North East London Health & Care Partnership Safer Sleep Standard

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North East London Safer Sleep Steering Group

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Introduction

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant where no cause is found after detailed post-mortem (Lullaby Trust, 2020), and this is one of the most devasting tragedies that can happen to a family.
The North East London Health and Care Partnership brings the NHS, local authorities and communities together and are committed to improving life chances of children and their families. In 2022/23 there was a spike in sudden infant deaths within NE London, therefore a partnership approach is needed to raise awareness of Safer Sleep strategies to ensure consistent messaging.
This standard has been developed to provide a consistent approach to improving safer sleep guidance which will assist in reducing the deaths of infants who have died due to unsafe sleeping or where unsafe sleeping has been a contributory factor.

Scope

The making of this standard has been supported by multi-agency colleagues from: Barking & Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest. The aim is for the standard to support all professionals who work with children and families to ensure:

- Consistent evidence-based messaging to reduce the risk of sudden unexpected death.
- Opportunities are created by professionals for open discussion with families.
- Ensure staff identify risk factors and support families with making informed decisions for healthy lifestyle changes.

Definitions

Bed poverty – is when there are limited beds, and/or bed space for each member of the family. With multiple people in beds or sleeping on the sofa or floor. This may also include limited funds to ensure enough bedding, and that bedding is suitable and clean.

Co-sleeping and bed-sharing – is when parent/carer chooses to sleep together in the same bed or other surface such as a sofa. This is often used interchangeably with bed-sharing.

Overlaying – describes a parent/carer who rolls onto an infant and smothers them.

SIDS – Sudden Infant Death Syndrome. A sudden unexpected death of an apparently healthy infant less than 1 year of age. The onset of the fatal episode apparently occurring during sleep, which remains unexplained after a thorough investigation.

SUDI – Sudden Unexpected Death in Infants. Although SUDI and SIDS are often used interchangeably, there is a clinical difference. SUDI refers to the unexpected death of an

infant, but following further investigation a cause of death, such as metabolic condition is often found.

What does Best Practice Look Like?

Advice to parents and carers should be consistent and evidence based. This means that health and local authorities have a responsibility to ensure that staff are provided with up-to-date training. This is not limited to training on Safer Sleep, but may also include Making Every Contact Count, motivational interviewing and the wider context of infant safety and early child development.

Professionals who work directly with children and families should ensure that they attend evidence-based training and that they encourage conversation with parent/carers around safer sleep. Professionals must be sure that the parent/carer is informed and understands how the information is relevant to them. They also have a responsibility to ensure that conversations are documented, which should include what resources were given and the response. If parent/carers indicate that they co-sleep, practitioners should encourage open and transparent conversation and refer to the Lullaby Trust for advice on how to co-sleep more safely. Co-sleeping with your baby: advice from The Lullaby Trust - The Lullaby Trust

Commissioners of health and care services must ensure that services are effective, with staff having sufficient time to deliver care and encourage conversation with parent/carers.

Making Every Contact Count

Health is everyone's business and opportunities present themselves in which practitioners can empower a person to make changes which will increase health outcomes for themselves and their family. At each contact, professional curiosity and general conversation can enable discussion about their health and wellbeing. This may result in change or the beginning of a change process for better health.
Making Every Contact Count (MECC) is a national programme to support people to make healthier lifestyle changes. Training for MECC is available via e-lfh.org and all staff are encouraged to access or liaise with their local public health team for other learning opportunities.

Roles and Responsibilities

The Healthy Child Programme brings together health, education and other partners to deliver an effective programme to enable healthy children.
The healthy child programme supports children up until the age of 19 years, or 25 years where there is statutory entitlement. There is a schedule of interventions in which practitioners will offer health support which can provide an opportunity to focus on safer sleep guidance.

Antenatal; during the antenatal stage, the parent/carers will be offered support by their GP, midwife, health visiting service and there may be local community parenting groups. Each practitioner should ensure that conversations include safer sleep advice. This should be an open conversation to establish what the sleep environment will be like, so appropriate advice can be given. Conversations should be documented and should not rely on just providing a leaflet. Where home visits take place, it is appropriate to support the baby and parent/carer by seeing the sleep environment and offering advice.

Birth to six months; following the birth there will be several opportunities for contact to be made with parent/carer. The midwife will still be involved during the first few weeks, and the health visitor and GP will also provide some routine contacts. Having a baby is a life changing event and plans change, therefore it is advised that safer sleep is discussed at every contact.
It is useful to encourage parent/carers to share the given advice with their extended family and friends who may routinely be caring for their baby.
Other practitioners may be involved, and parent/carer may choose to access other local support. It is important that there is an offer for local organisations and childminders to be able to access the safer sleep training so that advice is consistent.

Six months to one year; as the baby becomes older the risk of sudden unexpected death reduces. Practitioners should still initiate contact about sleep routines and ensure that appropriate advice is given.

Housing, Environmental and Safeguarding Considerations

It is recognised that the wider determinants of health, including housing and poverty, significantly influence safe sleep practices. Overcrowding, multiple occupancy and temporary housing arrangements (such as B&Bs, hostels or sofa-surfing) can create environments where parents and carers have limited options for safe infant sleep. These circumstances increase the likelihood of bed-sharing, sofa sleeping and other unsafe practices. Practitioners should therefore ask sensitively about the home environment and, where possible, view the baby's sleeping space.

When risks are identified, practitioners should:

- Explore what immediate support can be offered to provide safe sleep solutions (e.g. access to cots, cribs, Moses baskets or bedding through local schemes and charities).
- Support parent/carer with liaising with housing services if accommodation is contributing to unsafe sleep practices.
- Recognise that unsafe sleep behaviours may be linked to wider safeguarding issues, including neglect, parental mental health, substance misuse or domestic abuse.
- Ensure concerns are escalated through safeguarding pathways where risks cannot be mitigated, while maintaining an open and supportive dialogue with families.

By addressing housing insecurity and poverty alongside safer sleep education, services can take a holistic approach that reduces health inequalities and ensures every infant has the best chance of a safe sleep environment.

A Community Approach

Within the local community there will be a place-based approach to deliver care by a range of practitioners, commissioned services and voluntary organisations. Local services must work collaboratively to ensure consistent messaging and support to families.
This is not exclusive to services specifically for babies but will also include other services such as housing and education services. These services support families and when it is identified that there is overcrowding, bed poverty or any of the risk factors then the service should make the parent/carer aware of advice provided by The Lullaby Trust and signpost to their health visitor and/or local children centre for further support.
Each service should be aware of local charities and funding arrangements that can support families further.
If it is identified that a child and family may benefit from either specialist or targeted support, then frontline practitioners should ensure that there is a multi-agency approach and that there isn't a presumption that safer sleep advice has already been given.

Training

In NE London there should be an offer of Safer Sleep training. This is best placed to be delivered by the experienced practitioners who work with babies such as the health visiting service or children centres. This should be locally agreed by the relevant local authority and health commissioners.
The conversation of safer sleep and bed poverty should also be covered in safeguarding training. Practitioners need to be able to identify where there is concern that a child's needs are not being met and which services are available to support.

Risk Factors

Although advice can be given on how to co-sleep more safely there are times when the risk is high. It is not advisable to co-sleep when:

- The mother has smoked in pregnancy
- The parent/carer currently smokes
- The parent/carer has been drinking alcohol
- The parent/carer has taken recreational drugs
- The parent/carer has taken medication that make them sleep heavily
- The baby weighed less than 2.5kg (5.5lbs) at birth
- The baby was born prematurely (earlier than 37 weeks)

As well as the above risk factors if it is identified that there is familial neglect and poverty, pathways to refer for additional support to the family should be followed. Additional support

will ensure that clear and sensitive conversations around safer sleep take place and the safer sleep messages are explored and understood.

Discussing Safer Sleep with Parent/Carer

- Practitioners must acknowledge the ethical, cultural, religious, language and communication needs of families when undertaking an assessment, enabling additional support, use of an interpreter or signposting to meet identified needs. Practitioners need to be aware that not all adults are able to read, so resources should include picture graphics.
- Utilise the 'Safer sleep questions' (Appendix A) when undertaking conversations with parent about safer sleeping.
- Include both parents/carers and any other adult in the household, in the discussions and the completion of the Overlay risk assessment (Appendix B).
- If both parents/carers/other adults in the household are not present, the parent/carer that is present should be advised to share this information with anyone who cares for their infant including those not living in the family home, e.g. Grandparents.
- Have an open discussion with parents/carers about co-sleeping and bed sharing and discuss the risk factors associated with co-sleeping, bed-sharing and SIDS.
- Check that parent/carers have understood the safe sleeping advice, including the prevention of overlay and unsafe sleeping.
- Use every contact to discuss where the baby is sleeping. If there are any known concerns which may increase the risk of SIDS, ask to see where the baby is sleeping.
- For families where risks are identified, explain to the parents that their circumstances mean there are high risks, explain why, advise against co-sleeping and bed sharing and support the family with a plan to avoid unsafe accidental co-sleeping.
- Discuss services available who can support parent/carer. This includes making parents aware of the risks, of using NHS sources and The Lullaby Trust and avoid following inconsistent social media advice from non-registered sources.
- Practitioners need to follow their safeguarding policies and procedures and/or seek advice where necessary.

Key Messages

- The safest place for a baby to sleep is on their back in a cot or Moses basket, in the same room as their parent/carers for the first six months, day or night, at home or away.
- Sleeping on a sofa or chair with their baby is very dangerous and should always be avoided.
- Unless medically advised, babies should sleep on their backs, NOT their front or side.

- Once baby is able to roll from back to front and back again, they can be left to find their own position.
- Babies should sleep on a firm, flat, waterproof mattress with no soft or cushioned areas. This is the same for a cot, Moses basket, travel cot or carry cot.
- Babies should be placed with their feet to the bottom of the cot, so they are unable to wriggle under the blankets.
- No special products or equipment should be used such as cot bumpers, pillows, quilts, wedges, pods and nests.
- Use sheets or blankets in the cot which should be firmly tucked in, no higher than the baby's shoulders. Alternatively, a baby sleeping bag may be used ensuring the sleeping bag fits well around the shoulders so that baby cannot slip down into the bag. If a baby sleeping bag is used, then this should be the correct size and tog, suitable for the current season and room temperature. There are various products known as baby sleeping bags so refer to The Lullaby Trust for visual reference.
- Baby's head and face should be uncovered, and no hats worn indoors.
- When home from a car journey, the baby should be removed from the car seat. The car seat is not a safe sleeping environment for a baby.
- On long car journey's babies need regular breaks and parent/carer should check on the position of baby's neck and head, to ensure that the head is not slumped and the nose and mouth are clear.
- Babies should be kept out of smoky environments including the home and the car. Parents should be reminded it is illegal to smoke in the car. Offer smoking cessation information and advice. If the parents/carers are going to continue to smoke, advise on how to keep home smoke free.
- The room should not be too hot (16˚- 20˚ is ideal). Radiators should be switched off if baby is sleeping next to it to avoid them overheating.
- Refer parents/carers to The Lullaby Trust for guidance on choosing baby sleep products.

Co-sleeping, Bed-sharing and SIDS

Practitioners should acknowledge that some parent/carers will choose to co-sleep either intentionally or unintentionally. Information regarding the increased risk of SIDS when co-sleeping should still be shared with parent/carer so that they can make an informed decision.

If parent/carer choose to bed-share then the practitioner needs to discuss the following:

- It is not risk free
- It is unsafe to fall asleep whilst holding the baby
- Keep the baby away from pillows, bedding and toys that could cover the baby's head and cause them to overheat.
- Avoid pets sleeping in the bed
- Avoid overcrowding in the bed
- Other adults sleeping in the bed need to be aware if the baby has been brought into bed
- Make sure that the baby cannot fall out of the bed or get trapped between the mattress and the wall

- Do not leave the baby alone in the bed, as the baby can wriggle under bedding
- Practitioners to signpost parent/carer to NHS resources and The Lullaby Trust

Co-bedding, Swaddling and Slings

Co-bedding

The Lullaby Trust promotes co-bedding twins in the same cot, as this enables parent/carers to share a room with them, if there is restricted space. Sharing a room with babies is a really important measure to reduce the chance of SIDS.
The Lullaby Trust suggests that putting twins in the same cot can help them regulate their body temperatures and sleep cycles, and can soothe them and their twin, reducing the risk of SIDS.
All the above risks should still be considered, and key messages should be followed. Babies should be placed in their own cot as soon as they are able to roll over.

Swaddling

Whilst we would not advise for or against swaddling, we would urge parent/carer to follow the below advice:

- Use thin materials
- Do not swaddle above the shoulders
- Never put a swaddled baby to sleep on their front
- Do not swaddle too tight
- Check the baby's temperature to ensure they do not get too hot
- Do not swaddle if bed-sharing

Slings

There is an associated risk of SUDI with slings if they are not used correctly. Parents need to ensure that the sling is the correct size for the baby and the manufacturer's instructions are followed. The airway must be prevented from becoming blocked. T.I.C.K.S is the universal acronym for the use of a sling:
Tight
In view at all times
Close enough to kiss
Keep the chin off chest and
Supported back

Record Keeping

Practitioners must follow their organisations guidelines for record keeping ensuring that every discussion of safer sleep is captured. As a minimum this will include:

- The name and relationship to baby of person/s involved in the discussion
- The risk factors present
- Parents have been informed of unsafe practices and the parent/carer response

- The choice of sleep practice that the parent/carer intend to use/are using
- A copy of any checklist/assessment tool that has been used
- Any agreed safety plan completed and evidence that this has been shared with the GP and any other services involved with the parents and baby
- Baby's sleeping arrangements, either reported by the parent/seen by the practitioner
- Details of any resources recommended/provided
- Details of referral/communication to other services
- If there are risk factors which indicate concern, then this must also be recorded and inform all services involved in the care of the parent and child. Practitioners should contact their safeguarding team to discuss and escalate if required
- The voice of the child should be captured, be this vocal, facial expression or behavioural.

Conclusion

The sudden unexpected death of any child is one of the worst tragedies that can happen to a family. We hope that practitioners, from all agencies, use this resource to encourage conversations in the aim of embedding knowledge to reduce the risks of preventable deaths and promote healthy lives.

References and Additional Resources

Barnardo's (2025) *What is bed poverty* What is bed poverty? | Barnardo's

Child Death Overview Panel (CDOP) for North East London. *Waltham Forest, Newham, Tower Hamlets, Hackney and the City of London (WELC) Annual Report 2023-24* WELC-AR-2023-24-v7.pdf

London Safeguarding Children Partnership (2024) *PG40. Safer Sleep Guidance*. https://www.londonsafeguardingchildrenprocedures.co.uk/safer_sleep.html

The Lullaby Trust [Online] Home | The Lullaby Trust

NICE (2022) *Postnatal Care* Postnatal care

Office for Health Improvement and Disparities (2023) *Healthy Child Programme* Healthy child programme - GOV.UK

Public Health England (2016) Ma*king Every Contact Count* MECC Consensus statement

The Safeguarding Practice Review Panel (2020) Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm

Wakefield Safeguarding Children Partnership (2021) *Safer Sleep Standard [Online]* https://www.wakefieldscp.org.uk/wp-content/uploads/2021/11/Safer-Sleeping-Standard-v1.07-final.pdf

What is the Child Death Overview Panel (CDOP)? - NHS North East London

Additional Resources

North East London Health and Care Partnership are encouraging all delivery partners to utilise resources provided by The Lullaby Trust. This is to ensure consistency in messaging and provides the main context for the NEL Safer Sleep Training.
NEL Safer Sleep Training was rolled out to multi-agency partners which also included a 'train the trainer' package. To identify future training please liaise with your local Child Death Overview Team who will sign post to your local trainers.
Additional posters have also been created by Barts Health NHS Trust and Tower Hamlets Council and are available for others to use.

Document History

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Version History and Sign Off			
Version Date	Version	Author	Description of Change
November 2025	1	Lyn Glover	No change as first version.

Appendix A: Safer Sleep Questions

These questions can be used to aid discussion and to complete the assessment tool (Appendix B) around safe and unsafe sleeping at the practitioner's initial contact with the family and other contacts as required:

• Do you share your bed with anyone else, including children/pets?
• Where are you planning to/is your baby sleeping at night?
• Did you smoke at any time during your pregnancy?
• Does anyone in the house smoke including visitors?
• Do you or your partner drink alcohol in the house or come home to baby after drinking?
• Are you or your partner taking any drugs or medication including illegal drugs that have made you or might make you sleep heavily?
• Do you have a plan to ensure your baby is safe sleeping after drinking alcohol or taking drugs?
• Do you have anything in your baby's cot/Moses basket, such as toys, sleep pods, head huggers?
• Where does your baby sleep during the day?
• Have you ever slept with your baby in a bed, settee or chair either planned or unplanned?
• Was your baby born before 37 weeks?
• Was you baby's weight at birth less than 2.5 kgs (5.5lb)?
• What are your plans for where baby will sleep should your baby sleep away from home?

Appendix B: Overlay Risk Assessment

	Yes	No
Did you smoke at any time during your pregnancy?		
Does anyone in the house smoke including visitors?		
Do you or your partner regularly drink alcohol out or in the home?		
Do you or your partner take prescription/non-prescription medication or drugs, either legal or illegal, that have made you or might make you sleep heavily?		
Do you ever share your bed with anyone else including other children or pets?		
Was your baby born before 37 weeks or low birth weight (less than 2.5kg)?		
Are you so tired that you could easily fall asleep?		
Are there any plans to change baby's sleeping arrangements (moving to another room, sleeping away from home including staying at relative or going on holiday)?		
Does your baby have a dummy?		
Observation of sleep environment		