

HOSPITAL SAFE SLEEP POLICY TEMPLATE

HOSPITAL SAFE SLEEP POLICY (Evidence-Based)

GOALS.

1. To provide a uniform model hospital policy for healthcare providers in the newborn, Level II/ III/IV nurseries and pediatric settings
2. To ensure that all recommendations are modeled and understood by caregivers/parents with consistent instructions given prior to discharge

RATIONALE.

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.

DEFINITIONS.

<i>AAP</i>	American Academy of Pediatrics
<i>Bed Sharing</i>	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).
<i>Co-sleeper</i>	A three-sided crib that attaches to the parent's bed. Safety standards have not yet been established for these devices.
<i>Kangaroo Care</i>	applies to skin-to-skin care for preterm infants
<i>Health Care Provider</i>	Physicians, nurse practitioners, certified nurse midwives, nurses, lactation consultants
<i>Plagiocephaly</i>	The appearance of a persistent flat spot on an infant's head.
<i>Room Sharing</i>	Infant sleeping in a crib or other separate and safe surface in the same room as the parent/caregiver (recommended).
<i>NAS</i>	<i>Neonatal Abstinence Syndrome (NAS)</i> : Constellation of symptoms that occur in a newborn who has been exposed to addictive drugs.
<i>Plagiocephaly</i>	The appearance of an asymmetrical flattening of one side of the infant's skull
<i>Room Sharing</i>	Infant sleeping in a crib, bassinet, or other separate and safe sleep surface in the same room as the caregiver (recommended)
<i>Safe sleep environment</i>	encompasses the infant's position in a crib or bassinet and excludes any environmental and modifiable risk factors including maternal/infant risk factors.
<i>SIDS</i>	<i>Sudden Infant Death Syndrome</i> - the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical histories.
<i>SUID</i>	<i>(Sudden Unexplained Infant Death)</i> : 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.
<i>Tummy Time</i>	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.
<i>SUPC</i>	<i>Sudden Unexpected Postnatal Collapse</i> -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.

POLICY AND PROCEDURE.

A. Infants in the Newborn nursery/NICU/PICU/PEDS/NAS

B. Education

- Safe infant sleep environment education and Sudden Infant Death Syndrome (SIDS) prevention will be completed for all infants under one (1) year of age throughout the hospital course and prior to discharge, including:
 1. Back to sleep for every sleep for the first year of an infant's life
 2. Use a firm, flat sleep surface with a fitted sheet
 3. Human milk feeding is recommended, as it is associated with a reduced risk of SIDS. Unless contraindicated, mothers should be encouraged to breastfeed exclusively or feed with expressed breastmilk for 6 months and up to one year or more as mutually desired by mother & infant, as recommended by the AAP. (Both partial and exclusive breastfeeding are associated with a 50% decrease in SIDS risk at all ages).
 4. Room sharing (without bed-sharing) with the infant on a separate sleep surface, close to the parent's bed for at least the first six months. Sleep surface must meet federal safety standards. Instruct parents/caregivers that weighted blankets, memory foam mattresses, loose blankets or other soft objects can obstruct an infant's nose and mouth and are not recommended and they should never hang a pacifier around the infant's neck or place infant close to hanging cords.
 5. Soft objects and loose bedding should be kept away from the infant's sleep area, which may include, stuffed animals, bumper pads, and loose bedding
 6. The use of a pacifier during sleep appears to reduce the risk of SIDS. Because of this apparent reduction in risk, the AAP suggest offering a pacifier at sleep or nap time (if breastfeeding- it is recommended to delay introduction of pacifier use until breastfeeding is well established). Pacifiers should be cleaned often and replaced regularly. In the hospital, pacifiers may be used to decrease pain, in the NICU and for specific medical reasons, and for formula fed infants.
 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. Pregnant women should seek and obtain regular prenatal care.
 10. Overheating- In general, infants should be dressed in no greater than one (1) more layer than an adult would wear to be comfortable in that environment. Dressing the infant in layers of clothing or use of a wearable blanket preferred if extra warmth needed. Teach parents signs/symptoms of overheating, e.g., sweating, flushed skin. or the infant's chest feeling hot to the touch.
 11. Recommend that pregnant people obtain regular prenatal care and that infants be immunized in accordance with the American Academy of Pediatrics (AAP) and the Center for Disease Control (CDC) recommendations.
 12. Avoid the use of commercial devices that are inconsistent with safe sleep recommendations. This will include education regarding avoiding the use of cribs with missing hardware or cribs that are broken, as well as positioning aids and wedges.
 13. Do not use home cardio-respiratory monitors as a strategy to reduce the risk of SIDS as these have not been shown to decrease the incidence of SIDS and should not replace adherence to following AAP safe sleep guidelines.
 14. Supervised, awake tummy time for prevention of plagiocephaly (flattening of any part of the head), positional torticollis, decreased strength, aversion to prone posture, and environmental/ developmental delay. Tummy time should be initiated soon after discharge when infant awake and supervised, increasing incrementally by

at least 15-30 minutes total daily by 7 weeks of age.

15. While parents may choose to swaddle, there is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS. If swaddled, infants should be placed on their backs, wrapped in a light blanket which is snug around the chest but loose at the hips and knees. Weighted swaddle clothing or objects are not safe or recommended for use. Swaddling should be discontinued when infant shows signs of attempting to roll.

16. Avoid distractions (esp. cell phones) while breastfeeding or doing Kangaroo care.

17. All clinicians, physicians, nonphysician clinicians, and hospital staff who care for mothers and infants will endorse and model safe infant sleep guidelines in the hospital.

- Health care providers will teach and model safe sleep environments/practices during hospitalization of infants up to one (1) year of age.
- The multidisciplinary Safe-sleep Committee members ensure on-going collaboration to promote safe sleep messaging and practices both within the hospital and out to the community.
- Materials for SUID risk reduction recommendations are provided by the Oklahoma State Department of Health Maternal & Child Health Service (MCH-OSDH) [as supplies last] and will be discussed with parents/caregivers and provided in the admission & discharge packets. This education will be documented in the patient's record.

C. Sleep Position.

- All infants > 32weeks will be placed on their back to sleep during every nap and nighttime for the first year unless otherwise ordered by the physician. Side sleeping is no longer advised and should be used only if there is a physician order.
- The flat supine sleeping position does not increase the risk of choking and aspiration in infants, even those with gastroesophageal reflux. There should be no infants placed in this position without a physician's order and medical explanation to place an infant in a prone position.
- A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.
 - If it is discovered that parents/caregivers have placed any objects (beyond a pacifier) in the infant's crib, the items will be removed from the crib and parents/caregivers will be educated on the risks of these items and the education and parental response documented.
- 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.
- Level II/III/IV nurseries will start to transition to back sleeping as soon as the infant is medically stable, well in advance of discharge.

Teaching Points:

- *Teach parents to place infants on their backs to sleep for every sleep. Have parents communicate this "back to sleep" message with **everyone** who cares for their infant.*
- *Use visual aids to show parents that the supine position does not increase the risk of choking and aspiration.*

ORIENTATION OF THE TRACHEA TO THE ESOPHAGUS

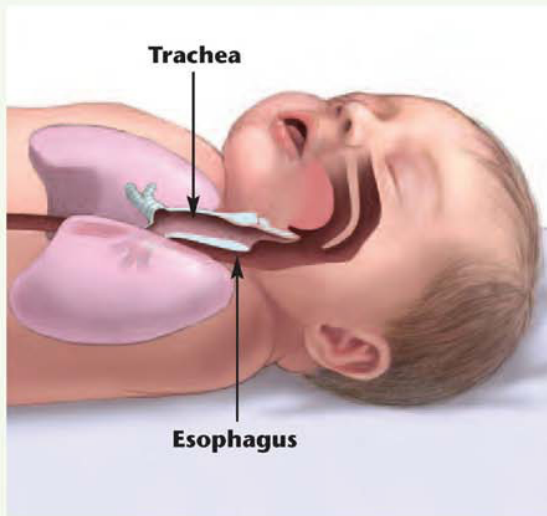


Figure 3.
Upper-Respiratory Anatomy: Baby in the Back Sleeping Position

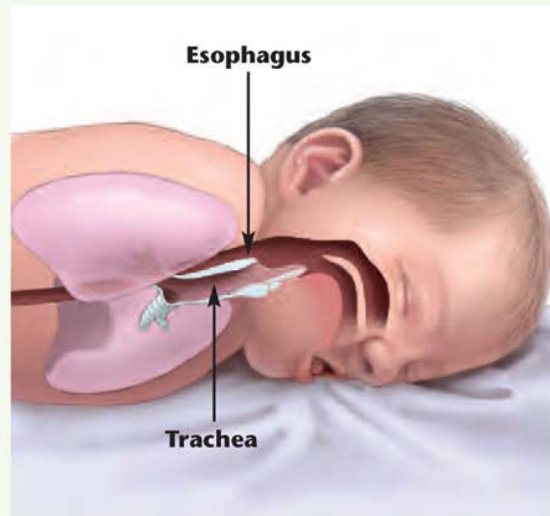


Figure 4.
Upper-Respiratory Anatomy: Baby in the Stomach Sleeping Position

In fact, 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.

- The risk of SIDS is 7 to 8 times higher among infants who normally sleep on their backs when placed on their stomachs to sleep.
- Side lying is an unstable sleeping position because the infant can more easily roll to the prone position. Side positioning is not recommended.
- Once an infant can roll from supine to prone and from prone to supine, the infant can be allowed to remain in the sleep position that he or she assumes.

D. Skin-to-skin bonding.

- The following recommendations for **skin to skin** bonding, when the mother is awake and fully alert, will decrease the risks of **SUPC** (see page 1 for definition.)
 - Infant's face can be seen
 - Infant's nose and mouth is not covered
 - Infant's head is turned to one side
 - Infant's neck is straight, not bent
 - Infant's shoulders and chest face mother's
 - Infant's legs are flexed
 - Infant's back is covered with blanket
 - Mother-infant dyad is monitored continuously by the staff in the delivery environment and regularly on the postpartum unit
 - When mother want to sleep, infant is placed in bassinet or with another support person who is awake and alert

E. Sleep Surface.

- Mattresses should be firm and maintain their shape. There should be no gaps between the mattress and the side of the crib, bassinet, portable crib or play yard.
- Only mattresses and tightly-fitted sheets designed for the specific type of product should be used.

Teaching Point:

- *Pillows or cushions should not be substituted for mattresses or in addition to a mattress. Couches, adult mattresses, futons, etc. are not considered a firm sleeping surface.*
- *Soft materials or objects such as pillows, quilts, comforters or sheepskins, even if covered by a sheet, should not be placed under a sleeping infant.*
- *If an additional waterproof pad is used, it should be thin and tightly fitted.*
- *Sitting devices, such as car safety seats, strollers, swings, infant carriers and infant slings are not recommended for routine sleep in the hospital or at home.*

F. Bedding.

- Keep all soft objects and loose bedding out of the crib.

G. Clothing.

- Infant will be placed in sleep sack or proper swaddling technique if sleep sack not available.
- If swaddled, the blanket should not exceed the infant's shoulder height
- Sleep sacks should be used according to the manufacturer's instructions and the appropriate size
- Swaddling should stop when the infant is two months old or begins to roll over or break free from the swaddle. The infant should then be transition to a wearable blanket.
- In general, infants should be dressed appropriately for the environment, with no greater than one (1) layer more than an adult would wear to be comfortable in that environment.
- For infants with temperature instability or those needing additional warmth, an additional blanket may be used to swaddle the infant, or the addition of a wearable blanket or additional layer of clothing

Teaching Point:

- *No bumper pads, stuffed toys or any other objects in the crib. "NOTHING BUT BABY."*
- *Appropriately sized sleep sacks/blanket sleepers are optimal; avoid blankets and other loose bedding.*
- *Couches, adult mattresses, futons, etc. are not considered a firm sleeping surfaces.*

Smoking, Drugs and Alcohol.

- Do not expose babies to secondhand smoke.
- Second to sleep position, smoke exposure is the largest contributing risk factor for SIDS.
- Avoid alcohol and illicit drug use.

Teaching Point:

- *Clothing exposed to secondhand smoke should be changed, or a cover gown provided, prior to handling infants.*
- *Wash hands after smoking and before touching infant.*
- *Encourage families to set strict rules for smoke-free homes and cars to eliminate secondhand smoke.*
- *Anyone who is sleep deprived or using alcohol or medications causing diminished responsiveness in combination with bed sharing also places an infant at high risk.*
- *Share smoking cessation resources in your institution or community.*

Sleeping Environment.

- Room sharing **without bed sharing** is recommended.
- Keep the infant's sleep area close to, but separate from, where parents sleep.
- Multiples are defined as twins, triplets or more siblings from the same pregnancy.
- Multiples should not share the same crib/bassinet.
- If a patient is less than one (1) year of age and is found in bed with a parent/caregiver that is asleep:
 1. The nurse is to arouse the parent/caregiver and request the infant be placed in the bassinet or crib while the parent is sleeping.
 2. The nurse will also document finding, interventions, education and response of parent/caregiver.

Teaching Points:

- *Bed sharing with anyone, including parents, other children and particularly multiples is not safe. Pets also pose a threat to sleeping infants.*
 - *Infants may be brought into bed for feeding or comforting but should be returned to their own bed when the parent is ready to return to sleep.*
 - *The infant's crib, portable crib, play yard or bassinet should be placed in the parent's room, close to their bed, making it more convenient for feeding and contact.*
 - *Infants should not be fed/held on a couch, armchair or in bed when there is a high risk that the parent might fall asleep.*
 - *Sleeping on a couch, recliner or armchair with an infant is not safe.*
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Pacifier Use.

- Pacifier use is recommended throughout the first year of life when placing infant down to sleep unless contraindicated or refused by parents.

Teaching Points:

- *For breastfed infants, avoid pacifier use until breastfeeding is firmly established (approx. 1 month).*
 - *It is not necessary to reinsert a pacifier once the infant falls asleep.*
 - *Do not force an infant to take a pacifier.*
 - *Educate parents that pacifiers should not be coated in any sweet solution, hung around the infant's neck or attached to clothing while sleeping.*
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Overheating/Over-bundling.

- Avoid overheating or over-bundling infant.
- Infants should be dressed appropriately for the environment, with no more than one additional layer than an adult would wear to be comfortable.

Teaching Points:

- *Appropriately sized sleep sacks /blanket sleepers are optimal; avoid blankets and other loose bedding.*
 - *Suggest layering clothing as a secondary choice.*
 - *Acknowledge cultural beliefs and how it affects safe sleeping.*
 - *If swaddling is needed for comfort or thermoregulation, swaddle below the axilla.*
 - *Kangaroo Care or skin-to- skin is another method of thermoregulation but should be used only when mother is awake.*
 - *Teach parents to evaluate infants for signs of overheating, such as sweating or the chest feeling hot to touch.*
 - *Do not cover the infant's face or head.*
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NICU/Special Care (Level II/ III/IV).

- Infants should be placed in the supine position for sleep as soon as medically stable and significantly before anticipated discharge (by 32 weeks postmenstrual age).

- Infants in the NICU should be positioned for stability, based on clinical condition and developmental needs under the advisement and direction of a neonatologist.
- Per AAP recommendations, when clinically stable and/or gestational age >32 weeks, place infants on their backs to sleep on a firm mattress with a thin covering and the head of the bed flat. Pillows, quilts, blanket rolls, and stuffed animals should not be used.
- The AAP Task Force recommends that preterm infants be placed in the supine position to sleep as soon as the infant is stable prior to discharge in order to model safe-sleep practices to their families and to allow the infant to become acclimated to supine sleeping before discharge.
- Parents/caregivers should be educated on safe sleep practices each time they are on the unit. If therapeutic positioning used, the nurse should give the rationale for the position, that the position is no longer necessary once the infant's condition has stabilized, and the interventions the nursing staff takes to ensure the infant is carefully monitored and safe in the position.

NICU/ Infants with Neonatal Abstinence Syndrome (NAS)

- Infants with NAS may benefit from the use of swings and/or wearable sleep sacks.
- Swings can be only be used in the NICU, under observation by nursing staff, while on cardiorespiratory and SpO2 monitor. Once the infant is asleep, they should be moved back to an open crib and placed supine with head of bed flat.
- Implement the "home safe sleep" environment as appropriate related to infants' condition and symptoms to include sleeping in a bassinet with a flat surface and sleep sack.
- Infants who meet criteria for Eat, Sleep, Console monitoring by scoring zero, who do not require medication management for withdrawal symptoms, and who can be comforted by optimizing non-pharmacologic methods, excluding therapeutic positioning, should be transitioned immediately to safe sleep practices. Parents/caregivers should be regularly educated on safe sleep practices and encouraged to adhere to them throughout the infant's hospital stay to decrease the incidence of SIDS and/or SUID.

Teaching Point:

- *Endorse safe-sleeping guidelines with parents from the time of admission.*
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Positioning Aids/Commercial Devices.

- Staff in Level II/ III/IV nurseries should model and implement all SIDS risk reduction recommendations as soon as the infant is clinically stable and significantly before anticipated discharge. Remove developmental aids as appropriate.
- Avoid commercial devices marketed to reduce the risk of SIDS—these include wedges, positioners, special mattresses, and special sleep surfaces.

Teaching Points:

- *Inform parents to avoid commercial devices marketed to reduce the risk of SIDS, plagiocephaly and acid reflux (products include wedges, positioning aids, rolled blankets).*
 - *There is no evidence that these devices reduce the risk of SIDS or suffocation, or that they are safe.*
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Monitoring Devices.

- Infants with cardio/respiratory instability may require a cardiopulmonary monitor.
- No monitoring device can identify, predict or prevent SIDS.

Teaching Point:

- Educate parents and caregivers that monitors are only machines and are not substitutes for direct observation.
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Tummy Time.

- Supervised, awake tummy time is recommended on a daily basis, beginning as early as possible, to promote motor development, facilitate development of the upper body muscles, and minimize the risk of positional plagiocephaly.
- Change the infant's sleep orientation along with changing the bed orientation.

Teaching Points:

- Avoid plagiocephaly by:
 - limiting time in car seats, carriers, bouncers, and other devices.
 - encouraging "cuddle time" (bonding) by holding infant.
 - changing the infant's orientation in the bed.
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Back to Sleep.

- Educate parents on the importance of following all of the AAP Policy Statement Recommendations for Safe Sleep well before discharge.
- Document that safe sleep education was provided.

Teaching Point:

- Request that parents share safe sleep message with **EVERYONE** caring for their infant (grandparents, babysitters, child care providers, etc).
 - Readmission of infants under 1 year of age is an excellent opportunity to ask where the infant normally sleeps and to re-enforce AAP safe sleep recommendations.
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Breastfeeding.

- Breastfeeding is recommended.
- The benefits of human milk feeding should be emphasized in a non-judgmental and culturally sensitive manner with families. Families should be made aware that human milk feeding has been proven to reduce the incidence of SIDS in all infant populations. Since LBW and preterm infants are at higher risk for SIDS related deaths, it is especially important to discuss the benefits of human milk use with this population. In tandem, the importance of prioritizing the mother's mental health if breastfeeding is proving to be a trigger for postpartum depression/anxiety should also be discussed.

Teaching Point:

- The protective effect of breastfeeding increases with exclusivity. However, any breast milk feeding has been shown to be more protective against SIDS than formula feeding.
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Immunization.

- Infants should be immunized in accordance with recommendations of the AAP and the Centers for Disease Control and Prevention.

Teaching Points:

- There is no evidence that there is a causal relationship between immunizations and SIDS.
 - Recent evidence suggests that immunization might have a protective effect against SIDS.
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-For guidelines on current crib safety standards, visit www.jpma.org

-For information on swaddling, visit <http://pediatrics.aappublications.org/cgi/content/full/120/4/e1097>

-To download a free NICHD safe to sleep materials, go to <https://www1.nichd.nih.gov/sts/materials/Pages/default.aspx>

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