Why are the SIDS and Kids 6 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.
   - 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.

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, lambswool 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.
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.

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

SLEEP 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 baby’s 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.

BREASTFEED BABY IF YOU CAN

Breastfeeding babies more than halves the chances of a baby dying suddenly and unexpectedly. Numerous studies show that along with maternal and infant health benefits, breastfeeding helps reduce the risk of sudden and unexpected infant death, including SIDS. Any duration of breastfeeding is protective against SIDS, while the protective effect is stronger for exclusive breastfeeding. The protective effect of breastfeeding is believed to be due:

• Babies who are breastfed are more easily aroused during deep sleep than formula fed infants which is protective for a baby’s breathing and swallow mechanisms.
• Breast milk helps to boost a baby’s immune system to fight infection. When a baby is born they have some immunity passed on from their mother, however by 2 – 4 months of age (peak age for SIDS) baby’s own levels are low and their maternally acquired levels are decreasing.
• Babies who are breastfed tend to have reduced respiratory and gastrointestinal infections. Infants whose deaths are attributed to SIDS and sudden unexpected deaths in infancy often have had a minor infection in the days before the death that was not sufficient alone to cause the death, but which may have contributed in some way.

SAFETY TIPS FOR INFANT SLEEP

BASSINETTES

There is no Australian Standard for bassinettes, 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.

Baby on back. Feet to bottom of cot. Blankets tucked in firmly.
A SAFE COT?

• Any spacing smaller than 50mm can trap arms, legs or fingers.
• The spacing between the bars or panels in the cot sides and ends needs to be between 50 mm and 95 mm—gaps wider than 95 mm can trap a child’s head.
• Any spacing smaller than 50mm can trap arms, legs or fingers.
• The mattress must be flat and fit snugly to within 25 mm of cot sides and ends. The cot sides or end need to be at least 500 mm higher than the mattress. Sides that are too low can be climbed over by active toddlers.

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 making 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 25 mm of cot sides and ends. The cot sides or end need to be at least 500 mm higher than the mattress. Sides that are too low can be climbed over by active toddlers.
• The spacing between the bars or panels in the cot sides and ends needs to be between 50 mm and 95 mm—gaps wider than 95 mm can trap a child’s head.
• Any spacing smaller than 50mm can trap arms, legs or fingers.

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

PORTABLE COTS

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. The Australian Standard for portable cots is AS/NZS 2195.

• 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 intact 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 15 kg (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 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.
SECOND-HAND 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 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 and is able to roll from back to tummy may have their lower body wrapped with their arms free.

Discontinue wrapping when baby can roll from back to tummy and back again.

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, lambswool 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 and must allow for hip and chest wall movement.
- Make sure that baby is not over dressed under the wrap. For example, a nappy and singlet in warmer weather and adding a lightweight grow suit in cooler weather. See How much Clothing/Bedding does my Baby need?
- Babies must not be wrapped if sharing a sleep surface such as couch, sofa, recliner, adult bed.

WARNING: SIDS and Kids recommend the use of only lightweight wraps such as cotton or muslin. Some swaddling products can be unsafe. Wrapping/swaddling products that restraint the infant can increase the risk of a sudden infant death.

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.

- Make sure that baby’s face and head remains uncovered (avoid lambswool, duvets, pillows, cot bumpers and soft toys)
- Make sure that baby is on a firm and well-fitting mattress that is flat (not tilted or elevated).
- Make sure that baby is exposed to tobacco toxins before birth or after.

Alert: SIDS and Kids recommend the use of only lightweight wraps such as cotton or muslin. Some swaddling products can be unsafe. Wrapping/swaddling products that restraint the infant can increase the risk of a sudden infant death.

For more Safe Sleeping information go to www.sidsandkidswa.org or contact the SIDS and Kids WA Perth office on 9474 3544

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