

safe sleeping

A guide to assist sleeping
your baby safely



**red
nose**
saving little lives

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Red Nose safe sleeping messages

Six ways to sleep baby
safely and to reduce
the risk of sudden
unexpected death
in infancy:



A photograph of a baby in a crib, partially visible at the bottom of the page. The baby is wearing a red and white checkered blanket. The crib has a white patterned sheet. The background is a light, neutral color.

1

Sleep baby on the back from birth, not on the tummy or side

2

Sleep baby with head and face uncovered

3

Keep baby smoke free before birth and after

4

Provide a Safe Sleeping Environment night and day

5

Sleep baby in their own safe sleeping place in the same room as an adult care-giver for the first six to twelve months

6

Breastfeed baby

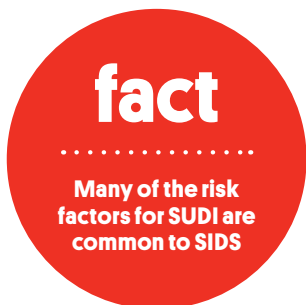
Babies spend a lot of their time sleeping. Some sleeping arrangements are not safe. They can increase the risk of Sudden Unexpected Death in Infancy (SUDI) including SIDS and fatal sleeping accidents. SIDS remains the most common category of deaths between one month and one year of age.

Research has found some important ways to reduce the risk of sudden infant death and create a safe sleeping environment for babies. This brochure provides information to help you create a safe sleeping environment for your baby.

What is Sudden Unexpected Death in Infancy?

SUDI is the sudden, unexpected death of an infant in which the cause is not immediately obvious. SUDI includes Sudden Infant Death Syndrome (SIDS) and fatal sleeping accidents. When the term SIDS is used for a baby's death, no known cause was found to explain the death after a thorough investigation. The term SUDI is used when investigations after the death have shown factors that may have contributed to the death, eg. an infection.

Since the Reducing the Risk of SIDS program was introduced in Australia in 1991, sudden infant deaths have been significantly reduced. However, this reduction has not been as equally successful in all communities in Australia.



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

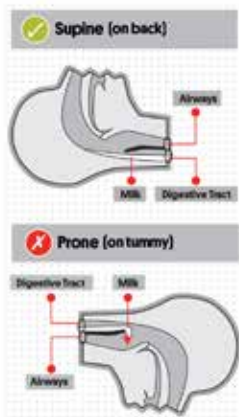
How to reduce the risk of sudden unexpected infant death

- 1** Sleep baby on the back from birth, not on the tummy or side

Sleeping on the back reduces the risk of SUDI. The chance of babies dying suddenly and unexpectedly is greater if they sleep on their tummies or sides. Put your baby on the back to sleep, from birth, on a firm, flat surface. If your midwife, nurse or doctor advises you to use another sleep position for your baby, eg. baby has a particular medical condition, make sure the reason is fully explained to you and ask your doctor for a written explanation. These situations are very rare.

Healthy babies placed to sleep on the back are less likely to choke on vomit than tummy sleeping infants. If you are unsure about the best way to sleep your baby, speak with your midwife, nurse or doctor.

In the back 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.



Tummy play is important and safe for babies when they are awake and an adult is present, but don't put baby on their tummy to sleep. **Remember 'back to sleep, tummy to play, sit up to watch the world.'**

Babysitters and others who care for your baby may not know that tummy or side sleeping increases the risk of SUDI. Explain this to them before you leave your baby in their care.

Babies over the age of 4 months can usually turn over in the cot. These babies may be placed in a safe baby sleeping bag (i.e. fitted neck and arm holes, and no hood). Put them on their back but let them find their own sleeping position. The risk of sudden infant death in babies over six months is extremely low.



remember

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**Back to sleep, tummy
to play, sit up to watch
the world**

2

Sleep baby with head and face uncovered



remember

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**Keep baby's
head and face
uncovered**

Your baby's face and head needs to stay uncovered during sleep as this reduces the risk of SUDI. A good way to do this is to put baby's feet at the bottom of the cot so that baby can't slip down under the bedding.

You might decide not to use blankets at all and instead, use a safe baby sleeping bag: one with fitted neck and arm holes and no hood. Keep baby's head uncovered when indoors or in a car. Ensure baby has no head coverings, such as bonnets, beanies, hats or hooded clothing.

When baby is placed to sleep check that:

- baby's feet are positioned at the bottom of the cot
- bedding is tucked in secure and is not loose.
Alternatively, place baby in a safe baby sleeping bag
- head coverings are removed before baby is placed for sleep
- there are no doonas, loose bedding or fabric, pillows, lambswool, bumpers or soft toys in the cot

3

Keep baby smoke free before birth and after

Cigarette smoke harms babies before birth and after. This includes smoke from tobacco and marijuana. Parents who smoke during pregnancy and after the baby is born increase the risk of sudden infant death for their baby. In fact, if a mother smokes during pregnancy the risk of sudden infant death is approximately 4 times greater compared to the risk for non-smokers. If the father smokes, the risk of sudden infant death is almost double.

There is an increased risk of SUDI if parents are smokers, even if they smoke outside, away from the baby. If mothers who are smokers sleep in the same bed with their babies the risk of sudden infant death is greatly increased. The reasons for this are not clear. However, we do know that being a nonsmoker or smoking less will reduce the risk for your baby.

Try not to let anyone smoke near your baby

- Keep the car, the home and anywhere else your baby spends time, a smoke free zone.
- If you want to quit smoking and you're not finding it easy, ask for help.
- Call the Quit Line on 137 848 or ask your doctor, midwife or child and family health nurse for information and advice.
- See the Red Nose information statement: 'Smoking' for further information.



4

Provide a Safe Sleeping Environment night and day



How to sleep babies safely:

- Safe cot
- Safe mattress
- Safe bedding
- Safe sleeping place night and day

Safe cot - Does the cot meet current Australian Standards?

All new and second hand cots sold in Australia must meet the current mandatory Australian Standard for Cots (AS/NZS 2172) and should carry a label to say so. Old and second hand cots may be dangerous and they may not meet current standards. If purchasing, or if you have been given a cot, check the cot meets the current standards by referring to the guide to infant and nursery products publication “Keeping baby safe” available from the Australian Competition and Consumer Commission’s website www.productsafety.gov.au.

Keeping Baby Safe contains specific and detailed information and safety advice on a range of products such as: baby carriers, baby slings, bassinets, prams and strollers, rocking cradles, car restraints and many others.

Safe mattress - Is the cot mattress the right size for the cot and is it firm, flat and clean?

A baby can get wedged in gaps between the mattress and the cot sides. This is especially dangerous if their face is trapped and covered, or their neck is restricted in any way. Make sure there is no more than 20mm (less than 1 inch) gap between the mattress and the cot sides and ends. Remove plastic packaging from the mattress. Always make sure the waterproof mattress protector is strong, not torn, and a tight fit. The mattress should be firm*, clean and flat (not tilted or elevated).

*Use a firm sleep surface that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013 Methods of testing infant products – Sleep Surfaces – Test for firmness). For further information about ensuring adequate mattress firmness see <http://goo.gl/2stkDE> or watch the video at <http://goo.gl/HqUleB>. A soft mattress or sleeping surface can increase the risk of sudden unexpected infant death if baby rolls over onto the tummy.

Elevating the head of a cot does **not** improve reflux for babies under 12 months of age, furthermore, elevating the head of the cot increases the risk of SUDI. See the Red Nose information statement: 'Sleeping Position for Babies with Gastro-Oesophageal Reflux' for further information.

A pillow, cushion or beanbag is not a safe mattress.

In portable or 'porta' cots use the firm, clean and well-fitting mattress that is supplied with the portable cot. Don't add additional padding under or over the mattress or an additional mattress. The baby can get trapped in gaps created and this is extremely dangerous.

As in the household cots, the portable cot mattress should be firm, clean and flat (not tilted or elevated).

All portable cots sold in Australia must meet the current mandatory Australian Standard for children's portable folding cots AS/NZS 2195 and carry a label to say so.

Safe bedding - Is the bedding safe?

Remove pillows, doonas, loose bedding or fabric, lambs wool, bumpers and soft toys from the cot.

Soft and puffy bedding in the cot is unnecessary and may cover your baby's face and obstruct baby's breathing. See the Red Nose information statements: 'Pillow Use', 'Soft Toys in the Cot' and 'Bedding Amount recommended for Safe Sleep' for further information.

If you wrap your baby, consider baby's stage of development. Leave arms free once the startle reflex disappears around 3 months. Discontinue the use of a wrap when baby can roll from back to tummy and to back again. The wrap may prevent an older baby who has turned onto their tummy from returning to the back position. See the Red Nose information statement 'Wrapping Babies' and the brochure 'Safe Wrapping' for further information.

Safe Sleeping place night and day

The following are things to look out for and avoid when your baby sleeps at night and during the day:

- Never leave baby unattended on an adult bed or bunk bed
- Waterbeds, beanbags, couches, pillows and cushions are not safe for babies
- Avoid falling asleep with the baby on a couch, sofa or chair
- Keep the cot away from hanging cords such as blinds, curtains, electrical appliances or decorative mobiles
- Keep heaters or electrical appliances well away from cots
- Never use electric blankets, hot water bottles or wheat bags for babies
- For daytime naps, safety of the baby's sleep environment is a priority over sharing the same room

5

Sleep baby in their own safe sleeping place in the same room as an adult care-giver for the first six to twelve months

Room-sharing with a baby has been shown to reduce the risk of SUDI. Red Nose recommends sleeping baby in their own sleeping place in the same room as an adult care-giver for the first six to twelve months.

A “care-giver” is used in this instance to include any adult member of the family or an adult carer such as a babysitter, nanny or childcare worker.

Placing a baby on their back and keeping them under supervision is equally important for night-time and daytime sleeps.

Room-sharing is recommended for all babies, although the room where baby sleeps should be kept smoke free.

Parents who are smokers are encouraged to room-share with their baby (but **not** share the same sleep surface with their baby), as long as the room that baby sleeps in is kept smoke free.

Parents are not expected to observe baby constantly. If baby is sleeping in a separate room check baby regularly to ensure the baby remains on their back and the head and face remain uncovered.

As baby grows 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.

Ideally share the same room as your baby when your baby naps during the day. However, for daytime sleeps, the safety of the baby’s sleep environment should be viewed as a priority over sharing the same room as baby.

See the Red Nose information statement 'Room-Sharing with a Baby' for further information.

Special note about bed-sharing

Many parents bring baby into bed to feed, cuddle and settle their baby. In cultures across the world, including Australia, many parents choose to share a bed with their baby.

Sharing a sleep surface with a baby increases the risk of SUDI in some circumstances.

Babies who are most at risk of sleeping accidents whilst sharing a sleep surface are babies less than four months of age, and babies born preterm or small for gestational age [low birth weight].

Sharing a sleep surface with a baby must be avoided in the following circumstances where:

- baby shares the sleep surface with a smoker
- care-giver is under the influence of alcohol or drugs that cause sedation
- baby is premature, small when born, or less than four months of age
- care-giver is overly tired
- there is adult bedding, doonas or pillows that may cover the infant
- baby could be trapped between the wall and bed, fall out of bed or could be rolled on
- baby is sharing bed with other children or pets
- baby is placed to sleep on a sofa, beanbag, waterbed or sagging mattress

Important considerations when choosing to share a sleep surface with a baby:

1. Babies are at greatest risk if they sleep on their tummies or sides and if their faces become covered.
2. Make sure the mattress is firm and the bedding cannot cover the baby's face
3. Make sure soft items such as pillows, doonas, lambswool and soft toys are not in the baby's sleep environment

4. Ensure baby is not wrapped if bed-sharing
5. Place baby at the side of one care-giver and not between two care-givers as this increases the likelihood of the baby's head becoming covered, baby slipping underneath adult bedding or baby becoming overheated
6. To prevent falling ensure the baby is not close to the edge of the bed
7. Do not place pillows at the side of the baby to prevent rolling off; a safer alternative is to place the adult mattress on the floor. Pushing the bed or mattress against the wall can be hazardous; babies have died when they became trapped between the bed and the wall
8. As an alternative to bedding, a safe baby sleeping bag may be used without bedding so that the baby does not share the adult bedding.
9. See the Red Nose information statement: 'Sharing a Sleep Surface With a Baby' for further information.

6

Breastfeed baby

Breastfeeding has been shown to reduce infant illness and death worldwide.

The evidence that breastfeeding has a protective effect against SUDI has been gathering over many years. Recent studies examining the role of breastfeeding in reducing SUDI show that there is now strong evidence that breastfeeding baby reduces the risk of sudden and unexpected infant death.

Breastfeed baby. See the Red Nose information statement: 'Breastfeeding and the Risk of Sudden Unexpected Death in Infancy' for further information.

Immunisation

Many large studies worldwide have shown overwhelmingly that immunisation is associated with a decreased risk of SUDI. Parents are advised to immunise their babies according to the national vaccination schedule. See the Red Nose information statement: 'Immunisation' for further information.

Dummies

Several studies have shown that dummy or pacifier use may be associated with a reduced risk of sudden infant death. The reasons for this are not clearly understood. Dummy use has also been associated with poorer breastfeeding outcomes and higher rates of ear infections and gastroenteritis.

Further studies are required to understand how dummies may reduce the risk of SUDI. Currently Red Nose does not actively encourage or discourage dummy use.

Breastfeeding mothers, who choose to use a dummy, are advised to offer a dummy only when breastfeeding has been established; for most babies this is usually after the first 4-6 weeks.

Parents who wish to use a dummy should do so only for sleeping periods, and at the end of the first year of life dummy use should be phased out. Parents are also advised not to force the child to use a dummy or pacifier and if the dummy falls out of the mouth during sleep, not to reinsert it.

To avoid strangulation, never tie a dummy on a string or ribbon around baby's neck or on a cot, pram or other equipment.

See the Red Nose information statement: 'Using a Dummy or Pacifier' for further information.

Any more questions?

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If you have more questions about how to reduce SUDI and sleep your baby safely there are a number of ways you can get answers to your questions:

- Talk to your midwife, child and family health nurse or doctor
- Call Red Nose on 1300 998 698
- Visit our website rednose.com.au Safe Sleeping and Health Professionals sections.

This brochure has been developed and reviewed by content experts in the area of optimal infant care practices and strategies to reduce SUDI.

This booklet is endorsed by:

Paediatrics & Child Health Division,
The Royal Australasian College of Physicians
Australian College of Midwives

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