

# Infant Safe Sleep: A Guideline For Nurses

American Academy of Pediatrics Recommendations  
for a Safe Infant Sleep Environment



# Training Objectives

- To ensure that newborns have a safe sleep environment by using the AAP recommendations as a guideline
- To ensure that parents/caregivers receive consistent messages about safe sleep and to ensure that these messages are modeled by hospital staff
- Understand the necessity of documentation regarding Safe Sleep Education

# FIMR Criteria

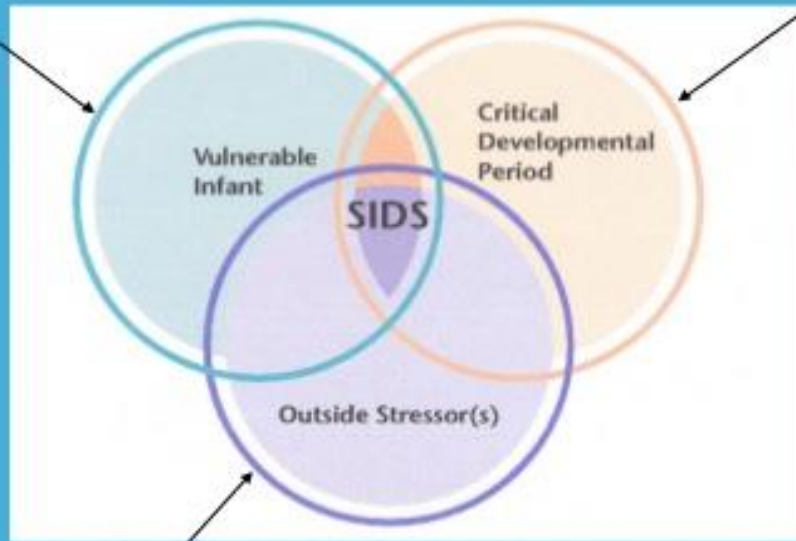
- Resident of Oklahoma, Canadian, Cleveland, Pottawatomie, and Logan Counties
- Must be 24 weeks gestation or later and weigh 500 grams or more
- No litigation attached

# SIDS

- Sudden Infant Death Syndrome
- Sudden death of an infant that cannot be explained after:
  - ✓ Scene Investigation
  - ✓ Autopsy
  - ✓ Review of medical history

# Triple Risk Model

Brainstem dysfunction,  
Arousal defect  
Gene polymorphism

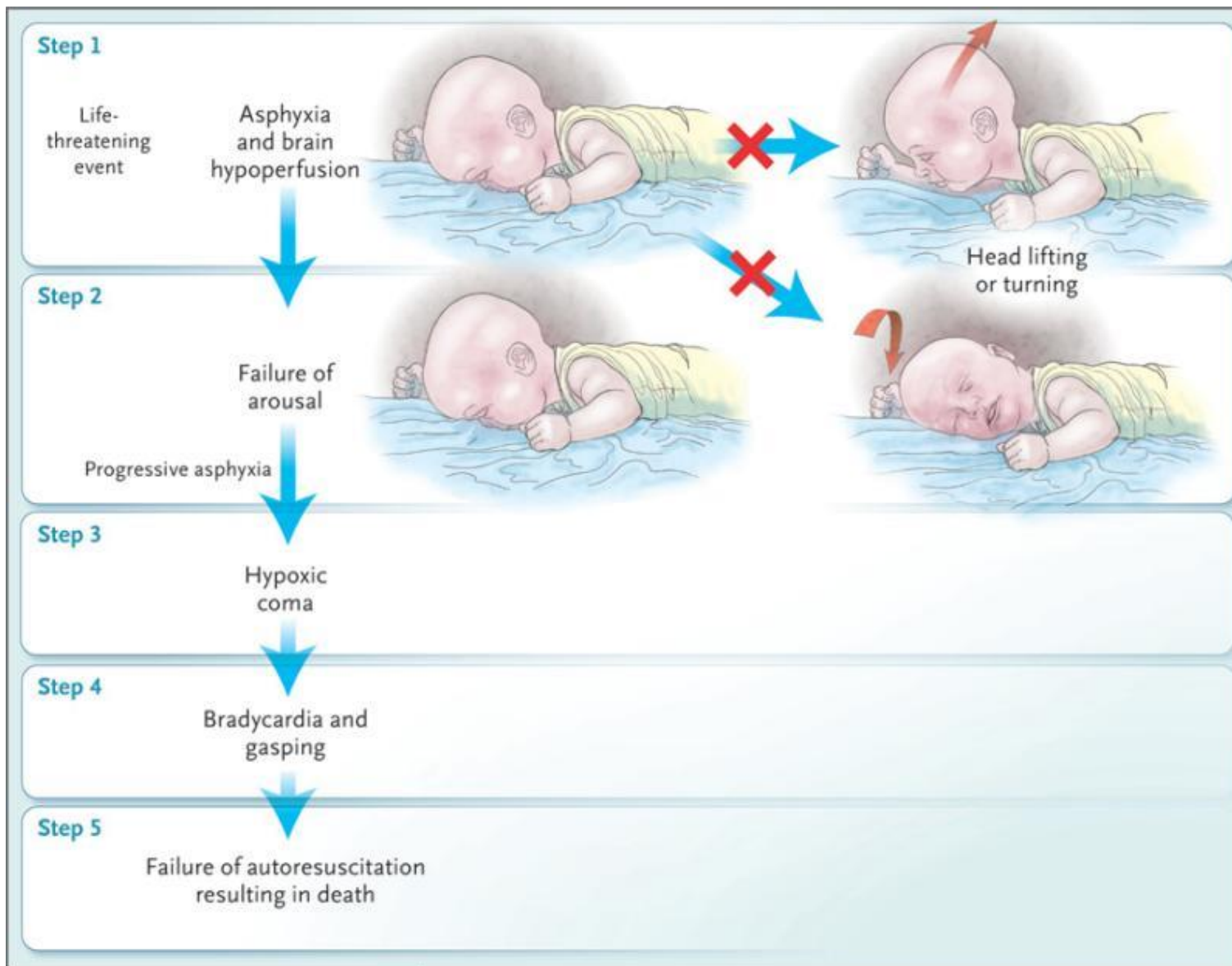


Highest risk at 2-4 months

Prone sleep position, smoke exposure, soft bedding

Filiano & Kinney

# Failure of Arousal



# Safe Sleep Environment

<b>Back</b>	Place baby on their back for every sleep
<b>Firm, Flat, Non-Inclined</b>	Always place baby to sleep on a firm, flat, and non-inclined surface
<b>Empty Crib</b>	Keep soft objects and loose bedding out of the crib
<b>No Overheating</b>	Do not let your baby get too hot
<b>Room-Sharing</b>	Room-sharing not bed-sharing
<b>Pacifier</b>	Consider pacifier use when placing baby to sleep
<b>Well Child Visits</b>	Routine immunizations and go to all well child visits
<b>Product Claims</b>	Never rely on products that claim to reduce the risk of SIDS/Sleep-related Deaths
<b>No Harmful Exposures</b>	Avoid exposure to tobacco, alcohol, and other substances

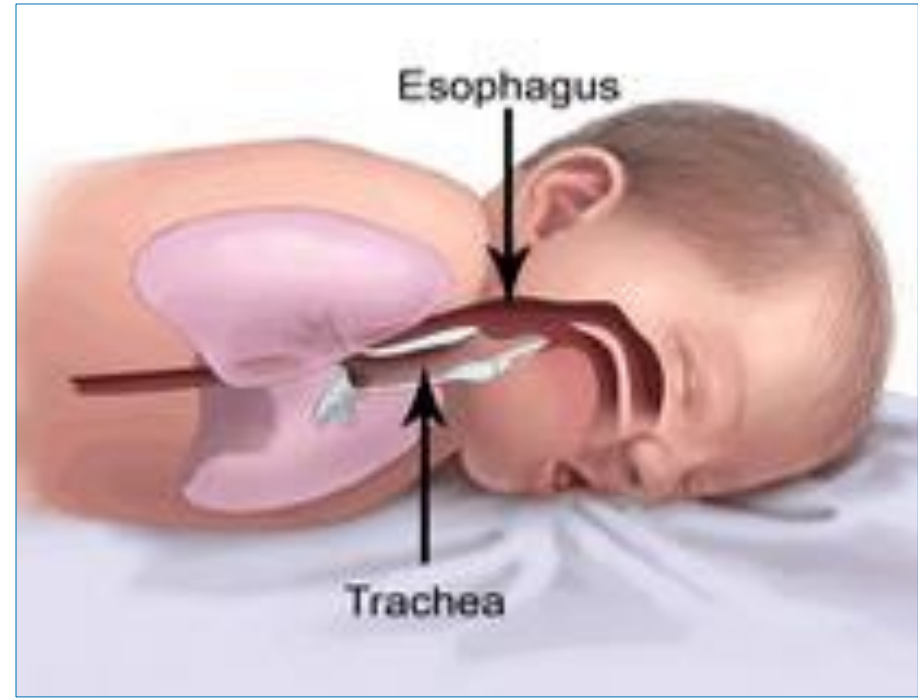
**A baby should always be placed on their BACK to sleep**





# **What if my baby chokes while sleeping on his back?**

# Supine position vs Prone position



**“What if my baby gets a flat head from being on their back all the time?”**

# Tummy Time



- Supervised and awake
- Can begin right after hospital discharge
- A few minutes at a time, increasing to at least 15-30 min. daily by week 7
- Strengthens their muscles
- Helps prevent a flat head
- Helps brain development
- Builds motor skills

# Safe Sleep Surface

- A firm, flat, non-inclined surface with a tightly fitted sheet
- Cribs, pack 'n plays, and bassinets, should conform to Consumer Product Safety Commission Standards
- Cribs with missing hardware should not be used
- Use mattresses designed for that product; no gaps around the mattress



[www.saferproducts.gov](http://www.saferproducts.gov)

# Not Approved For Sleep



# Warning: Recalled



Kids 2 Rocker



Fisher-Price Rock 'n Play



Fisher-Price  
Infant-to-Toddler Rocker

# Avoid soft objects in the crib

- Blankets/weighted blankets
- Pillows
- Stuffed animals/toys
- Bumper pads

They can obstruct the nose and mouth and cause suffocation



**These images show unsafe sleep environments!**



# What a crib should look like



# Avoid Overheating

- Do not overdress baby
- Avoid over bundling and covering of the face and head
- Avoid putting hats on babies indoors, except in the first few hours of life or in the NICU
- Dress baby in no more than 1 layer more than an adult would wear to be comfortable



# Alternative to Blankets



- Sleep Sacks/Wearable Blankets or footed pajamas should be used rather than blankets
- Check on the baby for signs of overheating



Baby may be:

- Flushed
- Sweaty
- Fussy

# Room-sharing not surface-sharing



- Provide a separate sleep space for the baby (crib, bassinet or portable crib)
- Room sharing is recommended for at least 6 months, continuing for up to a year or more
- No bed-sharing devices e.g. Dock-a-Tot or Snuggle Me Organic
- AAP “Surface-sharing should be avoided **AT ALL TIMES.**

# FIMR Fact:

Of the 255 infant death cases documented by FIMR from 2020-2023, 21% were sleep-related.

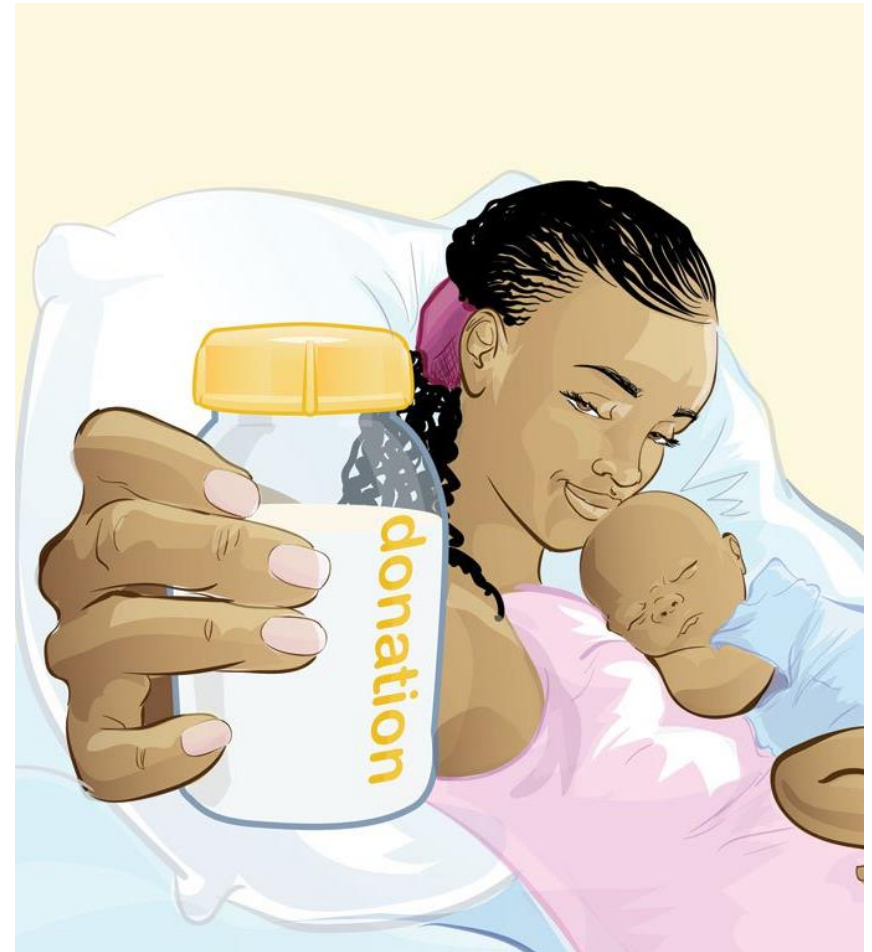
- 81% were not in a crib or bassinet
- 91% were sleeping with soft bedding or toys
- 68% were not placed on their back to sleep
- 62% were sleeping with another person/people
- 14% involved a caregiver falling asleep while feeding infant



Source: FIMR Infant Mortality Data 2020-2023. National Center for Fatality Review and Prevention.

# Feeding of Human Milk

- Reduces the risk of SIDS
- Recommended to be **exclusively fed for at least 6 months**, with continuation until **1 year or longer** as **mutually desired** by parent and infant
- If unable to or choose not to feed human milk, it is still important to follow Safe Sleep Recommendations
- Be aware that breastfeeding relaxes the mother
- When feeding at night, if getting tired, make sure to place infant back in crib and avoid bedsharing



# Human milk

Contains anti-infective and anti-inflammatory factors

Six months of exclusive breastfeeding is associated with reduction in:

- Lower respiratory tract infections
- Severe diarrhea
- Ear infections
- Obesity
- SIDS



OKLAHOMA  
mothers' milk bank

Provides safe, pasteurized milk donated by healthy, screened breastfeeding mothers, to ensure that our most vulnerable babies will receive full human milk feedings.

<http://www.okmilkbank.org>

# Pacifier Recommended

- Although the mechanism is yet unclear, studies have reported a protective effect of pacifiers on the incidence of SIDS
- Typically dislodges within 15 minutes to 1 hour of sleep
- Never coat the pacifier with anything sweet
- Don't use a string or anything else to attach a pacifier around your baby's neck or clothing
- If breastfed, wait until it is fully established before offering a pacifier





# Schedule and Go to all well-child visits

- There is NO evidence of any causal link between immunizations and infant death
- Recent studies suggest that immunizations may have a protective effect against infant deaths
- Talk to your health care provider



# Do not rely on products that claim to reduce the risk of infant death

- These include wedges, positioners, special mattresses and special sleep surfaces
- Manufacturers should not claim a product protects against SIDS unless there is scientific evidence to prove it



# The Risks with Tobacco Use

- Out of all sleep related infant deaths, **48%** of moms used tobacco.
- **52%** of moms/babies were exposed to Second-hand and third-hand smoke
- The SIDS/Sleep-Related Death rates among mothers who smoked was **11 times** higher than nonsmokers
- Non-Hispanic White mothers who smoked was **12 times** higher
- Non-Hispanic Black Mothers who smoked **11 times** higher



Source: FIMR Infant Mortality Data 2020-2023. National Center for Fatality Review and Prevention.  
FIMR PPOR 2019-2021

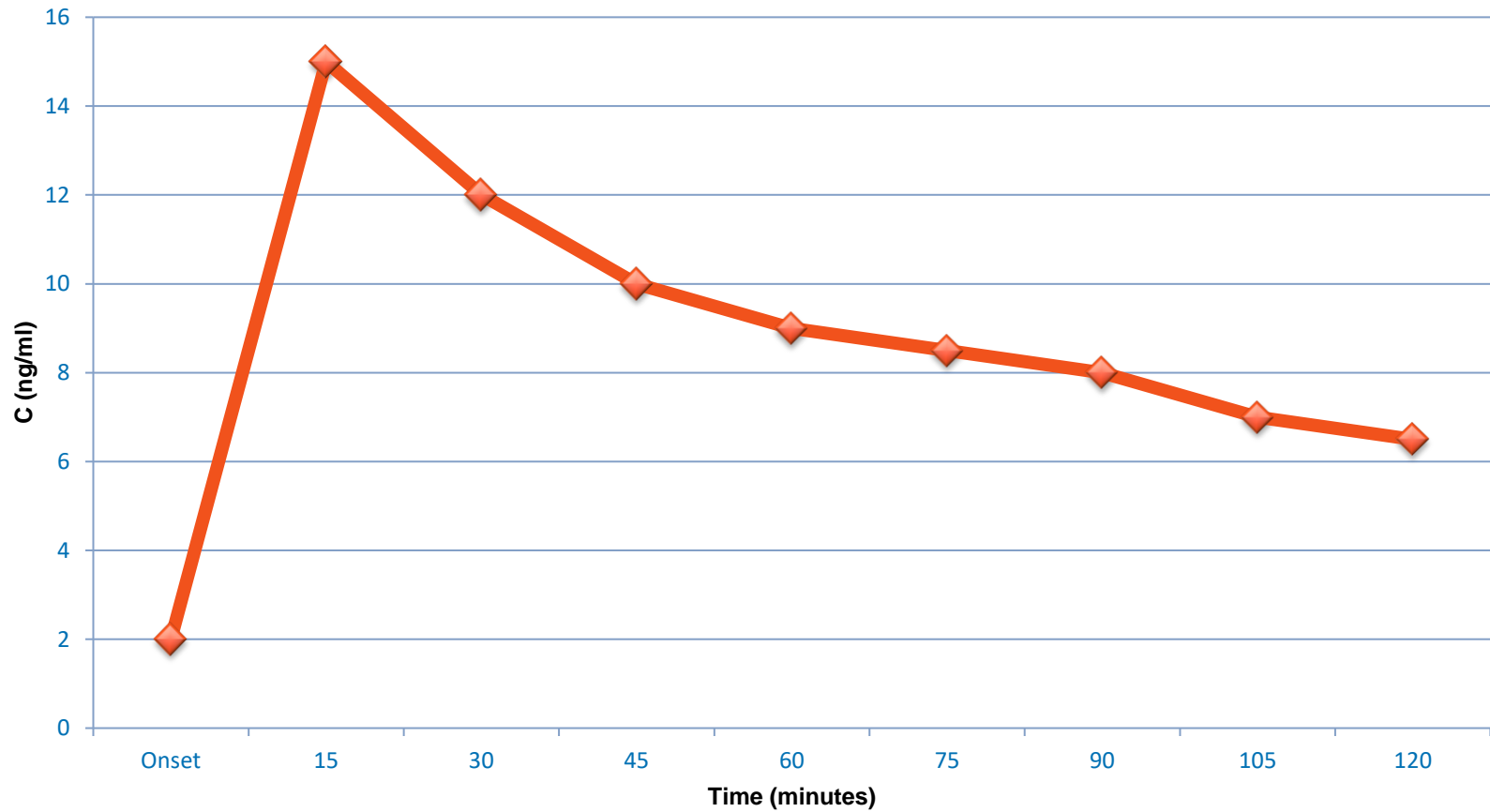
# SMOKING DURING PREGNANCY AFFECTS THE BABY BY...

- Slowing the development of the baby's lungs
- Constricting the blood vessels in the placenta leading to oxygen and nutrient deficiencies and fetal growth restriction
- Increasing the risk of the baby being born too early
- Increasing the baby's heart rate

# Tobacco Risks don't end with Pregnancy

- Effects of tobacco exposure on an infant
  - Prematurity
  - Low birth weight
  - Under-developed lungs
  - Addiction
  - Behavioral
- Reduce Exposure
  - Limit number of cigarettes per day
  - Timing breast feeding
  - Smoking away from infant
  - Avoid 3<sup>rd</sup> hand smoke

# Nicotine concentration in the body



# Avoid all cigarette smoke

## Second-Hand Smoke

7000 chemicals and 69 cancer causing agents

- Lingers in the air for hours
- Can be brought in from outside



## Third Hand Smoke

- Residue from second-hand smoke that remains on surfaces
- Can be harmful when it comes into contact with baby's skin
- Can linger on surfaces for years





# What About Vaping?

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The recommendations still apply

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Contains dangerous chemicals

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Contains nicotine

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Harmful to growing lungs and brain development

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Long-term effects are still unknown

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# Other Postnatal Exposures

- Avoid using alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth
- Can increase the risk of SIDS especially when someone bedshares with baby

# When should I start educating?

Early as Possible

Start educating pregnant women and families in the prenatal period

Once infant is medically stable, start implementing safe sleep recommendations

# Things To Keep In Mind . . .

- Remember to talk to the caregivers with **respect**, be **culturally appropriate** and be **non-judgmental**
- Be prepared to **address concerns, misconceptions, and barriers** about safe sleep
- Have **quick helpful information** on **overcoming barriers**, such as programs that provide free cribs, resources, etc.
- Let them know how important it is to start implementing safe sleep guidelines at home from night one

# Set the example



- Model safe sleep practices in the hospital
- Verbalize what you're doing
- Explain medical exceptions

# Document, Document, Document !

Document receipt  
of education

Document any  
signs of need for  
re-education

Document any  
non-compliance

Confirm  
understanding

Document  
verbalized or  
demonstrated  
understanding

Protect yourself!

# Remember..

You are **KEY**  
promotors of  
these safe sleep  
practices and the  
first line of  
defense.



# Remember your ABC's

*Baby should sleep...*

**Alone, on their**  
**Back, in a**  
**Crib with the**  
**Dangers Eliminated**

- No pillows
- No blankets
- No bumper pads
- No stuffed animals
- No toys
- No clutter
- No cords
- No smoking
- No bibs







## Questions?

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