

Safe sleeping and resting for infants and young children procedure

This is a mandated procedure under the operational policy framework. Any edits to this procedure must follow the process outlined on the [creating, updating and deleting operational policies](#) page.

Overview

This procedure aims to ensure that educators:

- are aware of and comply with current evidence-based safe sleep practices and safe sleep environments to reduce the risk of sudden and unexpected death in infancy (SUDI)
- promote and model safe sleeping practices and environments to families with infants and young children
- are aware of where to access resources to build their knowledge about recommended safe sleep practices
- comply with the [Education and Care Services National Law \(South Australia\)](#) (National Law) and the [Education and Care Services National Regulations](#) (National Regulations).

Education and care services within scope of this procedure must have local (site-specific) sleep and rest procedures which address the service's specific context. Services may use the [template for sleep and rest local procedures \(DOCX 165KB\)](#) to develop a procedure which is compliant with the National Regulations.

The [template for sleep and rest risk assessment \(PDF 1.3MB\)](#) **must be used** by services to ensure compliance with risk assessment requirements in the National Regulations.

Scope

This procedure applies to the following department services that are responsible for education or care to infants or children:

- rural care
- occasional care
- integrated children's centres (services where childcare educators are employed by the department, or employed by the management committees of the childcare program and line managed by the site leader)
- preschool services.

While crèche and playgroup services are out of scope of the National Law and the National Regulations, these services are expected to promote and model best practices for safe sleep and rest.



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Detail

The legislative and policy context

Early childhood education and care services must comply with provisions related to children's sleep and rest under the [Education and Early Childhood Services \(Registration and Standards\) Act 2011 \(SA\)](#). This includes the National Law and the National Regulations.

The National Quality Standard (NQS) is part of the National Regulations and sets a benchmark for the quality of education and care services. Standard 2.1 (element 2.1.1) of the NQS requires education and care services to ensure each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

The [South Australian Safe Infant Sleeping Standards](#) apply to educators caring for infants (aged 0-12 months). The standards are informed by available evidence about risk factors in the infant sleeping environment and outline essential safe infant sleeping practices to reduce the risk of SUDI.

This procedure is informed by [Red Nose](#) recommendations. Red Nose (formerly known as SIDS and Kids) is considered the recognised national authority on safe sleeping practices and provides guidance applicable to infants, children sleeping within a cot (noting that some children may use a cot until around 2 to 2 ½ years of age) and young children moving from a cot to a bed. The department acknowledges the support of SIDS and Kids SA and Red Nose in the development of this procedure.

Risk assessment

To comply with regulation 84C of the National Regulations, services must undertake a sleep and rest risk assessment at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest. The service must keep a copy of each risk assessment and must make any necessary updates to their local sleep and rest policies and procedures as soon as practicable after conducting a risk assessment.

Services must use the [template for sleep and rest risk assessment \(PDF 1.3MB\)](#) to ensure risk assessments address matters required by regulation 84C(2), those being:

- the number, ages and developmental stages of children
- the sleep and rest needs of children (including health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest)
- the suitability of staffing arrangements to adequately supervise and monitor children during sleep and rest periods
- the level of knowledge and training of educators supervising children during sleep and rest periods
- the location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas
- the safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of children using the cots, bed and bedding equipment

- any potential hazards in sleep and rest areas or on a child during sleep and rest periods
- the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation).

Matters to be addressed in local (site-specific) procedures

Regulation 84B of the National Regulations requires the following matters to be addressed in education and care services' procedures:

- how children will be protected from any risks identified in a risk assessment conducted under regulation 84C
- how the sleep and rest needs of children are met, including how the ages, developmental stages and the sleep and rest needs of individual children are considered
- how the health care needs of individual children are met
- how requests from families about a child's sleep and rest and cultural preferences are considered
- supervision and monitoring during sleep and rest, including the method and frequency of checking the safety, health and wellbeing of children during sleep and rest, and the documentation of sleep and rest periods
- how the sleep and rest practices at the service are consistent with any current health guidelines on the best practices to adopt to ensure the safety of children during sleep and rest
- the induction, training and knowledge of educators in relation to best practices for children's sleep and rest
- the location and arrangement of sleep and rest areas at the service and how this meets the sleep and rest needs of children
- safety and suitability of cots, bedding and bedding equipment, having regard to the ages and developmental stages of children who will use the cots, bedding and bedding equipment
- management of potential hazards in sleep and rest areas, and on a child during sleep and rest periods. (See providing a safe sleep environment)
- management of physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation)
- communication of the sleep and rest policies and procedures to a parent.

Services may use the [template for sleep and rest local procedures \(DOCX 165KB\)](#) to ensure their local procedures address the above matters.

Safe sleep and rest practices

For infants

Services caring for infants must implement the below safe sleep practices.

1. Always place infants to sleep on their back; never on their tummy or side.
 - Educators must be aware that healthy infants placed on their back to sleep are less likely to choke on vomit than infants sleeping on their tummy.
 - As sudden infant death syndrome (SIDS) is more common in infants aged under 6 months, educators must support infants in this age group to sleep on their back where possible. Educators may need to regularly check and re-position the infant onto their back.
 - As infants grow and develop, they will become more active and start to roll around the cot. Once an infant is over 6 months of age **and** is competently rolling, they must still be placed in the cot on their back but can be allowed to find their own position of comfort.
2. Provide a safe sleeping environment day and night. Cots must meet the Australian Standard for cots and portable cots and be positioned away from blind cords and other hazards. Ensure the mattress is firm, clean, well-fitted and flat (not elevated or tilted).
3. Sleep infants with:
 - feet at the bottom of the cot
 - their head and face uncovered
 - bedclothes tucked in securely so bedding is not loose, or in a safe sleeping bag (that is the correct size for the infant with a fitted neck, arm holes (or sleeves), and no hood, so that the infant cannot slip inside the bag and become completely covered)
 - bedclothes or sleeping bags which are appropriate for the season to avoid overheating
 - no loose bedding, quilts, doonas, pillows, cot bumpers, sheepskins or soft toys in the cot which could pose a suffocation risk.
4. Provide a [smoke free environment](#).
5. Sleep infants in an individual cot (eg twins must be placed in their own cot).
6. Provide a supportive environment for women who wish to breastfeed (noting that equivalent conditions should also be provided for women bottle feeding).

For further advice, see the [Red Nose safe sleeping brochure](#) and the [making up baby's cot poster](#). Educators may seek advice from [Red Nose](#) or [Kidsafe SA](#) about the safety of specific infant sleeping bag products.

For all children

Educators must ensure:

- children sleep and rest with their face uncovered
- a quiet place is designated for rest and sleep, away from interactive groups (and if designated for rest, the space allows for a calm play experience)
- a smoke-free environment is provided
- sleep and rest environments and equipment are safe and free from hazards
- children are adequately supervised and monitored during sleep and rest.

For further advice about safe sleep and rest practices, see [ACECQA guidance](#).

Promoting and modelling safe infant care practices

Educators caring for infants must model and promote accurate information to families about safe sleep practices. This includes communicating the following messages:

- Keep baby smoke free before and after birth. Educators must be aware of the strong association between smoking and an increased risk of SIDS.
- Sleep infants in their own cot in the same room as the parents for the first 6 to 12 months. Educators must be aware of the risks of any person sharing the same sleep surface (eg bed, sofa, couch, chair or mattress) with an infant. Further information is available in the [Red Nose information statement: sharing a sleep surface with a baby \(PDF 3.2MB\)](#).
- Breastfeed baby where possible. Educators must be aware that breast feeding is a protective factor against SIDS.

Providing a safe sleeping environment

Educators must undertake risk assessments to identify and address hazards for children sleeping or resting. Risk assessments must comply with requirements under regulation 84C of the National Regulations (see the [template for sleep and rest risk assessment \(PDF 1.3MB\)](#)).

To reduce potential hazards, educators must ensure:

- beds, cots and mattresses are kept away from hanging cords, mobiles, electrical appliances and curtains
- beds, cots and mattresses have an unobstructed gap, end-to-end and side-to-side, to enable free movement by an educator
- cots are positioned away from heaters to reduce the risk of an infant overheating
- amber teething necklaces and bracelets, other necklaces and chains, string beads, hair bands and clips (eg any object that may detach and become a choking hazard) are removed
- infant products are appropriately maintained (eg no loose or sharp edges in cots)
- bedclothes are clean and hygienic
- infants are not 'propped up' with a bottle to settle unsupervised (as this is a choking risk).

Prams, pushers and bassinets

Prams, pushers, bouncinettes and rockers must not be used unsupervised or as a sleeping environment for children.

Services must not use bassinets for any purpose. The presence of a bassinet on education and care service premises while children are being cared for by the service is prohibited under the National Regulations (regulation 84D).

Australian safety standards for infant products

Cots and portable cots must meet the Australian mandatory standard for cots (AS/NZS 2172:2003) and the Australian mandatory standard for portable cots (AS/NZS 2195:1999). This includes ensuring that the mattress fits snugly, with less than 20mm of space between the mattress and the cot sides or ends.

Services must use a firm sleep surface that complies with the voluntary standard (AS/NZS 8811.1:2013 methods of testing infant products – sleep surfaces – test for firmness). For information about testing mattress firmness refer to: [Red Nose what is a safe mattress](#) (includes a link to a video resource), and [Education Standards Board information on 'infant mattress safety'](#).

If families choose to use a dummy, the dummy must comply with the mandatory Australian standard AS 2432:2015, have no unsafe decorations and never be tied around an infant's neck.

For product safety information, including in relation to [dummies](#), refer to the Australian Competition and Consumer Commission (ACCC) resource, [Your First Steps](#).

A collaborative partnership with families

The development of positive relationships and partnerships builds families' confidence that their children are safe in care and enables educators to contribute to parents' and caregivers' understanding of how to create a safe sleeping environment.

Site leaders and educators must ensure:

- during orientation, families and caregivers are consulted about their child's rest and sleep needs, and their beliefs and practices (which may help identify risk factors of SUDI)
- families and caregivers are informed of the service's safe sleeping procedures and practices
- families are aware of the need to inform the service about changes in their child's medical or health status that may indicate a higher level of supervision is required
- the child's developmental needs in relation to sleep and rest are documented, taking into account the period of time the child is being educated and cared for (as per regulation 74)
- families are provided with information about their child's sleep and rest patterns when requested (as per regulation 76)
- any risks identified and referrals made are documented
- safe sleeping practices are promoted and modelled, including by displaying safe sleeping information and making information available to families in an accessible format (ie using [Parenting SA Easy Guides](#) or [Red Nose resources](#), which include posters and information in different languages).

Educators must also be aware that they may refer families to a health professional or support service if appropriate. Services include SIDS and Kids SA, Red Nose, Kidsafe SA, Child and Family Health Service (which provides [Aboriginal Cultural Child and Family Support Consultants](#)) and Aboriginal Community Controlled Health Organisations.

Requests to vary sleep practices

Site leaders and educators must ensure families are informed that the service is required to follow recommended safe sleeping practices due to the higher risk of SUDI associated with different practices.

Educators may implement a sleep practice that deviates from recommended practices only if requested by the family due to medically indicated reasons. In such cases, the department's [health support planning policies and procedures](#) must be followed, which involves obtaining a health care plan authorised by a medical practitioner that clearly outlines the safest sleep practices to be implemented for the child.

In all other situations, if a family requests a practice that differs from this procedure, educators must discuss safe sleeping practices with the family and the requirement to comply with this procedure, acknowledging the family's values, beliefs and concerns (including the challenges associated with introducing a new sleep routine).

In circumstances where a family may not understand the risks associated with sleeping environments, educators should discuss referring the family to other services for further advice and support to provide a safe sleep environment.

Wrapping infants

If requested by a family, an infant may be wrapped to assist them to settle and sleep on their back. Site leaders and educators must ensure that an infant is wrapped in accordance with safe wrapping recommendations.

Safe wrapping recommendations include ensuring:

- the wrapping technique is appropriate for the infant's developmental stage (eg leave the infant's arms free once the 'startle' reflex begins to disappear at around 3 months)
- only lightweight breathable materials such as cotton or muslin are used
- the infant is not overdressed under the wrap
- the wrap is firm but not too tight and allows for hip flexion (to reduce the risk of hip problems) and chest wall expansion
- the infant is wrapped no higher than the shoulders, so their face and head do not become covered
- the infant is positioned on their back with feet at the bottom of the cot
- wrapping is discontinued as soon as the infant starts showing signs that they can begin to roll (usually between 4-6 months). The wrap may prevent an older infant who has turned onto their tummy during sleep from returning to the back sleeping position.

Refer to Red Nose [Wrapping or Swaddling Babies](#) for further information.

Baby slings and carriers

Before using a sling or carrier for an infant, educators must consult with the infant's parents or caregivers, including about whether the infant is at higher risk of injury in a sling or carrier (eg due to the infant being under 4 months of age, premature or having a low birth weight, or appearing to have breathing difficulties).

If the infant is at higher risk of injury, educators must request evidence of medical consent before using a sling or carrier.

Educators must ensure that the sling or carrier is a safe fit for the baby and the adult (ie is the right size for the baby's age and weight), and that it is worn correctly. This includes ensuring that the educator can see the infant's face at all times when glancing down, and that the infant's face remains uncovered.

Recognising that the safest place for a baby to sleep is in a safe cot, if an infant falls asleep when carried in a sling or carrier, they must be transferred to a cot. Educators must be aware that if used incorrectly, slings and carriers can pose a suffocation risk. Educators must also be aware that injuries can occur from a baby falling from the sling or carrier if the adult carrying them trips and falls, if the product malfunctions or breaks, or the infant slips and falls from the sling.

The [ACCC safety alert – what you need to know about: baby slings](#) states:

'They [babies] are at risk if placed incorrectly in a sling because they do not have the physical capacity to move out of dangerous positions that block their airways.

Two positions present significant danger:

1. Lying with a curved back, with the chin resting on the chest.
2. Lying with the face pressed against the fabric of the sling or the wearer's body.

Babies who are under four months old, premature, low birth weight or having breathing difficulties appear to be at greater risk.

Exercise caution when using slings for babies in these categories and consult a paediatrician before using a sling with a premature baby.'

For further information about how to choose and use a sling safely refer to:

- Queensland Government video [carry with care: how to keep your baby safe in a sling](#)
- ACCC resource [Your First Steps](#)
- Red Nose [Information Statement for Slings, Baby Carriers and Backpacks \(PDF 517KB\)](#).

Sleeping young children safely

For children who require a rest and have moved from sleeping in a cot, or if educators assess that the child is attempting/has the ability to climb over the sides of a cot, a firm mattress may be placed on the floor, or an appropriate bed used for their safety. The floor must be clean and free from hazards (eg free of soft toys or any objects that a young child could roll onto and pose a suffocation risk). The mattress must be positioned away from walls or furniture as young children can become trapped between a mattress and wall or furniture. Refer to Red Nose [cot to bed safely brochure \(PDF 1MB\)](#) for further information.

Note: Portable cot standards information states that a portable cot must not be used if a baby weighs more than 15kg (or check the instructions on the inside of the particular model).

Supervision and monitoring

For all children

Site leaders and educators must ensure active supervision and monitoring of all children in care. Supervision and monitoring requirements must be determined based on an assessment of each child's circumstances and needs. Standard practice of educators must be continuous supervision of sleeping children, where the educator is in sight and hearing of the child at all times. This may involve sleeping children in the same room where an educator is present rather than a separate room (when an appropriate quiet and safe area is available), or ensuring playing children are within close proximity to sleeping children to allow supervision of both groups.

Rooms that are very dark and have music playing may not provide adequate supervision of sleeping children. Supervision windows must be kept clear and not covered with curtains or posters.

If, in exceptional cases, continuous supervision is not achievable (eg if an educator working alone is attending to another child's needs), risks of such circumstances must be assessed and mitigated as part of the service's risk assessment process.

During daytime care, if sleeping infants and children are not in the same room as the educator, site leaders must implement a process to record the physical checking of children at regular intervals of at most 15-minutes. A higher level of supervision is required in instances where additional risk factors are present (for information on risk factors, see [Appendix 1 – Risk factors for sudden unexpected death in infancy \(SUDI\)](#)). This daily record must include the time the child is checked, and the educator's initial or signature.

For infants

Services may consider using a monitor to hear the infant's breathing, noting however that there is no evidence that this will prevent a sudden unexpected infant death and the infant must still be actively sighted and checked frequently. Refer to the [Red Nose home monitoring article](#) for further information.

Safe sleeping resources

Site leaders must ensure information about recommended safe sleeping practices is incorporated into training and induction for educators, and that educators are aware of the following resources:

- [SIDS and Kids SA](#) phone 8332 1066, or email education@SIDSSA.org.au
- Red Nose safe sleeping phone 1300 998 698, or email education@RedNose.org.au for safe sleeping enquiries and training opportunities
- [Red Nose](#) website, which contains downloadable brochures (in a range of languages) and smart phone applications, and provides the option to subscribe to regular newsletters about safe sleeping and child safety education and ACCC updates
- [Kidsafe SA](#) phone 7089 8554
- [Child and Family Health Service](#) (which includes resources to assist settling infants).
- Parenting SA [Parent Easy Guides](#)

- Aboriginal Community Controlled Health Organisations safe sleeping resources.

Site leaders are encouraged to provide safe sleeping resources on site for educators and families to access.

Reviewing sleep practices

Site leaders must review their service's sleep practices and environments regularly to ensure practices are consistent with recommended safe sleep practices.

The following resources may be used for reviewing sleep practices:

- Queensland Government resources: [Sleep, rest, relaxation and the National Quality Standard\(PDF 398KB\)](#) and [Sleep learning for early education professionals](#)
- Safe sleeping resources from [Red Nose](#), [SIDS and Kids SA](#) and [Kidsafe SA](#)
- [South Australian Safe Infant Sleeping Standards \(PDF 732KB\)](#)
- [ACECQA sleep and rest policy and procedure guidelines \(PDF 255KB\)](#).

Roles and responsibilities

Head, Office for the Early Years

Approved provider responsibilities under the [Education and Early Childhood Services \(Registration and Standards\) Act 2011 \(SA\)](#).

Site leader

Advise families of the service's safe sleep procedure and practices.

Model and promote safe sleep practices and ensures information is available to families.

Ensure sleeping children are adequately supervised at all times.

Ensure educators receive information about safe sleep practices during their orientation and are aware of where to obtain further information.

Maintain safe sleeping environments by ensuring the environment is checked regularly for any hazards and that all infant products comply with the Australian Standards.

Review implementation of safe sleep practices.

Ensure local service procedures are consistent with this procedure.

Management Committee/Governing Council

Assist development of local service procedures which are consistent with this procedure and current recommended practices.

Educators

Consult with families about children's rest and sleep needs including assessing individual children's circumstances and risk factors.

Document children's sleep and rest needs, any risks identified and referrals, and provide information to families about their child's sleep and rest patterns.

Model and promote safe sleep practices to families.

Identify and remove potential hazards from sleep environments.

Assist families to access appropriate support services including facilitating referrals if required.

Definitions

educators

Includes early childhood teachers, early childhood workers and childcare workers.

infant

A child under 12 months of age.

Sudden and Unexpected Death in Infancy (SUDI)

SUDI is defined as the death of an infant between birth and 12 months of age, which is unexpected, sudden, and not anticipated due to any known pre-existing medical conditions. (Source: South Australian Safe Infant Sleeping Standards).

Sudden Infant Death Syndrome (SIDS)

SIDS is a subset of SUDI. SIDS is defined as the sudden unexpected death of an infant less than 12 months of age, with onset of the fatal episode apparently occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy, review of the circumstances of death and clinical history. (Source: South Australian Safe Infant Sleeping Standards)

Supporting information

[Health support planning](#)

[Template for safe sleep and rest risk assessment \(PDF 1.3MB\)](#)

[Template for safe sleep and rest local procedures \(DOCX 165KB\)](#)

[ACECQA information sheet on safe sleep and rest legislative requirements](#)

[ACECQA sleep and rest policy and procedure guidelines \(PDF 255KB\)](#)

[ACECQA sleep and rest risk assessment template \(PDF 525KB\)](#)

[ACECQA risk assessment and management tool](#)

Related legislation

[Education and Early Childhood Services \(Registration and Standards\) Act 2011 \(including Schedule 1 Education and Care Services National Law \(South Australia\)\)](#) (including Schedule 1, sections 165 and 167)

[Education and Care Services National Regulations](#) (including regulations 82, 84A – 84C, 87, 103, 105 – 107, 110, 115, 168, and 170 – 172)

Related policies

[Safety management procedure](#)

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Appendix 1 – Risk factors for sudden unexpected death in infancy (SUDI)

Triple Risk Model

The Triple Risk Model poses that SUDI is multifactorial in origin and may result from a combination of the following 3 conditions:

1. **Vulnerable infant:** While no underlying vulnerability for SIDS has been clearly identified, vulnerable infants may be those born pre-term, or of low birth weight, or who were exposed to tobacco smoke or illicit drugs during pregnancy, as these babies are known to experience a higher rate of SUDI.
2. **Critical period of development:** The critical development period is an infant's first year, particularly their first 6 months of life (noting that studies indicate 90% of deaths occur in the first 6 months of life, with a peak at 2-4 months).
3. **External stressor(s) or environmental challenges:** Studies have identified that prone sleeping (on the tummy), sleeping on a soft surface, using a pillow under a baby's head, and bed-sharing are risks. Most babies can experience these conditions and survive, but a vulnerable baby may not be able to overcome them during their critical period of development

(Source: [Red Nose 2023, The Triple Risk Model, Information Statement](#))

South Australian Safe Infant Sleeping Standards

Studies undertaken about SIDS and sleep-related SUDI have identified several risk factors that are associated with the sudden and unexpected death of an infant during sleep. The level of risk increases significantly when two or more of these factors are clustered in the infant's care, sleep environment or parent/caregivers' individual circumstances.

Parent/Caregiver risk factors

- If a parent/caregiver is a smoker, evidence shows that infants exposed to tobacco, second or third-hand smoke during pregnancy and after birth are at an increased risk of SIDS
- If the parents/caregivers use alcohol, illicit substances or prescription medication that can make an individual drowsy and less responsive to infant cues
- The mother is less than 20 years of age, and without a supportive partner
- Multiple births
- Mental health problems or cognitive difficulties experienced by parents/caregivers
- Any situation where a parents'/caregivers' rousability from sleep is affected can result in a reduced awareness of their surroundings and reduced ability to respond to the infant

Environmental risk factors

- Unsafe cot and bedding
- Sharing a couch or sofa carries the highest risk of fatal sleeping incidents

- A surface-sharing sleep environment can contain hazards that can be fatal for infants. These hazards include sleeping with other people, pillows, quilts, loose blankets or soft toys
- Transient lifestyle, with lack of access to a stable home
- Domestic violence occurring in households

Infant risk factors

- Infants sleeping in the prone (on their tummy) position
- Infants who are born preterm or small for gestational age
- Infants younger than three months of age are at greater risk of fatal sleep incidents when sharing a sleep surface
- Multiple births
- Male and first-born infants
- Infants who have problems after birth including a history of minor viral respiratory infections and/or gastrointestinal illness.

Protective Factors

There are also protective factors that have been shown to *reduce* the chance that an infant will die suddenly and unexpectedly. These include:

- sleeping an infant in their own sleep space in the same room as the parents/caregiver
- ensuring that an infant is fully immunised
- using a pacifier, after a good feeding routine or breastfeeding has been established
- breastfeeding, if possible.

(Source: South Australian Safe Infant Sleeping Standards, pp.4-5)