Booking visit and during antenatal care

Antenatal Health Visitor contact 32 - 34 weeks

Post delivery and during neonatal care

11-14 days new baby Health Visitor home visit

Birth - 10 days Community Midwife

Discharge from Hospital care

3-5 weeks Health Visitor home visits

6-8 weeks Health Visitor home visit

3-4 months Health Visitor home visits

13-15 months Health Visitor home visit

6-8 months Health Visitor home visit

Scottish COT DEATH Trust

NHS Greater Glasgow and Clyde

Reducing Sudden Unexpected Death in Infants in NHS Greater Glasgow & Clyde

An Information Pathway for Staff

Introduction and Context

Reducing infant mortality is a major priority for NHSGGC. There are strong links between family poverty and infant mortality. The major modifiable risk factors to reduce the risk of Sudden Unexplained Death in Infants (SUDI) or Cot Death are sleeping position and exposure to secondhand smoke. This prevention pathway has been developed as part of a wider strategy to reduce these risk factors. All staff will provide consistent health advice when working with pregnant women and families in NHSGGC.

Risk Factors for SUDI

- Poverty and deprivation.
- Rates of SUDI are higher in low birth weight babies (less than 2,500g or 5lb 5oz).
- Babies born pre-term (less than 37 weeks gestation) are at greater risk compared to babies born at term.
- Babies aged 0-12 months are at greater risk of SUDI.
- Placing a baby to sleep on their front or side is a very strong risk factor for SUDI.
- Adults sleeping on a sofa or couch with a baby is a major risk factor.
- Babies are at greater risk when a mother smokes during pregnancy or if there is smoking and secondhand smoke in the home.
- Bed sharing and bed sharing with an adult who smokes.
- Bed sharing with an adult under the influence of alcohol and, or drugs (prescribed or illicit).
- Baby deaths are also associated with overheating by overwrapping the baby or placing objects in the cot that increase temperature.

Brief Intervention and Resource Use

Booking visit and during antenatal care	Antenatal Health Visitor contact 32 - 34 weeks	Post delivery and during neonatal care	Discharge from Hospital care	Birth - 10 days Community Midwife	11-14 days new baby Health Visitor home visit
3 - 5 weeks Health Visitor home visits	6 - 8 weeks Health Visitor home visit	3 - 4 months Health Visitor home visits	6 - 8 months Health Visitor home visit	13 - 15 months Health Visitor home visit	

Every parent/carer should be provided with information during both antenatal and postnatal periods. It is very important that information is used as part of a brief intervention with families. Staff have a responsibility to clarify that parents/ carers understand the key messages and what they can do to reduce the risks.

Brief interventions should be ongoing with families about SUDI prevention and should incorporate a Teach Back technique.

Further information on Teach Back is available **here**

Healthy Families, Healthy Children Information Pathway

The information pathway identifies publications which are available to support effective communication with parents and carers to improve maternal and child health outcomes. **Click here**

Key Messages for staff to discuss with Parents/Carers are:

- **All babies should sleep in the supine position - 'back to sleep' and never on their front or side, regardless of when or where they sleep.**
  - » Baby should always lie on a firm flat surface.
  - » Baby should sleep in the 'feet to foot' position in their own cot.
  - » There should be no pillows, cot bumpers and drapes on cot or soft toys in their cot.
  - » Baby should not sleep in a bouncy chair, car seat or swing, they should be transferred to a firm flat surface for every sleep. Sleeping in the supine position protects baby's airway.
- **No parent or carer should sleep on a sofa or couch with a baby.**
- **A cot is the safest place for baby to sleep.**
- **Whilst not recommending bed sharing, parents might decide to take baby into bed to help with night time breast feeding, because they find it easier to comfort baby during the night, or because they want to keep baby in direct contact with them. Whatever their reason, parents and carers need to be aware of the small increased risk to baby of a SUDI when bed sharing.**
- **The risk of SUDI is increased if parents smoke, have drunk any alcohol, taken medication or drugs (prescription or illicit) that may cause drowsiness, or are overly exhausted and they bed share.**
- **Breast feeding should be encouraged.**
- **Baby should always be kept smoke free. The only way to protect baby and other family members from secondhand smoke is to keep their home and car smokefree.**
- **Baby is at greater risk when a mother smokes during pregnancy.**
- **Prevent baby from overheating and check room temperature. The ideal**

temperature is between 16-20 degrees Celsius.

- **Baby's head should be uncovered; bedding should be tucked in no higher than baby's shoulders. The use of a correctly sized and tog rated baby sleeping bag may be used to prevent loose bedding.**
- **Baby should sleep in the same room as their parents for at least the first six months for every sleep.**
- **Keep baby out of car seat when not travelling in a vehicle.**

Discussion on baby sleeping practices

All staff should use opportunities antenatally and postnatally to establish and discuss intended place for baby sleep. Postnatally staff should endeavour to see the actual and possible places that the infant sleeps, both routine and unintended. Families should be encouraged to ensure that all care givers understand the key messages about preventing SUDI.

Keep baby sleep consistent

Research has shown the importance of consistency for all infant sleep times - Risks for further consideration and discussion when required:

- **Dummies** – Breast feeding Mums should not introduce a dummy as it can mask a baby's feeding cues. Whilst not promoting dummy use, if a dummy has been introduced to a baby they should use this for every sleep time, day and night. A dummy should not be withdrawn before 6 months if a baby is already using it. If a baby uses a dummy and it falls out during sleep it need not be replaced, unless the baby wakes. Neck cords should never be used with dummies. Ensure all care givers providing care for baby (day and night) are aware if baby uses a dummy for sleep.
- **Swaddling** – Whilst not promoting swaddling, if a baby has been swaddled from birth, they should continue to be swaddled for every sleep period, day and night.

Swaddling should not be introduced during the 2-4 month period when the risk of SUDI is highest. If baby is already being swaddled, safe swaddling should always be encouraged. Ensure all care givers are aware how to swaddle a baby for sleep if swaddling has been introduced. Parents and carers should use only lightweight, cotton fabrics to swaddle a baby and always place baby on their back when swaddled.

- If parent or carer's do not have the money to purchase a cot, then emergency funds can be accessed for the family. The Scottish Welfare Fund – provides grants to people on low income in the event of a crisis. A referral can also be made to Money Advice services.
- All new parents are entitled to a Baby Box which can be used as a safe sleep space. Further information about Baby Boxes can be accessed at the Scottish Government's Parent Club website. **Click here**
- **Twins and Multiples** – There is evidence of increased risks to Twins and Multiples due to prematurity, low birth weight and when there is risk of overlaying. Staff should recommend that a Baby Box is provided and used for each infant as twins and multiples should not share Baby Box sleep spaces. Further information about twins and multiples **Click here**
- **Parents/carers** need to be aware of risks of other siblings/ toddlers and pets sleeping with or beside baby.
- **Special Care** – On occasion families may have been provided with specific sleeping or feeding information by a Consultant or Special Care Baby Unit. In these circumstances, clarification should be sought as to the exact advice given.

Information about Tobacco, Secondhand Smoke and E-Cigarettes

Smoking in Pregnancy

Smoking in pregnancy poses risks to both the mother and child, and is a preventable cause of poor outcomes in the short, medium, and long term. It contributes to health inequalities and is associated with increased risk of low birth weight, increased morbidity and mortality. It is estimated that about one-third of all perinatal deaths in the UK are caused by maternal smoking.

Smoking during pregnancy is also linked to poor health in infancy, including an increased risk of SUDI, increased risk of respiratory infections, meningococcal disease and wheezing illness.

Key messages –

- Pregnant women should always be encouraged to stop smoking and be referred to the NHSGGC Quit Your Way Pregnancy Service by calling 0141 201 2335 or via SCI Gateway.
- The safest products to use are licensed Nicotine Replacement products and are available free from local stop smoking services.

  For more information see the NHS Health Scotland IQUIT booklet available through the PHRD – **Click here**

Current evidence

E-cigarettes and pregnancy

We don't yet know about potential risks to the fetus from exposure to e-cigarette vapour. Little research has been conducted into the safety of electronic cigarettes in pregnancy; however current evidence would suggest that they are likely to be less harmful to a pregnant woman and her baby than cigarettes.

For more information on use of Electronic Cigarettes – **Click here**

Secondhand Smoke (SHS)

Every child in Scotland has the right to have the best start in life and growing up in a smokefree environment is an important part of that.

Secondhand smoke (SHS) is smoke that is breathed in from other people's tobacco smoke. The harmful chemicals from SHS drifts easily throughout the whole house and can linger in the air for up to 5 hours, a child can breathe them in, and even when the windows are opened and the doors are closed.

Children and babies are at more risk because:

- Their lungs are still growing
- Their immune system is still developing
- They have smaller airways and
- breathe faster.

Secondhand smoke causes around 40 sudden infant deaths in the UK each year (Royal College of Physicians Report March 2010).

Key Message –

The only way to protect baby and other family members from secondhand smoke is to keep home and car smoke free.

Thirdhand Smoke (THS)

This is tobacco smoke pollutants that remain on surfaces (upholstery / clothes etc) after the tobacco has been smoked.

Based on what is currently known from research, first hand smoke and inhaling secondhand smoke pose greater and more quantifiable risks than third hand exposure (more research is required to establish risks to health from third hand smoke). The focus for health professionals should remain on supporting individuals to quit smoking, and on working to reduce exposure to secondhand tobacco smoke, by promoting smoke-free homes and vehicles.

For parents, families and carers who are not pregnant and smoke -

Support to Stop

Stop smoking services are available in all local areas and pharmacies for more information Click here or call Quit Your Way Scotland on 0800 84 84 84.

Electronic Cigarettes

There is still a lot we do not know about e-cigarettes. They are not risk free, but based on the current evidence vaping e-cigarettes is definitely less harmful than smoking tobacco.

Click here for NHS Health Scotland's Consensus statement on e-cigarettes.

A NHS Health Scotland fact sheet on e-cigarettes is also available from PHRD

Information about alcohol and drugs

Alcohol

Drinking any alcohol can influence parental decision making. If a parent or carer has been drinking any alcohol, they can fall into a deep sleep more quickly. Their normal sleep pattern is altered and awareness is reduced, meaning that if they sleep with a baby after drinking alcohol, the risks to the baby of SUDI is increased.

There is also a higher risk of rolling over on top of the baby (overlaying) causing harm.

Drugs

Using over the counter, prescription or illicit drugs can have a wide range of impacts on each person, depending on what they have taken and the reasons for this, whether it be to help overcome a cold or flu, to promote sleep, for recreational drug use or due to a dependency on a substance. These effects range from drowsiness and awareness inhibiting to increased alertness.

The effect of some substances on sleep can be similar to those of alcohol, making someone fall into a deep sleep very quickly with the quality of sleep altered by the substance. For others, the effects are different and can be, at times, unpredictable. Being under the influence of any substance while sleeping with a baby can pose the same risks as being under the influence of alcohol and increase the possibility of SUDI. There is also a higher risk of rolling over on top of the baby (overlaying) causing harm.

In addition, if parents are suffering the after effects of alcohol or drug consumption the following day, they may find that dealing with a baby's needs more challenging. They may also be more tired and at risk of falling asleep on a chair or sofa whilst holding a baby which poses an increased risk.

Information about "Sleeping Pods" or "Sleeping Positioners"

The Scottish Cot Death Trust advises against the use of any baby sleep positioners and pods. Babies should sleep on a firm, flat mattress for every sleep period. No additional items should be placed within a baby's sleep environment,

including comfort or positional aids. ANY product which a baby's head and face may move against could interfere with a baby's breathing. Some babies can turn onto their side from a very young age (less than the 4 months stated in the product information on many models), posing a suffocation risk where they may not be advanced enough to be free rolling and so be able to move out of position if in difficulty.

Learning and Education – All Staff Working with Families

SUDI and its prevention should be part of induction for all new staff in midwifery, in Children and Families teams and all staff working with families across NHSGGC.

1. NES SUDI Module Link: **Click here**
2. Scottish Cot Death Trust face to face training.
   Tel: 0141 357 3946 email: **contact@scottishcotdeathtrust.org**
3. Health Matters, Conversations about Change. Please contact **HIADMIN@ggc.scot.nhs.uk** for dates and further information.
4. Tobacco Awareness and Secondhand Smoke modules – search for the courses under the Specialist Subjects section in LearnPro. This can alternatively be arranged as a face to face bespoke learning session for teams. **Click here**
5. Alcohol Awareness module. Search for the course under the CPD section in Learnpro. **Click here**
6. Unintentional Injuries in NHSGGC. Search for the course, **Click here**

Next Infant Support Programme

The Scottish Cot Death Trust's Next Infant Support Programme (NISP) is a tailored package of support and loan of an apnoea monitor for any new parent or sibling affected by cot death.

Parents wishing to be enrolled onto the programme should be signposted to the service during booking at the antenatal clinic or as early as possible during subsequent contacts in the antenatal period. Additional referral forms for departments can be ordered direct from The Scottish Cot Death Trust: Tel 0141 357 3946 or email **contact@scottishcotdeathtrust.org**

A referral form must be completed by the pregnant women and signed by a midwife before being sent into Scottish Cot Death Trust. Upon receipt, an apnoea monitor will be assigned to that woman so no matter how early she books, she is guaranteed a monitor. The Trust community support worker can visit the family at home and discuss the need for additional support if required. A counselling service is available to all families enrolled onto the NISP. Resuscitation training is available to all family members who wish to take part.

Monitors will be issued to families between 32-36 weeks in pregnancy, with training on how to use the monitor provided by the support worker.

Families are provided with ongoing support during pregnancy and for 12 months after the birth of baby. There are a minimum of three check in points by the support worker; 6 weeks, 6 months and 10 months once baby arrives.

Parents are also offered contact with a befriender (another parent who has gone on to have a baby following a SUDI) for peer support. A closed Facebook group for NISP parents, monitored by the Trust also provides peer support.

* If families are referred for the service late in pregnancy or after delivery, loan of an apnoea monitor cannot be guaranteed and women cannot take advantage of the antenatal support which is designed to help them through pregnancy after a SUDI.

Please contact the SCDT directly:
email: **contact@scottishcotdeathtrust.org**

Resources

1. Reduce the Risk of Cot Death. This resource is currently under review. Additional language versions are also available here
2. Scottish Cot Death Trust Easy Read resource is available here
3. Ready Steady Baby. Available here
4. Caring for your baby at night resource is available here
5. Additional language resources available online at Lullaby Trust. Click here
6. Tobacco and Secondhand Smoke resources available here
7. Public Health Resource Directory – Click here
8. Public Health, Health and Wellbeing Directory. Click here

SUDI Toolkit

SUDI Scotland toolkit – for any professionals involved when a baby dies suddenly and unexpectedly – Click here

Additional Information for staff

Should members of staff ever be in a position where they are involved with families who have experienced the sudden unexpected death of a baby, it is important that they understand what is expected of them and feel able to respond in a caring and compassionate way.

For guidance and support they should refer to NHS GG&C Procedure for Notification For Child Deaths June 2015 version 1

It is also important that staff are able to access support for themselves through their professional networks and clinical supervision.

Independent counselling services can be accessed: NHS GG&C Occupational Health Counselling Services

Further reading and websites

1. PH England resources:
   - Guidance Documents
   - Reducing Infant Mortality in London in 2015

- **Advice for people working with children, young people and families**

2. Lullaby Trust Literature synthesis updated 2016: **Click here**
3. UNICEF Baby Friendly Website, please click **here**
4. ASH Literature and resources **Click here**
5. Scottish Cot Death Trust website **Click here**
6. The Scottish Government **Click here**
7. NHSGGC Child Death Notification protocol **Click here**

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Sources of further Information for alcohol and drugs

Drinkaware website **Click here**

National Childbirth Trust website **Click here**

Infant Sleep Information Source website **Click here**

Boots WebMD website **Click here**

Science Daily **Click here**

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If you would like to speak with someone about this resource, please **Click Here**

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