Reduce the risk of cot death

- Place your baby on the back to sleep, in a cot in a room with you
- Do not smoke in pregnancy or let anyone smoke in the same room as your baby
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs or if you are a smoker
- Never sleep with your baby on a sofa or armchair
- Do not let your baby get too hot, keep your baby’s head uncovered, place your baby in the “feet to foot” position
THE SAFEST PLACE FOR YOUR BABY TO SLEEP IS ON THE BACK, IN A COT IN A ROOM WITH YOU

Place your baby on the back to sleep from the very beginning for both day and night sleeps.

This will reduce the risk of cot death. Side sleeping is not as safe as sleeping on the back. Healthy babies placed on their backs are not more likely to choke. When the baby is old enough to roll over they should not be prevented from doing so.

Babies may get flattening of the part of the head they lie on (plagiocephaly). This will become rounder again as they grow, particularly if they are encouraged to lie on their tummies to play when they are awake and being supervised. Experiencing a range of different positions and a variety of movement while awake is also good for a baby’s development.

The safest place for your baby to sleep is in a cot in a room with you for the first six months.

If you or your partner:
• are smokers (no matter where or when you smoke and even if you never smoke in bed);
• have recently drunk alcohol;
• have taken medication or drugs that make you sleep more heavily;
• feel very tired;

do not share a bed with your baby.

The risks of bedsharing are also increased if your baby:
• was premature (born before 37 weeks);
• was of low birth weight (less than 2.5kg or 5.5lb)

There is also a risk that you might roll over in your sleep and suffocate your baby, or that your baby could get caught between the wall and the bed, or could roll out of an adult bed and be injured.

Never sleep with a baby on a sofa or armchair. It’s lovely to have your baby with you for a cuddle or a feed but it’s safest to put your baby back in their cot before you go to sleep.

PLACE YOUR BABY ON THE BACK TO SLEEP
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CUT OUT SMOKING DURING PREGNANCY – PARTNERS TOO!

Smoking in pregnancy greatly increases the risk of cot death. It is best not to smoke at all.

If you are pregnant and want to give up, please call the NHS Pregnancy Smoking Helpline on 0800 169 9 169.

The more you smoke the greater the risk

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<thead>
<tr>
<th>Number of cigarettes smoked/day</th>
<th>Increase in risk</th>
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<td>1–9</td>
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<td>10–19</td>
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DON’T LET ANYONE SMOKE IN THE SAME ROOM AS YOUR BABY

Babies exposed to cigarette smoke after birth are also at an increased risk of cot death.

Nobody should smoke in the house, including visitors. Anyone who needs to smoke should go outside. Do not take your baby into smoky places. If you are a smoker, sharing a bed with your baby increases the risk of cot death.

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DON’T LET ANYONE SMOKE IN THE SAME ROOM AS YOUR BABY

PROTECT YOUR BABY FROM CIGARETTE SMOKE
DON’T LET YOUR BABY GET TOO HOT (OR TOO COLD)

Overheating can increase the risk of cot death. Babies can overheat because of too much bedding or clothing, or because the room is too hot.

- If your baby is sweating or their tummy feels hot to the touch, take off some of the bedding. Don’t worry if your baby’s hands or feet feel cool, this is normal.
- It is easier to adjust for the temperature with changes of lightweight blankets. Remember, a folded blanket counts as two blankets.
- Babies do not need hot rooms; all-night heating is rarely necessary. Keep the room at a temperature that is comfortable for you at night. About 18°C (65°F) is comfortable.
- If it is very warm, your baby may not need any bedclothes other than a sheet.
- Even in winter, most babies who are unwell or feverish do not need extra clothes.
- Babies should never sleep with a hot water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunshine.
- Babies lose excess heat from their heads, so make sure their heads cannot be covered by bedclothes during sleep periods.

These guidelines are for babies wearing a nappy, vest and a sleep suit, covered by a sheet.

Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.
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DON’T LET YOUR BABY’S HEAD BECOME COVERED

Babies whose heads are covered with bedding are at an increased risk of cot death.

To prevent your baby wriggling down under the covers, place your baby feet to foot in the crib, cot or pram. Make the covers up so that they reach no higher than the shoulders. Covers should be securely tucked in so they cannot slip over the baby’s head. Use one or more layers of lightweight blankets.

Sleep your baby on a mattress that is firm, flat, well-fitting and clean. The outside of the mattress should be waterproof. Cover the mattress with a single sheet.

Remember do not use duvets, quilts, baby nests, wedges, bedding rolls or pillows.

Feet to foot in the crib

FEEDING

Breastfeeding your baby reduces the risk of cot death.

It’s important to breastfeed your baby. Breast milk gives babies all the nutrients they need for the first six months of life and helps protect them from infection. It also reduces mothers’ chances of getting certain diseases later in life and allows you and your baby to get closer both physically and emotionally. It’s natural to have questions or need some extra support to breastfeed successfully.

Your midwife, health visitor or GP can help.

It is possible that using a dummy at the start of any sleep period reduces the risk of cot death. Do not begin to give a dummy until breastfeeding is well-established, usually when the baby is around one month old. Stop giving the dummy when the baby is between 6 and 12 months old.

Keep your baby’s head uncovered and sleep them “feet to foot”
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Babies often have minor illnesses which you do not need to worry about.

Make sure your baby drinks plenty of fluids and is not too hot. If your baby sleeps a lot, wake him or her regularly for a drink.

It may be difficult to judge whether an illness is more serious and requires prompt medical attention. The following guidelines may help you.

**SERIOUS ILLNESS**

There may be serious illness if your baby has any of the following symptoms:

- has a high pitched or weak cry, is less responsive, is much less active or more floppy than usual;
- looks very pale all over, grunts with each breath, seems to be working hard to breathe when you look at their chest and tummy;
- takes less than a third of usual fluids, passes much less urine than usual, vomits green fluid, or passes blood in their stools;
- has a fever of 38° or above if the baby is less than 3 months, or 39° or above if 3 to 6 months old;
- is dehydrated – dry mouth, no tears, sunken eyes, or soft spot on the baby's head is sunken;
- has a rash that does not disappear with pressure.

Urgent medical attention is needed if your baby:

- stops breathing or goes blue;
- is unresponsive and shows no awareness of what is going on;
- has glazed eyes and does not focus on anything;
- cannot be woken;
- has a fit, even if your baby recovers without medical attention;

DIAL 999 and ask for an ambulance.

**MONITORS**

Normal healthy babies do not need a breathing monitor. Some parents find that using a breathing monitor reassures them. However, there is no evidence that monitors prevent cot death. If you have any worries about your baby, ask your doctor about the best steps to take.

**IMMUNISATION**

Immunisation reduces the risk of cot death.

**REMEMBER THAT COT DEATH IS RARE**

so please don’t let worry about it stop you enjoying your baby’s first few months. Research is continuing to help us understand more about cot death.
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