

Today's Date: \_\_\_\_\_ NHS Number: \_\_\_\_\_  
 Baby's Name: ..... DOB: ..... Age ..... days/weeks **Assessment Form**  
 Where the assessment took place: .....

Complete the checklist below for all babies discharged from hospital following birth. **If any boxes in the right hand column are ticked action is required and a discussion of how risks can be modified should be outlined.** Where concerning risk(s) has/have been identified, a further follow-up assessment is required and appropriate escalation and/or details included in notes for the transfer of care for further follow-up and/or assessment.

What to observe/ask about	Observation/answer indicative of effective safe sleeping practice	✓	Answer suggestive of a concern for further advice, action and/or escalation	✓
<b>Seeing the babies sleeping environment</b>	In own cot/Moses basket in the same room as parent(s) Cot free of risks e.g. bumper, teddies, pillows etc Area around the cot/Moses basket is free of potential risks within reach e.g. nappy sacks Evidence of baby sleeping feet to the foot of the cot/Moses basket Room temperature approx. between 16-18°C		Baby in own room (not sharing a room with parent(s) for the first six months) No evidence of cot/Moses basket Room temperature too hot/cold Cot bumper and cot/Moses basket laid out for baby to lie at the head of the cot	
<b>Where the baby sleeps in the day and at night?</b>	Cot and/or Moses basket Daytime sleeps are in view of parent(s)/Carer Never held to sleep for long periods on sofa, armchair (where parent/carer may for asleep), pushchair or car seat		Baby sleeps in own room Baby sleeps out of sight of parent(s)/carer in the day Often sleeps for long periods on/in: Sofa/armchair Pushchair Car Seat	
<b>Observing how the baby is put down to sleep</b>	Baby put down on their back Baby sleeps feet to foot of the cot/Moses basket Blankets tucked in/use of grow bag (no swaddling)		Baby placed on their front/side to sleep Baby is swaddled Baby placed at the head of the cot	
<b>Smoking</b>	No one in the household smokes tobacco/e-cigarettes/ A smokefree home		Parental tobacco smoking/e-cigarettes Someone in the household smokes	
<b>Bed Sharing and Co-Sleeping</b>	Parent(s) never bed share or co-sleep		Parent(s) bring baby in to bed to settle or to feed or, Parent(s) regularly co-sleep in bed (or on sofa/armchair) with the baby	
<b>Medication (prescribed and un-prescribed), illicit drugs and substances</b>	Neither parent(s) or carer(s) are taking medication that may have a sedative effect or impacts on parenting capacity		Parent(s)/carer(s) are taking medication that may have a sedative effect or impacts on parenting capacity	
<b>Alcohol</b>	Neither parent/carer drinks whilst caring for baby Only 1 parent/carer drinks whilst the other cares for baby Both parents drink within recommended units and not to excess <b>(see alcohol AUDIT screening tool for further guidance)</b>		Parents drink alcohol in excess (over the recommended units) while caring for their baby <b>(see Alcohol AUDIT screening tool for further guidance)</b>	
<b>Dummy Use</b>	Baby uses a dummy at each sleep/nap times		Baby is not using a dummy at sleep/nap times	
<b>Changes in babies sleeping arrangements/environment</b>	No anticipated changes to babies sleeping arrangements e.g. moving into own room, baby staying at another house e.g. grandparents, moving house or planned holiday		Planned holiday or planned stay with family Planning on moving baby into own room	
<b>Unwell baby and care after immunisations</b>	Parents don't intend to bed share or co-sleep if baby is unwell Baby shares a room with parents for the first six months and/or if unwell in own cot/Moses basket		Baby would be brought into bed if unwell	

Action (including suggested modifications):

Referral required  Further assessment required  Health Visitor to follow-up and/or reassess

I have reinforced the safe sleeping advice based on the factors identified

Completed by ..... Date ..... Signature: .....

I understand the safe sleeping message and how to safely place my baby to sleep Parental Signature .....

