



What is SUID?

Sudden Unexpected Infant Death (SUID)

The death of an infant <1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation.

There are Three Types of SUID

Sudden Infant Death Syndrome (SIDS)

- Sudden death of an infant less than 1 year of age that cannot be explained after thorough investigation
- Leading cause of death among infants 1-12 months old

Accidental Suffocation and Strangulation in a Sleep Environment

- Sudden death of an infant less than 1 year of age that can happen because of a variety of suffocation or strangulation scenarios

Unknown

- Sudden death of an infant less than 1 year that remains undetermined because one or more parts of the investigation was not completed

Model and Teach Safe Sleep Practices

Please refer to www.PASafeSleep.org
for comprehensive safe sleep information





Accidental Suffocation and Strangulation in Bed (ASSB)

Causes of SUID

Accidental Suffocation and Strangulation in a Sleep Environment

Suffocation by Soft Bedding

- When bumper pads, pillows, blankets, quilts, sheepskins or waterbed covers the infant's mouth

Overlay

- When another person rolls on top of or against the infant while sleeping

Wedging or Entrapment

- When infant is stuck between two objects such as a mattress and wall, bed frame, or furniture

Strangulation

- Can occur when an infant's sleep clothing is too large or loose
- Infant should sleep in an area free of hazards, such as dangling cords, electric wires, and window-covering cords

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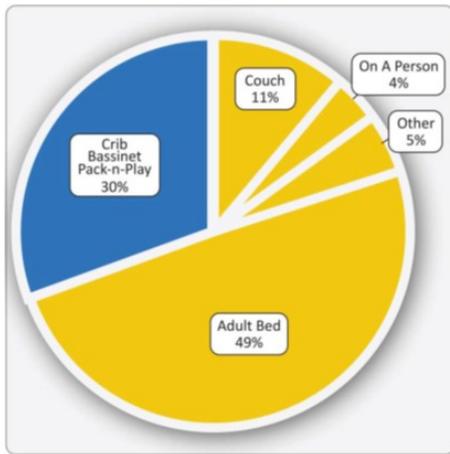
Incidence of SUID

Did You Know?

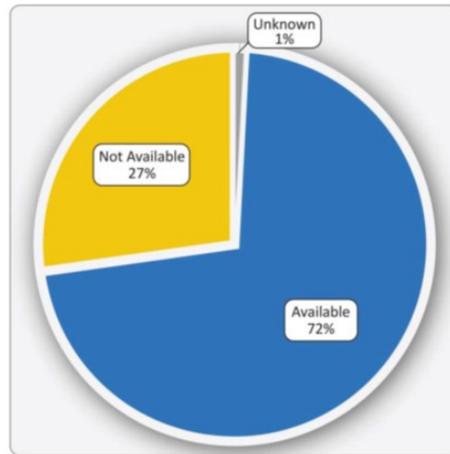
**In the United States
3,700 SUIDs occurred in 2015:**

**1,600 due to SIDS
900 due to accidental suffocation
1,200 due to unknown causes**

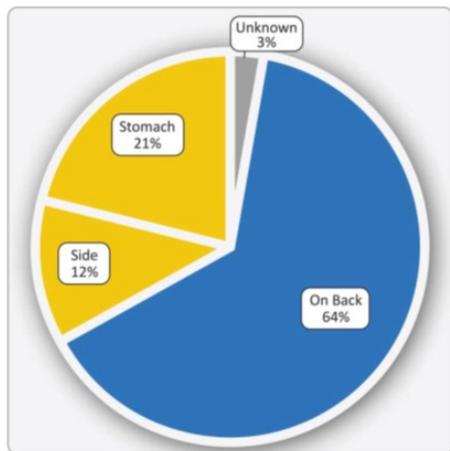
**In Philadelphia,
The most recent Philadelphia Department of Health's review (2011-2017) of
Sleep-related infant deaths (n=227) found:**



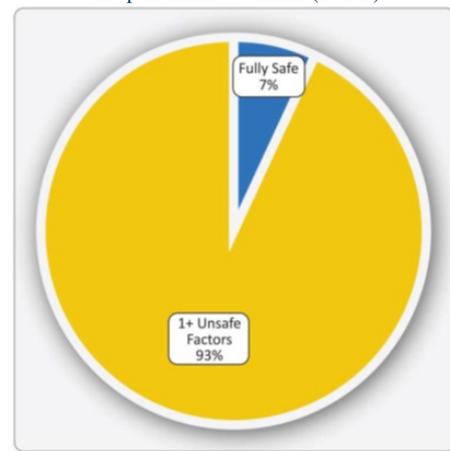
Last Place of Sleep (n=227)



Bed-Sharing Sleep-Related Deaths with an Appropriate Sleep Location Available (n=132)



Last Sleep Position Placement (n=227)



Degree of Safety in Sleep Environment (n=227)

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PA Safe Sleep

SUID Risk Reduction Practices

ALONE

- ♦ Infants should sleep in the parents' room, close to the parents' bed, but on a **separate surface** (infant's crib, portable crib, play yard, or bassinet)
- ♦ Ideally for the **first year of life**, but at least for the first 6 months
- ♦ Keep soft objects away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment, and strangulation
- ♦ Soft objects are described as pillows, pillow-like toys, quilts, comforters, sheepskins and blankets, and non-fitted sheets

Did You Know?

In the USA, nearly **55%** of infants are placed to sleep underneath or on top of bedding such as thick blankets, quilts, and pillows.

Model and Teach Safe Sleep Practices

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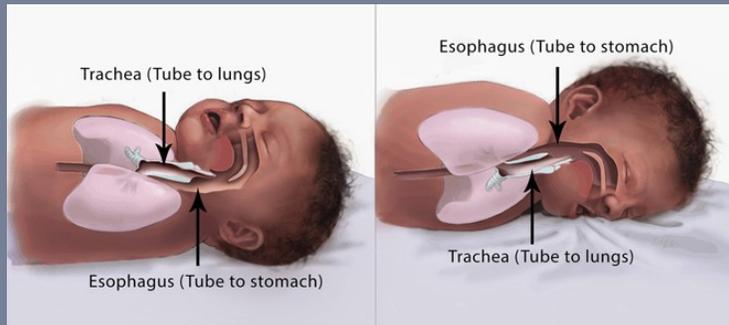
PA Safe Sleep

SUID Risk Reduction Practices

BACK

Supine position for every sleep period until age 1

- DOES NOT increase the risk of choking and aspiration in infants, even in those with gastroesophageal reflux
- Coughing and gagging are signs of a normal protective gag reflex



Elevating the head of the crib is not recommended

- Infant may slip to the foot of the crib into a position that may compromise breathing

Once an infant can roll from supine to prone, the infant may remain in the sleep position that he/she assumes

Model and Teach Safe Sleep Practices

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PA Safe Sleep

SUID Risk Reduction Practices

CRIB

Infants should be placed on a **firm sleep surface covered by a fitted sheet with no other bedding or soft objects.**

The use of a crib may not be possible for financial or space considerations.

- Alternative sleep surfaces such as portable cribs, play yards, and bassinets, that meet the safety standards of Consumer Product Safety Commission (CPSC) may be used.



Crib



Bassinet



Portable
Crib



Play Yard

Car seats, strollers, swings, infant carriers, and infant slings are **not recommended for routine sleep.**

- If an infant falls asleep in a sitting device, the infant should be removed from the product, and moved to an appropriate flat surface as soon as it is safe and practical.

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for comprehensive safe sleep information





SUID Risk Reduction Practices for Parents

Avoid Smoke Exposure during Pregnancy and after Birth

Maternal smoking during pregnancy and smoke in the infant's environment

- ◆ Adversely affects infant arousal
- ◆ Increases the chances for SIDS in preterm and low birth weight infants
- ◆ Presents the highest risk when an infant shares a bed with an adult smoker

Recommendations:

- ◆ No smoking near pregnant women or infants
- ◆ Encourage families to set rules for smoke free homes and cars
- ◆ Change into smoke-free clothes before holding baby

Did you know? 1/3 of SIDS deaths could be prevented if maternal smoking was eliminated!



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SUID Risk Reduction Practices for Parents

Avoid Alcohol & Illicit Drug Use during Pregnancy & after Birth

SIDS risk for infants of substance-abusing mothers is independent of tobacco use

- Risk is increased with maternal alcohol, methadone, heroin, and cocaine use

Bed-sharing in combination with parental alcohol and/or drug use places infants at the highest risk of SIDS

Model and Teach Safe Sleep Practices

Please refer to www.PASafeSleep.org for comprehensive safe sleep information





SUID Risk Reduction Practices for Parents

Avoid Overheating and Head Covering in Infants

The amount of clothing covering an infant and the room temperature are associated with an increased risk of SIDS

Keeping the infant's head covered during sleep is not recommended

Infants who sleep in a prone position have a higher risk of overheating than infants who sleep supine

Room ventilation is important although not enough evidence regarding use of fans

Bedroom heating may increase SIDS risk as opposed to no bedroom heating

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SUID Risk Reduction Practices for Parents

Breastfeeding is Recommended

Any duration of breastfeeding is more protective against SIDS than no breastfeeding

Breastfed infants are more easily aroused from sleep than formula fed infants

The AAP recommends that women exclusively breastfeed their infants for at least the first 6 months of life, unless breastfeeding is contraindicated by health problems

Did you know? A German study of Sudden Infant Death found that even exclusively breastfeeding for a month decreased the risk of SIDS by half!



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SUID Risk Reduction Practices for Parents

Providing Guidance for Feeding in Bed

If a parent falls asleep while feeding an infant:

Evidence suggests that it is less hazardous to fall asleep with the infant in the adult bed than on a sofa or armchair.

If the parent falls asleep while feeding the infant in bed, the infant should be placed back on a separate sleep surface as soon as the parent awakens.

There should be no pillows, sheets, blankets, or any other items in the bed that could obstruct infant breathing or cause overheating.

Even though researchers have found an association between bed-sharing and longer duration of breastfeeding, the AAP safe sleep guidelines advocate the *return of the infant to their own sleeping environment* at the end of feeding.

The safest place for an infant to sleep is on a separate sleep surface designed for infants close to the parent's bed.



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SUID Risk Reduction Practices for Parents

Consider Offering a Pacifier at Nap time and Bedtime

The AAP Task Force recommends the use of pacifiers when putting infants to sleep, within the following guidelines:

If a mother is breastfeeding, parents should wait until breastfeeding is well established before introducing a pacifier.

Offer the pacifier, but do not force the infant to take it if he or she refuses it.

Use a clean and dry pacifier; do not coat it with anything sweet or sticky.

If the pacifier falls out of the infant's mouth during sleep, there is no need to reinsert it. It is beginning the sleep period with the pacifier in the mouth that seems to be most important in reducing SIDS risk.

Please refer to www.PASafeSleep.org
for comprehensive safe sleep information.





SUID Risk Reduction Practices for Parents

Consider offering a Pacifier at Nap Time and Bedtime

Pacifiers have a protective effect on the incidence of SIDS even if it falls out of the infant's mouth after they fall asleep

Pacifiers should not be hung around the infant's neck due to risk of strangulation

Objects such as stuffed animals or small toys should not be attached to the pacifier as they can present a choking or suffocation risk

Did you know? Pacifier use helps to decrease SIDS risk by 50% to 90%!



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SUID Risk Reduction Practices for Parents

Immunizations

Infants should be immunized in accordance with recommendations of the AAP and Centers for Disease Control and Prevention

Research findings
reject a causal
relationship between
exposure to multiple
vaccinations and
SIDS

Risk of SIDS
may be halved
by immunization

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SUID Risk Reduction Practices for Providers

Safe Sleep Begins with the First Sleep

Healthcare professionals, staff in newborn nurseries and NICUs, and childcare providers should endorse and model the SIDS risk reduction recommendations from birth

**Moms should receive
Safe Sleep education
within the first 24 hours**

**Timing of this safe sleep
teaching has shown to in-
crease the amount of infants
with observed safe sleeping
habits in the hospital**

**Special consideration and efforts
should be targeted for high-risk and
minority populations to help pre-
vent any disparities in these groups**

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**Please refer to www.PASafeSleep.org
for comprehensive safe sleep information.**





SUID Risk Reduction Practices for Providers

Media and Manufacturers should follow Safe Sleep Guidelines in their Messaging and Advertising

Media exposures, manufacturer advertisements, and store displays affect individual behavior by influencing beliefs and attitudes.

Media messages can be very influential in decisions regarding sleep positions

Media and advertising messages can be contrary to safe sleep recommendations and can create misinformation about safe sleep

Images of infants sleeping with blankets, pillows, and other soft objects are widespread in popular magazines targeted to families with newborn infants

Model and Teach Safe Sleep Practices

It is our responsibility to direct our patients to credible safe sleep information such as www.PASafeSleep.org which has the appropriate links to safe sleep education.





Other Considerations

Tummy Time

Supervised awake tummy time is recommended to decrease positional plagiocephaly (flat head).

Tummy time helps to promote development.

Place awake infants on their stomach for supervised tummy time each day to promote motor development.

Lying on the stomach during playtime strengthens muscles in the shoulders and neck that are used to acquire many infant motor milestones.

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Other Considerations

Plagiocephaly

Alternate the baby's head position when he or she is placed to sleep so that the baby is not always sleeping on the same side of the head.

Change the direction the baby faces in the crib every week or so.

Use time while baby is awake to hold baby upright ("cuddle time").

Limits should be placed on the amount of time baby spends in car seats, carriers, or bouncy seats.

**Please refer to www.PASafeSleep.org
for comprehensive safe sleep information**





Other Considerations

Swaddling

Sleep clothing is safer than blankets, but sleep sacks are expensive. Most families will need to sometimes use a blanket to swaddle during the newborn period. It is important to teach proper swaddling for these occasions.

There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.

If swaddling is used, the infant should be placed supine, and swaddling should be discontinued as soon as the infant begins to attempt to roll.

Swaddling must be correctly applied to avoid the possible hazards, such as hip dysplasia, head covering, and strangulation.

Swaddling does not reduce the necessity to follow recommended safe sleep practices.



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Teaching Tips

Safe Sleep Guidelines for Infant's Caregivers

- ◆ Place infant on their back to sleep until their first birthday.
- ◆ An infant should sleep in the same room as an adult, but in their own crib.
- ◆ Do not use crib bumpers, blankets, pillows or toys in an infant's crib.
- ◆ The only thing in an infant's crib should be a firm mattress and a fitted sheet.
- ◆ Never place an infant to sleep in a crib made more than 10 years ago or that has missing or broken parts.
- ◆ Don't make the room an infant sleeps in too hot.
- ◆ Always place an infant on their back in their crib after feeding.
- ◆ Breastfeeding is recommended and has been shown to reduce the risk of SIDS.
- ◆ Keep infants away from smoke, alcohol and illegal drugs.

Did you know? SIDS is the most common cause of death in babies 1-12 months old.



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Teaching Tips

Creating a Safe Sleeping Space for an Infant

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

Corner posts should not go over 1/16" high.

Use a firm tight-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.

Model and Teach Safe Sleep Practices

Please refer to www.PASafeSleep.org for comprehensive safe sleep information.





Teaching Tips

Creating a Safe Sleeping Space for Infant

Do not use crib bumpers, comforters, quilts or pillows.

Never place stuffed animals or toys in an infant's crib.

Crib should not have cut-out shapes in the headboard or footboard.

Crib should not have missing or broken pieces (screws, brackets, etc.).

Do not make the room an infant sleeps in too hot.

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Please refer to www.PASafeSleep.org for comprehensive safe sleep information.





Infant Safe Sleep

Frequently Asked Questions

When should safe sleep education begin?

Education should begin on admission to the mother/baby room. Please review the PA Safe Sleep ABC brochures and posters with families on admission and reinforce this education throughout their hospital stay.

Where can you find the PA Safe Sleep brochure in other languages?

Visit www.PASafeSleep.org and click on the “Resources” tab.

How can you access the animated PA Safe Sleep patient education video?

Visit www.PASafeSleep.org and click on the “Resources” tab.

Model and Teach Safe Sleep Practices



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Infant Safe Sleep

Frequently Asked Questions

When should you assess for a safe sleep environment?
Every time you see your patient! If you see an unsafe practice, you must intervene every time. Consistency is key. This should also be part of your safety checks during patient centered nurse report at change of shift.

What should you do if you observe an unsafe sleep environment?
Provide corrective action and education and document your interventions in the comment section of the “Newborn Safety Rounds” parameter in PennChart.

What should you do if you have repeatedly counseled your patient about safe sleep, and the patient continues placing that fluffy blanket in the crib?
Keep removing the blanket and reinforcing the education. Document this in PennChart.

Model and Teach Safe Sleep Practices





Infant Safe Sleep

Frequently Asked Questions

What can you do if your patient is not open to receiving safe sleep education?

- Try again when the patient is more receptive to teaching (i.e.-when not in pain, overly tired or frustrated).*
- Try asking them which recommendation they disagree with and why, and start your conversation there.*
- Ask a Subject Matter Expert (SME) to step in.*

What can you do if your patient doesn't have a safe place for baby to sleep at home?

If they live in Philadelphia and cannot afford a crib, you can refer them to Maternity Care Coalition for their Cribs for Kids program. Families will be given a cribette and will receive additional safe sleep training in their home. You can make a referral at www.maternitycarecoalition.org/cribs-for-kids/.

Model and Teach Safe Sleep Practices





Infant Safe Sleep

Frequently Asked Questions

Q: Is it okay to have a bulb syringe in the bassinet?

A: *No—There should be nothing in the crib, except the baby. It is important for hospital staff to model an uncluttered crib.*

Q: Is it okay to place a burp cloth under baby's head in the crib?

A: *No—This is a loose soft item. We must model a completely uncluttered sleep environment in the hospital because this influences parent's behavior when caring for their baby at home.*

Q: Should I be concerned that my patient is using the sleep area of the hospital crib to store diaper changing supplies and clothes?

A: *Yes—In many SUID cases, the baby is sleeping in a bed with someone else while the crib/cribette is used for storage or laundry. If you see signs of this behavior in the hospital, please reinforce the need for baby to get used to sleeping alone, on their back, and in a crib.*

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Infant Safe Sleep

Frequently Asked Questions

When should tummy time start?

- ♦ *Right away! The sooner you start, the more receptive the baby will be. Babies should always be awake and supervised during tummy time.*

When should parents stop swaddling their baby?

- ♦ *When the infant shows signs of trying to roll over*

Should we be teaching parents to swaddle with a blanket or use a Sleep Sack?

- ♦ *Sleep clothing is safer than blankets, but Sleep Sacks are expensive. Most families will need to sometimes use a blanket to swaddle during the newborn period. It is important to teach proper swaddling for these occasions.*

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Infant Safe Sleep

Frequently Asked Questions

These devices are not designed for a sleeping baby.

Babies can overheat, a risk for SIDS.

Baby's head may slip down, compromising the airway.

Babies can flip over into an unsafe position and get stuck there.

Babies can slide down into a compromising position, especially if the straps are loose or improperly buckled.

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Please refer to www.PASafeSleep.org for comprehensive safe sleep information



Any questions, please contact a Safe Sleep SME.



Infant Safe Sleep

Frequently Asked Questions

What should be in baby's crib?

- *A firm well-fitting mattress*
- *A fitted crib sheet*
- *A baby in supine position*

What should you tell a mom who plans to have her twins share a crib?

- *Explain that, although they shared a womb, they will sleep much safer in separate cribs.*
- *Offer referral to Cribs for Kids if an additional sleep space is needed.*

What can you do if there is a smoker in the baby's home?

- *Explain the increased risk of SUID with smoke exposure and ways to mitigate it, such as smoking outside and changing clothes.*
- *Stress importance of following all other safe sleep guidelines*
- *Offer smoking cessation resources, such as www.SmokeFreePhilly.org*

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Infant Safe Sleep

Modifiable Risks for SUID

“Nearly 7 of 10 (69%) Philadelphia infants who died unexpectedly while sleeping were put to sleep in an unsafe place, which was most often an adult bed.” (Philadelphia Department of Public Health, 2017).

Always encourage caregivers to place Infants to sleep in their own safe place—crib, bassinette or Pack n’ Play.

Philadelphia Department of Public Health. (2017). Sleep-related Infant Deaths in Philadelphia. Retrieved from <https://www.phila.gov/media/20180917161056/Sleep-Related-Infant-Deaths-in-Philadelphia-CHART.pdf>

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Infant Safe Sleep

Modifiable Risks for SUID

“In 45% of Philadelphia infant deaths that occurred in a crib, bassinette, or Pack N’ Play, the baby’s sleep surface was cluttered with items that can cause suffocation, such as bumpers, pillows, boppies, and stuffed animals.” (Philadelphia Department of Public Health, 2017).

Please model and teach safe sleep practices by only using a fitted crib sheet with no extra clutter, including burp clothes, diapers, wipes, bulb suction, etc. in Infant’s crib.

Philadelphia Department of Public Health. (2017). Sleep-related Infant Deaths in Philadelphia. Retrieved from <https://www.phila.gov/media/20180917161056/Sleep-Related-Infant-Deaths-in-Philadelphia-CHART.pdf>

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Infant Safe Sleep

Modifiable Risks for SUID

“Nearly 6 of 10 (55%) of Philadelphia infants with SUID were co-sleeping with an adult, older child, or another infant.” (Philadelphia Department of Public Health, 2017).

Always reinforce the risks of sharing a bed with baby—

- They can roll off the bed & get hurt.
- Babies can get trapped between the bed & the wall & stop breathing.
- A sleeping adult or child may roll over on to the baby.
- Sleeping with comforters, blankets & pillows can put baby at risk to become tangled up & stop breathing.

Philadelphia Department of Public Health. (2017). Sleep-related Infant Deaths in Philadelphia. Retrieved from <https://www.phila.gov/media/20180917161056/Sleep-Related-Infant-Deaths-in-Philadelphia-CHART.pdf>

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Infant Safe Sleep

Modifiable Risks for SUID

Back to Sleep

“In over half (56%) of Philadelphia SUID cases, infants were found to be lying on their stomach or side rather than on their backs.” (Philadelphia Department of Public Health, 2017).

Prone position may increase the risk of overheating and increases the risk of rebreathing expired gases. The back sleep position is the safest. Every sleep time counts!

Philadelphia Department of Public Health. (2017). Sleep-related Infant Deaths in Philadelphia. Retrieved from <https://www.phila.gov/media/20180917161056/Sleep-Related-Infant-Deaths-in-Philadelphia-CHART.pdf>

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Infant Safe Sleep

For The NICU Patient

All NICU infants, including preterm and low birth weight, should be placed in supine position for sleep as soon as medically stable and significantly before discharge.

In particular, very preterm infants should be kept predominantly in supine position by 32 weeks so they become acclimated to supine sleeping before discharge.

Goodstein MH, Stewart, DL, Keels, EL, Moon RY. (2021). Transition to a safe home sleep environment for the NICU patient. Pediatrics. 148(1). doi: <https://doi.org/10.1542/peds.2021-052045>

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Infant Safe Sleep

For The NICU Patient

The preterm infant is at risk for Deformational Plagiocephaly (DP) because of decreased mineralization of skull bones and more prone and side positioning. Positioning devices can be used to prevent, control and correct DP while infants are under continuous monitoring in the NICU.

Parents need to be educated that the use of positioning devices is limited to the inpatient setting under strict monitoring and not part of a safe sleep environment.

Goodstein MH, Stewart, DL, Keels, EL, Moon RY. (2021). Transition to a safe home sleep environment for the NICU patient. Pediatrics. 148(1). doi: <https://doi.org/10.1542/peds.2021-052045>

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Infant Safe Sleep

For The NICU Patient

Developmental dysplasia of the hip (DDH) is the most common neonatal hip disorder and is no longer considered congenital but developmental in origin.

Proper swaddling technique should allow the hips to be flexed and abducted. Parents should be well-educated about safety issues regarding swaddling, especially the increased risk of SUID with non-supine positioning.

Goodstein MH, Stewart, DL, Keels, EL, Moon RY. (2021). Transition to a safe home sleep environment for the NICU Patient. Pediatrics. 148(1). doi: <https://doi.org/10.1542/peds.2021-052045>

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