

Information Statement

Safe Sleep



Bassinets

Red Nose recommends six key steps to reduce the risk of sudden unexpected deaths in infancy (SUDI) including SIDS and fatal sleeping accidents:

- Always **place baby on their back to sleep**, not on the tummy or side
- Keep baby's **face and head uncovered**
- Keep baby **smoke free before birth and after**
- Provide a **safe sleeping environment** night and day
- Sleep baby in **their own safe cot in the same room as their parent/adult caregiver** for the first 6-12 months
- **Breastfeed** baby

Introduction

Sleeping baby in their **own safe sleeping space** in the **same room as an adult caregiver** for the first six to twelve months is a strategy that has been demonstrated to reduce the risk of Sudden Unexplained Death in Infancy (SUDI).

A baby's own safe sleeping space can be easily created in a cot, which to be safe includes a safe mattress and safe bedding.

All cots and portable cots sold in Australia must meet the mandatory Australian Standard for Safety (AS/NZS 2172:2003 or AS/NZS 2195: 1999) and must clearly display evidence of this on the cot and its packaging.

Red Nose acknowledges that for a variety of reasons, the use of a household cot or travel cot is not always practical or achievable in order to room share in the very early months following the birth of a baby. These reasons include chosen parenting practices, cultural beliefs, social disadvantage, or simply the impracticality of fitting a cot in the parent/caregiver's bedroom. Parents may prefer to use a bassinet in the early months in order to successfully room share as they take up less space than a regular standard cot.

It is often assumed that all nursery products for sale in Australia must be safe. However, it is important, when purchasing a sleeping environment for a baby, that parents and carers are able to make the best informed decision based on evidence of product safety. This is crucial for preventing SUDI, including fatal sleeping accidents.

Definitions

Bassinet/Cradle

A bassinet or cradle is a bed specifically for babies from birth to about six months (or when baby starts to roll). A bassinet is generally designed to work with fixed legs or casters, while a cradle is generally designed to provide a rocking or gliding motion.

Moses Basket

Moses Baskets or carry cots are light and portable. They are similar to a bassinet or cradle in that they are typically designed to sit on a frame, however they can also be placed on the ground or on furniture.

Portable cot

A portable cot (also known as a travel cot or folding cot) is designed as a stand-alone, temporary sleeping environment for a baby. Portable cots sold in Australia must meet the mandatory Australian Standard (AS/NZS 2195:1999).

Bedside Sleeper/Side Car Crib

A bedside sleeper or side car crib attaches to an adult bed or stands alone and can convert into a cot or bassinet. Some have a drop-side. These products can facilitate room-sharing by facilitating close contact between baby and caregiver while providing a separate sleep surface; however, when used in the home, parents need to be aware that constant manoeuvring when attending to an infant may weaken stability over time depending on the device design.

Bassinet Use

Red Nose understands that the only way some families can practically follow our safe sleep recommendation to sleep their baby in the same room with parents/caregivers for the first 6-12 months, is to use a portable sleep space such as a bassinet.

The purpose of this Information Statement is to assist parents and carers to understand the benefits and risks associated with bassinets and other portable sleep spaces, and how to choose the safest option to reduce the risk of sudden infant death and sleeping accidents.

Risks and Injuries

Babies have been seriously injured when a portable sleep space has tipped over, the bottom has broken, or the folding legs have collapsed. Coronial investigations into the deaths of babies have prompted a large number of product recalls worldwide.

The U.S. Consumer Product Safety Commission (CPSC) reported that there were approximately 59,000 nursery product-related injuries among children younger than five years old treated in U.S. hospital emergency departments in 2018 (Chowdhury, R., 2019). Falls were the leading cause of injury; with the head, followed by the face, the body parts injured most frequently. Babies are vulnerable to head, face or neck injury because of their higher centre of gravity and relatively large and heavy head in comparison to the body which often causes them to tumble head-first.

Tragically, 320 deaths (average 107 deaths per year) associated with nursery products were reported to the U.S. CPSC from 2014 to 2016. Bassinets/cradles were associated with 18 percent (a total of 59 or an annual average of 20) of the reported deaths, while infant carriers were associated with nine percent (a total of 29, or 10 per year) of the reported deaths.

A similar report on nursery product related injuries during 1990-2008 (Yeh, E., et al, 2011) found that an estimated 181,654 children younger than two years of age were treated in emergency departments across the US for injuries related to cots, playpens and bassinets. Of these injuries, most involved cots (83.2%) followed by playpens (12.6%) and bassinets (4.2%). Most of these injuries were caused by falls.

The National Coronial Information System (NCIS) provides case summaries and coronial recommendations for all cases investigated in Australia or New Zealand and produces reports for public information with regard to infant death following clinical investigation.

In Australia in 2017, an infant died after becoming wedged in their bassinet between the side and the mattress. An additional mattress and a woollen underlay were added to the bassinet which was shorter than the original mattress, creating a surface that was too soft with a gap at the top of the bassinet. Unfortunately, the infant was placed on her tummy to sleep which further exacerbated the risk of death in this instance. The recommendations from the Coroner stipulated that education regarding safe bassinet use was imperative to help prevent such accidents from occurring (NCIS Fatal Facts edn 34, 2017).

A study of Victorian hospital records relating to child admissions following an injury showed that nearly three-quarters (72%, n=1,377) of the 1,919 hospital admissions for furniture-related falls injuries over the three-year period 2010/11 to 2012/13 were in age group 0-4 years, of which 12 children were injured in a bassinet (Cassell & Claperton, 2014).

Furthermore, a recently published study of babies attending one of 10 participating emergency departments in Australia and New Zealand for treatment for a head injury found that 93 (0.5%) were in their first month of life (Eapen et al 2019). Medical professionals are particularly concerned about this age group as their skulls are thin and pliable to facilitate passage through the birth canal and their brain less protected in head trauma. The researchers found that most of these babies had been injured by a fall (70, 75.2%), among whom, three babies (3.2%) had fallen from a bassinet.

What is important to remember is that despite U.S. and European safety standards in place for these devices, serious accidents can and still do occur and it is vital that parents and carers understand the risks prior to making the decision to purchase and use these products. What is evident by the high number of bassinet recalls worldwide over the last decade is that not all bassinets are designed well or safe for baby.

A study of injuries which occurred in bassinets showed dangers of suffocation or asphyxia were largely attributed to incorrect use: the use of soft bedding and/or placing baby to sleep in the unsafe prone (on the tummy) sleeping position (Pike, J., et al, 2008).

Placing netting or mesh over the top of bassinets is not a viable solution to keep children from climbing or falling out due to the inherent risk of babies becoming entrapped and strangled (Investigation Safe Sleeping Conditions for Children Report 2018, Safety Research Strategies, 2009). Although Red Nose is aware of only a few such incidents, it is important to understand that they could occur.

Red Nose's mission is to reduce the risk of death and minimise injury to infants within their sleep environments and recommends that parents and carers follow our six safe sleep recommendations when using a bassinet for their infant. Red Nose supports recommendations from Product Safety Australia for safe bassinet use and parents are encouraged to visit the website for more detailed information (www.productsafety.gov.au).

Although there are currently no Australian or International Standards for bassinets, supplier guidelines regarding bassinets, accessories and other infant sleeping products have recently been prepared by the Infant and Nursery Product Association of Australia (INPAA).

Infant falls, injuries and suffocation are the most common risks associated with bassinet use if:

- the construction and design of the bassinet does not provide sufficient clear space around the infant to avoid overheating, suffocation or asphyxiation;
- the mattress does not fit the bassinet, is too soft/thick or if pillows or folded blankets are used instead of a mattress;

- the bassinet tips over;
- the base is not sturdy;
- the folding legs collapse;
- the sides are not high enough;
- the bassinet no longer suits the size or developmental needs of the child.

(Red Nose NSAG 2017, ACCC 2013, Pike & Moon, 2008)

Benefits of Bassinet Use

There is strong evidence that room sharing decreases the risk of sudden infant death by up to 50 percent when compared to babies sleeping in a separate room (Room sharing with baby - Red Nose Information Statement <https://rednose.org.au/article/room-sharing-with-baby>).

Three studies reported that babies sleeping in separate rooms from their caregivers had a three-fold increased risk of SUDI (Horne et al 2015, Carpenter et al 2004, Tappin et al 2005 & Scragg et al 1996), while a study by Blair et al (1999) demonstrated a 10-fold increased risk associated with solitary sleeping in their multivariate analysis of a large case-control study. Carpenter et al (2013) reported that for room-sharing breastfed babies placed on their back, whose parents did not smoke and had no other known risk factors, the risk of sudden infant death is predicted to be very low (0.08 / 1000 live births).

Red Nose recommends sleeping baby in their **own safe sleeping space** in the same room as an adult caregiver for the first six to twelve months, to reduce the risk of SUDI. **Baby's own safe sleeping space can be achieved by placing baby to sleep in a safe cot next to the parents' (or adult caregiver's) bed.**

Room sharing can help to prevent suffocation, strangulation and entrapment. The protective effect of room sharing can be partially explained by increased adult supervision and observation of the baby. While this does not guarantee the baby's safety, attentive and motivated parents may become aware of potentially dangerous situations such as the baby rolling into the tummy position or bedclothes covering the face and head, or baby movement or distress (Blair et al 2014, McKenna & McDade, 2005, Scragg et al 1996).

The Red Nose position is jointly supported by both the American Academy of Paediatrics and the Lullaby Trust. Although there is no specific evidence for moving an infant to his or her own room before 1 year of age, the first 6 months are particularly critical, because the rates of SUDI, including SIDS and other sleep-related deaths, are highest in the first 6 months of life (AAP Task Force on Sudden Infant Death Syndrome, 2016). Understanding that no sleep environment is completely risk free, parents and carers need to be able to recognise ways to reduce the risks in all sleep environments that baby is placed in.

Parents may prefer to use a bassinet in the early months in order to successfully room share as they take up less space than a regular standard cot. Placing the bassinet close to the parents' bed so that the infant is within view and reach can facilitate feeding, comforting, and monitoring of the infant.

Discussion

A bassinet is often a useful sleep environment for a new baby, particularly in the first few months of life. It can provide a safe alternative to a domestic cot or travel cot, provided the principles of safe sleeping are adhered to reduce the risk of sudden infant death and fatal sleep accidents. Red Nose recommends parents and carers make an informed decision based on evidence of product safety when deciding if a bassinet is right for them.

Currently, there are no Australian Standards bassinets in Australia. Red Nose recommends that parents be aware of established safety standards recommended in other countries and adhere accordingly.

The international safety standards that apply to bassinets are:

- American Standard: ASTM F406-19 - Standard Consumer Safety Specification for Non-Full-Size Baby Cribs/Play Yards <https://www.astm.org/Standards/F406.html>
- European Standard: BS EN 1466:2014 - Child use and care articles. Carry cots and stands. Safety requirements and test methods <https://shop.bsigroup.com/ProductDetail?pid=000000000030325673>

Recommendations

It is important when selecting a sleeping space for baby that parents consider whether the item is safe for the purpose for which it was intended, especially if use as a sleeping space for unobserved sleep (for example during the night when you are also asleep).

A safer bassinet will have following features:

- wide and stable base;
- sides are at least 300mm higher than the top of the mattress base;
- firm, flat and well fitted mattress to the size of the bassinet, not tilted and not greater than 75mm in thickness;
- adequate breathability zones on all four sides to eliminate suffocation risks and provide sufficient ventilation for baby;
- Meets international standards for free standing bassinets (European standard EN 1130 or US standard ASTM F2194);
- US standards for bassinets that attach to the adult bed for side car sleeping (ASTM F2906-13 covering disentanglement between the bedside sleeper and the adult bed and ASTM F2194 covering bedside sleepers that double as a bassinet);
- Australian and New Zealand standards (for rocking cradles) (AS/NZS 4385:1996).

Things to avoid:

- decorative ribbons, trims or ties that could potentially strangle an infant;
- netting or mosquito nets that could potentially entrap an infant;
- unstable base;
- padded side panels;
- less than four breathable (mesh) sides;
- soft mattress and/or ill-fitting mattress; and
- items made of cardboard – cardboard sleeping devices are not suitable for the Australian climate. The integrity of the item can be significantly compromised by humidity and dampness which could lead to accidental breakage when in use.

Other considerations

- Always remember that a bassinet is for short-term use only and you should cease use when baby shows signs of rolling. Babies must be moved to safe cot at this time—this is usually around 4-6 months of age;
- It is at this time that babies must be moved to a safe cot and wrapping discontinued;
- Ensure adjustable side panels are always kept in the upright position for sleep;
- Ensure folding legs are locked and cannot collapse when in use;
- Position safely, away from curtains, blinds, heaters or power points;
- All screws and bolts are tight to avoid accidental collapse;
- Never leave an infant unsupervised in the bassinet/space;
- Consider the use of a safe sleeping bag to help prevent an infant overheating or bedding covering baby's face or head;
- Discontinue use of the bassinet once baby is showing signs of being able to roll;
- Remember that bassinets do not have a separate Australian and NZ Standards for safety.

Further information

To learn more about keeping baby safe in a bassinet or cot refer to the Keeping Baby Safe: A guide to infant and nursery products and the resources available at www.productsafety.gov.au.

Conclusion

There is strong evidence that room sharing decreases the risk of SUDI by up to 50 percent when compared to babies sleeping in a separate room. A safe bassinet can provide parents with a safe alternative for a standard domestic cot or travel cot, provided that the six safe sleeping recommendations are followed.

By following the six safe sleep recommendations, parents and carers can significantly reduce the risk of sudden infant death and fatal sleeping accidents.

These recommendations include:

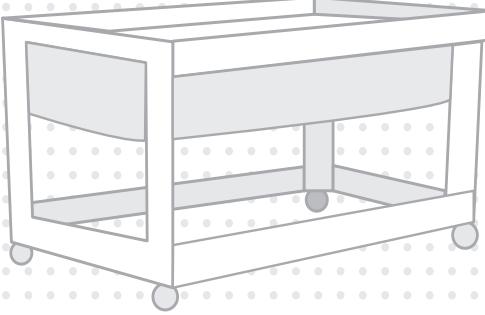
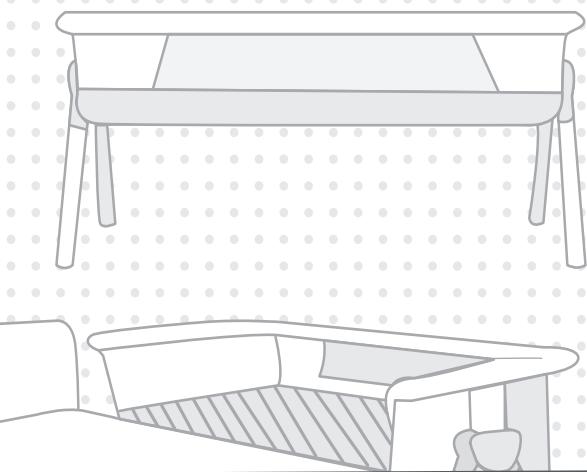
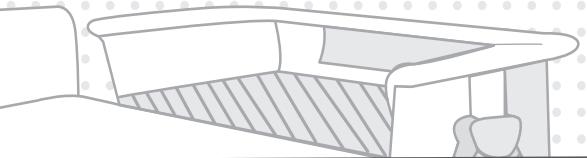
- ensure baby is placed on their back to sleep, with their feet to the bottom of the bassinet with their head and face uncovered;
- remember babies grow fast and bassinets should not be used once baby shows signs of being able to roll or sit up. This occurs around 4 months of age;
- discontinue wrapping at this time.

Currently, there are no Australian Standards for bassinets. However, when looking to purchase a bassinet, parents can look to the international standards (European standard EN 1130 and the US standard ASTM F2194) to assist them in making their decision and to the advice summarised within this Information Statement.

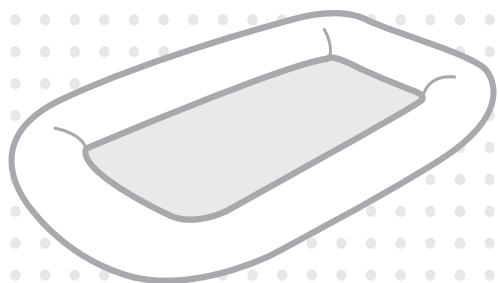
This guide outlines strategies to inform the purchase and the safe use of bassinets in the care of babies.

Examples of Bassinets and other portable sleeping spaces

The following are a selection of sleeping spaces available for sale. Many of them have minimal or no similar features to bassinets, yet still may be sold as bassinets. It is important that parents are aware of the risks associated with other sleep spaces.

Types of Sleep Spaces	Specific Considerations for Use
Bassinet, Bassinette or Cradle 	<p>Use:</p> <ul style="list-style-type: none"> Suitable from birth until baby shows signs of rolling. Offers the ability to room share with a care giver and depending on the design, facilitate moving the sleeping infant without disturbing them to other areas of the home for easy supervision. <p>Risks:</p> <ul style="list-style-type: none"> Always ensure casters have brakes and that they are engaged at all times when in use to prevent roll away and accidental tipping.
Bedside Sleeper  	<p>Use:</p> <ul style="list-style-type: none"> Bedside sleepers are structured products designed to be stand alone or attached to an adult bed. They may or may not have a drop side. <p>Risks:</p> <ul style="list-style-type: none"> Drop sides can be inherently weaker and complicate the structure. Ensure that the drop side is always restored to the upright position when baby is sleeping in the device to prevent potential wedging and suffocation. Always consider manufacturer's instructions when selecting and installing a bedside sleeper. Ensure the item is well maintained and the drop side mechanism is working correctly.
Moses Baskets and Carry Cots 	<p>Use:</p> <ul style="list-style-type: none"> Suitable from birth until baby shows signs of rolling. Designed specifically to be carried and sit directly on furniture. <p>Risks:</p> <ul style="list-style-type: none"> Consider baby's age and size and manufacturer's instructions when selecting a Moses basket. Ensure the basket is placed on a firm surface or stable base. Ensure baby is never slept in a Moses basket once they can roll or sit up. Be aware of significant tipping and falls risk. Ensure no extra mattresses or soft bedding are used in the basket that may create a wedge hazard.

Baby Nests



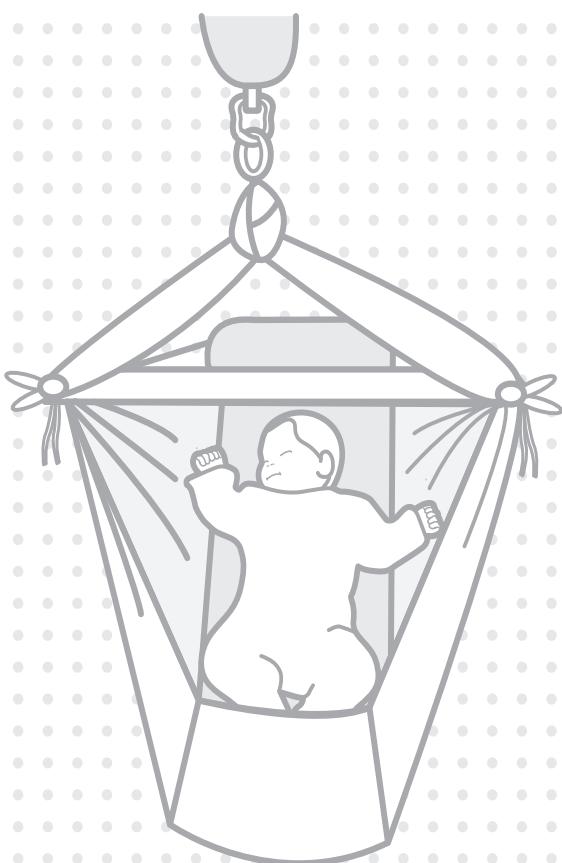
Use:

- Baby nests have been developed loosely in replication of items used for unwell babies in highly supervised environments such as the neo-natal intensive care unit.

Risks:

- Baby nests are not recommended for unsupervised infant sleeping.
- These items should never be used without active supervision as they pose significant safety risks to infants.
- Babies can roll, wedge and suffocate themselves against the padded and bulky edging, with overheating and suffocation risks similar to that of cot bumpers.
- Ensure nests are kept off the floor to prevent adult tripping hazards and from accidental overlaying by pets that may access the device.
- Never place them in the cot or use unsupervised in any circumstance.

Hammocks



Use:

- Portable sleep space.

Risks:

- Hammocks are not recommended for unsupervised infant sleep.
- Hammock use is only recommended under continuous adult supervision where baby's colour and breathing can be monitored. Babies can find themselves in a hazardous chin-to-chest position, which occludes the upper airway.
- Babies can also find themselves in a tucked position and with a curved back. This compounds the hazards by increasing intra-abdominal pressure and reducing a baby's ability to adequately expand their chest and move their diaphragm which is necessary for breathing.
- Most hammock designs do not have a firm, flat surface for babies to sleep on, they can become unstable and cause the product to tip or the baby to assume a chin to chest position.
- There is potential for baby to become wedged into one corner or side and suffocate.

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