

Patient/Family Care Policy

(Hospital Name and Location, Date of Origination)

SUBJECT: Safe Infant Sleep Environment in the Pediatric Hospital

PURPOSE:

1. To promote the use of the American Academy of Pediatrics (AAP) recommendations for a safe sleep environment for infants less than 1 year of age.
2. To ensure that all recommendations are modeled by healthcare professionals.
3. To comply with Ohio Senate Bill 276 which requires most hospitals and freestanding birthing centers to adopt an internal safe sleep policy, distribute safe sleep educational materials, and implement a safe sleep screening procedure to determine whether there will be a safe sleep environment for an infant to sleep in once the infant is discharged from the hospital.

DEFINITIONS:

The safe sleep environment as described in the AAP recommendations includes: supine positioning, use of a firm sleep surface free of loose blankets, pillows, or toys, and alone in a crib. As a result, the AAP promotes room-sharing without bed-sharing and avoidance of soft bedding, overheating and exposure to tobacco smoke, alcohol or illicit drugs.

POLICY STATEMENT:

1. All healthcare professionals will follow the AAP recommendations for a safe sleep environment when caring for hospitalized infants less than 1 year of age.
2. The healthcare professional is responsible for teaching and role modeling a safe infant sleep environment for parents/caregivers.
3. The AAP recommendations may be overridden if the patient has a medical condition that warrants that they not be implemented. A practitioner order will be needed and an explanation will be provided to the parents/caregiver.
4. The healthcare professional is responsible for distributing safe sleep educational materials to parents/caregivers and for using the infant safe sleep screening form to determine whether there will be a safe sleep environment for an infant to sleep in once the infant is discharged from the hospital. Sample educational materials and the infant safe sleep screening form can be found at: <http://www.odh.ohio.gov/safesleep/>
5. Hospitals and freestanding birthing centers will follow safe sleep image guidelines in messaging and advertising including: hospital websites, stock photos, brochures, and patient education materials.
6. The full technical report for AAP's recommendations can be found at: <http://pediatrics.aappublications.org.contnet/early/2011/10/12/peds.2011-2285>.

APPROVED: _____

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EQUIPMENT:

Infant bed: Incubator, warming bed, bassinet, crib

Pacifier, optional

Parent/Caregiver handouts

SPECIAL INSTRUCTIONS:

1. Sleep position

- a. Supine position recommended with the head of the bed flat; side sleeping is unsafe and not advised. Medically stable premature infants should be transitioned to supine position for sleep by 32 weeks' post-gestation age.
- b. Elevating the head of bed while infant is supine is not effective in reducing gastroesophageal reflux (GER) and is not recommended.
- c. Infants with GER should be placed supine for sleep with the rare exception of an infant for whom the risk of death from GER outweighs risk of death from SIDS.
- d. Once infant can roll supine to prone and prone to supine, the infant can be allowed to remain in the sleep position he/she assumes. However, the infant should be placed to sleep in supine position.
- e. Provide daily supervised, awake tummy time, which promotes motor development and decreases the risk of positional plagiocephaly.

2. Sleep surfaces & bedding

- a. Safety-approved crib, portable crib, or bassinet with tight fitting sheet.
- b. Nothing in the sleep area. This includes: no pillows, quilts, comforters, bumper pads, toys, stuffed animals, wipes, or diapers.
- c. No positioning devices. This includes: no wedges or rolled blankets.
- d. Car seat or other sitting devices not recommended for routine sleep.

3. Swaddling

- a. Swaddling is acceptable for children < 2 months of age.
- b. Swaddling may be used as calming strategy, but there is not enough evidence to recommend it to reduce risk of SIDS.
- c. Infants should be swaddled no higher than the axillary or shoulder level.
- d. Cautions related to swaddling:
 1. Supine position is recommended.
 2. Tight swaddling can exacerbate hip dysplasia, increase respiratory rate and reduce functional residual capacity.
 3. Swaddling can increase risk of overheating.
 4. Loose swaddling can result in head covering or strangulation.
- e. Consider use of sleep clothing, such as sleep sacks.

4. Bed-sharing

- a. Room-sharing without bed-sharing is recommended.
- b. The infant's crib or bassinette should be placed close to the mother's bed.

- c. Infants may be brought into the bed for feeding/holding but should be returned to infant's own crib or bassinette when mother is ready to return to sleep.
 - d. If an infant is found in bed with a sleeping mother/parent, the healthcare professional will return the infant to the crib or bassinette and re-educate the mother/parent about safe sleep practices.
 - e. No co-bedding twins and higher-order multiples.
5. Breastfeeding
- a. Breastfeeding is recommended.
 - b. If a breastfeeding mother brings the infant into the adult bed for nursing, the infant should be returned to a separate sleep surface when the mother is ready for sleep.
6. Pacifier use
- a. For breastfeeding infants, delay pacifier use until breastfeeding is well established (usually by 1 month of age).
 - b. Consider offering at nap time and sleep time; studies found a protective effect.
 - c. Pacifier should not be attached to a string, stuffed toy, or clipped to the infant's clothing.
 - d. Do not force an infant to take pacifier.
 - e. No need to reinsert pacifier once the infant is sleeping.
7. Avoid overheating and head covering
- a. Hats may be used for thermoregulation but should be removed as soon as the infant's temperature stabilizes.
 - b. Healthcare professionals should model no hat for safe sleeping.
8. Kangaroo Care
- a. Kangaroo Care or skin-to-skin is another method of thermoregulation but should be used only when mother is awake.

DOCUMENTATION:

- 1. Document the infant's position and sleep environment in the Flow sheet.
- 2. Document all parent/caregiver teaching related to infant safe sleep practices.
- 3. Document safe sleep educational materials provided to parent/caregiver.
- 4. Document use of the infant safe sleep screening form to determine whether there will be a safe crib for an infant to sleep in once the infant is discharged from the hospital. The infant safe sleep screening form can be found at:
<http://www.odh.ohio.gov/safesleep/>

PARENT/FAMILY/CAREGIVER TEACHING POINTS:

Parent/Family/Caregiver teaching points can be found at:
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