Safe Infant Sleeping Policy and Framework 2013

Womens and Newborns Health Network

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1. Policy

1.1 Statement
WA Health supports safe infant sleeping practices and messages to reduce the incidence of Sudden Unexpected Deaths in Infancy (SUDI) by:

- using an evidence-based approach
- engagement and consultation 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 training and workforce development, which will ensure consistent messages statewide.

WA Health supports the monitoring and evaluation of the implementation and effectiveness of strategies that reduce the risk of SUDI.

1.2 Intent of this policy
To reduce the risk and incidence, and raise awareness, of SUDI in WA through consistent:

- education of parents, carers, families and communities using evidence-based best practice
- training and education of health professionals and social service providers using evidence-based best practice
- implementation of safe infant sleeping messages to meet health professionals and social service providers requirements as listed in the Framework.

1.3 Scope
This policy and framework were 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. The policy needs to be considered with reference to the outlined principles and directions set out in this framework.

This document is applicable to all public maternity and child health services, and health service providers (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.

1.4 Legislative or other authority
Department of Health WA: *Health Act for Western Australia. 1911*
2. **Framework**

2.1 **Introduction**

This section introduces the framework, including its intent, scope and related definitions.

2.2 **Intent of this framework**

This document provides a framework for safe infant sleeping in Western Australia. The framework is intended to inform policy and service development, to promote safe infant sleeping, for WA Health and other government and community sector agencies working with parents, carers, families and communities.

This framework includes definitions and provides guidance on:

- Guiding principles
- Sudden Unexpected Deaths in Infancy risk factors
- Safe infant sleeping education of parents, carers, families and communities
- Safe infant sleeping education of health and social service professionals.

2.3 **Scope**

This Framework is managed by WA Health and is applicable to all public maternity and child health services, and health service providers (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.

2.4 **Definitions**

This framework discusses safe infant sleeping with an objective to reduce Sudden Unexpected Deaths in Infancy (SUDI). SUDI is an umbrella term that refers to a broad category of sudden unexpected infant deaths which covers SIDS, fatal sleep accidents and other types of unexpected deaths such as congenital, infections and trauma. A full list of definitions of terms used in this framework can be found at Appendix 1.
3. Core components of the framework

3.1 Guiding principles

Six key principles have been provided below to guide the way in which services should work in providing advice and support relating to safe infant sleeping. The six guiding principles are as follows:

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 Framework).
2. Safe infant sleeping messaging needs to acknowledge and be respectful of parents, carers, families and communities’ choices and be sensitive to cultural practices.
3. The development of services or resources should be undertaken in engagement with parents, carers, families and communities and or their advocate representatives.
4. All services/programs are informed by SIDS and Kids WA 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 that are guided by this framework should consider the following SUDI risk factors in their practice. This may include the employment of strategies to screen for/identify, and mitigate (for modifiable risks), these risk factors through policy, practice, tools and messaging/promotional work (depending of the role of services).

The risk factors relate to three key areas, namely:

- Infant
- Parental/Carer
- Environmental
## SUDI Risk Factors

<table>
<thead>
<tr>
<th>Infant</th>
<th>Parental/Carer</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;4 months age</td>
<td>Either parent/carer smoking</td>
<td>Prone/side sleep position</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>Extreme tiredness</td>
<td>Unsafe sleep environment:</td>
</tr>
<tr>
<td>Prematurity</td>
<td>Obesity</td>
<td>- multiple bed sharers</td>
</tr>
<tr>
<td>Health problems</td>
<td>Medications (alter consciousness)</td>
<td>- co-sleeping</td>
</tr>
<tr>
<td>Tobacco smoke exposure</td>
<td>Conditions affecting mobility</td>
<td>- soft or sagging sleep surface</td>
</tr>
<tr>
<td>Cough/cold medicines</td>
<td>and sensory awareness</td>
<td>Environmenta l tobacco smoke</td>
</tr>
<tr>
<td>Decreased tone/reflexes</td>
<td>Conditions causing temporary loss of</td>
<td>Other children/pets</td>
</tr>
<tr>
<td>Lethargy</td>
<td>consciousness</td>
<td></td>
</tr>
</tbody>
</table>

These risk factors have been adapted from the WA Health and SIDS and Kids WA [Safe Sleeping E-learning Package](http://sidsandkidswa.org/keeping-baby-safe/safe-sleeping-tips.aspx).

### 3.3 Safe infant sleeping education of parents, carers, families and communities

Education of parents, carers, families and communities should be 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.

#### 3.3.1 Safe infant sleeping messages to underpin education of parents, carers, families and communities

SIDS and Kids WA (SKWA), through the SIDS and KIDS National Scientific Advisory Group, are recognised in this Framework as providing safe infant sleeping messaging that organisations in WA should consider in their development of policies, guidelines and resources.

The following six key messages to reinforce safe infant sleeping are adapted from SIDS and KIDS WA:

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 should endeavour to consistently promote and reinforce the six key messages above.

All of the 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 recommendations.

These messages should 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.

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

The above six messages should be promoted by all health and social service providers at the antenatal care stage, in hospital with a newborn infant (where the birth is not a home birth) and at home or in the community with the infant, up to 12 months of age.

In addition, messaging should 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, people who have poor English language skills and people from an Aboriginal or CaLD background.

Culturally appropriate resources can include generic resources that are translated or targeted resources that provide adapted but consistent messaging, taking 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 troubled 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\(^3\). The cultural diversity of Aboriginal peoples and the social and economic deprivation experienced by some communities, requires special consideration be given to localising resources to address their specific needs.

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

Recommended activities to support the education of parents, carers, families and communities are:

- organisational and service policies and guidelines for the delivery of education should be in line with the above six messages
- organisations and services should provide or enable access to resources to support the education of parents, carers, families and communities in line with the above six messages. Resources are available from SKWA at [http://sidsandkidswa.org/keeping-baby-safe/education-resources.aspx](http://sidsandkidswa.org/keeping-baby-safe/education-resources.aspx)
- maternity and child health service providers in antenatal, postnatal, 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
- maternity units and hospitals should document parent and/or carer education and discharge preparation about safe infant sleeping recommendations in medical records
- providers of postnatal care, 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 parent held, child Personal Health Record.

### 3.4 Safe infant sleeping education of health and social service professionals

It is also important that health and social service professionals are educated on safe infant sleeping. The requirements for the education of health and social service professionals who are guided by this Framework include the following:

- provide opportunities for staff to maintain their skills and knowledge of evidence-based parenting advice in safe infant sleeping best practice (including co-sleeping and bed-sharing practices)
- individual professional responsibility to maintain skills and knowledge of evidence-based parenting advice in safe infant sleeping best practice. As a minimum requirement the Safe Sleeping E-learning Package, developed by WA Health in partnership with SKWA, is recommended. [Safe Sleeping E-learning Package](#)
- employers should 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.
4. Review

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

Date of last review: N.A

Supersedes: N.A

5. Approval and Implementation

Policy Custodian

Womens and Newborns Health Network, WA Health

Responsible Executive Sponsor:

Women and Newborn Health Service (WNHS) and Child and Adolescent Health Service (CAHS).

Approving Officer:

Approval date: 30 October 2013

Effective from: 30 October 2013
References

1. WA Health and SIDS and Kids WA - Safe Sleeping E-Learning Package 2012
   Safe Sleeping E-learning Package

   the GeSID Study Group.
   *Sleep Environment Risk Factors for Sudden Infant Death Syndrome: The German
   116201170.
   http://pediatrics.aappublications.org/content/123/4/1162.full?sid=80bdf1b6-aca8-4c92-
   8569-adb7b7e5ead3

3. Ombudsman Western Australian Report – *Investigation into ways that Western
   Australian Government Departments can prevent or reduce sleep-related infant deaths*
   2012
   http://www.ombudsman.wa.gov.au/Publications/Documents/reports/OWA-Sleep-related-
   infant-deaths-Report-71112.pdf

Supporting documents

Ombudsman Western Australian Report – *Investigation into ways that Western Australian
Government Departments can prevent or reduce sleep-related infant deaths* 2012
http://www.ombudsman.wa.gov.au/Publications/Documents/reports/OWA-Sleep-related-
infant-deaths-Report-71112.pdf

Department of Health WA Operational Directive – *WA Health Safe Infant Sleeping Policy
and Framework* 2013

Department of Health WA – *WA Health Safe Infant Sleeping Brochure* 2013

SIDS and Kids WA
Safe Sleeping Tips from SIDS and Kids WA - SIDS and Kids WA
Safe Sleeping for Aboriginal babies - SIDS and Kids WA
Department for Child Protection and Family Support Brochure

TICHRI report: *Evaluation of the Department of Health Western Australia Operational Directive Statewide Co-Sleeping/Bad Sharing Policy for WA Health Hospital and Health Services 2012*

Department of Health WA Operational Directive – *Statewide Co-sleeping/Bed sharing policy for WA Health hospitals and health services 2008*

Australian Breastfeeding Association
https://www.breastfeeding.asn.au/bf-info/sleep/your-baby-sleeping-safely


# Appendices

## Appendix 1 - Definitions of terms

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

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-sleeping</td>
<td>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.</td>
<td>WA Health &amp; SKWA Safe Sleeping E-Learning Package</td>
</tr>
<tr>
<td>Environmental tobacco smoke (ETS)</td>
<td>Refers to smoke from the end of a lit cigarette or breathed out by a smoker.</td>
<td>Centre for Community Child Health</td>
</tr>
<tr>
<td>Fatal sleeping accident</td>
<td>Fatal sleep accidents describe the death of an infant which has occurred in an infant’s sleep environment that is potentially preventable.</td>
<td>WA Health &amp; SKWA Safe Sleeping E-Learning Package</td>
</tr>
<tr>
<td>Health professional</td>
<td>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.</td>
<td>ACT Government Health Directorate</td>
</tr>
<tr>
<td>Health provider</td>
<td>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.</td>
<td>Australian Government (2008) Australian Institute of Health and Welfare</td>
</tr>
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<td></td>
<td></td>
<td><a href="http://meteor.aihw.gov.au/content/index.phtml/itemId/356020">http://meteor.aihw.gov.au/content/index.phtml/itemId/356020</a></td>
</tr>
<tr>
<td>Room sharing</td>
<td>Refers to baby sleeping in their own safe sleeping environment such as a cot/bassinette in the same room as the committed caregiver.</td>
<td>SIDS and Kids WA</td>
</tr>
<tr>
<td>Sharing the same sleep surface</td>
<td>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.</td>
<td>SIDS and Kids (2007) Information Statement: Sleeping with a baby. September 2007.</td>
</tr>
<tr>
<td>SIDS</td>
<td>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.</td>
<td>SIDS and Kids WA</td>
</tr>
<tr>
<td>Term</td>
<td>Definition / Explanation / Details</td>
<td>Source</td>
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</table>
| **Social Service Provider** | 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)  
| **SUDI**                    | Sudden Unexpected Deaths in Infancy (SUDI) is an umbrella term that refers to a broad category of sudden unexpected infant deaths which covers SIDS, fatal sleep accidents and other types of unexpected deaths such as congenital, infections and trauma. | WA Health & SKWA Safe Sleeping E-Learning Package  
| **Unsafe infant sleep surface** | An unsafe infant sleep surface is a surface that has the potential to cause or involve possible harm, injury, danger or risk to an infant. An unsafe infant sleep surface can have one or more of the following characteristics:  
- is NOT firm (i.e. soft or sagging such as mattresses, pillows, waterbeds, sheepskins, a couch, or beanbag)  
- is tilted, dirty or damaged  
- the mattress and/or bed sheets are incorrectly fitted (e.g. mattress/bed sheets are the wrong size for cot, portacot or bassinet)  
- has or creates gaps where baby can become trapped (e.g. couch or mattress against a wall)  
- risk of infant falling and causing injury | SIDS and Kids WA  
http://www.sidsandkidswa.org/                                      |
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