<table>
<thead>
<tr>
<th>Neonatal Nursing Education Brief: Recommendations for Safe Infant Sleep</th>
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<tbody>
<tr>
<td>Infants requiring NICU care often require prone positioning during their acute illness. Prior to discharge, the American Academy of Pediatrics recommends supine positioning to reduce the risk of SIDS.</td>
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<tr>
<td>Safe sleep, sudden unexpected infant death, SIDS, SUID, preterm infants</td>
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**Recommendations for Safe Infant Sleep**

**Purpose and Goal:** CNEP # 2079

- Learn about safe infant sleep environments.
- Learn about barriers to providing optimal NICU care.

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**Requirements for successful completion:**

- Successfully complete the post-test
- Complete the evaluation form
Learning Objectives

- Describe the incidence of Sudden Infant Death Syndrome.
- Describe the risk factors for Sudden Infant Death Syndrome.
- Describe at least 2 barriers to providing safe infant sleep.

Introduction

- SIDS is also known as Sudden Infant Death Syndrome
  - SIDS is the third leading cause of infant death in the US
  - SIDS is the most common cause beyond 1 month
- The current updated term for these deaths is SUID
  - Sudden Unexplained Infant Death
    - SIDS is a type of SUID
- The US has the highest rate of SUID among developed nations
- 4000 infants die unexpectedly in the US during sleep each year
  - From SIDS and SUID
  - From unknown causes
    - From accidental suffocation
    - From accidental strangulation
    - From unsafe sleep practices
  - Most of these occur in unsafe sleep environments
  - Most of these deaths are considered preventable
- Most SIDS deaths occur between 1 and 4 months
- SIDS is not a risk for infants >1 year of age
Sudden Unexplained Infant Death

- SUID is defined as the sudden death of an infant
  - Less than one year of age
  - That cannot be explained
- Half of all SUIDs are due to SIDS
- There is a direct relationship between
  - Non-supine sleeping and SIDS
- The American Academy of Pediatrics (AAP)
  - Defines safe infant sleep as:
    - Supine positioning
    - In a safety-approve crib
    - Without positioning devices
    - Free of quilts, comforters, or soft surfaces
- Some infants have a higher risk of SIDS
  - Black infants have a 2-3 times greater risk
  - Native American infants have a 2-3 times greater risk
- Premature infants have the greatest risk of SIDS
  - Especially low birth weight infants
  - There is a 4 times greater risk if <37 weeks
  - There is a 10 times greater risk of <34 weeks
- Preterm infants are frequently placed prone
  - Often placed prone during NICU care
  - Especially during periods of acute illness
- All healthy infants should be placed supine for sleep
  - Preterm and term infants
  - Prior to discharge from the NICU
- The AAP recommends that all infants be placed supine
  - By 32 weeks gestational age
  - Or as soon as clinically stable if >32 weeks
- Despite the recommendations this is less likely to occur
- Several factors have been associated with this practice
  - It is critical that nurses act as role models for parents
  - Consistently using safe sleep practices in the NICU
    - Modeling risk reduction recommendations
    - Supporting parents in making best decisions at home
AAP Safe Sleep Recommendations

- The AAP has developed guidelines for
  - Safe Infant Sleep
  - SIDS risk reduction
  - SUID risk reduction
- The goal of the guidelines is supine positioning for sleep
- Since the development of the guidelines
  - There has been a sharp decline in SIDS
    - More than 50% decrease
  - But there remains an increase in SUID
    - Suffocation
    - Entrapment
    - Asphyxia
- Several studies shown that safe sleep messages
  - Are not reaching all segments of society
- Reducing the rates of SIDS and SUID requires
  - Knowledge and action
  - By parents, caregivers, and health care providers
- The AAP has focused on educational needs
  - Of healthcare providers
  - Of parents and family members
  - Of childcare and daycare providers
- There are three main components of the guidelines
  - Breastfeeding is recommended
  - Infants should be immunized
  - Bumper pads should not be used in cribs
- It is important that all providers endorse the recommendations

AAP Guidelines for Safe Infant Sleep

- The AAP Guidelines recommend the following:
  - Always use back only positioning for all sleep
For every nap time
For every bed time
Always use a firm sleep surface
On a safety approved mattress
- Cribs
- Bassinets
- Portable play yard
Covered by a snug fitted sheet
Car seats are *not* recommended
Other sitting devices are *not* recommended
- Baby slings
- Baby carriers
- Baby swings
- Baby strollers
- Baby bouncers
Place the baby to sleep in the same room as the parents
Room sharing is recommended
- Bedside sleepers *are* acceptable
- In bed sleepers are *not* recommended
Solitary sleeping is *not* recommended
- For at least the first 6 months
Bed sharing is *not* recommended
- Including couch or recliner sharing
Always keep soft objects or toys out of the crib
- No pillows
- No quilts
- No sheepskins
- No stuffed toys
- No bumper pads
Always keep loose bedding out of the crib
- No loose blankets
- Blankets should be tucked in
Do not use wedges and positioners
• Unless medically indicated
• Unless prescribed by a medical provider
• Do not expose the baby to tobacco smoke
  • Do not smoke during pregnancy
  • Do not smoke after birth
  • Do not smoke around the baby
  • Do not allow smoking around the baby
  • Do not expose the baby to second hand smoke
• Breastfeeding for one year is recommended
  • Breastfeeding reduces the risk by 50%
• Offer the baby a pacifier for sleep
  • Pacifiers are protective
  • They decrease the risk by 50-90%
  • They should be offered once breastfeeding well
• Never allow a baby to become too hot during sleep
  • Keep the sleep room comfortable
  • Avoid covering the baby’s head
  • Dress the baby in one layer more
• Do not use home baby monitors
  • Heart monitors
  • Breathing monitors
• Do not use devices marketed to prevent SIDS
  • Owlet Smart Socks
• Immunize according to recommended schedule
• Supervised awake tummy time is recommended
  • Daily to facilitate development
    • Neck, arm, shoulder muscles
    • To minimize positional plagiocephaly

Situations Where Bed Sharing is Highly Dangerous
• Bed sharing has become a common trend
• It has often been promoted to facilitate breastfeeding
• There are several circumstances that increase the risk
  • If the infant is <4 months old
  • If the infant was born premature
  • If the infant had low birthweight
  • If the bed sharer is a smoker
  • If the mother smoked during pregnancy
  • If the bed sharer has taken illicit drugs
  • If the bed sharer has taken drugs that cause sleepiness
  • If the bed sharer has consumed alcohol
  • If the bed sharer is not a parent
  • If there are multiple bed sharers
  • If the sleep surface is soft
    • A waterbed
    • An old mattress
    • A pillow top mattress
  • If the sleep surface is small
    • A couch
    • A sofa
    • A recliner
  • If soft bedding is present
    • Pillows
    • Blankets

**The Importance of Transitioning to Supine Sleep**

• All NICU nurses should endorse safe sleep practices
• All NICU nurses should model safe sleep practices
  • “Back to Sleep” positioning
  • “Safe to Sleep” sleep environments
• When a recommendation cannot be followed
  • The reason should be provided to the parents
• Safe sleep education should be reinforced
• Safe sleep should be implemented before discharge
• Several studies show that parent education is critical
  • Ongoing education is more effective
    • Starting at birth
    • Consistently modeled
    • Continued throughout the hospital stay
    • Provided by multiple health care providers
• Traditional discharge teaching is not effective
• Parents will mimic what they see done in the NICU
• All infants should be placed supine well before discharge
• Especially premature infants who are at highest risk
• NICU practices need to be carefully monitored
  • Swaddling is considered safe if done correctly
    • Supine positioning
    • Single thin blanket
    • Careful wrapping
      • Loose and not too tight
      • Not restricting breathing
      • Not restricting hip movement
      • Not too loose that it covers the face
      • Not higher than the shoulder level
    • Commercial swaddle sacks are safe and acceptable
  • Swaddling should be discontinued
    • When the infant starts to roll over
    • Often as early as 2 months after discharge
• Skin-to-skin care is safe and recommended
  • Only if the parent is awake
  • Only if the baby is closely watched by the parent
  • Once a parent becomes sleepy or distracted
    • The infant should be placed in the crib
• Parent education is important, but modeling is critical
  • Remove extra blankets from crib
• Remove positioning aids from crib
• Remove caregiving supplies from crib
• Transition infant to supine positioning
• Tuck blankets securely around mattress

• Studies have shown the least implemented practice is:
  • Removing soft items from the crib
  • Especially stuffed animals and stuffed toys
  • This is an unsafe practice and needs reinforcement

• Studies have shown parents intend to place infants’ supine
  • But only 67% use supine positioning
  • Up to 23% use unsafe sleep environments

Barriers to Implementing Safe Sleep Guidelines

• There are several contributing barriers to implementation
  • Hospital policies
  • Noncompliance with guidelines
  • Ongoing education for nurses

• Hospital policies can improve compliance by 50%
  • Not all hospitals have Safe Sleep policies
  • A Safe Sleep policy can markedly improve transition
  • Clear hospital polices can standardize care and time lines

• NICU nurses’ perceptions of when to transition infants
  • Despite awareness of AAP safe sleep guidelines
    • Transition to supine sleep positioning varies
  • 53% of nurses strongly agree guidelines make a difference
  • Yet nurses continue to place infants in non-supine positions

• Up to 95% of nurses believe a non-supine position is optimal
  • Based on perceived comfort
  • Based on personal preferences
  • Based on developmental support needs

• Nurses cite traditional practices for noncompliance
• Side lying considered safer
  • Less risk of reflux
  • Less risk of aspiration
  • Studies disprove both
• Improved respiratory status when not supine
  • Prone positioning is not safe at home
    • It affects cardiovascular control
    • It leads to rebreathing of carbon dioxide
    • It leads to hypoxia
    • It leads to upper airway obstruction
    • It contributes to infant overheating
• When nursing care is inconsistent
  • Parents become confused about best practice
  • Parents become confused about AAP Guidelines
• Education for nurses varies from hospital to hospital
  • Studies show 40-53% have received SIDS education
  • After formal education → compliance improves by 90%
• Education for parents remains a barrier as well
  • Parents cite reasons that are similar to nurses
    • Parental preference
    • Improved infant comfort
  • Parent education is inconsistent
    • 20% of nurses provide no education
    • 33% of nurses provide verbal information
    • 16% of nurses provide written information
  • Parental knowledge does not always predict practice
• Consistent education and role modeling remains critical
  • Studies show the importance of this approach
  • After education → compliance improves by 82%
  • After education → 97% retention rate at 4 months

Summary
- Maintaining safe sleep practices in the NICU is important
  - It is more than placing infants “Back to Sleep”
  - It is providing “Safe to Sleep” sleep environments
- Nurses are on the frontline of providing safe infant care
  - Nurses can readily ensure safe infant sleep at home
- Parents learn by observation during their NICU stay
- Ongoing education and adherence to guidelines improves safety

References


