

# Ohio Department of Health Policy on Infant Safe Sleep

## **Purpose:**

The Ohio Department of Health (ODH) is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. ODH recognizes its leadership role in establishing standards for policies and practices that promote healthy behaviors among its employees, programs, subgrantees, and other state agencies for what ODH believes to be in the best interest of Ohio's citizens. The purpose of this policy is to establish a consistent infant safe sleep message across all department programs and activities.

## **Policy:**

In all activities and publications, ODH programs and subgrantees shall adhere to the infant safe sleep standards as endorsed by the American Academy of Pediatrics (AAP) in their Task Force on Sudden Infant Death Syndrome's report, *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment*, released in October, 2011.<sup>i</sup>

## **Procedures:**

1. ODH programs, subgrantees and contractors must adopt this ODH Infant Safe Sleep policy which shall be routinely communicated to all staff.
2. While it is not possible to guarantee complete prevention of sleep-related deaths, ODH shall urge parents and caregivers to follow these recommendations as the most effective way to reduce the risk of sleep-related infant death.
  - Place infants for sleep wholly on the back for every sleep, nap time and night time.
  - Use a firm sleep surface. A firm crib mattress with a tight-fitting sheet in a safety-approved crib is the recommended surface.
  - Room-sharing without bedsharing is recommended. The infant's crib should be in the parents' bedroom, close to the parents' bed.
  - Keep soft objects, loose bedding and bumper pads out of the crib.
  - Offer a pacifier at sleep time after breastfeeding has been established.
  - Avoid overheating by excessive clothing, bundling or room temperature.
  - Avoid commercial devices such as wedges, positioners and monitors marketed to reduce the risk of SIDS. None have been proven safe or effective.
  - Encourage supervised "tummy time" when infant is awake to avoid flat spots on the back of the infant's head and to strengthen the upper torso and neck.
  - Breastfeeding is recommended. ODH and the AAP recommend exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.<sup>ii</sup> ODH recognizes that in individual circumstances breastfeeding may be contraindicated or must be limited. Mothers of children with special health care needs should follow recommendations of their health care provider.
  - All infants should be immunized in accordance with AAP and Centers for Disease Control and Prevention recommendations.
  - Pregnant women should receive regular prenatal care.
  - Do not smoke during pregnancy. Avoid exposure of infants and pregnant women to secondhand smoke.
  - Not a single drop of alcohol or illicit drugs should be consumed during pregnancy. Continue to avoid alcohol and illicit drugs after the infant's birth.

3. ODH recommends that safe sleep messages must be delivered in culturally appropriate methods to reach diverse populations; and that messages must be linguistically suitable for various literacy levels and sensitive to family history of infant death. The policy shall be that the method of delivery may vary, but the recommendations will remain the same. Under no circumstances shall ODH programs indicate that it is acceptable to share a sleep surface with an infant; to place an infant on his or her stomach or side to sleep; or to use any other sleep surface besides a safety-approved crib or bassinet. Mothers of children with special health care needs should follow recommendations of their health care providers.
4. All publications shall adhere to the safe sleep image guidelines as established by First Candle in August, 2009.<sup>iii</sup> Using appropriate images will reinforce the safe sleep messages ODH provides.
  - Infants should be shown sleeping or being put to sleep on their backs.
  - Infants should be shown sleeping in a crib that meets current safety standards, play yard or similar safe, but separate sleep environment (not with an adult or on an adult bed, sofa, chair, or other unsafe place).
  - Infants should not be shown sleeping in car seats, infant carriers, swings, slings or other similar products.
  - Infants should not be shown sleeping in positioners or on wedges.
  - Where possible, photos should demonstrate room sharing for infants under 6 months of age, by showing the infant's separate, safe sleep area in the room beside the adult bed.
  - Photos should not show soft or loose items such as blankets, quilts, bumper pads, pillows or stuffed animals in the infant's sleep space.
  - If possible, infants should be dressed in a wearable blanket or other sleeper instead of loose blankets.
  - Do not show infants sharing a sleep space. Even multiples should each have their own crib.
  - Consider showing a pacifier with a sleeping infant greater than one month of age.
  - The infant's sleep space should be shown a safe distance away from windows. If a window shade is shown, the cord should not be in close proximity to or within reach of the infant.
  - The crib mattress height should be shown at the lowest level for infants who appear to be able to pull or stand up.
  - Crib gyms or mobiles should not be used in photos of infants who appear to be five months of age and older.

### **Background:**

Sleep-related infant deaths are those which happen suddenly and unexpectedly in a sleep environment. The causes include sudden infant death syndrome (SIDS), accidental suffocation, positional asphyxia, overlay, and undetermined causes. The distinction between the causes of these sleep-related deaths is challenging and many risk factors are similar.<sup>iv</sup>

Sleep-related deaths are the leading cause of death between one month and one year of age. In 2010 more than three Ohio infant deaths each week were sleep-related. Infant sleep-related deaths outnumber deaths of children of all ages (0-17 years) from vehicular crashes.

According to the Ohio Child Fatality Review for 2010 deaths, more than half of the sleep-related deaths likely could have been prevented by placing the baby on his/her back in a safe sleep environment. Sixty percent of the deaths occurred in beds not intended for infants, on couches or on chairs. Sixty-two percent occurred when the infant was sharing a sleep surface with another person. Forty-two percent of the infants had been exposed to tobacco smoke either in utero or after birth. The AAP recommendations for safe infant sleeping environments address these and other important risk factors.

## References:

---

<sup>i</sup> Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment, *Pediatrics*, October, 2011. [www.pediatrics.org/cgi/doi/10.1542/peds.2011-2284](http://www.pediatrics.org/cgi/doi/10.1542/peds.2011-2284).

<sup>ii</sup> Breastfeeding and the Use of Human Milk, *Pediatrics*, February, 2012.  
<http://pediatrics.aappublications.org/content/129/3/e827.full.html>.

<sup>iii</sup> Safe Sleep Saves Lives! Image Guidelines, First Candle, August, 2009.  
[www.firstcandle.org/?s=safe+sleep+image+guidelines](http://www.firstcandle.org/?s=safe+sleep+image+guidelines).

<sup>iv</sup> Ohio Department of Health, *Ohio Child Fatality Review Twelfth Annual Report*. September, 2012.  
<http://www.odh.ohio.gov/odhprograms/cfhs/cfr/cfrrept.aspx>.