

Why are the SIDS and Kids 5 safe sleeping recommendations so important?

1 PUT BABY ON THE BACK TO SLEEP FROM BIRTH

The chance of babies dying suddenly and unexpectedly is greater if they sleep on their tummies or sides.

Babies, who are placed on their tummy sleep more deeply, are less reactive to noise, experience less movement, and are less able to be aroused than babies who sleep on their back. All of these characteristics place an infant at a higher risk of SIDS.

Healthy babies placed to sleep on the back are less likely to choke on vomit than tummy sleeping babies. In fact, **sleeping baby on the back actually provides airway protection.**

The tummy position increases the risk of baby inhaling milk or fluids into their airway. Research shows, that all babies, including babies with reflux, should be placed on their back, and that there is no evidence to support the tilting of the head of the cot or elevating the mattress.



In the back position the airway is above the oesophagus (food tube), therefore fluid can easily be swallowed preventing fluid entering the airways (choking).



When a baby is placed on their tummy, the food tube sits above the airway. If a baby vomits, fluid is more likely to enter the baby's airway and lungs therefore increasing the risk of choking.

2 SLEEP BABY WITH FACE UNCOVERED

To avoid suffocation, airway obstruction and overheating ensure that baby's face and head stays uncovered during sleep.

The best way to achieve this is to use a baby sleeping bag. However, if you decide to use blankets ensure that the baby's feet are at the bottom of the cot, so that baby can't slip down under the blankets. Use lightweight blankets that can be tucked in securely. Soft items in a baby's sleeping environment can increase the risk of sudden unexpected infant death. It is best to remove quilts, doonas, duvets, pillows, cot bumpers, lambs wool and fluffy toys. They may cover the baby's face and obstruct breathing or cause overheating. Older babies in a cot can be at an increased risk of a sleeping accident by using pillows and bumpers as a step to climb up and fall out of the cot. It is safer to wait until the child starts to sleep in a bed before introducing a pillow or other soft bedding.



Baby on back. Feet to bottom of cot. Blankets tucked in firmly.



Use a safe sleeping bag with a fitted neck and armholes.

Some babies, with rare medical conditions, might have to sleep on the tummy or side but only do this if the baby's medical practitioner advises to do so in writing. The side position can increase the risk of SIDS as this position is unstable and encourages an infant to roll on their tummy. All aids and devices intended to keep infants in a certain sleep position do not prevent/reduce SIDS or prevent infants from rolling onto their tummy. Positional sleep devices are not recommended; they limit movement of the infant as they get older and have been linked to suffocation deaths.

3 AVOID EXPOSING BABY TO TOBACCO SMOKE BEFORE BIRTH AND AFTER

Babies who are exposed to tobacco toxins during pregnancy or after birth have a significantly higher risk of SIDS and the risk increases if a baby sleeps with a parent who is a smoker. These risks still remain even if parents smoke outside, away from their baby. To reduce the risk of SIDS don't let anyone smoke near your baby – not in the house, the car or anywhere else that your baby spends time.



4 SLEEP BABY IN A SAFE COT, WITH A SAFE MATTRESS AND IN A SAFE ENVIRONMENT

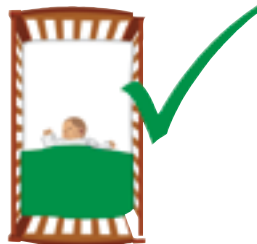
Cots, mattresses and environments that are unsafe increase the risk of sudden unexpected infant death.

- See *Safety Tips for Infant Sleep*

5 SLEEPING BABY IN A COT NEXT TO THE PARENT'S BED FOR THE FIRST SIX TO TWELVE MONTHS

Sleeping with baby on the same sleep surface can increase the risk of sudden infant death and fatal sleep accidents.

These risks include rolling on top of baby or adult body part obstructing babies airway, entrapment or wedging between the mattress and another object such as a wall, suffocation from pillows and blankets and overheating caused by adult and or infant bedding and adult body heat.

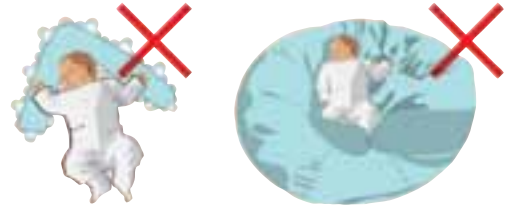
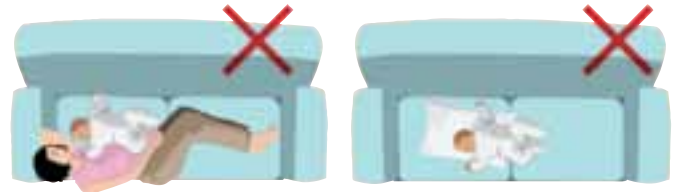


Baby on back. Feet to bottom of cot.
Blankets tucked in firmly.

SIDS and Kids recommends sleeping with baby in a cot next to the parent's bed for the first six to twelve months of life.

Research in New Zealand and the UK has shown that sleeping baby in the same room, but not in the same bed, with the parents in the first six to twelve months of life is protective. This is thought to be because parents can see the baby and easily check to see that baby is safe. This protective effect does not work if the baby is in a room with other children probably because the children do not know if the baby is safe or not. Recent evidence from the UK indicates that sharing the same room during baby's daytime sleeps is also protective.

Never share a sleep surface with baby if you or your partner smokes, are under the influence of alcohol or drugs that cause sedation or are excessively tired. Babies must never be left alone on an adult bed or put to sleep on a sofa. There is a very high risk of infant death and sleeping accidents when a baby shares a sofa or couch with an adult during sleep.



SAFETY TIPS FOR INFANT SLEEP

BASSINETTES

There is no Australian Standard for bassinets, unlike cots. We are aware of reports of accidents associated with bassinette use. Australian and US governments' guidelines on ways to reduce these types of accidents include:

- Ensure that it has a wide stable base and that it is placed on a stable surface.
- Remove all ribbons and ties to prevent strangulation
- The sides should be at least 300mm high measured from the top of the mattress base.
- Use a firm mattress that is a snug fit and is not thicker than 75mm.

ALERT: Make sure baby sleeps on the back with face uncovered. It may be better to use an infant sleeping bag when using a bassinette. Only use a lightweight blanket for additional warmth if it is possible to tuck blankets under the mattress.

ROCKING CRADLES

If you are buying a rocking cradle, make sure that it complies with the safety requirements of the voluntary Australian standard AS/NZS 4385. Look for a label or sticker that says the rocking cradle complies with this voluntary standard. If there isn't one, ask the retailer. If the retailer cannot verify that it complies, ask if there is an alternative that does comply.

Babies can become trapped in a tilted rocking cot or cradle. If you have a cradle or cot that rocks and has a child-resistant locking pin, make sure that you secure the locking pin firmly in place whenever you leave your baby and double check it make sure the cradle cannot move when you are not there to supervise.

Ensure the cradle has a tilt limiter to limit the angle of tilt to no more than 10 degrees from the horizontal.

HAMMOCKS

There is no Australian standard covering the use and manufacture of hammocks for baby.

While we are not aware of any research on the safety of hammocks or guidelines for their use for babies, we are aware of case and injury reports documenting a number of hospital admissions of infants following a fall from a hammock. Babies sleeping in hammocks are at risk of incurring a falling injury.

ALERT: *Babies should not be left unsupervised in these devices as they are not designed as an infant sleeping place.*

WHAT IS A SAFE COT?

HOUSEHOLD COTS

A safe cot is one that meets the Australian Standard for cots. All new and second-hand cots sold in Australia must meet the Australian Standard for Cots (AS 2172) and will carry a label to say so.

If you are planning to use a second-hand cot, check that it meets those standards.

- The mattress must be flat and fit snugly to within 25mm of sides and ends with the mattress base set in the lower position, the cot sides or end need to be at least 500mm higher than the mattress.
- The spacing between the bars or panels in the cot sides and ends needs to be between 50mm and 95mm—gaps wider than 95mm can trap a child's head. If the bars or panels are made from flexible material, the maximum spacing between the bars or panels should be less than 95mm.
- Check that there are no small holes or openings between 5mm and 12mm wide in which small fingers can be caught.
- Check that there are no spaces between 30mm and 50mm that could trap your child's arms or legs.
- Check there are no fittings (including bolts, knobs and corner posts) that might catch onto your child's clothing and cause distress or strangulation.

ALERT: *Old or second hand cots may be dangerous for the following reasons:*

- *Wobbly or broken parts that make the cot weak.*
- *Gaps where a toddler or baby may get caught in.*
- *Knobs, corner posts or exposed bolts that can hook onto a toddler or baby's clothing around the neck.*
- *Sides that are too low and can be climbed over by active little toddlers.*
- *Sharp catches or holes in the wood that can hurt curious little fingers.*
- *Paint that might contain poisonous lead.*

PORTABLE COTS

When assembling a portable cot it is important to read the instructions carefully, the instructions are there to help keep baby safe from sleeping accidents.

Only use the **firm**, thin, well-fitting mattress that is supplied with the portable cot (portacot). **Never** add a second mattress or additional padding under or over the mattress, which has been specifically designed for the portacot, as baby may become trapped face down in gaps between the mattress and the sides. Portacots have a different Australian Standard to cots. If you are buying a portacot, look for a model that meets the mandatory Australian Standard AS/NZS 2195 for portable cots.

- Look for a label or sticker that says the portacot complies with this mandatory standard.
- If you are accepting a second hand portacot ensure that the base is flat and that there is no torn mesh or broken parts.
- Regularly check the portacot for these signs of damage. Only use a portable cot that has the mesh in tact and that has no broken parts.
- Do not use bedding that has exposed elastic as this presents a strangulation hazard for baby.
- Do not use a portable cot if your child weighs more than 15kg (or check instructions of your particular model).

HOW MUCH CLOTHING/BEDDING DOES BABY NEED?

Babies control their temperature through the face. Sleeping baby on the back and ensuring that the face and head remains uncovered during sleep is the best way to protect baby from overheating and suffocation. Sleeping baby in a sleeping bag will prevent bedclothes covering the baby's face.

If blankets are being used instead of a sleeping bag, it is best to use layers of lightweight blankets that can be added or removed easily according to the room temperature and which can be tucked underneath the mattress.

When dressing a baby you need to consider where you live, whether you have home heating or cooling and whether it is summer or winter. A useful guide is to dress baby as you would dress yourself – to be comfortably warm, not hot or cold. It is not necessary to leave the heating on all night or to monitor the room temperature with a thermometer, but ensure that baby is dressed appropriately for the room temperature.

A good way to check baby's temperature is to feel baby's chest, which should feel warm (don't worry if baby's hands and feet feel cool, this is normal).

Another way to prevent overheating is to remove hats or bonnets from baby as soon as you come indoors or enter a warm car, bus or train, even if it means waking the baby.

ALERT: *Never use electric blankets, wheat bags or hot water bottles for babies.*

SECONDHAND MATTRESS

There has been recent media attention in relation to a theory that there may be a link between SIDS and a certain bacteria found in second hand mattresses.

However, the bacteria in question are normally found on the skin and in the nose and throats of healthy adults and infants. There is no evidence to show that there is an increased risk of SIDS for babies who sleep on a second hand mattress providing that baby:

- Sleeps on the back.
- Sleeps on a flat, firm, clean, well fitting mattress that is in good condition.
- Sleeps with no bedding covering the face or head.
- Is not exposed to tobacco toxins before birth or after.

IS IT SAFE TO WRAP/SWADDLE MY BABY?

Infant wrapping or sometimes called swaddling is a safe and effective strategy when trying to settle a baby to sleep on their back. However not all babies like to be swaddled, some swaddling products can be unsafe and wrapping techniques need to be modified to meet the baby's developmental changes. For example, a baby less than 3 months may have their arms included in the wrap whilst a baby more than 3 months of age may have their lower body wrapped with their arms free, to allow the baby access to their hands and fingers which promotes midline brain development.



0-3 months



3-6 months

If you choose to swaddle:

- Ensure that baby is positioned on the back with the feet at the bottom of the cot.
- Ensure that baby is wrapped from below the neck to avoid covering the face.
- Sleep baby with face uncovered (no doonas, pillows, cot bumpers, lambs wool or soft toys in the sleeping environment).
- Use only lightweight wraps such as cotton or muslin (bunny rugs and blankets are not safe alternatives as they may cause overheating).
- The wrap should not be too tight as this may interfere with physical development.
- Make sure that baby is not over dressed under the wrap. Use only nappy and Singlet in warmer weather and add a lightweight grow suit in cooler weather.
- Modify the wrap to meet the baby's developmental changes
- Discontinue wrapping when baby is able to turn onto the tummy during sleep.

ALERT: Caution must be taken with wrapping/swaddling products that restraint the infant and increase the risk of a sudden and unexpected infant death and fatal sleep accidents.

WHAT DO I DO WHEN BABY STARTS TO ROLL INTO THE TUMMY POSITION?

Most SIDS occurs under 6 months of age so try not to have baby sleep on the tummy before this time.

Most back-sleeping babies can't actually roll onto the tummy by themselves until about 5-6 months of age although a few can roll from a younger age. Babies who sleep on their back tend to roll onto their tummy later than side sleeping infants. This probably plays a part in why the back position is safer for babies as they do not roll into the high risk tummy position during a vulnerable period of development. The delay in rolling is normal and does not affect the baby's later development.

Steps to follow when babies start to roll on to the tummy:

- Give baby extra tummy time to play when awake and supervised as this helps baby to develop stronger neck and upper body muscles which in turn enables them to roll back over. It is best to start giving baby supervised tummy time from birth.
- Use an infant sleeping bag as this can delay rolling over.
- If you use blankets rather than a sleeping bag, make sure that the baby's feet are touching the bottom of the cot to prevent baby wriggling under the blankets and tuck the blankets in securely.
- Make sure that baby is on a firm and well fitting mattress that is flat (not tilted or elevated).
- Make sure that baby's face and head remains uncovered (avoid lambswool, duvets, pillows, cot bumpers and soft toys)

As babies grow and develop they become very active and learn to roll around the cot. Put them on their back anyway but let them find their own position of comfort. Remember to reduce the risks in other ways.

WHAT SHOULD I KNOW ABOUT INFANT SLINGS

Caution is advised when using infant slings as they pose a suffocation and injury risk. Slings are not recommended especially for babies younger than four months of age, babies of low birth weight, premature infants and babies with respiratory problems such as colds. Babies less than four months of age have weak neck muscles and are not able to control their heads.

A sling keeps the infant in a curled position bending the chin toward the chest, restricting the airway and limiting oxygen supply. The sling's fabric can press against an infant's nose and mouth blocking breathing. Injuries can also occur from baby falling from the sling if the parent trips or falls, the product malfunctions or its hardware breaks.



RIGHT
Chin up; face visible; nose and mouth free

WRONG
Baby's face is covered

WRONG
Baby is too low

WRONG
Baby is hunched with chin touching chest

WRONG
Baby's face is pressed tight against wearer