	Inter-Professional Policy and Procedure
Policy: I – NUR – MC – PEDS – Safe Sleep Environment for Hospitalized Infants	
Policy Number: I-NUR-MC-PEDS-	
Applicable to the following locations/ departments:	**Flagler Hospital Maternal Child Services**
Responsible Department:	**Nursing Services**
Coordinating Departments:	**Labor and Delivery, Postpartum/Newborn Nursery, NICU and Emergency Department**
Original Issue Date:	**April 2017**
Revision Date:	**December 15th, 2022**
References:	American Academy of Pediatrics; Sleep-Related Infant Deaths: 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment. Moon, R. MD., Carlin, R. MD., Hand, I. MD. The Task Force on Sudden Infant Death Syndrome and the Committee on Fetus and Newborn (accessed on-line December 15th, 2022). National Institute of Child and Health and Human Development (NICHID), Continuing Education Program on SIDS Risk Reduction. http://extranet.nichd.nih.gov/nurseecourse/Course_Content.aspx?p=5 (accessed February 14th, 2021). Cribs for Kids. www.cribsforkids.org (accessed February 14th, 2021). LINKS: Skin to Skin Care After Infant Delivery – Ballad Health PRO-WS-011-BH EBSCO Nursing Reference Center Plus: • Parent Teaching: Encouraging Infant Sleep • Parent Teaching: Prevention of Sudden Infant Death Syndrome Safe Sleep Policy shared by Cribs for Kids with permission from Ballad Health, Adapted for use. Appendix A: Staff and Patient Education

I. Objective

To establish the policy and procedure for safe sleep environments for newborns and infants in the Newborn Nursery/NICU/PEDS/NAS settings

To ensure that all recommendations for safe infant sleep for hospitalized infants less than one (1) year of age are modeled and understood by caregivers/parents with consistent instructions given prior to discharge.

II. Scope

Flagler Hospital – Maternal Child Health/NICU/PEDS

III. Definitions:

a. **Sudden Infant Death Syndrome** (SIDS): The sudden death of an infant younger than one (1) year of age that remains unexplained after a complete investigation.

b. **Sudden Unexplained Infant Death** (SUID): The death of an infant less than one (1) year of age that occurs suddenly and unexpectedly, and whose cause of death in not immediately obvious before the investigation.

   Most are reported as one (1) of three (3) types:
   - SIDS
   - Accidental suffocation or strangulation in
   - Unknown cause

c. **Neonatal Abstinence Syndrome** (NAS): Constellation of symptoms that occur in a newborn who has been exposed to addictive drugs.

d. **Bed Sharing**- The practice of a parent, sibling or other individual sleeping together with the infant on a shared sleep surface, i.e., a bed, sofa, recliner, etc. (not recommended).

e. **Room Sharing**- Infant sleeping in a crib or other separate and safe surface in the same room as the parent/caregiver (recommended).

f**.** **Health Care Provider**- Physicians, nurse practitioners, certified nurse midwives, nurses, lactation consultants.

g**.** **Plagiocephaly**- The appearance of an asymmetrical flattening of one side of the infant's skull.

h. **Tummy Time**- Infants are placed on tummy when they are awake and someone is supervising. Tummy time helps strengthen the infant's head, neck and shoulder muscles, and helps to prevent flat spots on the head.

i. **Skin-to-Skin Care-** Infants placed in direct contact with their mothers/caregivers, chest to chest, with unobstructed view of infant's nose and mouth. Blanket is over infants' shoulders- NOT covering face or head.

j. **Kangaroo Care**- applies to skin-to-skin care for preterm infants.

k. **Safe sleep environment**- encompasses the infant's position in a crib or bassinet and other modifiable risk factors including infant sleep environment, and other maternal/infant risk factors.

l. **AAP**- American Academy of Pediatrics

Adapted from Sample Safe Sleep Policy shared by Cribs for Kids with permission from Ballad Health.

IV. Policy:

a. The American Academy of Pediatrics (AAP) recommends health care providers promote a safe sleep environment for hospitalized infants up to one (1) year of age.

b. Health care providers will teach and model safe sleep environments/practices during hospitalization of infants up to one (1) year of age.

c. The multidisciplinary Safe-sleep Committee members ensure on-going collaboration to promote safe sleep messaging and practices both within the hospital and out to the community.

Procedure:

a. **Healthy Term Newborn Infants and Infants Readmitted Under One (1) Year of Age:**

   i. On admission all caregivers of infants one (1) year of age and younger will be asked where the infant sleeps at home and will document the type of sleeping space.

      1. If the infant does not have a separate sleep space at home, obtain social work consult to determine financial need and distribute appropriate CPSC approved safe sleep environment resource (e.g., Pack 'N Play, etc.) to the caregiver before discharge.

   ii. Infants will be placed on their backs for sleep with the head of the bed flat by every caregiver until the child reaches 1 year of age, unless contraindicated by developmental age or condition.

1. Raising the head of the crib/bassinet has not been shown to prevent aspiration and is not recommended, even for infants with gastroesophageal reflux (GER).
2. Infant seats or other sitting devices should not be used for extended periods of infant sleep.

iii. A provider order, along with a medical explanation is required to place a neonate/infant in a crib or bassinet in a prone position.

iv. Use a firm sleep surface covered with a thin fitted cover with no other soft bedding or objects in the crib. ~~No toys, pillows, bumper pads, thick blankets (quilts, afghans), pictures, medallions, or other objects may be kept in the crib.~~

1. If it is discovered that parents/caregivers have placed any soft bedding or other objects in the infant's crib, the items will be removed from the crib and the parents/caregivers educated on the risks. Findings, interventions, education and parent/caregiver response will be documented.

v. Once the infant can roll from supine to prone and from prone to supine, the infant may be allowed to remain in the sleeping position that he or she assumes.

vi. Infant will be positioned with proper swaddling or sleep sack if available.

1. A hat can be used during thermoregulation transition but avoid over bundling and covering the face.
2. If swaddled, only one blanket should be used, the top of which should not exceed the infant's axilla/shoulder height. A wearable blanket ~~sleep sack~~ may be used instead of a blanket.
3. Sleep sacks should be the appropriate size and used according to the manufacturer's instructions.
4. Swaddling should stop when the infant is 2 months old or begins to roll over or break free from the swaddle-transition to a wearable blanket.
5. Swaddling the wrong way can cause serious hip problems. It is important to allow the hips and knees to move freely.
6.

vii. In general, infants should be dressed appropriately for the environment, with no greater than one (1) layer more than an adult would wear to be comfortable in that environment.

1. For infants with temperature instability or those needing additional warmth, an additional blanket may be used to swaddle the infant, or the addition of a wearable blanket or additional layer of clothing.

viii. Encourage safe Skin-to-Skin Care whereby infants are placed in direct contact with their mothers/caregivers, chest to chest, with unobstructed view of infant's nose and mouth. Blanket is over infants' shoulders- NOT covering face or head.

1. During skin-to-skin care it is not appropriate to allow or promote sleeping with the baby for any reason.
2. Parents who fall asleep during skin-to-skin care will be awakened and infant returned to own bed.
3. The nurse will also remind parents of risks of injury or death and document finding, interventions, education and response of parents/caregiver.

ix. If a patient is less than one (1) year of age and is found in bed with a parent/caregiver that is asleep:

1. The nurse is to arouse the parent/caregiver and request the infant be placed in the bassinet or crib while the parent is sleeping.
2. The nurse will also document finding, interventions, education and response of parent/caregiver.

x. Closely monitor infants and provide supervision of mothers at risk:

1. Prim parous
2. Mother/support person exhausted or support person not available
3. Maternal exposure to narcotics and other medications affecting alertness
4. Be extra vigilant during late night hours

xi. Multiples are defined as twins, triplets or more siblings from the same pregnancy. Multiples should not share the same crib/bassinet.

xii. Feeding of human milk is recommended, as it is associated with a reduced risk of SIDS. Any human milk feeding is more protective against SIDS than none.

b. **Infants in Intensive Care**

i. Infants in the NICU should be positioned for stability, based on clinical condition and developmental needs under the advisement and direction of a neonatologist.

ii. Per AAP recommendations, when clinically stable and/or gestational age >32 weeks, place infants on their backs to sleep on a firm mattress with a thin covering and the head of the bed flat. Pillows, quilts, blanket rolls, and stuffed animals should not be used. ~~however, positioning devices (bendy bumpers/rolls for cocooning) may be used for developmentally sensitive care of the premature infant (<35 weeks)~~

iii. Positioning devices may be used for developmentally sensitive care of the premature infant < 35 weeks gestation.

iv. Infants with a medical contraindication to supine sleep position such as congenital malformations, upper airway compromise, life-threatening GE reflux causing apnea/bradycardia, respiratory distress, or, a greater degree of prematurity may be placed prone or side lying with continuous cardiorespiratory monitoring until resolution of symptoms. Please seek the expert advice of the Neonatologist.

v. The AAP Task Force recommends that preterm infants be placed in the supine position to sleep as soon as the infant is stable prior to discharge in order to model safe-sleep practices to their families and to allow the infant to become acclimated to supine sleeping before discharge. ~~possible after the respiratory condition has stabilized~~

vi. Parents/caregivers should be educated on safe sleep practices each time they are on the unit. If therapeutic positioning used, the nurse should give the rationale for the position, that the position is no longer necessary once the infant's condition has stabilized, and the interventions the nursing staff takes to ensure the infant is carefully monitored and safe in the position.

vii. During Kangaroo care it is not appropriate to allow sleeping with the baby for any reason. Parents who fall asleep during skin-to-skin care will be awakened and infant returned to own bed.

viii. When used, sleep sacks/wearable blankets should be the appropriate size and used according to manufacturer's instructions.

viii. Swaddling should stop when the infant ~~is 2 months old or~~ begins to roll over.

ix. ~~Emphasize the benefits of human milk feeding in a non-judgmental and culturally sensitive manner with families for the provision of human milk and provide intensive assistance.~~

ix.-The benefits of human milk feeding should be emphasized in a non-judgmental and culturally sensitive manner with families. Families should be made aware that human milk feeding has been proven to reduce the incidence of SIDS in all infant populations. Since LBW and preterm infants are at higher risk for SIDS related deaths, it is especially important to discuss the benefits of human milk use with this population.

c. **Infants with Neonatal Abstinence Syndrome (NAS):**

i. Infants with NAS may benefit from the use of swings and/or wearable sleep sacks.

1. Swings can be only be used in the NICU, under observation by nursing staff, while on cardiorespiratory and SpO2 monitor. ~~with observation~~, ~~use of a monitor, and swing should be terminated when symptoms resolve~~. Once the infant is asleep, they should be moved back to an open crib and placed supine with head of bed flat.

2. Implement the "home safe sleep" environment as appropriate related to infants' condition and symptoms to include sleeping in a bassinet with HOB

flat and in a sleep sack. ~~Recommend that this begins when the infants average NAS score is less than or equal to six (6) and no NAS score has been greater than 10 in the previous 24 hours.~~ Infants who meet criteria for *Eat, Sleep, Console* monitoring by scoring zero, who do not require medication management for withdrawal symptoms, and who can be comforted by optimizing non-pharmacologic methods, excluding therapeutic positioning, should be transitioned immediately to safe sleep practices. Parents/caregivers should be regularly educated on safe sleep practices and encouraged to adhere to them throughout the infant's hospital stay to decrease the incidence of SIDS and/or SUID.

d**. Infants in the Pediatric Unit <1year**

- ✓ Follow the guidelines for the Newborn Nursery.

Appendix A:

Education:

- **SIDS** is the leading cause of infant mortality between one month and one year of age in the United States.
- The rate of SIDS peaks between two and four months of age, and 90 percent of cases occur before six months of age.
- Approximately 12 percent of sudden unexpected infant deaths occur during the neonatal period and 4 percent during the first week of life.

Team Member Education:

- All Maternal Child team members will be provided education in the role modeling and implementation of safe sleep environments, which will be incorporated into orientation and continuing education, i.e.:
    a. Mandatory yearly OB Skills Fair review
    b. Orientation period- within three months of hire
    c. Medical/Maternal Child Unit staff meetings
- All team members are expected to endorse and model the Sudden Infant Death Syndrome (SIDS) risk-reduction recommendations from birth.
- All team members will be active in continuing the "Safe Sleep" campaign, which will focus on ways to reduce the risk of sleep related deaths, including SIDS, suffocations, and other unintentional deaths.
- Safe Sleep education will be expanded to the community in collaboration with the hospital's marketing department, collaboration with other community services, printed material provided to doctor's offices, and any additional Maternal Child class offerings.
- Team members are encouraged to report any research or surveillance they may find regarding risk factors associated with SIDS and other sleep-related deaths.

Family/Caregiver Teaching:

Safe infant sleep environment education and Sudden Infant Death Syndrome (SIDS) prevention will be completed for all infants under one (1) year of age throughout the hospital course and prior to discharge, including:

1. **Back to sleep** for every sleep for the first year of an infant's life
2. Use a **firm, flat sleep surface** with a fitted sheet
3. **Human milk feeding** is recommended, as it is associated with a reduced risk of SIDS. Unless contraindicated, mothers should be encouraged to breastfeed exclusively of feed with expressed breastmilk for 6 months and up to one year or more as mutually desired by mother & infant, as recommended by the AAP. (Both partial and exclusive breastfeeding are associated with a 50% decrease in SIDS risk at all ages).
4. **Room sharing (without bed-sharing)** with the infant on a separate sleep surface, close to the parent's bed for at least the first six months. Sleep surface must meet federal safety standards. Instruct parents/caregivers that weighted blankets, memory foam mattresses, loose blankets or other soft objects can obstruct an infant's nose and mouth and are not recommended and they should never hang a pacifier around the infant's neck or place infant close to hanging cords.
5. **Soft objects and loose bedding** should be kept away from the infant's sleep area, which may include, stuffed animals, bumper pads, and loose bedding
6. The use of a **pacifier** during sleep appears to reduce the risk of SIDS. Because of this apparent reduction in risk, the AAP suggest offering a pacifier at sleep or nap time (if breastfeeding- it is recommended to delay introduction of pacifier use until breastfeeding is well established). Pacifiers should be cleaned often and replaced regularly. In the hospital, pacifiers may be used to decrease pain, in the NICU and for specific medical reasons, and for formula fed infants.
7. **Avoid smoke and nicotine exposure** during pregnancy and after birth
8. **Avoid alcohol, marijuana, opioids, and illicit drug use** during pregnancy and after birth
9. Pregnant women should seek and obtain regular prenatal care.
10. **Overheating**- In general, infants should be dressed in no greater than one (1) more layer than an adult would wear to be comfortable in that environment. Dressing the infant in layers of clothing or use of a wearable blanket preferred if extra warmth needed. Teach parents signs/symptoms of overheating, e.g., sweating, flushed skin. or the infant's chest feeling hot to the touch.
11. Recommend that pregnant people obtain **regular prenatal care and that infants be immunized** in accordance with the American Academy of Pediatrics (AAP) and the Center for Disease Control (CDC) recommendations.
12. **Avoid the use of commercial devices** that are inconsistent with safe sleep recommendations. This will include education regarding avoiding the use of cribs with missing hardware or cribs that are broken, as well as positioning aids and wedges.
13. Do not use **home cardio-respiratory monitors** as a strategy to reduce the risk of SIDS as these have not been shown to decrease the incidence of SIDS and should not replace adherence to following AAP safe sleep guidelines.
14. **Supervised, awake tummy time** for prevention of plagiocephaly (flattening of any part of the head), positional torticollis, decreased strength, aversion to prone posture, and environmental/ developmental delay. Tummy time should be initiated

soon after discharge when infant awake and supervised, increasing incrementally by at least 15-30 minutes total daily by 7 weeks of age.

15. While parents may choose to **swaddle**, there is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS. If swaddled, infants should be placed on their backs, wrapped in a light blanket which is snug around the chest but loose at the hips and knees. Weighted swaddle clothing or objects are not safe or recommended for use. Swaddling should be discontinued when infant shows signs of attempting to roll.
16. Avoid distractions (esp. cell phones) while breastfeeding or doing Kangaroo care.
17. All clinicians, physicians, nonphysician clinicians, and hospital staff who care for mothers and infants will endorse and model safe infant sleep guidelines in the hospital.

2. **Materials for SIDS risk reduction recommendations** will be distributed to parents/caregivers in the admission & discharge packets.

- ✓ Parents will watch the Safe Sleep Video during their hospital stay and staff will document that this has been done in the infant's medical record
- ✓ The lactation staff is responsible for distributing a wearable blanket and ensuring that parents receive education on how to use them. Lactation staff is responsible for performing daily audits of: patient education provided, patient and staff compliance, and interventions and additional education as appropriate.