

Safe sleep for your baby - reduce the risk of cot death



Key Points

- ✓ Always place your baby on their back to sleep, both night and day.
- ✓ Keep your baby smoke free during pregnancy and after birth.
- ✓ The safest place for your baby to sleep at night is in a cot in your room.
- ✓ Place your baby with their feet to the foot of the cot.
- ✓ Make sure your baby's head and face stays uncovered when asleep.
- ✓ Keep the cot free of soft objects and anything loose or fluffy.
- ✓ Breastfeed your baby, if possible.
- ✗ Don't smoke during pregnancy.
- ✗ Don't smoke or allow anyone to smoke in the home or in the car.
- ✗ Never fall asleep in bed with your baby if you or your partner smoke.
- ✗ Never share a bed with your baby when you have recently taken alcohol or drugs (including medication that may make you drowsy).
- ✗ It is not safe to bed share in the first 3 months, particularly if your baby was born prematurely or had a low birth weight.
- ✗ Never fall asleep with your baby on a sofa or an armchair.
- ✗ Don't let your baby get too hot.

Share this information with everyone who looks after your baby.

What is cot death?

Cot death is another name for **Sudden Infant Death Syndrome (SIDS)**. It is the sudden and unexpected death of a seemingly healthy baby during sleep. No cause of death can be found, even after a post-mortem examination.

However, cot death does not only happen in a cot. It may happen in a pram, bed, car seat, baby seat or anywhere a baby is sleeping. A seemingly healthy baby is put down to sleep and when next checked they are found dead. There has been no sound or sign of a struggle.

Cot death is:

- sudden and unpredictable
- a recognised medical disorder
- one of the main causes of death in babies aged between 1 month and 1 year of age
- most common between 2 and 4 months of age (although it can happen to older babies)
- more common in boys than girls
- only diagnosed when all other causes of death are ruled out
- not caused by immunisations
- not caused by vomiting or choking
- not suffocation

Because we do not know what causes cot death, we cannot completely prevent it. But research has shown that you can take steps to significantly reduce the risk of cot death.

If you follow the advice in this booklet you will help reduce your baby's risk as much as possible.

Please share this information with everyone who looks after your baby. This includes your family, friends, child-minder, crèche and babysitter.

Back to sleep

Always place your baby on their back to sleep, night and day.

Babies who sleep on their tummies have a higher risk of cot death.

Always place your baby to sleep on their back, both night and day.

This does not increase the risk of choking if they vomit.



If a baby vomits or spits up while sleeping on their back, gravity will allow the vomit to go back down the oesophagus.

This is because the oesophagus is underneath the trachea.



When babies are sleeping on their tummy any vomit will pool at the opening of the trachea instead of going back down the oesophagus.

This pooling makes it easier for the baby to choke.

It is not safe to place your baby on their side to sleep because they may roll onto their tummy.

When your baby is older, and able to roll from back to front and back again, let them find their own position to sleep. However, you should still place them on their back at the start of sleep time.

Make sure everyone who looks after your baby uses the back to sleep position.



Do not smoke during pregnancy

If you smoke during pregnancy your baby is more likely to be born prematurely or have low birth weight. Smoking during pregnancy, or being around people who are smoking, greatly increases your baby's risk of cot death. Your baby's risk of cot death goes up with every cigarette you smoke and with every smoker in your home.



Stop smoking for good

Having a baby can be wonderful motivation for quitting

Stopping smoking when you are pregnant, and staying quit after your baby is born, is one of the most important things you can do for your baby's health and for your health.

Smoking is highly addictive and many people find it difficult to quit. Preparing to quit and setting a date to quit is the most successful way of quitting.

Help is at hand

You are twice as likely to quit for good if you get the right support from a trained stop smoking advisor. The advisor will be able to offer you a specialist support programme – individually or in a group – to help you stop.

QUIT.ie has lots of information, advice and a really useful QUIT plan with daily emails and texts to help you on your quit journey.

Your family doctor (GP), midwife, public health nurse or pharmacist can also support and advise you.

Nicotine Replacement Therapy (NRT)

You could consider taking NRT, which doubles your chance of quitting successfully. People sometimes worry about taking NRT in pregnancy. However, a short course of NRT to help you quit is safer for you and your baby than continuing to smoke. You can discuss this option with a stop smoking advisor or your doctor.

Always get medical advice before taking medication during pregnancy.

E-cigarettes

We don't yet know how safe e-cigarettes are for you or your developing baby. Because of this, we don't recommend e-cigarettes to help you quit smoking during pregnancy.

Smoke free zone for your baby

Do not smoke or allow anyone to smoke in the home or car

Being exposed to cigarette smoke after birth also increases your baby's risk of cot death. The more your baby is exposed to smoke, the higher their risk of cot death.

It is most important that:

- no one smokes around your baby
- you don't bring your baby into smoky places
- you don't share a bed with your baby if you or your partner smoke (no matter where you smoke, even if you only smoke outside the home) as it greatly increases your baby's risk of cot death



Reducing your exposure to cigarette smoke is one of the most important things you can do for your health, your baby's health, and to greatly reduce your baby's risk of cot death. You should:

- quit smoking yourself
- avoid being around other people who are smoking
- ask others not to smoke in your home, car or around you or your baby

QUIT

You are twice as likely to **QUIT** for good with our help!

Contact us if you want to quit now or to have a chat about quitting:

Freephone 1800 201 203

Freetext QUIT to 50100

Tweet @HSEQuitTeam

E-mail support@quit.ie

Visit [facebook.com/HSEQuit](https://www.facebook.com/HSEQuit) or quit.ie

Room sharing

The safest place for your baby to sleep at night is in a cot in your room.

Keep your baby's cot in your room for at least the first 6 months.

The risk of cot death is lower for your baby when they sleep in your room rather than alone in a different room.

A separate cot is safer.



Bed sharing can be dangerous

Never share a bed with your baby if you or your partner:

- smoke (no matter where you smoke – even if you never smoke in the bedroom)
- have recently taken alcohol or drugs
- have recently taken medication that may make you drowsy
- are overtired

There is an increased risk of cot death when bed sharing in the first 3 months and particularly if your baby:

- was premature (born before 37 weeks) *or*
- had a low birth weight (less than 2.5kg or 5.5lbs)

Bed sharing can also increase your baby's risk of suffocation because they can slip under the bed covers, roll under an adult, get trapped between the bed and the wall or fall out of the bed. Your baby should not share a bed with your other children.

A separate cot is safest.

Falling asleep with your baby on a sofa, armchair or beanbag

Do not put yourself in a position where you could doze off with your baby on a sofa, armchair or beanbag. It is always dangerous.



Feet to foot

Place your baby with their feet to the foot of the cot and keep their face and head uncovered.

Place your baby to sleep with their **feet to the foot (bottom)** of the cot, Moses basket or pram so they can't wriggle down under the covers.

Tuck blankets in loosely but securely, no higher than your baby's shoulders. Cotton cellular blankets are best, as the tiny holes allow air to circulate.

A sleeveless baby sleep bag may be used instead of blankets; it should be low-tog, with no hood, the correct size for your baby and conform to current safety standards.

Check regularly to make sure your baby's face and head stays uncovered. This means no hats, hair bands, clothes or blankets near the face. If these things slip over your baby's face and head while they are asleep, they are at increased risk of cot death and suffocation.

Use a cot mattress that is clean, firm and flat (not raised higher at one end or tilted). It should fit the cot correctly so your baby can't get trapped in a gap between the mattress and the edge of the cot. It should have a removable and washable cover.

Ideally the mattress should be new. If the mattress was used previously, make sure it is in good condition (not torn or worn).



Face up, face free for a safe sleep.

Don't let your baby get too hot

Overheating can increase your baby's risk of cot death. A baby can overheat when asleep because of too much bedding, too many clothes or because the room is too hot.

Dressing your baby for sleep

Do not overdress your baby - a nappy, vest and babygro are sufficient. Use less clothing in warmer weather.

Do not let your baby go to sleep wearing a hat. A baby loses heat through their head, so your baby could overheat if they wear a hat to bed.

Blankets

Cotton cellular blankets are best, as the tiny holes allow air to circulate. **Do not use duvets, quilts or pillows.**

A sleeveless baby sleep bag may be used **instead of** blankets; it should be low-tog, with no hood, the correct size for your baby and conform to current safety standards.

Room temperature

The room your baby sleeps in should be between **16 to 20°C** (62 to 68°F). Use a room thermometer so that you can easily check the temperature.



Never place your baby to sleep next to a radiator, heater, fire or in direct sunlight.

Checking your baby

To check how warm your baby is, look for sweating or feel their neck or tummy. They should feel warm but not hot. Other signs of being too warm include flushed or red cheeks, or fast breathing.

It is normal for a baby's hands and feet to feel cool.

If your baby has a fever use less bedding than normal and seek medical advice if necessary.

Overheating can increase your baby's risk of cot death.

Breastfeeding helps reduce the risk of cot death

Several studies show that breastfeeding offers a risk reduction for cot death. Breastfeeding is important for you and your baby. Your breast milk protects your baby against lots of illnesses. It's designed to meet your baby's every need.

Caring for your baby at night

It is both normal and essential for your baby to feed during the night. Babies grow quickly and have very small stomachs. They need to feed day and night while they look for security, warmth, comfort and closeness from their parents.

Many mothers choose to breastfeed their baby in bed. It's safe to feed your baby in bed (for example, in the laid-back position or side-lying position) once you put them back in their own cot to sleep. Follow the advice on page 6 of this booklet.



Side-lying breastfeeding position

Create a restful, dark environment where your baby is close to you. You will be able hear your baby and respond to their needs before they start crying, and reach them easily. The safest place for your baby to sleep at night is in a cot in your room.

Try not to stimulate your baby. As soon as they start waking, offer them a feed to stop them getting upset and difficult to settle. Talk in a soft, quiet voice and avoid changing nappies or clothes if possible.

Sleep positioners, pillows and similar products

Do not use sleep positioners and other similar products including nests, cocoons, pods, wedges, bedding rolls and beanbags. They do not prevent cot death or flat head and are a suffocation risk.

Pillows and cushions of any kind are not necessary and should not be used as they are a suffocation risk.

Tilting your baby's sleep surface does not reduce reflux and is not recommended.

Keep the cot free of soft objects and anything loose or fluffy including toys, cot bumpers and duvets.

Sitting and carrying devices

Baby seats, car seats, rockers, slings, carriers and other similar products are not recommended for routine sleep for your baby.

Sleeping in a sitting position can cause your baby's head to fall forward and restrict their airway making it difficult for them to breathe.

If your baby falls asleep in a sitting position they should be placed on their back to sleep as soon as possible. Your baby should not be left sleeping unsupervised while in a seated position.

Plagiocephaly (flat head)

If your baby always lies with their head in the same position they might develop a 'flat head'. This is known as plagiocephaly.

You can prevent this by alternating your baby's head position (left or right) each time they are put down to sleep.

However, remember that your baby must be on their back with just their head turned to the side.

Tummy time

Tummy time helps your baby to strengthen their muscles and helps to prevent flat head. It is important to begin from birth.

There are many ways to do tummy time. You can combine skin-to-skin contact with your baby with some tummy time. You can also place your baby on their tummy on a firm, flat surface (when they are awake), while you supervise.

Your *My Child: 0 to 2 years* book has lots more information about ways to include tummy time in your baby's daily routine.

Never leave your baby alone on their tummy. If your baby falls asleep when on their tummy, be sure to place them onto their back.



Soothers

Giving your baby a soother at the start of every sleep *may* reduce the risk of cot death. If you only give the soother for some sleeps, it may not be as effective. Regular soother use is the best way for your baby to use a soother.



Wait until breastfeeding is well established (at least 1 month) before introducing a soother. If you choose to give your baby a soother:

- offer it to them at the start of every sleep, both day and night
- do not force your baby to use a soother if they do not like it
- do not worry if the soother falls out while your baby is asleep
- do not use clips or chains to attach the soother to your baby's clothes, bedding, buggy or anything else - this is a choking and strangulation risk
- keep soothers clean and never dip them in sugar, honey or other food and drinks

Childhood immunisations

Make sure your baby receives their immunisations. Babies who are immunised have half the risk of cot death and are protected from diseases like whooping cough, diphtheria and meningococcal B.

Monitors

Apnoea or breathing monitors cannot prevent cot death. These monitors alert parents or carers to apnoea (stopped breathing) or an apparent life-threatening event.

If your baby seems unwell

If your baby seems unwell, and you are finding it hard to tell if it is something minor or more serious, get medical advice from your doctor or public health nurse.

Phone 999 or 112 in an emergency
Ambulance • Fire • Gardaí

Reducing the risk of cot death:

Always place your baby on their back to sleep.

Make sure your baby's head and face stay uncovered when asleep.

Keep your baby smoke free during pregnancy and after birth.



The safest place for your baby to sleep at night is in a cot in your room.

Never fall asleep with your baby on a sofa or an armchair.

Breastfeed your baby if possible.

Please remember that cot death is still quite rare.

While it is important to follow the advice in this book, don't let fear spoil this precious time with your baby.



Visit mychild.ie for advice about pregnancy, babies and young children

More copies of this booklet can be ordered from www.healthpromotion.ie or from your public health nurse.

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NPMR National Paediatric Mortality Register