

# Infant Safe Sleep

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# Session Objectives

- ▶ Present scope of problem
- ▶ Review updated American Academy of Pediatrics guidelines for infant sleep safety
- ▶ Application to home visiting



# What is a sleep-related infant death ?

- ▶ The death of an otherwise healthy infant with no obvious trauma or disease process present, birth to one year of age, wherein the sleep environment was likely to have contributed to the death, including those ruled SIDS, SUID, suffocation, and other causes

# How many babies are dying?

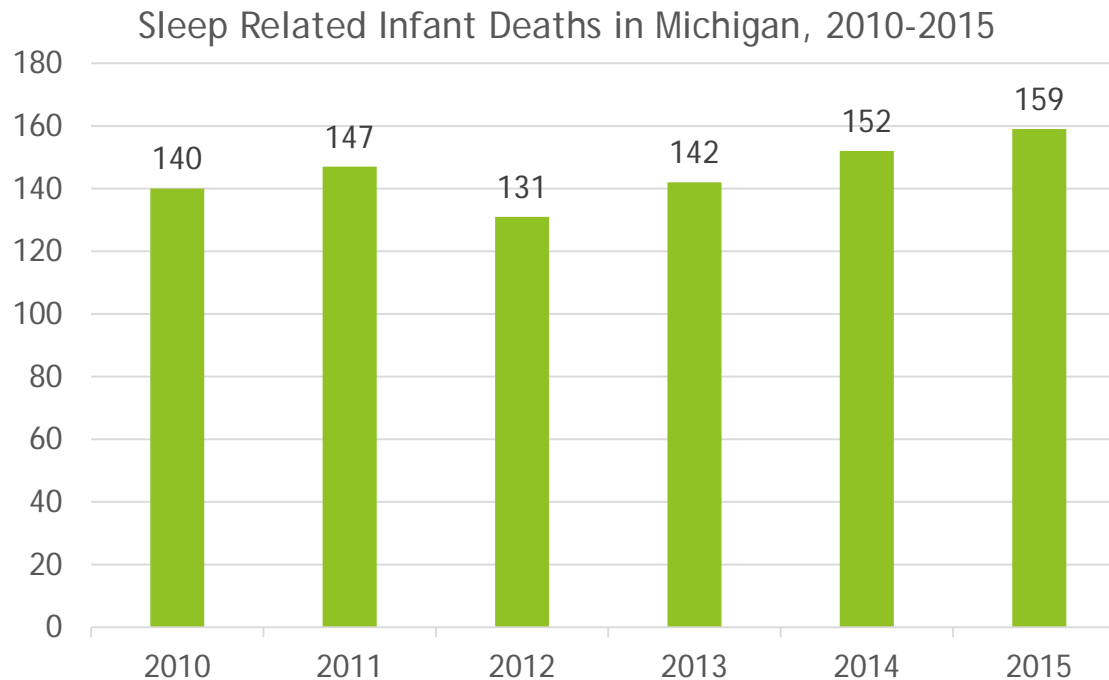
Every **2-3** days in Michigan a baby dies because of an unsafe sleep environment.

From 2010-2015, **871** infants died in unsafe sleep environments.

Data from the CDC SUID Case Registry, Michigan Public Health Institute, 2017

# Sleep related infant deaths

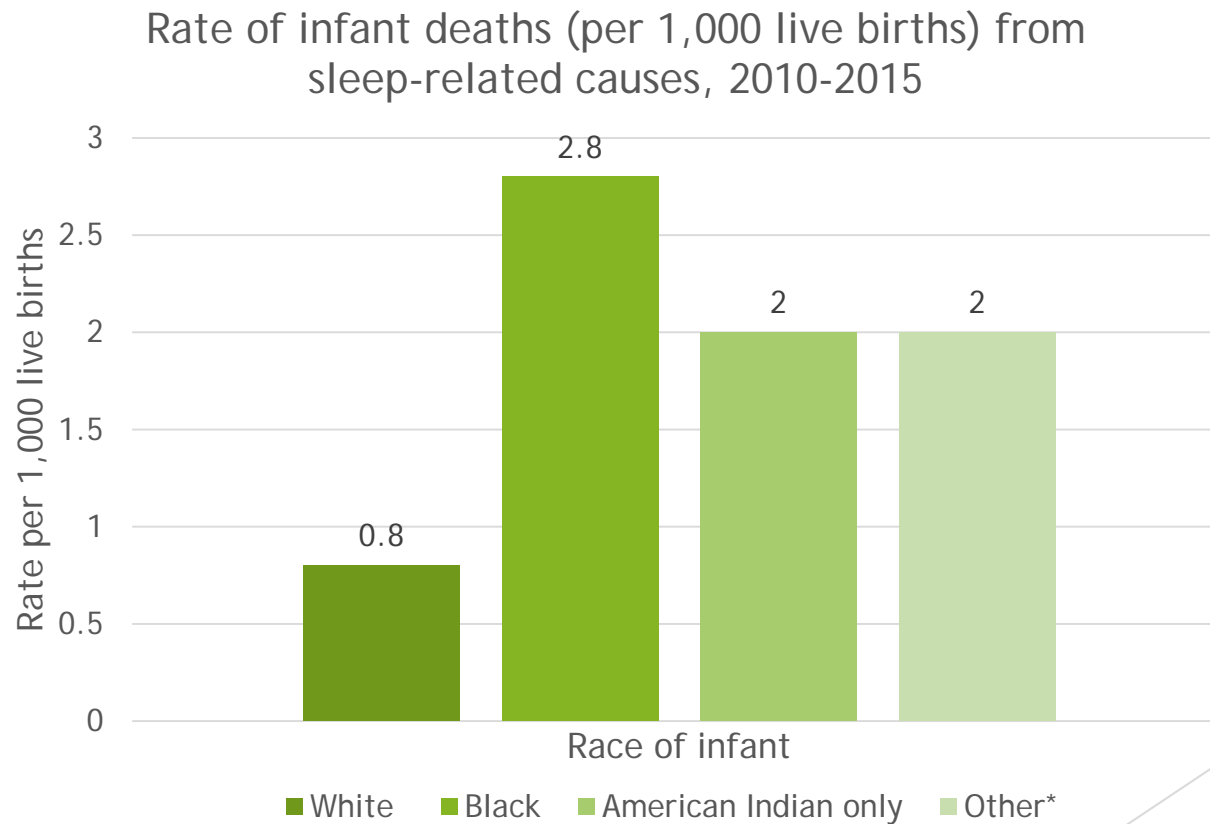
- The leading cause of death in Michigan for infants aged 28 days - 12 months old



Data from the CDC SUID Case Registry, Michigan Public Health Institute, 2017

# Unacceptable racial disparity

- ▶ Black infants die at over 3x the rate for white infants
- ▶ American Indian infants die at over 2x the rate for white infants



\*Other includes Asian, Pacific Islander and Multi-racial

Data from the CDC SUID Case Registry, Michigan Public Health Institute, 2017

# Updated American Academy of Pediatrics (AAP) Guidelines

On October 24, 2016, AAP released their new Policy Statement: *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*

[AAP Policy Statement](#) & [AAP Technical Report](#)



# AAP Guidelines

- ▶ AAP Task Force on Sudden Infant Death Syndrome - representation from Pediatrics, Neonatology, Perinatology, Family Medicine & Breastfeeding
- ▶ Reviewed all related publications, studies, articles, etc. 400+
- ▶ Hired an outside Epidemiologist to review data
- ▶ Recommendations (for infants birth to 12 months) were developed to reduce the risk of SIDS and sleep-related suffocation, asphyxia, and entrapment among infants in the general population



# AAP Guidelines

- ▶ Back to sleep for *every* sleep *every* caregiver
- ▶ Preterm infants should be placed on the back as soon as possible - acclimate to back sleeping, along with providing parent education, prior to discharge
- ▶ No evidence that placing infants on their side during the first few hours after delivery promotes clearance of amniotic fluid nor that it decreases risk of choking
- ▶ Infants should be placed on the back as soon as they are ready to be placed in the bassinet
- ▶ Multiples should not be co-bedded



# AAP Guidelines

## ► What about babies with GER, GERD (or reflux)?

GER=gastroesophageal reflux=spit up=normal

GERD=gastroesophageal reflux *disease*-baby is having symptoms such as poor weight gain, etc.; a medical diagnosis; very rare in babies < 1 year old

- AAP, in concurrence with the North American Society for Pediatric Gastroenterology and Nutrition: “the risk of SIDS outweighs the benefit of prone or lateral sleep position on GER; therefore, in most infants from birth to 12 months of age, supine position during sleep is recommended.”
- Elevating the head of the crib (because of reflux, congestion or anything else) is not recommended

What can help parents reduce baby spitting up?

- ❖ Hold baby upright after feedings
- ❖ Limiting activity after feedings
- ❖ Burp frequently during and after feedings
- ❖ More frequent, smaller feedings
- ❖ Reduce baby's exposure to smoke in the home

# AAP Guidelines

- ▶ Skin to skin care is recommended for all mothers and newborns immediately following birth (as soon as the mother is medically stable, awake, and able to respond to her newborn)
- ▶ Important to monitor safety both in positioning of newborn and mother's sleepiness [AAP Clinical Report](#)
- ▶ If mother wants to sleep, is sleepy or falls asleep, infant should be placed on the back in bassinet or with another support person who is awake and alert



# AAP Guidelines

- ▶ Infant should be placed on a *firm* sleep surface covered by a fitted sheet with no other bedding
- ▶ Firm = maintains its shape and will not indent or conform to the shape of the infant's head when the infant is placed on the surface
- ▶ AAP recommends a crib, bassinet, portable crib, or play yard that conforms to CPSC safety standards



# What about the baby box?

- ▶ “Currently the AAP Task Force on SIDS does not believe that there is yet enough evidence to say anything about the potential benefit or dangers of using wahakuras, pepi-pods, or baby boxes.” Rachel Y. Moon, MD, FAAP, Chairperson AAP Task Force on SIDS, January 30, 2017
- ▶ Centers for Disease Control and Prevention (CDC), MDHHS Title V Local Maternal and Child Health and MDHHS Infant Safe Sleep Program currently do not allow funds to be used for the purchase of baby boxes
- ▶ Currently, baby boxes do not meet U.S. ASTM (American Society for Testing & Materials) bassinet safety standards nor U.S. CPSC (Consumer Product Safety Commission) mandatory safety standards
  - ❖ Boxes do not meet the CPSC’s definition of a bassinet, crib or handheld carrier - there is currently a task force looking at this; not “safety approved”
- ▶ **Concerns include:** (for more see [www.cribsforkids.org](http://www.cribsforkids.org))
  - ❖ Babies outgrowing the box between 2-4 months of age - a high risk time
  - ❖ Environmental concerns - degradation due to moisture, heat, etc.
  - ❖ Instability if set on table, etc., danger if set on floor due to pets, etc., flammability?
  - ❖ All other safe sleep guidelines must be followed
- ▶ **Learn more**
  - ❖ <https://www.nichd.nih.gov/sts/about/Pages/faq.aspx>

# AAP Guidelines

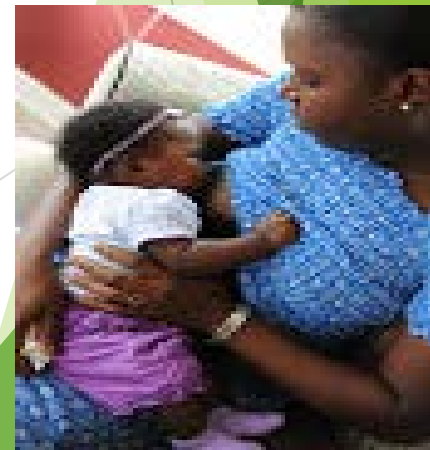
- ▶ Car seats and other sitting devices (i.e. swings, bouncy seats, etc.) are not recommended for routine sleep
- ▶ Do not put pillows, blankets, or anything under baby, including mattress toppers, while sleeping
- ▶ If cloth carriers and slings are used, ensure that infant's head is above the fabric, face is visible and nose and mouth are clear of obstructions

<https://www.cpsc.gov/content/cpsc-approves-new-federal-safety-standard-for-infant-sling-carriers>



# AAP Guidelines

- ▶ Breastfeeding is recommended – associated with reduced risk of SIDS
- ▶ The protective effect of breastfeeding increases with exclusivity
- ▶ Any breastfeeding is better than no breastfeeding
- ▶ Safe sleep and breastfeeding are *not* mutually exclusive – both can be achieved





# AAP Guidelines

- ▶ Infant should sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for the first year of life, but at least for the first 6 months

“the safest place for an infant to sleep is on a separate sleep surface designed for infants close to the parents' bed”

- ▶ Infants who are brought into the bed for feeding or comforting should be returned to their own crib or bassinet when the parent is ready to return to sleep
- ▶ *Couches or armchairs are extremely dangerous for sleeping infants*
- ▶ AAP acknowledges that parents frequently fall asleep while feeding the infant –

“it is less hazardous to fall asleep with the infant in the adult bed than on a sofa or armchair, should the parent fall asleep”





# AAP Guidelines

- ▶ Based on the data, cannot conclude that bed sharing is safe or that it can be done safely - there is always risk
- ▶ If baby will be brought into bed for feeding/comforting:
  - ❖ No pillows, sheets, blankets or any other items in the bed that could obstruct infant breathing and/or cause overheating
  - ❖ All other safe sleep recommendations followed
  - ❖ If parent falls asleep, infant should be placed back on a separate sleep surface asap
- ▶ Because of increased risk for death, baby should not be brought into the bed if:
  - ❖ Younger than 4 months old
  - ❖ Born preterm or low birth weight
  - ❖ Mother smoked during pregnancy or if bedsharing with a smoker
  - ❖ Bedsharing with someone who is impaired due to fatigue, medications or substance use
  - ❖ Bedsharing on a soft surface, such as a waterbed, sofa, couch or armchair or with pillows, blankets, etc.

# AAP Guidelines

- ▶ Keep soft objects and loose bedding out of the sleep area
- ▶ This includes pillows, blankets, stuffed toys and bumper pads (of any type)
- ▶ A wearable blanket (sleep sack) is preferable to blankets



*Doll re-enactments*



# AAP Guidelines

- ▶ Consider offering a pacifier at naptime and bedtime
- ▶ *For breastfed infants*, pacifier introduction should be delayed until breastfeeding is firmly established
- ▶ Pacifier should not be hung around the infant's neck, attached to the infant's clothing, dipped in any substance or attached to a stuffed toy or other item



# AAP Guidelines

- ▶ Avoid smoke exposure during pregnancy and after birth
- ▶ Avoid alcohol and illicit drug use during pregnancy and after birth
- ▶ Pregnant women should obtain regular prenatal care
- ▶ Infant should be immunized in accordance with AAP and CDC recommendations
- ▶ Avoid overheating and head covering in infants
  - ▶ Infants should be dressed appropriately for the environment with no greater than 1 layer more than an adult would wear
  - ▶ Over bundling and covering of the face and head should be avoided - i.e. hats, hoods, headbands, etc.



# AAP Guidelines

- ▶ Avoid use of commercial devices that are inconsistent with safe sleep recommendations
  - ❖ Be wary of devices that claim to reduce the risk of SIDS, i.e. wedges, positioners, certain mattresses, etc.
- ▶ Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS



# AAP Guidelines

- ▶ Supervised, awake tummy time is recommended
  - ▶ *Supervised* is key
  - ▶ As soon as baby falls asleep or shows signs that they are unable to keep their head up, tummy time should be discontinued
- ▶ Although it may be an effective strategy to calm the infant, *swaddling* does not reduce the risk of SIDS
  - ▶ If swaddle, infant should be placed on the back & follow all safe sleep recommendations
  - ▶ Use of a commercially available swaddle sack or thin blanket
  - ▶ Swaddle snug to chest, but “hip healthy”
  - ▶ When an infant “exhibits signs of attempting to roll,” swaddling should be discontinued



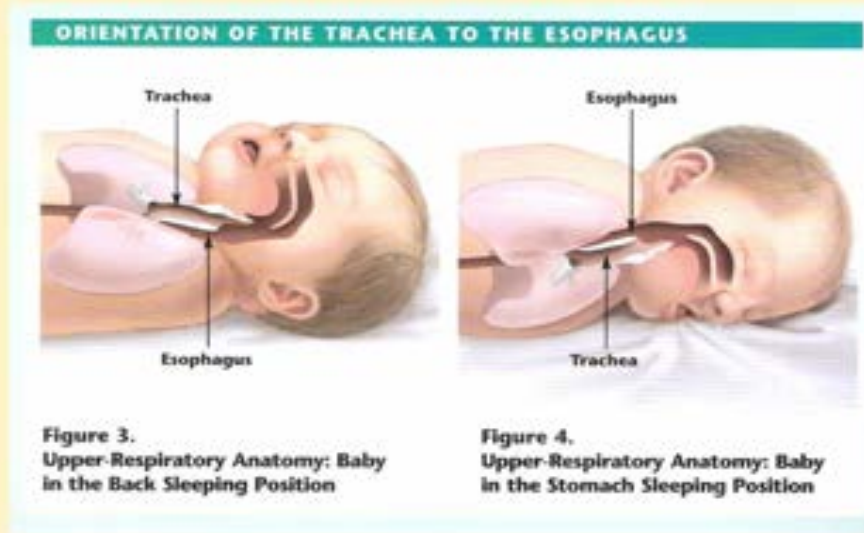
# Tips for working with families

- ▶ Open the conversation in a gentle, non-judgmental manner- can't assume family already knows (even if they have other children) or that written materials were read
  - ❖ Explain the why
  - ❖ Use visuals/demonstrations
  - ❖ Include all family members & visitors in the teaching
- ▶ Parents cite fear of baby choking, baby discomfort and flattened skull as reasons to sleep baby on the back - address each concern, can ask: "Do you have any concerns about your baby sleeping on his back?" If they say no, then you could say "Some people are worried that their baby will choke while sleeping on the back, does that ever worry you?"
- ▶ Encourage questions
- ▶ Be positive, supportive and non-judgmental



# Visuals

## Aspiration and Supine Positioning



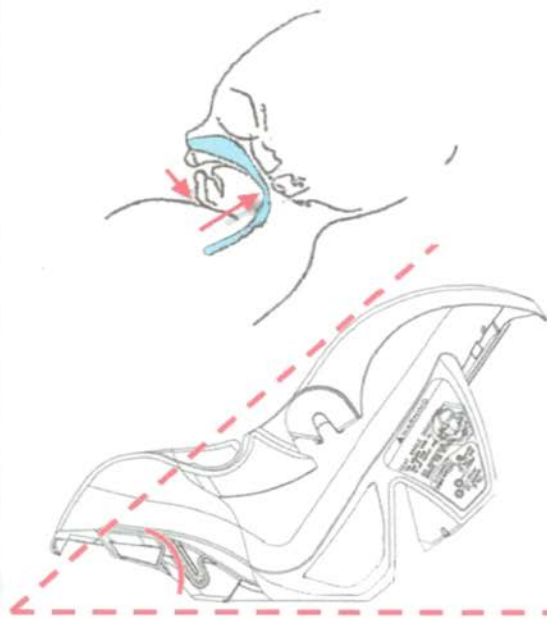
Continuing Education Program on SIDS Risk Reduction,  
U.S. Department of Health and Human Services, December 2006.

When baby is on her back, airway is on top of the esophagus (the tube that carries food). If she spits up while on her back, the food and fluid run back into the stomach and not to the lungs. When on her stomach, the esophagus is on top of the airway and food and fluid can more easily enter the airway and cause choking.



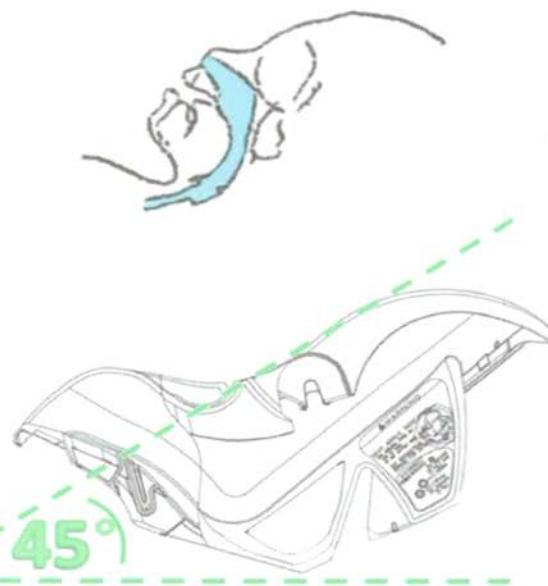
### Placed on the Ground

Placed at an angle greater than 45°, airway may become obstructed

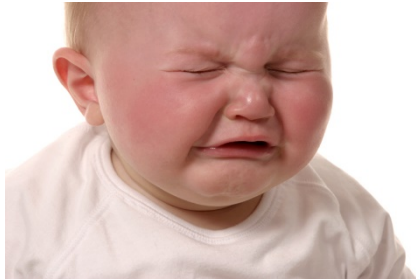


### Placed in the Car

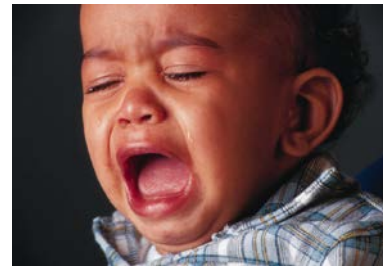
Placed at a 45° angle, airway is unobstructed



Many of the common challenges caregivers experience involve...



**CRYING**



# Babies are hardwired to cry-*one* of the ways they communicate

- ❖ Teach parents about crying (i.e. how much is normal, etc.)
  - Can use Period of Purple Crying to help explain some of the characteristics of crying
  - Current opportunity to receive free Period of Purple Crying resources for families (contact Laura Rowen at rowenl@michigan.gov)
- ❖ Teach parents other ways that babies communicate so that crying spells can be reduced or avoided
  - Smacking lips, hands to mouth, rooting, etc. when hungry
  - Rubbing eyes, yawning, jerky movements, fussiness, etc. when sleepy
  - Learning different cries
- ❖ Teach parents about the importance of a routine and giving baby attention during awake time
  - May need to teach parents what a routine is (and what it is not) and how it can help ease stress for the whole family
  - May need to teach parents *how* to give baby attention, i.e. hold, talk, sing, touch, look in eyes, peek a boo, rock, etc.

# Peek-a-boo?



# Teach parents common reasons babies cry and how to soothe

- ▶ See hand-out - model behaviors for parents
- ▶ What works one day, may not work the next day
- ▶ Be creative - various holds, "sshing," etc.
- ▶ Teach parents how to develop a plan to deal with crying
  - Check for physical needs & signs of illness/fever first
  - 2 calms + 1 cope





## Babies cry. It's not your fault. So be prepared!

### How to Calm a Crying Baby

#### Check physical needs first:

- Is the baby hungry?
- Thirsty?
- Need to be burped?
- Too hot or too cold?
- Diaper dirty?

#### Check for signs of illness or fever:

If you think the baby may be sick, seek medical attention immediately.

#### Make Your Plan

Make a conscious decision to never shake a baby and have a plan to cope with the challenge of crying.



#### Discuss Your Plan

Talk with everyone who cares for your baby about the best ways to calm your baby. Ask them what they will do if they become frustrated and how they plan to cope. Make sure they know they can always call you if they reach that point and ask for help. **Remind them they can always put the baby down in a safe place and walk away for a few minutes.**



**Join the fight against Shaken Baby Syndrome**

## MAKE YOUR PLAN.

Crying happens. To deal with crying, my plan is:

### 1. Choose a Calming Technique

- ☐ Swaddle the baby
- ☐ Use "white noise" or rhythmic sounds like a vacuum cleaner/washing machine
- ☐ Offer a pacifier
- ☐ Sing or talk to the baby

### 2. Choose another Calming Technique

- ☐ Gently swing or rock the baby
- ☐ Put the baby in a car seat and take a ride in the car
- ☐ Take the baby for a walk in the stroller
- ☐ Hold the baby close and breathe calmly and slowly

### 3. Choose a Coping Technique

- ☐ Call the doctor for support or medical advice
- ☐ Call a friend or relative for support
- ☐ Have someone come over and give you a break
- ☐ Put the baby in a safe place like a crib, close the door and check back when you're calm

### 4. Add your Own Solution


**Talk with everyone who cares for your baby** and make a plan for how to calm your baby and what to do if they won't stop crying. Remember, you can always put the baby down in a safe place and walk away for a few minutes.

To learn more about how to calm a crying baby and more about Shaken Baby Syndrome, please visit: [CalmACryingBaby.org](http://CalmACryingBaby.org)

KOHL'S SHAKEN BABY SYNDROME PREVENTION CAMPAIGN PARTNERS

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[CalmACryingBaby.org](http://CalmACryingBaby.org)

# Be realistic with parents

- ▶ You will be tired - what can you do ?
  - ▶ Ask for help
  - ▶ If you sit/lay down with baby, be careful not to fall asleep - babies have died when parents lay down with them on the couch or in a recliner and then fall asleep
  - ▶ If you are holding baby and he falls asleep, put baby in safe sleep space
  - ▶ If feeling sleepy, put baby in safe sleep space



# Basic motivational interviewing

- ▶ Clients are at different levels of readiness to change behavior
- ▶ Important to display warmth, empathy (use of “I” statements) and acceptance
- ▶ Important to remain non-judgmental, non-confrontational and non-adversarial
- ▶ Client decides what behavior she is ready to change
- ▶ Support client in her decision
- ▶ Open conversation and keep the “door” open





# Provide support at every step

## “People don’t care what you know, until they know you care”

- ▶ Caring for a baby is hard work - acknowledge this
- ▶ Ask permission to share information
- ▶ Always emphasize the positive - build on success
- ▶ Help parents anticipate challenges
- ▶ Learning skills can build confidence
- ▶ Follow up at future visits



# State resources

- ▶ **MDHHS Safe Sleep website** [www.michigan.gov/safesleep](http://www.michigan.gov/safesleep)
  - ❖ variety of information for parents and professionals
  - ❖ links to additional resources (including free educational materials) and to trainings
- ▶ **MDHHS Infant Health Unit**
  - ❖ Request trainings/presentations; assistance with program development
  - ❖ Contact: Patti Kelly, Infant Safe Sleep Program Consultant, [kellyp2@michigan.gov](mailto:kellyp2@michigan.gov) or 517-335-5911
- ▶ **Two online trainings hosted on MPHI learning network**  
[www.learning.mihealth.org](http://www.learning.mihealth.org)
- ▶ **MDHHS Clearinghouse website**  
<http://www.healthymichigan.com>
- ▶ **CDC SUID Case Registry Project, MPHI**  
[http://www.keepingkidsalive.org/data-publications/child\\_mortality\\_data/fact\\_sheets.html](http://www.keepingkidsalive.org/data-publications/child_mortality_data/fact_sheets.html)

# National resources

- ▶ American Academy of Pediatrics
  - ❖ [www.aappolicy.org](http://www.aappolicy.org)
- ▶ Consumer Product Safety Commission
  - ❖ [www.cpsc.org](http://www.cpsc.org)
- ▶ Cribs for Kids
  - ❖ [www.cribsforkids.org](http://www.cribsforkids.org)
- ▶ Eunice Kennedy Shriver National Institute of Child Health & Human Development - Safe to Sleep Campaign/Healthy Native Babies
  - ❖ [www.nichd.nih.gov/sts](http://www.nichd.nih.gov/sts)
- ▶ National Action Partnership to Promote Safe Sleep
  - ❖ [www.nappss.org](http://www.nappss.org)