

POLICY NUMBER:

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Sub Folder:		Last Reviewed/Revised:	

SAFE INFANT SLEEP ENVIRONMENTS

I. PURPOSE:

To define the process to provide a safe infant sleep environment for infants less than one (1) year of age while in the hospital.

II. SCOPE:

All team members

III. FACILITIES/ENTITIES:

[Include all hospitals in the system impacted by the policy]

IV. DEFINITIONS:

- A. **Infant Mortality Rate:** Number of deaths in infants aged under one (1) year of life per 1,000 live birth in a given geographic location.
- B. **Neonatal Mortality Rate:** Number of deaths in infants aged under twenty-nine (29) day of life per 1,000 live births in a given geographic location.
- C. **Post-neonatal Mortality Rate:** Number of deaths in infants aged twenty-nine (29) to 362 days of life per 1,000 live births in a given geographic location.
- D. **Sudden Infant Death Syndrome (SIDS):** The sudden death of an infant younger than one (1) year of age that remains unexplained after a complete investigation.
- E. **Sudden Unexplained Infant Death (SUID):** The death of an infant less than one (1) year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before the investigation.
 - 1. Most are reported as one (1) of three (3) types:
 - a. SIDS
 - b. Accidental suffocation or strangulation in bed
 - c. Unknown Cause
- F. **Sudden Unexpected Postnatal Collapse (SUPC):** 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 (8) or more, occurring during the first week of life.
- G. **Neonatal Abstinence Syndrome (NAS):** Constellation of symptoms that occur in a newborn who has been exposed to addictive drugs.

V. POLICY:

- A. The American Academy of Pediatrics (AAP) recommends health care providers promote a safe sleep environment for the infants while hospitalized up to one (1) year of age.
- B. Health care providers will focus on teaching and role modeling of safe sleep environments during hospitalization up to one (1) year of age.

VI. PROCEDURE:

- A. Healthy Term Infants and Infants Readmitted Under One (1) Year of Age
 - 1. On admission all caregivers of infants one (1) year of age and younger will be asked where the infant sleeps at home and will document the type of sleeping space.
 - a. If the infant does not have a separate sleep space obtain social work consult and distribute appropriate safe sleep environment resource (e.g., Pack 'N Play, etc.) to the caregiver.
 - 2. Place on back to sleep with the head of the bed flat
 - a. The head of the bed should remain flat unless elevation of the head of the bed is ordered by a physician due to a medical contraindication.
 - b. Stable Preterm infants will begin transitioning to supine sleep positions when they demonstrate age appropriate flexion.
 - 3. Use a firm sleep surface covered with a thin fitted cover.
 - a. Do not use soft bedding, pillows, quilts, multiple layers or stuffed animals in the sleep environment.
 - 4. Once the infant can roll from supine to prone and from prone to supine, the infant may be allowed to remain in the sleeping position that he or she assumes.
 - 5. Infant will be positioned with proper swaddling or sleep sack if available.
 - a. A hat can be used during thermoregulation transition but avoid over bundling and covering the face.
 - 6. 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.
 - 7. No equipment, toys, extra blankets, etc. should be in the bed with the infant at any time.
 - a. If an infant has a pacifier for sleep, it should not be attached to the clothes and pacifiers attached to stuffed toys should not be used during sleep.
 - 8. During skin to skin care it is not appropriate to allow or promote sleeping with the baby for any reason; refer to procedure Skin to Skin Care after Infant Delivery – Ballad Health.
 - a. Parents who fall asleep during skin to skin care will be awakened and infant returned to own bed.

9. If a patient is less than one (1) year of age and is found in bed with a caregiver that is asleep:
 - a. The nurse is to arouse the parent/caregiver and request the infant be placed in the bassinet or crib while the parent is sleeping.
 - b. The nurse will also document finding, interventions, education and response of caregiver.
10. No commercial devices will be used that will be inconsistent with safe sleep recommendations.
 - a. In the Neonatal Intensive Care Unit (NICU), Mamaroos will be used for age appropriate infants or infants diagnosed with Neonatal Abstinence Syndrome (NAS) for comfort if the infant is on a monitor.

B. Infants in Intensive Care

1. Premature or critically ill infants benefit developmentally and physiologically from alternating positions including sideline and prone.
2. Exceptions to the supine sleep position may include infants with upper airway compromise, symptomatic reflux, acute respiratory distress, and prematurity thirty-two (32) weeks or less.
3. Alternate sleep positions require continuous observation, use of a monitor, and should be terminated when symptoms are resolved.
4. During Kangaroo care it is not appropriate to allow or promote sleeping with the baby for any reason; refer to Skin to Skin Care after Infant Delivery – Ballad Health.
 - a. Parents who fall asleep during skin to skin care will be awakened and infant returned to own bed.

C. Infants with Neonatal Abstinence Syndrome (NAS):

1. Infants with NAS may benefit from the use of swings and/or Mamaroos.
 - a. These devices can be used with observation, use of a monitor, and should be terminated when symptoms resolve.
 - b. At least one (1) week prior to discharge if not sooner, implement the “home safe sleep” environment as appropriate related to infants condition and symptoms
 - i. Recommend that this begins:
 - 1) When replacement therapy doses are able to be tapered to reflect a dose where discontinuing is possible within the next week
 - 2) Infant’s average NAS score is less than six (6) in the last twenty-four (24) hours
 - 3) Infant’s NAS score has not been greater than ten (10) in the last twenty-four (24) hours.

D. Team Member Education

1. Education in the role modeling and implementation of safe sleep

- environments will be incorporated into orientation and continuing education.
2. All team members are expected to endorse and model the Sudden Infant Death Syndrome (SIDS) risk-reduction recommendations from birth.
 3. All team members will be active in continuing the "Safe Sleep" campaign, which will focus on ways to reduce the risk of sleep related deaths, including SIDS, suffocations, and other unintentional deaths.
 4. All team members will be updated on research regarding the risk factors, causes and pathophysiologic mechanisms of SIDS and other sleep-related infant deaths.
 5. Team members are encouraged to report any research or surveillance they may find regarding risk factors associated with SIDS and other sleep-related deaths.

E. Family/Caregiver Teaching

1. 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.
 - a. Back to sleep for every sleep
 - b. Use a firm sleep surface.
 - c. Breastfeeding is recommended.
 - d. Room sharing with the infant on a separate sleep surface is recommended until the child's first birthday.
 - e. Keep soft objects and loose bedding away from the infant's sleep area, which may include stuff animals, bumper pads, and loose bedding.
 - f. Consider offering a pacifier at naptime and bedtime
 - i. If breastfeeding, ensure that breastfeeding has been well established, usually at approximately three to four (3-4) weeks of age.
 - g. Avoid smoke exposure during pregnancy and after birth.
 - h. Avoid alcohol and illicit drug use during pregnancy and after birth.
 - i. Pregnant women should seek and obtain regular prenatal care.
 - j. Overheating
 - i. 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.
 - k. Infants should be immunized in accordance with the American Academy of Pediatrics (AAP) and the Center for Disease Control (CDC) recommendations.
 - l. Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
 - m. Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.

- i. 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.
 - n. Regarding swaddling with one (1) light blanket or sleep sack
 - i. While parents may choose to swaddle, there is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
- 2. Materials for SIDS risk reduction recommendations will be distributed to parents/caregivers in the discharge packet
- 3. Importance of supervised awake tummy time will be provided for prevention of plagiocephaly, positional torticollis, decreased strength, aversion to prone posture and environmental developmental delay

VII. 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. Sudden Infant Death Syndrome Prevention: A Model Program for NICUs 2009.
- C. National Institute of Child and Health and Human Development (NICHD), Continuing Education Program on SIDS Risk Reduction. <http://www.nichd.nih.gov/SIDS/pages/sidsnursesce.aspx> (accessed November 1, 2019).
- D. TN.gov Safe Sleep Materials. <https://www.tn.gov/health/health-program-areas/fhw/vipp/safe-sleep/safe-sleep-campaign-materials.html> (accessed November 1, 2019).
- E. Cribs for Kids. www.cribsforkids.org (accessed November 1, 2019).

LINKS:

Skin to Skin Care After Infant Delivery – Ballad Health PRO-WS-011-BH

EBSCO Nursing Reference Center Plus:

- [Parent Teaching: Encouraging Infant Sleep](#)
- [Parent Teaching: Prevention of Sudden Infant Death Syndrome](#)

Senior Vice President, Chief Nursing Executive,

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