

University of Tennessee Medical Center
Mother Baby, Labor & Delivery, and Intensive Care for Neonates / Infants

Devised: 03/2013

Subject: Infant Positioning and Safe Sleep Practice

Revised:

Reviewed:

Policy Statements:

1. Healthcare providers participate in the campaign to reduce SIDS risk.
 - Focus on:
 - Safe sleep environment
 - Ways to reduce sleep related deaths including: SIDS, suffocation, and accidental deaths.
 - Teach and model safe sleep practice to parents / care providers who visit.

Procedure:

A. Healthy, term infants

1. Place healthy term infants on the back to sleep with the head of bed flat.
2. Use a firm sleep surface – a firm mattress with a thin covering
 - Do not use soft bedding such as pillows, quilts, and stuffed animals.
3. Swaddle/bundle infants to the axilla level or lower.
 - If the gestational age is 34 weeks and beyond consider a “sleep sack.” Infants less than 38 pounds and less than 1 year of age may use sleep sacks.
 - If temperature instability occurs, tuck an additional blanket around the mattress and cover the infant below the axilla level or lower.
4. So an infant cannot wiggle down below the blanket, the feet should touch the bottom of the bed.
5. Maintain environmental temperature at a comfortable level.

B. Infants in the Intensive Care Unit: (Less than 1 year of age)

1. Preterm or ill newborns benefit developmentally and physiologically from prone or side lying positioning. Infants who may benefit from alternate sleep positioning include those with:
 - Upper airway compromise
 - Symptomatic GE reflux
 - Respiratory distress
 - A greater degree of prematurity
2. Position in an alternate sleep position:
 - When continuously observed and on cardio-respiratory monitors.
 - Until resolution of symptoms.
3. In the ICU, bundle infants to the shoulders to promote temperature regulation or for the management of infants with Neonatal Abstinence Syndrome (NAS).
4. Transition NICU patients to the Home Sleep Environment (HSE) when:
 - Greater than or equal to 34 weeks corrected gestational age and 1500 grams.
 - No symptoms GE reflux, apnea, or respiratory distress.
 - Stable and in recovery stage of development.
5. To role model safe sleep at home, twins or other multiples should not share a bed.
6. Kangaroo Care – during Kangaroo Care it is not appropriate to allow or promote sleeping with their baby for any reason. Awaken a parent who does fall asleep.

C. Neonatal Abstinence Syndrome (NAS) Comfort Measures: Rock, Hold (volunteers), Swaddle

1. If irritability continues despite efforts to calm.
 - May position infant prone. Re-assess symptoms of withdrawal when infant awakens.

2. Irritability continues > 12 hours that necessitates prone positioning at times.
 - Consult with MD/NNP to review scores and meds.
 3. Re-assess prone positioning need. Use comfort measures BEFORE placing an infant prone.
 4. Getting ready for home:
 - Discontinue prone positioning if in use. Implement the “home sleep environment”
 - Discuss with primary nursing team, PT/OT, MD / NP / PA.
 5. When an infant is prone, the family needs more education. Be consistent with messages.
 - Do Not Say:
 - “I couldn’t get him to sleep so I put him on his belly.”
 - “She was very fussy last night and slept better on her belly.”
 - “Belly sleeping is ok in the NICU because our babies are monitored – don’t do this at home.”
 - Do Say:
 - “To help keep her calm, I put her on her belly for a brief time. This special therapy is sometimes needed to help with withdrawal symptoms.”
 - “It is very important to follow the home sleep environment because of the higher risk for SIDS.”
- D. Family/Parental teaching:** The ABCs of sleep; Infants sleep Alone, on the Back in a Crib.
1. Follow current American Academy of Pediatrics guidelines.
 2. Educate parents / caregiver to provide the infant 1 ½ hours to 2 hours prone during the day under parental observation. This can be 5-10 minutes at a time and may prevent the following:
 - plagiocephaly
 - positional torticollis
 - neck weakness
 - aversion to prone
 - delay in infant ability to roll or prop self in prone

Documentation:

A. Document the infant’s position and parent education in patient chart.

References

American Academy of Pediatrics Policy Statement, Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Sleep Environment. Pediatrics, October 2011, 16(5): 1030-1039. DOI: 101542/peds.2001-2284

National Institute of Child Health and Human Development (NICHD), Continuing Education Program on SIDS Risk Reduction. <http://www.nichd.nih.gov/SIDS/Pages/sidsnursesce.aspx>

Wellspan Health York Hospital Department of Nursing Policy and Procedure: Infant Positioning / Safe Sleeping Practice Policy. <http://cribsforkids.org/wp-content/uploads/2011/10/5-hospital-policy-for-infant-sleep-safety.pdf>

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TN.gov Safe Sleep Materials <http://safesleep.tn.gov/admaterials.shtml>