



# Infant Safe Sleep Policy Evaluation Guide

## 2022 AAP Recommendations for Policy Inclusion



Use this Evaluation Guide to ensure your hospital's safe sleep policy and other associated policies meet certification requirements prior to submission. Report any inapplicable elements, functionality limitations, or inabilities in your application submission. As announced in January 2023, hospitals and hospital systems applying for certification beginning January 2024 must demonstrate compliance with updated 2022 AAP Recommendations indicated with this icon "👉".

**Certification requires a policy for infant safe sleep care, not a guideline or procedure.**

Rationale: Maintain a system or hospital-wide policy outlining values and commitment to practicing AAP-recommended care, staff training, and family/caregiver education to reduce the risk of unsafe sleep infant injuries and death in local communities.

**Display policy management**

- Display system/hospital ownership
- Display approval & review dates
- Display approving members
- If policies lack this functionality, submit separate documentation providing policy management. Report in submitted application, see Certification Manual.

Rationale: Demonstrate leadership commitment to ongoing monitoring and maintenance.

**Define SUID terms related to unsafe sleep including ASSB and SIDS.**

Rationale: Care providers need to be familiar with the terms associated with unsafe sleep deaths and injuries. If the policy does not include definitions, demonstrate inclusion in healthcare team training.

**Outline AAP recommended infant sleep care to be modeled in departments involved in care of patients less than one year of age.**

- Include AAP recommendations related to the infant sleep environment and risk-reducing practices relevant to the hospital setting (see page 3)
  - Include safe swaddling technique and guidelines to discontinue.
- Address thermoregulation interventions:
  - Discontinue infant hat use once the infant is thermodynamically stable, typically achieved after the first hours of life.
  - If applicable, outline hospital procedure for re-introduction of the infant hat when considered medically indicated.
  - Outline thermoregulation interventions, i.e., applying additional clothing layers, wearable blankets, swaddling, etc.
- If applicable, address hospital wearable blanket use and/or distribution.


- 👉 • Include home sleep environment assessment process for every family with an infant less than one year of age. Address process to assist families identified to be at risk for unsafe sleep:
  - Bronze & Silver hospitals include the referral to obtain safe sleep space.
  - Gold hospitals include distribution of sleep space before discharge.



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- Outline AAP recommended infant sleep care to be modeled in departments involved in care of patients less than one year of age. (cont.)**
  -  • If applicable, address Emergency Department assessment and education for patients diagnosed with sleep-related injuries or SUID. Include referrals or consultations, synoptic reporting, etc.
  - Address any infant sleep-related EMR documentation referrals, and consultations.

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- Outline specialized care for infants with medically indicated conditions resulting in a change in the modeling of the Home Sleep Environment (HSE). Applicable to NAS/NOWS/drug exposed, NICU, SCN, PICU, etc.**
  - Ensure medical indications are supported by the AAP recommendations.
    - Review current GERD & phototherapy guidelines.
  - If applicable, address guidelines for in-house use of infant swings and other motion devices.
    - May include if a provider order is required to initiate, parameters, & guidelines to maintain and must discontinue once asleep.
  - Promote additional breastfeeding education/support for preterm and low birth-weight infants.
  - If applicable, outline Infant Therapeutic Positioning (ITP) procedures.
    - Address implementation. May include if an order is required to initiate, parameters, & guidelines to maintain. i.e., Finnegan scoring applications, frequency of monitoring, multidisciplinary evaluations.
    - Address transition from ITP to the HSE. Include completion before discharge to ensure tolerance and modeling for families.
    - Include focused education for families observing ITP and the transition to the home sleep environment to ensure practices are not continued after discharge. i.e., crib card, "graduation," etc.

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- Include the 10 positioning points from AAP recommended safe Skin to Skin Care (SSC) to reduce the risk of SUPC, falls, and suffocation.**
  - AAP Clinical Report "Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns" Box 2, "[10] Components of Safe Positioning for the Newborn While Skin-to-Skin"
  - If applicable, any NICU Kangaroo Care must integrate 10 positioning points.

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- Outline education for family/caregivers of patients less than one year of age.**
  - Include all 2022 AAP recommendations related to the safe sleep environment and risk reducing practices (See page 3).
  - Address remediation and documentation related to family/caregiver infant sleep non-compliance:
    - May include re-education, non-compliance forms, escalation to advanced care providers or leadership, social work consult, changes in care such as removal of adult bedding, pulse-ox, etc.

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- Reference Related Policies**
  - Any related policies that mention infant sleep elements must align with the primary infant safe sleep policy.
  - Any related policies must be referenced and linked to the primary safe sleep policy. Such as separate NICU, NAS/NOWS, Skin to Skin, etc.



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### All 2022 AAP Recommendations for Policy Inclusion

1. Back to sleep for every sleep.
2. Use a firm, flat, non-inclined sleep surface to reduce the risk of suffocation or wedging/entrapment.
3. Feeding of human milk is recommended because it is associated with a reduced risk of SIDS.
  - Promote any human milk feeding of at least 2 months, and exclusively for at least 6 months-1 year or beyond if mutually desired by both infant and parent.
4. It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first 6 mo.
5. Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation.
  - Avoid weighted blankets
  - Avoid ANY additional objects in the crib.
6. Offering a pacifier at naptime and bedtime is recommended to reduce the risk of SIDS.
  - Once breastfeeding is established
7. Avoid smoke and nicotine exposure during pregnancy and after birth.
8. Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth.
9. Avoid overheating and head covering in infants.
  - Discontinue infant hat use once the infant is thermodynamically stable, typically achieved after the first hours of life.
10. It is recommended that pregnant people obtain regular prenatal care.
11. It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC.
12. Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
13. Supervised, awake tummy time is recommended to facilitate development and to minimize the risk of positional plagiocephaly. Parents are encouraged to place the infant in tummy time while awake and supervised for short periods of time beginning soon after hospital discharge, increasing incrementally to at least 15 to 30 min total daily by age 7 wk.
14. Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
15. There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
  - Proper swaddling technique should allow the hips to be flexed and abducted to reduce the risk of exacerbating developmental dysplasia of the hip.
  - Discontinue swaddling once the infant shows signs of rolling.

### Policies Cannot Include Practices Not Supported by the AAP such as:

- Tucking blankets across the infant & under the mattress is not a current AAP-recommended intervention.
- Because of the increased risk of SUID, infants with gastroesophageal reflux or GERD should not have the head of the bed elevated, nor should they be laid down on their side or prone, regardless of level of severity.
- Unless other competing medical issues exist, infants should be kept supine while receiving phototherapy to model and promote home sleep safety.
- Prone positioning may be useful for monitored in patients during the acute withdrawal phase of NOWS; however, it should be discontinued when possible and before hospital discharge to decrease SUID risk.



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## References

- Rachel Y. Moon, Rebecca F. Carlin, Ivan Hand, THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME AND THE COMMITTEE ON FETUS AND NEWBORN; Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. *Pediatrics* July 2022; 150 (1): e2022057990. 10.1542/peds.2022-057990
- Michael H. Goodstein, Dan L. Stewart, Erin L. Keels, Rachel Y. Moon, James Cummings, Ivan Hand, Ira Adams-Chapman, Susan W. Aucott, Karen M. Puopolo, Jay P. Goldsmith, David Kaufman, Camilia Martin, Meredith Mowitz, Elie Abu Jawdeh, Rebecca Carlin, Jeffrey Colvin, Fern R. Hauck; COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME, Transition to a Safe Home Sleep Environment for the NICU Patient. *Pediatrics* July 2021; 148 (1): e2021052046. 10.1542/peds.2021-052046
- Lori Feldman-Winter, Jay P. Goldsmith, COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME; Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns. *Pediatrics* 2016; e20161889. 10.1542/peds.2016-1889