Fostering Safe Infant Sleep Practices

Terri Miller, MPH, CHES
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Fostering Safe Infant Sleep Practices

Objectives:
1. Define SIDS – etiology, risk factors, and epidemiology
2. Discuss Georgia’s burden of infant death due to sleep-related causes
3. Identify four barriers to back sleeping
4. Define their role as an educator to parents and caregivers about SIDS and safe sleep
5. Describe 2 ways to effectively communicate SIDS reduction message to parents and caregivers
6. List 3 critical SIDS risk reduction messages for parents and caregivers
7. List 2 components of a successful Hospital-based Safe to Sleep Program

Conflict of Interest Disclosures:
• Planners and presenters have no conflicts of Interest
• No Commercial Support or Sponsorship is provided
Trend Over Time

Source: CDC WONDER, Mortality Files
As of 2014, Georgia averaged 3 infant deaths per week due to sleep-related causes. The majority of these deaths were preventable.
Terms

- SIDS: Sudden, unexplained death of a baby younger than 1 year of age that does not have a known cause after a complete investigation (complete autopsy, examination of the death scene, and review of the clinical history).

- SUID: Death of an infant less than 1 year of age that occurs suddenly and unexpectedly. After a full investigation, these deaths may be diagnosed as suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, cardiac arrhythmias, trauma (accidental or non-accidental), or SIDS.

- In some cases—where the evidence is not clear or not enough information is available—the death is considered to be of undetermined cause.
Demographics/Equity

Location at time of Infant Sleep-related Death
5 Year Totals 2009-2013  n=785

<table>
<thead>
<tr>
<th>Location at Time of Death</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult bed</td>
<td>405</td>
</tr>
<tr>
<td>Crib</td>
<td>141</td>
</tr>
<tr>
<td>Couch</td>
<td>71</td>
</tr>
<tr>
<td>Bassinet</td>
<td>65</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
</tr>
<tr>
<td>Carseat</td>
<td>17</td>
</tr>
<tr>
<td>Playpen</td>
<td>14</td>
</tr>
<tr>
<td>Chair</td>
<td>11</td>
</tr>
<tr>
<td>Floor</td>
<td>9</td>
</tr>
<tr>
<td>Unknown</td>
<td>7</td>
</tr>
<tr>
<td>Waterbed</td>
<td>1</td>
</tr>
<tr>
<td>Stroller</td>
<td>1</td>
</tr>
</tbody>
</table>
Sleep-Related Deaths by Age in Months, GA, 2014, n=158

Source: GA Child Fatality Review File, 2014
SIDS/SUID Risk Factors

Commonly accepted risk factors can be grouped into 3 main areas;

– Vulnerable Infant
– Critical Development Period
– Outside Stressors
SIDS/SUID Risk Factors

**Vulnerable Infant**
- Male gender
- African American or Native American (2 x greater risk)
- Maternal age younger than 20 years old
- Maternal smoking/alcohol use during pregnancy
- Low Birth Weight (LBW) or prematurity (includes late preterm)
- Genetic abnormality

**Critical Developmental Period**
- 0-12 months; specifically during 2-4 months (89% were less than 6 months old in 2014)
- When most rapid growth happens
- Transition from intrauterine environment (newly functioning respiratory system)
SIDS/SUID Risk Factors

Outside Stressors/ Modifiable Risk Factors (exogenous stressor)

• Tummy or Side Sleeping
• Babies put on their tummies (5 x greater risk)
• Babies put on their tummies to sleep when they usually sleep on their backs (7 to 8 x greater risk)
• Bed, or other surface, sharing
• Over heating
• Soft Bedding/soft sleep surface
• Environmental tobacco smoke (2.5 x greater risk)
• Alcohol or drug use in caregiver
• Late or no prenatal care
ASSB Mechanisms

- Suffocation
- Overlaying (rolling on top of or against baby while sleeping)
- Wedging or entrapment between mattress and wall, bed frame, furniture
- Strangulation
Level A Recommendations

• Back to sleep for every sleep.
• Use a firm sleep surface.
• Breastfeeding is recommended. – Recommendation elevated from #8 to #3
• Room-sharing with the infant on a separate sleep surface is recommended. - Clarified by using “separate sleep surface” and eliminated any mention of “bed sharing” although, it is discussed in the document at length
• Keep soft objects and loose bedding away from the infant’s sleep area. - Clarified by using “sleep area” instead of just “crib”
• Consider offering a pacifier at naptime and bedtime. - Recommendation elevated from #9 to #6
• Avoid smoke exposure during pregnancy and after birth.
• Avoid alcohol and illicit drug use during pregnancy and after birth.
• Avoid overheating.
• Pregnant women should seek and obtain regular prenatal care. - Lowered from #5 to #10
• Infants should be immunized in accordance with AAP and CDC recommendations. - Moved from Level B to Level A
• Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
• Health care providers, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk-reduction recommendations from birth. – Recommendation elevated from Level C to Level A
• Media and manufacturers should follow safe sleep guidelines in their messaging and advertising. – Recommendation elevated from Level C to Level A
• Continue the “Safe to Sleep” campaign, focusing on ways to reduce the risk of all sleep-related infant deaths, including SIDS, suffocation, and other unintentional deaths. Pediatricians and other primary care providers should actively participate in this campaign.
The ABC’s of Safe Sleep

[A lone, B ack, C rib]

A. Alone – Babies need their own sleep space.

B. Back – Babies sleep safest on their backs. Every sleep. Every nap. Every time.

C. Crib – Babies need a firm mattress with a tight fitting bottom sheet, made specifically for the crib. No blankets, quilts, crib bumpers or toys.
Why Focus on Hospitals?

• We want every parent with a newborn to hear correct, consistent messaging and to also, see it being modeled while in the hospital.
  – 2009 Study showed that although 72% of nurses knew back sleeping was protective of SIDS; only 30% regularly placed infant on their backs
  – Parent’s are 3x as likely to follow if they see what they hear.
  – Interventions are inexpensive
  – Staff more likely to talk to parents when educated themselves
An Example from a Hospital in Georgia

<table>
<thead>
<tr>
<th>Status of the Infant</th>
<th>Pre/Post-Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping on Back in Crib</td>
<td>54%</td>
</tr>
<tr>
<td>Sleeping on Side in Crib</td>
<td>20%</td>
</tr>
<tr>
<td>Sleeping on/in Caregivers Bed</td>
<td>10%</td>
</tr>
<tr>
<td></td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>0%</td>
</tr>
</tbody>
</table>
Safe to Sleep Campaign
Hospital Initiative
1 - Policy & Education

2 - Infant “This Side Up” Gown
Safe and Snug Board Book
Travel Bassinet
As of today, we have 78 out of 78 birthing centers participating.
What About NICU Babies?

- Preterm infants are at increased risk of sleep-related deaths
- AAP recommends that preterm infants be placed on their back as soon as medically stable
  - Well in advance of discharge home
  - By 32 weeks postmenstrual age
- Make a point of educating families on the new position and why back sleeping is important

What About Reflux?

- **All** babies reflux
  - *Babies have protective mechanisms to keep their airway safe*
  - *The back position is still the safest*
- Elevating the head of the bed is not recommended¹
  - *Does not help reflux*
  - *Baby may slide to foot of bed and compromise airway*

- **Rare** exceptions: example—compromised airway protective mechanisms (such as grade 3-4 laryngeal cleft before surgical repair)

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Steps to Implement Safe to Sleep in the NICU/Special Care Nursery

1. Staff education – Online CE course or a self-designed training
2. Define NICU Therapeutic Positioning and when it should be used (and not used)
3. Clearly establish the guidelines for changing to safe sleep
4. Use a “safe to sleep” crib card as a reminder to staff that baby is ready to follow the ABCs.
5. Offer SIDS education, in hospital, to all parents via a video, one on one training or other appropriate method.
6. Provide take home education to all parents.
7. Utilize crib audits to monitor staff/caregiver compliance, follow up as necessary
   • Optional: Display policy for staff as a reminder
     • Add yearly safe sleep training to nursing competencies.
My mom doesn't want your advice
<table>
<thead>
<tr>
<th>Situational Care</th>
<th>Preference</th>
<th>Misconceptions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenient for breastfeeding</td>
<td>Infant &quot;doesn't like&quot; crib</td>
<td>Fear of &quot;crib death&quot;</td>
</tr>
<tr>
<td>Soothing a crying baby</td>
<td>Parents prefer having infant in bed</td>
<td>Excess bedding &amp; positioners to &quot;protect&quot; infant</td>
</tr>
</tbody>
</table>
Risk reduction is a behavioral change concept.

- Individuals make their own choices about what they are willing/able to change.
  - Informed choice is our goal.
Our new “Norm” for comfort

Cold
Sad
Lonely
Abandoned

Happy
Comfortable
Safe
Loved
Example: Addressing Concerns

Choking Concerns

Upper Respiratory Anatomy
Trachea = Airway • Esophagus = Goes to Stomach

Less Risk of Choking
Gravity helps keep food and liquid out of trachea (airway).

Greater Risk of Choking
Gravity draws food and liquid into the trachea (airway).

We Protect Lives.
Safe and Effective Ways to Bond

- Breastfeed your baby (protects against SIDS, too)
- Read, sing, or talk to your baby
- Hold and snuggle your baby while awake
- Supervised tummy time
- Engage in eye contact
Any Questions or Concerns?

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