

## Questions and answers about safe sleep for babies

---

Responses to CENZ enquiries (Published March 2011 in CENZ Newsletter)

### INTRODUCTION

This article is a response to questions submitted by childbirth educators who were invited by Charlie Saunders to put forward any 'curly' questions or issues that regularly come up in classes about safe infant sleep. The responses are made with an understanding of the responsibility and complexity of advice giving and respect for the desire to be true of those asking. Here goes!

### SAFETY IN PRINCIPLES

In education we have foreground and background. Foreground is the content, details, specifics and background is the bigger picture understandings, attitudes and principles to which the specifics are attached. Our education needs to be mindful of both, keep them connected and always return to principles especially when there is uncertainty.

Principles make things easy. They support parents to make decisions and assessments within their personal realities, and they support you to come back to principles when there is uncertainty, confusion and controversy. The safe sleep principles of '**face-up, face (and airway) clear, smokefree, breastfed, close to a parent**' and '**in own baby bed if more vulnerable**' sit behind the responses below as well as the triple risk understanding of the interplay between infant vulnerability, critical stage of development and external stressor.

### RESPONSES

**Sheepskins:** *The topic of sheepskins came up in a class I ran yesterday. What should we advise?*

Sheepskins are a 'soft surface'. Like any soft surface, they can place babies in danger when babies find themselves face down on them. This can happen unintentionally due to babies developing their mobility. For a time, babies can get into situations that they cannot get out of. Soft surfaces challenge the 'face clear' principle.

**Room sharing:** *I always find parents are quite surprised that it is recommended to sleep your baby in the same room as the parents for the first 6-12mths, not really a curly one but one that comes up quite a bit.*

Room sharing is about closeness. Babies need to be close enough to a parent to alert them to a need or threat, and parents close enough and able to respond. Room sharing and bed sharing are terms used in SUDI research to distinguish types of closeness. There is strong agreement from research that if all babies slept in the same room as parents for the first 6 months, SUDI rates would fall markedly. Room sharing supports the 'close to a parent' principle.

### Sleep related products:

- *Safe-T-Sleep – usefulness vs risk*

There are many positioning aids and sleep related product options available to parents. It is not possible to comment on usefulness versus risk as the research rigour behind the

promoted principles has not been applied to products. It would be inappropriate to use such products during the first six months to support non-recommended positioning (side, front or propped) as well as other practices that are also evidence-based.

- *Someone told me that of all the babies who have died in the last few years none have been sleeping on a Dr Sprott mattress cover. Can you ask if that is correct?*

We need to be promoting evidence-based information in our classes. Anecdotal information comes to us without context. If the answer was 'yes', this would not mean that mattress wrapping was safe, and if it was 'no' it would not mean that the practice was dangerous. To be meaningful, we need to know how prevalent a practice is in the general population, as well as well designed research, in order to assign a risk or benefit label to that practice.

**Room temperatures and wearing hats:** *Temperature of baby's room and hat wearing in bed if a really cold house.*

This question is about thermal care and how to balance the potential risks of a covered face from hat wearing and over-cooling from cold houses. As always, context is important. Temperature, sleep states and breathing are interrelated conditions. Babies can turn their faces into hats when sleeping, which challenges breathing, temperature control and the 'face clear' principle, if it goes unnoticed. An extra layer of bedding is similar to a hat in terms of insulation. It can compensate to some extent for breathing-in very cold air and allows some exposed skin for babies to regulate their temperature should they overheat.

**Car seats:** *Sleeping in car seats – obviously not recommended but what about long car journeys when seat is rear facing and parents unable to monitor child constantly?*

Sleeping in a propped position, be it a car seat, corner of the couch or pillow, becomes dangerous when babies slump forward and assume a 'chin to chest' position that can narrow or cut off their airway. This can reduce or stop oxygen supply. Awake and asleep, a baby's neck position is important to an open airway. Being unsupervised on long trips challenges the 'close to a parent' principle. Parents may need to rethink who sits where.

**Bedding:** *Short sheeting cots/bassinets so feet at end and safety of cot quilts/bumper pads/soft toys*

Short sheeting is a strategy for ensuring babies do not slip under covers when they sleep in cots designed for older babies. It derives from the UK 'feet to foot' campaign. It is unnecessary when babies sleep in smaller beds specifically designed for young babies such as bassinets, prams, wahakura, pepi-pods.

Light bedding that drapes a baby's body protects against getting underneath covers and is therefore likely to be safer than quilts and duvets. Soft items in a cot become dangerous when a baby's face is pressed up against them, reducing or blocking oxygen supply. Babies need space in front of their faces throughout their time of sleep. Achieving this is the parent's safety responsibility.

**Swaddling:** *What about swaddling and if swaddling is recommended, what is the safe way to do it?*

Swaddling has documented benefits and harms: It can reduce crying, improve sleep and help babies settle as well as suppress arousal, influence mobility and effect thermal control. Again, context is important. When and how people swaddle their babies makes it a safe or unsafe practice. The protective effect of face-up sleeping on healthy arousal appears to override the risk effect of swaddling, in relation to preventing sudden infant death.

For parents choosing to swaddle babies for sleep, these guidelines may support them:

- **Position:** only for babies lying flat on their backs (not if propped or sloping)
- **Material:** only if lightweight (not intended to be bedding weight)
- **Wrapping:** only if firm, but not tight (firm enough to prevent a covered face, yet enable easy breathing movements)
- **Arms:** only if hands are centred near the face for baby to make a 'startle' response
- **Hips:** only when wrapping is firm around the shoulders but not around the hips
- **Developmental stage:** only until a baby attempts to turn (then stop or use arms free wrapping)

**Polar fleece:** *"I've been working with some Tongan families who all wrap babies in polar fleece in bed and sleep baby on tummy or side. It would be good to have a resource in Tongan and other Pacific and Chinese about not wrapping in polar fleece."*

Polar fleece is not the central issue for these babies. It is their sleeping positions. We need to assess vulnerability across the context of care. Back sleeping is essential to safety. Parents' choice of bedding will be determined by their budgets. A single layer of polar fleece used as a blanket is quite different from several layers of polar fleece used as a swaddling wrap as well as being in bed with others. The principles support everyone here. They are not optional if we are pursuing best care.

It is preferable to design in the language of the recipient, than to translate as much nuance and meaning can be lost in translation. Yet there is a need to be inclusive of non-English speaking people in our education reach. To support you, we have had the simple '6 principles Talk Card' translated into 20 languages where the image may help reduce misinterpretation. These are available from our Change for our Children web site

[http://www.changeforourchildren.co.nz/safe\\_start\\_programme/baby\\_essentials\\_online](http://www.changeforourchildren.co.nz/safe_start_programme/baby_essentials_online).

Prepared by Stephanie Cowan, Director, Change for our Children (February 2011)