Objectives

• After today’s training, you should be able to:
  – Describe the latest recommendations for infant safe sleep
  – Know how to eliminate risk factors for infant sleep deaths
  – Understand your role in modeling safe sleep practices for infants
Infant Safe Sleep Recommendations

• In 2011, the American Academy of Pediatrics released updated guidelines for infant safe sleep¹
  – Update to “Back to Sleep”

• Specific recommendations included:
  – Infants should sleep alone (no bed-sharing)
  – Infants should sleep on their back
  – Infants should sleep in a crib or bassinette

Infant Safe Sleep Recommendations

• Higher risk of death associated with bed sharing\(^1\)
  – Overall odds of dying: **2.89 times greater**
  – Odds of dying if infant <3 months old: **10.37 times greater**
  – Odds of dying if mother smokes: **6.72 times greater**

Infant Safe Sleep Recommendations

• Higher risk of death associated with sleeping on side or stomach\textsuperscript{1,2}

  – Odds of dying if sleeping on side: \textbf{2.0 times greater}

  – Odds of dying if sleeping on stomach: \textbf{2.6 times greater}


Infant Safe Sleep Recommendations

- Other recommendations¹:
  - Use firm sleep surface
  - Keep soft objects and loose bedding out of crib
  - Pregnant women should receive regular prenatal care
  - Avoid smoke exposure, alcohol, and illicit drug use during pregnancy
  - Breastfeed
  - Offer pacifier at nap time and bedtime
  - Avoid overheating

Is This a Problem in Tennessee?

• Each year in Tennessee, nearly 600 infants die before reaching their first birthday
  – In 2011, 109 of those infants died from preventable sleep-related deaths¹
  – Twenty percent of infant deaths in Tennessee are attributable to preventable unsafe sleep practices¹

• Among sleep-related infant deaths in TN between 2009-2011¹:
  – 84% were not sleeping in a crib or bassinette
  – 68% were not sleeping alone
  – 46% were not sleeping on their back

¹. Tennessee Department of Health, Division of Family Health and Wellness. Child Fatality Review.
Why Focus on Safe Sleep?

If we could eliminate these preventable sleep-related deaths, we would move from the bottom five states in infant mortality to the national average!
Impact of Eliminating Sleep-Related Deaths

• 109 children = equivalent of five kindergarten classrooms
Always Remember the ABC’s

• Babies should sleep:
  – **ALONE**
    • Not with adults, other children, or pets
    • Not with toys, stuffed animals, blankets
  – **On their BACK**
    • Not on their side
    • Not on their stomach
  – **In a CRIB or bassinette**
    • Not in the parent’s bed or a sibling’s bed
    • Not in a couch or chair
    • Not in a car seat or carrier
What About Reflux?

- **All** babies reflux
  - *Babies have protective mechanisms to keep their airway safe*
  - *The back position is still the safest*
- Elevating the head of the bed is not recommended\(^1\)
  - *Does not help reflux*
  - *Baby may slide to foot of bed and compromise airway*
- **Rare** exceptions: example—compromised airway protective mechanisms (such as grade 3-4 laryngeal cleft before surgical repair)

Sleep Position and Choking Risk

Baby on Stomach INCORRECT

If this baby vomits or spits up, gravity might pull food down into the wind pipe (trachea), causing the baby to aspirate or choke.

Images courtesy of the Back to Sleep campaign: for educational purposes only; NICHD, NIH, DHHS; http://www.nichd.nih.gov/sids
Sleep Position and Choking Risk

If this baby vomits or spits up, gravity might keep food from going into the wind pipe (trachea), making it less likely for the baby to aspirate or choke.

Images courtesy of the Back to Sleep campaign: for educational purposes only; NICHD, NIH, DHHS; [http://www.nichd.nih.gov/sids](http://www.nichd.nih.gov/sids)
What About NICU Babies?

• Preterm infants are at increased risk of sleep-related deaths
• AAP recommends that preterm infants be placed on their back as soon as medically stable
  – Well in advance of discharge home
  – By 32 weeks postmenstrual age

• Make a point of educating families on the new position and why back sleeping is important

Unsafe and Potentially Deadly Sleep Scenarios
Safe Places for Baby to Sleep
UNSAFE Places for Baby to Sleep

- Inflatable mattresses
- Car seat or carrier
- Bouncy chair or swing
- Sofa or couch
- Chair
Why Focus on Hospitals?

• Because the AAP says so!
  – *AAP recommends that health care professionals endorse risk-reduction strategies*

• Because we can impact the families of almost every baby born in Tennessee
  – *Nearly all (98.7%) of Tennessee births occur in hospitals*

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1. Tennessee Department of Health, Division of Policy Planning and Assessment.
Why Focus on Hospitals?

• Health care providers may not always provide the most up-to-date information or model correct safe sleep practices
  – 2006 study: Only 52% of NICU nurses provided discharge instructions for exclusive back sleeping\(^1\)
  – 2007 study: Only 74% of pediatricians and 62% of family physicians recommended exclusive back sleeping\(^2\)
  – 2009 study: 72% of nurses knew back sleeping protective for SIDS; only 30% regularly placed infants on back\(^3\)

Why Focus on Hospitals?

• What parents see matters!
  – 1998 study: Among parents who observed stomach sleeping in hospital, 93% intended to place infant on stomach at home¹
  – 2001 study: Parents who saw exclusive back sleeping in nursery more likely to put baby on back at home²

Why Focus on Hospitals?

• Because hospital-based interventions can make a difference!
  – Large metropolitan level II nursery: NICU staff education and trigger tool and rapid-cycle change → increased use of appropriate bedding and parent education¹
  – Large TX NICU: Safe sleep algorithm, crib card, education for staff/parents, crib audit tool, and postdischarge telephone reminders → increased supine positioning; improved parental compliance
  – York, PA hospital: Educational DVD, face to face review with nurses, parental acknowledgement statement → improved parental intent for supine positioning and use of crib/bassinette; improved understanding of AAP guidelines

Why Focus on Hospitals?

• Perhaps most importantly, parents and caregivers trust health care providers.
Hospital Partnership

- Our hospital has partnered with the Tennessee Department of Health to promote safe sleep

- Each baby born in our facility will receive a free copy of the “Sleep Baby, Safe and Snug” board book

- We also have access to free safe sleep promotional materials from the Tennessee Department of Health
More Details on the Partnership

• Our hospital has agreed that promoting safe sleep recommendations is important and is a priority
• In partnership with the Tennessee Department of Health, we have agreed to:
  – *Develop a hospital safe sleep policy*
  – *Provide at least annual education to staff*
  – *Conduct at least quarterly compliance monitoring*
Practical Tips

• Explain the hospital policy on safe sleep to parents and caregivers
  – Make this a routine part of your interactions (just like you would talk with them about visiting hours, rooming-in policies, etc)
  – Include this as a part of routine infant care teaching and discharge teaching
• Inform parents and caregivers of the risks of unsafe sleep (bed-sharing, sleeping on side or stomach)
• Remind other colleagues of the safe sleep policy if you see them putting a baby at risk
Practical Tips

- Model the correct safe sleep practices **every time** you put the baby down to sleep
  - Make a point to tell parents and caregivers why you are putting the baby down this way
  - If you find the baby sleeping in an unsafe position, correct the situation and use it as a teachable moment
  - Use hospital policy to back you up
Practical Tips

• Things to keep out of the infant’s crib:
  – Measuring tape
  – Blankets
  – Wash cloths and towels
  – Thermometers
  – Bumper pads
  – Charts
Practical Tips

• The recommendations for infant safe sleep apply **throughout** the hospital. This includes:
  – Newborn nursery
  – Mother’s room
  – Family rooms
  – NICU
  – Other inpatient floors
  – Emergency department
  – *And anywhere else that infants might sleep*
Keys To Success

Consistent Messaging + Consistent Modeling = Safe Babies & Fewer Deaths

Parents and caregivers:
- Hear same message from all providers
- Hear message multiple times
- Hear message in multiple ways

All staff:
- Put babies to sleep in the safest position
- Conform with hospital policy at all times
- Find “teachable moments” to correct unsafe behaviors

All together:
- We will save babies!
Summary

• Sleep-related infant deaths are a serious problem in our state
  – And we know how to prevent them
• Our hospital policy supports the latest recommendations from the American Academy of Pediatrics
  – Babies should always sleep ALONE, on their BACK, and in a CRIB
• We should all work together to keep babies safe by spreading the same message and modeling the safest behaviors
For More Information

• Tennessee Department of Health Safe Sleep Website
  – http://safesleep.tn.gov

• Centers for Disease Control and Prevention (CDC)
  – http://www.cdc.gov/SIDS/

• First Candle Safe Sleep Campaign