

'The safest place for your baby to sleep is on their back in a cot, crib or Moses basket and in a room with you for the first six months'
(Department of Health)

Safer Sleeping Assessment

To be completed by the Health Visitor/Midwife

Have you seen baby's sleeping arrangements (day and night) and advised that the safest place for a baby to sleep is on their back in a cot, crib or Moses basket in the same room as their parent(s) for the first six months?

| | |
|---------------------------------------|--|
| Where does baby sleep at night? | |
| Where does baby sleep during the day? | |

| Have you discussed 'Safer Sleeping' advice; | Comments | Date |
|--|----------|------|
| • Back to sleep/feet to foot | | |
| • Room temperature, suitable bedding | | |
| • Use of dummies | | |
| • Sofa/car seats | | |
| • What to do if baby is unwell/has a temperature | | |

| Routine Questions for parents/carers: | | Yes | No |
|---------------------------------------|---|-----|----|
| 1 | Do you ever bring baby into bed with you? | | |
| 2 | Do you share your bed with anyone else, including other children? | | |
| 3 | Does anyone in the house smoke? | | |
| 4 | Did you smoke at any time during your pregnancy? | | |
| 5 | Do you drink alcohol in the house or come home to baby after drinking? | | |
| 6 | Does your partner drink alcohol in the house or come home to baby after drinking? | | |
| 7 | Are you taking any drugs or medication? | | |
| 8 | Does your partner take any drugs or medication? | | |
| 9 | Was your baby premature or low birth weight? | | |
| 10 | Would you keep a hat on the baby in the house or leave baby in his/her outdoor clothing when returning home from an outing? | | |
| 11 | Do you place toys in your baby's cot? | | |
| 12 | Do pets share your baby's sleeping environment? | | |
| 13 | Is baby ever left alone in same room as a family pet? | | |
| 14 | Do you have a plan to manage safer sleep for your baby in different circumstances (e.g. sleeping away from home, after drinking alcohol at a party or celebration)? | | |
| 15 | Do you plan to move your baby to another room before he or she is 6 months old? | | |

Analysis – What risk factors have been identified during this assessment?

Action Plan – What is your action plan and what are the timescales?

Date baby discharged from Hospital:

Completed by:

Revised by:

*Place this sheet in Parent Held Record (red book) and copy to Community Health Records
where appropriate*