

NZCOM CONSENSUS STATEMENT

Safe Sleeping for baby

This consensus statement was ratified at NZCOM AGM 2010

The NZCOM supports the following recommendations to ensure every New Zealand baby has a safe sleep, in every place, at every sleep. The College supports the current public health messages about safe sleeping and considers that midwives have a key role in informing mothers/ families/ whanau about the following recommendations.

Recommendations

Midwives should advise women/ partners/whanau to ensure all of the following:

- **Position:** place baby to sleep lying face up (on their back)
- **Airway:** ensure baby's face is clear and will stay clear throughout the period of sleep
- **Development:** ensure baby is smokefree both during pregnancy and after birth
- **Environment:** place baby to sleep in their own safe space, preferably one designed for babies such as a cot, bassinet, wahakura or other types of 'baby bed'.
- **Closeness:** have baby in the same room as a parent (when the parent is also sleeping) until the baby is at least six months old.
- **Nutrition:** exclusively breastfeed baby
- **Watchful:** check for potential hazards (what might change) in a baby's sleeping environment

Face-up + face clear + smokefree

Face-up position protects arousal in babies during a critical stage of development,

Face clear protects from asphyxia in the sleeping environment,

Smokefree reduces vulnerability.

Further practice advice for the newborn period:

- Ensuring skin to skin contact at birth (within safety guidelines). Placing an unsettled baby next to mother or skin to skin is an option if the woman is alert and orientated.
- Assess vulnerability of babies, women and situations when considering settling a baby with the mother. Avoid having a baby in bed with the woman in hospital and /or at home if she has:
 - had a long labour;
 - had a general anaesthetic;
 - been given drugs that cause drowsiness;
 - is excessively tired and cannot respond to her baby;
 - is obese

- is under the influence of tobacco, drugs and/ or alcohol.

Avoid having a baby in bed if the baby:

- has been exposed to any smoking in pregnancy
- is premature or of low birthweight
- is formula fed
- is unwell

Support breastfeeding

When a woman is tired and breastfeeding her baby in bed, reinforce to the woman and her family/ whanau that:

- someone needs to remain with a woman to assist her
- the baby needs to be put back to his/ her own sleeping space following a breastfeed with the help of partner/ family
- breastfeeding in a single hospital bed may not be ideal. Clip on cots may assist this.

Promote a smokefree start

Encourage women/ whanau who continue to smoke to use nicotine replacement products during pregnancy and a babies' first years and refer them to a smoking cessation service.

References

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<http://www.changeforourchildren.co.nz/files/docs/safe%20sleep%20dle.pdf>. Retrieved April 2010

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RCM (2000) "Babies and infants bed sharing" in Midwifery Practice in the Postnatal Period. Recommendations for practice. RCM. London

RCM (2004) Bedsharing and co-sleeping. Guidance Paper

RCM (2004) Bedsharing and co-sleeping Position Statement

UNICEF UK BFI sample policy (October 2003)

www.babyfriendly.org.uk/pdfs/bedsharingpolicy.pdf

www.babyfriendly.org.uk/parents/sharingbed.asp

Child and Youth Mortality Review Committee

www.cymrc.health.govt.nz/moh.nsf/pagescm

National Office Maori SIDS

maorisida@auckland.ac.nz

Education for Change

www.efc.co.nz

Preventing Sudden Unexpected Death in Infancy (**SUDI**). Information for parents and caregivers. (2008)

www.cymrc.health.govt.nz/moh.nsf

Change for our children. Resources 2009

www.changeforourchildren.co.nz/publications/2009

The purpose of New Zealand College of Midwives Consensus Statements is to provide women, midwives and the maternity services with the profession's position on any given situation. The guidelines are designed to educate and support best practice.

All position statements are regularly reviewed and updated in line with evidence-based practice.