

Safe Sleep Best Practices – What Healthy Start Grantees Need to Know

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Safe to Sleep® Campaign

Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health



Eunice Kennedy Shriver National Institute of Child Health and Human Development



National Institutes of Health (NIH)



Campaign History

Then



Now



Safe to Sleep Campaign Collaborators

- Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau
- Centers for Disease Control and Prevention (CDC), Division of Reproductive Health
- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists (ACOG)
- First Candle
- Association of SIDS and Infant Mortality Programs (ASIP)



Campaign Outreach

- General
- African Americans
- American Indians/Alaska Natives
- Spanish-speaking communities
- Health professionals (Nurses & Pharmacists)
- Statewide efforts (Mississippi, Arkansas)



Safe to Sleep Campaign Materials

Safe Sleep For Your Baby



Safe Sleep For Your Baby

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

For more information about SIDS, contact the Safe to Sleep campaign at 1-800-525-2142, 1-800-525-2142 or at <http://www.nichd.nih.gov/SIDS>.

U.S. Department of Health and Human Services • National Institutes of Health
Centers for Disease Control and Prevention • National Institutes of Child Health and Human Development

Ponga a su bebé a dormir sin peligro



Sueño seguro para su bebé

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death




Reduce the risk of the syndrome of sudden death of the baby and other causes of death related to sleep

Para más información sobre el síndrome de muerte súbita del bebé, por favor comuníquese con el campaña "Seguro al dormir" al 1-800-525-2142 o 1-800-525-2142 o visite su sitio web en www.nichd.nih.gov/SIDS.


Departamento de Salud y Servicios Humanos de los Estados Unidos
Instituto Nacional de la Salud Infantil y Desarrollo Humano | www.nichd.nih.gov

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Safe Sleep For Your Baby



SAFE TO SLEEP

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

Honor the Past, Learn for the Future
Reduce the Risk of Sudden Infant Death Syndrome (SIDS)



SIDS is the leading cause of death in infants between one month and one year of age. American Indian/Alaska Native babies are nearly three times as likely to die from SIDS as other babies. Health care providers don't have exactly what causes SIDS, but they do know what to do.

Always always use an infant bed. Babies who sleep on their stomachs are much more likely to die of SIDS than babies who sleep on their backs. Always place your baby on his or her back to sleep.

Sleep surface matters. Babies who sleep on an unsafe soft bedding are more likely to die of SIDS. Place your baby on a firm sleep surface, such as a safety-approved crib mattress covered by a firm sheet.

Every sleep is important. Babies who usually sleep on their backs but who are then placed on their stomachs for a nap are at very high risk for SIDS. It's important for everyone who cares for your baby to use the back sleep position for all sleep times, for naps and at night.

You and others who care for your baby can also reduce the risk for SIDS in the following ways:

- Keep your baby's room cool and smoke-free. Don't use baby's crib as a play area.
- Keep your baby from having a fever, and make sure baby's face and head are uncovered during sleep.
- Check the room's humidity and use a humidifier.
- Don't show anything in your baby's face when he or she is asleep.
- Check your doctor's advice to give any medicine or to wean your baby.

For more information about SIDS, including SIDS risk, or the Healthy Home Sleep Project, contact the Safe to Sleep campaign at 1-800-525-2142 (S2142) or <http://www.nichd.nih.gov/SIDS>.

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Centers for Disease Control and Prevention • National Institutes of Child Health and Human Development

Safe to Sleep Campaign Materials (cont'd)

What does a safe sleep environment look like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death




- Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.
- Do not use pillows, blankets, sleepers, or crib bumpers anywhere in your baby's sleep area.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area.
- Do not smoke or let anyone smoke around your baby.
- Make sure nothing covers the baby's head.
- Always place your baby on his or her back to sleep, for naps and at night.
- Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.
- Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.

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¿Cómo es un dormitorio seguro para su bebé?



Use una superficie firme para dormir como un colchón en una cuna que cumpla con las normas de seguridad aprobadas y cubra el colchón con una sábana ajustable.

No use almohadas, cobijas, pелas de domingo o pелas de cuna en el lugar donde duerme el bebé.

Mantenga los objetos suaves, juguetes y ropa de cama suelta fuera del área donde duerme su bebé.

No fume ni permita que otros fuman alrededor de su bebé.

Aségurese de que ningún objeto cubra la cabeza del bebé.

Tanto en las siestas como en la noche, siempre ponga a su bebé a dormir boca arriba.

Póngale a su bebé ropa ligera para dormir, como mamelucos o pijamas de una sola pieza, en lugar de usar una cobija.

Su bebé no debe dormir solo ni acompañado en una cama de adultos, en una cuna o una silla.

*Para obtener más información sobre las normas de seguridad de las cunas, llame gratis a la Comisión de Seguridad de Productos del Consumidor al 1-800-638-2772 por español o en inglés o visite su página electrónica en <http://www.cpsc.gov>.

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS DE LOS ESTADOS UNIDOS
 Instituto Nacional de Salud Infantil y Desarrollo Infantil
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Safe Sleep For Your Grandbaby




Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death

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Ponga a su nieto o nieta a dormir sin peligro




Reduzca el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño

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Safe Sleep For Your Baby

DVD VIDEO
 September 2012



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 National Institutes of Health
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Sueño seguro para su bebé

DVD VIDEO
 septiembre 2012



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New Safe to Sleep® Website

Safe to Sleep®

Public Education Campaign

Led by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development in collaboration with other organizations

[Home](#)[About SIDS/Safe Infant Sleep](#)[Campaign Materials](#)[Explore the Campaign](#)[News & Media](#)[Contact](#)[Home](#)[Printer-Friendly](#)[Email This Page](#)[SEARCH](#)

Spread the word

Use Safe to Sleep® messages in your community outreach to help reduce the risk of sudden infant death syndrome (SIDS) [other sleep-related causes of infant death](#).

[View All Slides](#)[Learn About SIDS/Safe Infant Sleep](#)[Get Information and Materials](#)[Explore the Campaign](#)

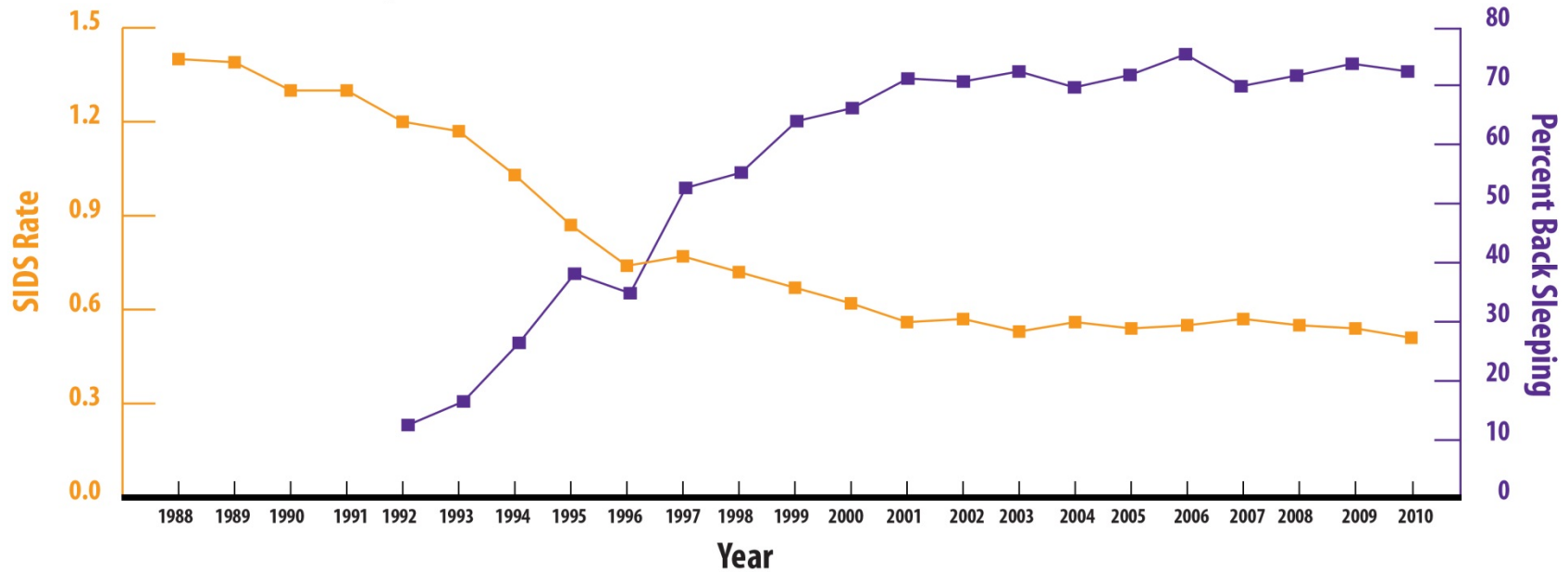
Getting Results

- Since Back to Sleep campaign launched in 1994, overall U.S. SIDS rate declined by 50% across all racial/ethnic groups.
- The rate of back sleeping among infants has increased almost 200% since 1994.
- Data show risk factors for SIDS and infant mortality go beyond back sleeping.
- Risk factors include features in the overall sleep environment.



SIDS Rate and Sleep Position

U.S. SIDS Rate and Sleep Position, 1988–2010

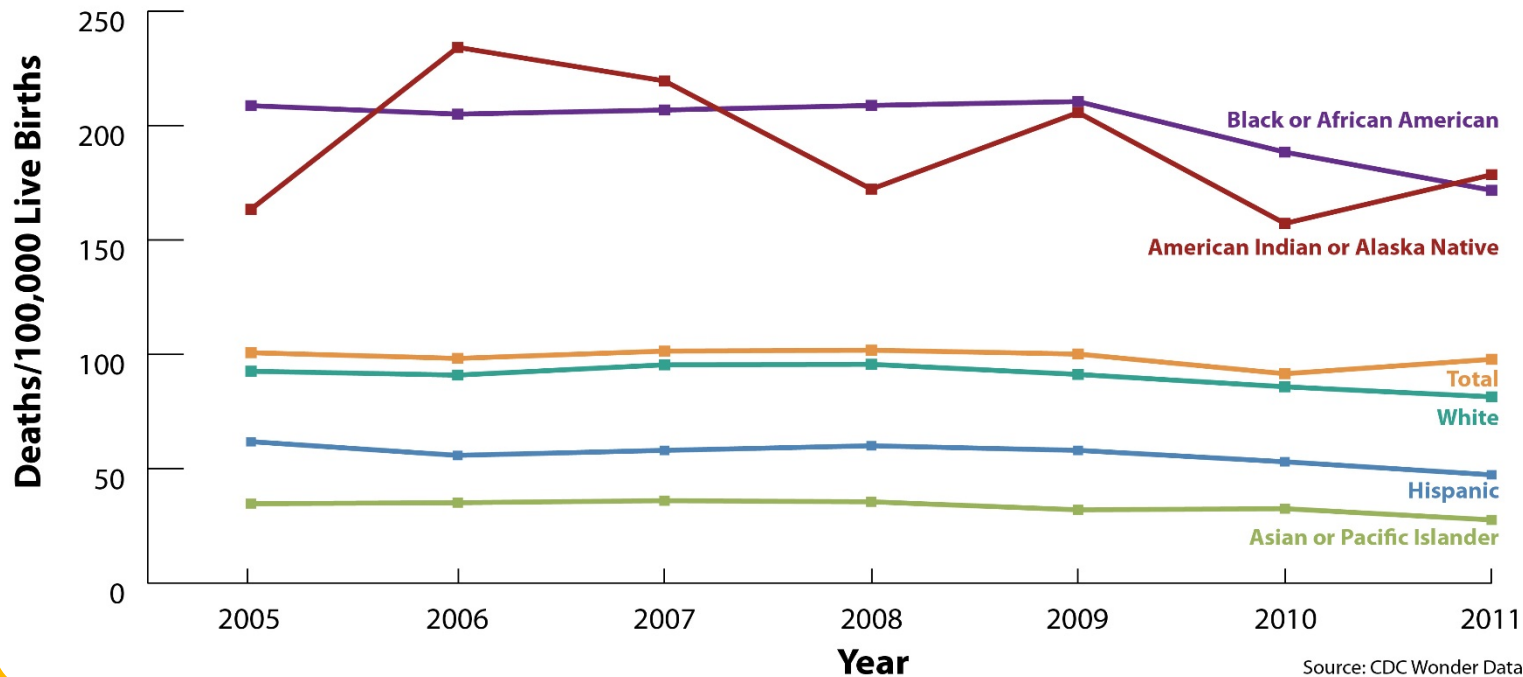


Sleep Position Source: NICHD Household Survey
SIDS Rate Source: National Center for Health Statistics, CDC



Rates of SIDS and Other Sleep-Related Causes of Infant Death (2005–2011)

U.S. Rates of SIDS and Other Sleep-Related Causes of Infant Death (2005–2011)



Source: National Center for Health Statistics, CDC



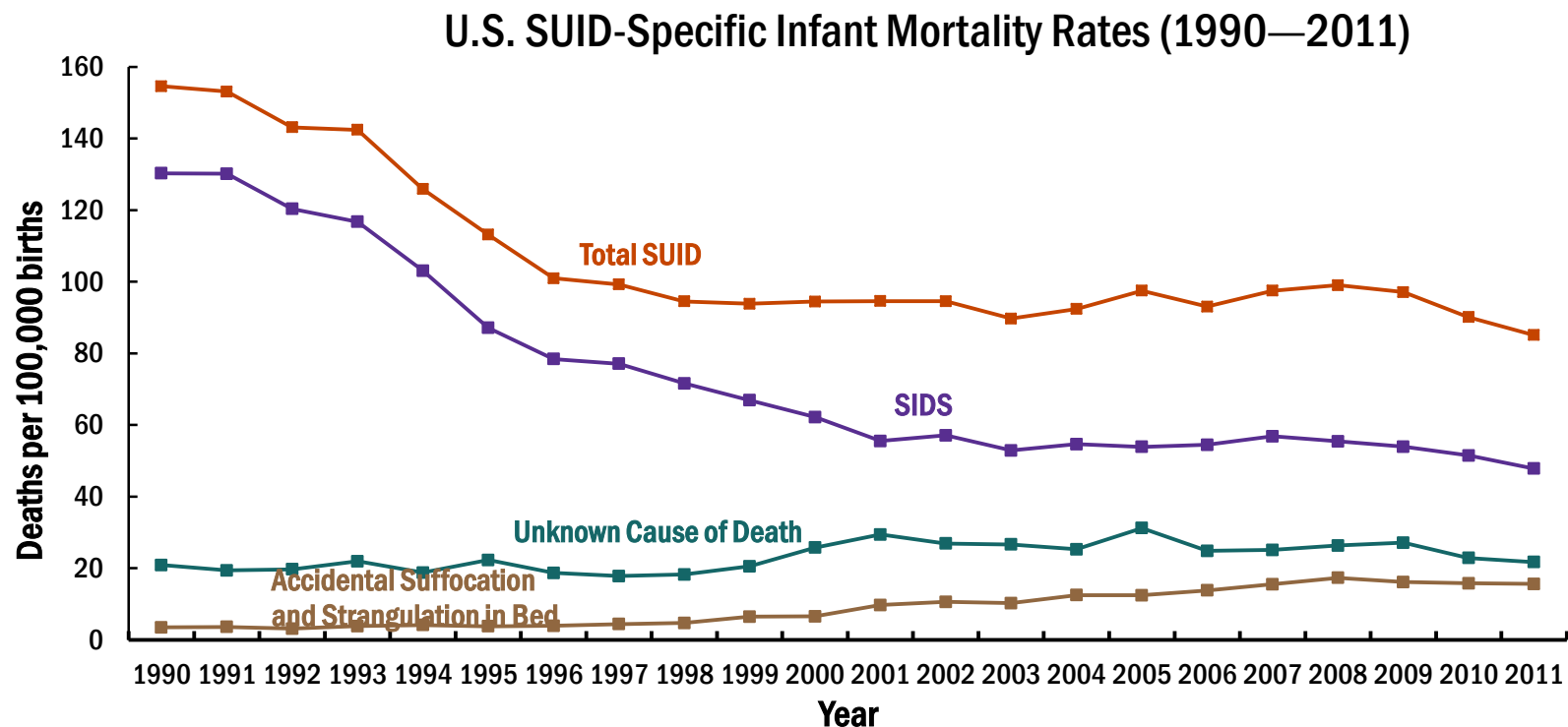
Where We Are Today

- The national number of sleep-related sudden unexpected infant death (SUID) deaths, including SIDS, is nearly 3,400 deaths per year.
- Other sleep-related infant deaths have increased.
- There are no national standards regarding infant death investigations or consensus on sleep-related infant death classification.

Source: CDC, Division of Reproductive Health



U.S. SUID-Specific Infant Mortality Rates (1990—2011)



Source: CDC WONDER, Mortality Files

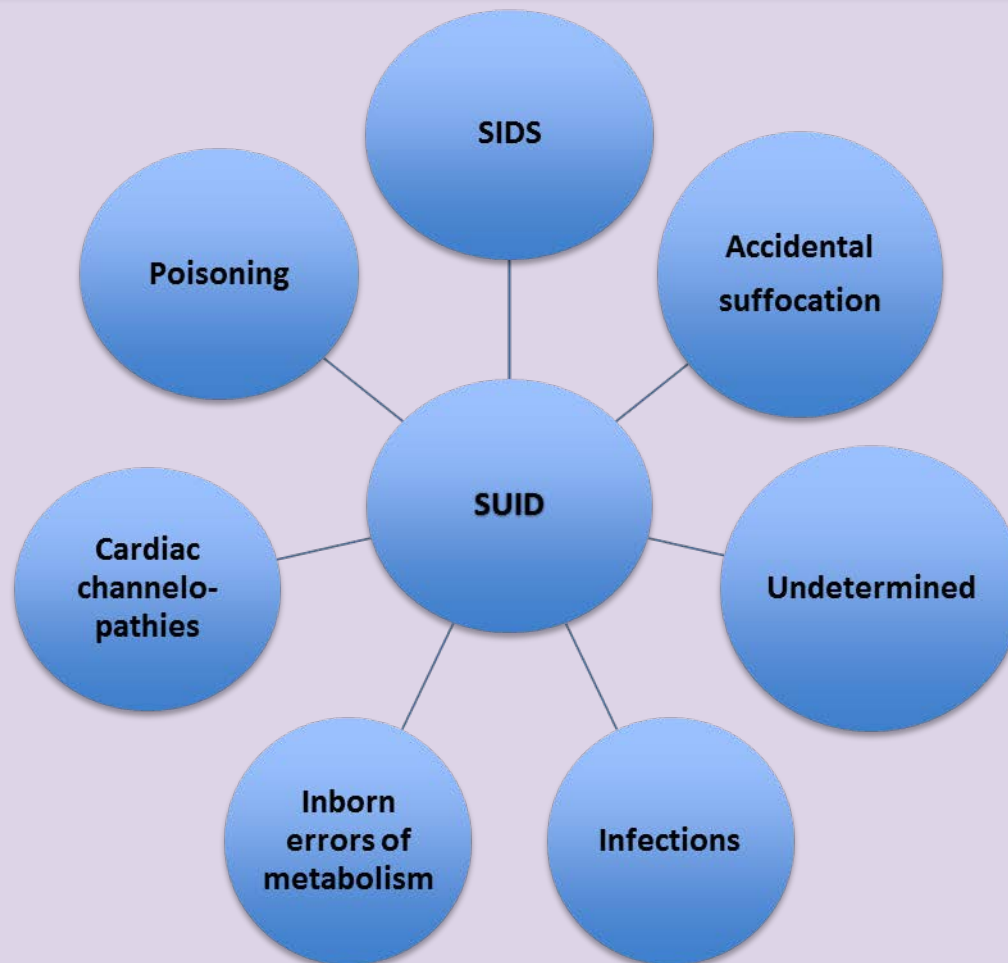


SIDS vs. SUID

- **SIDS:** sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause after a complete investigation (complete autopsy, examination of the death scene, and review of the clinical history).
- **SUID:** death of an infant less than 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 of undetermined cause.



Types of SUID



SIDS is...

- The leading cause of death in infants from one month to one year of age.
- A sudden and silent medical disorder that can happen to a seemingly healthy infant.
- A death often associated with sleep and with little or no signs of suffering.
- Determined only after autopsy, an examination of the death scene, and a review of the infant's and family's clinical histories.
- A diagnosis of exclusion, in which the cause of death can be determined only after ruling out other causes.



SIDS is not...

- Preventable, but the risk can be reduced
- Suffocation
- Caused by vomiting and/or choking
- Caused by DPT vaccine or other immunizations
- Contagious
- The result of child abuse or neglect
- The cause of every unexpected infant death



SIDS Risk Factors: Pregnancy

- Low birth weight (less than 5 pounds)
- Premature (Less than 37 weeks)
- Maternal smoking during pregnancy
- Multiple births (e.g. twins, triplets)
- Maternal age younger than 18 years
- Less than 18 months between births



SIDS Risk Factors: Babies

- African Americans (2x greater risk)
- American Indians/Alaska Natives (3-4x greater risk)
- Babies who breathe secondhand smoke (2.5x greater risk)
- Babies who sleep on their tummies (5x greater risk)
- Babies put on their tummies to sleep who usually sleep on their backs (7-8x greater risk)



Unaccustomed Tummy Sleeping

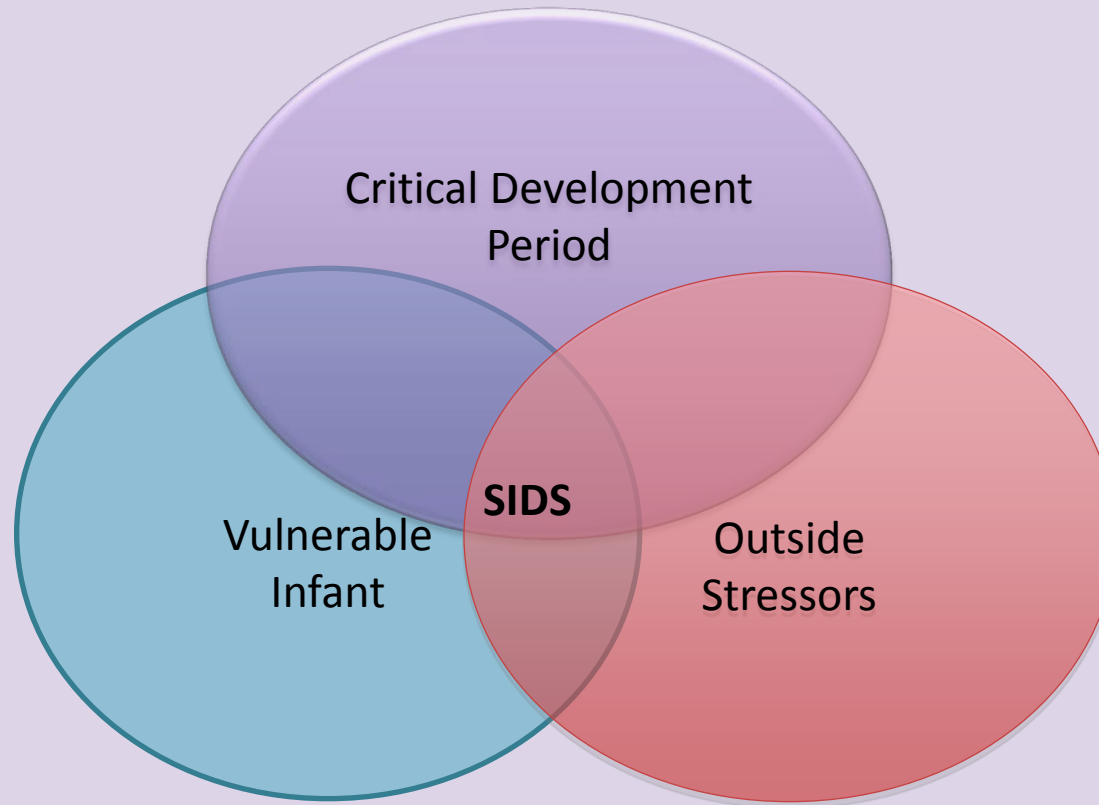


Triple-Risk Model

- The convergence of three conditions that may lead to the death of an infant from SIDS.
 - Vulnerable infant (brain abnormality, genetic mutation)
 - Critical developmental period (rapid growth, changes in homeostasis)
 - Outside stressor(s)
- All three elements must be present for SIDS to occur.
- Removing one or more outside stressors can reduce the risk of SIDS.



Triple-Risk Model



What We Know About SIDS Deaths

- Most common cause of death in infants aged 1 month to 1 year and the 3rd leading cause of infant mortality, after congenital anomalies and short gestation/low birth weight.
- Mostly occur when a baby is 4 months of age or younger.
- African American babies are twice as likely to die of SIDS as white babies.
- More boys die of SIDS than girls.
- A SIDS death happens quickly, with no sign of suffering.



Other Sleep-Related Causes of Infant Death

- **Accidental Suffocation and Strangulation in Bed (ASSB):** infant deaths caused by suffocation or asphyxia (blockage of the infant's airway) in a sleeping environment:
 - Suffocation (by soft bedding)
 - Overlay
 - Wedging or entrapment
 - Strangulation



Risk Factors Associated with Accidental Suffocation/Overlay

- Shared sleep surface
- Soft bedding items
 - Pillows
 - Blankets
 - Quilts



Unsafe Sleep Conditions



Co-Sleeping

- **Co-sleeping:** A sleep arrangement where the parent (or another person) and infant sleep in close proximity (on the same surface or different surfaces) so as to be able to see, hear, and/or touch each other.
 - Co-sleeping arrangements can include *bed sharing* or *room sharing*. The terms “bed sharing” and “co-sleeping” are often used interchangeably, but they have different meanings.



Room Sharing vs. Bed Sharing

- **Bed sharing:** where the infant is sleeping on the same surface, such as bed, couch, or chair with another person.
 - Sleeping with a baby in an adult bed, couch, or chair increases the risk of suffocation and other sleep-related injuries.
- **Room sharing:** where the infant sleeps in the parents' room, but on a separate sleep surface, such as a safety-approved* crib, bassinet, or play yard.
 - Room sharing is known to reduce the risk of SIDS and other sleep-related causes of infant death.



*For more information: www.cpsc.gov.



Arguments Against Back Sleeping

- Fear of choking
- Comfort of the infant
- Concern about a flattened skull
- Advice from others



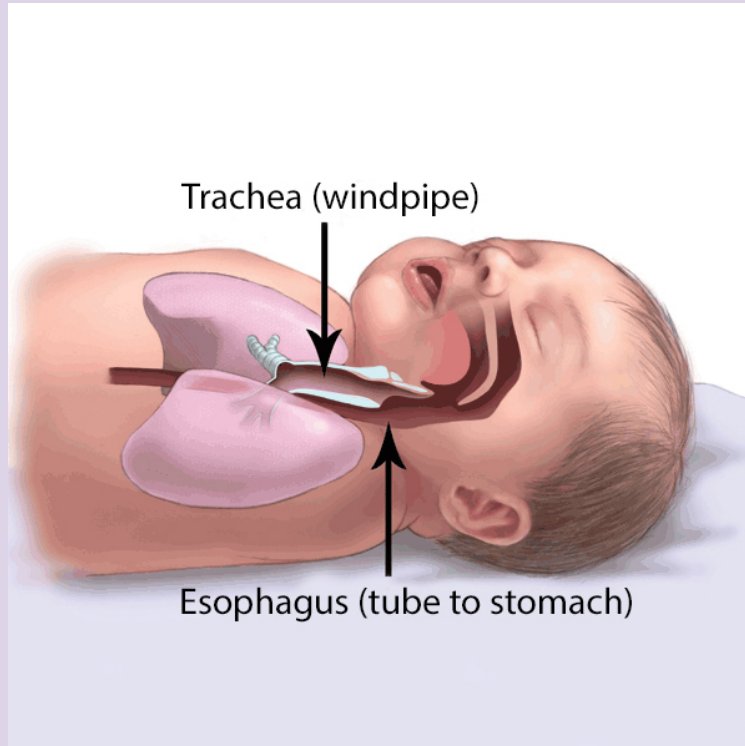
Fear of Choking

- Choking is **NOT** more common among healthy infants sleeping on their backs than among healthy infants sleeping on their stomachs
- Reports show there has been **no increase** in serious or fatal episodes of choking
- **Fact:** Babies may clear secretions better when placed on their backs.

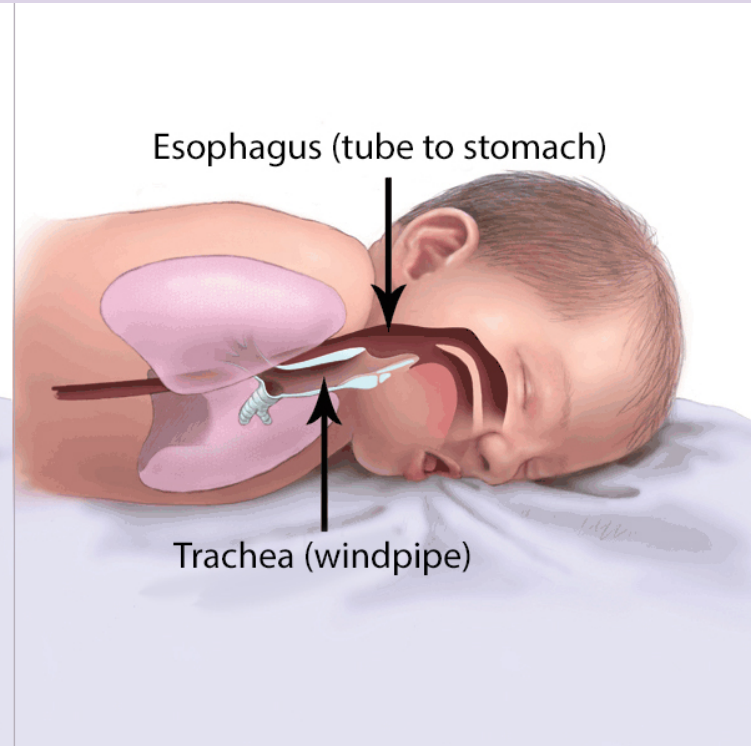


Upper Respiratory Anatomy

**BABY IN THE BACK
SLEEPING POSITION**



**BABY IN THE STOMACH
SLEEPING POSITION**



Comfort of the Infant

- Parents may be concerned that babies who sleep on backs will sleep less deeply than those who lie on stomachs.
- Babies who sleep on their stomachs are less reactive to noise. They also experience:
 - Sudden decreases in blood pressure and heart rate control
 - Less movement
 - Higher arousal thresholds
 - Longer periods of deep sleep
- ***These characteristics put the babies at higher risk of SIDS.***



Advice from Others

- One of strongest reasons for choosing the stomach sleep position is recommendation of someone else or because of family tradition.
- **Research study of African American families showed that likelihood of infant being placed on stomach nearly doubled if a grandmother lived in the home*.**
- Parents need to be prepared to give solid reasons for their choice of the back sleep position.
- Should also insist on the back sleep position when other care for the infant.

*Source: Willinger, M., Ko, C.W., Hoffman, H.J., Kessler, R.C., & Corwin, M.G. (2000). Factors associated with caregivers' choice of infant sleep position: The National Infant Sleep Position Study. *Journal of the American Medical Association*, 283, 2135-2142



Cultural Challenges

- Infant care often has its roots in tradition and experience
- **More than 15% of African-American infants are placed to sleep on their stomachs***
 - Back sleeping may be most important message
- Infants in American Indian/Alaska Native families are more likely to be overdressed for sleep**
 - Avoiding overheating may be most important message

*Source: National Institute of Child Health and Human Development, NIH, DHHS. *National Infant Sleep Position Study data: Sleep position 1992-2004 (black mothers)* [Electronic version]. Retrieved March 7, 2006, from [http://dccwww.bumc.bu.edu/ChimeNisp/Tables_in_PDF/NISP%201992-2004%20The%20usual%20sleep%20position%20\(blacks\).pdf](http://dccwww.bumc.bu.edu/ChimeNisp/Tables_in_PDF/NISP%201992-2004%20The%20usual%20sleep%20position%20(blacks).pdf)

**Source: Isayu, S., Randall, L.L., Welty, T.K., Hsia, J., Kinney, H.C., Mandell, F., et al. (2002). Risk factors for sudden infant death syndrome among Northern Plains Indians. *Journal of the American Medical Association*, 288, 2717-2723.



2011 AAP Recommendations

- Always place baby on back for every sleep time
- Use a firm sleep surface covered with fitted sheet
- Room sharing without bed sharing
- Keep soft objects and loose bedding out of baby's sleep area
- Pregnant women should receive regular prenatal care

* *Denotes new recommendation*



2011 AAP Recommendations (cont'd)

- Avoid smoking exposure during pregnancy and after birth
- *Avoid alcohol and illicit drug use during pregnancy and after birth
- *Breastfeed baby
- Consider giving a pacifier at nap time and bed time
- Avoid overheating

* Denotes new recommendation



2011 AAP Recommendations (cont'd)

- *Infants should get well-baby check-ups and vaccines
- Avoid commercial devices marketed to reduce SIDS
- Do not use home breathing and heart monitors to reduce SIDS
- Give supervised tummy time

* Denotes new recommendation



Key Messages to Promote to Parents

- Always place baby **on back** for every sleep time.
- Place baby **on firm sleep surface** (crib, bassinet, play yard) with fitted sheet and **no soft bedding and toys**.
- Put baby to sleep in a separate sleep area in the same room where you sleep – **room sharing not bed sharing**.
 - Preferably right next to where the mom is sleeping to promote breastfeeding.
 - In a smoke-free environment.



Challenges to Overcome When Promoting Safe Infant Sleep

- Contradictory messages:
 - Family/friends
 - Media
 - Health professionals
 - Social networks
- Common fears about choking and death
- Concerns about comfort
- Cultural/traditional practices
- Racial/ethnic disparities



Promote a Safe Infant Sleep Environment



Resources

Contact the Safe to Sleep[®] campaign at:

1-800-505-CRIB (2742)

or

<http://safetosleep.nichd.nih.gov>



National Action Partnership to Promote Safe Sleep (NAPSS)

Erin Reiney, MPH, CHES

Director, Injury & Violence Prevention Programs

Division of Child, Adolescent and Family Health

HRSA/Maternal and Child Health Bureau

National Action Partnership to Promote Safe Sleep

Goal: Increase the adoption of safe infant sleep behaviors among infant caregivers through the integration of effective programs and policies within service delivery systems that intersect with families.

– Key activities:

1. Identify and convene multi-disciplinary stakeholders to form a national coalition.
 2. Facilitate the coalition's development of a strategic plan to unify and augment the safe sleep message across systems that reach infant caregivers based on evidence based recommendations.
 3. Leverage partnerships to advance the recommended organizational policies and practices outlined in the strategic plan, including the tracking of systems changes at the national, state and local levels.
 4. Coordinate the development of resources such as training modules, model policy templates or health promotion materials, to facilitate the attainment of goals related to safe infant sleep promotion at the national, state and local levels.
- Contact information: **Georgetown University NAPPSS Team** at www.nappss.org