

DEPARTMENT: Women's and Children's Service Line  
POLICY NAME: Neonate/Infant Positioning/Safe Sleep Practice  
POLICY NUMBER:  
ORIGINATOR: Women's and Children's Service Line  
EFFECTIVE DATE: 09/20  
REVISION DATE(s):  
REVIEWED DATE:

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### SCOPE

All team members caring for infants at Meritus Medical Center

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### PURPOSE

- A. Establish guidelines and parameters for infant positioning.
  - B. Establish appropriate and consistent parental education on safe sleep positions and environment.
  - C. Establish consistent safe sleep practices by healthcare professionals for infants prior to discharge.
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### DEFINITIONS:

**Infant Mortality Rate:** Number of deaths in infants aged under 1 year of life per 1,000 live births in a given geographic location.

**Neonatal mortality Rate:** Number of deaths in infants aged under 29 days of life per 1,000 live births in a given geographic location.

**Post-neonatal Mortality Rate:** Number of deaths in infants aged 29 to 364 days of life per 1,000 live births in a given geographic location.

**SIDS (Sudden Infant Death Syndrome):** The sudden death of an infant younger than one year of age that remains unexplained after a complete investigation.

**SUID (Sudden Unexpected Infant Death):** The death of an infant less than one year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before the investigation. Most SUIDS are reports as one of three types:

- SIDS

- Accidental suffocation or strangulation in bed
- Unknown Cause

**SUPC (Sudden Unexpected Postnatal Collapse)** Any condition resulting in temporary or permanent cessation of breathing or cardiorespiratory failure in a well-appearing, full-term newborn with Apgar scores of eight or more, occurring during the first week of life. Many, but not all, of these events are related to suffocation or entrapment.

**NAS (Neonatal Abstinence Syndrome):** Is a constellation of symptoms that occur in a newborn who has been exposed to addictive opiate drugs. This is most commonly due to prenatal or maternal use of substances that results in withdrawal symptoms in the newborn. It may also be due to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn (postnatal NAS).

**Bed Sharing** The practice of a parent, sibling or other individual sleeping together with the infant on a shared sleep surface, i.e. a bed, sofa, recliner, etc. (not recommended).

**Co-sleeper** A three-sided crib that attaches to the parent's bed. Safety standards have not yet been established for these devices.

**Plagiocephaly** The appearance of a persistent flat spot on an infant's head.

**Room Sharing** Infant sleeping in a crib or other separate and safe surface in the same room as the parent/caregiver (recommended).

**Tummy Time** Infants are placed on tummy when they are awake and someone is supervising. Tummy time helps strengthen the infant's head, neck and shoulder muscles, and helps to prevent flat spots on the head.

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## BACKGROUND

A major decrease in the incidence of sudden infant death syndrome (SIDS) occurred when the American Academy of Pediatrics (AAP) released its initial recommendation in 1992 that infants be placed in a non-prone position for sleep. The incidence of SIDS has leveled off in recent years, while the incidence of other causes of sudden unexpected infant death that occur during sleep (including suffocation, asphyxia and entrapment) has increased. The AAP has expanded its recommendations to include a safe sleep environment, which reduces the risk of all sleep-related infant deaths, including SIDS. Research has shown that SIDS is not caused by vomiting, choking and immunizations.

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## PROCEDURE/IMPLEMENTATION

Procedure:

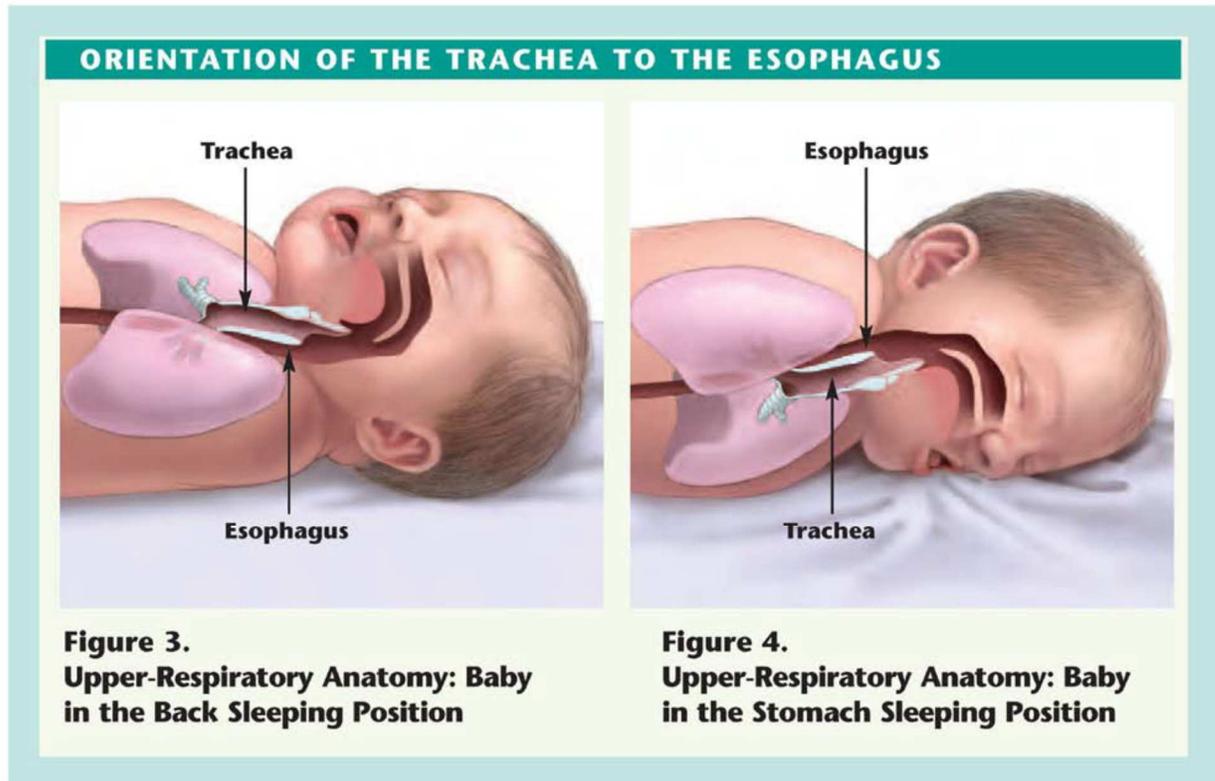
### A. Rooming In/Newborn Nursery:

1. Place all infants on their backs to sleep and the head of the bed flat. Infants with medical contraindication to supine sleep position, i.e. congenital malformations, upper airway compromise, severe symptomatic gastroesophageal reflux, should have a physician or nurse practitioner order along with an explanation documented.
2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blankets rolls, and stuffed animals should not be used.
3. If an infant is found in bed with a sleeping mother / parent, the infant should be placed in their bassinet. The mother / parent should then be re-educated on safe sleep practices as soon as practical. If this continues to be a reoccurring problem as "Infant Safe Sleep Non-Compliance" release form should be signed by the parent that he or she has been educated and understand that sleeping with an infant is dangerous with the most serious consequence being death.
4. Infants should be swaddled / bundled no higher than the axillary or shoulder level. A "wearable blanket" may be used. If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable. The following measures are to be discouraged, since they are not consistent with the AAP Guidelines: If a hat is still needed for thermoregulation at discharge, educate the parents / caregivers to monitor baby's temperature, and to attempt to discontinue using the hat after 2-3 days of stable temperature at home. If the baby maintains a normal temperature without the hat, then it can be permanently discontinued. Generally, a hat should not be needed after a few days in home environment.
5. Environmental temperature should be maintained at 72-78 degrees Fahrenheit.
6. The following recommendations for skin to skin bonding, when the mother is awake and fully alert, will decrease the risk of SUPC (see page 1 for definition).
  - a. Infant's face can be seen
  - b. Infant's head is in the "sniffing" position
  - c. Infant's nose and mouth is not covered
  - d. Infant's head is turned to one side
  - e. Infant's neck is straight, not bent
  - f. Infant's shoulders and chest face mother's
  - g. Infant's legs are flexed
  - h. Infant's back is covered with blanket
  - i. Parent-infant dyad is monitored continuously by the staff in the delivery and postpartum environment.
  - j. When parents want to sleep, infant is placed in bassinet or with another support person who is awake and alert
7. Prior to discharge the parents will watch the safe sleep DVD and then provide modeling and review of the appropriate home sleep environment.

**B. Special Care Nursery (SCN):** {Please see home safe sleep environment algorithm}

1. Infants who are ill and do not meet the criteria for the home safe sleep environment should have the Therapeutic Positioning Card at their bedside stating: "Infant is not ready for the Home Sleep Environment (HSE)".
2. Place all infants on their backs to sleep and the head of the bed flat, using the Home Sleep Environment guidelines (HSE). SCN infants should be placed exclusively on their backs to sleep when stable and in the convalescents stage of their development (see #5 for guidelines). The placement of SCN infants on their back to sleep should be done well before discharge, to model safe sleep practices to their families.
3. The following exceptions should be noted:
  - a. Infants with upper airway compromise, life threatening GE reflux (not mild to moderate apnea / bradycardia), respiratory distress, or a greater degree of prematurity may be placed prone or side lying until resolution of symptoms.
  - b. Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner when continuously monitored and observed.
  - c. Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms may be placed in a prone position for brief periods of time (see addendum for guidelines).
4. The following recommendations for skin to skin when mother is fully awake, and alert will decrease the risks of SUPC:
  - a. Infant's face can be seen
  - b. Infant's head is in the "sniffing" position
  - c. Infant's nose and mouth is not covered
  - d. Infant's head is turned to one side
  - e. Infant's neck is straight, not bent
  - f. Infant's shoulders and chest face mother's
  - g. Infant's legs are flexed
  - h. Infant's back is covered with blanket
  - i. Parent-infant dyad is monitored continuously by the staff in the NICU
  - j. If the parents become drowsy, infant is placed back in the incubator, warmer, or bassinet, or with another support person who is awake and alert.
5. **Sleep Environment:**
  - a. A firm sleep surface should be used (firm mattress with a thin covering).
  - b. Soft bedding and objects such as pillows, quilts, blanket rolls, bumpers and stuffed animals should not be present.
  - c. Positioning devices (such as snuggles) may be used for developmentally sensitive care of any infant in the SCN with the following:





*Babies may actually clear secretions better when placed on their backs. The figures above show the orientation of the trachea to the esophagus in the back sleeping (Figure 3) and stomach sleeping (Figure 4) positions. When a baby is in the back sleeping position, the trachea lies on top of the esophagus. Anything regurgitated or refluxed from the esophagus must work against gravity to be aspirated into the trachea. Conversely, when a baby is in the stomach sleeping position, anything regurgitated or refluxed will pool at the opening of the trachea, making it easier for the baby to aspirate.*

9. Once it is determined that an infant is ready for home sleep environment, the following actions should be completed:
  - a. Apply the HSE card / safe sleep ticket to the infant's bedside.
  - b. Fill out the graduation certificate with the infant's name.
  - c. At the parent's next visit, have them watch the safe sleep DVD and then provide modeling and review of the appropriate home sleep environment.
  - d. After completion of the training, present the family with the graduation certificate. Also educate the mother / caregiver on the following:
    - 1) No burp cloth under infant.
    - 2) No sleeping in swing or car seats. It is acceptable to place a fussy baby in a swing to calm down, then transfer to bassinet for sleeping.
    - 3) Prior to discharge the MD/provider to review education.

**C. Pediatric Unit (Infants less than 1 year of age):**

1. Follow the guidelines for the Rooming In/Newborn Nursery.
2. If an infant is found in bed with a sleeping mother / parent, the infant should be placed in their bassinet or crib. The mother / parent should then be re-educated on safe sleep practices as soon as practical. If this continues to be a reoccurring problem an "Infant Safe Sleep Non-Compliance" release form should be signed by the parent that he or she has been educated and understands that sleeping with an infant is dangerous, with the most serious consequence being death.

**D. Education:**

1. Family / Parental teaching: All parents will be educated on SIDS and safe sleep environments and positioning. Additionally, other caregivers (daycare workers, grandparents, and babysitters) should be encouraged to participate in this education.
  - a. All healthy infants should be placed on their back to sleep.
  - b. All infants should be placed in a separate but proximate sleeping environment (in a safety approved crib, infant bassinet, or Pac 'N' Play / play yard).
  - c. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
  - d. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.
  - e. Avoid bed sharing with the infant. **NOTE: Risk of bed sharing:**
    - 1) Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall / bed frame, injured by rolling of the bed, and infants have suffocated in bedding.
    - 2) Infants have died from suffocation due to adults rolling over them.
    - 3) Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.
  - f. If a blanket must be used, the preferred method is to swaddle / bundle the infant no higher than the axillary or shoulder level. NOTE: Swaddling should be discontinued when the infant shows signs of rolling over.
  - g. The use of a "wearable blanket" may be used in place of a blanket.
  - h. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
  - i. Avoid overheating. Do not over swaddle / bundle, overdress the infant, or overheat the infant's sleeping environment.

- j.** Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.
- k.** Avoid maternal and environmental smoking.
- l.** Avoid alcohol and drug use.
- m.** Breastfeeding is beneficial for infants.
- n.** Home monitors are not a strategy to reduce the risk of SIDS, this includes both medical grade and direct to consumer devices / monitors.
- o.** Encourage tummy time when the infant is awake to decrease positional plagiocephaly.

**E. Documentation:**

1. Document the infant's position in the Electronic Health Record.
2. Document all parental teaching (note if the contract was signed and whether the Safe Sleep DVD was viewed) related to sleep safe practices on the parental teaching portion in the Electronic Health Record.

**F. NEONATAL ABSTINENCE SYNDROME (NAS):** A constellation of symptoms that occur in a newborn who has been exposed to addictive opiate drugs.

- 1.** This is most commonly due to prenatal or maternal use of substances that result in withdrawal symptoms in the newborn.
- 2.** It may also be due to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn (postnatal NAS).
  - a.** Infants with NAS may require specific strategies for comfort during hospitalization.
  - b.** Comfort measures for an irritable infant include:
    - 1)** Rocking or use of swings/Mamaroo.
    - 2)** Holding.
    - 3)** Swaddling.
    - 4)** White noise.
    - 5)** Appropriate skin-to-skin care.
    - 6)** Infant massage.
    - 7)** Infants with NAS whose irritability continues >12 hrs may necessitate prone positioning.
      - a.** Use of prone positioning requires a consult with the physician reviewing withdrawal scores and medications.
      - b.** The need for prone positioning is re-evaluated with each withdrawal score.
      - c.** Comfort measures are initiated or maintained BEFORE the infant is placed prone.
      - d.** Use careful verbiage when explaining need for prone positioning to mother/caregivers.

- e. Provide explanation that prone positioning may be an intervention during withdrawal period with monitoring while hospitalized.
- f. Educate mother/caregiver that prone positioning for sleep is not appropriate for home.
- g. Provide consistent message.
- h. Discontinue prone positioning, at least 1 week prior to discharge if not sooner.
- i. The healthcare team, including physician, nursing, occupational and physical therapy will discuss transitioning to HSE prior to discharge when the following criteria are met (if not sooner):
  - 1) Morphine dose 0.05 mg/kg/dose
  - 2) Average Finnegan scores less than or equal to 6 for 24 hrs.
  - 3) No Finnegan score of greater than 10 within last 24 hrs.
  - 4) No prn doses needed in the last 24 hrs.

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## RESPONSIBILITY

All Team Members caring for infants at Meritus Medical Center

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## REFERENCES

- A. Pediatrics (2016) American Academy of Pediatrics Policy Statement on SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment.
- B. American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. (2011, reaffirmed 2014). SIDS and other sleep-related infant deaths: Expansion of recommendations for a safe infant sleeping environment. *Pediatrics*, 128, e1341–e1367. Accessed August 23, 2020 via the Web at <https://pediatrics.aappublications.org/content/128/5/e1341.full>
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