

Sleep risks: SIDS and smothering

Sudden Infant Death Syndrome (SIDS) happens most often during sleep. Frequent waking from sleep is a protective factor against SIDS. Tempting as it may be, encouraging a baby into long periods of deep sleep undermines this biologically normal safety mechanism and increases SIDS risk.

- Smoking in pregnancy or near your baby increases their risk of SIDS.
- A baby who uses a dummy for sleep is at increased risk of SIDS when sleeping without one. (A baby that never uses a dummy is **not** at increased risk)
- Sleeping with a baby on a sofa or armchair is **extremely dangerous**. Sofa/chair sleeping risks smothering or crushing a baby. It is much more dangerous than bed-sharing, which can be managed safely.

Cot and Moses basket safety checks

- Cot/basket in same room as a parent until at least 6 months to reduce SIDS risk.
- Cot/basket is not positioned near a radiator to avoid overheating.
- Position baby with feet to the foot of the cot/basket.
- Put baby to sleep on their back.
- No suffocation risks in cot/basket, e.g: pillows, cot bumpers, cuddly toys.
- Blankets or covers are breathable, and kept away from baby's face

Room checks

- No choking hazards near sleep surface.
- No cables or cords that could pose a strangulation risk near sleep surface.
- Ensure babies cannot access stairs if they wake.

Nap environments

Until at least 6 months napping in the same room as a parent reduces risk of SIDS. Positional asphyxia risks increase if a baby sleeps in a seated position (**car seats, & upright pushchairs**) where the chin can flop onto the chest. Pay attention and remove them if necessary. Where possible remove baby from seat when you reach your destination, even if they're sleeping. Flat reclined pushchairs or bassinets avoid this risk. Babies need regular breaks from car seats on long drives. Napping in a **well fitted sling**, in a parent-facing position is safe when sling safety practices are followed. Read our sling safety handout, visit the sling section of our website or visit a sling consultant or library, for more information on sling safety.

Bed-sharing safely

Bed-sharing is not inherently unsafe, but some considerations need to be taken to ensure it is practiced as safely as possible as 48% of families end up bed-sharing with their baby in the first month of their life. Many parents end up sleeping with their baby on a sofa or armchair to avoid bed-sharing; this is highly dangerous. Sharing a bed can be done much more safely.

Bed-sharing may be riskier if:

- Baby has underlying health issues.
- Baby was premature or very low birthweight (under 2.5kg)
- Baby is formula fed.
- Bed-sharing adult/s is a smoker.
- Parent/s smoked during pregnancy.
- Bed-sharing adult/s is extremely tired.
- Bed-sharing adult/s have drunk excessive alcohol, or taken drugs or medication that make them less self-aware or sleep more deeply.

Consider your individual risks before bed-sharing. Do not end up sofa sharing to avoid bed-sharing, even accidentally. This is always more dangerous.

Bed-sharing safety checklist

Safe set up:

- Use breathable blankets not duvets where possible.
- Mattress is firm: no memory foam or waterbeds.
- When joining a cot to a bed ensure mattresses are the same height with no gaps.
- Baby can't fall out of bed (use bed guards or sleep on mattress on floor)
- No gaps where a baby could get trapped (e.g. between mattress & wall)
- No stuffed animals or other items in bed.

Baby's safety checks:

- Baby is never left alone in the bed unmonitored.
- Covers kept away from baby's face/head.
- Baby kept away from pillows (or pillows removed from bed)
- Baby sleeps at parents' chest level, not head.
- Baby sleeps on one side of bed, **never** between two adults.

Bed-sharing adult safety checks:

- All** adults in bed aware of baby's presence.
- Long hair tied back. No nightclothes with long ties.
- Adults adopt safe sleeping positions. The safest position is for the adult to lay on their side & form a protective frame around baby. (See image)

