



## Recommended Template Hospital Safe Sleep Policy June 2009

### Goals

1. To provide a uniform statewide hospital policy for healthcare providers in the newborn and NICU nurseries and pediatric settings to practice, model and teach parents about safe sleep following the publication of American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death Syndrome. *The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk.* Pediatrics 2005; 116(5), 1245-1255.
2. To ensure that all recommendations are modeled and understood by caregivers/parents with consistent instructions given prior to discharge.

### Rationale

The Center for Disease Control (CDC) 2003 data (WISQARS) lists Indiana as one of the states leading the nation for unintentional infant suffocation deaths. The majority of these deaths are due to unsafe sleep practices. Providing consistent safe sleep education and modeling this behavior will help parents to understand the importance of following the AAP recommendations. Families tend to copy practices that they see in the hospital setting. All staff should be vigilant about teaching and modeling the supine sleep position and safe sleep recommendations before an anticipated discharge.

### Definitions:

S.I.D.S. – Sudden Infant Death Syndrome – The sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical histories.

Bed sharing – The practice of a parent, sibling, or other individual sleeping together with the baby on a shared sleep surface, I.E. a bed, sofa, recliner, etc. (Not Recommended)

Room sharing – Baby sleeping in a crib or other separate and safe surface in the same room as the parent/caregivers. (Recommended)

Co-sleeper – A three sided crib that attaches to the parent's bed. Safety standards have not yet been established for these devices.

Tummy time – Baby is placed on tummy when he is awake and someone is supervising. Tummy time helps strengthen the baby's head, neck, and shoulder muscles and helps to prevent flat spots on the head.

### Teaching Points:

- *SIDS is not caused by vomiting, choking or immunizations*

### Policy and Procedure

#### Sleep Position

- All infants > 35wk will be placed on their back to sleep during every nap and nighttime for the first year unless otherwise ordered by the physician. Side sleeping is no longer advised and should only be used if there is a physician order to that effect.
- NICU will start to transition to back sleeping as soon as the infant is medically stable, or babies should be transitioned to back position early enough before discharge to allow for adjustment to the back position.

### *Teaching Points:*

- *Teach parents to communicate with **every** person that cares for their infant that the baby is to be placed on their back to sleep*
- *Risk of SIDS was 7 to 8 times higher among infants who normally sleep on their backs and then are placed on or roll to their stomachs to sleep.*
- *Risk of SIDS is also increased when the infant lies on the side, and infants can more easily roll to prone from side, so side is not recommended.*

### **Sleep Surface**

- Use a firm mattress that fits snug in the crib frame, and a tightly fitted sheet to cover the mattress

### *Teaching Point:*

- *All other items are to be removed (pillows, sheepskins, quilts)*
- *Couches, adult mattresses, futons etc. **are not** considered a firm surface*

### **Bedding**

- Keep all soft objects and loose bedding out of the crib

### *Teaching Point:*

- *No stuffed toys, bumper pads, etc in the crib*
- *Appropriately sized sleep sacks are optimal, thus avoiding blankets and other loose bedding*
- *If a blanket is used, place infants feet at foot of crib. Tuck blanket under the crib mattress at the bottom and on both sides. The blanket should be no higher than the infant's chest*

### **Smoking**

- Do not expose babies to secondhand smoke

### *Teaching Point:*

- *Clothing exposed to second hand smoke should be changed, or a cover gown provided, prior to handling infants*
- *Wash hands after smoking and before touching infant*

### **Sleeping Environment**

Keep the baby's sleep area close to, but separate from, where parents sleep.

- Bed sharing with anyone including parents, other children including multiples is not safe. Pets can also pose a threat to sleeping infants
- Infants may be brought into bed for feeding or comforting but should be returned to their own crib when the parent is ready to return to sleep
- The infant's crib should be placed in the parent's room, close to their bed, making it more convenient for feeding and contact
- Sleeping on a couch, recliner or armchair with baby is not safe

### **Pacifier Use**

- Pacifier use is recommended throughout the first year of life when placing infant down to sleep unless contraindicated or refused by parents

### *Teaching Points:*

- *For breastfed infants, avoid pacifier use until breastfeeding is firmly established (approx. 1 month)*
- *A pacifier should not be reinserted once the infant falls asleep*
- *You should not force an infant to take a pacifier*
- *Educate parents that pacifiers should not be coated in any sweet solution*

### Overheating/Over-bundling

- Avoid overheating or over-bundling infant
- Dress appropriately for the season

#### Teaching Points:

- *Appropriately sized sleep sacks are optimal, thus avoiding blankets and other loose bedding*
- *Suggest layering clothing as secondary choice*
- *Acknowledge cultural beliefs and how it affects safe sleeping*
- *If swaddling is needed, for comfort or thermoregulation, it is to be below the axilla (proper technique should be taught)*
- *Kangaroo Care or skin to skin is another method of thermoregulation but should only be used when mother is awake*

### Positioning Aids

- Begin removing NICU developmental aids at 32 weeks if taking 25% of their feedings by nipple

#### Teaching Point:

- *Inform parents to avoid commercial devices marketed to reduce the risk of SIDS, flat head syndrome and acid reflux (products include wedges, positioning aids, rolled blankets)*

### Monitoring Devices

- No monitoring device can identify, predict or prevent SIDS
- Infants with extreme cardio/respiratory instability may have monitors ordered in the hospital setting

#### Teaching Point:

- *Educate parents and caregivers that monitors are only machines and are not substitutes for parent observation*

### Plagiocephaly

#### Teaching Points:

- Avoid development of positional head flattening (plagiocephaly-flat head syndrome) by:
  - *Encouraging tummy time*
  - *Limiting time in car seats, carriers, bouncers and other devices*
  - *Encouraging “cuddle time” (bonding) by holding infant*
  - *Altering the supine head position during sleep*

### Back to Sleep

- Educate parents on the importance of following all of the AAP Policy Statement Recommendations for Safe Sleep well before discharge
- Document that safe sleep education was performed.

#### Teaching Point:

- *Request that parents share safe sleep message with **EVERYONE** caring for their infant (grandparents, babysitters, child care providers, etc)*
- Readmission of infants under one year of age is an excellent opportunity to ask where the baby normally sleeps and to re-enforce AAP recommendations.

-For guidelines on current crib safety standards, visit [www.jpma.org](http://www.jpma.org)

-For information on swaddling, visit <http://pediatrics.aappublications.org/cgi/content/full/120/4/e1097>

-To download a “Safe Nursery” booklet, go to <http://www.cpsc.gov/cpsc/pub/pubs/202.pdf>

-If you need additional information please call First Candle Indiana Crib Campaign at 1-866-599-6419 or visit [www.firstcandle.org](http://www.firstcandle.org)

## References

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