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WellSpan Health

Department: Nursing

Version: 3

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Policy Contact: WCSL Policy and Procedure

Title: INFANT POSITIONING / SAFE SLEEP PRACTICE POLICY

I. 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.
D. Comply with Pennsylvania ACT 73 which mandates education for parents relating to sudden infant death syndrome and sudden unexpected death of infants.

II. Definitions:

A. **Infant Mortality Rate:** Number of deaths in infants aged under 1 year of life per 1,000 live births in a given geographic location.
   1. The infant mortality rate is widely used indicator of the nation's health. In 2015, the United States (U.S.) ranked 31st in infant mortality among industrialized nations, with an overall infant mortality rate of 5.96 deaths per 1,000 live births. The leading causes of infant mortality in the U.S. are a) congenital malformations, b) short gestation / low birth, c) sudden infant death syndrome (SIDS), d) maternal complications, and e) unintentional injuries (mostly suffocations). Although the infant mortality rate in the U.S. decreased to 5.41 deaths per 1,000 live births in 2020, this still represents 19,582 deaths per year, of which, about 3,500 are sudden unexpected infant deaths (SUID).
B. **Neonatal mortality Rate:** Number of deaths in infants aged under 29 days of life per 1,000 live births in a given geographic location.
C. **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.
D. **SIDS (Sudden Infant Death Syndrome):** The sudden death of an infant younger than one year of age that remains unexplained after a complete investigation**.**
E. **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:
   1. SIDS
   2. Accidental suffocation or strangulation in bed
   3. Unknown Cause
F. **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.

G. **NAS** (Neonatal Abstinence Syndrome)/NOWS (Neonatal Opioid Withdrawal 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).

III. Procedure:

A. Patients under the age of 1 year:
   1. Place all infants on their backs to sleep and the head of the bed flat/non-inclined.
   2. Infants with medical contraindications to supine sleep position, i.e., congenital malformations, upper airway compromise, should have a physician's or nurse practitioner's order.
   3. **Note: It is NOT recommended to elevate the head of bed for gastroesophageal reflux.**

B. Use a firm non-inclined sleep surface (firm mattress with a thin covering). Do not use soft bedding such as pillows, quilts, blankets, rolls, and stuffed animals.
   1. If an infant is found in bed with a sleeping caregiver, place the infant in the bassinet/crib and re-educate the caregiver on safe sleep practices.
   2. Offer respite care for parents if available.
   3. If this continues to be a reoccurring problem, an "Infant Safe Sleep Non-Compliance" (MR-656) release form should be signed by the parent/guardian that they have been educated and understands that sleeping with an infant is dangerous with the most serious consequence being death.
   4. Swaddle / bundle infant 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.

C. **Discourage the following measures, since they are not consistent with the AAP Guidelines:**
   1. Use of extra blankets to layer over the infant should be discouraged. If an infant cannot maintain temperature with normal clothing and swaddling materials, it is preferable to place infant skin to skin or in an incubator or under a radiant warmer. Reenforce education for the caregiver on the importance of "no loose" or "bulky blankets" in the crib or bassinet.
   2. Most term infants should be able to maintain a normal temperature without a hat after the first hours of life. If a hat is still needed for thermoregulation at discharge, educate the caregivers to monitor baby's temperature, and to attempt to discontinue using the hat after 2-3 days of stable temperatures 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.
      a. Environmental temperature in the hospital should be maintained at 72-78 degrees Fahrenheit

D. Skin to skin:
   1. Lippincott Skin to skin contact for a well neonate
   2. Lippincott Skin to Skin contact initiating neonatal
   3. Lippincott Skin to skin contact, initiating, intubated patient, neonatal

E. Prior to discharge the parents will watch the safe sleep video. Staff and parents will demonstrate safe sleep and review appropriate home sleep environment standards.

F. **In Addition, for Neonatal Intensive Care Nursery (NICU): {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. 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.
2. Place all infants on their backs to sleep and the head of the bed flat, using the Home Sleep Environment guidelines (HSE). NICU infants should be placed exclusively on their backs to sleep when stable and in the convalescence stage of their development. The placement of NICU infants on their back to sleep should be done well before discharge, to model safe sleep practices to their families.
3. The following guidelines should be used to transition NICU patients to the Home Sleep Environment (HSE):
    a. Babies with gestational age 33 weeks and older AND greater than 1500 grams without respiratory distress should be placed in HSE.
    b. Babies with gestational age 34 weeks and older with respiratory distress may be positioned prone until respiratory symptoms are resolving.
    c. Babies with gestational age under 34 weeks should be assessed for HSE when reaching adjusted gestational age of 33 weeks and weight greater than 1500 grams.
    d. If the baby has respiratory distress, staff may continue with prone positioning until respiratory symptoms are resolving. Safe sleep modeling can be performed with an infant on Low Flow Nasal Cannula or High Flow Nasal Cannula <2 LPM.
    e. Once the baby no longer requires positioning devices, begin HSE protocol.
4. Once it is determined that an infant is ready for home sleep environment, apply the HSE card and/or safe sleep ticket to the baby's bedside.
5. **Educate the caregiver on the following:**
    a. No burp cloth under infant.
    b. 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.

IV. Documentation:

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

V. Education:

A. Family / Parental teaching: All parents will be educated on SIDS and safe sleep environments and positioning. Additionally, other caregivers should be encouraged to participate in this education.
B. All healthy infants should be placed on their back to sleep.
C. All infants should be placed in a separate but proximate sleeping environment (in a safety approved crib, infant bassinette, or Pac 'N' Play / play yard).
D. All infants should be placed on a firm, flat, non-inclined sleep surface. Remove all loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals, and soft toys from the sleeping area.

1. 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.
2. Avoid bed sharing with the infant.
3. **NOTE: Risk of bed sharing:** 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 off of the bed, and infants have suffocated in bedding.
4. Infants have died from suffocation due to adults rolling over them.
5. 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.
6. 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.**
    a. The use of a "wearable blanket" may be used in place of a blanket.

E. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
F. Avoid overheating. Do not over swaddle / bundle, overdress the infant, or overheat the infant's sleeping environment.
G. The use of a pacifier (after breastfeeding has been well established) is recommended at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.
H. Avoid maternal and environmental smoking.
I. Avoid alcohol and drug use.
J. Breastfeeding is beneficial for infants and is associated with a reduced risk of SIDS.
K. Home monitors are not a strategy to reduce the risk of SIDS, this includes both medical grade and direct to consumer devices / monitors.
L. Encourage supervised tummy time when the infant is awake to decrease positional plagiocephaly.
M. Safe sleep signage (poster or crib decal) visible in patient's room (EN/SP).
N. For additional information refer to the NICHD Safe to Sleep Campaign: https://safetosleep.nichd.nih.gov/

VI. Positions to Whom this Applies: RN, LPN, Nursing Assistant, Tech, OT

VII. References: *If references are documented for this policy the following statement must be included: Portions of the following resources may have been consulted as part of the development of this policy. These resources are not authoritative*

Feldman-Winter L, Goldsmith JP. AAP Committee on Fetus and Newborn, AAP Task Force on Sudden Infant Death Syndrome. Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Infant. *Pediatrics*. 2016; 138(3); e20161889

Goodstein MH, Stewart DL, Keels EL, Moon RY; COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. Transition to a Safe Home Sleep Environment for the NICU Patient. Pediatrics. 2021 Jul;148(1):e2021052046. doi: 10.1542/peds.2021-052046. Epub 2021 Jun 21. PMID: 34155135.

Goodstein MH, Stewart D L, Keels E L, et al. AAP COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. Transition to a Safe Home Sleep Environment for the NICU Patient. Pediatrics. 2021;148(1):e2021052046

Moon RY, Carlin RF, Hand I; AAP Task Force on Sudden Infant Death Syndrome; AAP Committee on Fetus and Newborn. Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Pediatrics. 2022;150(1):e2022057990

Moon RY, Carlin RF, Hand I; AAP Task Force on Sudden Infant Death; AAP Committee on Fetus and Newborn. Evidence Base for 2022 Updated Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related Infant Deaths. Pediatrics. 2022;150(1):e2022057991

PA State Law 2010Act 73. PA State Law

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Document History

Version #	Approved by/Date	Published Date/ Initials	Description of Revision(s)
1	5/2020	5/2020 sm	WCSL system policy
2	8/2021	10/2021 mm	Formatting updates
3	10/2022	11/16/2022 mm	Formatting, updated guidelines and references

Historic Background:

In 1992 the American Academy of Pediatrics (AAP) recommended that infants no longer sleep in the prone position. By 1994, the National Institutes of Health, introduced the Back to Sleep campaign. Over the next 10 years, the sudden infant death syndrome (SIDS) rate in the U.S. fell 53%, correlating with an increase in exclusive supine sleep.

Despite these advances, approximately 3,500 infant deaths occur due to SUID each year. SUID is the third-leading cause of infant mortality overall, and it is the leading cause of post-neonatal mortality. Although the incidence of SIDS continues to decline, other deaths (including accidental suffocation and strangulation in bed and undetermined deaths) have increased, suggesting a possible "diagnostic coding shift," resulting in little change in the incidence of SUID in recent years.

The AAP recommends "Health care professionals, staff in newborn nurseries and NICUs, and childcare providers should endorse and model the SIDS risk reduction recommendations from birth. All physicians, nurses, and other healthcare providers should receive education on safe infant sleep. Hospitals should ensure that policies are consistent with updated safe sleep recommendations and the infant sleep recommendations ad that infant sleep spaces (bassinets, cribs) meet safe sleep standards."

However, studies show that many hospitals do not currently provide consistent and accurate information or model appropriate behavior in the hospital. In one study, parents reported receiving instruction on sleep position from either nurses and doctors less than 50% of the time and only 37% of parents reported seeing their infant placed exclusively in the supine position in the nursery. Yet parents who reported both receiving instruction and observing their infant put to sleep in the supine position were most likely to keep their babies in the supine position from sleep at home (70%), while parents who received no instruction and did not see their babies' supine in the nursery were least likely to believe that infant safe sleep practices are important when the hospital staff in inconsistent with their message and behavior.

Healthcare professionals play a vital role by showing mothers / caregivers a positive model for safe sleep practices in the hospitals or office settings and educating parents and caregivers on the importance of infant sleep safety. The challenge for hospitals is to provide education about reducing the potential for accidental injury or death while still promoting methods for mothers / caregivers to bond with their newborns. Healthcare providers should have open, frank, nonjudgmental conversations with families about their sleep practices. Healthcare facilities can make a difference by providing education for staff and families and promoting and monitoring safe sleep behaviors that can reduce the risk of injury or infant death.