

What is Safe Sleep for Babies?

[an educational flip chart]



DEVELOPED BY:
GEORGIA DEPARTMENT OF PUBLIC HEALTH
INJURY PREVENTION PROGRAM

EDUCATOR NOTE: The ABCs of Safe Sleep. The word “alone” when referring to an infant can be scary to parents. What it really means in this context is separate but close to the caregiver – not by themselves in another room.

Following these three suggestions decreases the risk of SIDS by as much as **50%**.

- **Alone** — Room sharing not bed sharing. Set up the infant’s safe sleeping area in the same room with you. This is especially important in the very early months when the risk of SIDS and SUID is greater.
- **Back** — Babies sleep safest on their backs. Every sleep. Every time. Every nap.
- **Crib** — Babies need a firm mattress with a tight fitting bottom sheet, made specifically for the crib. No blankets, quilts, crib bumpers or toys.



The **ABC's** of Safe Sleep

[**A**lone, **B**ack, **C**rib]

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EDUCATOR NOTE: This is an example of a safe sleep environment. If your baby can roll over front to back and back to front, you do not need to reposition the baby if he/she turns over while sleeping.

Ask the parent: What makes this a safe sleep environment?

A. The baby is **alone**.

There are no crib bumpers, blankets, toys, or siblings.

B. The baby is on his **back**.

Sleeping on the stomach doubles the risk of sleep related infant death.

C. The **crib** mattress is firm.

There is nothing that poses a risk of suffocation or strangulation.





EDUCATOR NOTE: Room sharing is the safest sleeping arrangement for the baby and parent or caregiver. Many parents find having the baby nearby in the same room throughout the night helps them sleep better since they don't have to worry about the baby being too hot or too cold or waking up.

What is Room Sharing?

What is room sharing?

- A sleep arrangement in which an infant sleeps in the same room as parents or other adults, but on a separate sleep surface, such as a crib, bassinet, or play yard.

Why room share instead of bed share?

- Room sharing does not have the risk of suffocation and entrapment that is associated with bed sharing.
- Room sharing is breastfeeding-friendly because the baby is nearby and the mother doesn't have to leave the room.
- Room sharing allows for easy monitoring and soothing during nighttime fussiness.
- Room sharing is especially important during an infant's first six months when the risk of SIDS or SUID is greatest or if the baby is pre-term or low birth weight.
- Room sharing is critically important if the parent or care-giver smokes, uses medication, is overly fatigued or if they have a soft bed.





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EDUCATOR NOTE: We know that some things can increase a baby's risk for SIDS and SUID and other sleep-related causes of infant death. Each picture below shows different risks for suffocation, entrapment, and overlay.

Ask the parent – What do you see as risks in each of these pictures?

(TOP LEFT) Crib has many suffocation risks including blankets, crib bumpers, toys. Crib should be bare – nothing but baby in the crib. Baby is on her stomach with a fluffy blanket and pillow by her face. Babies cannot lift things away from their face and don't notice when their intake of oxygen is being restricted, leading to suffocation.

(TOP RIGHT) Babies easily fall asleep lying on someone. It is especially dangerous if the person holding the baby falls asleep because the baby can slip off and become trapped between the person and the sleeping surface (couch, chair, headboard, etc.).

(BOTTOM LEFT) Baby is placed between two people. This type of bed sharing increases the risk of suffocation if someone, even another child, rolls over on the baby. The baby cannot warn you that he is in danger and slowly suffocating.

(BOTTOM RIGHT) Baby is sleeping on his stomach with a blanket and toys in the crib.





Unsafe and Potentially Deadly Sleep Environments



EDUCATOR NOTE: Please be aware that all “drop down” cribs (where the side slides up and down for easier access to the baby) are considered unsafe and no longer for sale. If a family has one, advise them to consider a different model. Additionally, the slats on a crib should be no wider than the bottom of a soda can – this helps to keep little legs and arms (and head) from getting stuck. Please check www.cpsc.gov to make sure your crib is not recalled.

Ask the parent – What makes these sleep places safer for babies?

- They have firm mattresses.
- There are no blankets or pillows.
- There are no toys or crib bumpers.



Safe Sleeping Places for Baby



EDUCATOR NOTE: Creating the safest possible sleep environment for baby is key to reducing the risk of sleep related infant death.

Ask the parent – On the last page we looked at safe places for babies to sleep. Now we're looking at **unsafe** places – what makes these unsafe places for babies to sleep?

- Surfaces are not considered firm.
- Pillows and cushions can lead to suffocation.
- Babies can get trapped between the cushions and the back and sides of a chair or couch.
- Air mattresses and bean bags are not firm surfaces and should never be used with a baby.
- Babies sleeping in car seats and bouncy chairs tend to slide down in them, which can restrict their breathing and lead to suffocation.

Unsafe Sleeping Places for Baby



Unsafe Sleeping Places for Baby



EDUCATOR NOTE: There are other things to consider when creating a safe sleep environment for your baby.

- **Avoid overheating** – Dress your baby in only one more layer of clothing than what you are comfortable wearing.
- **Sleep Sack** – Consider a “wearable blanket” or one-piece sleeper instead of using quilts or blankets.
- **Space Heaters** – Keep baby at least 4 feet from all heaters (electric space heaters, kerosene heaters, etc.)
- **Smoke Exposure** – To reduce the risk of SIDS, do not smoke during pregnancy or after your baby is born. Don’t allow others to smoke around your baby.
- **Drugs and Alcohol** – If you or another caregiver is under the influence of drugs or alcohol, your baby must have a separate sleep area.

Some Other Things to Consider...



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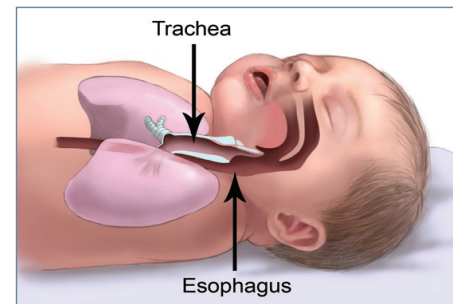
EDUCATOR NOTE: A leading reason for parents and caregivers putting babies to sleep on their stomachs is concern about choking and reflux. Research shows no increased incidence of aspiration since the change to back sleeping. This is important to understand and will help you when you address parental worry about back sleeping.

- When a baby is **lying on his back** the airway, or trachea, is on top of the esophagus. Healthy babies tend to swallow or cough up fluids when lying on their back without anything getting into the airway causing them to choke.
- When a baby is **lying on his stomach**, any food or fluids thrown up or refluxed will pool at the opening of the airway.
- If your baby has a **medical condition** such as reflux, you should talk to your pediatrician about the best sleep position for your baby.

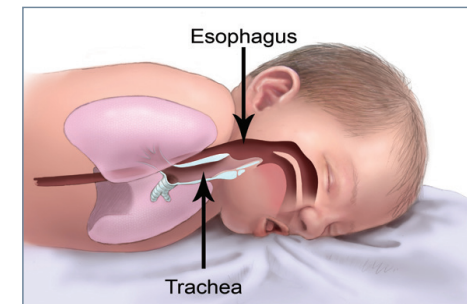
Choking Concerns

Upper Respiratory Anatomy

Trachea = Airway • Esophagus = Goes to Stomach



Less Risk of Choking
Gravity helps keep food and liquid out of trachea (airway).

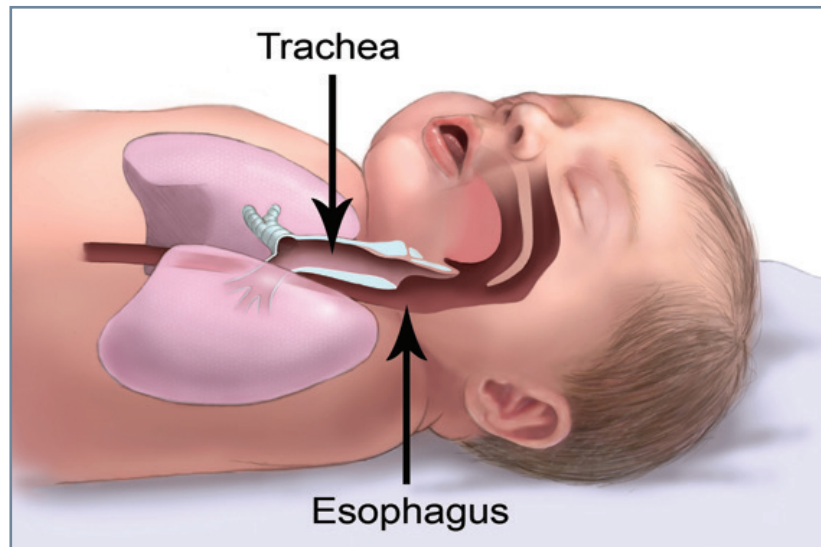


Greater Risk of Choking
Gravity draws food and liquid into the trachea (airway).

Choking Concerns

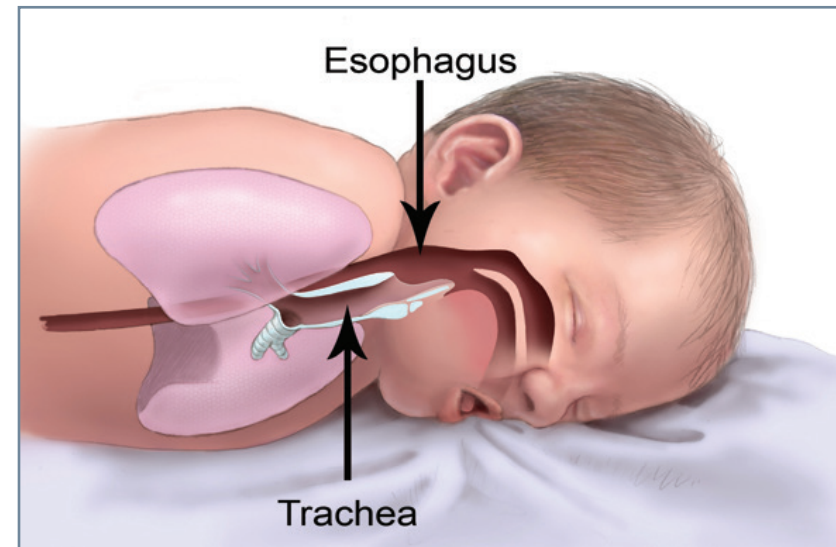
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Less Risk of Choking

Gravity helps keep food and liquid out of trachea (airway).



Greater Risk of Choking

Gravity draws food and liquid into the trachea (airway).

EDUCATOR NOTE: Many parents feel that bed sharing with their infant is a way to bond with their baby, especially if they are away from the child for long periods. But there are other safe, effective ways to bond with their baby.

Ask the parent –

Can you think of ways to bond with your baby that don't involve bed sharing?

Safe ways to bond are:

- Breastfeeding,
- Reading, singing, talking to your baby,
- Holding and snuggling and engaging in eye to eye contact are a few.
- Babies prefer human voices and enjoy vocalizing in their first efforts at communication. Babies often enjoy just listening to your conversations, as well as your descriptions of their activities and environments.
- Giving your baby a bath.
- Supervised Tummy Time

Safe and Effective Ways to Bond

- **Breastfeed your baby** (protects against SIDS, too)
- **Read, sing, or talk** to your baby
- **Hold and snuggle** your baby while awake
- Supervised **tummy time**
- Engage in **eye contact**



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Additional Resources

- **Georgia Department of Public Health** georgiasafetosleep.org
- **Centers for Disease Control and Prevention Safe Sleep Information**
cdc.gov/sids
- **First Candle** (prevention and bereavement resources)
firstcandle.org
- **American Academy of Pediatrics**
healthychildcare.org
- **Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) – Safe to Sleep Campaign**
safetosleep.nichd.nih.gov; dph.ga.gov/safetosleep



Any Questions or Concerns?

A Brief History of the Safe to Sleep Recommendations

- In 1992, the American Academy of Pediatrics (AAP) issued its first recommendation on infant sleep which was to place infants on their back (supine) or on their side. Until this time, there was no consistent recommendation rooted in science and based upon research.
- In 1994 the National Institute on Child Health and Development launched the “Back to Sleep” Campaign. This campaign was very successful and resulted in a large number of children being placed either on their back or side for sleep. The result was a dramatic drop in SIDS (Sudden Infant Death Syndrome) related deaths.
- In 2005, the AAP changed its recommendation from supine or side, to supine only. It eliminated any recommendation of side sleeping for healthy infants.
- In 2011, the AAP further expanded their recommendations on infant safe sleep to include the sleep environment because unfortunately, at the same time that SIDS rates were declining it was discovered that SUID (Sudden Unexpected Infant Death) rates were increasing. Many past SIDS cases are now believed to have been SUID. SUID cases often involve unsafe sleeping environments and one or more risk factors for SIDS; therefore, infant safe

sleep must incorporate not only the sleep position but also the sleep location and environment.

- The new AAP recommendations were split into 3 levels based on scientific rigor:

Level A: Recommendations are based on good and consistent scientific evidence (i.e., there are consistent findings from at least 2 well-designed, well-conducted case-control studies, a systematic review, or a meta-analysis). There is high certainty that the net benefit is substantial, and the conclusion is unlikely to be strongly affected by the results of future studies.

Level B: Recommendations are based on limited or inconsistent scientific evidence. The available evidence is sufficient to determine the effects of the recommendations on health outcomes, but confidence in the estimate is constrained by such factors as the number, size, or quality of individual studies or inconsistent findings across individual studies. As more information becomes available, the magnitude or direction of the observed effect could change, and this change may be large enough to alter the conclusion.

Level C: Recommendations are based primarily on consensus and expert opinion. (AAP, 2011)

Level A recommendations:

- Back to sleep for every sleep
- Use a firm sleep surface
- Room-sharing without bed-sharing is recommended
- Keep soft objects and loose bedding out of the crib
- Pregnant women should receive regular prenatal care
- Avoid smoke exposure during pregnancy and after birth
- Avoid alcohol and illicit drug use during pregnancy and after birth
- Breastfeeding is recommended
- Consider offering a pacifier at nap time and bedtime
- Avoid overheating
- Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS
- Expand the national campaign to reduce the risks of SIDS to include a major focus on the safe sleep environment and ways to reduce the risks of all sleep related infant deaths, including SIDS, suffocation, and other accidental deaths; pediatricians, family physicians, and other primary care providers should actively participate in this campaign.

Level B recommendations:

- Infants should be immunized in accordance with recommendations of the AAP and Centers for Disease Control and Prevention
- Avoid commercial devices marketed to reduce the risk of SIDS
- Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly

Level C recommendations:

- Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse the SIDS risk-reduction recommendations from birth.
- Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising.
- Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely.
- To access the full article, visit: www.pediatrics.org/cgi/doi/10.1542/peds.2011-2284

Common issues and concerns you may encounter when discussing Safe to Sleep recommendations:

Previously, education on Safe to Sleep recommendations has mostly revolved around telling a parent or caregiver what they should and should not do when laying their infant to sleep. Research has shown that although this tactic may work for some, it isn't as effective of a method that could be employed. Current suggestions involve explaining "why" the recommendations are being made and having more of a conversation with the caregiver around the recommendations. Therefore, we are focusing on explaining the risks of suffocation, strangulation, and entrapment and we are also explaining that choking and comfort do not need to be concerns. Adoption of the recommendations, which will help to reduce infant death, will be more likely if the concerns of parents and caregivers are addressed. Below are some sample questions and answers.

Common concerns with the ABC's of Safe Sleep (**A** – alone, **B** – on his or her back and, **C** – in a crib)

Q: What if my baby spits up? Will she choke while on her back?

A: Very good question and one of much concern for new parents. Many people define choking as; coughing, spitting, or sputtering. This is not

choking however, and is actually what the baby does to avoid choking. It would seem to make sense that a child will choke if on his or her back however; our bodies are designed in such a manner that the windpipe is protected while a child is lying on her back. Therefore, a child has less risk of choking when laying on his or her back.

Q: Do babies that sleep on their backs get flat spots on their heads?

A: Babies CAN get flat spots on their heads (called plagiocephaly) but they don't HAVE to get flat heads. Plagiocephaly is most common in babies who are less than five months old. That's because the bones in babies' skulls are soft and movable when they are born. Here are some steps to help avoid issues with "flat head": **1)** limit the time your baby is left in a car seat (for instance not while napping, car seats should only be used for travel) **2)** switch which end of the crib your baby sleeps at each night to change the things baby is looking at and encourage him to turn his head **3)** carry your baby on alternate shoulders or hips, and make sure your baby's head isn't always in the same feeding position and, **4)** around 3 months of age, encourage supervised tummy time to help strengthen his back and stomach muscles. By 4 to 6 months your baby will be laying fully on his back less often and will be able to be propped up and this will take the pressure off of the back of his skull.

Q: My Mom put me on my stomach when I was young, I turned out fine, why is it so important for me to put my child on her back to sleep?

A: This is a very common question, especially because the advice years ago used to be to lay babies on their bellies for sleep. The advice for stomach sleeping wasn't rooted in science. The recommendation for back sleeping is supported by research and we know it is safer for a baby to be on her back. We also know that SIDS deaths have dropped by 50% since we started placing babies on their backs for sleep. That's a lot of babies that are surviving. Now recommendations have been expanded to help give our babies safe sleep environments, so we can eliminate sleep related deaths for all babies and their families.

Q: My baby doesn't seem comfortable on his back and seems to wake more often. Shouldn't I be concerned for his comfort?

A: Babies do tend to rouse (wake up) more often when on their backs however, the fact that babies rouse more often is actually believed to be a protective factor against SIDS. This means that instead of "forgetting" to breathe because they are so soundly asleep, a baby on his back will rouse more often and ensure that his underdeveloped respiratory system keeps working correctly.

Q: Why would I want to put my baby all alone in a crib by herself? That seems more dangerous to me.

A: Just because it is recommended that your baby is alone in her crib, doesn't mean she needs to be left all alone and by herself! To clarify, she should be alone in her crib without other children and items like blankets and toys but, she should still be close to you. We call this "room-sharing" without "bed-sharing". Room-sharing is shown to be protective of your baby, especially when they are very young. As your child gets older you can decide when the right time is to move him or her into their own room. Until then, keep them close, but keep them safe in their own space too.

Q: My doctor, a nurse, and my Mom all gave me different information...who should I listen to about sleep safety?

A: Gather as much information as you can and follow your instincts...even advocates for bed-sharing acknowledge that there are clearly defined steps you should take to reduce your child's risk of sleep related death. These steps align with the advice posted here and are positive healthy ways to ensure your child's wellbeing. Certain medical conditions may require you to follow different advice than what is here, always take into account special circumstances when deciding what is best for you and your family.

Q: Why is smoking bad for my baby and his sleep?

A: Tobacco smoke is damaging to everyone's lungs, especially the undeveloped, new to the world, lungs of an infant. Tobacco usage by mothers, or others in the home, while pregnant and after birth, has been linked to an increased risk for SIDS. Additionally, you want to avoid all drugs and alcohol when you are nursing your baby or in charge of caring for him.

Q: I'm worried about my baby being cold and getting sick. Why do they suggest no extra blankets in his crib?

A: Most babies only need about 1 layer more than what you, the adult, are wearing. Very young babies are still learning how to regulate their body temperatures and overheating them is dangerous therefore, adding an additional layer is sufficient for keeping them warm without being too hot. For example, if you are at home wearing a short sleeve t-shirt and jeans, your baby will be fine in a long sleeved sleeper. No extra blankets and quilts needed. Some people even dress their babies in a special "sleep sack". Additionally, extra blankets and quilts pose a very serious risk for suffocation. Keeping extra items such as this out of the crib, eliminates the risk.

Background information for the educator.

- As of 2013, Georgia averaged **three infant deaths per week** due to sleep-related causes. **The majority of infant deaths are due to Sudden Unexpected Infant Death (SUID).**
- SUID is the death of an infant younger than 1 year of age that occurs suddenly and unexpectedly. After a full investigation, these deaths may be diagnosed as suffocation, strangulation, entrapment, undetermined causes, and SIDS.
- SIDS is the sudden death of an infant younger than 1 year of age that cannot be explained even after a full investigation that includes a complete autopsy, examination of the death scene, and review of the clinical history. Not all infant sleep-related deaths are SIDS. SIDS deaths are rare and unpreventable, but steps can be taken to reduce the risk of SIDS. Other SUIDs are completely preventable. Referring to all deaths as SIDS undermines efforts to educate parents and caregivers on how to reduce the risk of sleep-related infant deaths.
- There are two main types of co-sleeping; room sharing and bed sharing. In accordance with the American Academy of Pediatrics (AAP), DPH promotes room sharing – a separate sleep space in the same room as the parent or caregiver. The baby is nearby and can be seen and heard. Room sharing helps promote breastfeeding and is associated with reduced risk of sleep-related death.
- This flipchart is intended to help parents and caregivers consciously and critically review their infant's sleep environment and best protect them from sleep-related death.
- As the educator, you can empower parents and caregivers with the knowledge they can protect their infant from suffocation, strangulation, entrapment, and other risks.

Safe to Sleep Campaign

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