



Safer Sleep Guidance

THE MID AND WEST WALES SAFEGUARDING BOARD

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1. Background/Context

Sudden infant death syndrome (SIDS) is the sudden and unexplained death of an infant where no cause is found after detailed post-mortem.

Although there are no definitive explanations for some of these deaths, there is reliable evidence that links issues within an infants' sleep environment and an increased risk of sudden unexpected death.

Although most parents and carers say that they will never sleep with their infant, research indicates that a considerable number of infants are subject to bed sharing/co-sleeping practices.¹ In addition, parents may take their baby into bed or onto the sofa to feed, comfort or settle their baby, and may subsequently fall asleep, whether they intend to or not.

This document does not in any way seek to suggest that parents knowingly or deliberately place their children at risk of harm. Where these tragic sleep-related deaths do occur, the effects are devastating on the family and have a compounding impact on the community and professionals.

2. Purpose and Aims

The purpose of this guidance is to provide multi-agency safeguarding practitioners with information, guidance and tools, which allow them to better identify concerns or risk factors in relation to safe sleep, and to be able to respond to these accordingly.

The overarching aim of this guidance is to reduce the number of infant deaths in Mid and West Wales, by seeking to identify opportunities to more widely promote and share safe sleep guidance with parents and carers.

3. Target Audience

Midwifery and Health Visiting staff play an instrumental role in supporting new parents and providing safe sleep guidance. However, other practitioners who support and come into contact with families, such as other health professionals, social workers, police officers, and staff and practitioners from preventative services and third sector organisations, should also have an understanding of safe and unsafe sleeping practices. This can enable these practitioners, should they observe or become aware of unsafe sleep practices being undertaken, to identify this risk, and to take action to ensure safe sleep advice and guidance is provided by the appropriate professional. In this way, multi-agency practitioners can collectively work to reduce instances of SIDS which involve unsafe sleep.

¹ The Lullaby Trust (2023): <https://www.lullabytrust.org.uk/9-in-10-parents-co-sleep-but-less-than-half-know-how-to-reduce-the-risk-of-sids/>

4. Risk Factors for SIDS

Unsafe bed-sharing is a key risk factor in relation to SIDS. Where this is undertaken, there is a risk of overlay taking place (i.e. parents rolling onto the baby during sleep, which can result in death). It should be noted that safeguarding guidance now explicitly states that overlay is considered a criminal offence when a death occurs due to unsafe sleeping arrangements and parental negligence (e.g., intoxication, ignoring safer sleep advice).

Practitioners therefore have a key role to play in ensuring parents are aware of the risk of overlay as a result of unsafe bed-sharing.

The following practices are also considered to be unsafe sleep practices:

- Co-sleeping on sofas or chairs with a baby
- Placing babies on their sides or stomach
- Smoking or allowing others to smoke near the baby (including vapes)
- Sleep nests/sleepy heads, pods, and hammocks, or other products which are not firm and flat
- Inappropriate covers or toys in the Moses basket, crib or cot
- Overwrapping the baby or covering their head indoors
- Overheated room temperature

5. Risk Reducing Factors

NB: This advice is the same for all times of the day and night when the baby is sleeping.

Babies should sleep in a clean, firm, flat crib or cot with a well fitted mattress, and secure bedding or a well-fitting sleeping bag. Babies should always be placed on their backs at the bottom of the cot and all other items, such as cot bumpers, sleep positioners, pillows and toys need to be removed from the cot.

Room sharing (sleeping in parents'/carers' bedroom in an appropriate cot/crib) is recommended for the first six months of the baby's life. The room should be kept at a temperature of 16-20 degrees Celsius.

Parents/carers should be supported to reduce or quitting smoking during the pregnancy or after the birth.

Research suggests breastfeeding, even for a short time, reduces the risk of SIDS, with longer durations offering more protection. Professionals should, wherever possible and appropriate, encourage breastfeeding for at least six months, and support families by providing information and offering encouragement.

6. Bed Sharing/Co-sleeping

Though the safest place for a baby to sleep is in their own Moses basket, cot or crib, if parents decide to bed share or co-sleep with their baby, the following steps should be taken to ensure the baby is as safe as possible:

- Waterbeds, electric blankets, inflatable beds, pillows or bean bags must not be used
- Ensuring the mattress is clean, firm and flat
- A mattress topper should not be used
- A baby sleeping bag or swaddle should not be used
- The bed covers must not be allowed to overheat the infant or cover their head
- Pillows must be kept away from the infant
- The baby must not be left alone in or on the bed
- Any adults in bed must be made aware that the infant is in the bed
- Pets must not be in the bed
- There must be no cuddly toys in the bed
- Other children cannot be in the bed
- Mothers should use the protective “C” position when breastfeeding (*NB: breastfeeding is shown to reduce the risk of SIDS by half. Parents who breastfeed are, however, more likely to bed share, and so advice should be given to breastfeeding parents on how to bed share as safely as possible.*)

There are certain circumstances which can increase the risk of SIDS and therefore, parents should never bed-share or co-sleep in these circumstances.

These are:

- If the baby weighed less than 2.5kg at birth, and/or was born prematurely (before 37 weeks’ gestation)
- Parents/carers being under the influence of alcohol or substances
- Parents/carers who smoke or vape, and/or who smoked/vaped during pregnancy
- Parents/carers taking medications or substances (whether prescribed, non-prescribed or illegal) which can make them sleep more heavily
- Parents/carers have had an anaesthetic (e.g. after surgery)
- Parents/carers are tired to the point where they would find it difficult to respond to the baby (e.g. if they have had less than four hours sleep in the last twenty-four hours)
- Parents/carers are themselves unwell, either physically or mentally, or their awareness of the infant may be impacted for any other reason
- When sleeping on a sofa, armchair or beanbag

7. Swaddling

Parents may or may not choose to swaddle their baby, and research does not indicate a definitive position as to whether this has an impact on risk of SIDS. However, risk increases where parents/carers vary in swaddle use, i.e. swaddle for some instances of sleep but not others.

Key principles for safe swaddling:

- Sleep baby on their back: The safest sleeping position for a baby is on their back, whether they're swaddled or not. Never put a swaddled baby to sleep on their front or side.
- Use thin swaddling materials: Lightweight materials such as thin muslin or thin cot sheet are recommended. Avoid using blankets as they can cause overheating.
- Use the minimum amount of clothing: Ensure the baby is not overdressed under the swaddle and keep their head uncovered. Babies don't need hats indoors as they can overheat. The room should be kept at a temperature of 16-20 degrees Celsius.
- Check the baby's temperature: Use the chest or back of the neck to check their temperature. If their skin is hot or sweaty, remove one or more layers of bedclothes.
- Swaddle securely but leave wiggle room around the hips. Wrap them up gently but securely so the fabric can't come apart or undone. Do not swaddle above their shoulders to reduce the risk of your baby's face getting covered by loose material. But make sure the swaddle has enough room for baby to breathe. ²

8. Slings/Babywearing

Baby slings have become an increasingly popular choice for parents who wish to keep their babies close as part of the bonding process, and for those who practise attachment parenting.

The safest method of babywearing is to use a carrier that keeps the newborn securely and upright against the adult's body. Parents and carers should always ensure that the baby's chin is kept off their chest to keep the airway clear for breathing. They should also be mindful that coats, scarves, or other clothing items do not restrict the baby's breathing or cover their face.

Always remember the T.I.C.K.S. rule for safe babywearing:

T – Tight

I – In view at all times

² <https://www.lullabytrust.org.uk/baby-safety/baby-product-information/slings-and-swaddling/>

C – Close enough to kiss

K – Keep chin off the chest

S – Supported back

9. Dummies

Some research suggests that there is reduced risk of SIDS associated with dummy use, but the protective mechanism is not clear. Considering that dummies often fall out soon after onset of sleep and SIDS often occurs towards the end of sleep, any protection is not afforded by the dummy being in the mouth.

If parents choose to use a dummy/pacifier, they should be advised to wait until breastfeeding is established (at least four weeks) and use it consistently for every sleep. This should not be forced on the baby or should the dummy be coated in anything. The dummy also should not have any attachments, such as neck ties.³

10. Car Seats and Bouncers

Research indicates that some infants, particularly those born pre-term or with existing health conditions, may be at increased risk of respiratory difficulties or slightly reduced oxygen levels in the blood if left in car seats for extended periods. Additionally, remaining in a semi-upright position for too long may place unnecessary strain on a baby's developing spine.

Professionals should advise parents and carers that car seats are designed to keep babies safe only during travel, and should therefore recommend the following:

- Remove infants from car seats and place them in a cot or Moses basket as soon as possible after a journey.
- Once indoors, transfer the baby into a cot or Moses basket and remove any outdoor clothing
- During long journeys, make regular stops and take the baby out of the car seat for short breaks.

As babies are also in an upright position when placed in a bouncer, advice should be given to parents in relation to ensuring infants are not kept in bouncers when asleep or for long periods of time.

³ The Lullaby Trust (2025)

11. Variation in Routine

Variation in routine can also lead to variation in sleep practices. Parents/carers should therefore be advised to consider and to continue to ensure safe sleep in the following circumstances:

- Changes to usual accommodation (e.g. on holiday, staying with family/friends, being cared for by someone other than parents)
- The baby being unwell
- A new partner or other change to the household composition

Professionals should advise parents and carers that both hot and cold environmental conditions can influence an infant's risk of SIDS by affecting body temperature and the overall sleep environment.

Overheating is a recognised risk factor for SIDS. During periods of hot weather, infants should be dressed in light clothing, kept in a well-ventilated room maintained at an optimal temperature of approximately 16–20°C, and checked regularly to ensure that their chest feels warm to the touch but not sweaty or overheated.

In colder conditions, parents and carers should be cautioned against overdressing the infant or using heavy bedding, as this may also contribute to overheating. Instead, infants should be dressed in light, breathable layers or an appropriately rated sleep bag, and hats or hoods should not be used indoors. The cot should always be positioned away from radiators, heaters, or direct sunlight.

12. Multiple Babies (e.g. Twins)

Where parents have multiple babies (e.g. twins), they may elect to “co-bed”, i.e. place the babies in the same cot to sleep. This may be out of necessity (e.g. space for cribs) or a proactive choice, as this can be soothing for the babies.

If parents choose to co-bed, they should follow the same safer sleep advice. Babies should be placed on their backs with the tops of their heads facing one another, with their feet at opposite ends of the cot. Or side-by-side on their backs, with their feet at the foot (bottom) of the cot.

Once the babies are able to roll and move around the cot, they will need separate sleep spaces. This is because there is a risk they could roll into each other, which means they could accidentally block each other's airways (ability to breathe), or risk overheating.⁴

⁴ The Lullaby Trust: <https://www.lullabytrust.org.uk/baby-safety/premature-babies-and-multiples/twins-and-multiples/>

Finally, it should be borne in mind that twins often have lower birth weights, and, as stated in section 6, babies who weigh less than 2.5k at birth or who are born prematurely are also at increased risk.

13. Older Children (Over 12 Months)

Whilst this document shares information primarily relating to sleep practices in relation to infants, it should also be noted that all children and young people whose sleeping environment can cause a risk to them through the use of clinical technology or other associated equipment will require a risk assessment to be completed by the appropriate clinician. This risk assessment will be individualised to their specific care needs and any training and mitigation evidenced. Any actions or advice offered, will then be documented in their care plan with a clear review date set.

14. Cumulative Risk Factors

The following circumstances are considered to be predisposing vulnerabilities and risk factors:

- Parental alcohol or substance misuse
- Parental mental ill health
- Evidence of neglect
- Domestic abuse
- Housing instability and/or overcrowding
- Parental criminal convictions
- Parents who were care leavers
- Young parents
- Sibling/family history of SIDS
- Poor antenatal engagement, associated with other risk factors
- Contextual vulnerabilities, such as perinatal mental health issues

It is not suggested that where any of the above factors are present, that there is always an inherent heightened level of risk to the child. However, practitioners should be encouraged to use [professional curiosity](#) to consider whether there may be a cumulative level of risk present if they have concerns about unsafe sleep practice.

If none of the above cumulative factors are present, but a practitioner is concerned that parents/carers are putting a child at risk of harm as a result of unsafe sleep practices, they should refer to their agency's safeguarding policies and guidance.

15. Identifying and Responding to Unsafe Sleep Practices

Professionals should be encouraged to exercise professional curiosity in relation to concerns around sleep practices, and equally, will need to exercise professional judgement as to the most appropriate and proportionate action to take if they believe they may have identified unsafe sleep practices being carried out. This may vary

dependent on the particular circumstances, as well as based on their role, relationship with the family, and in particular, the perceived level of risk.

If health professionals identify unsafe sleep, it is their responsibility to give advice directly to parents.

If other multi-agency practitioners identify unsafe sleep practices, it may be appropriate to encourage or support the parents/carers to seek advice from a health professional such as a health visitor in the first instance, and/or to signpost to safe sleep resources, such as The Lullaby Trust's website.

In the event that practitioners do not feel confident or able to have this discussion directly with the parents/carers, advice should be sought from their line manager and/or relevant designated safeguarding officer, who can advise how this information should be considered and/or appropriately shared with the relevant practitioner or agency.

If it is felt that the child is at significant risk of harm, a referral should always be submitted to the Local Authority.

16. The Role of Midwifery and Health Visiting Services

Midwifery and Health Visiting staff provide advice and guidance to expectant and new parents, which includes information about safe sleep. In particular, their internal policies promote the following steps be taken during engagement with families:

- Undertake a safer sleeping assessment, and offer safety checks around where babies will be sleeping during the day and the night.
- Share information with parents, taking time to discuss this thoroughly and including all caregivers in discussions.
- Consider alternative means of sharing safe sleep information where there are barriers or challenges to receiving these messages.
- Document discussions with parents regarding safer sleep environments and whether the area has been observed, including potential risk factors and advice given.

17. The Role of Multi-Agency Practitioners

Other agencies who support and come into contact with parents of infants may observe unsafe sleep practice – for example, on undertaking a home visit or welfare check. This presents an opportunity to identify any potential concerns around safe sleep at an earlier opportunity and can therefore support the overarching aim of reduction of instances of SIDS.

Guidance is provided above on the actions that multi-agency practitioners and staff can take to respond to any unsafe sleep practices they may identify in the course of their engagement with families.

In addition, the Mid and West Wales Safeguarding Board will, together with partner agencies:

- Promote and make available guidance in relation to safe sleep, and on steps practitioners should take if they have concerns about unsafe sleeping practices
- Keep safe sleep guidance up to date, and provide seasonal advice (e.g. hot weather)
- Identify opportunities to provide additional training, guidance or other information in relation to safe sleep
- Support targeted campaigns and messages via its social media platforms

A wide range of materials, resources and links will be made available on the Mid and West Wales Safeguarding Board website, to provide an accessible point of information for both parents and for safeguarding practitioners.