**SAFE SLEEPING CHECKLIST AND ACTION PLAN**

**Background**

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|  | **YES/NO** | **COMMENTS** |
| Have you discussed and given the ‘Sleep Safe’ leaflet? |  |  |
| Have you seen babies sleeping arrangements (day & night) and advised baby sleeps in same room as Parents for first 6 months? |  |  |
| Have you shown & discussed the ‘safe sleeping’ pictures –and discussed the protective and risk factors?   * Back to sleep/feet to foot? * Room temperature, suitable bedding? * Use of dummies? * Sofa/car seats? |  |  |
| If breastfeeding, has advice been given about managing breastfeeding and safe sleeping? |  |  |

***Routine questions for parent/care giver:***

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|  | **YES/NO** | **COMMENTS** |
| Would you consider placing your baby in your bed or on a sofa/ beanbag to sleep? |  |  |
| Do you share your bed with anyone else, including other children? |  |  |
| Did you smoke at any time during your pregnancy? |  |  |
| Does anyone in the house smoke? |  |  |
| Do you drink alcohol in the house or come home to baby after drinking? |  |  |
| Are you taking any drugs or medication? |  |  |
| Does your partner take drugs, medication or drink alcohol? |  |  |
| Due to overtiredness could you easily fall asleep whilst settling / feeding your baby? |  |  |
| Was your baby premature or low birth weight? |  |  |
| Would you keep a hat on the baby in the house or leave baby in its outdoor clothing when returning home from an outing? |  |  |
| Do you place toys in your baby’s cot? |  |  |
| Do pets share your babies sleeping environment or is baby ever left alone in same room as a family pet? |  |  |
| Do you have a plan to manage safe sleep for your baby in different circumstances (e.g. sleeping away from home, after drinking alcohol at a party or celebration)? |  |  |

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| **Analysis -** What risk factors have been identified during this assessment? |

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| **Action Plan –** What is your Action Plan and what are the time scales?  **Completed by:…………………………………………………..Date:…………………………** |