Reduce the Risks of Cot Death
Early Years Safe Sleeping Guide

For Childminders, Foster Carers or a Nursery Setting
Keeping babies safe

Introduction

Whether you are a foster carer, childminder or caring for a number of babies in a nursery setting, it is important that you are aware of the risks of cot death and the role you can play in helping to reduce those risks. Cot death is quite rare, but we still lose 1 baby every 9 days across Scotland, so the risk of cot death is still real.

By ensuring that you understand what cot death is and by recognising babies who might be at increased risk, you can fulfil your duties to the parents of the babies in your care and keep these babies as safe as you possibly can.

This guide is designed to provide you with information about cot death and the most up to date “Safe Sleeping” messages. Cot death cannot be prevented, but by following this simple guidance you will be doing everything humanly possible to minimise the risks of cot death when these babies are in your care. The information in this guide applies to infants under the age of 12 months.
What is cot death?

Since the introduction of the national ‘Back to Sleep’ campaign in the early 1990’s cot death rates have been dramatically reduced. There are now 70% fewer cot deaths since babies have been placed on their backs to sleep.

“Cot death” is a term used to describe the death of a previously healthy baby, who has died for no apparent reason. It is sometimes referred to as Sudden “Unexpected Death in Infancy” (SUDI), which is defined as “the sudden death of an infant or young child which is unexpected by history and in which a thorough post mortem examination fails to demonstrate an adequate cause for death”.

The term “Sudden Infant Death Syndrome” (SIDS) is sometimes used on death certificates although it is more commonly recorded as “Sudden Unexpected Death in Infancy” (SUDI). “Cot death” is still the term understood and used by most people in the UK.

What happens?

In a typical case an apparently healthy baby is put down to sleep without the slightest suspicion that anything is out of the ordinary, although there are sometimes signs of a slight cold or tummy upset. When next checked the baby is found to have died. Sometimes the time interval is only minutes. Although the term “cot death” is used, babies can be found in car seats, prams, in an adult bed or on a sofa or chair. There is often no sound or sign of a struggle, or of any distress. Whilst the majority of cot deaths occur during the night, they can also happen during the day.
Which babies are at risk?

All babies are potentially at risk of cot death, however there are certain circumstances where the risks are increased:

- The risk of cot death is highest during the first 6 months of life, and decreases quite dramatically after this. However, a small number of cot deaths still occur in babies over 6 months, and very occasionally over 1 year old.
- There is a clear gender difference in cot death with boys being almost twice as likely to suffer a cot death as girls. The reason for this is uncertain.
- Cot death is more common in the winter months with approximately 60% of deaths occurring during the winter/spring compared with 40% in summer/autumn.
- Second and later born infants in a family are at greater risk than first born.
- Research has shown that young mothers (under 20 years old) are more likely to lose a baby to cot death than older mothers. The average age of cot death mothers is two years younger than the general maternal population.
- Preterm (less than 37 weeks gestation) or low birth weight babies (under 5½ lbs) are more likely to die from cot death than full term infants. Twins are also more vulnerable.
- There is a seven-fold increase in the risk of cot death if the mother smokes during pregnancy. This risk is further increased if the father also smokes.
- The infants of mothers who misuse substances are also more vulnerable to cot death and alcohol consumption by adults in the home seems to have an adverse effect.
Safe Sleeping Practice

Follow these safe sleeping messages at all times and ensure that all new staff are aware of the safe sleeping messages and understand the importance of following them.

- All babies should be placed to sleep in a cot on their back, with their feet at the bottom of the cot
- If the baby is less than six months old and you discover that they have turned onto their tummy, you should gently re-turn them onto their back
- Do not place a hat on a baby’s head when putting them down to sleep unless it has specifically been recommended for medical reasons
- Ensure the bedclothes are firmly tucked in and no higher than just under the baby’s shoulders, so that they can’t wriggle down under the covers
- All babies should be placed in a cot to sleep, travel cots and prams with a firm base and mattress are also suitable. However, beanbags, chairs and sofas should never be used as a sleep surface as all increase the risks of cot death
- The ideal room temperature ranges from 16-20°C. Recording and documenting room temperature during infant sleeps helps ensure babies are being cared for within recommended limits
- To check a baby’s temperature, feel the back of their neck or tummy, if these areas feel too warm remove some bedding. Do not worry if hands or feet feel cool as this does not indicate their overall body temperature is incorrect.

In the nursery environment, sleeping babies should be closely supervised.
Safe Sleeping Environment

- Keep the room well ventilated but do not position a cot below a window or in front of a working radiator.

- Mattresses should be completely covered in a waterproof fabric such as PVC. All mattresses should be regularly inspected for signs of damage to the waterproof fabric and if punctured, cracked or torn, should be replaced immediately.

- Ensure that the gaps between the bars of the cot are less than 6.5 cm and that the space between the mattress and the cot is no more than 4 cm.

- Babies under 1 year old should not have pillows, duvets, soft toys or comforter blankets in their cot. Instead use one or more layers of light blankets (depending on the room temperature). Remember that one blanket doubled over counts as two blankets.

- Parents are advised to have a new mattress for each child within their own home; however this is not practical within the early years setting. Therefore each child should have their own bedding and the mattress should be checked, inspected and disinfected between each infant sleep.

Use of Dummies

- Some research suggests that using a dummy for every period of sleep may reduce the risk of cot death.

- Our advice when an infant uses a dummy is to offer it at every period of sleep, including daytime naps.

- If the dummy falls out during the sleep do not waken the baby up to put it back in. However if the baby wakens then offer the dummy once again.

- Never force a baby to take a dummy or put it back in if the baby spits it out. Don’t use a neck cord, and never coat a dummy in anything sweet.

- It is recommended that dummy use is introduced only after breastfeeding is well established (usually around 4 weeks) and that dummy use is stopped between 6 and 12 months.
Swaddling or Wrapping a baby

Swaddling or wrapping a baby in a light cotton cloth is thought to provide some babies comfort and an overall feeling of safety. However there has been some evidence that swaddling a baby increases the risk of cot death, particularly when swaddling is not carried out consistently and when blankets used for swaddling are too thick, contributing to overheating.

Secondary caregivers need to consider how infants are placed to sleep at home and ensure that this practice is consistent with the care they provide. All parents should be asked whether they routinely swaddle their baby.

Advice for babies that are swaddled

- **Never** cover a baby’s head, and only use thin materials for swaddling. Muslin cloth or thin cotton help reduce the risk of overheating
- Infant sleeping bags/grobags are now available as an alternative to swaddling. Providing these are of the right size and tog for each infant these are safe to use
- Infants must NEVER be placed prone (on their stomach) when swaddled
- Current research suggests that it is safest to swaddle infants from birth and not to change infant care practices by beginning to swaddle at 3 months of age when SUDI (cot death) risk is greatest
- Secondary caregivers should be made aware of their infant’s usual sleeping environment and practices.
Car Seat Safety

Infant Car Seat Safety – follow the 2 hour rule!

As a parent, safety is always on your mind. It affects every move you make, starting with the ride from the hospital. New research hopes to raise awareness of the potential risks to vulnerable babies associated with Infant Car Seats. A newborn baby is not able to keep its head held up, therefore there is the potential for the head to flop forward and restrict the baby’s ability to breathe. Car seats are designed to keep babies safe while travelling, not as a main sleeping place. However, more and more babies are spending a considerable amount of time either asleep or travelling in one of these devices and parents are often confused by conflicting advice about what is or isn’t safe.

Did you know that the maximum time advised for any baby in an infant car seat is two hours?

Our advice would be:

- Take frequent short breaks even if it means waking the baby
- Don’t use the seat for sitting or sleeping outside of the car
- Ensure the baby is lying as flat as possible so that their head cannot fall forwards
- When arriving home, take the baby out of the car seat and transfer to a cot where the mattress is firm and flat
- Minimise the time the infant spends in the seat, but never exceed a maximum of two hours
- Consider the amount of clothing your baby is wearing - cars soon heat up. If possible, outdoor clothing should be removed, particularly hats and snow suits, as young babies cannot regulate their temperature

Additional advice is available on the following website: http://www.goodeggcarsafety.com/scotland/incar/home
Advice should cot death happen

Dealing with the sudden and unexpected death of a baby can be one of the saddest experiences you will have to cope with in your career. It is natural to feel upset and distressed.

If the baby has died within the nursery, in addition to your own feelings of sadness or frustration at not having been able to prevent the death of the baby, you might also have become the focal point for the parents’ anger. It is worth remembering that the parents are in shock and everyone reacts differently when facing a shock of this magnitude, and whilst they may have directed their initial anger at you, it is unlikely that they will “blame” you for the death of their child and you should consider talking to your colleagues about the event.

Quite often this is a time when a team debrief can be very helpful. Team members do not have to speak or contribute more than they wish but the opportunity to share the experience and move on from the event can be therapeutic. The Scottish Cot Death Trust can also provide useful literature and support to nursery staff, childminders or foster carers as required.

If, after your team debrief, you continue to feel that the cot death is having an adverse affect on your health or your work, you should ask your employer about support from an Occupational Health service or contact the Scottish Cot Death Trust for additional advice and support.
Scottish Cot Death Trust

The Scottish Cot Death Trust is a registered charity, with the aim of increasing knowledge and understanding of cot death and providing support for the families who are devastated by cot death.

- We provide a range of community-based support services for bereaved families
- We fund research locally and internationally in a bid to understand and prevent cot deaths in the future.
- We educate the public and professionals about cot death and the role they can play in helping to reduce the risks

Can you help us?

All the education and educational material provided by the Scottish Cot Death Trust is provided free of charge. We do this in order to help raise awareness of cot death and inform parents of how to reduce the risks.

In order to help raise awareness, your nursery, playgroup or childcare facility may wish to help the Scottish Cot Death Trust by holding a Welly Waddle on our behalf. We can provide you with promotional materials free of charge to encourage as many parents/toddlers to become involved.

It needn’t be a huge event and the walk needn’t be a great distance but if it helps raise awareness and encourages discussion about reducing the risk of cot death then it is well worth it.

By helping us to raise awareness you can show parents that you are taking positive steps to provide a safe sleeping environment for the babies within your care. Many nurseries and childminders now display the ‘Safe Sleeping’ material within the baby room to let parents see that you are keeping up to date with best practice. Additional copies can be ordered for parents.

If you think you could help us raise awareness and reduce the risk of cot death then please get in touch.
Scottish Cot Death Trust support services include:

**Home Visiting**
A support worker from the Scottish Cot Death Trust will visit families and their relatives at home to provide information about cot death and the services available from the Trust to help them cope with their loss.

**Befriending**
The Scottish Cot Death Trust can put family members in contact with another person who has also suffered the loss of a baby to cot death.

**Next Infant Support Programme**
When a parent loses a baby to cot death, the arrival of a new baby can bring huge anxieties that it might happen again. The Trust offers support to families going on to have another infant, including the loan of a breathing monitor to help provide peace of mind.

**Counselling**
When someone affected by the loss of a baby or child to cot death requires in-depth emotional support, the Scottish Cot Death Trust can provide professional Counselling free of charge.

**Family Days**
When a baby or child dies suddenly and unexpectedly, the impact on the whole family can be profound. Family Days are fun days with a therapeutic element to enable bereaved families to meet other families, share experiences, support each other and gain new skills for coping with their grief.

**Information**
A range of information is available via our office, website and literature for health professionals, parents and the wider public. We can also offer face-to-face awareness training for groups.
We hope this guide helps raise awareness of ‘safe sleeping’. We work alongside the Care Inspectorate to make sure best practice is available to all child care providers. No-one wants to think that a cot death might happen when they are caring for someone’s child, and whilst it is incredibly rare within this environment – it can happen. It is better to be aware of cot death and ways to reduce the risks of it happening.

For face-to-face awareness training; to request literature; to comment on this guide or to ask any further questions please contact us:

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