



Safe sleeping

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All young children spend a lot of time sleeping and it is important to make sure that their sleeping arrangements and their sleep environment are safe. There are very clear ways to create a safe sleeping environment for little ones.

Medical terms

SUDI (Sudden Unexpected Death in Infancy) is an umbrella term used by health professionals to include deaths from medical problems and accidents. Some of these deaths whilst unexpected can be explained. Unexpected death during sleep can include both SIDS (Sudden Infant Death Syndrome – no clear cause of death) and other fatal sleeping accidents (where there may be a clear cause of death, eg smothering). In fact, many experts now rarely use the term SIDS because they consider many deaths to be clearly secondary to unsafe sleeping environments (therefore termed fatal sleeping accidents).

Research has shown that the following can increase the risk of fatal sleeping accidents for infants aged 0-12 months;

- > Placing bub 'on tummy' or 'on side' to sleep.
- > Bedding not an approved infant cot (i.e. adult mattresses which are too soft plus infant can fall off). Sleeping a baby on a couch/sofa is particularly risky.
- > Presence of pillows, soft toys or bumpers in cot which can cause an asphyxiation (smothering) hazard.
- > Co-sleeping (including with another child), particularly when the other person is fatigued or under the influence of alcohol/drugs or is a smoker.
- > Having face or head covered (e.g. with a bonnet or a hat).
- > Infant sleeping in room alone.
- > Maternal smoking prior to pregnancy and parental smoking after.
- > Breast feeding is protective.
- > Use of dummy is protective.

Parents get information about parenting and sleeping from multiple sources. For Aboriginal families this includes information from other family members and respected community members who may have been familiar with different health messages and practices. One Western Australian study found that "Aboriginal mothers described receiving some information from a child health nurse about not co-sleeping, but maintained this was inappropriate, as this practice is a normal part of Aboriginal culture. They also stated that grandmothers, their own mothers, sisters and aunties were considered more credible sources of information about how to care for their child."¹



1 Dodd, J. Collaboration for Applied Research and Evaluation. Telethon Institute for Child Health Research under contract with the Department of Health, Western Australia; 2012 Retrieved from website: https://ww2.health.wa.gov.au/~/_/media/Files/Corporate/general%20documents/Health%20Networks/Womens%20and%20Newborns/Evaluation-of-Statewide-cosleeping-bed-sharing-policy-for-WA-Health-Hospitals.pdf

A note about co-sleeping and the SA Safe Infant Sleeping Standards

There has been divided opinion about co-sleeping, particularly as some people and organisations have argued that co-sleeping is better for infant/ carer attachment and breastfeeding. The SA Safe Infant Sleeping Standards² present an approach that can be applied universally by staff to all parents and families. This approach is one of actively discouraging co-sleeping (that is, sleeping on any surface with an infant). This approach is informed by evidence and ensures all families, regardless of their social and life circumstances are provided with known best practices in relation to safe infant sleeping, the reasons these practices are the safest, and the dangers and risks of practices that differ from those being promoted.

The SA Safe Infant Sleeping Standards were developed by a core group of experts from Government and non-Government sectors in South Australia under the direction of the South Australian Safe Sleeping Advisory Committee. They are the result of extensive consultations and conversations, not only with members of the Committee, but also with local and interstate experts outside the Committee including consumers, retailers, staff within SA Health, Department for Child Protection, Disability SA, Department for Education, Queensland Health and the Victorian Child Safety Commissioner. The Standards were written to guide staff and increase family and community awareness of the key infant care practices associated with reducing the risk of infants dying while asleep.

There has been a significant improvement in the under-5 mortality rate for Aboriginal children in the past decade. This has been largely driven by improvements in infant mortality, with significant declines in deaths from Sudden Infant Death Syndrome (SIDS) as a result of health promotion activities to create safe sleeping environments for infants.³ Infants need close attachments to parents, particularly mothers, and this can be achieved by having infants sleep in the same room as parents. By sleeping in the same room (but not the same bed) as parents the risk of SIDS is decreased by up to 50%. Other benefits of sleeping in the same room include a rapid response to a baby's needs, more convenient settling and comforting of babies, and closer mother-baby contact and communication.⁴

Health messages

These health messages are taken from the SA Safe Infant Sleeping Standards

- > Sleep infants on their back from birth for every sleep period (night and day), never on their front or side;
 - with feet at the foot of the cot.
 - with appropriate bedclothes or sleeping bags which are the correct weight for the season to provide adequate warmth whilst avoiding overheating.
 - with head and face uncovered.
 - with bedclothes tucked in securely so bedding is not loose or in a sleeping bag that fits the neck firmly.
 - without quilts, doonas, duvets, pillows, cot bumpers, sheep skins, soft toys, or any other soft item which could pose an asphyxiation (choking) risk.
- > Avoid exposing babies to tobacco smoke before and after birth.
- > Sleep infants in their own cot in the same room as the parents for the first 6-12 months.
- > Provide a safe sleeping place night and day in a cot that is compliant with the Australian Standards for Household Cots and positioned away from blind cords and other hazards⁵.

Examples of practical actions

- > Undertake safe sleep training – at the time of writing this was being provided by SIDS and Kids SA for staff in relation to the SA Safe Infant Sleeping Standards.
- > Organise education program for playgroups or other parents groups;
 - Can be arranged through SIDS and Kids or Kidsafe.
- > Display and distribute 'safe sleeping' promotion material;
 - For example, the SIDS and Kids Aboriginal Resources.
- > Organise displays of safe sleeping environments at early childhood centres – eg a safe cot with sleeping bag or correctly fitted bedclothes. It may also be a good idea to have a cot set up incorrectly (with bumpers, doonas, toys etc) as a comparison as long as this is clearly labelled as such.
- > Encourage the download and use of the SIDS and Kids free app for smart phones.

2 SA Health South Australian Safe Infant Sleeping Standards. SA Health March 2011

3 Australian Institute of Health and Welfare. Timing impact assessment of COAG Closing the Gap targets: Child mortality. Cat. no. IHW 124. Canberra: AIHW 2014.

4 Red Nose information statement: Room sharing with baby. https://rednose.com.au/downloads/Room_Sharing-Safe_Sleeping-Information_Statement_Nov_2017_WEB.pdf

5 Australian Competition & Consumer Commission. Safety Alert. Cots. <https://www.accc.gov.au/system/files/Cot%20safety%20-%20safety%20alert.pdf>

For more information

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