

TOPIC: Safe Sleeping Practices for Infants

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Micro Training Course Developed by
Aileen McInnis, Director, Alaska Center for Resource Families

INSTRUCTIONS FOR FOSTER PARENT TRAINING CREDIT:

- *Read through this self-study.*
- *Fill out the "CHECK YOUR UNDERSTANDING" Questionnaire*
- *Return to ACRF for 1.0 hour of training credit.*

Losing a baby to sudden infant death syndrome (SIDS) or accidental deaths from suffocation or strangulation is tragic for birth and foster families. More than 3,500 babies in the U.S. die suddenly and unexpectedly every year while sleeping. While these deaths are not always avoidable, safe sleeping practices decrease the risks immensely. Foster parents should know and follow the safe sleeping practices recommended by the American Academy of Pediatrics (AAP) and updated in 2016. Remember your **ABCS: Alone, Back, Crib, and Share.**

Rachel Moon, MD, FAAP, summarized the recent AAP recommendations regarding safe sleep for www.healthychildren.org and we include an edited version for foster parents here for this month's *Tiny Training Bytes*.

Until their first birthday, babies should sleep on their backs for all sleep times—for naps and at night. Babies who sleep on their backs are much less likely to die of SIDS than babies who sleep on their stomachs or sides. Some parents worry that babies will choke when on their backs, but the baby's airway anatomy and the gag reflex will keep that from happening. Even babies with gastroesophageal reflux (GERD) should sleep on their backs.

- While preemies may need to be on their stomachs temporarily while in the NICU due to breathing problems, they should be placed on their backs after the problems resolve, so that they can get used to being on their backs and before going home.
- Some babies will roll onto their stomachs. You should always place your baby to sleep on the back, but if your baby is comfortable rolling both ways (back to tummy, tummy to back), then you do not have to return your baby to the back. However, be sure that there are no blankets, pillows, stuffed toys, or bumper pads around your baby.
- If your baby falls asleep in a car seat, stroller, swing, infant carrier, or sling, you should move him or her to a firm sleep surface on his or her back as soon as possible.

REMEMBER THE ABCS of SAFE SLEEP

A--Alone! The safest place for your baby to sleep is in the room where you sleep, but not your bed.

B--Back to Sleep! Always lay your baby down on his or her back.

C--Crib! Always put your baby down to sleep on a firm mattress in a safety approved, crib, bassinet or play yard with no blankets, bumpers or stuffed animals. Dress your baby in an age and size appropriate sleeper or sleep sack-type pajamas.

S--Share! Share with all your caregivers! Be sure to talk to daycare, babysitters, family and friends about the ABCs of safe sleep. Babies who usually sleep on their back but who are then placed to sleep on their stomachs such as for a nap are at a very high risk for SIDS.

Use a firm sleep surface. A crib, bassinet, portable crib, or play yard that meets the safety standards of the Consumer Product Safety Commission (CPSC) is recommended along with a tight-fitting, firm mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby.

Room share—keep baby's sleep area in the same room where you sleep for the first 6 months or, ideally, for the first year. Place your baby's crib, bassinet, portable crib, or play yard in your bedroom, close to your bed. Room sharing can decrease the risk of SIDS by as much as 50% and is much safer than bed sharing.

Never place your baby to sleep on a couch, sofa, or armchair. This is an extremely dangerous place for your baby to sleep.

Bed-sharing is not recommended for any babies. Certain situations make bed-sharing even more dangerous. You should especially not bed share with your baby if:

- Your baby is younger than 4 months old or was born prematurely or with low birth weight.
- You or any other person in the bed is a smoker or the mother of the baby smoked during pregnancy.
- You have taken any medicines or drugs or alcohol that might make it harder for you to wake up.
- You are not the baby's parent.
- The surface is soft, such as a waterbed, old mattress, sofa, couch, or armchair.

Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the baby's sleep area. These include pillows, quilts, comforters, sheepskins, blankets, toys, bumper pads or similar products that attach to crib slats or sides. If you are worried about your baby getting cold, you can use infant sleep clothing, such as a wearable blanket. In general, your baby should be dressed with only one layer more than you are wearing.

It is fine to swaddle your baby. However, make sure that the baby is always on his or her back when swaddled. The swaddle should not be too tight or make it hard for the baby to breathe or move his or her hips. When your baby looks like he or she is trying to roll over, you should stop swaddling.

Try giving a pacifier at nap time and bedtime. This helps reduce the risk of SIDS, even if it falls out after the baby is asleep. It's OK if your baby doesn't want a pacifier. You can try offering again later, but some babies simply don't like them. If the pacifier falls out after your baby falls asleep, you don't have to put it back in.

Additional Recommendations:

- Keep your baby away from smokers and places where people smoke. If you are a smoker or the mother smoked during pregnancy, it is very important that you do not bed share with your baby. Also, keep your car and home smoke-free. Don't smoke anywhere near your baby, even if you are outside.
- **Schedule and go to all** well-child visits. Your baby will receive important immunizations at these doctor visits. Recent evidence suggests that immunizations may have a protective effect against SIDS.
- **Make sure your baby has tummy time every day.** Tummy time when the baby is awake should be supervised by an awake adult. This helps with baby's motor development and prevents flat head syndrome.