What is Safe Sleep for Babies?

[ an educational flip chart ]

DEVELOPED BY:
GEORGIA DEPARTMENT OF PUBLIC HEALTH
INJURY PREVENTION PROGRAM
What is Safe Sleep for Babies?
Trend Over Time

![Graph showing trends over time for different causes of deaths, including Combined SUID Death Rate, Sudden Infant Death Syndrome, Unknown Cause, and Accidental Suffocation and Strangulation in Bed. The graph compares the number of deaths per 100,000 live births from 1990 to 2010.](image-url)
As of 2015, Georgia averaged 3 infant deaths per week due to sleep-related causes. The majority of these deaths were preventable.
Terms

- Sudden Infant Death Syndrome (SIDS): Sudden, unexplained death of a baby younger than one (1) year of age that does not have a known cause after a complete investigation (complete autopsy, examination of the death scene, and review of the clinical history).

- Sudden Unexplained Infant Death (SUID): Death of an infant less than one (1) year of age that occurs suddenly and unexpectedly. After a full investigation, these deaths may be diagnosed as suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, cardiac arrhythmias, trauma (accidental or non-accidental), or SIDS.

- In some cases—where the evidence is not clear or not enough information is available—the death is considered to be of an undetermined cause.
Demographics/Equity

Location at time of Infant Sleep-related Death
5 Year Totals 2009-2013

Source: GA Child Fatality Review File, 2014
Sleep-Related Deaths by Age in Months, GA, 2014, n=158

90% of infant sleep-related deaths occur prior to 6 months of age.

Source: GA Child Fatality Review File, 2014
Georgia Safe to Sleep Campaign

Provides tools and resources that strengthens policy, provide consistent education and change infant sleep environments to:

• Prevent infant sleep-related deaths in Georgia
• Empower professionals to educate parents
• Empower families to make informed decisions about infant sleep
• Increase access to resources that support behaviors that protect infants from sleep-related deaths
• Promote ABCs of Safe to Sleep
  ▪ Alone - In their own sleep space
  ▪ Back- On their back, every sleep, every nap, every time
  ▪ Crib - In a crib or bassinet with a firm, flat surface
Alone – My baby should always have his or her own safe sleep space. Close by, but separate. No sharing of the sleep space with others, including children.

Back – My baby is placed on his or her back for every sleep, every time, even naps.

Crib – My baby needs a crib without blankets, quilts, crib bumpers or other items. Please no couches or adult beds.

For more Information on Safe Sleep for Babies – visit www.dph.ga.gov/safetosleep
Hospital Initiative
78 birthing facilities (100%)
2016 American Academy of Pediatrics
Safe Infant Sleep Sleep Recommendations

• Level A Recommendations:
  • Back to sleep for every sleep.
  • Use a firm sleep surface.
  • Breastfeeding is recommended.
  • Room-sharing with the infant on a separate sleep surface is recommended.
  • Keep soft objects and loose bedding away from the infant’s sleep area.
  • Consider offering a pacifier at naptime and bedtime.
  • Avoid smoke exposure during pregnancy and after birth.
  • Avoid alcohol and illicit drug use during pregnancy and after birth.
  • Avoid overheating.
  • Pregnant women should seek and obtain regular prenatal care.
  • Infants should be immunized in accordance with AAP and Centers for Disease Control recommendations.
AAP 2016 Safe Infant Sleep Recommendations (cont.)

- **Level B Recommendations**
  - Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
  - Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly.

- **Level C Recommendations**
  - Continue research and surveillance on the risk factors, causes, and pathophysiologic mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely.
  - There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
Risk reduction is a behavioral change concept.

1) Individuals make their own choices about what they are willing/able to change.

2) Informed choice is our goal.
Practice Questions

• Q: My Mom put be on my stomach when I was young, I turned out fine, why is it so important for me to put my child on her back to sleep?

• True or False: It takes time for a baby to learn to sleep soundly on his or her back.

• True or False: Laying my baby down for a nap on the couch is okay, as long as it isn’t overnight.

• True or False: If my baby rolls over on his own onto his stomach, I don’t need to reposition him onto his back.
Accidental Suffocation & Strangulation in Bed Mechanisms

- Suffocation
- Overlaying (rolling on top of or against baby while sleeping)
- Wedging or entrapment between mattress and wall, bed frame, furniture
- Strangulation
Safe Sleeping Places for Baby

We Protect Lives.
Unsafe Places for Baby to Sleep
Some Other Things to Consider...
Despite these recommendations...

• The prevalence of supine (back) positioning has remained stagnant for the past decade.

• One reason often cited by parents for not using the supine sleep position is the perception that the infant is uncomfortable or does not sleep well. However, an infant who wakes frequently is normal and should not be perceived as a poor sleeper.

• Physiologic studies show that infants are less likely to arouse when they are sleeping in the prone (stomach) position. The ability to arouse from sleep is an important protective physiologic response to stressors during sleep, and the infant’s ability to sleep for sustained periods may not be physiologically advantageous.
Most Commonly Identified Barriers to Practicing Safe Infant Sleep

1. Better caregiver and infant sleep
2. Caregiver convenience and baby’s comfort
3. Familial tradition
4. Perceived child safety including concerns of choking and
5. Parent and child emotional needs
Supporting Parents

- Feeding
- Crying
- Sleeping

Parent Stress/Anxiety
Child Health and Safety
Period of PURPLE Crying

THE LETTERS IN PURPLE STAND FOR

P: PEAK OF CRYING
Your baby may cry more each week, the most in month 2, then less in months 3-5

U: UNEXPECTED
Crying can come and go and you don’t know why.

R: RESISTS SOOTHING
Your baby may not stop crying no matter what you try.

P: PAIN-LIKE FACE
A crying baby may look like they are in pain, even when they are not.

L: LONG LASTING
Crying can last as much as 5 hours a day, or more.

E: EVENING
Your baby may cry more in the late afternoon and evening.

THE WORD PERIOD MEANS THAT THE CRYING HAS A BEGINNING AND AN END
When crying is excessive

Inhibition of intuitive parenting
- Avoidance of playful interaction
- Ignoring of signals
- Unpredictable, inadequate, ineffective responsiveness
- Delayed latency to respond

Lack of intuitive support
- Neglect
- Abuse

Chronic exhaustion
- Sleep deficit
- Overstrain
- Hyperexcitability

Ambivalence
- Lost dream of the "perfect Baby"
- Rejection, feeling rejected
- Aggression

Learned helplessness
- Lost dream of the "perfect mother"
- Injured self-esteem
- Depression, guilt feelings

Revival of neurotic conflicts
- Partner conflicts
- Role conflicts
- Conflicts with parents

Postnatal
Perinatal
Prenatal

Somatic risks

Psychosocial risks
Babies and Sleep

• Newborns will sleep 16-17 hours per day
  • But only for 2-4 hours at a time
• Around 6-8 weeks old
  • Shorter during the day and longer at night but, still will wake to eat
• All babies are different!
  • Some will sleep through the night (6 hours) as early as 6 weeks but others, as long as 5-6 months
A Newborn’s Stomach

Day one
Size of a cherry
5 - 7 ml
1 - 1.4 teaspoons

Day three
Size of a walnut
22 - 27 ml
0.75 - 1 oz

One week
Size of an apricot
45 - 60 ml
1.5 - 2 oz

One Month
Size of a large egg
80 - 150 ml
2.5 - 5 oz
Early cues – “I’m hungry”

- Stirring
- Mouth opening
- Turning head
  Seeking/rooting

Mid cues – “I’m really hungry”

- Stretching
- Increasing
  physical movement
- Hand to mouth
Late cues – “Calm me, then feed me”

Crying

Agitated body movements

Colour turning red

Time to calm crying baby

- Cuddling
- Skin-to-skin on chest
- Talking
- Stroking
Falling Asleep While Feeding

• It is not uncommon (especially when breastfeeding)
  • Avoid couches and chairs; lying on a flat surface is preferred
  • Return baby to his/her own sleep space immediately upon waking
  • Risk increases with length of duration and location
Room Sharing

- Ideally for first year of life, but at least for the first six (6) months
- The American Academy of Pediatrics recommends room-sharing, because this arrangement decreases the risk of SIDS by as much as 50% and is safer than bed sharing, or solitary sleeping (when the infant is in a separate room)

After breastfeeding  
Return baby to his/her own sleep space
Swaddling & Safe Sleep

- **American Academy of Pediatrics Guideline** - There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.

- If swaddling is used:
  - It must be done correctly to avoid concerns of hip dysplasia, etc.
  - Only thin blankets are to be utilized
  - Parents must discontinue swaddling as soon as the infant is able to “break free” from the swaddle
  - Parents can also be encouraged to use a “swaddle sack”
Breastfeeding is Recommended

- 2016 American Academy of Pediatrics Update - Breastfeeding is associated with a reduced risk of SIDS.
  - The protective effect of breastfeeding increases with exclusivity.
  - However, any breastfeeding has been shown to be more protective against SIDS than no breastfeeding.
Why Suggest Pacifiers too?

• **2016 American Academy of Pediatrics Update** - Consider offering a pacifier at nap time and bedtime.
  - Studies have reported a protective effect of pacifiers on the incidence of SIDS.
  - The protective effect of the pacifier is observed even if the pacifier falls out of the infant’s mouth.
  - Decreased risk of SIDS ranges from 50% to 90%.
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 the foot of the bed and compromise airway

• **Rare exceptions:**
  • Example: compromised airway protective mechanisms (such as grade 3-4 laryngeal cleft before surgical repair)

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Choking Concerns

Upper Respiratory Anatomy
Trachea = Airway • Esophagus = Goes to Stomach

Less Risk of Choking
Gravity helps keep food and liquid out of trachea (airway).

Greater Risk of Choking
Gravity draws food and liquid into the trachea (airway).

We Protect Lives.
Safe and Effective Ways to Bond

- Breastfeed your baby (protects against SIDS, too)
- Read, sing, or talk to your baby
- Hold and snuggle your baby while awake
- Supervised tummy time
- Engage in eye contact
Resources Available

**What is Safe Sleep for Babies?**

*an educational flip chart*

**Educational Flipchart for Patient Education and/or training for staff on effective Safe Sleep education.**

**Patient Education handouts, board books and other resources.**
Additional Resources

Georgia Department of Public Health -

Georgia Safe to Sleep Campaign [http://dph.georgia.gov/safetosleep](http://dph.georgia.gov/safetosleep)

- Contact: Terri Miller, Safe to Sleep Coordinator at [Terri.Miller@dph.ga.gov](mailto:Terri.Miller@dph.ga.gov) or 404-657-2904

Division of Family and Children Services [https://dhs.georgia.gov/safe-sleep](https://dhs.georgia.gov/safe-sleep)

- What is Safe Sleep for Babies? 7 minute educational video [vimeo.com/dfcsets/review/132107608/4aba5356f8](https://vimeo.com/dfcsets/review/132107608/4aba5356f8)

Georgia Child Fatality Review Panel (Georgia Bureau of Investigation)

- Saving Georgia’s Babies video [https://www.youtube.com/watch?v=ks9ew3lYRe4](https://www.youtube.com/watch?v=ks9ew3lYRe4)

CDC Safe Sleep Information [www.cdc.gov/sids](http://www.cdc.gov/sids)

First Candle (prevention and bereavement resources) [www.firstcandle.org](http://www.firstcandle.org)

American Academy of Pediatrics [www.healthychildcare.org](http://www.healthychildcare.org)

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) – Safe to Sleep Campaign [http://safetosleep.nichd.nih.gov](http://safetosleep.nichd.nih.gov)

Additional online safe sleep training specifically for Nurses, 1.5 credit hours available, free of charge: [https://www.nichd.nih.gov/cbt/sids/nursececcourse/Welcome.aspx](https://www.nichd.nih.gov/cbt/sids/nursececcourse/Welcome.aspx)
Thank you!
Any Questions or Concerns?

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