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KEYWORDS:

Prone
 Supine
 Sudden Infant Death
 SIDS
 Sleep Position
 Bed Sharing
 Sleep Surface

POLICY:

Place all healthy full-term infants, early term, late preterm infants and medically stable preterm infants in a supine position for every sleep period until 1 year of life.

PURPOSE

To reduce the incidence of SIDS/SUID for all infants by providing education to the parent(s) or authorized caregiver(s) on the importance of safe sleep practices and a safe sleep environment. This policy is

consistent with the **Act 73 of 2010** (Sudden Infant Death Syndrome Education and Prevention Program Act) and **Act 60 of 2013**.

- [SIDS Act.pdf \(pa.gov\)](#)
- [2013 Act 60 - PA General Assembly \(state.pa.us\)](#)

SCOPE OF PRACTICE:

All registered nurses (RNs) in the Women’s Health Nursing Department.


DEFINITIONS

Sudden Infant Death Syndrome (SIDS) – 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 history.

Sudden Unexpected Infant Death (SUID) – any sudden and unexpected death, whether explained or unexplained (including SIDS), that occurs during infancy.

The following are risk factors for incidence of SIDS/SUID:

- Low birth weight infants
- Preterm infants, including the Late Preterm infant
- Male gender
- Infants of a birth parent who had late or no prenatal care
- Infants of a young birth parent (less than 20 years of age)
- Infants exposed to secondary smoke
- Infants placed in prone sleep position
- Infants sleeping on a soft surface/bedding
- Infants placed in a crib with any additional items
- Infants bed-sharing
- Infants of African or American Indian/Alaska native descent
- Infants not fed human milk

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PROCEDURES:

A. Sleep Position


1. "Back to Sleep" practices should be instituted for every sleep period and role modeled:
 - a) Postpartum: Immediately after birth when not skin-to-skin with alert adult
 - b) Intensive Care Nursery (ICN): Starting at 32 weeks if medically stable and significantly before anticipated discharge. (Refer to Appendix A)
2. Place infants in a supine sleep position for every sleep period unless skin-to-skin with alert adult.
3. Infants with airway obstruction problems such as Pierre-Robin Sequence or laryngomalacia may require the prone sleep position until developmental changes in head shape and laryngeal function occur, usually requiring several months. Obtain a provider order for prone sleep positioning during hospitalization.
4. Alternate head position to the left and right occiputs to prevent positional cranial deformations and torticollis.

B. Sleep Surfaces (See Algorithm for exempt ICN infants)

1. Place infant on firm flat non-inclined sleep surface.
2. Do not place soft materials such as pillows, quilts, comforters, sheepskin, loose bedding, weighted bedding, weighted clothing, weighted objects, toys or stuffed animals in infant's sleeping environment.
3. "Boundaries" made from blanket rolls can serve as potential sources of airway obstruction and entrapment.
4. Do not utilize sitting devices, such as car safety seats, strollers, swings, infant carriers and infant slings for routine sleep. If an infant falls asleep in a sitting device, he or she should be removed from the product and moved to a crib.

C. Sleep Location

1. Infants should sleep in an approved crib or bassinette separate but proximate to the parent(s) or caregiver.
2. Bed-sharing with a parent should not take place. Infants should NOT sleep on positioners, pillows, couches, or chairs.

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3. Feedings should only occur when the parent and the infant are fully awake. Place the infant back into the crib if the parent is drowsy.
4. Multiples should not share a crib.

D. Swaddling/Bundling

1. Do not use any loose bedding. Over-bundling and covering the face and head can lead to overheating and should be avoided.
2. Do not place hats on infants when indoors except in the first hours of life or in the ICN.
3. Swaddle the infant with hands towards mouth, and lower extremities in a flexed and slightly abducted position without covering the face, head and/or neck.
4. Discontinue swaddling when infant begins to demonstrate readiness to roll over.
5. Whenever possible, use infant sleep clothing, such as a sleep sack, designed to keep the infant warm without the possible hazard of head covering or entrapment.
6. Weighted blankets and weighted sleep clothing are not recommended.


E. Pacifier Use

1. For healthy term, early term, and preterm human milk-feeding infants, introduce a pacifier following the firm establishment of feeding or as soon as desired for those that are bottle-feeding, or as medically indicated.
2. Offer a pacifier at naptime and bedtime. Do not reinsert once the infant falls asleep.

F. Parent(s)/Caregiver Education

1. Distribute the “Alone Back Crib” brochure to parent(s)/caregiver within the first twenty-four hours on postpartum unit.
 - a) “Alone Back Crib” brochures are available at AE Litho. The brochure file is housed on the www.PASafeSleep.org website. (Appendix B)
 - b) Parents are encouraged to view an educational video about safe sleep.
 - c) The video is available at www.PASafeSleep.org or by scanning the QR code:




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2. In the event that the above-mentioned brochure is not available, distribute the “Reducing the Risk of Sudden Infant Death Syndrome” brochure to parent(s)/caregiver within the first twenty-four hours on the postpartum unit.
 - a. “Reducing the Risk of Sudden Infant Death Syndrome” brochures are located on the Pennsylvania Department of Health (PA DOH) Public Health Clearinghouse access at <https://apps.ddap.pa.gov/clearinghouse/> search by title SIDS. If unable to access a computer, brochures are available for order by calling 1-800-986-BABY.

3. Health care providers will initiate review of the information in the brochure with the infant’s parents/caregiver within the first twenty-four hours on the postpartum unit.
 - a) Stress the importance of supine sleep position and use of firm, flat, non-inclined sleeping surface when in a crib/bassinet.
 - b) Document sleep environment with infant assessment.
 - c) Provide positive reinforcement for correct sleep practices and offer correction when assessment determines inappropriate sleep position or environment present.
 - d) Human milk feeding is recommended and is associated with a reduced risk of SIDS.
 - e) Avoid over bundling and overheating
 - f) Avoid use of soft materials, crib bumpers and extra loose bedding
 - g) Encourage sleep in parents’ room on a separate surface
 - h) Avoid bed sharing
 - i) Avoid smoke, nicotine exposure, alcohol, marijuana, opioids, and illicit drug usage during pregnancy and after birth.
 - j) Avoid use of apnea monitors as a strategy to prevent SIDS
 - k) Immunize infants in accordance with AAP and CDC recommendations

4. Tummy time is important for infant development, including prevention of cranial deformations, improving strength (head, upper extremities, and trunk), and facilitating motor and sensory development.
 - a) Health care providers should educate parents on the importance of tummy time. Parents are encouraged to place infant in tummy time while awake and supervised for short periods of time beginning soon after discharge increasing to at least 15 minutes total daily by age 7 weeks.
 - b) **ICN:** Perform supervised tummy time for infants who are awake and medically stable on a regular basis and performed by either the health care provider or parent/caregiver.


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5. Advise parent(s)/caregiver to read manufacturer label on all infant seats, taking note of any weight requirements.
6. Once an infant can roll from the supine to prone and from the prone to supine position, the infant should be allowed to remain in the sleep position that he/she assumes and no longer swaddled.
7. The AAP recommends a separate sleep surface for infants and minimizing risks in adult bed in case parent falls asleep while feeding. As soon as parent awakens, return infant to separate sleep surface. Ways to minimize risks in the adult bed:
 - No one impaired
 - No one who smokes
 - No comforters, heavy blankets, or pillows
 - No pets or other children
 - Full-term infants only

G. Documentation

The process for educating the parent(s) on SIDs and the Safe Sleeping Environment will be documented in the following ways:

1. Request the parents/caregivers sign the Voluntary Acknowledgement Statement (ordered through AE Litho - Refer to Appendix C) before discharge to state that they have received, read, and understood the information provided.
 - a. Acknowledgement Statements and educational materials are available at SIDS PA.gov
 - b. Ensure the following information is completed on the Shaken Baby Syndrome Education Voluntary Commitment Statement form:
 - i. Hospital Name
 - ii. Baby's Legal Name
 - iii. Date of Birth
 - iv. Sex
 - v. Date the information was provided
 - c. Place the white copy of the form in the patient's medical record chart.
 - d. Give the yellow copy of the form to the parent(s) that signed the form.
 - e. The nurse will make every effort to have all available parent(s) sign the Voluntary Acknowledgement Statement form, or the nurse will document on the form why they did not sign.
- B. Document the education in the electronic medical record.

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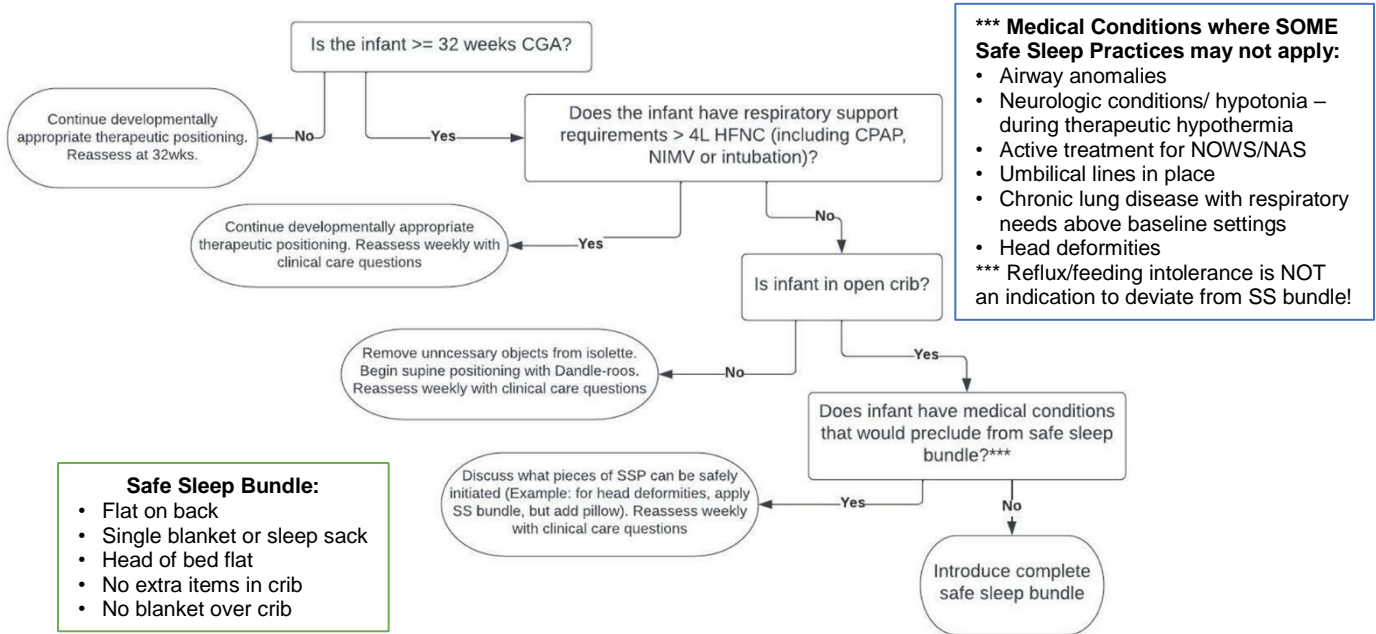
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Appendix A

Safe Sleep in the ICN - Clinical Algorithm



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Appendix B

Breastfeeding is good for babies

- The more you breastfeed, the lower your baby's risk for SIDS.
- Breastfed babies have fewer colds and ear infections.
- Doctors tell parents to feed babies only breastmilk for the first 6 months.



Babies need tummy time



- Just because you put your baby to sleep on their back doesn't mean tummy time isn't important!
- Babies need awake tummy time every day with an adult.
- Tummy time helps babies learn to crawl and move around.
- Some babies might not like tummy time at first. Put a toy close by for them to reach out and play with.

Other Ways to Keep Baby Safe

- Babies should be held skin-to-skin with mom as soon after they are born as possible, at least for the first hour.
- Take care of yourself and your baby—eat well & see a doctor regularly.
- Stay up to date on all required shots for your baby.
- Give your baby a pacifier at nap time & bedtime.

What is SUID?

Sudden Unexpected Infant Death (SUID) is the sudden death of a baby that occurs suddenly and unexpectedly before their first birthday. There are 3 types of SUIDs, Sudden Infant Death Syndrome (SIDS), **accidental suffocation and strangulation in bed** and **unknown causes**.

Facts about SIDS

- SIDS is the most common cause of death in babies 1-12 months old.
- Most SIDS deaths happen in the winter.
- Boys are more likely than girls to die from SIDS.
- Black babies are twice as likely to die of SIDS as white babies.

Accidental Suffocation & Strangulation

Babies who are not put to sleep safely could get hurt or even die. A baby could fall off a bed or sofa, get tangled in sheets and blankets or get stuck between a mattress and a wall. A baby can also die when an adult or child rolls over on the baby while sharing a bed.

Unknown Causes of Death

Cause of death of the baby cannot be determined after a thorough investigation.

It can happen... because it is happening!

In Philadelphia, more babies have died sharing a bed with an adult or another child than from child abuse. About 3,500 babies die every year in the United States from sleep related deaths, including SIDS.



This project is funded, in part, under a contract with the Pennsylvania Department of Health in collaboration with Penn Medicine and Maternity Care Coalition.




For more information, find us online:
www.PASafeSleep.org

Keeping babies safe while sleeping is as easy as ABC.

A lone Back Crib




The Safe Sleep Guidelines

Follow these 8 steps to keep your baby safe and healthy.

1. Put your baby on their back to sleep until their first birthday.
2. A baby should sleep in the same room as an adult, but in their own crib. Never put your baby to sleep on a couch, chair, water bed or other soft space.
3. Don't put crib bumpers, blankets, pillows or toys in your baby's crib.
4. The only thing in baby's crib should be a firm mattress & a fitted sheet.
5. Never put your baby to sleep in a crib made more than 10 years ago or that has missing or broken parts.
6. Don't make the room your baby sleeps in too hot. Dress your baby in no more than one more layer than you are wearing.
7. Always put your baby on their back in their crib after feeding.**
8. Keep your baby away from smoke, alcohol & illegal drugs.

* Recommended by the American Academy of Pediatrics (AAP)
** Breastfeeding has been shown to reduce the risk of SIDS.

Creating a Safe Sleeping Space for Your Baby

Remember to teach these tips to other people who take care of your baby!

Safe Sleep



- Corner posts should not go over 1/16" high.
- Use a firm high-fitting mattress.
- Bars on the crib should be tight together, without much space between them.
- All parts of the bed should be tight, not loose.

Baby should be alone in the crib, with nothing other than a fitted sheet covering the mattress.

Dangerous!



- No missing or broken pieces (screws, brackets etc).
- Do not use crib bumpers, comforters, quilts or pillows.
- Don't make the room your baby sleeps in too hot.
- Never put stuffed animals or toys in your baby's crib.
- No cutout shapes in the headboard or footboard.


It is not safe to sleep in the same bed as a baby

Adults, children or pets who sleep or nap in the same bed as a baby are putting the baby at risk of injury or even death.

Risks of sharing a bed with a baby

- Babies can roll off the bed & get hurt.
- Babies can get trapped between the bed and the wall and stop breathing.
- A sleeping adult or child may roll over on to the baby.
- Sleeping with comforters, blankets, quilts and pillows can be dangerous for babies who can become tangled up or be smothered.
- If you're feeding your baby & think you might fall asleep, feed your baby on your bed instead of a sofa or soft chair. If you do fall asleep, as soon as you wake up move the baby to their own crib.



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Appendix C



Pennsylvania Sudden Infant Death Syndrome Education and Prevention Program
Programa de Educación y Prevención del Síndrome de Muerte Infantil Súbita de Pennsylvania

Voluntary Acknowledgment Statement
Declaración de Reconocimiento Voluntario

Hospital/Birth Center/Healthcare Practitioner Instructions: Complete two forms for each family prior to hospital discharge or after the birth of the newborn(s) for families delivering outside of a hospital or birth center. Provide parent(s) with information about Sudden Infant Death Syndrome and prevention measures. Request that the parent(s) voluntarily sign this form indicating that they received, read and understand the information about Sudden Infant Death Syndrome and prevention measures. Provide parents with one copy of the signed form and retain one copy in the medical record.

Instrucciones para el Hospital/Centro de Nacimiento y Profesional de la Salud: Completar dos formularios para cada familia antes de dar de alta del hospital o después del nacimiento del recién nacido (s) si se dio a luz fuera de un hospital o centro de nacimiento. Proporcionar a los padres con información sobre el Síndrome de Muerte Infantil Súbita y las medidas de prevención. Solicitar que los padres voluntariamente firmen este formulario indicando que han recibido, leído y comprendido la información que se le dio sobre el Síndrome de Muerte Infantil Súbita y las medidas de prevención. Proporcionar a los padres una copia del formulario firmado y conservar una copia en el expediente médico.

To be Completed by Hospital/Birth Center/Healthcare Practitioner:
Para ser completado por el Hospital/Centro de Nacimiento y Profesional de la Salud:

HOSPITAL NAME: _____
(Nombre del Hospital)
 BABY'S LEGAL NAME: _____
(Nombre Legal del Recién Nacido)
 DATE OF BIRTH: _____ SEX: M F
(Fecha de Nacimiento) (Sexo)

Parent(s) provided Sudden Infant Death Syndrome Information including brochure, DATE: _____
(Los padres recibieron información sobre el Síndrome de Muerte Infantil Súbita incluyendo un folleto, FECHA)

NOTES:

(Notas)

To be Completed by Parent, Stepparent, Adoptive Parent, Legal Guardian or Legal Custodian:

Parent: Information about Sudden Infant Death Syndrome and Infant Safe Sleep has been presented to me by the hospital. I voluntarily sign this statement acknowledging that I have received, read and understand the SIDS information provided.

Para ser completado por los padres, padrastros, padres adoptivos, guardián legal o tutor legal:

Padres: El hospital me ha dado información sobre el Síndrome de Muerte Infantil Súbita y Sueño Seguro. He firmado voluntariamente esta declaración reconociendo que he recibido, leído y comprendido la información que se me ha brindado sobre el Síndrome de Muerte Infantil Súbita.

SIGNATURE, MOTHER: _____ <i>(Firma, Madre)</i>	REFUSED: <input type="checkbox"/> DATE: _____ <i>(NO ACEPTÓ) (FECHA)</i>
SIGNATURE, FATHER: _____ <i>(Firma, Padre)</i>	REFUSED: <input type="checkbox"/> DATE: _____ <i>(NO ACEPTÓ) (FECHA)</i>
SIGNATURE, OTHER: _____ <i>(Firma, Otro)</i> (stepparent, adoptive parent, legal guardian, legal custodian) <i>(padrastros, padres adoptivos, guardián legal o tutor legal)</i>	REFUSED: <input type="checkbox"/> DATE: _____ <i>(NO ACEPTÓ) (FECHA)</i>

This form and accompanying information provided in compliance with Act 73 of 2010.
 Este formulario y la información que le acompaña se proveen para cumplir con la Ley 73 de 2010.

(11/2017)

Supersedes: Safe Infant Sleeping Environment, 04/28/2017; 09/28/2018; 12/31/2020
Effective Date: April 1, 2023