Georgia Division of Family and Children Services

Infant Safe to Sleep Guidelines and Protocol

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Definitions

AAP - American Academy of Pediatrics

Caregiver - This term is used to refer any person providing care, watchful oversight and supervision of a child (e.g., parent, guardian, relative , foster parent, child care provider, baby-sitter, etc.).

DFCS - Georgia Division of Family and Children Services

Infant - This term is used to refer to any child under the age of 12 months.

Sudden Infant Death Syndrome (SIDS) [1] is a cause assigned to infant deaths that cannot be explained after a thorough investigation, including a scene investigation, autopsy and review of the clinical history.

Sudden Unexpected Infant Death (SUID)[2], also known as sudden unexpected death in infancy, is a term used to describe any sudden and unexpected death, whether explained or unexplained (including SIDS), that occurs in infancy.

Swaddling - This term refers to the practice of wrapping an infant firmly in clothing, a blanket, etc. in such a manner that the infant is bound and unable to room-share and co-sleep.

Co-Sleeping - There are two main types of co-sleeping - room-sharing and bed-sharing:

> **Bed-sharing or surface-sharing -** where the child shares the same sleep surface (adult bed, couch, chair, etc.) with another child or an adult. It is associated with a higher risk of suffocation, entrapment, other sleep-related injuries and death. It is not recommended.
>
> **Room-sharing -** where a child is provided his or her own separate sleep space within the same room as the caregivers, within sensory distance of each other, but not on the same sleep surface. Room-sharing is useful for promoting breastfeeding and is associated with a reduced risk of sleep-related death.

Positional Plagiocephaly (also known as “flat head syndrome”) - The most common cause of a flattened head is a baby's sleep position. Because infants sleep for so many hours on their backs, the head sometimes flattens in one spot. Placing babies in devices where they lie down often during the day (e.g., infant car seats, carriers, strollers, swings, bouncy seats, etc.) also adds to this condition.

Purpose

The purpose of this protocol is to increase the awareness of infants sleeping safely according to the recommendations provide by the American Academy of Pediatrics. Training and use of the recommendations will assist with preventing the occurrence of sleep-related infant deaths, provide written practice guidance on caregiver education and infant sleep related death prevention efforts to DFCS staff including both direct and non-direct services staff and contractors and providers.

Introduction

According to the Georgia Child Fatality Review Panel, sleep-related deaths have been the leading cause of preventable infant deaths for the past four years within the state of Georgia. From 2009 to 2013, there were **929** infant sleep-related deaths reported to Georgia the Child Fatality Review Panel. The average is **154** infant deaths each year, an average of **3** infant deaths per week due to sleep-related causes alone.

There are many conditions and practices related to sleeping that are dangerous and have been associated with fatalities of infants, either from SIDS (Sudden Infant Death Syndrome) or SUID (Sudden Unexplained Infant Death). Unsafe sleeping practices may include:

- **Wedging –** Where an infant's face when sleeping is wedged between two adjacent surfaces, such as on a couch, chair, or bed with a headboard or in a crib in which there are spaces between the mattress and frame.
- **Soft Surfaces** - Placing the infant to sleep on a soft surface or with soft bedding (such as pillows, blankets and crib bumpers) or soft objects (such as stuffed animals), or using an infant positioner. This includes placing an infant on a bed or crib with a soft mattress and, especially, on a couch, armchair, cushion, waterbed, etc.
- **Sleep Position** - Placing an infant to sleep in any position other than on the back.
- **Overheating** - Allowing an infant to get too hot because of high room temperature (the temperature should be comfortable for a lightly clothed adult) or overdressing.
- S**moking** - Smoking in a room where an infant sleeps, or maternal smoking during or after pregnancy.
- **Bed-sharing** - An infant and one or more adults or children sleeping together on any surface, not necessarily a bed; bed-sharing also refers to an infant and another person sharing a surface such as a couch, chair or futon while sleeping.

Distinguishing between the types of sleep-related deaths (SIDS and SUID) can be somewhat challenging. Since the risk factors for both are very similar, it is imperative that caregivers learn and apply safe infant sleeping practices that may reduce the risk of both SIDS and SUID. To promote safe sleeping practices for infants, the Division of Family and Children Services (DFCS) has collaborated with the Division of Public Health and the Georgia Child Fatality Review Panel to actively engage in efforts to reduce sleep-related deaths to infants. DFCS will utilize the recommendations as provided by the American Academy of Pediatrics (October 2011).

The DFCS Infant Safe to Sleep Guidelines and Protocol will focus on the issue of prevention, with recognition that unsafe sleeping conditions may occur anywhere in the range of child welfare cases: child protective services, preventive services, foster care, financial independence or adoptive placements; therefore, this protocol applies to all categories of child welfare work. By providing parents and caregivers with information on infant safe to sleep environments, DFCS staff members can enable them to make informed choices concerning their children's sleep environments.

Infant Safe to Sleep Practices

The American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death expanded its recommendations on the promotion of safe sleep environments in October of 2011. The three primary safe sleep recommendations are as follows:

Alone - Room-sharing without bed-sharing is recommended

Back - Back to sleep for every sleep

Crib - In a sleep setting such as a crib, to include a firm sleep surface, without soft objects, toys or stuffed animals and loose bedding.

For purposes of this protocol, details regarding the AAP recommendations and guidance when discussing infant safe to sleep practices with caregivers are as follows:

1. **Back to sleep** for every sleep. Place infants on their backs for **every** nap or sleep time, unless the infant's primary care physician provides a written statement indicating that the infant requires an alternate sleeping position. The written statement must include

instructions for how the infant shall be placed to sleep and the timeframe for which the instructions are to be followed.

2. Use a **firm sleep surface**. Examples include a firm crib mattress covered by a tightly fitted sheet or a safety approved bassinet with a tightly fitted sheet.

    a. Use only a crib, bassinette or portable crib/play yard that conforms to the safety standards of the Consumer Product Safety Commission (CPSC) and ASTM International (formerly the American Society for Testing and Materials) safety standards. Ensure the product is maintained in good repair and is free from hazards or recalls.

    b. Move infants who fall asleep on the floor or elsewhere (e.g., carrier, car seat, swing, stroller, chair, highchair, etc.) to a safety- approved sleep surface for sleep as soon as possible.

    c. Allow only one infant at a time to sleep in a crib.

3. **Room-sharing without bed-sharing** is recommended. Sharing the same room with an infant provides the opportunity for a caregiver to remain in close proximity of the infant while also providing a firm, safe sleep environment for the child. Bed-sharing and other same surface-sharing of any kind **is not** recommended, especially during the first four to six months. Infants should **not** sleep in an adult bed, on a couch, in a chair or in any other adult sleep place alone or with another person including another child.

4. **Keep soft objects and loose bedding out of the crib**. Place no objects in or on a crib with a sleeping infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys (or other soft items), crib gyms, mirrors or mobiles. Make sure nothing covers the infant's head. Ensure all bibs, necklaces and garments with ties or hoods are removed from a sleeping infant. Dress the baby in sleep attire not requiring blankets or covers such as using a sleep sack (see additional information below).

5. **Pregnant women should receive regular prenatal care**.

6. **Avoid smoke exposure during pregnancy and after birth**. Always place the crib in an area that is smoke-free.

7. **Avoid alcohol and illicit drug use** during pregnancy and after birth.

8. **Breastfeeding is recommended**. Breastfeeding is considered a protective factor against SIDS and is recommended for at least the first six months of infant life.

9. **Consider offering a pacifier at nap time and bedtime** (after breastfeeding is established). At sleep time, only offer an infant a clean, dry pacifier that does not attach to the infant's clothing. Attaching mechanisms such as cords and strings pose a strangulation risk. The pacifier does not need to be reinserted once the infant falls asleep. If an infant refuses the pacifier, do not force him or her to take it. If you are breastfeeding, wait until your baby is used to breastfeeding before trying a pacifier.

10. **Avoid overheating the infant.** For an infant's warmth and comfort, use only sleepers, sleep sacks and wearable blankets that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face. Avoid overheating and overdressing the infant throughout the day as well as the night. Infants typically only need one more layer of clothing than an adult would need in order to be comfortable. There is not enough conclusive evidence to recommend for or against swaddling; however, if parents swaddle their infant, they should be advised of the proper method, continue to avoid overheating and should typically discontinue the practice no later than 3 to 4 months of age.

> *Case study demonstration: "In the case of a 3-month-old boy found dead while sleeping alone in an adult bed, despite a bassinet noted in the same room, his father had surrounded him with pillows to prevent him from rolling. Moreover, he was placed in prone position, and it was noted that the father had "placed baby on stomach because he had just fed him and 'he did not want the baby to spit up and choke' if he placed him face up."*
>
> *(Hackett et al., 2014)*

11. **Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS.** Do not use home heart or breathing monitors or infant positioning devices (i.e., wedges) unless the infant's primary care physician provides a written statement authorizing such use. The written statement must include instructions on how to use the device and a timeframe for use.

Practice Guidance for Direct Services Staff and Non-Direct Services Staff

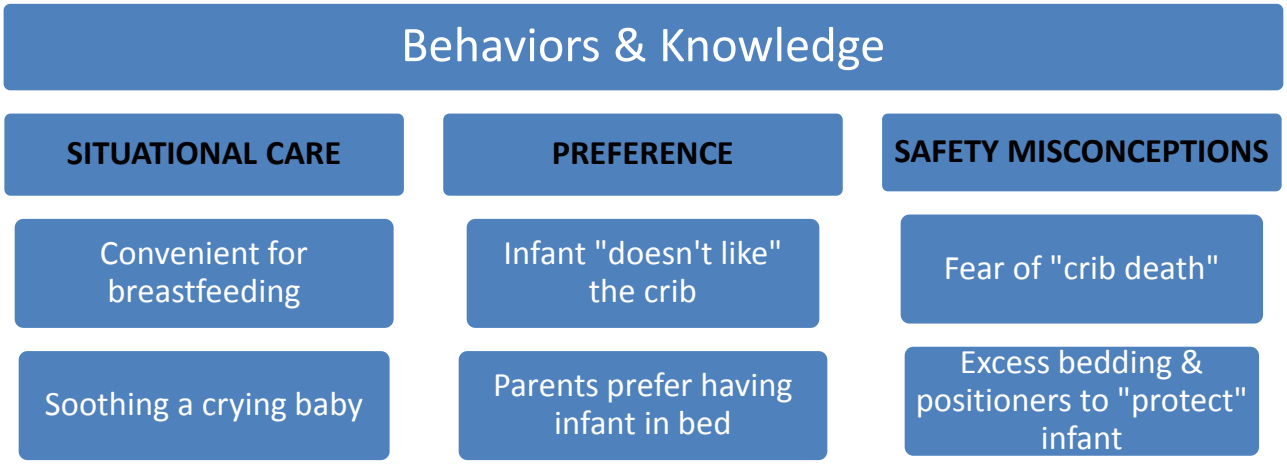
Direct services and non-direct services staff within the Division of Family and Children's Services have significant opportunities to interact and provide education and awareness with current and prospective parents and caregivers on infant safe to sleep practices. It should be noted that parents are not the only people to receive guidance on safe to sleep practices because infants are often cared for by other caregivers such as family members and friends as well. Therefore, it is necessary that **all infant caregivers** are aware of the safe sleep recommendations and follow the parents' decisions regarding safe sleep for their child. The following steps will assist you when discussing infant safe to sleep strategies with families:

Step 1: Understand why some parents may not follow the recommendations

Understanding the parent's/caregiver's behaviors and knowledge and the barriers for either following or not following the recommendations is critical to addressing this issue.

In the instance of the case study as noted above, the father was trying to protect his child. The pillows, however, caused an unsafe situation due to the possibility of suffocation. Laying the baby on his stomach and on an adult bed added additional risks. It is also common for caregivers to lay their baby back to sleep and in a crib only at nighttime. The baby is frequently laid on other surfaces for naptime, and often, due to the perception of better comfort, the baby is laid on his stomach. Caregivers should be reminded that it is back to sleep for every sleep.

The chart below helps to conceptualize some of the reasons parents and caregivers choose unsafe sleep behaviors that do not follow the AAP recommendations.



A parent's/caregiver's behavior is influenced by his or her knowledge but also by other factors, including situational care, preference and safety misconceptions, which are all of value when discussing safe to sleep practices. Parents or caregivers would like to be treated as if they are capable of making appropriate decisions regarding their child especially with an issue such as sleep. The recommendations are not mandated, but are suggested and recommended, and ultimately remain entirely the choice of the parent/caregiver. Acknowledging their fears and misconceptions allows the parents/caregivers to understand the situation which then helps to empower them in making healthy decisions for their child(ren).

Another area of importance to remind parents/caregivers is that the recommendations are not necessarily forever. The most vital time for vigilance is the first four to six months. Once an infant is able to roll over back to front and front to back, studies show that there is no need to reposition the baby. Additionally, the majority of SIDS/SUIDS deaths occur in infants under 6 months.

Step 2: Increase your awareness

Become familiar with the current AAP recommendations (listed above) and infant safe sleeping practices before engaging caregivers. Understand how to explain the recommendations to parents and caregivers in a manner that promotes acceptance of protective behaviors by completing the following:

1. Participate in training as provided by the DFCS Education and Training website on Safe to Sleep for Infants.
2. Review available materials for additional educational information (e.g., brochures and websites such as the National Institute of Child and Health Development website at http://www.nichd.nih.gov/sts/materials/Pages/default.aspx.)
3. Learn about local resources to assist parents/caregivers with newborn care (e.g., parenting classes, crib distribution, etc.)

Step 3: Share what you have learned

1. Discuss safe infant sleep practices with parents/caregivers during all contacts of a parent/caregiver of a child under the age of 1 with the agency (e.g., direct services staff during home visits, etc. and Office of Family Independent staff (OFI) during applications, renewals, etc.).
    a. Respectfully engage parents/caregivers in a conversation about the connection between sleeping practices and sleep-related infant death.

b. Share videos and written material on the subject of safe infant sleep practices and how they help reduce SIDS and SUID.

2. Refresh the parent's/caregivers' memory of safe to sleep practices during any interaction to promote retention.

3. Ask parents/caregivers to describe specific steps they will take (starting today) to create a safe sleeping environment for their infant(s).

4. Ask parents/caregivers if any assistance or resources are needed to implement their plan of action.

5. Provide caregivers with links to community and national resources that may provide helpful information and support (e.g., Department of Public Health's Safe Sleep Liaison or Child Injury Prevention Program, DFCS Safe Sleep Liaison, Department of Early Care and Learning for child care and safe care for home visitation services, etc.).

6. Advise parents/caregivers to ensure that everyone who cares for their infant is aware of safe to sleep practices for infants and is committed to following them during all sleep times.

7. Discuss any issues or concerns regarding parent/caregiver responses with a supervisor to determine the appropriate intervention.

Step 4: Document and monitor how parents/caregivers respond

Social Services, Direct Services Staff:

1. Document in the case record when and where discussions regarding safe infant sleep practices are conducted.

2. Document in the case record how the parents/caregivers respond to the information shared, including but not limited to:

    a. The parent's/caregiver's prior knowledge of safe infant sleep practices;

    b. Expressions or signs of disagreement with any of the recommendations for creating a safe sleep environment for their infant(s);

    c. The parent's/caregiver's willingness to implement any of the infant safe to sleep recommendations; and

d. Are the parents/caregivers able to demonstrate an understanding of the recommendations by being able to explain how each recommendation supports a safe sleeping environment for their infant?

3. Discuss any issues or concerns regarding parent/caregiver responses with a supervisor to determine the appropriate intervention.

Step 5: Other recommendations to share on infant well-being to share with caretakers:

Social Services, Direct Services Staff and Non-Direct Services Staff:

1. Place infants on their stomachs when they are awake and being supervised. This helps the infant's head, neck and shoulder muscles become stronger and helps prevent Positional Plagiocephaly or flat spots from developing on the infant's head.
2. Monitor recommended immunizations which may help protect against sudden infant death syndrome (SIDS).
3. Smoking should not occur by anyone near an infant.
4. Support parents who want to breastfeed or feed their children breast milk.
5. Have a plan to respond if there is an infant medical emergency.

What Does a Safe Sleep Environment Look Like?

Source: http://www.nichd.nih.gov/sts/about/environment/Pages/look.aspx

Safe Sleeping Practices in Group Settings

The aforementioned infant safe to sleep practices are universal and may be applied in any setting. However, there are specific guidelines that are applicable in group settings such Family Child Care and Group Child Care centers. Below are links to access the specific guidelines for these types of licensed facilities and the page number on which the Safe Infant Sleep and Resting Requirements begin.

- **Family Day Care Home**

  http://www.decal.ga.gov/documents/attachments/FDCHRulesAndRegulations.pdf

- **Group Day Care Home** http://www.decal.ga.gov/documents/attachments/GDCHRulesandRegulations.pdf

Links to Useful Resources

For more information about the prevention of sleep related deaths, please visit the following websites:

- Division of Family and Children Services - http://dph.georgia.gov/safetosleep
- Department of Public Health - http://dph.georgia.gov/safetosleep
- The U.S. Consumer Product Safety Commission: http://www.cpsc.gov/en/Safety-Education/Safety-Guides/Kids-and-Babies/Cribs/
- American Academy of Pediatrics: http://www.aappolicy.org
- 2011 AAP Expanded Recommendations: www.pediatrics.org/cgi/doi/10.1542/peds.2011-2284
- Georgia Department of Early Care & Learning (DECAL): http://www.decal.ga.gov/
- Georgia Department of Public Health (DPH): http://dph.georgia.gov/safetosleep
- National Institute of Child Health and Human Development (NICHD) Safe to Sleep Campaign: http://www.nichd.nih.gov/sts/Pages/default.aspx

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