

SAFE SLEEPING FOR BABIES

The term SIDS or Sudden Infant Death Syndrome, is used when a baby dies suddenly, without warning, while they are asleep and where the baby's death remains unexplained after an investigation of the circumstances of death, a complete autopsy and a review of the baby's clinical history. When no cause is found for the death, it is called SIDS.

Between 1985 and 2005, deaths from SIDS in Australia have fallen by 83%. This decline is directly linked to a public health campaign which promoted safe sleeping practices, and particularly the use of the back sleeping position. However, fatal sleeping accidents have not decreased in recent years.

Many of the risk factors for SIDS are common to SUDI and fatal sleep accidents, therefore safe sleeping strategies will target all three of these causes of infant death. The risk of SIDS, SUDI and fatal sleeping accidents can be reduced by following some simple advice for taking care of baby.

REDUCING THE RISK OF SUDDEN INFANT DEATH

Sudden Unexpected Death in Infancy (SUDI) is the sudden, unexpected death of a baby, usually during sleep. SUDI is a broad category of sudden and unexpected deaths which include Sudden Infant Death Syndrome (SIDS), illnesses and conditions the baby may have been born with, injuries, and other undetermined or ill-defined causes. Most SUDI deaths occur as a result of either SIDS or a fatal sleep accident.



Queensland Government
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What you can do to reduce the risk of sudden infant death and sleep baby safely

- **Sleep baby on the back** from birth – never on the tummy or side
- Sleep baby **with head and face uncovered**
- **Avoid** exposing babies to **cigarette smoke**, before and after birth
- Provide a **safe sleeping environment, night and day: safe cot, safe mattress, safe bedding and safe sleeping place.**
- Sleep baby in their own cot or bassinet in the **same room as the parents** for the first 6-12 months.

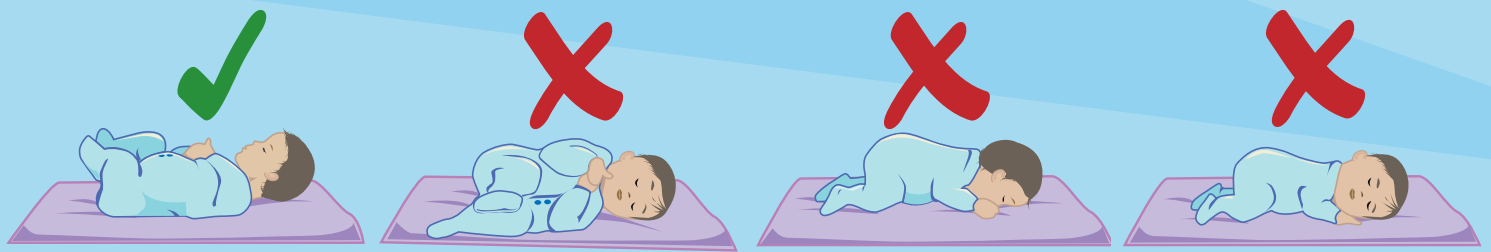
A safe sleeping place reduces the risk of sudden infant death and fatal sleeping accidents. To provide a safe sleeping environment for your baby:

- Put baby's feet at the bottom of the cot
- The cot must meet the Australian standard for cots
- No additional mattresses or extra padding should be placed in a travel cot
- Tuck in bedclothes securely so bedding is not loose

- Keep quilts, doonas, duvets, pillows, cot bumpers, sheepskins and soft toys out of the cot or sleeping place
- Use a firm, clean mattress that fits snugly in the cot

Bouncinettes, prams and strollers have not been designed as sleeping products and therefore no baby should be left unsupervised if they fall asleep in these environments.

Make sure that everyone who cares for your baby uses the safe sleeping recommendations to put your baby to sleep.



Why sleeping your baby on the back is important

Countries which have implemented public health campaigns to promote the use of the supine (on the back) sleep position for infants have reduced their rates of sudden infant death. The 83% decline in Australia's SIDS rate has been directly linked to parents using the Safe Sleeping recommendation which supports babies being placed on their back to sleep.

The **side position**, although less dangerous than sleeping baby on the tummy (prone position), **does increase the risk for SIDS**. Much (*but not all*) of the risk associated with the side position is related to the risk of the infant rolling onto their tummy. **Side sleeping is not recommended** as a safe alternative to sleeping on the back. All aids and devices intended to keep infants in a certain sleep position do not prevent infants from rolling prone, are **not** recommended, and limit the movements of the baby as they get older.

Premature, low birth weight and sick infants

Babies admitted to a special or intensive care nursery due to premature birth, low birth weight or a medical condition are often nursed in a variety of positions including on their tummy or side, most commonly if they require respiratory support, e.g. oxygen or ventilation.

It is important to remember that these babies are monitored while they are in hospital. Premature birth and low birth weight are associated with an increased risk of sudden infant death, but some of this risk is associated with side or tummy sleeping after these babies are discharged home. It is especially important for babies who are admitted to special or intensive care nurseries to get used to sleeping on their back before they are discharged. Back sleeping needs to be introduced as early as possible (i.e. as soon as baby is medically stable and out of oxygen) before discharge, in all maternity and neonatal care facilities.

Parents of some babies with a rare medical condition may be advised by their doctor to sleep baby on their side or tummy, but only do so if your baby's doctor advises you in writing.

Older babies

As babies grow older beyond 5-6 months, they will move around the cot and roll over. Settle baby to sleep on their back but let them find the sleep position they feel most comfortable in. A safe cot and safe sleep environment is still necessary for older babies.

Babies with reflux

Sleeping baby on the back does not increase the risk of milk aspiration. **Babies with gastro-oesophageal reflux should be placed on the back to sleep on a firm, flat mattress that is not elevated.** Healthy infants protect their airway when placed supine, provided that swallowing and arousal mechanisms are normal. The tummy position (*Figure 1*) increases the risk that baby may inhale milk or fluids into their airway. Research shows that **all** babies, including babies with gastro-oesophageal reflux, should be placed on their back to sleep, and that there is **no** evidence to support the elevation of the head of the cot.

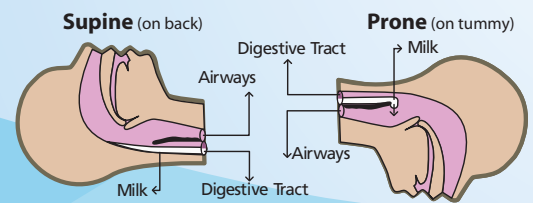


Figure 1: Infant in supine and prone position
In the supine position the upper respiratory airways are above the oesophagus (digestive tract), therefore regurgitated milk can be easily swallowed and aspiration into the respiratory tract avoided. When baby is placed on their tummy the digestive tract sits above the baby's upper airways. If baby regurgitates or vomits milk or fluid, these substances are more likely to be inhaled into the baby's airway and lungs.

Infant sleeping



Infant sleeping bags

Safe infant sleeping bags have several benefits. An infant sleeping bag that is the correct size for baby with a fitted neck, arm holes or sleeves and **no** hood, is the best way to keep a baby's head and face uncovered as it makes extra bedding unnecessary. Sleeping bags also delay baby from rolling into the high-risk tummy position during sleep and prevent the baby's legs from dangling out of cot rails. If additional warmth is needed you can dress baby in layers of clothing within the sleeping bag, but make sure this is appropriate to room temperature (dress baby as you would dress yourself).

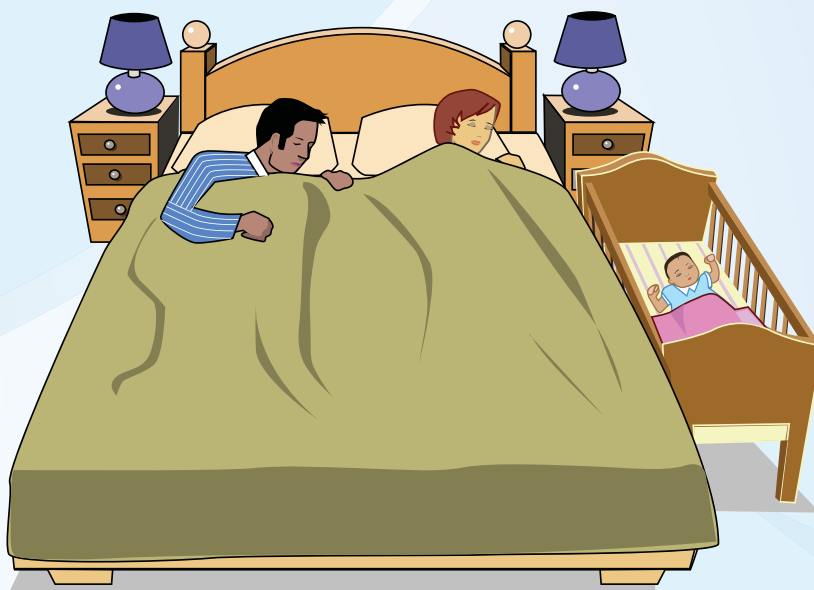
Infant Wrapping

Wrapping is a safe and effective strategy to try if you are having difficulty settling your baby and will help baby to settle and stay in the safe, supine sleeping position. If you choose to wrap your baby, make sure baby's head is not covered, and wrap baby firmly but not too tightly. Wraps should be of lightweight cotton or muslin material, and ensure baby is not overdressed under the wrap. Baby should always be placed on their back to sleep, with their feet to the bottom of the cot. Babies must not be wrapped if they are sharing a sleep surface with another person.



Sleeping with your baby

Many parents bring their baby into bed at some time, especially if baby is breastfeeding. In some circumstances, sharing a sleep surface with a baby increases the risk of sudden infant death and fatal sleeping accidents. Current evidence has shown that it is not so much bed-sharing, but the circumstances in which bed-sharing occurs that carries the risk. No sleeping environment is risk free. SIDS and Kids recommends sleeping with a baby in a cot next to the parents' bed for the first six to twelve months of life as this has been shown to reduce the risk of SIDS.



It is not safe to share a sleep surface with a baby if:

- You or your partner is a smoker
- You are under the influence of alcohol or drugs that cause sedation, or are excessively tired

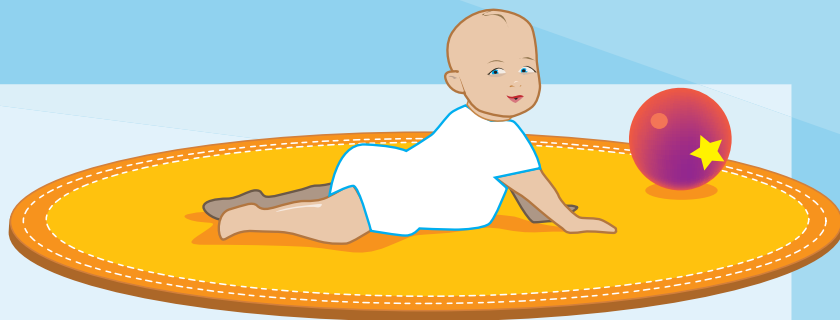
If parents choose to share a sleeping surface with their baby, the following strategies will help to reduce the risk of sudden infant death and fatal sleeping accidents:

- **Sleep baby on the back** from birth – never on the tummy or side.
- Make sure the mattress is firm.
- Make sure that bedding cannot cover baby's face (use lightweight blankets; remove pillows, doonas and other soft items from the environment).
- Sleep baby beside one parent only (not between two parents) to reduce the likelihood of baby becoming covered by adult bedding.
- Instead of bedding, an infant sleeping bag may be used so baby does not share the adult bedding.
- Do **not** wrap baby if sharing a sleep surface as this restricts arm and leg movement.
- Make sure baby cannot fall off the bed. A safer alternative is to place the mattress on the floor (be aware of potential situations where baby can become trapped).
- Pushing the bed up against the wall can be hazardous. Babies have died after being trapped between the bed and the wall.
- Never place a baby to sleep in a bed with other children or pets (see SIDS and Kids Frequently Asked Questions for specific advice about the safest way to sleep twins).
- **Babies must never be left alone on an adult bed or put to sleep on a sofa, bean bag, waterbed or sagging mattress.**
- Parents are advised to share the same room as their baby during the first 6-12 months of life as this practice is associated with a reduced risk of sudden infant death. Sharing the same room during a baby's daytime sleep is also protective. Safety of the baby's sleep environment should be viewed as a priority over sharing the same room as baby for daytime sleeps; i.e. sleeping baby on a sofa during the day is **not** safe.



Baby's Head Shape

Tummy Time while awake is very important



A baby's skull is soft and flattened spots in head shape (called positional plagiocephaly) can occur if a baby always places their head in the same position. These flattened head spots do not affect brain growth, and for most babies head shape becomes rounder as the baby develops. The most effective strategy to prevent flattened spots is to ensure baby spends time on their tummy several times per day from birth, while they are awake and supervised

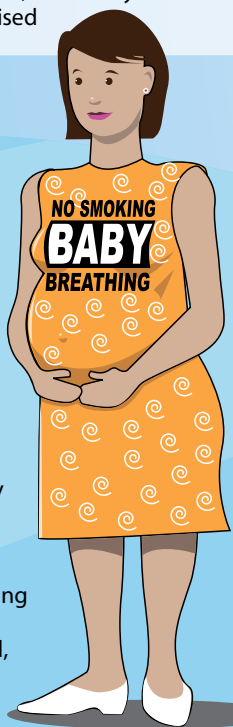
by an adult. Tummy time is important for normal growth and development as this position helps baby learn to lift their head, use their arms and explore the world. Other strategies include

- settle baby on the back, but change baby's head position, right to left, every sleep
- place baby to sleep at either end of the cot (always feet to foot of cot)

- position cot to face a different direction
- avoid prolonged periods in car seats and prams
- carry baby in a sling.
- Remember '**Supine to sleep, prone to play, sit up to watch the world**'.

Smoking

Over 60 studies from many countries have demonstrated a very strong relationship between smoking and sudden infant death syndrome. Smoking during pregnancy increases the risk, while smoking after the baby is born increases the risk further. Babies who are exposed to cigarette smoke from any household member are at an increased risk. The car and home should be smoke free zones. Reducing the number of cigarettes smoked in the household, reduces the risk. Room-sharing for sleep is recommended for babies for the first 6-12 months of life, as long as this room is kept smoke free and is well ventilated. Sharing a sleep surface with your baby if you are a smoker is not safe and is not recommended.



Medicines

Parents are advised to seek medical advice before providing infants with any medication that will alter consciousness level.

Immunisation

Immunisation is a safe and effective way to protect children from serious diseases. Immunisation is not associated with an increased risk of SIDS. Parents are advised to immunise their babies according to the national vaccination schedule.

Dummy use

Presently evidence relating to dummy use as a strategy to reduce the risk of SIDS is inconclusive. If parents choose to use a dummy, and wish to breastfeed, it is recommended that dummies only be introduced after the first 4-6 weeks for breastfed babies, as dummy use may interfere with breastfeeding becoming established.



Breastfeeding

Breastfeeding is associated with reduced infant mortality and morbidity worldwide. Breastfeeding is beneficial and should be encouraged as it promotes healthy outcomes for infants and mothers, however it is not currently recommended as a specific strategy to reduce the risk of sudden infant death.



NOTE: Many parents worry about the chance that their baby may die from SIDS. Most babies will not die suddenly and unexpectedly. The evidence-based strategies outlined in this resource have been shown to reduce the risk of sudden unexpected infant death.

Further information

For further information see the Queensland Health State-wide Policy for Safe Infant Care to Reduce the Risk of Sudden Infant Death, available at www.health.qld.gov.au/ph/documents/childhealth/29567.pdf.

SIDS and Kids Frequently Asked Questions and evidence-based Information Statements on *Wrapping Infants, Baby's Head Shape, Sleeping with a Baby, Room-sharing, Breastfeeding, Pacifier/Dummy Use and Immunisation*. are available at www.sidsandkids.org under Current Topics. Queensland Health gratefully acknowledges the contribution of SIDS and Kids in the development of Safe Infant Sleeping resources for parents and health professionals.