

South Australian Safe Infant Sleeping Standards

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1. Document name

South Australian Safe Infant Sleeping Standards

2. Relationship to parent policy

The South Australian Safe Infant Sleeping Policy is the parent policy to the South Australian Safe Infant Sleeping Standards.

3. Document statement

This document is intended as a practical resource that outlines essential safe infant sleeping practices and environments alongside the respective challenges they pose for parents, caregivers and staff. It was developed to guide staff and increase family and community awareness of the key safe infant care practices associated with reducing the risk of infants dying while asleep.

The Standards presented within this document are informed by the available scientific evidence about risk and protective factors in the infant sleeping environment as well as current professional practice and consumer needs, which aim to be applicable to all families with infants from birth through to 12 months of age. They also provide information consistent with the safe sleeping recommendations being promoted in many parts of the world and were informed by current Australian and international research.

4. Applicability

These standards apply to all employees and contractors of SA Health; that is all employees and contractors of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those Networks) and SA Ambulance Service. It is expected that SA Health staff and volunteers will comply with these Standards unless medically indicated reasons state otherwise.

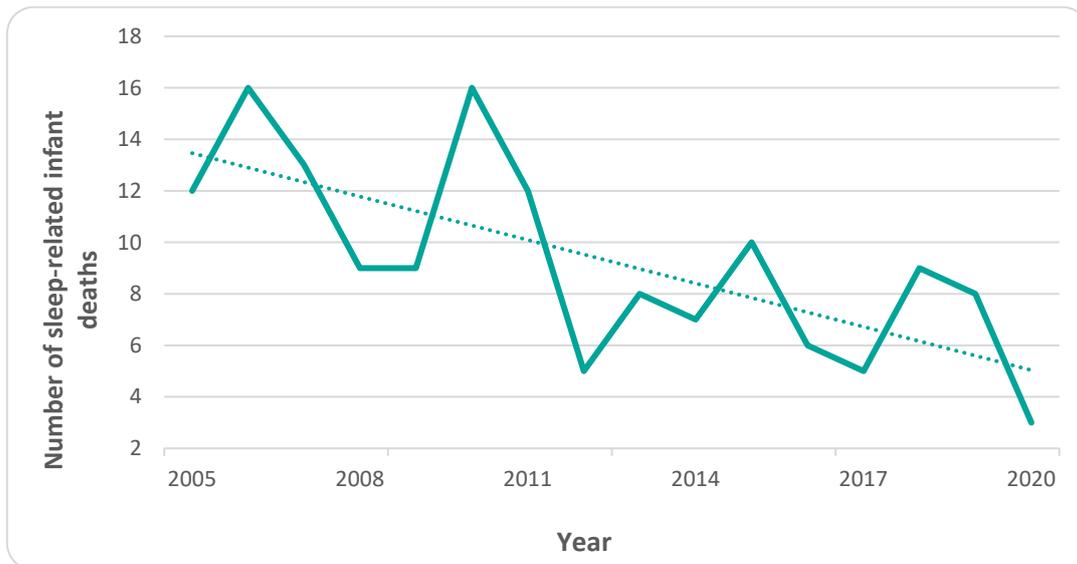
There are additional indicators that apply specifically for clinical SA Health staff, Department for Child Protection and Department of Education Early Childhood Services.

5. Details

5.1 Incidence

In Australia, infant deaths attributed to SIDS or fatal sleep accidents have fallen substantially during the last 20 years². Evidence suggests that the marked reduction in SIDS is attributed to the Australian public health campaigns that have promoted safe sleeping practices, particularly advice to parents/caregivers to place infants on their back to sleep³.

The number of infant deaths attributed to SIDS in South Australia fell from 2.1 per 1,000 live births in 1986 to 0.3 per 1000 live births in 2018⁴. This is mostly attributable to the success of public health campaigns to reduce the risk of SIDS, but also to changing trends in how SIDS is classified and the introduction of SUDI. Over the past five years there have been on average 8 sleep-related infant deaths annually in South Australia ([Figure 1](#)). Each of these deaths prompts us to consider how we can help parents/caregivers to provide the safest possible care and sleep environment for their infant.

Figure 1: Number of sleep-related infant deaths involving sleep-related risk factors in South Australia, 2005-2020.

Source: Data collected and reviewed by the Child Death and Serious Injury Review Committee.

5.2 Risk factors

Studies undertaken about SIDS and sleep-related SUDI have identified several risk factors that are associated with the sudden and unexpected death of an infant during sleep. The level of risk increases significantly when two or more of these factors are clustered in the infant's care, sleep environment or parent/caregivers' individual circumstances [5.6.7.8.9.10](#).

There were 148 infants born in South Australia between 2005 and 2020 that died suddenly and unexpectedly at a time when they were expected to be sleeping. A review of the care and sleep environment of these infants identified risk factors that can be modified or changed in ways that will reduce the chances of sudden and unexpected infant death⁷.

Parents/caregivers are to be informed of the risk factors that are associated with the sudden and unexpected death of infants:

> Parent/Caregiver risk factors

- If a parent/caregiver is a smoker, evidence shows that infants exposed to tobacco, second or third-hand smoke during pregnancy and after birth are at an increased risk of SIDS [15.11.23](#).
- If the parents/caregivers use alcohol, illicit substances or prescription medication that can make an individual drowsy and less responsive to infant cues [12.13.31](#).
- The mother is less than 20 years of age, and without a supportive partner [11.12.13](#).
- Multiple births [6.11](#).
- Mental health problems or cognitive difficulties experienced by parents/caregivers¹².
- Any situation where a parent/caregivers rousability from sleep is affected can result in a reduced awareness of their surroundings and reduced ability to respond to the infant¹².

> **Environmental risk factors**

- Unsafe cot and bedding [4,5,24,27](#).
- Sharing a couch or sofa carries the highest risk of fatal sleeping incidents¹⁴.
- A surface-sharing sleep environment can contain hazards that can be fatal for infants. These hazards include sleeping with other people, pillows, quilts, loose blankets or soft toys^{15,26}.
- Transient lifestyle, with lack of access to a stable home⁴⁰.
- Domestic violence occurring in households^{12,14}.

> **Infant risk factors**

- Infants sleeping in the prone (on their tummy) position^{12,16,26}.
- Infants who are born preterm or small for gestational age^{15,17}.
- Infants younger than three months of age are at greater risk of fatal sleep incidents when sharing a sleep surface¹⁸.
- Multiple births¹⁹.
- Male and first-born infants^{15,20}.
- Infants who have problems after birth including a history of minor viral respiratory infections and/or gastrointestinal illness.

> **Protective Factors**

There are also protective factors that have been shown to *reduce* the chance that an infant will die suddenly and unexpectedly. These include:

- sleeping an infant in their own sleep space in the same room as the parents/caregiver^{15,19,22},
- ensuring that an infant is fully immunised^{15,21},
- using a pacifier, after a good feeding routine or breastfeeding has been established^{12,22,40}, and
- breastfeeding, if possible^{12,22,26,23}.

5.3 Safe Infant Sleeping Practices

The safest place for an infant to sleep is in an Australian Standard Cot (AS/NZS 2172:2003)²⁴, in the same room as the parent/caregiver for the first six to twelve months of life, which has been shown to reduce the risk of SIDS and fatal sleep accidents^{28,30,25}. Parents/caregivers should be informed of the recommendations to reduce the risk of sudden infant death and promote safe sleeping practices.

- > Sleep infant on the back from birth, never on the tummy or side^{6,11,15}.
- > If the infant lies on their side to breastfeed, infant should be returned to the back position for sleep²⁸.
- > Make sure the mattress is firm and flat (not tilted or elevated)^{26,28,40}.
- > Make sure that bedding cannot cover the infant's face or overheat the infant. Remove pillows, quilts and soft items from the environment that could cover infant^{6,12,14}.
- > Avoid exposing infant to tobacco smoke before and after birth^{26,39}.

Bassinets have become increasingly prevalent in Australia, as they allow parents/caregivers to sleep with infant in close proximity but within their own sleep space and on their own firm mattress, which also supports accessibility for breastfeeding, bonding and attachment^{26,27}. There are no product safety standards for bassinets. Parents/caregivers need to ensure the product safe to use under all circumstances and where the infant may be unsupervised and consider potential hazards, such as entrapment, strangulation, suffocation or fall risks²⁸.

5.4 Sharing a Sleep Surface

Sharing a sleep surface with an infant continues to be a complex issue that is associated with various factors such as parenting preferences, cultural beliefs or unavoidable living circumstances²⁸. Sharing a sleep surface with an infant is defined as the parent/caregiver sleeping, whether intentional or not, sleeping with an infant on the same surface, such as a bed, couch, or chair^{29,30}. Sharing a sleep surface with an infant can be dangerous and increase the risk of SIDS, and parent/caregivers need to understand how to reduce the risks as much as possible²⁸.

Sharing a sleep space with an infant can include the usage of portable sleep products such as bedside sleepers, co-sleepers or sleeping pod, as they rely on the suitability of the adult bed/mattress to ensure the product is safe for use²⁸. There are many reasons parents/caregivers choose to share a sleep surface with an infant, including cultural norms and beliefs, difficulty settling or parental exhaustion.

It is important parents/caregivers understand the risk factors and consider the below recommendations for safe sleeping practices, so that they can make an informed decision for their infant^{28,31}.

- > Sleep infant beside one parent/caregiver only, rather than between two parents/caregivers. Reduces the likelihood of infant becoming covered by bedding, being rolled on or overheating²⁸.
- > Ensure partner knows infant is in the bed²⁸.
- > Share a sleep surface that is firm and flat, not a couch or chair²⁸.
- > Do not swaddle or wrap an infant if sharing a sleep surface as this restricts arm and leg movement²⁸.
- > Make sure infant cannot fall off the bed. A safer alternative is to place the mattress on the floor. Be aware of potential situations where the infant can become trapped. Do not place pillows at the side of the infant to prevent rolling off as these pose a suffocation risk if infant rolls onto/into them²⁸.
- > Pushing the bed up against the wall can be hazardous. Infants have died after being trapped between the bed and the wall²⁸.
- > Never place an infant to sleep in a bed with other children or pets²⁸.
- > Infants must never be left alone on an adult bed²⁸.
- > Infants are at an increased risk of SIDS when they share a sleeping surface with an adult who is under the influence of any substance, alcohol, medication or who smokes¹¹.
- > There is no increased risk of sudden infant death whilst sharing a sleep surface with an infant during feeding, cuddling and/or playing²⁸.

It is recommended that the infant is returned to their cot or their own safe sleeping space before parent/caregiver goes to sleep.

5.5 The Standards

The Standards promote the benefits of room sharing (placing an infant for sleep in an Australian Standard Cot (AS/NZS 2172:2003)¹³, in the same room as the parents/caregiver for the first six to twelve months, which is supported by evidence to reduce the risks of SIDS and sleep related SUDI¹⁷.

The Safe Infant Sleeping Standards apply to:

- > All SA Health, Department for Child Protection, and Department for Education Early Childhood Services staff, carers and volunteers whose work brings them in contact with parents/caregivers and families with infants under 12 months of age.
- > All settings across clinical, acute care and the community.
- > All circumstances, unless medically indicated reasons state otherwise.

The Safe Infant Sleeping Standards aim to:

- > Ensure staff and volunteers in all facilities in both public and private sectors (i.e., antenatal, birthing, postnatal, paediatric, child health, childcare, community and general practice settings) promote and model safe infant care practices and environments consistent with the Standards.
- > Ensure staff and volunteers provide parents/caregivers with consistent and accurate information that take into consideration the needs of the infant and the family and the opportunity to observe recommended safe sleeping practices.
- > Support ongoing training and/or professional development activities that builds the capacity of staff and volunteers to model and promote safe sleeping best-practice.

These Standards support SA Health staff and volunteers to effectively promote and model the six safe infant care practices which ensure a safe sleeping environment. It is expected that SA Health staff and volunteers will comply with these Standards unless medically indicated reasons state otherwise.

There are additional indicators that apply specifically for clinical SA Health staff ([Appendix 2](#)), Department for Child Protection ([Appendix 3](#)) and Department of Education Early Childhood Services ([Appendix 4](#)).

STANDARD 1

All staff will place well infants under 12 months on their back to sleep from birth, never on their front (tummy) or side, unless there are medically indicated reasons.

Indicators of best practice

To meet this Standard, all SA Health employees and volunteers will:

1. Describe to parents/caregivers with infants under 12 months of age how to place the infant on their back from birth for every sleep period (night and day).
 - > Feet at the foot of the cot.
 - > Appropriate bedclothes, swaddle or sleeping bag of the appropriate Thermal Overall Thickness (TOG) weight for the season to provide adequate warmth whilst avoiding overheating.
 - > With head and face uncovered at all times.
 - > With bedclothes tucked in securely so bedding is not loose, or in a sleeping bag which is the correct size for the infant with fitted neck and arm holes and no hood.
 - > Without quilts, doonas, duvets, pillows, cot bumpers, sheep skins, soft toys or any other soft item which could pose an asphyxiation risk.
 - > Provide parents/caregivers with evidence about the risks associated with side and front (tummy) sleep positions ([illustrated below](#)).
2. Provide parents/caregivers with advice about the importance of a firm sleeping surface and offer to view the infant's sleeping environment. SA Health employees and volunteers must approach families with respect and ensure cultural safety within all interactions.
3. Recognise and provide sleep and settling strategies that support parents/caregivers in ways that take into account the specific needs of the infant, family circumstances and culture.
4. Explain to parents/caregivers the importance of supervised tummy time when the infant is awake (i.e., to strengthen infant's neck muscles and prevent flattened spots/positional plagiocephaly).
5. Explain to parents/caregivers the dangers of positional aids, devices and rolls which are marketed to maintain sleep positions in the sleep environment (such devices could pose an asphyxiation risk).
6. Recognise when referrals, supports and information are necessary to better support the parent/caregiver and families to provide a safe sleeping environment for their infant.



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STANDARD 2

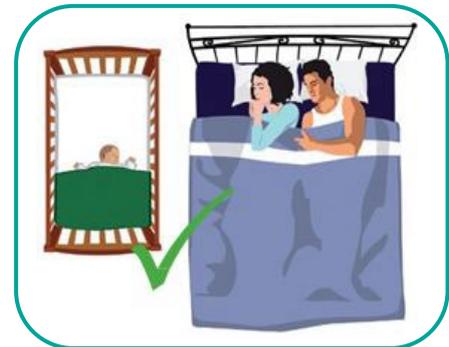
All staff will be fully informed about the risks of sharing the same sleep surface with an infant and promote the placing of infants for sleep in an Australian Standards compliant cot (AS/NZS 2172:2003)²⁴ in the same room as the parents for the first six to 12 months.

Indicators of best practice

To meet this Standard, all workers will:

1. Explain the risk factors that contribute to the deaths of infants, particularly the risks of sharing the same sleep surface with infants.
2. Describe to parents of infants aged under 12 months the benefits of room sharing (see [Definitions](#)).
3. Describe to parents the risks of sharing the same sleep surface with infants whilst still encouraging breastfeeding, bonding³² and closeness before returning the infant to their own cot beside the bed.

If parents/caregivers choose to share a sleep surface with the infant, the use of Red Nose's Information Statement's '[Is it safe to sleep with my Infant?](#)' or '[Co-Sleeping](#)' will be useful for parents/caregivers to reduce risks and minimise harm.



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4. Work in partnership with parents and caregivers to develop settling and sleep strategies that work best for the family or ensure a referral is made to Child and Family Health Service for support. Suggested strategies must take into account the family's social, cultural and life circumstances.
5. Link families with appropriate supports and resources, making referrals as necessary and documenting these in the client record.

Please review the [Definitions](#) of terms **Room Sharing (RECOMMENDED)** and **Sharing the Same Sleeping Surface (NOT RECOMMENDED)**.

STANDARD 3

All staff will consider the social, cultural and life circumstances of each family when promoting safe sleeping practices and ensure the information is provided in ways that are culturally accessible and can be easily understood by that family.

Indicators of best practice

To meet this Standard, all workers will:

1. Promote the safe infant care practices recommended by [Red Nose](#) in the format most appropriate for the individual family and caregiver.
2. Facilitate access to further evidence-based culturally appropriate information, services and resources related to safe infant sleeping, particularly for vulnerable clients such as young parents and families from Aboriginal and Torres Strait Islander and other diverse cultural communities.
[Red Nose](#) have a range of safe infant sleeping educational resources available in other languages.
3. Work in partnership with families to identify any specific resources, information and services that may be required to meet the unique needs of the infant or the family circumstances.
4. Make referrals as appropriate, particularly where there is reason to believe parents/caregivers are unable to understand the risks inherent in the sleep environment (e.g., due to language difficulties, intellectual disability or mental health issues).
5. When necessary, engage culturally appropriate supports, such as a person or service that has credibility with the family and is able to translate or convey the evidence-based safe infant care practices in the language or manner that is most suitable for that family ([Appendix 1](#)).
6. Document in the client record any risks identified and referrals made.

Need Translation Assistance?

- > [Translating and Interpreting Service](#) provides professional translating services 24 hours a day, 7 days a week. Phone 131 450 and quote your service's client number.
- > [Aboriginal Language Interpreting Services \(ALIS\)](#); provides interpreting services for a range of Aboriginal languages, including Pitjantjatjara, Yankunytjatjara, Arrernte (Eastern), Pintubi Luritja, Warlpiri, Alyawarre, Anmatyerre. Phone: 1800 280 203.

Please see [Appendix 1](#) for further information on available services for Aboriginal translation services and Culturally and Linguistically Diverse (CALD) communities.

STANDARD 4

All staff will ensure that expectant and new parents are made aware of the strong association between smoking and the increased risk of SIDS and are supported and referred to smoking cessation or reduction programs.

Indicators of best practice

To meet this Standard, all workers will:

1. Explain to expectant and new parents the harmful effects to the infant of smoking during pregnancy and second-hand smoke after birth.
2. Describe to families the importance of ensuring a smoke-free zone around pregnant women, infants and children to avoid them being exposed to tobacco smoke before and after birth.



This should include the entire household environment and vehicles and the use of e-cigarettes and alternative nicotine delivery systems (vaping).

3. Work in partnership with individuals to increase smoking disclosures and support them to stop or reduce smoking (e.g., the 5A's approach: Ask, Advise, Assess, Assist, Arrange).
4. Provide pregnant women who smoke with Quit SA resources and referral information as appropriate to assist them to cease or reduce smoking ([Appendix 1](#)).

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All community facilities will promote smoke-free displays and smoking cessation resources (e.g., antenatal and maternity outpatient clinics, postnatal wards, neonatal units, childcare centres, etc.).

All agencies will ensure educational messages relating to smoking are available to secondary care providers including childcare providers, grandparents, foster parents and babysitters.

STANDARD 5

All staff will provide parents, caregivers and families, with accurate information about a safe cot, with a safe mattress, safe bedding and in a safe environment.

Indicators of best practice

To meet this Standard, all workers will:

1. Describe the risks associated with a cot that does not comply with the Australian Standards for Household Cots (AS/NZS 2172:2003)²⁴, is in poor condition, broken or damaged with missing parts.
 - > The spacing between the bars may be too wide and trap a child's head, or too narrow and trap a child's arms or legs.
 - > Where the corner posts of the cot may be higher than the sides and ends creating a strangulation hazard if clothes get caught on any corner post.
 - > When the mattress does not fit snugly to within 20mm of the sides and ends, and when pillows, toys and other items are not removed to prevent asphyxiation.
2. Explain the *Australian Standards for Household Cots*²⁴ and the importance of positioning the cot away from blind cords and hazards.
3. Provide information about safe infant care practices and safe sleeping environments to parents and caregivers of infants under 12 months.
4. Consistently model safe sleeping environments in community and acute settings and respectfully offer to view environment, bed and bedding.
5. Link families with appropriate supports and resources if they are experiencing difficulty obtaining a cot. Make referrals as necessary and document this in client records ([Appendix 1](#)).

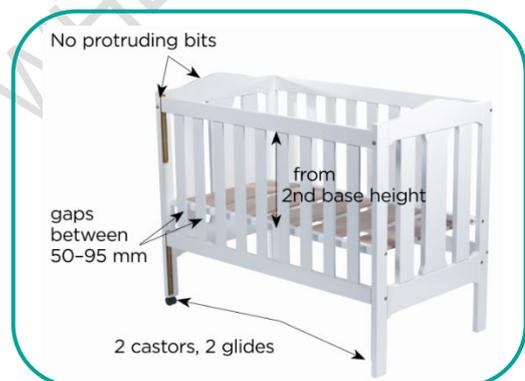


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Although the current definitions and classifications presented in this document refer to an age limit of up to 12 months and relate to the immediate sleeping environment (e.g., sleep positioning, cot), other items in or around the sleeping environment, such as blind cords or electrical cords, can pose a risk of strangulation for children of any age. These and other risks become more hazardous as infants become more mobile and capable of exploring their environment. For this reason, it is important that parents/caregivers continue to remain alert to risks in the sleeping environment throughout their child's developmental stages, which will need to be changed according to infant's developmental stage.

STANDARD 6

All staff will ensure that expectant and new parents are made aware of the benefits of breastfeeding as a protective factor in reducing the risk of SIDS and are later given support to breastfeed.

Indicators of best practice

To meet this Standard, all workers will:

1. Explain to expectant and new parents the benefits of initiating and establishing breastfeeding as a preferred feeding option for their infant after birth.
2. Provide pregnant women with information about breastfeeding and support services post birth to assist them to make an informed choice around methods of feeding. Provide advice to families who are unable or choose not to breastfeed, that the risks can still be reduced by following the other 5 safe infant sleeping standards.
3. Work in partnership with families to increase breastfeeding uptake and support them to initiate breastfeeding as soon after birth as possible.
4. Describe to families the benefits of breastfeeding on the infant and mother bonding relationship.
5. Explain to expectant and new mothers that several studies have demonstrated that infants who sleep in close proximity (on their own sleep surface) to their mothers have better outcomes relating to successful initiation and duration of breastfeeding.

All birthing hospitals and community facilities will promote breastfeeding and display information and resources to support expectant mothers and new mothers decision to initiate and establish breastfeeding including information on access to breastfeeding support (e.g., antenatal and maternity outpatient clinics, postnatal wards, neonatal units, childcare centres, etc.).

All agencies will ensure educational messages relating to breastfeeding as a preferred feeding option for infants is available to secondary care providers including day care and childcare providers, grandparents, foster parents and babysitters.

6. Compliance

The SA Health-wide compliance indicators for the Standards are set out below. These indicators are required to be met across all SA Health services and Attached Offices. Any instance of non-compliance with this policy should be reported to the Domain Custodian for Public Health Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

Indicator	Description
Mandatory Training	All SA Health, Local Health Networks and related agencies ensure staff orientation and clinical training and is facilitated that provides staff with education on how to inform parents, caregivers and families on safe infant sleeping practices.
Communication	All SA Health, Local Health Networks and related agencies ensure that the policy is communicated and is accessible to relevant staff.

7. Supporting information

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8. Definitions

- > **Co-sleeping:** Parent/Caregiver being asleep on the same sleep surface as the infant.
- > **Room-sharing:** The Infant sleeps in a cot or other separate sleeping surface in the same room as the parents.
- > **Sharing the same sleep space:** This includes the practices of bed-sharing and co-sleeping on the same sleep surface or space.
- > **Sudden and Unexpected Death in Infancy (SUDI):** The death of an infant between birth and 12 months of age, which is unexpected, sudden, and not anticipated due to any known pre-existing medical conditions¹⁵. SUDI is a research classification which includes both SIDS and fatal sleeping accidents.
- > **Sudden Infant Death Syndrome (SIDS):** A part of SUDI, SIDS is defined as the sudden unexpected death of an infant less than 1 year of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy, review of the circumstances of death and clinical history¹.
- > **Statewide services:** includes Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.
- > **Thermal Overall Grade (TOG):** TOG rating is a number which tells you how warm a garment will keep the infant. Higher TOG ratings keep infant warm, and lower TOG ratings keep infant cool.

9. Document ownership

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11. Appendices

1. Challenges to meeting best practice, evidence and resources
2. Additional best practice indicators specific to SA Health staff and volunteers
3. Additional best practice indicators specific to Department for Child Protection staff and volunteers
4. Additional best practice indicators specific to Department for Education – Early Childhood Services staff and volunteers.

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Appendix 1: Challenges to meeting best practice, evidence and resources

The following information has been developed to support staff and volunteers to ensure the Standards and indicators for best practice have been sufficiently discussed with parents and caregivers.

STANDARD 1: All staff will place well infants under 12 months on their back to sleep from birth, never on the front (tummy) or side, unless there are medically indicated reasons.

Challenges in meeting best-practice	Evidence supporting best practice	Resources and Services Available
<i>Parents and staff may hold personal views for not placing infants on their back, and may include:</i>	<i>All infants should be placed on their back to sleep.</i>	
<ul style="list-style-type: none"> > Concerns about infant aspirating after feeding and regurgitating. 	<p>Studies have demonstrated that even in healthy infants, respiratory rates, swallowing and arousal are each reduced in the prone (tummy) position compared to the supine (back) position. There is no evidence to support the elevation of the head of the cot for Gastro-oesophageal Reflux Disease (GORD)¹.</p>	<p><u>Child and Family Health Service (CaFHS)</u> the Parent Helpline can provide advice and support 24 hours a day 7 days a week. Ph: 1300 364 100.</p> <p><u>Parenting SA</u> provide information on sleep '<u>Parent Easy Guide – 'Sleep (Children 0-6)'</u>'.</p>
<ul style="list-style-type: none"> > Belief that the infant sleeps and settles better on their front (tummy) or side^{2,3}. > Difficulty settling and putting infant down to sleep. 	<p>Front (tummy) and side sleeping positions significantly increase the risk of SIDS, a finding supported by a large body of international studies^{Error! Bookmark not defined.,Error! Bookmark not defined.,Error! Bookmark not defined.,Error! Bookmark not defined.,Error! Bookmark not defined.}.</p> <p>All aids and devices intended to keep infants in a certain sleep position are not recommended as they do not prevent infants from rolling on to their tummies and limit the movements of the Infant as they get older.</p> <p>It is important for parents to understand infant sleep patterns and cycles to have realistic expectations and to be able to read their infants tired signs. Developmentally infants need to wake and feed around the clock initially and it is common for nearly 50% of infants to have sleep issues in the first 6-12 weeks.</p>	<p><u>Kidsafe SA</u> provide information on '<u>Safe Sleeping</u>' and '<u>Aboriginal families safe sleeping</u>'. Ph. 7089 8554.</p> <p><u>SIDS and Kids SA</u> are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line 8332 1066 or <u>education@sidssa.org.au</u>.</p> <p><u>Red Nose</u> Safe Sleep Advice 1300 998 698 <u>education@rednose.org.au</u>.</p> <p>Helping Your Infant to Sleep; by Anni Gethin & Beth McGregor (2007).</p> <p>Health Direct Helpline; 24/7 phone line for non-urgent health advice. Ph. 1800 022 222.</p>

<p>> Concerns about misshapen head shape (plagiocephaly).</p>	<p>Positional plagiocephaly is a flattened spot on the head that can develop if an infant lies with their head in one position for long periods of time.</p> <p>Studies⁴ have shown that there is no significant relationship between sleeping infants on their back and the development of deformational plagiocephaly; positional preference and infant care practices used by parents including the frequency of tummy time, played a greater role.</p> <p>Some of the ways to prevent positional plagiocephaly are:</p> <ul style="list-style-type: none"> > Always place an infant to sleep on the back. Alternate an infant's head position (left or right) when placed to sleep. > From birth offer Infant increasing amounts of time playing on the tummy while awake and watched by an adult. > If bottle feeding, alternate the holding position when feeding the infant. 	<p>Red Nose Information on Infant's Head Shape for strategies to reduce the risk of positional plagiocephaly and Tummy time.</p> <p>Raising Children Network information on Tummy time for Infants.</p> <p>The Royal Children's Hospital Melbourne information on Plagiocephaly – misshapen head.</p> <p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line 8332 1066 or education@sidssa.org.au.</p>
<p>> Inconsistent role modelling by staff conflicts with these recommendations.</p>	<p>Many infants in neonatal special care units are placed on their front or side for medical reasons. However, premature and low birth weight infants are placed on their backs as soon as their oxygen requirements allow and well before discharge, to ensure that the infant and parents are accustomed to the infant being placed on its back to sleep.</p>	
<p>> Observations on television or social media that suggest front or side sleeping of infants is safe.</p>	<p>It is sometimes implied during advertisements, television programs or social media that it is safe to place Infant on the tummy or side to sleep. The side sleeping position is unstable and therefore increases the risk of SIDS by two to four times, attributed mainly to the side position being relatively unstable, resulting in some infants rolling to the tummy position during sleep and asphyxiating. Positioning devices are also not recommended.</p> <p>It is important that families are not influenced by nurse trends seen through social media platforms. These spaces can be curated content developed by social medial influencer that focus on aesthetics rather than safe sleeping environments for infants⁵.</p>	<p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line 8332 1066 or education@sidssa.org.au.</p>

STANDARD 2: All staff will be fully informed about the risks of sharing the same sleep surface with an infant and promote the placing of infants for sleep in an Australian Standards compliant cot (AS/NZS 2172)**Error! Bookmark not defined.** in the same room as the parents for the first six to 12 months.

Challenges in meeting best-practice	Evidence supporting best practice	Support and resources
<p><i>Families may cite reasons for sharing the same sleep surface with infants in preference to room-sharing, and may include:</i></p>	<p><i>Infants are more at risk of SUDI and fatal sleeping accidents when adults share the same sleep surface with infants.</i></p>	
<ul style="list-style-type: none"> > Being too tired or exhausted to return infant to the cot after feeding. > Having trouble settling their Infant. > Falling asleep unintentionally on the couch. 	<p>It is not safe for anybody to unintentionally fall asleep with an infant on the same sleep surfaceError! Bookmark not defined. Placing an infant to sleep or falling asleep together with an infant on a bed, sofa or couch is extremely hazardous. There is a greatly elevated risk of infant death and sleeping accidents when an infant shares the same sleep surface (e.g., bed, sofa or couch) with an adult during sleep. The risks are increased when the parent or family member is under the influence of alcohol and/or other drugs or under the influence of medication that causes sleepiness, and they share the same sleep surface.</p> <p>Courts Administration Authority of South Australia: Coroner's Findings, Infant Safe Sleeping Practice (inquest number 6/2008).</p>	<p>Child and Family Health Service (CaFHS) Parent Helpline. Ph: 1300 364 100.</p> <p>Red Nose provides information on 'Is it Safe to Sleep with my Baby'.</p> <p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Ph: 8332 1066 or education@sidssa.org.au.</p>
<ul style="list-style-type: none"> > Frequent changes to infant routines and usual sleeping environments lead to difficulty settling. 	<p>When infants become unsettled and have trouble sleeping, parents may be tempted to share the same sleep surface with their infant. Parents will benefit from settling advice ideas, which can be found in the Sleep Parent Easy Guide.</p> <p>A bassinette or portacot which has been specifically designed as an infant sleeping environment can be used for daytime sleeps and moved from room to room or used when visiting or moving from one house to another.</p> <p>A portacot should only be used with the thin mattress which it comes with. No other mattress or padding should be added to the portacot. The mattress which the portacot comes with is designed to provide adequate comfort for the infant.</p> <p>Car seats, bouncinettes, hammocks, bean bags, pillows and sofas (armchairs, lounges, couches) are not designed as sleeping environments for infants and are not to be used for that purpose.</p>	<p>Kidsafe SA can provide advice on the use of portable/travel cots. Ph. 7089 8554.</p> <p>Parenting SA provide information on 'Sleep 0 to 6 years' - Parent Easy Guides.</p> <p>Child and Family Health Service (CaFHS) the Parent Helpline can provide advice and support 24 hours a day 7 days a week. Ph: 1300 364 100.</p> <p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Ph: 8332 1066 or education@sidssa.org.au.</p>

<ul style="list-style-type: none"> > Historically and culturally – adults sharing the same sleep surface with infants is considered normal. > Parents, particularly those for whom English is a second language, may not be aware of the risks of sharing the same sleep surface with infants. 	<p>Despite the practice of adults sharing a sleep surface with Infant being common in culturally diverse communities, Coronial inquests have determined that sharing the same sleep surface with infants is a risk to all infants including those from culturally diverse backgrounds.</p> <p>Although it may seem difficult, it is essential that staff provide all families with information about the risks of sharing the same sleep surface with infants and the benefits of room-sharing regardless of the family’s cultural background.</p> <p>Red Nose have safe sleep information and resources available in different languages.</p>	<p>Aboriginal Maternal Infant Care (AMIC) Workers provide Aboriginal Women with continuity of care for antenatal, birthing and postnatal services. They can be contacted through:</p> <ul style="list-style-type: none"> > Women’s and Children’s Hospital. Ph: 8161 7000 > Lyell McEwin Hospital – Birthing & Assessment Unit. Ph: 8182 9326 > Northern Area Midwifery Group Practice. Ph: 8252 3711 > Nunkuwarrin Yunti. Ph: 8406 1600 <p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line 8332 1066 or education@sidssa.org.au.</p>
<ul style="list-style-type: none"> > Lack of funds to purchase a cot. > Unable to access a cot. > No room for a cot in the parents’ bedroom. > Lack of stable housing. > Overcrowding, with many children sharing the same bed. > Access to sleeping pods for vulnerable communities. 	<p>All families, particularly those from diverse backgrounds, need to be aware that the risks of sharing the same sleep surface with infants under 12 months are increased when protective factors such as a firm mattress or mat on the floor are substituted with softer sleeping surfaces.</p> <p>All parents also need to be particularly aware of the risks of sharing the same sleep surface with infants and smoking. Where possible:</p> <ul style="list-style-type: none"> o Ask the parents or caregivers about the infant’s sleep environment at home. o If the caregiver consents and if home visiting takes place, take a look at the infant’s sleeping place. o Whether it is obvious that sharing the same sleep surface with an infant is occurring or not - discuss the risks of sharing the same sleep surface and the benefits of room sharing (including breastfeeding). o Note the discussion in the case notes and ensure relevant supports and services have been engaged. <p>Maternal awareness of the risk factors associated with SIDS and fatal sleeping incidents is likely to be lower where English is a second language or health literacy is low.</p>	<p>Kidsafe SA can provide information and access for sleeping boxes. Ph. 7089 8554.</p> <p>Australian Refugee Association provides assistance with community and cultural orientation and emergency financial and material assistance. Ph: 8354 2951.</p> <p>Migrant Resource Centre provides help with settlement, family counselling, financial support and emergency relief. Ph: 8217 9510.</p> <p>Translating & Interpreting Service provides 24/7 translating services. Ph: 131 450.</p> <p>Red Nose provides extensive information and support about Safe infant sleeping practices that are also available in many different languages.</p> <p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line 8332 1066 or education@sidssa.org.au.</p>

	<p>If parent/caregiver use sharing the same sleep surface with infants as a means for settling their child before sleep, work in partnership with them to identify other settling strategies which enable them to return the infant to their own sleep surface or contact the CaFHS Parent Helpline to seek assistance.</p> <p>There is emerging evidence in the use of sleeping pods for Aboriginal and Torres Strait Islander communities. We encourage SA Health staff to contact the local Aboriginal Maternal Infant Care Workers to enquire if sleeping pods have been implemented within your facility.</p>	<p><u>Child and Family Health Service (CaFHS)</u> Parent Helpline. Ph: 1300 364 100.</p> <p><u>Treasure Boxes</u> is a non-profit organisation that can provide vital essentials to Infants, children and teens living in disadvantage. Ph. 0402 814 818.</p> <p><u>Centacare</u> A catholic family service that can provide financial and religious support. Ph. 8215 6700.</p> <p><u>Birthline Pregnancy Support</u> can provide donated Infant goods. Ph 8331 1223 or 1300 655 156.</p> <p>Aboriginal Maternal Infant Care (AMIC) Workers can be contacted through:</p> <ul style="list-style-type: none"> > Women’s and Children’s Hospital. Ph: 8161 7000 > Lyell McEwin Hospital – Birthing & Assessment Unit. Ph: 8182 9326 > Northern Area Midwifery Group Practice. Ph: 8252 3711 > Nunkuwarrin Yunti. Ph: 8406 1600
<p>> Parents being concerned about not being able to respond to Infant quickly enough during the night.</p>	<p>Research has shown that sleeping an infant in the same room, but not in the same bed, with the parents for the first 6-12 months is protective. This is thought to be because parents/caregivers can see the infant and easily check to see that infant is safe¹⁶.</p> <p>Studies have shown that when a caregiver sleeps in the same room but does not the share the same sleep surface with their infant, the chance of the Infant dying suddenly and unexpectedly is reduced by up to 50%.</p> <p>If an infant is sleeping in a separate room, parents are not expected to observe their infant constantly, but they should check the infant regularly to ensure that the infant remains on their back, and the head and face remain uncovered. As the infant grows beyond 5–6 months, they move around the cot and roll over. Once infant over 6 months of age and rolling, they can be left to find their own position of comfort for sleep.</p> <p>Room-sharing facilitates a rapid response to a Infant’s needs, more convenient settling and comforting of infants, and closer mother-infant contact and communication.</p>	<p>Courts Administration Authority of South Australia <u>Coroner’s Findings, Infant Safe Sleeping Practice (inquest number 6/2008)</u>.</p> <p><u>Red Nose</u> provides information on <u>‘Room Sharing’</u>.</p> <p><u>SIDS and Kids SA</u> are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line 8332 1066 or <u>education@sidssa.org.au</u>.</p>

STANDARD 3: All staff will consider the social, cultural and life circumstances of each family when promoting safe sleeping practices and ensure the information is provided in ways that are culturally accessible and can be easily understood by that family.

Challenges in meeting best-practice	Evidence supporting best practice	Support and resources
<p><i>Staff may miss opportunities for not providing information in culturally accessible and appropriate ways including:</i></p>	<p><i>Families need information to be provided in ways that assist them to make decisions and exercise greater control over their health and wellbeing.</i></p>	
<ul style="list-style-type: none"> > Assumptions of family literacy levels. > Over reliance on written health information and resources. 	<p>Information provided to families assumes more than a basic level of health literacy. Prenatally and post-birth, families are exposed to an enormous amount of information from social media, marketing, ‘bounty bags’, nurses, doctors and family members. Parents and caregivers are more likely to act on and understand information about safe infant sleeping when this information is provided verbally from a health professional.</p> <p>It is essential that staff work in partnership with families and provide information in ways that assist families to understand and implement safe infant care practices. Families should be encouraged to ask questions and critically consider information.</p>	<p>Red Nose provide resources and education on safe sleeping practices in a number of different languages.</p> <p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line Ph: 8332 1066 or education@sidssa.org.au.</p> <p>Kidsafe SA can provide advice and support for family literacy levels. Ph. 7089 8554.</p>
<ul style="list-style-type: none"> > Time taken to communicate effectively and respectfully. > Lack of knowledge about where to access culturally appropriate information and support. > Difficulties engaging with client relatives and kin. 	<p>The time taken to communicate safe sleeping messages to families can significantly improve parents’ capacity to provide a safe sleeping environment for their infant and reduce risks. Failure to communicate or the provision of inconsistent, wrong or misleading information, significantly impairs parental capacity to problem solve and make critical decisions around achieving recommended safe sleeping practices.</p> <p>Health information should be provided in the most appropriate language and format for those that may have some difficulty understanding and relating to health issues. Translating written health information may exclude those who are illiterate or have exceptionally low literacy levels, regardless of the language used⁶.</p>	<p>Aboriginal Maternal Infant Care (AMIC) Workers provide Aboriginal Women with continuity of care for antenatal, birthing and postnatal services. They can be contacted through:</p> <ul style="list-style-type: none"> > Women’s and Children’s Hospital. Ph: 8161 7000 > Lyell McEwin Hospital – Birthing & Assessment Unit. Ph: 8182 9326 > Northern Area Midwifery Group Practice. Ph: 8252 3711 > Nunkuwarrin Yunti. Ph: 8406 1600 <p>Kidsafe SA can provide advice and support for cultural appropriateness. Ph. 7089 8554.</p>

	<p>Despite the difficulties that communication exchanges might present, it is very important that staff call on people who have credibility with the family or are able to effectively convey the messages and their importance. This may involve seeking people out who are able to help translate the information into the language or in a manner that is suitable and has meaning for the family. By doing this staff can ensure:</p> <ul style="list-style-type: none"> > knowledge and understanding of safe sleeping messages by families is improved, > families have greater commitment and confidence to problem solve and overcome the barriers to implementing the safe infant care practices at home, and > they have a greater awareness of families' needs and preferences. <p>Many agencies now have Culturally and Linguistically Diverse (CALD) workers and Aboriginal Health or Liaison workers. Staff should familiarise themselves with these supports and call on them as needed.</p>	<p><u>Australian Refugee Association</u> provides assistance with community/cultural orientation and emergency resource assistance. Ph: 8354 2951.</p> <p><u>Migrant Resource Centre</u> provides help with settlement, family counselling, financial support and emergency relief. Ph: 8217 9510.</p> <p><u>Translating & Interpreting Service</u> provides 24/7 translating services. Ph: 131 450.</p> <p><u>SIDS and Kids SA</u> are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line 8332 1066 or <u>education@sidssa.org.au</u>.</p> <p><u>Red Nose</u> have safe sleep information and resources available in different languages.</p>
<ul style="list-style-type: none"> > Parents/caregivers experience difficulty to implement safe infant care practices due to: <ul style="list-style-type: none"> - depression/anxiety - Stress/confidence - drug/alcohol use - domestic violence - young parents 	<p>It is important for SA Health employees and volunteers to recognise the challenges that may be contributing to a parents/caregivers capacity to safely care for their infant, themselves and other family members.</p> <p>Appropriate referrals and counselling services should be recommended, whilst also encouraging parents/caregivers to seek support from their General Practitioner.</p> <p>Assessment and screening tools should be administered, or families referred appropriately, if SA Health staff identify any safety concerns. It is critical to support infants and their families build a holistic understanding of the family's situation and possible areas for intervention or further evaluation. CaFHS are able to assist with administering the Collaborative Care Screening Tools as necessary.</p>	<p><u>Child and Family Health Service (CaFHS)</u> Parent Helpline. Ph: 1300 364 100.</p> <p><u>Beyond Blue</u> provides support for individuals to improve their mental health. Ph: 1300 224 636.</p> <p><u>Elm Place Domestic Violence and Aboriginal Family Violence Gateway</u> provides support for Aboriginal and Torres Strait Islander families. Ph: 1300 782 200.</p> <p><u>Women's Safety Services SA</u> provides advice support to women experience domestic violence. Ph: 1800 800 098 (24/7 Crisis Line) 1800 737 732 (Confidential Counselling).</p> <p><u>MensLine Australia</u> provides counselling for men's mental health and wellbeing. Ph: 1300 789 978.</p> <p><u>PANDA</u> supports the mental health of parents and families. Ph: 1300 726 306.</p> <p><u>Drugs and Alcohol Services South Australia</u> provides confidential counselling and referral service for individuals and families. Ph: 1300 131 340.</p>

STANDARD 4: All staff will ensure that expectant and new parents are made aware of the strong association between smoking and the increased risk of fatal infant sleeping incidents and are supported and referred to smoking cessation or reduction programs.

Challenges in meeting best-practice	Evidence supporting best practice	Support and resources
<i>Expectant and new parents may not disclose their smoking status for a number of reasons</i>	<i>Infants of mothers who smoke or who are exposed to second-hand smoke are more likely to be stillborn, born prematurely and of low birth weight and suffer perinatal death.</i>	
<ul style="list-style-type: none"> > Families and caregivers may underestimate the effects of smoking on infants and children. > Families and caregivers are under-informed about the risks between smoking, infants and fatal sleeping incidents. 	<p>Infants of mothers who smoke during pregnancy and infants that are exposed to passive smoke, are twice as likely to be stillborn, born prematurely and of low birth weight and suffer perinatal death^{Error! Bookmark not defined.,Error! Bookmark not defined.,78,9,11}.</p> <p>Smoke in the environment has proven to impact infants and children by contributing towards increased rates of SIDS, respiratory infections and conditions including croup, bronchitis, pneumonia, ear infections, learning difficulties, behavioural problems and increased likelihood of asthma^{10,11}.</p> <p>Infants and children are more likely to be exposed to smoke in the home, and include exposure to second-hand smoke (passive), third-hand smoke (in dust/on surfaces) and from bacterial or viral infections from parents/caregivers who smoke¹¹.</p> <p>Smoke exposure also includes the use of electronic cigarettes and alternative nicotine delivery systems such vapes¹².</p>	<p>Be Smoke Free provides information and support about quitting smoking.</p> <p>Aboriginal Quitline provides a culturally safe service for Aboriginal people, run by Aboriginal people. Ph: 13 78 48 and request to speak with an Aboriginal counsellor.</p> <p>Quitline provides confidential, evidence-based telephone counselling services to help people stop smoking. Ph: 13 78 48</p> <p>Red Nose provide information on 'Smoke Free Environments' and 'Smoking and Breastfeeding'.</p> <p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line 8332 1066 or education@sidssa.org.au.</p>
<ul style="list-style-type: none"> > They are unaware of the opportunity pregnancy presents to quit smoking. 	<p>Pregnancy provides a unique window of opportunity to minimise smoking rates and increase the health and wellbeing of families. More women cease smoking in pregnancy than at any other time in life. One quarter of Australian women who are smokers when they become pregnant stop smoking. Most of the women who quit smoking spontaneously upon becoming pregnant have a non-smoking partner, are supported to quit, or have stronger beliefs about the dangers of smoking than do those who do not quit^{35,36}.</p>	<p>Be Smoke Free provides information and support about quitting smoking.</p> <p>My QuitBuddy provides helpful tips and distractions to overcome the challenges to quit smoking. Download the app!</p> <p>Quitline Ph: 13 78 48</p>

STANDARD 5: All staff will provide parents/caregivers and families with accurate information about a safe cot, with a safe mattress, safe bedding and in a safe environment.

Challenges in meeting best-practice	Evidence supporting best practice	Support and resources
<p>Parents and staff have reasons for not implementing safe sleeping environments including:</p>	<p>A safe sleeping environment is one where all potential dangers have been removed and the infant is sleeping in a safe place.</p>	
<ul style="list-style-type: none"> > Belief that infant sleeps better with teddy bears and soft toys, a pillow or doona. > Belief that cot bumpers protect infant's head. 	<p>One of the key barriers for implementing safe infant care practices is perceptions of infant comfort, and beliefs that infants sleep better with a teddy or a pillow. It is critical that parents/caregivers are provided with evidence-based advice and ensure infant sleeps alone in the cot for the first 12 months^{Error! Bookmark not defined.}.</p> <p>Research has found that parents who have the opportunity to work in partnership with health professionals to problem solve comfort issues for their infant are more likely to adopt safe infant care practices¹³.</p> <p>Providing information in ways that allow parents to gain an understanding of the evidence that supports safe infant care practices, particularly those relating to the risks of asphyxiation and overheating due to soft toys, bumpers, pillows and doonas is essential.</p>	<p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line Ph: 8332 1066 or education@sidssa.org.au.</p> <p>Red Nose provides advice 'What is a safe sleeping environment for your Infant?'. Ph: 1300 998 698</p> <p>Kidsafe SA provides advice on the cot standards and safe sleeping environments. Ph: 7089 8554</p> <p>Child and Family Health Service (CaFHS) the Parent Helpline can provide advice and guidance around appropriate infant bedding and wrapping. Ph: 1300 364 100.</p>
<ul style="list-style-type: none"> > Parental concerns about infant not being warm enough lead to over dressing and overheating. 	<p>Infants regulate their temperature through the head, particularly the face. In a heavily wrapped infant, 85% total heat loss is through the face. If this normal method of heat loss is restricted by bedding covering the face, a bonnet or tummy sleeping (partial face covered by mattress/bedding), there is the propensity for thermal stress to occur (overheating)³⁷.</p>	<p>SIDS and Kids SA are available for support, information and advice on all infant safe sleep related issues. Safe Sleep Information Line Ph: 8332 1066 or education@sidssa.org.au.</p> <p>Red Nose provides information on 'What is a safe room temperature for sleeping Infant?' and 'How much bedding does Infant need?'.</p> <p>Parenting SA provide information on sleep 'Parent Easy Guide – 'Sleep (Children 0-6)''. Ph. 1300 364 100</p> <p>Health Direct Helpline 24/7 phone line for non-urgent health advice. Ph. 1800 022 222.</p>

<ul style="list-style-type: none"> > Lack of knowledge about Australian Standards safe infant and nursery products. > Relatives and friends give bumpers and pillows as gifts or heirlooms. 	<p>A safe cot is one that meets the Australian Standard for cots. All new and second- hand cots sold in Australia must meet the Australian Standard for Household Cots (AS/NZ 2172:2003)^{Error! Bookmark not defined.} and will carry a label verifying this. Portable cots sold in Australia must meet the Australian Standard AS/NZS 2195:1999 for portable/folding cots¹³.</p> <p>It is important for SA Health employees and volunteers to recognise the challenges that may be contributing to a parents/caregivers capacity to safely care for their infant, themselves and other family members.</p> <p>Unsafe cots and bedding; whether given as a well-meaning gift at a baby shower or passed down through the family, pose risks to infants. These should be for display only and not used where the infant sleeps.</p> <p>Parents/caregivers should feel empowered and supported to express their safety concerns and highlight the risks to friends and relatives.</p>	<p><u>Kidsafe SA</u> is devoted to the prevention of unintentional death and injuries to children and can provide information for safe infant sleeping practices. Ph. 7089 8554.</p> <p><u>The Australian Competition and Consumer Commission (ACCC) Product Safety Australia</u> has developed the '<u>Find out More: Keeping Infant Safe</u>', guide to infant and nursery products.</p> <p><u>Kidsafe SA</u> is devoted to the prevention of unintentional death and injuries to children and can provide information for safe infant sleeping practices. Ph. 7089 8554.</p>
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Appendix 2: Additional best practice indicators specific to SA Health staff and volunteers

These additional recommendations are related towards the care of an infant within the hospital settings.

STANDARD 1: All staff will place well infants under 12 months on their back to sleep from birth, never on the front (tummy) or side, unless there are medically indicated reasons.

To meet this Standard, all health workers will:

1. Provide parents and caregivers with information on how to position infants safely in the cot and an explanation of the risks associated with side and front (tummy) positioning.
2. Provide sleep and settling strategies that support parents and caregivers in ways that take into account the specific needs of the infant and the family circumstances.
3. Demonstrate the practice of placing all infants, including those with gastroesophageal reflux, on their back to sleep on a firm, flat mattress that is not elevated.
4. Provide parents and caregivers with strategies to manage gastroesophageal reflux effectively without placing the infant at risk.
5. Demonstrate the practice in neonatal units of placing premature and low birth weight infants on their backs as soon as their oxygen requirements allow and well before discharge.
6. Demonstrate, where a medical directive exists that requires the infant is not placed on their back to sleep in a health facility, that information is provided to parents or caregivers prior to discharge about the importance of placing Infant on their back once home.

STANDARD 2: All staff will be fully informed about the risks of sharing the same sleep surface with an infant and promote the placing of infants for sleep in an Australian Standards compliant cot (AS/NZS 2172:2003) in the same room as the parents for the first six to 12 months.

To meet this Standard, all health workers will:

1. Work in partnership with parents and caregivers to identify settling and sleep strategies which take into account the families' social, cultural and life circumstances.
2. Demonstrate that the birthing and postnatal facilities where they work, model the placing of cots by the mother's bed (away from blind cords) and promote the return of infants to their cot after feeding and before parents fall asleep.
3. Demonstrate that discharge planning, in particular from postnatal or neonatal care units, takes into account risk factors (infant characteristics, parental capacity and environment) and ensures accurate information is provided and appropriate referrals are made in response to these.
4. Demonstrate that discharge planning, in particular from postnatal or neonatal care units, includes information for parents about the risks of sharing the same sleep surface with infants and the benefits of room sharing.

Standard 3: All staff will consider the social, cultural and life circumstances of each family when promoting safe sleeping practices and ensure the information is provided in ways that are culturally accessible and can be easily understood by that family.

To meet this Standard, all health workers will:

1. Specifically discuss the six safe infant care practices and intended infant sleeping environment with families prior to discharge.
2. Discuss safe infant care practices and proposed sleeping arrangements with families on their return home and work in partnership with them to address any barriers to implementing safe infant care

practices at home through the provision of culturally appropriate referrals, information and services based on the specific needs of the infant and the family.

Standard 4: All staff will ensure that expectant and new parents are made aware of the strong association between smoking and the increased risk of fatal infant sleeping incidents and are supported and referred to smoking cessation or reduction programs.

To meet this Standard, all health workers will work in partnership with parents/caregivers to ensure that they are aware of the increased risk of SIDS associated with smoking and support them to engage with programs to address their smoking behaviour.

Standard 5: All staff will provide parents/caregivers and families with accurate information about a safe cot, with a safe mattress, safe bedding and in a safe environment.

To meet this Standard, all health workers will:

1. Provide information and appropriate referrals to parents and caregivers at each point on the care continuum – from the first antenatal contact until the end of infancy.
2. Document information about discharge preparation and referrals to support safe infant sleeping on clinical care pathways and medical and nursing records for both parent and child.
3. Work in partnership with families to identify their reasons for being unable to provide a safe sleeping environment for their infant. These reasons could include cots given as family heirloom, financial constraints, high levels of transience, inadequate housing or other reasons.
4. Engage supports and referrals as appropriate.

Standard 6: All staff will ensure that expectant and new parents are made aware of the benefits of breastfeeding as a protective factor in reducing the risk of SIDS and are later given support to breastfeed.

To meet this Standard, all health workers will:

1. Provide information and appropriate referrals to parents and caregivers at each point on the care continuum – from the first antenatal contact until the end of infancy.
2. Document information about discharge preparation and referrals to support breastfeeding on clinical care pathways and medical and nursing records for the mother.
3. Work in partnership with expectant and new mothers to identify their reasons for being unable to initiate breastfeeding for their infant.
4. Engage supports and referrals as appropriate.

Appendix 3: Additional best practice indicators specific to Department for Child Protection staff and volunteers

The role of the Department for Child Protection (DCP) is to provide assessment, education and support to parents and carers aimed at preventing sudden and unexpected infant death. All staff have a duty of care which extends beyond the individual child and includes other family members.

Where the parenting environment has been assessed as being unsafe, DCP may take action to secure the care and protection of an infant under the *Children and Young People (Safety) Act 2017*. DCP workers, foster carers, relative/kinship carers and contracted out of home care service provider staff must adhere to the relevant policies, procedures and practices.

STANDARD 1: All staff will place well infants under 12 months on their back to sleep from birth, never on the front (tummy) or side, unless there are medically indicated reasons.

To meet this Standard, all DCP staff and carers will:

1. Ensure foster carers, relative/kinship carers and out of home care service providers who care for infants are informed about and implement safe sleeping practices for infants under 12 months.
2. Ensure foster carers, relative/kinship carers and out of home care service providers staff who care for infants, must seek advice from medical staff about positioning infants safely where a medical directive exists that requires the infant not to be placed on their back to sleep.

STANDARD 2: All staff will be fully informed about the risks of sharing the same sleep surface with an infant and promote the placing of infants for sleep in an Australian Standards compliant cot (AS/NZS 2172:2003) in the same room as the parents for the first six to 12 months.

To meet this Standard, all DCP staff and carers will:

1. When investigating a notification, DCP staff must sight the infant, view the infants sleeping environment and discuss the sleeping arrangements with the infant's parents/caregivers. This is undertaken as part of the child protection assessment process, or it can be incorporated into an already existing assessment process (e.g. drug and alcohol assessment) which should explore how parents/caregivers who use drugs and/or alcohol will mitigate any safe sleeping risks.
2. Demonstrate safe sleeping techniques to support parents/caregivers understanding of the importance of providing safe sleeping environments to their infants.

Standard 3: All staff will consider the social, cultural and life circumstances of each family when promoting safe sleeping practices and ensure the information is provided in ways that are culturally accessible and can be easily understood by that family.

To meet this Standard, all DCP staff and carers will:

1. Recognise that families who are disadvantaged and marginalised may be harder to reach using traditional public health education strategies and therefore require more direct intervention to ensure that safe sleeping strategies are understood and implemented.
2. Promote safe sleeping depending on the family's circumstances (and unless it is not required due to good practices already being in place) including recommending that parents/caregivers do not share the same sleep surface with their infant due to risks associated with substance abuse, overlaying by another person and suffocation from pillows and blankets.
3. Consult the Principal Aboriginal Consultant to ensure engagement with Aboriginal and Torres Strait Islander families/carers/kin/community is supported in a culturally appropriate manner.
4. Consult with other relevant cultural consultants to ensure engagement with families/carers/kin/community is supported in a culturally appropriate manner for those people from culturally and linguistically diverse backgrounds.

5. Document in the investigation notes on C3MS what safe sleeping promotion was undertaken with the parents/caregivers, or why safe sleeping promotion was not required (i.e. the parents/caregivers were already practicing safe sleeping strategies).

Standard 4: All staff will ensure that expectant and new parents are made aware of the strong association between smoking and the increased risk of fatal infant sleeping incidents and are supported and referred to smoking cessation or reduction programs.

To meet this Standard, all DCP staff and carers will work in partnership with parents/caregivers to ensure that they are aware of the increased risk of SIDS associated with smoking and support them to engage with programs to address their smoking behaviour.

Standard 5: All staff will provide parents/caregivers and families with accurate information about a safe cot, with a safe mattress, safe bedding and in a safe environment.

To meet this Standard, all DCP staff and carers will:

1. Work in partnership with families to identify the reasons for this, such as financial constraints, high levels of transience, inadequate housing or other reasons. There could be many reasons why parents/caregivers and families do not have safe cots or goods to provide a safe sleeping environment for their infants and this should be understood with compassion.
2. Consider integrated practice with the DCP Financial Counsellor to assess the family's financial difficulties/needs and assist the family to obtain safe cots, Infant sleeping bags or bedding.
3. Document what safe sleeping promotion was undertaken with the parent/caregiver.
4. Document the parents/caregivers willingness and capacity to meet the needs of the infant as part of the overall assessment of risk to the infant.

Standard 6: All staff will ensure that expectant and new parents are made aware of the benefits of breastfeeding as a protective factor in reducing the risk of SIDS and are later given support to breastfeed.

To meet this Standard, all DPC staff and carers will:

1. Work in partnership with parents/caregivers to ensure that they are aware of the benefits of breastfeeding.
2. Engage supports and referrals as appropriate.

Appendix 4: Additional best practice indicators specific to Department for Education – Early Childhood Services staff and volunteers

It is important to acknowledge the critical role early childhood workers play in promoting and modelling safe sleeping practices and environments to families with infants. Department for Education staff are to ensure compliance with the [Safe sleeping and resting for infants and young children procedure](#).

The South Australian Safe Sleeping Standards have important implications for both Childcare Centres and Family Day Care workers in relation to the onus they place on staff and family day care providers to model and promote accurate information to parents about:

- > placing infants under 12 months of age in an Australian Standards compliant cot, away from blind cords, with appropriate supervision and lighting,
- > sleeping infants on their back, the effects of smoking and the risks of sharing the same sleep surface, and conveying this in a way that parents/caregivers of infants in their care can understand, and
- > supporting mothers to maintain breastfeeding.

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