

Royal Hospital for Women (RHW)
NEONATAL BUSINESS RULE
COVER SHEET



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Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1. BACKGROUND

Consistent modelling of safe sleep practices in the Neonatal Intensive Care Unit (NICU), combined with comprehensive parental education, significantly increases the likelihood that parents will continue these practices at home, thereby reducing the risk of sleep-related infant deaths.^{1,2}

Sudden Unexpected Death in Infancy (SUDI) refers to the sudden death of an infant, often during sleep, with no immediate cause.³

Evidence-based SUDI prevention aligns with Red Nose's six safe sleep guidelines, including back sleeping, a smoke-free environment, and safe cot use.⁴

2. RESPONSIBILITIES

2.1 Staff

- 2.1.1 Medical – promoting safe sleep practices, identify and document any neonate who deviates from standard safe sleeping practices with a clear reason in medical record.
- 2.1.2 Nursing – promoting safe sleep, educating parents, reinforcing safe sleep messages, and documenting any clinically necessary deviations from standard guidelines.

3 PROCEDURE

3.1 Equipment

- Appropriately sized cot
- One sheet to be fitted tightly around mattress
- Linen for swaddle and blanket
- Towel secured around mattress
- Monitoring device if required
- Two identification (ID) bands
- Alcohol based hand sanitiser

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3.2 Clinical Practice

3.2.1 Safe Sleeping of Neonates

- Set up an appropriately sized hospital cot with a sheet tightly fitted to the mattress.
- Tightly tuck a towel at the top of the mattress where the neonate's head will be.
 - Large adult sheet and towel is required for large white electronic cot
- Ensure there is no nest present in the cot.
- Place the neonate in the cot on their back to sleep with their feet at the base of the cot.
 - If neonate remains on cardio-respiratory monitoring or Massimo saturation monitoring, they may be eligible for positional changes dependent on their clinical needs or developmental requirements (lateral or prone). **DO NOT** nurse neonates that are unmonitored laterally or prone
- Ensure that the cot is parallel to the floor and not tilted as this can increase the risk of positional asphyxia and suffocation.
 - Only nurse the cot on a tilt if expressly requested by the medical team. This **MUST** be documented in eRIC and a note attached to the cot
- Dress the neonate to be comfortably warm, not hot, to avoid overheating. Do not place a beanie or hat on the head of an unmonitored neonate.
- Swaddle baby with hospital blanket or sheet making sure the neonate's head and face cannot become covered whilst sleeping.
- Tuck in overlying sheets or blankets into the side of the mattress.
- Remove unnecessary blankets, toys or objects inside the cot.
- Educate and provide parent/guardians with written, culturally appropriate safe sleeping information about the recommended safe sleeping practices. Recommended safe sleeping practices are adapted from raisingchildren.net.au. See Appendix 1 for more information.
 - [My Personal Health Record](#) (The Blue Book)
 - [NSW Health, Safe Sleep Cot Card](#)
 - [Safe Sleeping Recommendations flyer](#)
 - [Safe Sleeping for Your Baby](#) – strong women strong babies – Aboriginal Maternal Infant Health Service – Building Strong Foundations

Note:

Co-bedding twins is not recommended practice under NSW Health guideline Recommended Safe Sleep Practices for Babies GL2021_013

3.3 Documentation

- eRIC
 - Update Family Care Plan – skills and knowledge tab regarding 'Safe Sleeping and Infant Safety'.
 - If preparing for discharge home, complete Nursing Discharge Summary – parent(s)/carer(s) education tab regarding 'Safe Sleeping and Infant Safety Guidelines'.
 - Initiation of safe sleeping practices in nursing progress notes and any changes to practice.

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3.4 Education Notes

- Modelling consistent safe sleeping practices in the NICU such as placing neonates on their backs, using firm mattresses, and avoiding loose bedding increases parent/caregiver understanding and confidence in replicating these behaviours at home. Evidence shows that parental exposure to safe sleep environments in hospital settings is strongly associated with improved adherence to safe sleep guidelines post-discharge and reducing the risk of SUDI.^{1, 2, 9}

3.5 Abbreviations

SUDI	Sudden Unexpected Death in Infancy		
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3.6 Related Policies/procedures

- NSW Health Guideline GL2021_013 – Recommended Safe Sleep Practices for Babies
- Red Nose Safe Sleeping <https://rednose.org.au/section/safe-sleeping>

3.7 References

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3. Australian Institute of Health and Welfare. Australia's mothers and babies [Internet]. Canberra: Australian Institute of Health and Welfare, 2024 [cited 2025 May. 9]. Available from: <https://www.aihw.gov.au/reports/mothers-babies/australias-mothers-babies>
4. Red Nose. Red Nose Six Safe Sleep Recommendations [Internet]. Melbourne (AU): Red Nose; [cited 2025 May 9]. Available from: <https://rednose.org.au/article/red-nose-six-safe-sleep-recommendations>
5. New South Wales Ministry of Health. Recommended safe sleeping practices for babies [Internet]. Sydney: NSW Health; 2021 Jul [cited 2025 May 9]. Available from: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2021_013.pdf
6. Napolitano SK, Boswell NL, Froese P, Henkel RD, Barnes-Davis ME, Parham DK. Early and consistent safe sleep practices in the neonatal intensive care unit: a sustained regional quality improvement initiative. *Journal of Perinatology*. 2024 Jun;44(6):908-15.

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.

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- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal Liaison Officers, health workers or other culturally specific services

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: [NSW Ministry of Health Policy Directive PD2017_044-Interpreters Standard Procedures for Working with Health Care Interpreters.](#)

6 NATIONAL STANDARDS

- Standard 1 Clinical Governance
- Standard 2 Partnering with Consumers
- Standard 5 Comprehensive Care
- Standard 6 Communicating for Safety

7 REVISION AND APPROVAL HISTORY

List all previous revisions below

Date	Revision No.	Author and Approval
1.10.2021	1	C Walter (CNE)
9.5.25 24.7.25	2	H Morrison (A/CNE/RN) Endorsed by NCC CBR Committee
4.8.25	2	RHW BRGC

Appendix A: The recommended safe sleeping practices to model and discuss with carers

The recommended safe sleeping practices for staff to model and discuss with carers
<p>Place baby on their back to sleep</p>
<p>Placing baby on their back to sleep reduces the risk of SUDI. Healthy babies placed on their back to sleep are less likely to choke on vomit than when prone sleeping or side sleeping. Older babies (around 4-6 months) who can move around the cot should be placed on their back and allowed to find their own sleeping position. The risk of SUDI in babies over six months is lower. When an adult is present and baby is awake, tummy play is safe and good for baby.</p>
<p>Use a cot that meets the Australian safety standard and has a firm, well fitted mattress.</p>
<p>Cots that meet the current Australian standard will have a clear label</p> <ul style="list-style-type: none"> • AS/NZS 2172 for cots • AS/NZS 2195 for portable cots <p>Only use the firm mattress supplied with the cot, without additional padding. The cot must be positioned flat. If a bassinet is used, it should only be used in the first few months of baby's life. Once the baby can roll the baby should be placed in a safe cot.</p>
<p>Sleep baby in the same room as the carer for the first six to 12 months of life.</p>
<p>The risk of SUDI is lower if a baby sleeps in a safe cot in the same room as the carer for the first six to twelve months. Close proximity of the baby, in the same room as the carer facilitates feeding, comforting, and monitoring of the baby.</p>
<p>Do not sleep the baby on couches or armchairs, especially with another person.</p>
<p>The risk of an injury and SUDI is increased if a baby sleeps, or is left unsupervised, on an adult bed, waterbed, makeshift bed, armchair/ lounge/ couch/ sofa, bean bag, hammock, bouncinette, rocker or pram. It is recommended that babies have their own sleep surface. Sharing a sleep surface increases the risk of the baby becoming trapped, suffocated, and dying. It is important for carers to know that there are some circumstances in which sharing a sleep surface with the baby can be particularly dangerous. The highest risk is associated with:</p> <ul style="list-style-type: none"> • adults affected by alcohol or other drugs, medication (prescribed or other) that cause drowsiness • an adult who is a smoker (even if they don't smoke in the bedroom) • babies under 3 months of age • babies born prematurely, low birth weight and/ or small for gestational age. <p>Sharing a sleep surface with baby can happen without it being planned. This is more likely when carers are extremely tired. Carers can help keep the baby safe by making sure that if a baby is brought into an adult bed for feeding or settling, the baby is returned to their own safe sleeping place prior to the adult falling asleep. If carers are feeling tired it is best not to settle the baby on these higher-risk surfaces where the carer could fall asleep unintentionally.</p>

Safe Sleep Guidelines within Newborn Care Centre

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The recommended safe sleeping practices for staff to model and discuss with carers
<p>Make sure the baby's head and face cannot become covered while sleeping to prevent suffocation or overheating. Tuck in sheets and blankets or use a safe infant sleeping bag. Do not use a doona, cot bumper, mattress padding, sheep skin or to leave soft toys in the cot.</p>
<p>To avoid overheating or suffocation make sure baby's head and face cannot become covered:</p> <ul style="list-style-type: none"> • Remove head coverings before baby is placed to sleep for example hats, bonnets, beanies and hooded clothing • Don't use cot bumpers, pillows, doonas, mattress padding, sheepskin or lamb's wool that could cover baby's face • Tuck in sheets and blankets or use a safe infant sleeping bag as loose bedding could cover baby's face • Don't leave soft toys in the cot with baby • Position the baby's feet at the bottom of the cot to prevent baby moving down the cot and becoming covered by bedding.
<p>Dress baby to be comfortably warm, not hot, to avoid overheating</p> <p>Carers should dress baby as they would themselves to be comfortably warm but not hot.</p> <p>Avoid excessive bedding/ wrapping and head covering that could increase the baby's risk of thermal stress and SUDI by providing insulation which prevents the baby from regulating their temperature.^{1,3}</p> <p>Avoid overheating the room where baby is sleeping.</p>
<p>Breastfeed the baby for the first 6 months where possible.</p> <p>The risk of SUDI is lower if a baby sleeps in a safe cot in the same room as the carer for the first six to twelve months.</p> <p>Close proximity of the baby, in the same room as the carer facilitates feeding, comforting, and monitoring of the baby.</p>
<p>Avoid smoking during pregnancy and keep the baby in a smoke free environment after birth</p> <p>Smoking during pregnancy causes a higher risk of SUDI.</p> <p>Smoking in pregnancy increases the risk of premature birth and low birth weight of babies. Premature birth and low birth weight babies also have increased risk of SUDI.</p> <p>The risk of SUDI is increased if parents or other household members are smokers.</p> <p>Encourage carers who are smokers to contact Quitline (phone: 137848) or iCanQuit</p>
<p>All carers should know about the recommended safe sleeping practices</p> <p>Make sure all the baby's carers know about the recommended safe sleeping practices so that they always position the baby safely to sleep.</p>