

SIDS Risk Reduction

(curriculum for nurses)



Objectives

Upon completion the nurse will be able to:

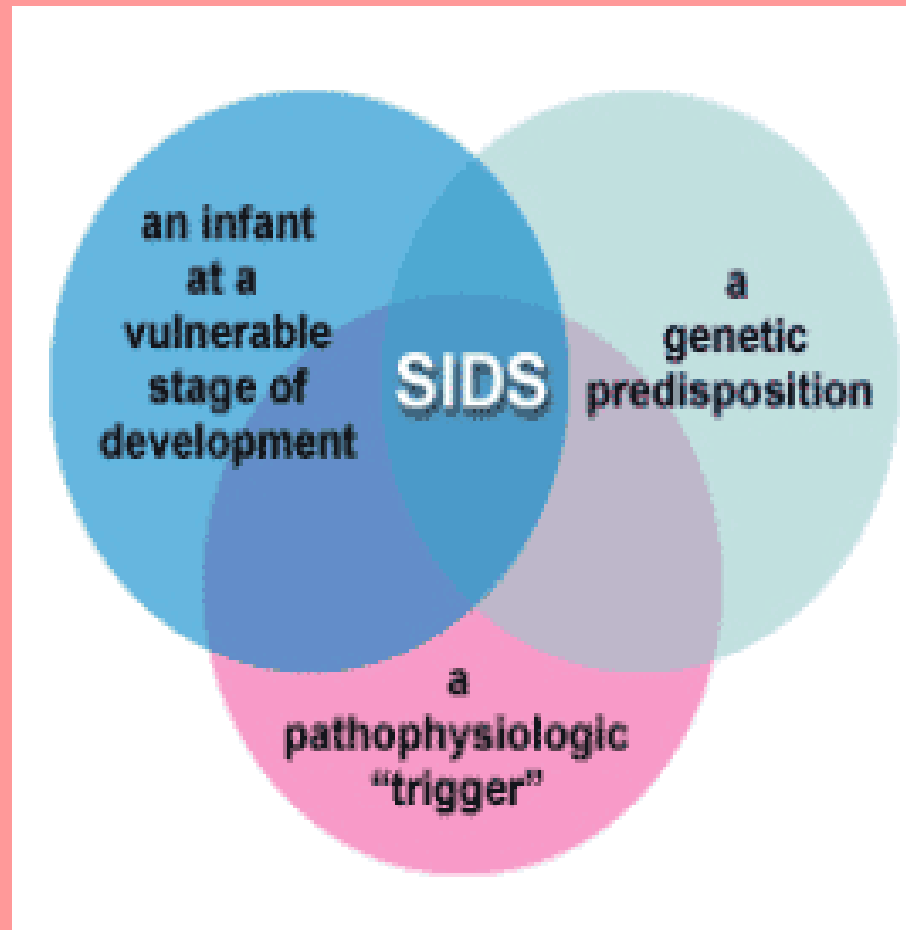
- Define SIDS.
- List the critical SIDS risk reduction messages for parents and caregivers.
- Describe their key role as educators to parents and caregivers about SIDS.
- Describe ways that nurses can effectively communicate SIDS risk reduction messages to parents and caregivers.

What is SIDS?



- The leading cause of death in infants from one month to one year of age.
- A sudden and silent disorder that can happen to a healthy infant.
- A death often associated with sleep and little or no signs of suffering.
- Determined only after an autopsy and a thorough death scene investigation.
- A diagnosis of exclusion.

The Triple Risk Model



According to the triple-risk model, **all three elements** must be present for a sudden infant death to occur

1. The baby's vulnerability is undetected;
2. The infant is in a critical developmental period that can temporarily destabilize his or her systems; and
3. The infant is exposed to one or more outside stressors that he or she cannot overcome because of the first two factors.

Risk Reduction Outreach

- 1992-the AAP recommends that all healthy infants younger than 1 year age be placed to sleep on their backs or sides to reduce SIDS.
- 1994-"Back to Sleep" campaign launched.
- 1996-AAP recommends that infants be placed "wholly" on their backs, the position associated with the lowest SIDS risk.



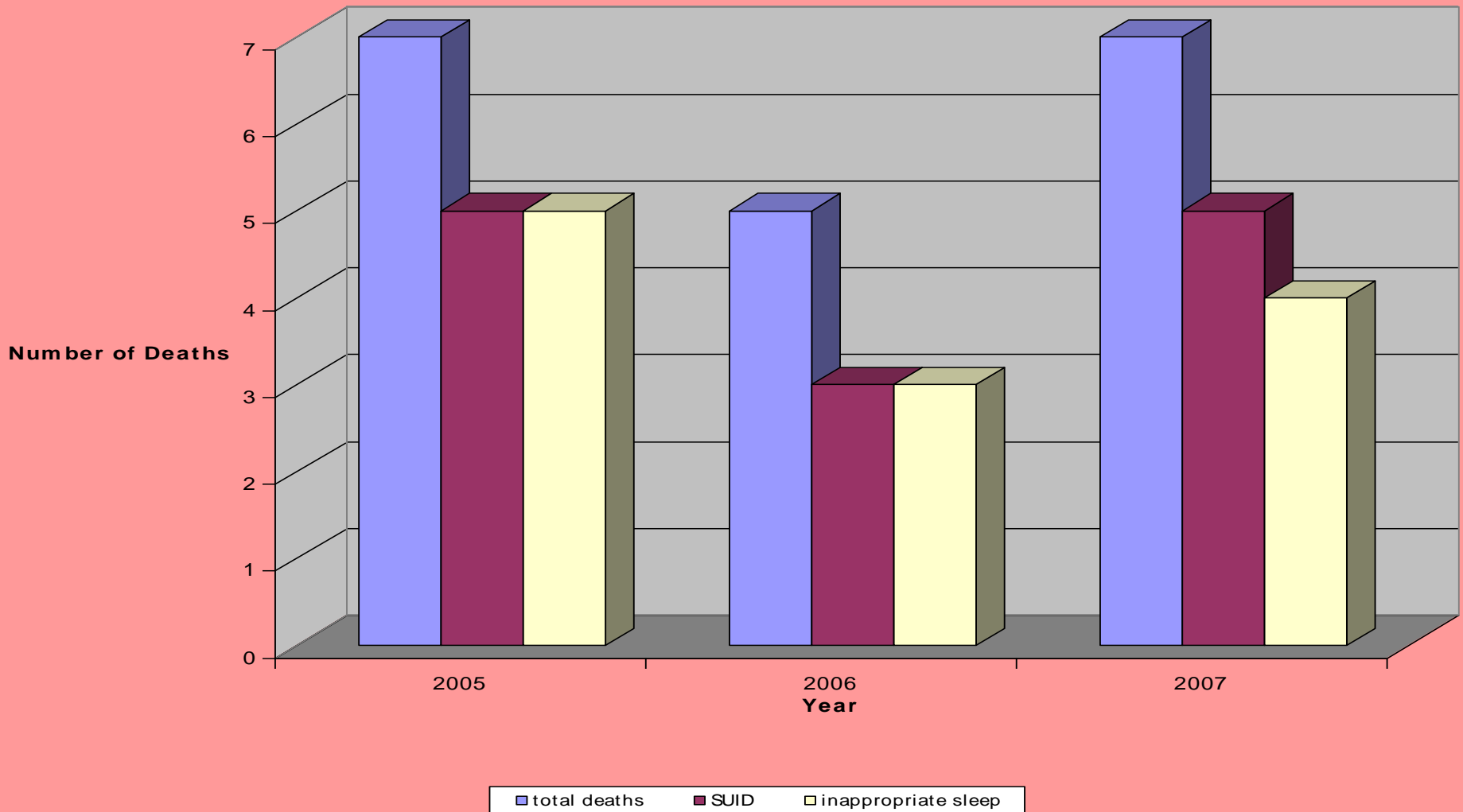
SIDS Facts

- The SIDS rate has declined but, still SIDS remains the **leading cause of death** among US infants between 1 month and 1 year of age (peak 2-4 months) and is the **3rd leading cause of death** overall among US infants younger than 1 year of age.
- Among certain minority groups, about 1/3 of infants are still placed to sleep on their stomachs.



York County Statistics

Coroner Cases York County 2005-2007



Disparities



- African American infants are more than 2 times as likely to die of SIDS than white infants.
- American Indian/Alaskan Native infants are nearly 3 times as likely to die of SIDS as Caucasian infants.
- Hispanic and Asian/Pacific Islanders infants have among the lowest SIDS rates.

Understanding Cultural Issues

- Sleeping on soft bedding and bed sharing, two practices that increase SIDS risk, are more common among minority populations.
- Infants born to African American families and to families living in some urban areas are more likely to be placed on their stomach, the position that poses the highest SIDS risk.
- Dressing an infant in multiple layers can lead to overheating , which is a leading SIDS risk factor in American Indian communities.

Reduce the Risk



If caregivers can remove one or more outside stressors, such as placing the infant to sleep on his or her back instead of the stomach, they can reduce the risk of SIDS!!

Major Modifiable SIDS Risk Factors

- Stomach sleeping during naps and at night.
- Soft sleeping surfaces and loose fluffy bedding.
- Overheating during sleep.
- Maternal smoking during pregnancy and smoke in the infant's environment.
- Bed sharing with an adult or with other children regardless of age.



Soft Sleeping Surfaces and Loose Bedding

- Soft bedding vs. firm bedding poses *five times* the risk of SIDS.
- Infants who sleep on their stomachs on soft bedding are at *19 times greater risk* of SIDS than those infants that slept on their back on firm bedding.
- The AAP recommends that babies sleep flat on their backs on a safety approved mattress, free of loose materials, including pillow like stuffed toys, fluffy blankets and bumper pads.

Sleep Surface



- Infants should not be placed to sleep on soft surfaces such as a: sofa, couch, recliner, cushioned chair, waterbed, lamb skins, bean bags, air mattresses or memory foam mattresses.



Overheating During Sleep

- Studies show that an overheated baby is more likely to go into a deep sleep from which it is difficult to arouse.
- Excessive clothing, head coverings, blankets and an increased room temperature can increase the SIDS risk. The risk increases if the infant has an infection or cold.
- If the room temperature is comfortable for an adult, then it is appropriate for a baby!



Smoking and Smoke in the Infant's Environment



- Infants born to mothers who smoked during pregnancy are *three times* more likely to die of SIDS.
- Exposure to passive smoke in the household *doubles* a baby's SIDS risk.
- Exactly how smoking affects the infant is not clear, but smoking may negatively affect development of the nervous system.



Bed Sharing



Bed sharing is shown to increase the SIDS risk when:

1. The mother is obese, smokes, has recently consumed alcohol, or is fatigued
2. The infant is covered by a blanket or quilt
3. There are multiple bed-sharers

Room sharing is the safe alternative! The infant is in the same room as the parents, but has his/her own crib/bassinet.

Why back to sleep?

- Stomach sleeping carries between *1.7 and 12.9 times* the risk of SIDS as back sleeping.
- Stomach sleeping may increase the risk of SIDS through a variety of mechanisms including: having the baby re-breathe his/her own expired breath leading to CO₂ build up and low O₂ levels, causing upper airway obstruction and interfering with heat dissipation , leading to overheating.



Stomach Sleepers

- Are less reactive to noise.
- Experience sudden decreases in blood pressure and heart rate control.
- Experience less movement, higher arousal thresholds, and longer periods of deep sleep.



The simple act of placing infants on their backs to sleep significantly lowers SIDS risk!



Benefits of Back Sleeping

- Less likely to develop ear infections, stuffy noses and fevers.
- There is no increase in aspiration or vomiting when babies are placed on their back to sleep.
- Back sleepers may be somewhat slower to learn to roll over, sit up, creep, crawl and pull to standing position than stomach sleepers but, there is no significant difference in the age when infants learn to walk.



Advice for Healthcare Providers

- The AAP recommends that hospital personnel place babies flat and wholly on their backs to sleep.
- Back sleeping is recommended for both term and preterm infants.
- *Side sleeping is not as safe as back sleeping and is no longer advised.*





Tummy Time



- Ample tummy time is a necessary part of infant development
- Parents should place babies on their stomachs for a certain amount of time each day when they are supervised, to promote motor development.
- Tummy time strengthens shoulder and neck muscles that are used to acquire many infant motor milestones. Tummy time also helps prevent the development of flat spots.

Factors thought to protect against SIDS

- Breastfeeding

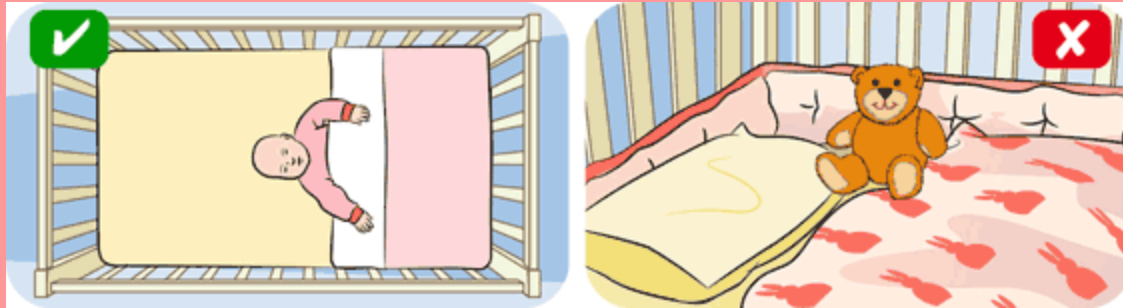


- Pacifier use (after breast-feeding has been established)



SIDS Risk Reduction Recommendations

- Always place the baby flat on his/her back to sleep for naps and at nighttime.



- Provide a firm surface for sleep such as a safety approved crib mattress covered by a fitted sheet.



Reducing the Risk

- Keep soft objects, toys and loose bedding out of the baby's sleep area.

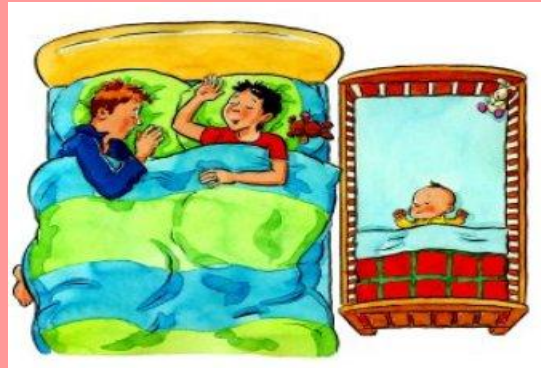


- Do not allow smoking around the baby.



Reducing the Risk

- Keep the baby's sleep area close to, but separate from where you and others sleep.



- Think about using a pacifier when placing the baby down to sleep.



Reducing the Risk

- Do not let the baby overheat.



- Avoid products that claim to reduce the risk of SIDS.



Reducing the Risk

- Reduce the chance that flat spots will develop by providing tummy time.



- Talk about SIDS risk to child care providers, grandparents, babysitters and everyone who cares for the baby.



Nurses as Role Models

Nurses and other staff can set a strong example by ensuring that infants in their care are always placed on the back to sleep. In doing so, they set an example for parents to follow throughout the baby's first year.



Spreading the Safe Sleep Message



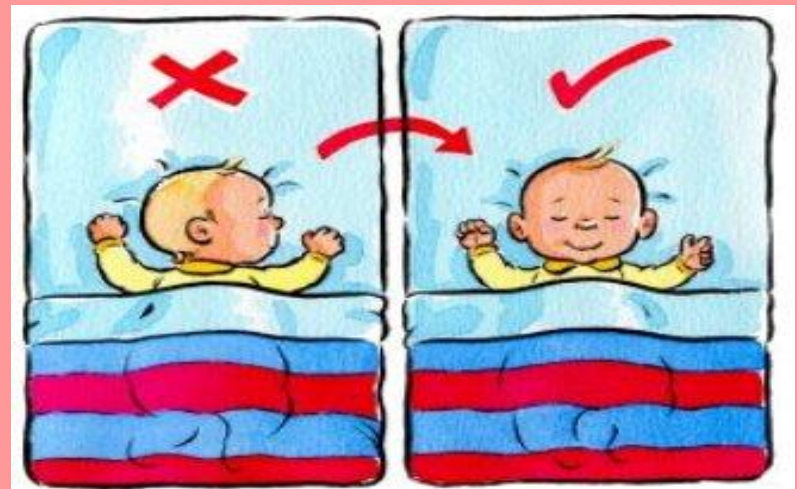
- The vast majority of nurses know the importance of back-only sleeping and many do embrace it as positive advice for parents, however not all nurses practice it.
- Nurses have the power to influence parents' behavior by **modeling** safe sleep practices in a **consistent** manner.
- **YOU can help to reduce the risk of SIDS!**

Communication about SIDS Risk Reduction

- The most effective way to communicate risk reduction messages is to **PRACTICE** them so that parents and families can see the message in action!!
- Brochures/pamphlets may be written at a level above the average adults reading ability and may not be appropriate.
- Oral messages should be clear and as simple as possible.

Challenges to SIDS Risk Reduction

- Cultural.
- The possibility of aspiration or choking.
- The infant's comfort.
- Concern about a flattened skull.
- Advice from others.





Cultural Challenges



- High SIDS rates still persist in some minority populations.
- Address the issues that are associated with certain populations such as bed sharing and stomach sleeping.
- It is important that education on SIDS risk reduction be as clear and culturally appropriate as possible.



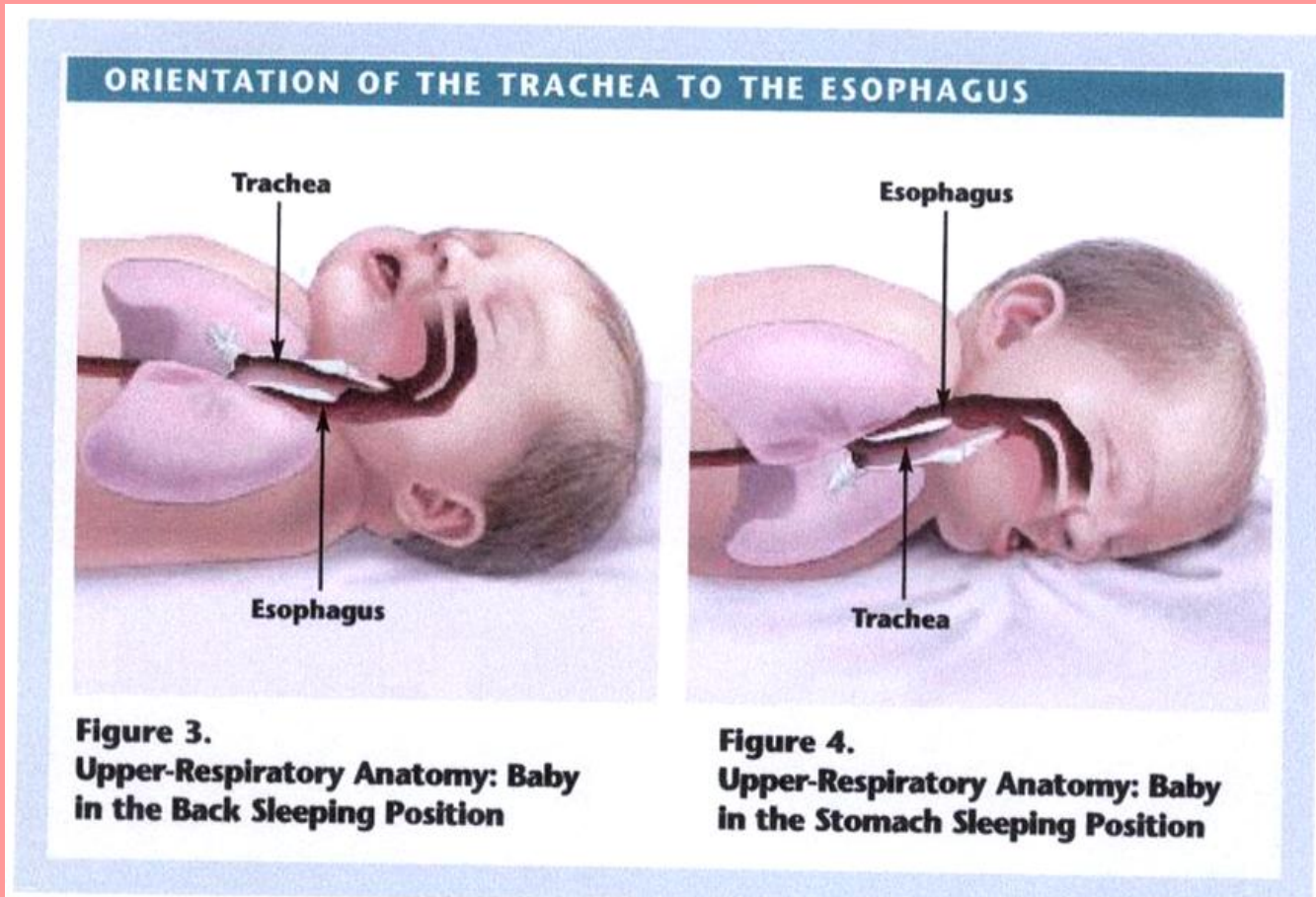
Aspiration and Choking

- A major reason that parents avoid the back sleep position is that they fear their infant will regurgitate and aspirate if the infant sleeps on his/her back.

Fact-

- Babies may actually clear secretions better when placed on their backs. This is because of the relation of the trachea to the esophagus in the back sleep position.

Airway/Esophagus Orientation



Comfort

- Infant's seem to sleep more deeply and appear more comfortable while sleeping on their stomachs.



Fact-

- The very absence of deep sleep is believed to help protect infant's against SIDS.
- While comfort is important, the infant's safety is more important!



Flattened Skull

- These flat spots are positional and will disappear in the months after the baby learns to sit up.
- Tummy Time is the most effective way to combat flat spots. This should be done when the infant is awake and supervised.
- Changing the head position in the crib while the infant sleeps on his/her back is another effective way to combat flat spots.

Advice From Others



- One of the **strongest** reasons caregivers report choosing the stomach sleep position is that someone recommended it or it was the way their family had always done it!
- The likelihood of an infant being placed on his/her stomach nearly doubled if a grandmother lived in the home, suggesting that her practice and advice are strong motivators to parents.



Encouraging parents to take action!

According to the *Social Learning Theory* parents are more likely to recall and comply with instructions when the health care provider:

- Uses a positive tone.
- Provides adequate information.
- Allows the parent to ask most of the questions.



Delivering the SIDS Message

The most critical period during which nurses can influence parents' behaviors is the first 24-48 hours.



SIDS Education

- Ask about how and where the baby will be sleeping during prenatal care visits.
- Provide education during pregnancy about SIDS risk reductions.
- Reinforce the SIDS risk-reduction message following the infant's birth.
- Monitor the infant's sleep position. Ask about it during office visits and follow up phone calls.





SIDS Education for Families

- **Be a role model** for families and use the SIDS risk reduction recommendations in your everyday practice!!
- Educate parents about the SIDS Risk Reduction Recommendations.



Prone or Side Lying Sleep Position

- Certain medical conditions may necessitate putting a baby prone or side lying to sleep.
- Thermoregulation needs may also warrant extra bundling and/or hats when sleeping.
- *Any deviation from the AAP recommendations needs to be accompanied by an explanation to the parents.*
- Once a baby can roll over you do not need to awaken him/her to reposition but, always start sleep in the back position.



SIDS Risk Reduction Recommendations

- **ALWAYS** place the baby on his/her back to sleep for naps and at night.



SIDS Risk Reduction Recommendations

- Place the baby on a firm sleep surface, such as a safety approved crib mattress covered by a fitted sheet.



SIDS Risk Reduction Recommendations

- Keep soft objects, toys, and loose bedding out of the baby's sleep area.



NO



YES

SIDS Risk Reduction Recommendations

- Do not allow smoking around the baby.
**Heavy smokers should consider changing their clothing before handling the infant.



SIDS Risk Reduction Recommendations

- Keep the baby's sleep area close to but separate from where you and others sleep.



SIDS Risk Reduction Recommendations

- Think about using a clean dry pacifier when placing the baby down to sleep.



SIDS Risk Reduction Recommendations

- Do not let the baby overheat during sleep.



SIDS Risk Reduction Recommendations

- Avoid products that claim to reduce the risk of SIDS.



SIDS Risk Reduction Recommendations

- Use of home monitors does not prevent SIDS.



Apnea Monitors

- In certain situations a home monitor may be ordered by the physician for apnea.
- These monitors do not prevent SIDS.



SIDS Risk Reduction Recommendations

- Provide Tummy Time when the baby is awake and supervised to reduce the chance of flat spots developing on the infant's head.



Did you know?



- About 1 in 5 infant SIDS deaths occur while an infant is in the care of someone else.
- Many times this occurs because the caregiver places babies to sleep on their tummies.
- This is called "unaccustomed tummy sleeping". These babies are **18 times** more likely to die from SIDS.

SIDS Risk Reduction Recommendations

- TALK about SIDS risk to child care providers, grandparents, babysitters, and everyone who cares for the baby!



YOU can make a difference!!



York Hospitals Infant Positioning/Safe Sleeping Practice Policy

- Found on the INET
- SL-20



References

- National Institute of Child Health and Human Development, Back to Sleep Campaign.

www.nichd.nih.gov/SIDS