LOCAL OPERATING PROCEDURE

NEONATAL SERVICES DIVISION

Approved by Safety & Quality Committee 16 December 2021

CO-BEDDING IN THE NEWBORN CARE CENTRE

This Local Operating Procedure is developed to guide safe clinical practice in Newborn Care Centre (NCC) at The Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this Local Operating Procedure.
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INTRODUCTION

Co-bedding refers to allowing multiple birth infants to share a bed for the duration of the admission into Special Care Nursery at the Newborn Care Centre. Infants must not be on respiratory support to co-bed and co-bedding is not allowed for infants who are being nursed in humidicribs/incubators. As part of a Family Integrated Model of Care, Newborn Care Centre can offer co-bedding to infants who are stable and off respiratory support, in collaboration with the neonatologist, nursing staff and parental preferences.

1. AIM

- To provide an opportunity for safe co-bedding of multiple birth infants in Newborn Care Centre.

NOTE:
Co-bedding of infants is NOT appropriate at home and it is important to educate parents during the infants' admission and when preparing for discharge. Sidskids safe sleeping guidelines states that the safest way for infants to sleep at home is in their own safe sleeping container such as cot, bassinette or cradle[1]. For this reason, infants should not co-bed when they are at home and unmonitored. It is therefore essential as part of co-bedding infants that parents are informed about separating infants prior to discharge in preparation for discharge home.

It is essential for infants that are co-bedding in a hospital setting to be monitored. When infants are clinically ready to cease monitoring, they should be placed in separate cots.

2. PATIENT

- Newborns

3. STAFF

- Nursing Staff

4. EQUIPMENT

- Large electronic infant cot
- Draeger monitors or Massimo saturation monitors (if in Level 2B) for each infant
- ID bands (x2 on ankles and x1 on feeding tube) for each infant

5. CLINICAL PRACTICE

Commencing Co-Bedding

1. Ensure infants are stable and NOT requiring respiratory support.
2. Inform parents about co-bedding and ensure they wish infants to be co-bedded.
3. Ensure infants have correct identification labels (2 x ankle and 1 x feeding tube). Make sure each label clearly identifies 'Twin 1', 'Twin 2' etc.
4. Swaddle infants individually.

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5. Place infants one at a time in cot.
6. Connect each infant individually to monitoring, and ensure that monitor is labelled with 'Twin 1', 'Twin 2' etc. so that correct monitor for correct patient is easily identifiable.
7. Place cot card on correct side of infant, checking that cot card is also labelled with 'Twin 1', 'Twin 2' etc.
8. Ensure Hand hygiene is attended to between handling each infant regardless of co-bedding status.

Ceasing Co-Bedding

1. Infants MUST cease co-bedding:
   - When monitoring is being ceased (such as when infants are preparing for discharge)
   - When one or more of the infants has clinically deteriorated and is requiring respiratory support
   - When infants are entering blossom
2. If infants are being discharged home or going to blossom:
   - Separate infants to separate cots 48 hours prior to moving to blossom corner or being discharged home
   - Cease monitoring once infants separated into separate cots and continue to observe infants
   - Educate parents on the importance of NOT co-bedding twins at home as this is in direct violation of safe sleep recommendations[1]

6. DOCUMENTATION

- eMR Progress Notes
- Daily Care Plan
- Neonatal Observation Chart

7. EDUCATIONAL NOTES

- Anecdotal reports suggest that co-bedding of multiple births improved physiological and psychological outcomes for infants including improved sleep/wake cycles, improved stabilisation of vital signs, improved thermoregulation and enhanced weight gain.[2] One of four studies reviewed reported significant fewer positive blood cultures between co-bedded and non co-bedded twins.[2] One blinded study found a significant reduction in central apnoeas lasting < 15 seconds for twins co-bedded versus twins not co-bedded, but no statistical difference between the groups for apnoea events of > 15 seconds. A Cochrane review on co-bedding of twins and multiple births found no difference between co-bedded and non co-bedded twins for outcomes including weight gain, co-regulated state, rates or infection (proven and suspected) or parental anxiety.[3] However, co-bedded twins were found in two studies to have lower pain score after painful procedure than non co-bedded twins.[3]
- Concerns of co-bedding twins include parents continuing with co-bedding of infants at home due to hospital modelling of such behaviour.[4] Other concerns included increased risk of medication error, increased risk of infection, and mutual disturbances leading to reduced sleep quality for one or both infants.[4]
- Current studies included had small sample sizes and the limitations in some of the studies designs means that recommendations for practice cannot be made on current available literature.[3] As a result, current research into the co-bedding of twins does not provide sufficient evidence to guide policy and guideline, and therefore decisions on co-bedding within the Newborn Care Centre should be made based on parents preferences for co-bedding and with Family Integrated Care models being considered. Health professionals within Newborn Care Centre must weigh up the risks and benefits for each baby. A significant consideration in this risk/benefit assessment must be the care and safety of infants when they are discharged home as many parents will continue infant care practices modelled by hospital staff.

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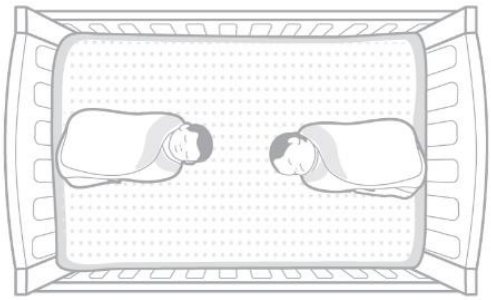
- Current evidence shows that the safest way to sleep twins at home is to place them in their own cot and follow the SIDS and Kids safe sleeping guidelines to reduce the risk of Sudden Unexpected Death in Infants (SUDI), including SIDS and fatal sleep accidents. Co-bedding twins would be dangerous if one part of the body of one twin were able to accidentally cover the face of the other causing an interference with breathing.[1]
- Sometimes parents and carers of twins may need to sleep twins in the same cot, for example when travelling or visiting, if there is insufficient space for two cots in the room. In these circumstances, ways to minimise the risks for twin infants sharing the same cot include:[1]
  - Place the infants head to head, at opposite ends of the cot (see Picture 1)
  - Do not use bedding. Safe alternatives to bedding include:
    - Wrap the infants according to SIDS and Kids guidelines (from birth until showing signs of being able to roll over)
    - Sleep the infants in separate safe infant sleeping bags (for infants weighing 3.2kg and over)



Picture 1

8. RELATED POLICIES/PROCEDURES/CLINICAL PRACTICE LOP

- NSW Health PD PD2019_038 – Babies - Safe Sleeping Practices 20 August 2019
- RHW NCC Nursing LOP – Deteriorating Neonate - Recognition and management inside Newborn Care Centre
- RHW NCC Nursing LOP – Identification and Security of Neonate

9. RISK RATING

- Medium

10. NATIONAL STANDARD

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 5 Comprehensive care
- Standard 6 Communicating for safety

11. ABBREVIATIONS AND DEFINITIONS OF TERMS

NCC	Newborn Care Centre	SIDS	Sudden Infant Death Syndrome
ID	Identification	SUDI	Sudden Unexpected Death in Infants

CO-BEDDING IN THE NEWBORN CARE CENTRE cont'd

12. REFERENCES

1. SIDS and Kids. National Scientific Advisory Group (NSAG). Information Statement: Co-bedding twins in Neonatal Intensive Care Units and at home. Melbourne, National SIDS Council of Australia. 2010
2. Tomashek KM, Wallman C; Committee on Fetus and Newborn, American Academy of Pediatrics. Cobedding twins and higher-order multiples in a hospital setting. Pediatrics. 2007;120:1359-66.
3. Lai NM, Foong SC, Foong WC, et al. Co-bedding in neonatal nursery for promoting growth and neurodevelopment in stable preterm twins. Cochrane Database Syst Rev. 2016;4:CD008313.
4. Red Nose. National Scientific Advisory Group. Information Statement: Co-bedding twins. Melbourne, Red Nose. 2017

13. AUTHOR

Primary	1.10.2021	C Walter (CNE)

LOP DEVELOPMENT (DELETE PRIOR TO PUBLICATION)

Date identified	Identifier	Reason for LOP	Meeting approved	Allocation
23.2.2021	C Walter	Inconsistent practice	5.10.2021	7.12.2021

REVISION & APPROVAL HISTORY
December 2021 Primary Document Approved NCC LOPs Committee

FOR REVIEW: 2024