Subject: Infant Safe Sleeping	
REVISION DATE: April 2014 REPLACES: New	WRITTEN: April 2013 SUPERSEDES DATE: New

This guideline is used to assist staff in ensuring infant safe sleeping. This applies to all medical and nursing personnel.

Purpose: To provide guidelines that will ensure a safe sleep environment for all newborns by implementing the American Academy of Pediatrics' (AAP) 2005 recommendations regarding safe sleep. As parents tend to copy practices that they observe in hospital settings, the mother/baby staff plays a vital role in ensuring an infant's health and survival after they leave the hospital by modeling proper sleep positioning and by providing consistent instructions to parents/caregivers prior to discharge.

Summary of Changes: References/content updated to reflect most current standards of practice.

1. References:

1.1. American Academy of Pediatrics (2011). American Academy of Pediatrics policy statement: SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics 18*(5).

1.2. Corwin, M. (2012). Patient information: sudden infant death syndrome (SIDS), beyond the basics. *UptoDate.*

2. Responsibilities:

2.1. All mother baby unit, labor and delivery, and nursery staff

2.1. Assess parent(s) understanding of safe sleeping education.

2.2. Educate parent(s) on safe sleeping practices and reasons for supporting safe sleeping

2.3. Monitor for appropriate safe sleeping of infant and reeducate parent(s) as needed.

3. General

3.1. : Sudden Infant Death Syndrome (SIDS), also called “crib death”, is the sudden unexplained death of an infant during sleep, usually between the hours of midnight and 6 a.m. Almost all babies who die from SIDS are under the age of 6 months.

3.2. Supine sleep positioning and other safe sleep practices have been shown to reduce the incidence of SIDS. Despite a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics (AAP) released its recommendation in 1992 that infants be placed for sleep in a non-prone position, this decline has plateaued in recent years.

3.3. Other causes of sudden unexpected infant death that occur during sleep (sleep-related deaths), including suffocation, asphyxia, entrapment, and ill-defined or unspecified causes of death have increased in incidence, particularly since the AAP published its last statement on SIDS in 2005.

3.4. It has become increasingly important to address these other causes of sleep-related infant death. Many of the modifiable and non-modifiable risk factors for SIDS and suffocation are strikingly similar. The AAP, therefore, is expanding its recommendations from focusing only on SIDS to focusing on a safe sleep environment that can reduce the risk of all sleep-related infant deaths, including SIDS.

3.5. The recommendations described in this policy statement include supine positioning, use of a firm sleep surface, breastfeeding, room-sharing without bed-sharing, routine immunizations, consideration of using a pacifier, and avoidance of soft bedding, overheating, and exposure to tobacco smoke, alcohol, and illicit drugs.

4. Standards of Practice/Guidelines for Care:

4.1. All infants will be placed to sleep on their backs from the start unless there is a medical indication and physician order for a different position.

4.2. Soft materials such as pillows, quilts, comforters, sheepskin, stuffed toys and loose bedding is not to be placed in the infant’s sleeping environment.

4.3. Positioning devices such as wedges or rolled up blankets will not be placed in the sleep environment.

4.4. The bassinet is to remain level unless there is a medical indication and physician order to elevate the head of the bassinet.

4.5. It must be made clear that the infant is to sleep in a crib or bassinet. Bed-sharing should not take place in the mother’s room.

4.6. A separate bassinet will be provided for each infant. There will be no co-bedding of twins or higher-order multiples.

4.7. Breastfeeding should only occur when the mother is fully awake. If the mother is getting drowsy, the infant should be placed back into the crib. The mother needs to monitor the nursing to ensure that occlusion of the nose by the breast does not occur, especially during engorgement and initial let down.

4.8. Blankets for swaddling should come no higher than the infant's shoulders.

5. Parent/Caregiver Discharge Education:

5.1. Parent/Caregiver must be made aware of the multiple dangers of an infant sleeping in an adult bed. In addition, the extreme danger of bed-sharing on couches and with other children must be pointed out.

5.2 Inform them to place their infant to sleep in a crib or bassinet that meets the U.S. Consumer Product Safety Commission's safety standards. Nurses should emphasize that the crib should be firm and can use the MBU cribs as examples for parents as to an 'ideal' firmness

5.3. Soft objects like pillows, quilts, comforters, stuffed animals, and loose blankets should be kept out of the crib, bassinet, or cradle. Bumper pads or similar products should not be used.

5.4. Room-sharing without bed-sharing is recommended. The infant's crib, portable crib, play yard, or bassinet should be placed in the parents' bedroom close to the parents' bed. This removes the possibility of suffocation, strangulation, and entrapment that might occur if the infant is sleeping in the adults' bed. It also keeps the infant close to the parents and facilitates feeding, comforting, and monitoring of the infant.

5.5. Provide separate sleep areas and avoid co-bedding for twins and higher-order multiples in the hospital and at home.

5.6. Instruct them of the dangers of sleeping during breastfeeding due to the potential risk of suffocation.

5.7. Car seats, strollers, or swings should not be routinely used for sleep because young infants do not breathe as well in a sitting position. Car seats are still strongly recommended for car travel, and infants may sleep in the car seat while traveling.

5.8. The infant's head should remain uncovered during sleep. If blankets are used, they should be tucked around the mattress to prevent the infant from moving into a position in which the head could be covered by the blanket. Infant sleep clothing that is designed to keep the infant warm without the possible hazard of head covering or entrapment can be used.

5.9. Instruct parents/caregivers in the proper method for swaddling to keep the blanket no higher than the shoulders. The blanket should never be near or over the infants head/face.

5.10. Overheating should be avoided. In general, infants should be dressed appropriately for the environment, with no more than 1 layer more than an adult would wear to be comfortable in that

environment. Parents and caregivers should evaluate the infant for signs of overheating, such as sweating or the infant's chest feeling hot to the touch.

5.11. Instruct them in the dangers of anyone smoking around the infant. Encourage them to stop smoking and create a smoke-free environment for the infant.

5.12. Suggest that they consider offering a pacifier at nap time and bedtime. Research shows that pacifier use during sleep is associated with a protective effect in reducing the risk of SIDS. Research also shows that the use of a pacifier does not interfere with breastfeeding nor does it cause dental problems.

5.12.1. Explain to parents why they should wait 3-4 weeks before offering a pacifier to a breastfeeding baby. It is important to ensure that the baby is nursing well before introducing a pacifier.

5.12.2. Tell parents not to use a pacifier as a substitute for nursing or feeding. Pacifiers should be offered after a feeding or when a baby is put down to sleep.

5.12.3. Tell parents not to put a pacifier back in a baby's mouth if it falls out after he or she falls asleep. Babies who use a pacifier at naptime and nighttime are better protected, even if the pacifier falls out of their mouth after they fall asleep.

5.12.4. Tell parents not to force their baby to take a pacifier if he or she does not want it. Encourage parents to try several times during a period of a few weeks before giving up.

5.12.5. Tell parents not to coat the pacifier with any sweet solutions.

5.12.6. Pacifiers should be cleaned often and replaced regularly.

5.12.7. Tell parents not to use a string or anything else to attach pacifiers around the baby's neck or to his or her clothing.

5.12.8. Tell parents to limit pacifier use to the baby's first year of life.

5.13. Infants should be immunized in accordance with the recommendations of the AAP and the Centers for Disease Control and Prevention. There is no evidence that immunizations are linked to SIDS. In fact, recent evidence shows that immunizations may provide a protective effect against SIDS.

5.14. "Tummy time" is supervised playtime with the infant while he or she is awake and positioned on the tummy. This is important to the infant's development by providing the opportunity for infants to learn to lift and turn their heads, exercise their bodies and strengthen the neck, arm and shoulder muscles. It also helps decrease the incidence of positional plagiocephaly or flat spots on the baby's head.

5.15. Commercial devices that are advertised to reduce the risk of SIDS, such as baby monitors, sleep positioners, and mattress wraps, have not been sufficiently tested for efficacy or safety and are not recommended