Service Provider policies and guidelines for the delivery of education should be in line with the Safe Infant Sleeping Policy and this Standard. Health Service Providers and their contracted entities, in antenatal, postnatal, paediatric and early years' settings should promote and encourage Safe Infant Sleeping messaging in combination with support for parents, carers, families, and communities to access programs that address other risk factors such as smoking and alcohol/drug use.

Providers of postnatal care, inpatient paediatric, community child health services and primary health care services should promote and discuss with the child's parent and/or carer information and messages available in the WA health system parent held child Personal Health Record.

Recommendations

- Support to quit smoking should also be provided to the women's partner.
- Post-partum relapse prevention should begin in the antenatal period and continue after the birth of the baby at every opportunity, including routine postnatal checks and through maternal and child health services and Aboriginal Medical Services.
- Health care providers should assess for and recommend safe sleep practices at each visit or presentation for infants up to 1 year old.
- Pregnant women should obtain regular prenatal care from early in pregnancy, according to established guidelines for frequency of prenatal visits.

3.4 Safe Infant Sleeping education of health and social service professionals

It is also important that health care professionals and social service professionals are educated on Safe Infant Sleeping:

Recommendations

- Health Service Providers should provide opportunities for staff to maintain their skills and knowledge of evidence-based parenting advice in Safe Infant Sleeping best practice, its risk factors and harm minimisation (including co-sleeping and bed-sharing practices).
- Paediatricians and other care providers must actively participate in SIDS/SUDI awareness campaigns and engage in risk reduction safe sleeping practices.
- It is the individual's professional responsibility to maintain skills and knowledge of evidence-based parenting advice on Safe Infant Sleeping best practice. As a minimum requirement the Safe Sleeping E-learning Package, developed by the Department of Health as the System Manager in partnership with Red Nose, is recommended. Safe Sleeping E-learning Package.[1]
- Employers must incorporate Safe Infant Sleeping recommendations in the induction and orientation of any new volunteers, and update the competency and knowledge of existing volunteers, working with parents, carers, families and communities.
- Employers must keep records and audit that appropriate staff have attended training.
- Staff in NICUs and Paediatric wards should model and implement all SIDS risk-reduction recommendations as soon as the infant is medically stable and well before anticipated discharge.
- Staff in new born nurseries should model and implement SIDS risk reduction recommendations beginning at birth and well before anticipated discharge.

4 Review

This Standard will be reviewed at intervals no longer than three years.

Date of last review: June 2018

Supersedes: OD 0474/13

5 Approval and Implementation

Policy Custodian:

Women's and Newborns Health Network, Clinical Excellence Division, WA Health System.

Responsible Executive Sponsor:

Women and Newborn Health Service and Child and Adolescent Health Service.

Approving Officer:

Approval date:

Effective from:

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Additional Documents

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Appendices

Appendix 1 - Definitions of terms

Definitions of terms used in this policy and supporting documents are detailed below.

Term	Definition / Explanation / Details	Source
Co-sleeping	Co-sleeping refers to a mother or her partner/support person (or any other person) being asleep on the same sleep surface as the baby.	WA Health System and Red Nose Safe Sleeping E-Learning Package. http://www.kemh.health.wa.gov.au/services/SOSU/sleeping/player.html
Environmental tobacco smoke	Refers to smoke from the end of a lit cigarette or breathed out by a smoker.	Centre for Community Child Health (2006) Preventing Passive Smoking Effects on Children: Practice Resource. Victorian Government: Centre for Community Child Health. http://raisingchildren.net.au/articles/passive_smoking.html
Fatal sleep accident	Fatal sleep accidents describe the death of an infant which has occurred in an infant's sleep environment that is potentially preventable.	WA Health System and Red Nose Safe Sleeping E-Learning Package. http://www.kemh.health.wa.gov.au/services/SOSU/sleeping/player.html
Health professional	One who diagnoses and/or treats physical and mental illnesses and conditions, and recommends, administers, dispenses and develops medications or treatments to promote, restore or manage good health.	Australian Captial Territory Government Health Directorate. http://health.act.gov.au/professionals/allied-health/salary-information
Health Care providers	Refers to any person or organisation that is involved in or associated with the delivery of healthcare to a client, or caring for client wellbeing.	Australian Government (2008) Australian Institute of Health and Welfare. http://meteor.aihw.gov.au/content/index.phtml/itemId/356020
Room sharing	Refers to baby sleeping in their own safe sleeping environment such as a cot/bassinette in the same room as the committed caregiver.	Red Nose. https://rednose.com.au/article/roomsharing
Sharing the same sleep surface	Includes the practices of *bed-sharing and co-sleeping on the same sleep surface.* This terminology allows differentiation of the risks associated with solitary sleeping (baby sleeping in a separate room), room-sharing and environments in which the baby and caregiver share the same sleep surface.	Red Nose. https://rednose.com.au/article/sharing-a-sleep-surface-with-a-baby

Term	Definition / Explanation / Details	Source
SIDS	Sudden Infant Death Syndrome (SIDS) is defined as the **sudden and unexpected death of an infant** less than one year of age during their sleep that remains **unexplained** after a thorough investigation. SIDS is the main cause of death in infants less than one year of age. The peak time for SIDS deaths to occur is between the ages of 2 and 4 months. Although it can happen to younger babies and older infants, approximately 90% of SIDS deaths occur in babies aged less than 6 months.	Red Nose. https://rednose.com.au/article/what-is-sudden-infant-death-syndrome-sids
Social Service Professional	Is an organisation, which delivers social or community services, including children and family services and provides assistance and support to disadvantaged and vulnerable groups. Social services generally refer to the wide range of human services other than health and education. Community service providers are usually mission-driven, not-for-profit and non-government organisations (including charities) that operate to achieve positive community outcomes rather than financial gain.	Western Australian Council of Social Service (WACOSS). http://wacoss.org.au/
SUDI	Sudden Unexpected Deaths in Infancy (SUDI) is a broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious. The only means to find out the reason why a baby has died suddenly and unexpectedly is to perform an autopsy, review the clinical history and to investigate the circumstances of death, including the death scene, thoroughly. Following this thorough investigation, some deaths are explained, such as accidental deaths, asphyxiation by bedclothes, pillows and overlaying whilst co sleeping, infection, metabolic disorders, genetic disorders or non-accidental injury such as homicide, while others are unexplained.	Red nose. https://rednose.com.au/article/what-does-sudden-unexpected-death-in-infancy-sudi-mean
Unsafe infant sleep surface	Unsafe settings for baby's sleep-time include where: • There is adult bedding, doonas or pillows that may cover the baby in a bed, waterbed or bunkbed. • The baby can be trapped between the wall and bed, can fall out of bed or could be rolled on by others. • Babies are sharing beds with other children or pets. • The baby is placed to sleep on a sofa, couch, armchair, cushion, beanbag alone or with another person.	Red Nose. www.rednose.com.au
GORD	Gastro-Oesphageal Reflux Disease (GORD) occurs when the reflux of gastric (stomach) contents causes troublesome signs and/or complications, that is, when GORD has an adverse effect on the well-being of the baby.	Red Nose. https://rednose.com.au/article/sleeping-position-for-babies-with-gastro-oesophageal-reflux-gor

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