UW Medicine | VALLEY MEDICAL CENTER

WOMEN AND CHILDRENS
BIRTH CENTER, NEONATAL INTESIVE CARE UNIT, PEDIATRICS, POST-PARTUM
SAFE SLEEP ENVIRONMENTS FOR INFANTS AND CHILDREN

POLICY STATEMENT:

American Academy of Pediatrics (AAP) recommendations and evidence-based data provide the foundation for infant and child safe sleep protocols at Valley Medical Center (VMC). 1-6 Infant sleep positioning and sleep environment policies are based on the updated AAP "Safe to Sleep" guidelines published in 2016.1 Pediatric safe sleep policies are centered on AAP recommendations as well as research surrounding fall risks for children in hospital settings.2-4Recent statistics indicate that non-supine sleep position, loose bedding in the sleep area, and especially bed sharing are highly correlated with infant sleep-related deaths.7-9 Studies also show that safe sleep modeling in hospitals and accurate parent education is lacking, which underscores the need for a policy to outline VMC protocols.10,11

POLICY:

Provide written guidance about implementing and modeling infant safe sleep protocols that are alignedwith American Academy of Pediatrics (AAP) recommendations. Describe optimal bed choice for hospitalized children less than 3 years old. Communicate AAP safety recommendations regarding bed sharing in hospitals.

DEFINITIONS (if needed):

SUID (Sudden Unexpected Infant Death): also known as SUDI (sudden unexpected death in infancy), is an umbrella term used to describe any sudden and unexpected death of an infant less than 1 year old in which a cause is not obvious before investigation (such as a known illness or medical condition); most of these are sleep-related deaths.12,13

ASSB (Accidental Suffocation and Strangulation in Bed): a scene investigation reveals the infant was found in a location/position which makes the cause of death apparent. Autopsy findings may or may not support the conclusion. Causes include overlay by someone sleeping in the same space, suffocation or strangulation by an item in the sleep environment, or entrapment where the infant becomes lodged in a confined space.12

SIDS (Sudden Infant Death Syndrome): the sudden, unexplained death of an infant younger than 1 year of age that remains unexplained after a complete investigation. This investigation includes performance of a complete autopsy, examination of the death scene, and review of the clinical history.12,13 Most SIDS deaths happen to infants between the age of 1 month and 6 months of age.14

Tummy time– when the infant is awake and supervised in the prone (on stomach) position. Tummy time aids in the infant's development of shoulder, girdle, arm strength, head control and stability of the trunk.15

RESPONSIBILITIES:

Nurse modeling and parent teaching should reflect the 2016 AAP "Safe to Sleep" guidelines:

Sleep environment:

- Supine positioning- "back to sleep" for every sleep, naps and nighttime

- Use a flat and firm sleep surface
- Room-sharing for at least the first 6 months; caregiver(s) and infant should sleep on separate surfaces
- Keep soft objects and loose bedding out of infants' sleep area; infant's sleep area should be clear
- Avoid overheating and head covering in infants
- There is no evidence to recommend swaddling as a strategy to reduce SIDS risk
- Avoid use of commercial devices that are inconsistent with safe sleep recommendations
- Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS

Awake environment:

- Supervised tummy time is recommended as it facilitates development of shoulder arm strength, head control, and stability of the trunk and minimizes development of positional plagiocephaly

Risk reduction:

- Breastfeeding is recommended
- Consider offering a pacifier at nap time and bedtime once breastfeeding is well established
- Avoid maternal smoke exposure during pregnancy and infant exposure after birth
- Mother should avoid alcohol and illicit drug use during pregnancy; all infant caregivers should avoid use after birth
- Pregnant women should obtain regular prenatal care
- Infants should be immunized according to AAP and CDC recommendations
- Healthcare professionals should endorse and model AAP recommendations from birth

LOCATION- BIRTH CENTER/ PEDS MOTHER-BABY (term and late-preterm newborns)

1. All babies without a medical contraindication (i.e. congenital malformations, potentially impairing upper airway patency and selected infants with clinically symptomatic gastroesophageal reflux) should be placed supine and flat for sleeping.

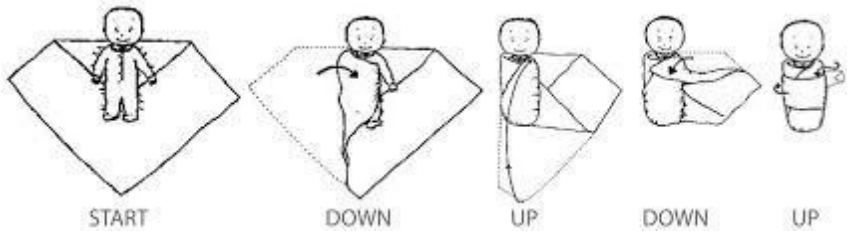
2. Infants should be placed in a newborn bassinet that has a firm mattress with a thin covering. In the case of multiples, each infant will be in a separate crib.

3. The crib mattress should be securely covered with a pillowcase or tight, fitting sheet to keep mattress from being soiled.

4. Extra bedding, pillows, bumper pads, positioning devices and soft toys can pose a risk for suffocation or entrapment and should not be used in the bassinette.

5. Swaddling does not reduce the risk for SIDS, but a swaddle may be provided for calming/comfort, warmth, and to assist with sleep. Sleep clothing, such as sleepers, sleep sacks, and wearable blankets, are good alternatives to blankets.

a. The newborn may be swaddled in a single blanket that comes up no higher than the infant's shoulders. A second swaddle blanket can be added to maintain thermoregulation in the same manner as the first swaddle blanket.
b. The swaddle should be secure but not too tight (2-3 finger space between body and blanket). The swaddle should be loose around the hips to prevent dysplasia.
c. Remind parents that they should discontinue swaddling as soon as the infant can roll over (often between 3 to 4 months of age). Once able to roll, swaddling can be dangerous (infant can get "stuck" in prone position).



6. Inform parents that hats and extra blankets are generally not needed in the home environment. Dress the infant similarly to adults, with perhaps one extra layer for warmth. Overdressing/overheating an infant increases SIDS risk.

7. If a parent-baby dyad is observed sleeping in a situation that is unsafe, such as the infant in the bed with mother or on a pillow, the nurse will move the infant to the crib and teach the safe technique as soon as practical.

LOCATION- NEONATAL INTENSIVE CARE UNIT

1. As there may be developmental and physiological benefits of non-supine and therapeutic positioning for preterm and ill newborns, exceptions to the safe sleep practices outlined above may be made in the NICU setting. The NICU infant may sleep in side-lying or prone position when continuously monitored and observed.

2. Infants with medically complex needs may have a medically indicated reason to be placed prone to sleep but will be on cardiorespiratory monitors and/or oxygen saturation monitor. Examples include:
   a. Preterm infants with respiratory distress for whom prone positioning has been shown to be beneficial.
   b. Infants with airway obstruction who show improvement with prone positioning
   c. Infants with congenital malformations
   d. Infants with clinically symptomatic gastroesophageal reflux.

3. Use of bedding and positioning devices:
   a. In collaboration with the infant PT/OT team, blankets, frog positioning device, gel pillows, and bendy-bumpers may be used for developmentally supportive care ("nesting").
   b. In collaboration with the infant's LIP, positioning devices may be used to assist with self-soothing while under phototherapy.
   c. Patient will be regularly evaluated for readiness to transition to "Safe to Sleep".

4. AAP "Safe to Sleep" recommendations should be applied to all infants including premature infants who have recovered from respiratory distress syndrome.
   a. This transition should occur well before discharge in order to model safe sleep practices to families.

b. Staff will present this change as a graduation event for the infant (from prone to supine position).
    i. Staff will utilize this graduation as a celebration and opportunity to teach the family about the proper sleep position, safe sleep environment, and SIDS prevention strategies to follow at home.
    ii. To prevent suffocation, all infant sleep areas in the hospital (including isolettes) should always be free of loose blankets, pillows, bumper pads, and soft toys.

LOCATION- PEDIATRIC UNIT

1. Infants admitted to the pediatric unit who are less than 12 months of age will adhere to the AAP "Safe to Sleep" guidelines while in the hospital.
2. The infant should be placed "back to sleep" but need not be repositioned if he/she rolls or repositions during sleep.
3. **When an infant is able to independently roll out of supine position**, he/she should no longer be swaddled.
4. The AAP recommends against bed-sharing with an infant.
    a. Bed sharing increases the risk of SIDs or suffocation. The risk is increased in the following situations:
        i. Infants younger than 4 months
        ii. Bed sharing with a parent who is a current smoker or if the mother smoked during the pregnancy
        iii. Bed sharing with a parent who is excessively tired, taking prescription pain medications, or substances such as alcohol or illegal drugs
        iv. Bed sharing with a non-parent, multiple adults, or any child.
        v. Infants born preterm and/or with low birth weight
    b. A safe sleep environment in the hospital is one where the infant/child sleeps independently of the parent in an age-appropriate bed. In the case of multiples, each infant will be in a separate crib.
    c. If the parent indicates that bed sharing is practiced at home and the child is less than 3 years old, the standard message will be "bed sharing is not considered safe for hospitalized children."
        i. Discuss key points with the parent:
            1. AAP advises against bed sharing due to the risk of SIDS.
            2. A child in the hospital requires frequent assessment which is difficult to do when a child is bed sharing with a parent
            3. There is risk of suffocation in an adult hospital bed
            4. There is a risk of serious injury from a fall from an adult hospital bed.
            5. There is no bed sharing allowed in the hospital. Infant must sleep in the hospital bed/crib but parents can pull the crib next to their bedside or sleeper couch.
    d. The AAP recommends that a child is ready to transition from a crib to a "big kid" bed when the crib rail falls below the child's chest (nipple line) when standing in the crib.
    e. If parents disagree with the safe sleep policy and want to proceed with bed sharing or use of adult bed:
        i. Patient's nurse notifies charge nurse that parent disagrees with the policy.
        ii. Charge nurse determines if an off-policy request is indicated.
            1. If off-policy is approved for bed sharing, the child must be on monitors. Staff will obtain order for CRM from LIP.
        iii. Scripting for staff:
            1. *"I understand you bed share at home, but in the hospital bed sharing is not safe. The adult beds are designed for adults, leaving potential hazards for young children. We want your child to be safe and there have been reported injuries from children <3yo sleeping in an adult bed."*
            2. *"At the hospital, we ask that children <3yo sleep in a crib. We have seen serious injuries in children from falling out of the adult bed onto our cement floors."*
            3. *"I know this is difficult, but the hospital policy is that your child needs to sleep in*

the crib. We do not want your child to be injured by sleeping on the wrong sleep surface."

4. *"I understand that your child sleeps in a toddler bed at home, but it is hospital policy that children who are less than 36 months sleep in a crib.Injury due to falling from an adult bed or becoming trapped is quite possible, and we need to keep your child safe."*

PARENT TEACHING IN PREPARATION FOR DISCHARGE: - (Discharge teaching begins on admission)

- "Back to Sleep" for every sleep, naps and nighttime.
- Infant should sleep on a firm sleep surface in a safety-approved crib, bassinette or portable crib. If parent does not have one, please inform social services.
- Discontinue swaddling once the infant can roll over.
- Room sharing without bed sharing is recommended for at least the first 6 months and up to a year. Evidence has shown this arrangement can decreasethe risk of SIDS as much as 50%.
- Keep soft objects and loose bedding away from infants' sleep area; clear sleep surface.
- Avoid overheating and head covering in infants.
- Once breastfeeding is established, infants may use pacifiers for soothing. Evidence shows that pacifier use is associated with decreased risk for SIDS.
- Prone (on stomach) positioning when awake, often called supervised tummy time, is essential for development of shoulder, arm strength, head control and stability of the trunk.
- Encourage mother to breastfed for at least the first 6 months.
- Keep infant in a smoke-free home or environment.
- Infant caregivers should not drink or use drugs or medications that affect alertness.
- Encourage regular visits to pediatric providers for check-ups and immunizations.
- Do not use wedges or infant positioners unless ordered by PT upon discharge, since there's no evidence that they reduce the risk of SIDS.
- Do not use home cardiorespiratory monitor as a strategy to reduce the risk of SIDS.
- Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.

RESPONSIBILITIES:

All verbal and written instructions/education provided to parents/caregivers regarding safe sleep will be documented in theElectronic Medical Record.

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POLICY-SPECIFIC RELATED DOCUMENTS:

POLICY INFORMATION PANEL:

Title: safe sleep environments for infants and children	
Dept. Doc # or N/A: [Policy #]	Document ID: VMCPOLICY-1853458269-3 v{_UIVersionString}
Last Approved: 8/5/2016 by [LastApprovedBy] Next Review Date: 5/7/2024	Approving Body: [ApprovingBodyGroup]
Division: Women and Children's	Team/Department: Pediatrics, NICU, Post Partum, BirthCenter