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Safe Infant Sleeping Environment

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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 and provide education for parent(s) or authorized caregiver(s) on the importance of safe sleep practices and a safe sleep environment.

SCOPE OF PRACTICE: All health care providers caring for infants

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) – is a term used to describe 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:

1. Low birth weight infants
2. Preterm infants, including the Late Preterm infant
3. Male gender
4. Infants of mothers who had late or no prenatal care
5. Infants of young mothers (age less than 20 years)
6. Infants exposed to secondary smoke
7. Infants placed in prone sleep position
8. Infants sleeping on a soft surface/bedding
9. Infants bed sharing
10. Infants of African or American Indian/Alaska native
11. Infants not fed breast milk

PROCEDURES:**1. Sleep Position**

- A. “Back to Sleep” practices should be instituted for every sleep period and role modeled:
 1. Postpartum: immediately after birth when not skin-to-skin with alert adult



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- 2. Intensive Care Nursery(ICN): Starting at 32 weeks if medically stable and significantly before anticipated discharge
- B. Place infants in a supine sleep position for every sleep period unless skin-to-skin with alert adult.
- C. 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.
- D. Elevate the head of the crib only if medically indicated. Obtain a provider order.
- E. Alternate head position to the left and right occiputs to prevent positional cranial deformations and torticollis.

2. Sleep Surfaces

- A. Bedding/Soft Materials:
 - 1. Place newborn on firm sleep surface.
 - 2. Do not place soft materials such as pillows, quilts, comforters, sheepskin, loose bedding, 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.

3. Sleep Location

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



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- C. All 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.
- D. Avoid multiples bed sharing in one crib

4. Swaddling/Bundling

- A. Do not use any loose bedding. Over bundling and covering the face and head should be avoided which can lead to overheating.
- B. Swaddle the infant with hands towards mouth, and lower extremities in a flexed and slightly abducted position with face, head and/or neck not covered.
- C. Discontinue swaddling when infant begins to demonstrate readiness to roll over.
- D. Use infant sleep clothing designed to keep the infant warm without the possible hazard of head covering or entrapment, such as a sleep sack.

5. Pacifier Use

- A. For healthy term, early term and preterm breastfed infants, introduce a pacifier following the firm establishment of breastfeeding or as soon as desired for those that are not breastfeeding, or as medically indicated.
- B. Offer a pacifier at naptime and bedtime. Do not reinsert once the infant falls asleep.

6. Parent(s)/Caregiver Education

- A. Distribute the “Alone Back Crib” brochure to parent (s)/caregiver within the first twenty-four hours on postpartum unit.
 - 1. “Alone Back Crib” brochures are available at :
<https://www.pasafesleep.org/patient-familyeducation>



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- B. 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.
1. Stress the importance of supine sleep position and use of firm sleeping surface when in a crib/bassinet.
 2. Document sleep environment with infant assessment.
 3. Provide positive reinforcement for correct sleep practices and offer correction when assessment determines inappropriate sleep position or environment present.
 4. Breastfeeding is recommended. It is associated with a reduced risk of SIDS.
 5. Avoid over bundling – overheating
 6. Avoid use of soft materials, crib bumpers and extra loose bedding
 7. Encourage sleep in parents' room on a separate surface at least for first six months, ideally for 1st year
 8. Avoid bed sharing
 9. Avoid second hand smoke environment
 10. Avoid use of apnea monitors as a strategy to prevent SIDS
 11. Immunize infants in accordance with AAP and CDC recommendations
- C. 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.
1. Health care providers should educate parents on the importance of tummy time.
 2. **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.
- D. Advise parent(s)/caregiver to read manufacturer label on all infant seats, taking note of any weight requirements.



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- E. 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.
- F. The AAP recommends a separate sleep surface for infant, and minimizing risks in adult bed in case parent falls asleep while feeding infant. 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

7. Documentation

- A. Request the parent/caregiver sign the Voluntary Acknowledgement Statement before discharge.
 - 1. Give a copy to the parent(s)/stepparent/adoptive parent/legal guardian/legal custodian along with the educational materials.
 - 2. A copy will remain in the medical record. The Voluntary Acknowledgement Statements and educational materials are available at <http://www.dsf.health.state.pa.us/health/cwp/view.asp?a=179&q=233012>
- B. Document the education in the medical record.



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