

MATERNITY UNIT**GUIDELINE: SAFE INFANT SLEEPING - BIRTH TO 1 YEAR****SCOPE: Maternity Unit, NNU and Planet Sunshine****AUTHOR: Adapted from the regional policy produced by the Midland Maternity Action Group by Hauora Tairāwhiti Safe Sleep Project Coordinator****PURPOSE:**

The purpose of this policy is to ensure health professionals in Midland DHBs have the necessary skills and resources required to provide and model safe sleeping arrangements within Haoura Tairāwhiti facilities. Health professionals assess the needs of the infant, family, whanau and/or caregivers, and provide consistent, appropriate and culturally-relevant verbal and written advice and practical support on 'The Six Principles for Protecting a Baby's Life' (refer to the Definitions section of this policy).

DEFINITIONS:

- **SUDI** – Sudden Unexpected Death in Infancy. An umbrella term that captures both unexplained and explained causes of death during a baby's first year of life. It is made up of three components which are, Sudden Infant Death Syndrome (SIDS), Unintentional Suffocation, and Other Deaths.
- **SIDS** – Sudden Infant Death Syndrome. This is where no identifiable cause of death can be found following autopsy, clinical history, and scene examination. These babies usually die in their sleep.
- **Unintentional suffocation** - the second component of SUDI is unintentional suffocation where baby is in a position that causes asphyxiation in their sleeping environment. Examples of this are wedging or overlay. These incidents are explained.
- **Other deaths** - the third component of SUDI includes medical deaths such as heart disease, meningitis, pneumonia or infectious diseases which may be diagnosed after death or were not expected to cause death. These incidents are explained but exclude major accidental external forces like falling televisions or trucks through bedroom wall.
- **Bed sharing and co-sleeping** – these terms have different meanings to different people and are often used interchangeably. Whenever these concepts are discussed it is important to be very clear about meaning. For the purposes of this policy, bed sharing will be used and is defined as the parent/caregiver sleeping with the infant on the same sleeping surface, usually a mattress. A key feature is the parent/caregiver is asleep.
- **The Six Principles for Protecting a Baby's Life:**
 - face-up (baby on their back to sleep)
 - face-clear (clear of bedding) and no soft toys surrounding the area.
 - smokefree (eliminate smoking in pregnancy)

- breastfed (encourage and support mum to breastfeed)
 - close to a parent but baby in own bed
 - handled gently
- **Pepi-Pod®** - a Pepi-Pod® is a purpose built baby sized bed with the addition of an attractive cover, fitting mattress and bedding. It offers babies a safe protected space when they sleep in, or on, an adult bed, on a couch, in a makeshift setting, or away from home. A Pepi-Pod® is an intervention measure that reduces the risk of unintentional suffocation and SIDS, and is a response to the high rates of SUDI for Maori, and the risks associated with bed sharing and maternal smoking. A Pepi-Pod® is suitable for baby from birth to six months of age this age can vary as and when baby is old enough to roll over between 4-6months or begins to grow out of the space, then it is recommended that the baby move into a larger safe sleep space, for example, a standards compliant cot.
 - **Wahakura or waikawa** – the wahakura or waikawa is a woven baby bed made from harakeke (flax) and is designed to protect baby by providing a safe sleeping space in an adult bed. It originated as an indigenous response to the high rates of SUDI for Maori and the risks associated with bed sharing and maternal smoking. It is rectangular in shape, and has an open weave so is naturally ventilated to allow airflow to regulate temperature around baby. It is handmade and not treated with any toxic chemicals or products. Waikawa are made of untreated flax, and are prepared and woven differently to a traditional wahakura. The wahakura or waikawa is suitable for baby from birth up to six months of age. When a baby is old enough to roll over, or begins to grow out of the space, then it is recommended that the baby move into a larger safe sleep space, for example, a standards compliant cot. Refer mother to Maori Health services/Kaiawhina, as part of a whanau ora approach to the protection of baby.
 - **Skin-to-Skin** – mother-baby skin-to-skin contact is where the naked baby is placed prone on the mother’s bare chest, and then covered with a warm, dry blanket or towel. Mother is awake and alert during this practice, or has someone in the room supervising the activity who knows to watch for warning signs of impaired or inadequate breathing.
www.health.govt.nz/your-health/healthy-living/babies-and-toddlers/breastfeeding-0/getting-ready-breastfeed/your-breastfeeding-plan/skin-skin-contact-and-oxytocin

OBJECTIVE:

The wellbeing of infants requires that health professionals in all settings promote the message, **‘in every place, for every sleep, check that baby is safe’**.

To achieve this key objective, health professionals in Hauora Tairāwhiti will have the necessary skills and resources to routinely:

- support families and whanau through pregnancy in ways that prepare them to sleep their new infant safely and reduce risks for instance by smoking cessation services;
- provide safe infant sleeping arrangements within Hauora Tairāwhiti facilities;
- provide consistent, appropriate and culturally-relevant, verbal and written advice on the Six Principles for Protecting a Baby’s Life (refer to Definitions section of this policy);
- model and promote safe infant sleeping practices within Hauora Tairāwhiti facilities and in the community by outreach services;

- Document where a risk is identified in the clinical record and what actions need to be taken to mitigate. Share/transfer the safe sleep plans and actions over to others involved in the provision of health care;
- promote and protect breastfeeding as a very important aspect of the wellbeing of mother and baby;
- support parents in having a safe cot or dedicated space designed for infant sleeping by providing information about safe sleeping environments and linking families to available resources where required;
- support families, whanau and/or caregivers to connect with community services that promote safe infant sleeping practices;
- encourage safe infant sleeping practices that are inclusive of Maori, Pacific and other cultural values;
- Provide information about safe sleeping practices and plans as a key element of transfer of care and discharge processes.

SAFE INFANT SLEEP ESSENTIALS/PRINCIPLES:

In every place, for every sleep, check that baby is safe. For every sleep babies must be:

- **Face up** – the supine sleep position affords the infant a clear airway, optimises their drive to breathe, and enhances the gag reflex. Putting babies to sleep on their backs reduces the risk of SUDI. Babies are less likely to roll onto their front (the most dangerous sleep position) if they are put to sleep on their backs rather than their sides.
- **Face clear** – ensure the face is clear of loose wraps and bedding, free from other people who might overlay the infant, free from gaps that could trap or wedge the infant, and free of objects (e.g. soft toys, pillows or pets) that might cover the face, cause strangulation or restrict breathing.
If wrapped, the bedding must not restrict breathing, and for older more mobile babies (over three months), allow the arms to be free.
- **Free of the risk of wedging** – avoid using ill-fitting mattresses in cots. Babies can also become trapped or wedged if there are gaps between the frame and the mattress around cot sides or with saggy porta-cots.
- **Smokefree** – babies who are exposed to tobacco before or after birth have less drive to breath with decreased arousal and are at greater risk of apnoea. Tobacco exposure before birth also increases risk of low birth weight and pre-term birth which increases the risk of SUDI. All pregnant women and mothers are advised and assisted to stop smoking and offered referral to smoking cessation services as outlined in the Ministry of Health’s recommendations.
- **In their own safe space to sleep:**
 - placing baby in a baby bed with a firm and flat mattress and face clear of bedding;
 - they should not be able to fall, become wedged, or trapped in gaps between the frame and the mattress;

- babies must not be placed on a pillow or couch, either alone or with anyone else;
 - make sure there is nothing in a baby bed that might cover baby's face or lift their head - no pillows, toys, loose bedding or bumper pads;
 - make sure baby is kept at a comfortable temperature to avoid overheating;
 - **bed sharing will not be supported in Hauora Tairāwhiti facilities.**
www.health.govt.nz/your-health/healthy-living/babies-and-toddlers/breastfeeding-0/getting-ready-breastfeed/your-breastfeeding-plan/skin-skin-contact-and-oxytocin
- **In the same room as a responsible carer** – babies who sleep in the same room as a responsible carer have reduced risk for SUDI. Please note a person who has used alcohol, illicit drugs and/or sedating medications cannot be the assigned responsible carer, as their ability to care for the infant is impaired and has been linked to increased risk of SUDI. Please note a very tired adult may also have an impaired awareness to respond appropriately to the baby.
 - **Breastfed** – breastfed babies have reduced risk of infection, increased arousal, and reduced risk of SUDI.
 - **Immunisation** - immunisation protects babies from many childhood diseases and is also associated with a reduced risk of SUDI.

Safe Infant Sleep Essentials/Principles will be implemented into practice in all settings for which Hauora Tairāwhiti has responsibility or influence where infants up to one (1) year of age are placed to sleep. These principles are relevant to all health professionals in Hauora Tairāwhiti who work with pregnant women, infants (including boarder babies), their families, whanau and/or caregivers.

Medically initiated exception to safe infant sleep essentials/principles

Some Paediatric / New Born unit babies may need to be nursed in a prone position. These babies are on full ECG, respiratory and saturation monitoring, and are nursed in incubators. Once in a bassinet, babies are positioned on their backs unless there is a medical reason not to, in which case a printed card is attached to their bassinet which reads "I am sleeping on my tummy for medical reasons", so that other parents know it is an exception.

STANDARDS TO BE MET:

Staff education

- All health professionals to whom this Hauora Tairāwhiti policy applies will be provided with education and resources that ensure adequate skills to promote safe infant sleeping practices and SUDI prevention, including ways of communicating risk to parents, families, whanau, and/or caregivers.

Safe sleeping for every infant every time

- Each service will be responsible for providing safe sleeping arrangements and information for infants up to one (1) year of age who sleep within Hauora Tairāwhiti facilities.

Safe infant sleeping practice

- Staff will advise and promote only safe infant sleeping, safe night feeding and safe settling practices within Hauora Tairāwhiti facilities (and when relevant in community settings) and promote these as strategies to use at home.
- SUDI prevention information, education and support will be given to all parents/caregivers with infants up to one (1) year of age. This will be universal and consistent across Hauora Tairāwhiti services and will be targeted so that where greater needs are identified, greater support is provided.

Risk assessment and care planning

- Care planning will start antenatally wherever possible following needs assessment. Plans developed between family and staff are a core part of the clinical record at every transfer of care.
- On admission to the postnatal/paediatric ward the nurse/midwife will undertake a risk assessment for SUDI as part of the routine health care for all infants up to one (1) year of age who are placed to sleep within Hauora Tairāwhiti facilities. (See appendix 3 for an example of a documentation tool).
- This will be documented as part of a care plan for the infant and will include smoking cessation action and discharge planning by staff to support safe infant sleeping arrangements at home.
- Where the infant is seen in the community, a risk assessment will be undertaken. The outcome of the risk assessment, education provided and actions taken will be documented in the appropriate clinical notes.
- Refer to DHB policies on Domestic Violence Screening (DVS) and Child Protection.

APPENDICES:

Appendix 1 – Risk factors for SUDI

Appendix 2 – Discharge planning

Appendix 3 – Example of infant safe sleep risk assessment

Appendix 4 – UNICEF UK (2017/2019). Caring for your baby at night - a guide for parents, and a guide for health professionals.

ASSOCIATED WEBSITES:

<http://www.changeforourchildren.co.nz/files/docs/tttnewfolder/safe%20sleep%20draft%20policy%20framework%20for%20dhbs.docx>

<http://www.firstcandle.org/>

[FSID - Home](#)

<http://www.health.govt.nz/our-work/life-stages/maternity-and-breastfeeding/national-maternity-clinical-guidance/observation-mother-and-baby-immediate-postnatal-period-consensus-statements-guiding-practice>

<http://www.health.govt.nz/your-health/healthy-living/babies-and-toddlers/breastfeeding-0/getting-ready-breastfeed/your-breastfeeding-plan/skin-skin-contact-and-oxytocin>

<http://www.hqsc.govt.nz/our-programmes/mrc/cymrc/publications-and-resources/sudi/>

<https://www.healthed.govt.nz/resource/keep-your-baby-safe-during-sleep>

http://www.isisonline.org.uk/hcp/where_babies_sleep/parents_bed/how_parents_bedshare/bedsharing_and_nonbreastfeeders/

<http://www.kidshealth.org.nz/keeping-your-baby-safe-during-sleep>

<http://www.pepi-pod.co.nz>

[Power to protect - Power To Protect](#)

<http://www.sidsandkids.org/offices/queensland/online-education-safe-sleeping/>

<http://www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/Caring-for-your-baby-at-night/>

<http://www.whakawhetu.co.nz>

<http://clients.teamdf.com/curekids/site/>

ASSOCIATED DOCUMENTS:

- Hauora Tairāwhiti Breastfeeding Policy

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- Fetherston, C.M. and Leach, J. S. (2012). Analysis of the ethical issues in the breastfeeding and bedsharing debate. *Breastfeeding Review* 20(3), 7-17.
- Hauck, F. R., Thompson, J. M. D., Tanabe, K. O., Moon, R. Y., and Vennemann, M. M. (2011). Breastfeeding and reduced risk of sudden infant death syndrome: A meta-analysis. *Pediatrics: Official Journal of the American Academy of Pediatrics* 128(1), July 2011, pp 1-8.
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New Zealand Ministry of Health (July 2012). Observation of mother and baby in the immediate postnatal period: Consensus statements guiding practice.

New Zealand Ministry of Health (11 March 2013). Safe sleep essentials: Preventing sudden unexpected death in infancy (SUDI).

TAHA - Well Pacific Mother and Infant Service <http://www.taha.org.nz/page/5-Home>.

The Foundation of the Study of Infant Deaths. <http://fsid.org.uk>.

The Royal College of Midwives (2004). Bed sharing and co-sleeping – guidance paper.

UNICEF (2008). Leaflet - Sharing a bed with your baby – a guide for breastfeeding mothers. UNICEF.

UNICEF (2011). Leaflet – Caring for your baby at night - a guide for parents. UNICEF.

Vennemann, M.M., Hoffgen, M., Bajanowski, T., Hense, H.W., & Mitchell, E.A. (2007). Do immunisations reduce the risk for SIDS? A meta-analysis. *Mechtil Vaccine*. 12:25(26:4875-9.

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Whakawhetu National SIDS Prevention for Maori. <http://www.whakawhetu.co.nz>.

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APPENDIX 1

RISK FACTORS FOR SUDI

The Hauora Tairāwhiti strongly recommends that all infants are placed to sleep in their own sleeping space (such as a bassinette, cot, wahakura, waikawa or Pepi-Pod®) but some infants will be at greater risk due to increased vulnerability.

Infant risk factors for SUDI

- Babies exposed to tobacco smoke during pregnancy
- Babies whose mothers/carers smoke tobacco/use drugs and alcohol
- Babies born before 36 weeks gestation
- Babies under 2500g and low birth weight babies – use customised growth chart
- Unwell babies
- Artificially fed babies
- Some babies with developmental disorders or congenital anomalies.

All of these babies have reduced arousal, increased risk of apnoeas, are less able to clear their own airways and alert caregivers due to their more vulnerable state. It is essential these babies always sleep in their own cot, baby bed, wahakura, waikawa, or Pepi-Pod® (examples of a bed specifically designed for babies). The risk for SUDI is greatest under 12 weeks but continues for the first year. Older babies are more mobile and the hazards may be different than for a younger baby, for example, an older baby may become tangled in loose bedding or could strangle on blind cords.

Maternal risk factors for SUDI

- Any condition that affects the mother's ability to maintain safety of the baby for example:
 - excessive tiredness related to long and difficult labour or post anaesthesia
 - alcohol or drug use
 - medication causing drowsiness
 - illness that inhibits her ability to respond to the baby
 - immobility due to spinal anaesthesia.
- Obese mothers – an extremely obese mother may find positioning and movement difficult and will have less space in the bed for a safe position for baby. This can only be assessed on an individual basis.
- Non breastfeeding mothers – mothers who do not breastfeed are less aware **during sleep** of the baby's position, less responsive to the baby and less likely to adopt the instinctive protective position.

All of these mothers may experience decreased awareness and/or responsiveness to their baby's needs. It is essential their baby always sleeps in their own cot, baby bed, wahakura, waikawa, or Pepi-Pod® (examples of a bed specifically designed for babies).

Environmental risk factors for SUDI

- Bed sharing
- Propping baby on or between pillows – baby may slump with neck flexed occluding their airway, roll off the pillows, or into them and suffocate
- Loose or heavy bedding – may cover baby's face and cause overheating or suffocation
- Leaving baby unattended on the bed – baby may roll off the bed, get wedged between bed and wall, or move under blankets risking injury or overheating or suffocation

- Adult hospital bed/adult bed – baby may slide under the covers, slip off the bed, become wedged between the bed and the rail, risking overheating, injury or suffocation
- Propping hospital cot – baby may slide down under covers risking overheating or suffocation
- Placement in baby bed that is too short (or have grown out of safe sleep space), may wedge baby with a blocked airway especially if baby can push off from the bottom and push head into the top or a corner
- Soft toys in the cot increase risk of suffocation
- Other children or pets in the bed increase risk of overlying and suffocation
- Overheating. Keep room at a temperature comfortable for a lightly clad adult. Dress baby as you would yourself, not too warm or cool. Babies regulate their temperature best if they have their head uncovered, face clear, and sleep on their backs, as they control their temperature predominantly through their face. Do NOT use electric blankets, wheat packs, or hot water bottles.
- Infant car seats are NOT suitable sleeping places for babies as often they cause flexion of the neck which may obstruct the airways.
 - Babies should be observed or regularly checked during trips especially if additional vulnerability exists;
 - Babies should be transferred from a car seat to their own safe sleeping space at arrival of destination.

Bed sharing (defined as the parent/caregiver sleeping with the infant on the same sleeping surface, usually a mattress). A key feature is that the parent/caregiver is asleep. There is controversy between experts on the matter of bed sharing, and due to the risk to the baby, bed sharing is not supported. The following is noted from CYMRC, Special Report on Suffocation 2013:

- Situations such as a couch, beanbag or adult bed also increase the risk of suffocation or strangulation, as face covering, overheating, neck flexing or wedging can easily occur (ibid, p. 17).
- Beds designed for adults are often too soft, have spaces to wedge an infant or coverings that can cover the face...there is a risk of suffocation from overlying if an adult or another child is in the same bed as an infant, as the other person may accidentally move and compromise the ability of the infant to breathe” (ibid, p. 17).
- “Suffocation in place of sleep is the most common cause of death from unintentional injury in the first year of life in New Zealand and is largely preventable. Prevention should, therefore, be a high priority for all health and social service providers” (ibid, p. 24).

APPENDIX 2

DISCHARGE PLANNING

- As part of the discharge planning process, staff will ensure mothers/carers are aware of the protective and risk factors associated with SUDI. Please refer to education resources e.g. “Safe Sleep Essentials”, “Through the Tubes” talk card, and resources from <https://www.healthed.govt.nz/resource/keep-your-baby-safe-during-sleep> and <http://www.kidshealth.org.nz/keeping-your-baby-safe-during-sleep>.
- Infant car seats are NOT suitable sleeping places for babies as often they cause flexion of the neck which may obstruct the airways. Babies should be transferred from a car seat to their own safe sleeping space at arrival of destination.
- If carers do not have a cot or other suitable baby bed that meets industry standards and do not have funds to supply this then refer to ward social worker, a Pepi-Pod[®] Exchange Card Holder or directly to a Pepi-Pod[®] Distributer.
- Newborn babies with associated risk factors for SUDI will be offered a safe sleep space e.g. a Pepi-Pod[®], wahakura or waikawa (depending on availability) before baby is discharged home. A Pepi-Pod[®] is for a newborn baby (exception: paediatric / NICU staff may recommend them for an older baby), used up to six months of age who meet one of the following criteria:
 1. Maori (with or without other risk factors)
 2. Smoke exposed during pregnancy
 3. Parents who smoke/use alcohol or drugs
 4. Babies under 2500g and low birth weight babies – use customised growth chart
 5. 36 weeks gestation or less
 6. Has no baby bed at home
 7. Anyone who is co-sleeping with their baby
- It is vital to use the Pepi-Pod[®] process as an opportunity to provide sound advice about safe sleep and arrange ongoing support. Pepi-Pod[®] spaces are available through approved Pepi-Pod[®] Distributers in the Tairāwhiti region who have been trained to deliver the Pepi-Pod[®] programme. They are located in the maternity units and accessible to Paediatric/New Born units, Maori and Pacific providers, Wellchild providers.

NOTE: Only approved Pepi-Pod[®] Distributers can directly supply families with a Pepi-Pod[®]. Pepi-Pod[®] must be used as directed to provide a safe space for babies to sleep.

Maori have the highest rate of SUDI in New Zealand. Wahakura, Waikawa and Pepi-Pod[®] spaces provide a safe space for a baby to sleep while remaining close to their parents/carers. They are acceptable to many Maori and statistics for SUDI have apparently dropped markedly in regions where they have been distributed, although formal evaluation is still to be completed in the future. Pepi-Pod[®] spaces have been made available through funding streams such as Maori funding, HealthShare funding, Tobacco Control, Public Health, and so on, and are predominantly for, but not restricted to, use by Maori.

APPENDIX 3 EXAMPLES OF INFANT SAFE SLEEP RISK ASSESSMENT

INFANT SAFE SLEEP RISK ASSESSMENT – document safe sleep actions on care plan/clinical notes		
<p>‘Every Sleep Will Be A Safe Sleep’</p> <ul style="list-style-type: none"> • Face up • Face clear • Smoke free • Breastfed • Close to parent with baby in own bed • Handled gently • Immunisation on time <p>-Ensure parents understand the importance of letting staff know when baby is awake in the night and feeding; -Always ensure call bell at hand and baby in safe position before leaving the room.</p>		
<p>High Risk</p> <ul style="list-style-type: none"> • GA [sedative] <input type="checkbox"/> • Narcotic drugs (impairs arouse ability and awareness) • BMI >30 • Severely unwell or immobile woman • Currently unwell baby • Partially breastfed or artificially fed 	<p>Date:</p> <p>Initial:</p>	
<p>Medium Risk</p> <ul style="list-style-type: none"> • Smoke exposed during pregnancy <input type="checkbox"/> • Pre term • Recently unwell baby • BWC<10 • Use of alcohol, drugs in family (sedative, mind altering prescription drugs) • Previous SUDI / SIDS • Partially breastfed or artificially fed 	<p>Date:</p> <p>Initial:</p>	
<p>Lower Risk</p> <ul style="list-style-type: none"> • Smokefree, no drug or alcohol use in family <input type="checkbox"/> • Well term baby • Exclusively breastfed (under 6 months) 	<p>Date:</p> <p>Initial:</p>	
<p>Safe sleep discussed <input type="checkbox"/></p> <p>Safe sleeping space available at home <input type="checkbox"/></p> <p>Night settling resources discussed <input type="checkbox"/></p>	<p>Comments:</p>	
<p>Meets criteria for a Pepi-Pod® <input type="checkbox"/></p>	<p>Complete Pepi-Pod® education with family and pod given <input type="checkbox"/></p>	<p>Date:</p> <p>Initial:</p>
<p>Smoking risk and cessation support discussed <input type="checkbox"/></p>	<p>Referred to cessation support: <input type="checkbox"/></p> <p>Declined: <input type="checkbox"/></p>	<p>Date:</p> <p>Initial:</p>

[SUDI Risk Calculator http://clients.teamdf.com/curekids/site/](http://clients.teamdf.com/curekids/site/)

APPENDIX 4

UNICEF UK (2017, 2019)

CARING FOR YOUR BABY AT NIGHT – A GUIDE FOR PARENTS 2019

HEALTH PROFESSIONAL GUIDE TO CARING FOR YOUR BABY AT NIGHT 2017