New York State Department of Health (NYSDOH)

Infant Safe Sleep Toolkit

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NEW YORK STATE | Department of Health

New York State nyspQc Perinatal Quality Collaborative

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NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

August 22, 2019

Dear Colleague:

Each year in the United States, there are more than 3,500 sleep-related infant deaths. Many of these deaths are preventable. To reduce the occurrence of sleep-related deaths in infants, the New York State Department of Health (NYSDOH) is pleased to present the ***NYSDOH Infant Safe Sleep Toolkit*** to assist with: improving infant safe sleep practices among birthing hospitals and community-based organizations; educating health care teams, families and caregivers; and reducing the occurrence of sleep-related infant deaths in New York State (NYS).

The NYSDOH Infant Safe Sleep Toolkit allows users to learn from participants in the NYSDOH hospital and community-based safe sleep projects by sharing relevant educational presentations from national and NYS safe sleep experts, organizational safe sleep policies, caregiver and professional education materials, data and quality improvement tools, success stories and lessons learned from project participants, web links, social media tools, and references. This toolkit is being distributed electronically to all NYS birthing hospitals and home visiting programs. It is also available on the New York State Perinatal Quality Collaborative (NYSPQC) website (www.nyspqc.org) and the NYSDOH Safe Sleep for Baby website (www.health.ny.gov/safesleep). We hope that by sharing these tools and resources, we can accelerate efforts to promote and model consistent infant safe sleep practices for families and caregivers across NYS to reduce sleep-related deaths.

Addressing factors that lead to infant mortality is central to the NYSDOH's maternal and child health initiatives. NYS is working on the forefront of national efforts to reduce sudden unexpected infant death (SUID) and racial disparities as part of the Health Resources and Services Administration Maternal and Child Health Bureau-supported Safe Sleep Collaborative Improvement and Innovation Network to Reduce Infant Mortality (IM CoIIN) led by the National Institute for Children's Health Quality (NICHQ). Previously, the NYSDOH Division of Family Health, with support from the Centers for Disease Control and Prevention and NICHQ, facilitated an infant safe sleep project working with birthing hospitals across NYS (the NYSPQC Hospital-based Safe Sleep Project www.albany.edu/sph/cphce/neo_public/safe_sleep.shtml) and a safe sleep pilot project for community-based organizations. The NYSDOH also supports NYS hospitals implementing safety bundles to improve safe sleep and breastfeeding through the National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN).

If you have questions about this toolkit or would like to contact facilities referenced herein, contact the Division of Family Health, at (518) 473-9883 or by email at NYSPQC@health.ny.gov. Thank you for your commitment to New York's families.

Sincerely,

Marilyn A. Kacica, MD

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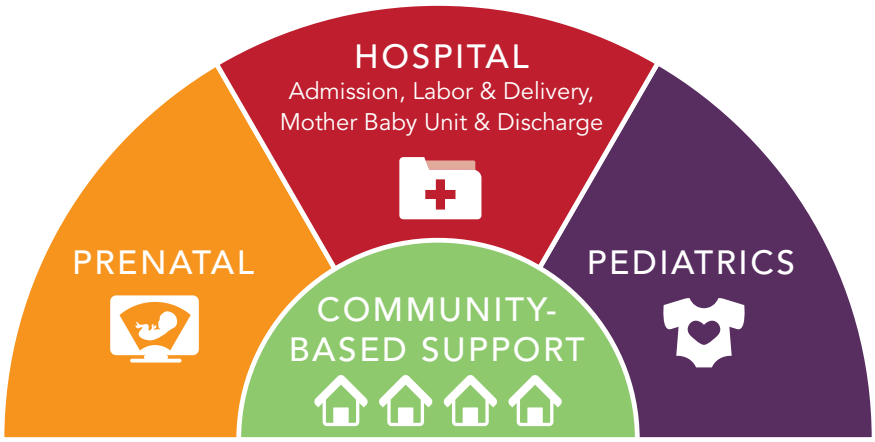
Toolkit Overview

The New York State Department of Health (NYSDOH) is pleased to present the NYSDOH Infant Safe Sleep Toolkit. The materials in the toolkit focus on improving infant safe sleep practices to reduce infant mortality and are intended for public health and health care professionals working across the perinatal continuum of care. The toolkit allows users to learn from NYS' infant safe sleep initiatives to date, as well as from participants in the NYSDOH hospital and community-based safe sleep projects.

Perinatal Continuum of Care High Level Flow Map



The diagram above shows the major components of the continuum of care from the time a woman receives prenatal care through the time she and her infant are discharged into the care of pediatrics and the community (Adapted from the National Action Partnership to Promote Safe Sleep Improvement and Innovation Network). Along the continuum of care there are countless opportunities to engage parents and caregivers in critical conversations about infant safe sleep and for professionals to model safe sleep practices. The NYSDOH Safe Sleep Toolkit provides material for prenatal care providers, hospital staff, pediatric providers and community-based organization staff.

Examples of toolkit materials across the continuum of care:

PRENATAL – caregiver education materials, infant safe sleep resources (see section 4).

HOSPITAL ADMISSION – hospital staff education materials (see section 5).

LABOR & DELIVERY – hospital safe sleep presentations and policies (see section 5).

MOTHER BABY UNIT – rooming-in and safe sleep patient room signs and crib cards (see section 5).

HOSPITAL DISCHARGE – caregiver education materials and infant safety commitment forms (see section 5).

PEDIATRICS – caregiver education materials and tips for modeling infant safe sleep images in media (see section 6).

COMMUNITY-BASED SUPPORT – Cribs for Kids® Program Registration Form and sample infant safe sleep policies for organizations (see section 6).

Toolkit Overview

The toolkit contains the following sections:

1. Introduction
2. Educational Presentations
3. Quality Improvement Tools
4. NYSDOH Infant Safe Sleep Materials
5. Hospital-based Safe Sleep Resources: New York State Perinatal Quality Collaborative (NYSPQC) Safe Sleep Project relevant presentations and resources created by participating hospitals including policies, protocols, infant safe sleep materials, and provider and patient education tools.
6. Community-based Safe Sleep Resources: NYS Safe Sleep Collaborative Improvement & Innovation Network to Reduce Infant Mortality (IM CoIIN) Safe Sleep Projects relevant presentations and resources created by participating community-based organizations including policies, protocols, infant safe sleep materials, and provider and patient education tools.
7. Data Tools
8. References
9. Web Links and Media
10. Success Stories & Lessons Learned

This toolkit is being distributed electronically to all NYS birthing hospitals and home visiting programs, and is also available on the NYSPQC website, www.nyspqc.org, and the NYSDOH Safe Sleep for Baby website, health.ny.gov/safesleep.

FROM HOSPITALS & COMMUNITY-BASED ORGANIZATIONS

Blue starred boxes throughout this toolkit feature reflections from NYS birthing hospitals' and community-based organizations' (CBO) journeys to improve infant safe sleep. The information is provided by hospitals and CBOs that have participated in the following NYSDOH infant safe sleep improvement projects:

- NYSPQC Safe Sleep Project;
- NYS Safe Sleep IM CoIIN; and
- National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN).

A complete inventory of hospital and CBO successes and lessons learned are included in **section 10**. Also look for these blue starred boxes interspersed throughout the toolkit to showcase relevant examples of successes and lessons learned.

Definitions

The terms in this section will be used throughout the toolkit. These are the definitions provided by the National Institute of Child Health and Human Development.

Infant mortality: Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births.

Sudden Unexpected Infant Death (SUID): The death of an infant younger than one-year of age that occurs suddenly and unexpectedly. After a full investigation, these deaths may be diagnosed as any of the following causes listed below.

- **Suffocation:** When no air reaches a baby's lungs, usually caused by a block in the airway.
- **Entrapment:** When a baby gets trapped between two objects, such as a mattress and wall, and can't breathe.
- **Infection:** When a baby has a cold or other infection caused by a virus or bacteria that makes breathing difficult.
- **Ingestion:** When a baby takes something into the mouth that blocks the airway or causes choking.
- **Metabolic diseases:** Conditions related to how the body functions that can lead to problems with breathing.
- **Cardiac arrhythmias:** When a baby's heart beats too fast or too slow and affects breathing.
- **Trauma (accidental or non-accidental):** When a baby experiences an injury.
- **Sudden Infant Death Syndrome (SIDS):** One type of SUID, SIDS is the sudden death of an infant younger than one-year of age that cannot be explained even after a full investigation that includes a complete autopsy, examination of the death scene, and review of the clinical history.

In some cases, the evidence is not clear or not enough information is available, so the death is considered to be of undetermined cause.

Co-sleeping: A sleep arrangement in which an infant sleeps in close proximity to another person (on the same surface or different surfaces) so as to be able to see, hear, and/or touch each other. Co-sleeping arrangements can include room sharing or bed sharing. The terms "bed sharing" and "co-sleeping" are often used interchangeably, but they have different meanings.

Room Sharing: A sleep arrangement in which an infant sleeps in the **same room** as parents or other adults, but on a separate sleep surface, such as a crib, bassinet, or play yard. The American Academy of Pediatrics (AAP) recommends that the infant's sleep surface be close to the parents' bed to aid in feeding, comforting, and monitoring of the infant. Room sharing is known to reduce the risk of SIDS and other sleep-related causes of infant death.

Bed Sharing: A sleep arrangement in which an infant sleeps on the **same surface**, such as a bed, couch, or chair, with another person. Sleeping with a baby in an adult bed increases the risk of suffocation and other sleep-related causes of infant death.

The above content is provided by the National Institute of Child Health and Human Development. Safe Sleep Basics. Common SIDS and SUID Terms and Definitions. Availalble from: https://safetosleep.nichd.nih.gov/safesleepbasics/SIDS/Common.

Background

Rationale

Deaths from Sudden Infant Death Syndrome (SIDS) have declined dramatically since 1992, when the American Academy of Pediatrics (AAP) recommended that all babies be placed on their backs to sleep. Sleep-related deaths from other causes, however, including suffocation, entrapment and asphyxia, have increased. In 2016, the AAP expanded its guidelines on safe sleep for babies (see Summary of 2016 AAP Recommendations below) with additional information for parents on creating a safe environment for their babies to sleep.[1] Unsafe sleep, however, remains the leading preventable cause of death for healthy infants.[2] There are many efforts across NYS to reduce infant sleep-related deaths by supporting caregivers and providers, and improving safe sleep practices across the perinatal continuum of care.

Summary of 2016 AAP Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of SIDS and Other Sleep-Related Infant Deaths

1. Back to sleep for every sleep.
2. Use a firm sleep surface.
3. Breastfeeding is recommended.
4. Room share, don't bed share. Infants sleep in the parents' room on a separate surface designed for infants, ideally for the first year of life, but at least for the first six months.
5. Keep soft objects and loose bedding away from the infant's sleep area.
6. Consider offering a pacifier at nap time and bedtime once breastfeeding is established.
7. Avoid smoke exposure during pregnancy and after birth.
8. Avoid alcohol and illicit drug use during pregnancy and after birth.
9. Avoid overheating and head covering in infants.
10. Pregnant women should obtain regular prenatal care.
11. Infants should be immunized in accordance with recommendations of the American Academy of Pediatrics (AAP) and Centers for Disease Control and Prevention (CDC).
12. Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
13. Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
14. Supervised, awake tummy time is recommended.
15. There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
16. Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk-reduction recommendations from birth.
17. Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.
18. 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: https://safetosleep.nichd.nih.gov/.
19. Continue research and surveillance on the risk factors, causes and pathophysiologic mechanisms of SIDS and other sleep-related infant deaths, with the goal of eliminating these deaths altogether.

Source: AAP Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2016;138(5):e20162938.

[1] Moon RY and AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2016;138(5): e20162940.
[2] CDC. QuickStats: Infant Mortality Rates for 10 Leading Causes of Infant Death-United States, 2005. MMWR Weekly. 56(42);1115. Accessed from: https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5642a8.htm.

Background

How many infant sleep-related deaths occur in NYS?

In 2016 in NYS, over 1,000 infants under one-year of age died (infant mortality rate) of 4.5 per 1,000 live births).[3] Many of these deaths are attributed to congenital abnormalities and birth defects, multiple births, prematurity and low birth weight, infections and diseases. Sleep-related infant deaths are referred to as sudden unexpected infant deaths (SUID) and are attributed to either unsafe sleep practices, Sudden Infant Death Syndrome (SIDS), or unknown (for more information, refer to Definitions). About 90 babies die each year in NYS from sleep-related causes; this is the equivalent of more than four kindergarten classrooms of children.

What is the NYSDOH doing to reduce infant mortality and promote safe sleep in NYS?

Addressing factors that lead to infant mortality is central to NYS maternal and child health initiatives. The NYS Title V Maternal and Child Health Services Block Grant (NYS Title V MCH Program) is leading statewide efforts with key stakeholders, agencies, partners and providers to reduce infant deaths and decrease economic and racial/ethnic disparities in infant mortality rates across NYS. Through a variety of focused and collective evidence-based interventions, the NYS Title V MCH Program is improving the ability of new parents to raise healthy infants by improving safe sleep practices. The NYSDOH leads efforts to improve safe sleep practices through the following strategies:

> **Promotion of the ABCs of safe sleep campaign.** In partnership with the NYS Office of Children and Family Services (OCFS), NYSDOH developed caregiver education materials highlighting the ABCs of Safe Sleep – Baby should sleep **Alone**, on their **Back**, in a safe **Crib** right from the start. In 2019, the NYSDOH updated the messaging to include: Baby should sleep in a smoke-free home. NYSDOH shared the campaign materials across the state in public locations and distributed materials to all NYS birthing hospitals. These safe sleep materials include a brochure available in thirteen languages, mirror clings, magnets, posters in English and Spanish, crib cards, and a one-minute video in English and Spanish available on the NYSDOH YouTube channel. The campaign materials are free and available to download or order from www.health.ny.gov/safesleep.

For more information about NYSDOH safe sleep materials, see section 3.

> **Participation in the national Collaborative Improvement and Innovation Network (CoIIN) to reduce infant mortality.** Since 2015, the NYSDOH has led NYS participation in two phases of the Health Resources and Services Administration (HRSA) supported Infant Mortality CoIIN, led by the National Institute for Children's Health Quality (NICHQ), and selected safe sleep as the priority strategy for NYS IM CoIIN. All IM CoIIN participants share the common agenda of ensuring every child reaches his/her first birthday and beyond. As part of the NYS IM CoIIN, the NYSDOH has engaged hospitals and community-based organizations across the state in safe sleep projects.

[3] New York State Community Health Indicator Reports. Mortality rate per 1,000 live births – Infants (<1year), 2014-2016. Available from: https://webbi1.health.ny.gov/SASStoredProcess/guest?_program=/EBI/PHIG/apps/chir_dashboard/chir_dashboard&p=it&ind_id=Ib27.

Background

More about NICHQ and NYS Safe Sleep IM CoIIN Safe Sleep Projects. The Safe Sleep IM CoIIN is led by NICHQ. In their role, NICHQ leads NYS and other state teams in their efforts to improve birth outcomes by employing their combined expertise in infant mortality reduction and technical support in testing evidence-based strategies using quality improvement methodology. In 2017, NYS was awarded funding from NICHQ for the Safe Sleep CoIIN to reduce infant mortality. This initiative builds on the work of the first phase of the NICHQ-led Infant Mortality CoIIN.

NICHQ
National Institute for Children's Health Quality

For more information about community-based safe sleep, see section 6.

> **Providing infant safe sleep resources to hospitals and community-based organizations** throughout the state to help families establish a safe sleep environment. Hospitals and organizations participating in the NYSDOH safe sleep projects received resources including wearable blankets, Sleeping Safely Starter Kits (each kit contains a portable play yard, fitted crib sheet, wearable blanket and infant safe sleep literature), and *Sleep Baby Safe and Snug* board books from the Charlie's Kids Foundation. To learn more about Charlie's Kids Foundation and the book, visit https://www.charlieskids.org.

> **Co-hosting educational presentations** for public health and health care professionals to raise awareness of the public health impact of sleep-related infant deaths in NYS and promote infant safe sleep practices.

To view these educational presentations, see section 2 of the toolkit.

> **Leading the NYSDOH infant safe sleep initiatives including:**

- **New York State Perinatal Quality Collaborative (NYSPQC) Safe Sleep Project,** an initiative which engaged 82 NYS birthing facilities to promote safe infant sleep practices during the birth hospitalization. Participating hospital teams focused on modeling safe sleep, establishing hospital safe sleep policies and improving the delivery of safe sleep education to providers and caregivers.

For more information, see section 5.

- **NYS Safe Sleep IM CoIIN Safe Sleep Projects,** initiatives which have engaged nine community-based organizations from across the state to deliver safe sleep education in homes and public spaces around the state.

For more information, see section 6.

- **NYS hospitals participating in the National Action Partnership to Promote Safe Sleep and Breastfeeding Improvement and Innovation Network (NAPPSS-IIN)** an initiative to make infant safe sleep and breastfeeding the national norm by aligning stakeholders to test safety bundles in multiple care settings to improve the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe sleep and breastfeeding.

For more information, see section 5.

NYSDOH Infant Safe Sleep Projects

NYS is working at the forefront of national efforts to reduce SUID rates and racial disparities in infant sleep-related deaths as part of the NYS Title V MCH Program. The NYSDOH Division of Family Health (DFH) leads NYS participation in the IM CoIIN alongside other state teams. As part of the IM CoIIN initiative in 2015, and with support from NICHQ, the NYSDOH DFH launched a safe sleep project working with hospitals across NYS (the NYSPQC Hospital-based Safe Sleep Project) and a safe sleep pilot project for community-based organizations (the Community-based Safe Sleep Project). The outcomes of the hospital-based and community-based safe sleep projects that ended in 2017 have been far-reaching, and the NYSDOH continues to lead the NYS Safe Sleep IM CoIIN initiative with a focus on community-based organizations.

PAST PROJECTS

NYSPQC Safe Sleep Project (2015-2017)

Since September 2010, the NYSDOH has collaborated with its Regional Perinatal Centers (RPCs), RPC affiliate birthing hospitals and NICHQ to improve and ensure the quality of obstetrical and neonatal care related to preterm births through the NYSPQC. The NYSPQC aims to provide the best, safest and most equitable care for women and infants in NYS by collaborating with birthing hospitals, perinatal care providers and other key stakeholders to prevent and minimize harm through the translation of evidence-based guidelines to clinical practice.

The NYSPQC Safe Sleep Project kicked off in September 2015. The goal of the project was to reduce infant sleep related deaths in NYS by improving safe infant sleep practices through:

- Implementation of policies to support/facilitate safe sleep practices;
- Education of health care professionals so they have the knowledge to actively endorse and model safe sleep practices;
- Education of infant caregivers so they have the knowledge, skills and self-efficacy to practice safe sleep for every sleep; and
- Collaboration across hospital teams to share and learn.

The NYSPQC recruited birthing hospitals at all levels to participate, from those that provide basic care and do not have neonatal intensive care units, to RPCs that provide care to the most critically ill women and newborns. Between September 2015, and July 2017, a total of 82 hospitals participated in the initiative, including:

- 17 RPCs;
- 29 Level III birthing hospitals;
- 15 Level II birthing hospitals; and
- 21 Level I birthing hospitals.

NYSDOH Infant Safe Sleep Projects

The NYSPQC Safe Sleep Project adapted the Institute for Healthcare Improvement model for Idealized Perinatal Care and Breakthrough Series Methodology as a framework to guide improvement. The project included: three in-person Learning Sessions; 12 Coaching Call webinars; clinical, quality improvement and technical support from faculty and clinical advisors; and monthly data collection with near real-time analysis and feedback to inform improvement efforts. Participating hospitals tested and implemented changes to achieve the following aims:

- Document safe sleep education for > 97% of caregivers prior to discharge from the birth hospitalization;
- Improve the percentage of infants placed to sleep in a safe sleep environment during the birth hospitalization; and
- Improve the percentage of caregivers reporting that they understand safe sleep educational messages prior to discharge from the birth hospitalization.

Project Measures

The NYSPQC Safe Sleep Project evaluated key performance measures, including: percent of medical records with documentation of safe sleep education; percent of infants, sleeping or awake-and-unattended in crib, in a safe sleep environment (positioned supine, in safe clothing, with head of crib flat and crib free of objects); percent of caregivers who reported they received information on how to put their baby to sleep safely; and percent of caregivers who indicated they understand safe sleep practices (infant should be alone, on his/her back, in crib, without items in a safe crib). Refer to the Data Tools section of the toolkit for more information about project measures.

As a means of assessing ongoing improvement and sustainment of in hospital infant safe sleep practices, the NYSPQC continued to collect data for one project measure beyond the project period: the percent of infants, sleeping or awake-and-unattended in crib, in a safe sleep environment. There were 67 NYS birthing hospitals that continued to submit data while the project was in sustain mode.

Project Results

Hospital submitted data showed continuous improvement throughout the project period. From September 2015, to July 2017, project participants reported:

- An 8% increase in participating hospitals' medical records indicating safe sleep education occurred during the birth hospitalization (90% to 98%);
- A 38% increase in the percent of infants, sleeping or awake-and-unattended in a crib, in a safe sleep environment during the birth hospitalization (66% to 91%);
- A 24% increase in the percent of primary caregivers indicating they understand safe sleep practices (72% to 88%); and
- Nearly all caregivers indicated they plan to practice safe sleep at home.

NYSDOH Infant Safe Sleep Projects

NYS Safe Sleep IM CoIIN Project Phase 1 (2015-2017)

For the first phase of the NYSDOH's community-based safe sleep project, under the NYS Safe Sleep IM CoIIN initiative, the Title V MCH Program engaged a total of seven community-based organizations (CBOs) from across NYS. The CBOs served high-need areas, providing home visiting services to new parents. These CBOs are contracted to fulfill several educational requirements during in-home visits, including the consistent messaging of the AAP's ABCs of Safe Sleep. For the NYS Safe Sleep IM CoIIN, the CBOs conducted surveys with postpartum mothers to assess the effectiveness of safe sleep education on caregivers' safe sleep practices in the home setting.

The NYS Safe Sleep IM CoIIN also utilized the Model for Improvement to guide its work. The CBOs participating in the initiative tested and implemented changes to achieve their aims. The project included monthly to bimonthly Coaching Call webinars, quality improvement and technical support from faculty and clinical advisors, and monthly CBO data collection with NYS Safe Sleep IM CoIIN analysis and feedback to inform improvement efforts.

The initial community-based safe sleep project took place from September 2015 through July 2017. The project aims were to:

- Decrease sleep-related SUID mortality rate by 10% from 40 per 100,000 live births in 2012, to 36 per 100,000 births in 2016;
- Reduce relative disparities in sleep-related SUID deaths between non-Hispanic Blacks and non-Hispanic White infants by decreasing the rate ratio by 10% from 2.1 in 2012, to 1.9 in 2016; and
- Increase the proportion of infants placed on their backs for sleep by 10% from 70% in 2011, to 77% in 2016.

Project Measures

The NYS Safe Sleep IM CoIIN evaluated key safe sleep measures developed by the national IM CoIIN. Measurements were used to determine if the education was effective at altering parent/caregiver behavior, moving the teams towards their desired aims. The three key safe sleep measures for IM CoIIN included: percentage of infants sleeping on back; percentage of infants sleeping alone – always; percentage of infants sleeping in a crib.

Project Results

At the end of the first phase of the community-based safe sleep project period in 2017, project participants reported sustained shift throughout the project for the following measures:

- Infant sleeping alone in his/her own crib;
- Mothers remember being told to place infants on their backs for sleep; and
- Mothers remember being told to room share.

NYSDOH Infant Safe Sleep Projects

CURRENT INITIATIVES

NYS Safe Sleep IM CoIIN Phase 2 (2018-2020)

The NYSDOH continues to participate in the second round of the national Safe Sleep IM CoIIN, with a focus on community-based organizations, particularly Health Start and Maternal and Infant Community Health Collaboratives (MICHCs), and reducing disparities in infant mortality through the promotion of infant safe sleep. NYS is working on this national project in partnership with several other states, under the leadership of NICHQ. The second phase of the NYS Safe Sleep IM CoIIN built off the first phase of the community-based safe sleep project and, like previous safe sleep projects, uses the Model for Improvement. The project included monthly to bimonthly Coaching Call webinars, quality improvement and technical support from faculty and clinical advisors, and monthly CBO data collection with NYS Safe Sleep IM CoIIN analysis and feedback to inform improvement efforts.

Since October 2018, a total of six community-based organizations are participating in the project from across the state: Bronx, Staten Island, Queens, Manhattan, Syracuse, and Binghamton. Each participating pilot organization has received safe sleep resources including Sleeping Safely Starter Kits (which each included a portable play yard, fitted crib sheet, wearable blanket and infant safe sleep literature). The NYSDOH also sent pilot organizations and all NYS home visiting programs sleep sacks and Sleep Baby Safe and Snug board books.

The central goals of the NYS Safe Sleep IM CoIIN include: implementing policies to support/facilitate safe sleep practices; educating health care professionals so they understand, actively endorse and model safe sleep practices; providing infant caregivers with education and opportunities so they have the knowledge, skills and self-efficacy to practice safe sleep for every sleep; and collaborating across teams to share and learn.

By 2020, the NYS Safe Sleep CoIIN aims to:

- Decrease SUID rates by ≥10% in NYS by increasing adoption of the ABCs of safe sleep (alone, on back, in crib); and
- Reduce racial disparities in infant safe sleep practices by ≥5%.

Project Measures

The project evaluates key performance measures, including: percent of infants laid down to sleep alone; percent of infants laid down to sleep on their back; and percent of infants laid down to sleep in a crib.

NYSDOH Infant Safe Sleep Projects

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN) (2017-2022)

NAPPSS-IIN is an initiative to make infant safe sleep and breastfeeding the national norm by aligning stakeholders to test safety bundles in multiple care settings to improve the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe sleep and breastfeeding. This project is led by NICHQ and funded by the Health Resources and Services Administration Maternal and Child Health Bureau. In 2017, the project started with five pilot hospitals in five states, including NYS. In 2019, the initiative expanded to include additional hospitals, and will expand to include social service agencies and childcare touch points across the country by 2022. An initial coalition of 70 stakeholder organizations will be expanded to support the initiative.

The NYSDOH used NYSPQC Safe Sleep Project data and NYS administrative data related to safe sleep and infant mortality to identify and recruit hospitals to participate in the initiative. NYS's representative hospital for Cohort A is New York Presbyterian – Lawrence, and the NYSDOH has recruited two additional hospitals to participate in Cohort B: Crouse Hospital and Montefiore Medical Center, Wakefield Division. The NYSDOH facilitates quarterly meetings with statewide and national safe sleep and breastfeeding stakeholders to disseminate, spread and scale best practices to improve safe sleep practices and breastfeeding rates, and reduce disparities in both areas.

Learn more about the national NAPPSS-IIN project: http://www.nappss.org/.

NICHQ National Institute for Children's Health Quality

NAPPSS National Action Partnership to Promote Safe Sleep
A Wake-Up Call to Safeguard Sleeping Infants

May 2019 was Designated as Infant Safe Sleep Month in NYS

Press Release: New York State Proclaims May Infant Safe Sleep Month To Raise Awareness of Safe Sleep Practices for Babies

State Agencies Will Distribute 10,000 Safe Sleep Kits to Families of the Newest New Yorkers

The New York State Office of Children and Family Services (OCFS) and New York State Department of Health (DOH) today announced that May is Infant Safe Sleep Month to promote safe sleep practices and help New Yorkers prevent infant deaths from unsafe sleep environments. As announced in the Governor's State of the State, OCFS and DOH will provide 10,000 safe sleep kits to hospitals, local social services districts, and community-based organizations statewide to promote safe sleep education.

Each year in the United Sates, nearly 3,500 infants die in unsafe sleep environments. The Governor has directed DOH and OCFS to launch the statewide public awareness campaign to spread the word about preventing such tragedies. The safe sleep kits contain information on the ABC's of safe sleep: babies are safest Alone on their Backs in a Crib, with a book for parents and a window cling to remind caregivers of safe sleep practices. It also contains an infant sleep sack, a safe alternative to a blanket.

"Every parent should know the ABC's of safe sleep: infants sleep safest when they are Alone on their Backs in a Crib without blankets, pillows, bumpers, or stuffed animals," said acting OCFS Commissioner Sheila J. Poole. "Sleep-related deaths are preventable, and this campaign will give parents and other caregivers the tools and information they need to keep their babies safe."

The state is running infant safe sleep public service announcements in English and Spanish at New York State Thruway rest stops; Department of Motor Vehicles offices; Women, Infant, and Children centers; and other public settings.

New York State has seen a 26% decrease in infant mortality over the past 15 years. Educational campaigns, such as this initiative, help the state build upon the success of promoting safe sleep. OCFS and DOH are working in partnership with sister state agencies including the Office of Temporary Disability Assistance and the State Education Department to inform and educate the public.

"Education is our best tool in fighting the tragic consequences of Sudden Unexplained Infant Death Syndrome," said New York State Commissioner of Health Dr. Howard Zucker. "Ensuring that families and caregivers know the basics of safe sleep practices is a key part of supporting infant health."

In addition to the safe sleep campaign, OCFS will be distributing cribs and pack and play portable cribs to family child care programs and day care centers throughout the state in the continued effort to reduce infant mortality rates due to unsafe sleep practices. For more information on safe sleep please visit: https://ocfs.ny.gov/main/prevention/infant_sleeping.asp.

Acknowledgments

Staff at the following organizations provided integral contributions to the development of this toolkit:

> NYSDOH Division of Family Health and the Office of the Medical Director

> NICHQ

> NYSPQC Safe Sleep Project hospital teams

> NYS Safe Sleep IM CoIIN teams

> NYSDOH Partner Organizations

NYSPQC Hospital-based Safe Sleep Project Teams

Adirondack Medical Center - Saranac Lake Site

Albany Medical Center

Arnot Ogden Medical Center

BronxCare Health System - Concourse Division

Canton-Potsdam Hospital

Catskill Regional Medical Center

Crouse Health

Flushing Hospital Medical Center

Glens Falls Hospital

Good Samaritan Hospital Medical Center

Good Samaritan Hospital of Suffern

HealthAlliance Hospital - Broadway Campus

Huntington Hospital

Lenox Hill Hospital

Long Island Jewish Medical Center

Maimonides Medical Center

Mary Imogene Bassett Hospital

Mercy Hospital of Buffalo

Montefiore Medical Center - Einstein Campus

Montefiore New Rochelle Hospital

Montefiore Medical Center - Wakefield Campus

Mount Sinai West

Mount St. Mary's Hospital and Health Center

Nassau University Medical Center

Newark-Wayne Community Hospital

New York-Presbyterian/Columbia University Medical Center

New York-Presbyterian/Hudson Valley Hospital

New York-Presbyterian/Lawrence Hospital

New York-Presbyterian/Lower Manhattan Hospital

New York-Presbyterian/Queens

New York-Presbyterian/The Allen Hospital

New York-Presbyterian/Weill Cornell Medical Center

Nicholas H. Noyes Memorial Hospital

North Shore University Hospital

Northern Dutchess Hospital

Northwell Health

NYC Health + Hospitals/Bellevue

NYC Health + Hospitals/Coney Island

NYC Health + Hospitals/Elmhurst

NYC Health + Hospitals/Harlem

NYC Health + Hospitals/Kings County

NYC Health + Hospitals/Lincoln

NYC Health + Hospitals/Metropolitan

NYC Health + Hospitals/Queens

NYC Health + Hospitals/Woodhull

Acknowledgments

NYU Langone Health

NYU Winthrop University Hospital

Orange Regional Medical Center

Oswego Health

Richmond University Medical Center

Rochester General Hospital

Saratoga Hospital

SBH Health System

Sisters Of Charity Hospital

South Nassau Communities Hospital

Southside Hospital

St. Anthony Community Hospital

St. Catherine of Siena Medical Center

St. John's Riverside Hospital

St. Mary's Healthcare

St. Peter's Health Partners

Staten Island University Hospital

Stony Brook Medicine

Strong Memorial Hospital

SUNY Downstate Medical Center

The Mount Sinai Hospital

United Memorial Medical Center
North Street Campus

University of Vermont Health Network Alice Hyde Medical Center

University of Vermont Health Network Champlain Valley Physicians Hospital

Vassar Brothers Medical Center

Westchester Medical Center

White Plains Hospital

Wyckoff Heights Medical Center

Community-based Safe Sleep Project Teams NYS Safe Sleep IM CoIIN (2015 - 2017)

Community Health Center
of Richmond, Inc., Staten Island

Mothers and Babies Perinatal Network,
Binghamton

Onondaga County DOH, Syracuse

Orange County DOH, Newburgh

Public Health Solutions, Queens

REACH CNY, Inc., Syracuse

Suffolk County DOH, West Islip

NYS Safe Sleep IM CoIIN Teams (2018 - 2020)

Bronx Community Health Network, Bronx

Community Health Center
of Richmond, Inc., Staten Island

Mothers and Babies Perinatal Network, Binghamton

Northern Manhattan Perinatal Partnership, Manhattan

Public Health Solutions, Queens

REACH CNY, Inc., Syracuse

Acknowledgments

NYSDOH Partners/Partner Organizations

American Academy of Pediatrics (AAP) - District II

American Congress of Obstetricians & Gynecologists (ACOG) – District II

Centers for Disease Control & Prevention (CDC)

Charlie's Kids Foundation

Cribs for Kids Hospital Certification Program

Greater New York Hospital Association

Healthcare Association of New York State

National Institute for Children's Health Quality (NICHQ)

Neonatal Quality Improvement Collaborative of Massachusetts

NYC Department of Health & Mental Hygiene

NYS Academy of Family Physicians

NYS Department of Health

NYS Department of Motor Vehicles

NYS Education Department

NYS Office of Addiction Services and Supports (OASAS)

NYS Office of Children and Family Services

NYS Office of Health Insurance Programs

NYS WIC Program

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All information, presentations, policies, tools and forms contained in this toolkit are provided for informational purposes only. The toolkit is not meant to provide medical advice nor is it a substitute for professional medical or clinical judgment.

If you have questions about this toolkit, contact NYSPQC@health.ny.gov.

2

Educational Presentations

The educational presentations in this section highlight events hosted between 2015 and 2017, by the NYSDOH and organizational partners to promote safer sleep for infants in an effort to reduce infant mortality. The presentations featured national and NYS safe sleep experts.

These presentations can be used to educate hospital and community-based organization staff, public health professionals and others working to promote safe sleep practices.

Additional presentations can be found in:

· Section 5

· Section 6

· health.ny.gov/safesleep

· www.nyspqc.org

Contents Click on titles/page numbers to go to directly to each section

Infant Sleep-Related Deaths: What You Need to Know

Goodstein M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

University at Albany School of Public Health, Public Health Live! Webcast, November, 2015.
Intended audience: Public health and health care professionals.

To access the recording, visit
https://www.albany.edu/sph/cphce/phl_1115.shtml.

Goodstein M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

PUBLIC HEALTH LIVE!

Conflict of Interest and Disclosure Statements

The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity.

No commercial funding has been accepted for this activity.

Evaluations

Nursing Contact Hours, CME and CHES credits are available.

Please visit www.phlive.org to fill out your evaluation and complete the post-test.

Thank You To Our Sponsors

- University at Albany School of Public Health
- New York State Department of Health

SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

November 19, 2015

Learning Objectives

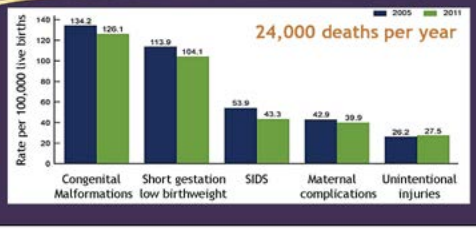
After participation in this broadcast, the learner will be able to:

- Explain the public health impact of sleep-related infant deaths in New York State and the nation
- Name the three A-B-C's of infant safe sleep
- Identify at least two elements of a safe sleep environment

Featured Speaker

Michael H. Goodstein, MD, FAAP
Attending Neonatologist, York Hospital
Clinical Associate Professor of Pediatrics, Penn State University
Medical Director of Research, Cribs for Kids ®

Leading Causes of U.S. Infant Mortality



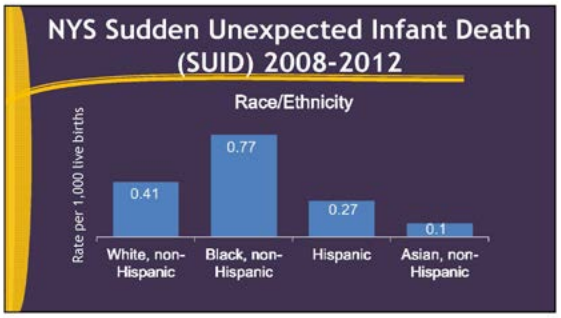
New York State Department of Health

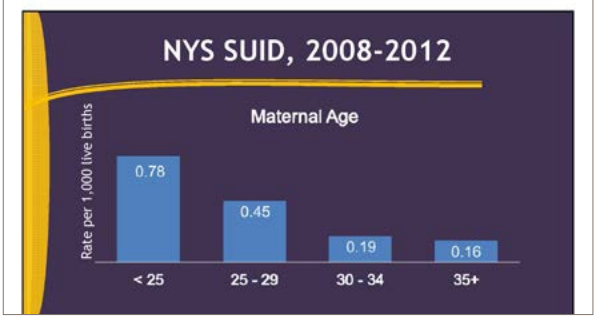
New York State nyspQc Perinatal Quality Collaborative

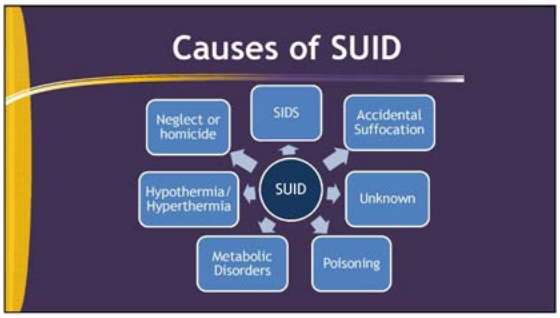
BACK TO START OF TOOLKIT
BACK TO START OF SECTION

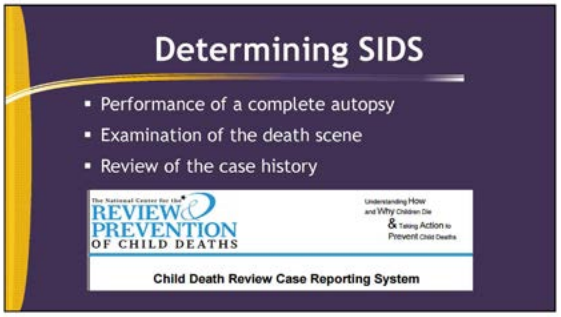
Goodstein M.

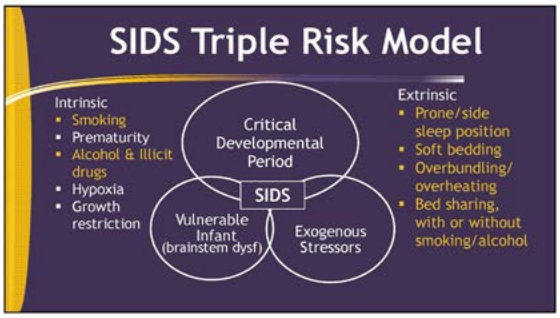
Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

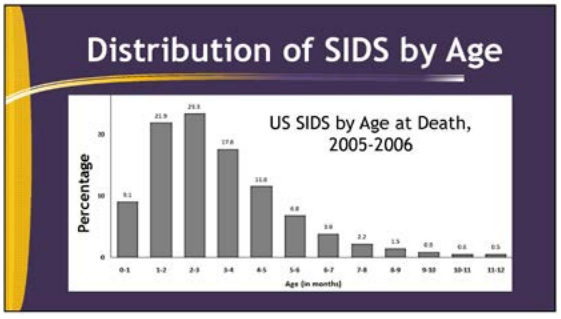


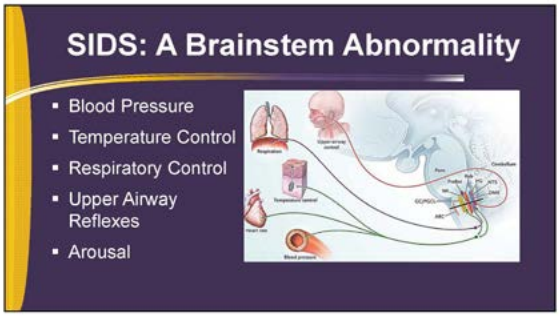










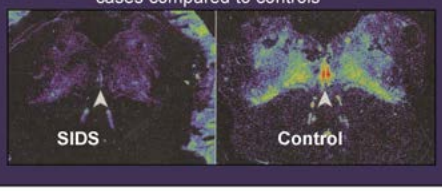


Goodstein M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

SIDS Pathogenesis

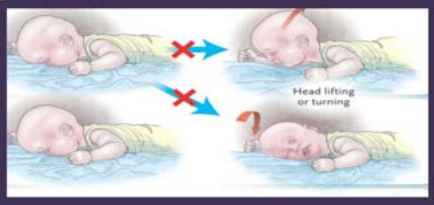
Serotonin receptor binding density lower in SIDS cases compared to controls



SIDS Pathogenesis

Step 1 Life threatening event	Asphyxia and brain hypo-perfusion
Step 2 Progressive Asphyxia	Failure of arousal
Step 3	Hypoxic coma
Step 4	Bradycardia and gasping
Step 5	Failure of autoresuscitation, resulting in death

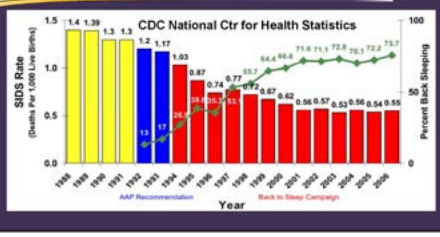
SIDS Pathogenesis



Supine Sleep and Aspiration

Orientation of the Trachea to the Esophagus

SIDS Rate and Back Sleeping 1988-2006



Setting Policy on SUID

- American Academy of Pediatrics (AAP) Policy Recommendations
  - Level A
  - Level B
  - Level C
- Policy recommendations and technical report issued by AAP SIDS Task Force in 2011

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Increasing the Risk

Chicago Infant Mortality Study

- Sleeping on soft bedding: 5x
- Sleeping on the stomach: 2.4x
- Shared a bed with other children: 5.4x
- Sleeping on the stomach on soft bedding: 21x

AAP Level A Recommendations

- Back to sleep for every sleep
- Use a firm sleep surface
- Room-sharing without bed-sharing
- Keep soft objects and loose bedding out of the crib
- Pregnant women should receive regular prenatal care
- Avoid smoke exposure during and after pregnancy

Goodstein M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

AAP Level A Recommendations

- Avoid alcohol and illicit drug use during pregnancy and after birth
- Breastfeeding is recommended
- Consider offering a pacifier at nap time and bedtime
- Avoid overheating
- Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS

AAP Level C Recommendations

- Health care professionals should endorse recommendations from birth
- Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising
- Continue research and surveillance with the ultimate goal of eliminating these deaths entirely

AAP Level B Recommendations

- Infants should be immunized in accordance with recommendations
- Avoid commercial devices marketed to reduce the risk of SIDS
- Supervised, awake tummy time is recommended to facilitate development and to minimize development of flattening of skull

The ABC's of Safe Sleep

A Alone
Not with other people, pillows, blankets, or stuffed animals.

B on my Back
Not on the stomach or side.

C in my Crib
Not on an adult bed, sofa, cushion, or other soft surface.

Overcoming Barriers To Change

What Parents Are Saying…

- Prone positioning: fear of choking
- Baby sleeps "better" on stomach
- Soft things are safer for the baby
- SIDS is "God's will"
- Why bother? Recommendations keep changing anyway
- Vigilance: sleep with baby for protection

Medical Exceptions in Hospital

- Conditions where baby may benefit from prone or side lying position
- Thermoregulation – may need extra bundling and/or hats when sleeping
- Any deviation from the AAP recommendations should prompt an explanation to the parents

TEACHABLE MOMENTS!

Urge Parents To Take Action

- Social learning theory and motivational interviewing encourages health care providers to:
  - Use a positive tone
  - Provide adequate information
  - Allow the parent to ask most of the questions
  - Promotes atmosphere of acceptance and compassion

Overcoming Barriers

- Education in the media and advertising
- Think outside the box…
- Counteract idea that SIDS is not preventable/"It's in God's hands"
- Accidental sleep death, "I don't want the baby to suffocate"

Goodstein M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

Bed Sharing With Overlay

Things You Can Do …

- Tools to cope with fussy babies
- Sleep-deprived parents may make poor judgments
- Make use of 5 S's: swaddling, side carrying, shushing, swinging, and sucking

Bed Sharing With Overlay

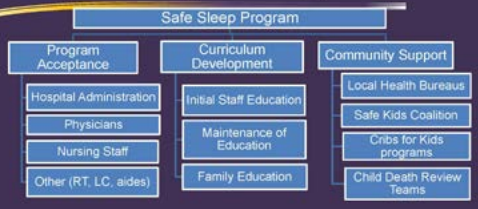
Changes To Consider

- Discuss sleep safety instead of just SIDS
- Discuss aspiration and choking concerns with parents
- Discourage use of bumper pads and other soft bedding
- Encourage room sharing without bed sharing

Hospital-Based Programs

- Capture 100% of the birthing population for education
- Point of intersection for all the members of the health care team with family members
- Nurses are critical role models
- It is efficient and cost-effective

Hospital Program Organization



A Model Program

- Replicate Abusive Head Trauma Program
- 50% reduction in shaken baby injuries
- Program Components:
  - DVD presentation on infant sleep safety
  - Face to face review with nursing staff
  - Sign voluntary acknowledgement statement

From Campaigns To Conversations

- Caregivers know the "message," but are not changing behaviors
- Caregivers report a need to understand the reasons for safe sleep recommendations
- Behavior change requires two-way communication

Goodstein M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know

Coordinated Education Works!

Tennessee	17% reduction in deaths in 1 year
South Dakota	Infant mortality rate decreased from 8.6 to to 6.5 (2013)
South Carolina	41% drop in accidental sleep-related deaths
Baltimore, MD	Lowest infant mortality rate ever recorded, recorded, decreased 28%. Racial disparity decreased almost 40%

Crib Distribution

- Patients identified by local providers
- Confirmation of pregnancy
- Personal responsibility
- Education: PNP and sleep safety
- Provide brochures, Graco Pack 'N Play (w/SKU number), crib sheet and Halo sleep sack

Cribs For Kids

- Originated in Pittsburgh in 1998
- Goal: Eliminate preventable unsafe sleep deaths
  - Disseminate information on SIDS and safe sleep
  - Distribute safe infant cribs to families in need

Cribs for Kids® Helping every baby sleep safer

National Certification Program

Rationale for a National Certification Program

- Consistent messaging and modeling
- Road map for success
- Culture of sleep safety
- Monitor progress
- Reward for achieving goals

How It Works

Certification has three levels:

School of Public Health

University at Albany, State University of New York

- **Evaluations & Continuing Education:** Nursing Contact Hours, CME and CHES credits are available. Please visit www.phlive.org to fill out your evaluation and complete the post-test.
- **Conflict of Interest Disclosure Statement:** The planners and presenters do not have any financial arrangements or affiliations with any commercial entities whose products, research or services may be discussed in this activity. No commercial funding has been accepted for this activity.

Thank you!

Eliminating Sleep-Related Deaths

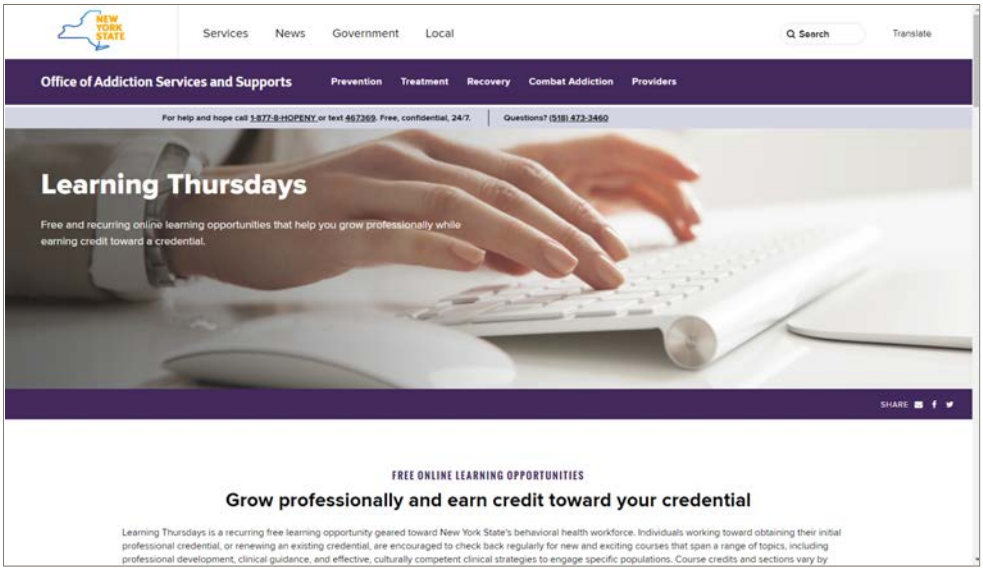
90 children = four kindergarten classrooms

Infant Sleep-Related Deaths: What You Need to Know

Goodstein M, Kacica M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know Now!

NYS Office of Alcoholism and Substance Abuse Services (OASAS) Learning Thursday Webcast, May 2017.
Intended audience: Public health and health care professionals.



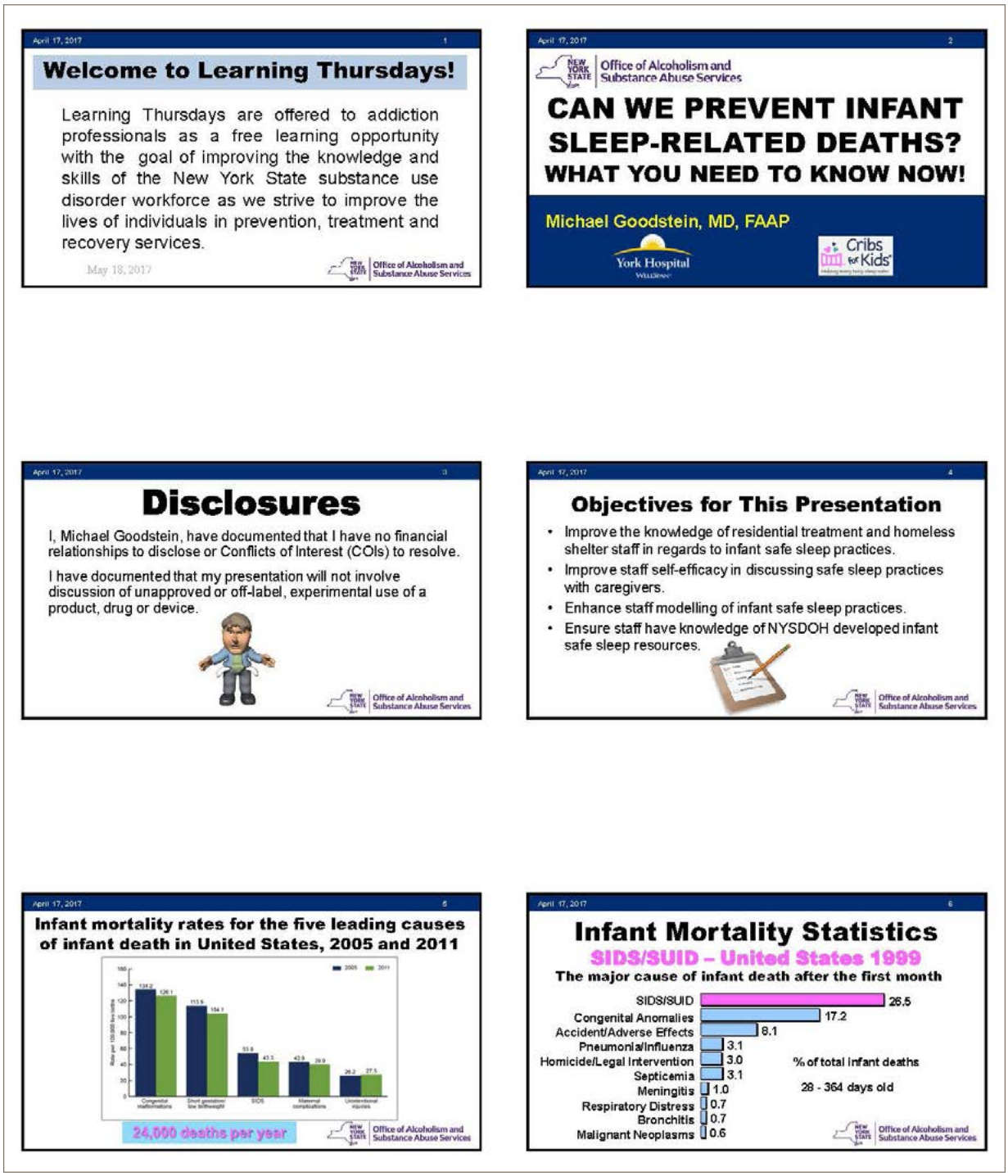
https://oasas.ny.gov/training/learning-thursdays

Education about infant safe sleep practices is important for families, and for those who work with families. The latter group may include caregivers, health care practitioners, public health professionals, substance use disorder treatment providers, and staff from organizations that house and provide services to families, such as those in residential treatment or homeless shelters. The Centers for Disease Control and Prevention estimates that approximately 3,700 U.S. babies (under one-year of age) die suddenly and unexpectedly each year. The impact on families is devastating. This webinar will review the current American Academy of Pediatrics recommendations on infant safe sleep, while improving self-efficacy for those who work with families to discuss safe sleep practices with the families they are caring for and/or providing services. The program will also enhance the knowledge and understanding of viewers so they can model infant safe sleep practices in hospitals, substance use disorder outpatient or residential treatment facilities, homeless shelters, or the home environment. Finally, information will be provided on infant safe sleep resources developed by the New York State Department of Health and New York State Office of Children and Family Services, that are free, and available for use to organizations across New York.

The NYSDOH collaborated with the NYS OASAS to develop provider training for staff of residential treatment facilities for substance abuse, as well as homeless shelters to educate providers working with families regarding the importance of safe infant sleep. Providers may include caregivers, health care practitioners, public health professionals, substance use treatment providers, and residential treatment or homeless shelter staff. The webinar has been recorded and is now available for viewing, and reviews the 2016 American Academy of Pediatrics recommendations on infant safe sleep. The OASAS Learning Thursday webinar can be accessed here: Can We Prevent Infant Sleep-Related Deaths? What You Need To Know Now!

Goodstein M, Kacica M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know Now!



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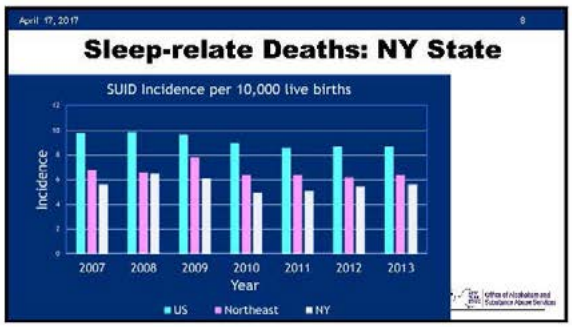

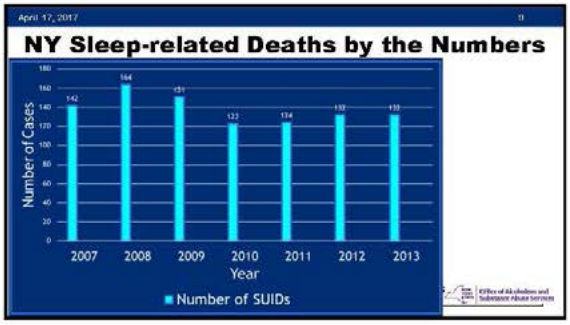

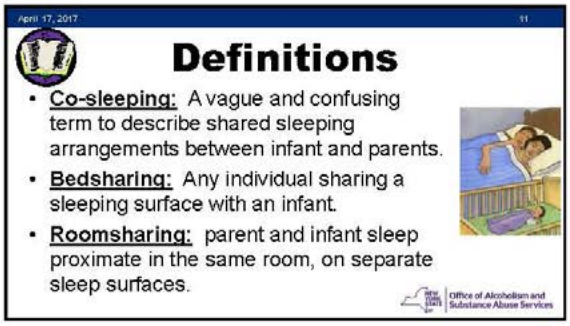

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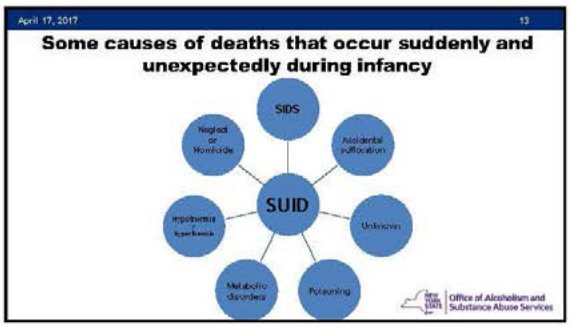

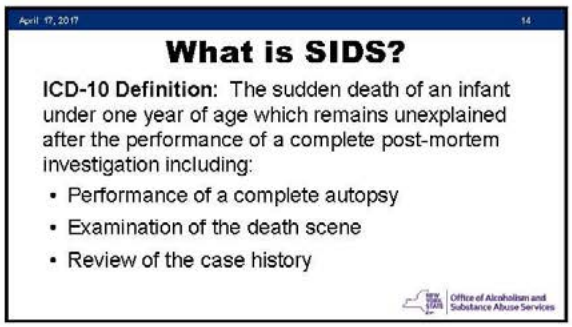

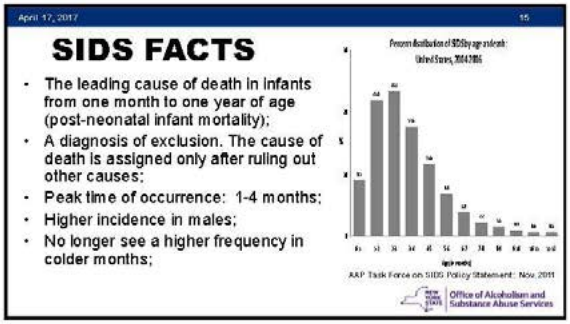

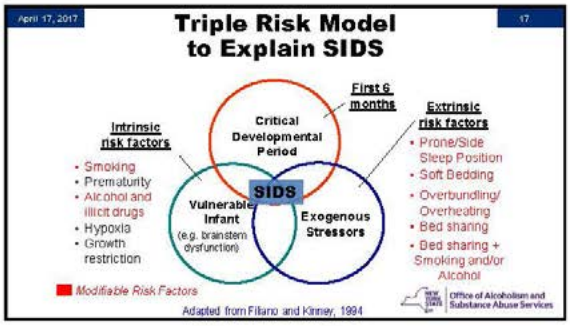

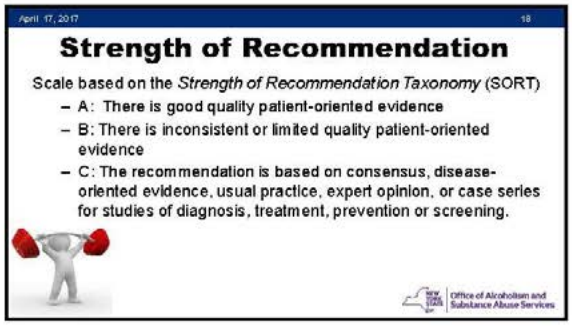

Goodstein M, Kacica M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know Now!

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In General...

- Recommendations are to reduce the risk of SIDS and sleep-related suffocation, asphyxia, and entrapment;
- Recommendations should be used consistently until 1 year of age:
  - Most epidemiological studies upon which these recommendations are based include infants up to 1 year of age.

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Why do the recommendations change?

Recommendations are not static:

- **1992**: *AAP recommended* side or back to reduce the risk of SIDS;
- **2000**: Back preferred, but side better than prone;
- **2005**: Back only.

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Risk of *Side Positioning*

- Multiple studies have demonstrated that **side position** places infant at higher risk for SIDS, than the back position;
- Recent studies **show similar risk for side** (aOR 2.0) **and prone** (aOR 2.6) **positioning** (Li, 2003; Hauck, 2002);
- **Side position** is unstable-unaccustomed prone;
- This risk did not emerge until fewer babies were sleeping **prone.**

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Change is Messy!

- Recommendations also become more nuanced:
  - AKA complicated
- Back to Sleep (simple message) has evolved to…
- Safe to Sleep:
  - Sleep position
  - Sleep location
  - Bedding
  - No smoking
  - Etc.

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2016 SIDS Task Force Policy Statement

Level A Recommendations:

- ✓ Back to sleep for every sleep;
- ✓ Use a firm sleep surface;
- ✓ Room-sharing: infant on separate sleep surface;
- ✓ Keep soft objects and loose bedding out of the crib;
- ✓ Avoid smoke exposure during pregnancy and after birth;
- ✓ Avoid alcohol and illicit drug use during pregnancy and after birth;

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2016 SIDS Task Force Policy Statement

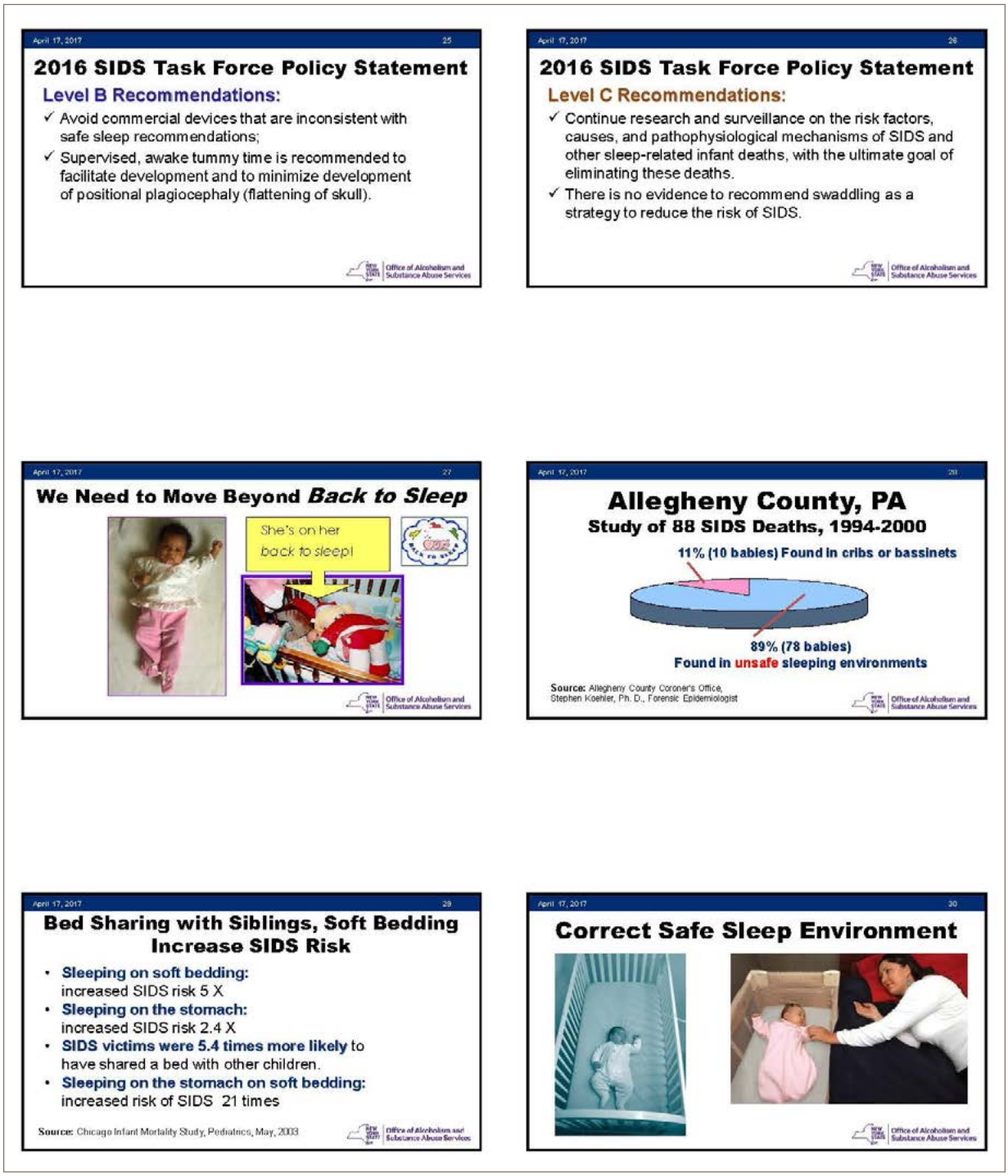
Level A Recommendations: continued

- ✓ Avoid overheating;
- ✓ Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS;
- ✓ Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse the SIDS risk-reduction recommendations from birth;
- ✓ Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising.

Office of Alcoholism and Substance Abuse Services

Goodstein M, Kacica M.

Can We Prevent Infant Sleep-Related Deaths? What You Need to Know Now!



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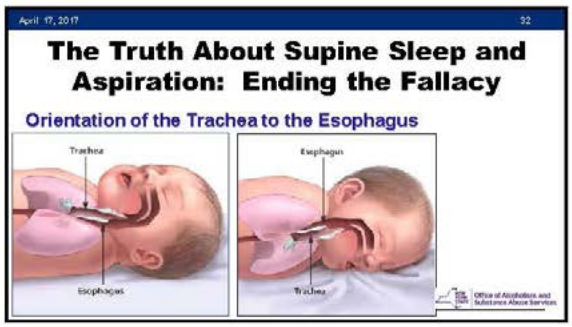

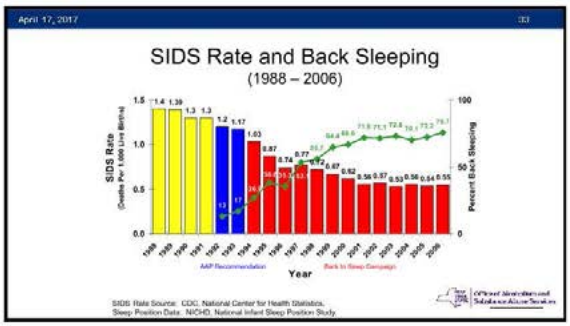

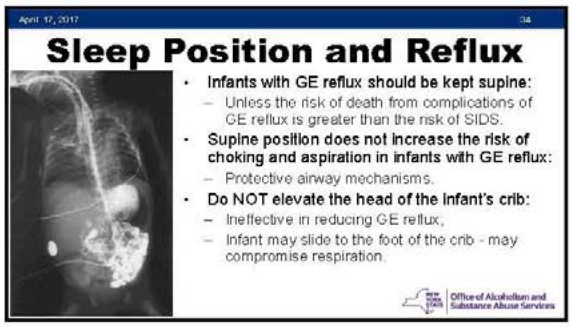

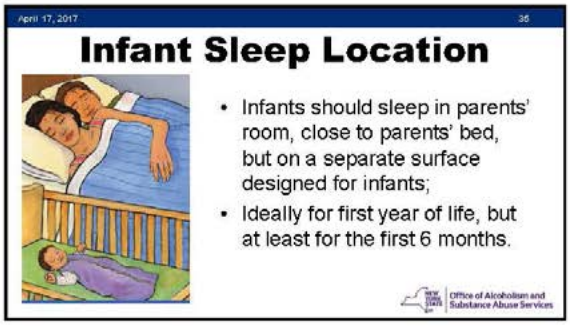

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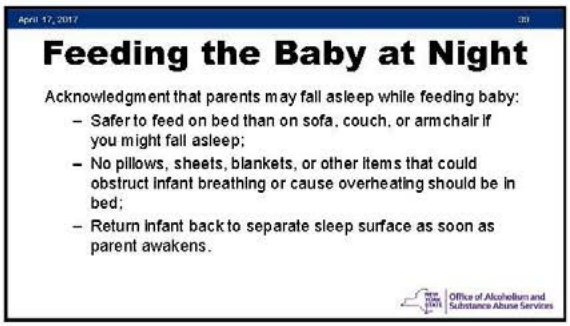

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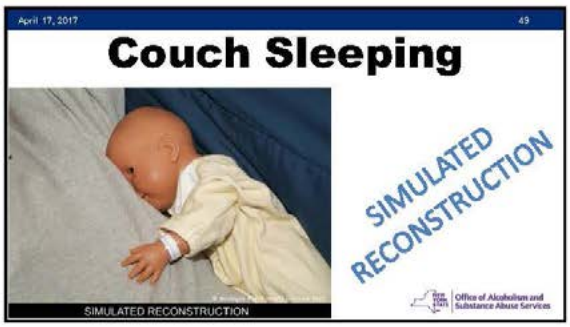

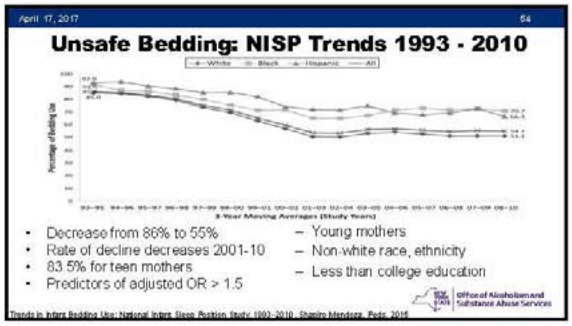

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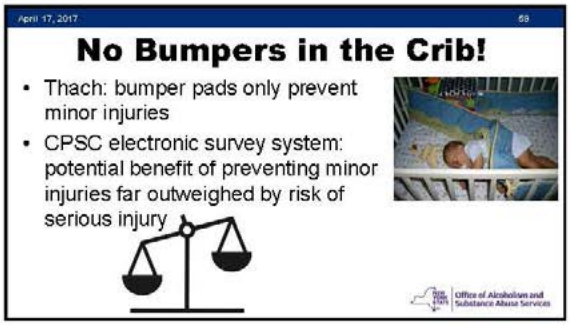

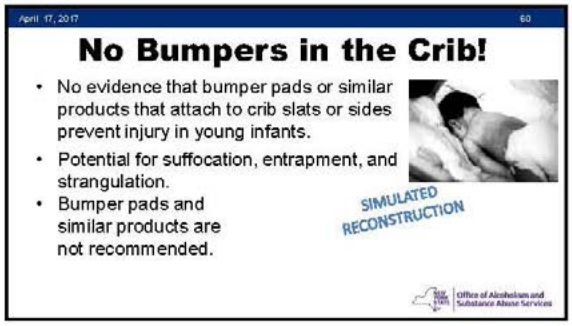

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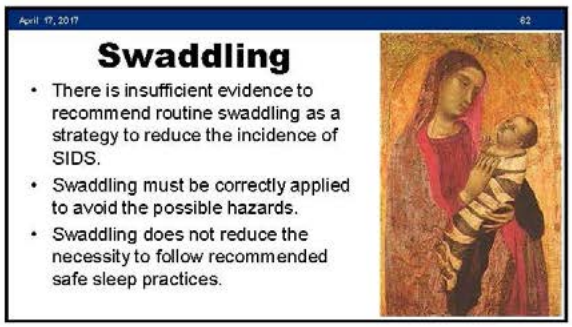

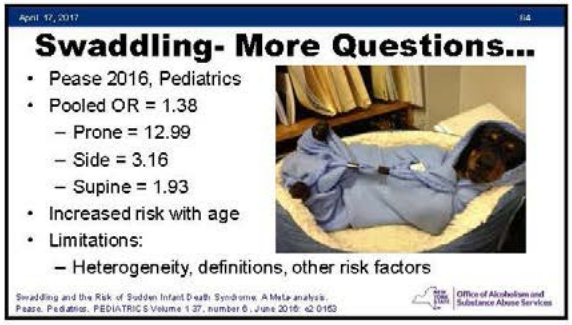

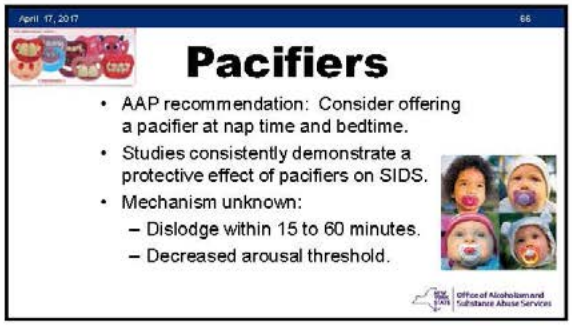

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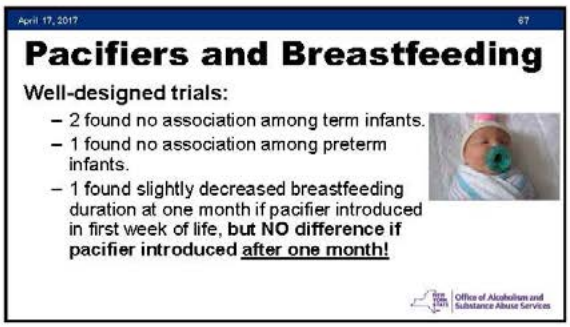

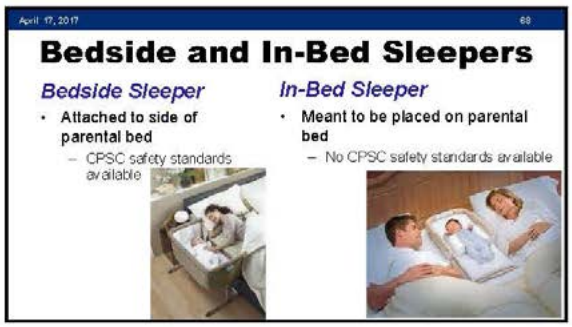

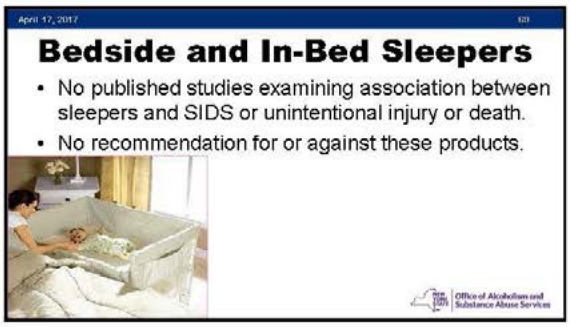

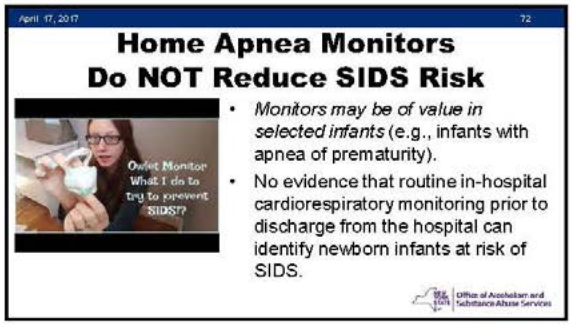

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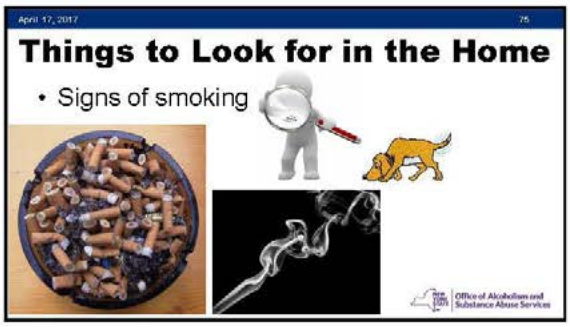

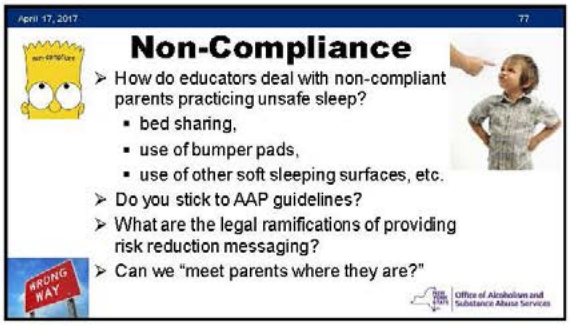

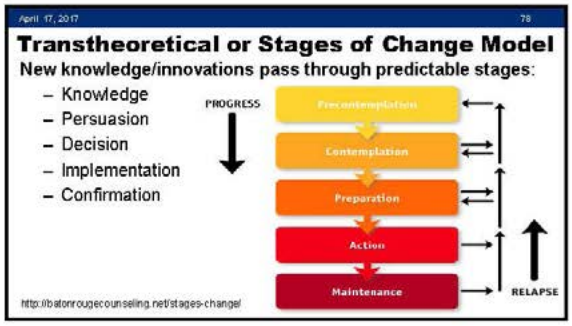

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Can We Prevent Infant Sleep-Related Deaths? What You Need to Know Now!

April 17, 2017 79

Culture Change: Know your audience!

- **Cultural competence/Cultural barriers:**
  - What are the norms/expectations?
  - Why deviate from recommendations?
  - What are the barriers?
- **Caregivers know the "message", but are not changing behaviors;**
- **Caregivers report a need to understand the reasons for safe sleep recommendations;**
- **Gaining trust:**
  - Behavior change requires two-way communication!

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Addressing *Sleep Deprivation*

- Give parents tools to cope with fussy babies…
- Sleep-deprived parents may make poor judgments…
- Make use of tools such as swaddling, side carrying, shushing, swinging, and sucking…

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Overcoming Barriers to Change: What parents are saying…

- Prone positioning: fear of choking!
- Baby sleeps "better" on stomach!
- Soft things are safer for the baby!
- SIDS is "God's will."
- Why bother? Recommendations keep changing anyway!
- Vigilance: *sleep with baby,* for protection!

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Make Use of Your Assets

- A picture is worth a thousand words!
  - Educate through images
- All politics are local!
  - Know your numbers
  - Evidence-based Medicine
- It can't happen to me!
  - Share real local stories

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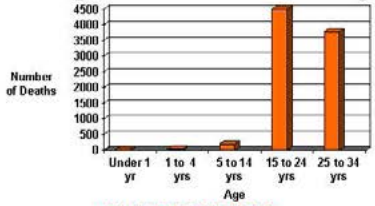
The Truth About Supine Sleep and Aspiration: Ending the Fallacy

Orientation of the Trachea to the Esophagus

April 17, 2017 84

Q. How many babies die of gunshot wounds each year?



ALMOST NONE!!

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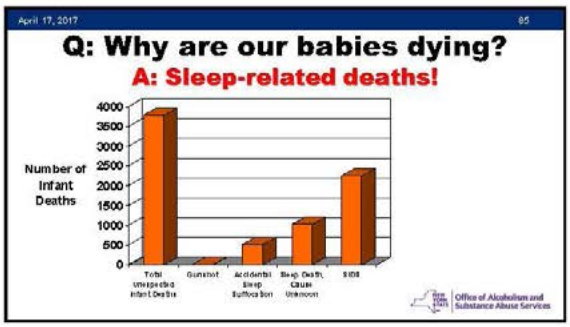

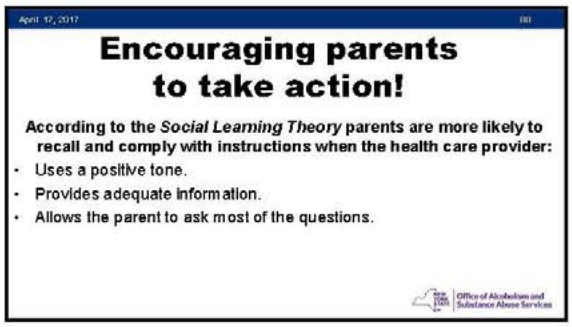

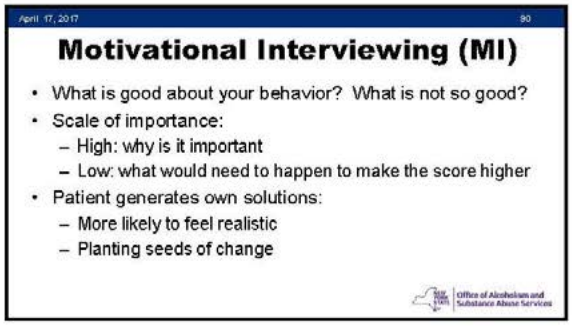

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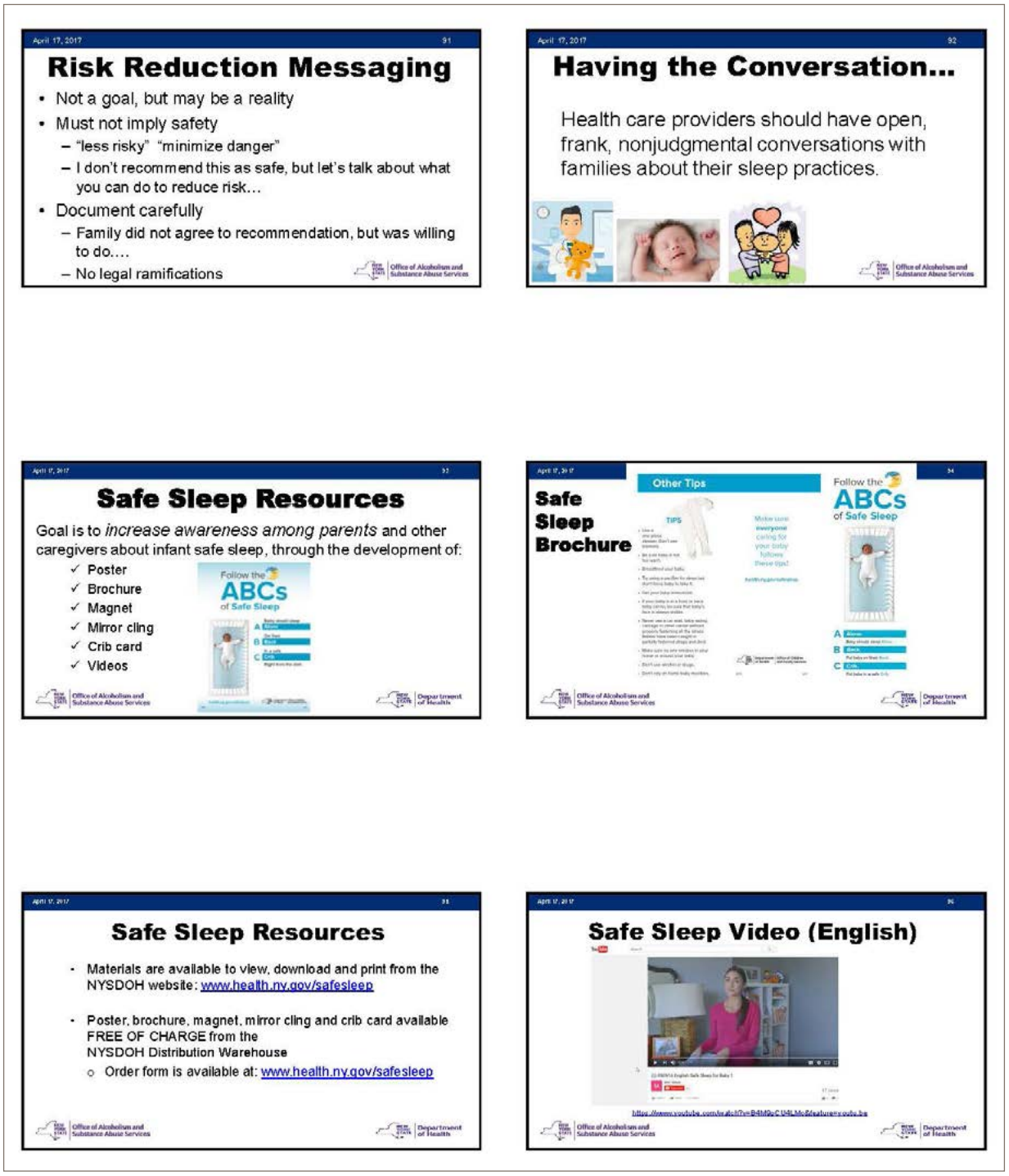

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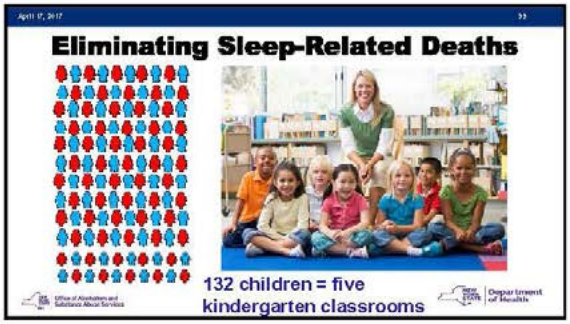

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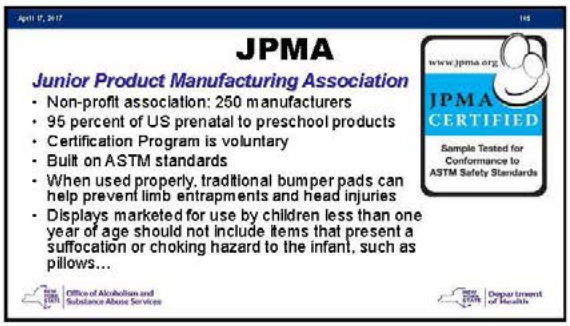

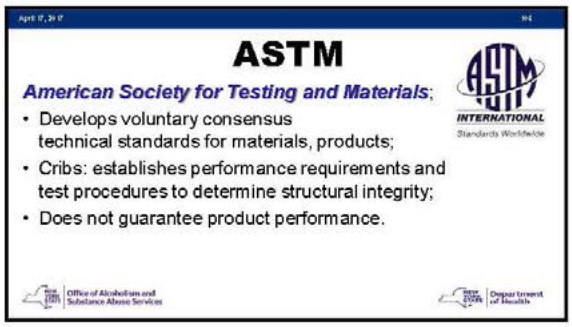

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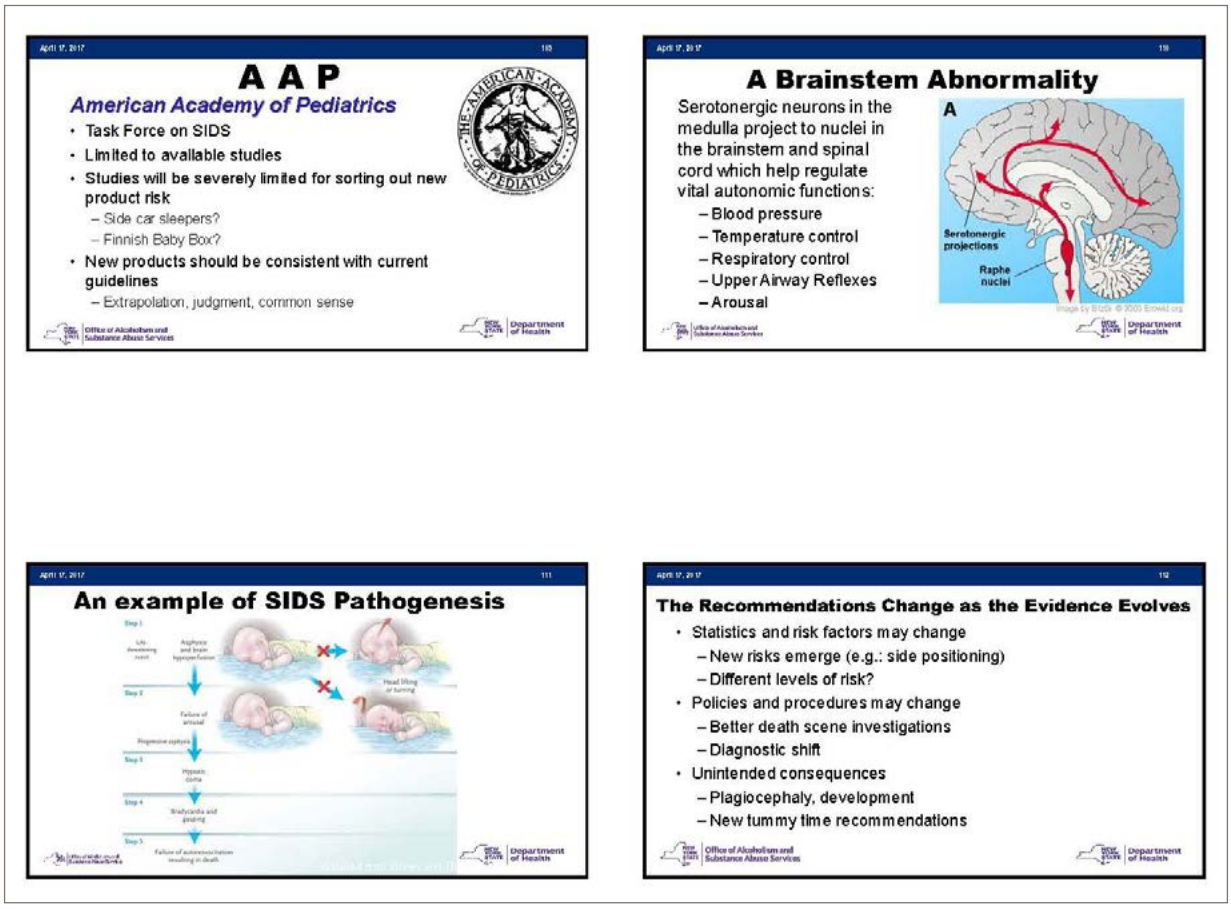

Infant Sleep-Related Deaths: What You Need to Know

Canter J. *Evidence Based Approach to Sleep Related Facililty Prevention*

NYSPQC Safe Sleep Project Learning Session. September 2015. **Intended audience:** Public health and health care professionals.

Evidence Based Approach to Sleep Related Fatality Prevention

Jennifer Canter MD, MPH, FAAP
Professor of Pediatrics, New York Medical College
Director, Child Abuse Pediatrics & Forensic Medicine
Maria Fareri Children's Hospital at Westchester Medical Center and
Westchester Institute for Human Development

maria fareri children's Hospital

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Child Abuse Pediatrician - Maria Fareri Children's Hospital

Westchester Institute for Human Development
Creating Better Futures

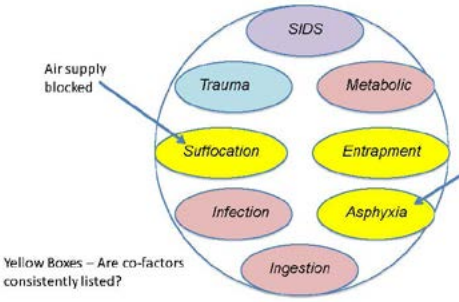
Outline

- Definitions
- Research Challenges
- Current Safe Sleep Recommendations American Academy of Pediatrics
- Hot Topics Safe Sleep Sleep Research
- Hospital Based Safe Sleep Education
- Recommendations

Definitions

- Sudden unexpected infant death (SUID) – or sudden unexpected death in infancy (SUDI) - describes **any sudden and unexpected death**, whether explained or unexplained (including SIDS), that occurs during infancy.
- Sudden infant death syndrome (SIDS) - the cause assigned to infant deaths that, after a thorough case investigation that includes a scene investigation, autopsy, and review of the clinical history **cannot be explained**.

Umbrella: SUID – Sudden Unexplained Infant Death



Yellow Boxes – Are co-factors consistently listed?

SIDS – Are investigations consistent?

Sleep Surface Sharing (Figure 9.2)

A three-month-old infant found dead in parent's bed, prone, complete investigation, autopsy, toxicology, etc., with no external causes identified except sharing the bed with the parents. If a condition such as sharing of a sleep surface (which could be a stressor or possible external cause of death) needs to be reported on the death certificate, the following format is preferred and recommended because it allows sufficient room for details and explanations.

PART I IMMEDIATE CAUSE	
A. **Sudden Unexplained Infant Death**	
B.	
C.	
PART II OTHER SIGNIFICANT CONDITIONS	
Manner of Death	How Injury Occurred
Undetermined	**Undetermined if external causes were involved. Sharing sleep surface with 2 adults**

Fig. 9.2: Note the additional explanation of a possible stressor.

From: CDC - Certification of Unexplained Infant Deaths Cause of Death and the Death Certificate

Sleep Research Challenges

Outcomes Research -

- Do we know the denominator (unsafe sleep)
- Death classification variance*
  - Terminology
  - Negative autopsy
  - Investigative variance

Prevention research –

- Overlapping efforts
- Numbers too low for statistical significance

*Shapiro-Mendoza CK, Kim SY, Chu SY, Kahn e1358 FROM THE AMERICAN ACADEMY OF PEDIATRICS E, Anderson RN. Using death certificates to characterize sudden infant death syndrome (SIDS): opportunities and limitations. J Pediatr. 2010;156(1):38–43

Canter J. *Evidence Based Approach to Sleep Related Facililty Prevention*

Recommendation # 1 – Wholly supine until one year, side sleeping not safe

- Why:
  - Re-breathing expired gases
  - Overheating by decreasing the heat loss
  - Physical instability
- Supine sleep position does not increase the risk of choking and aspiration in infants, even those with reflux (protective airway mechanisms)
- Preemies unique issues
- Misconceptions about side sleep after birth
- Why age up to 1 year
- Why is side sleep highest risk

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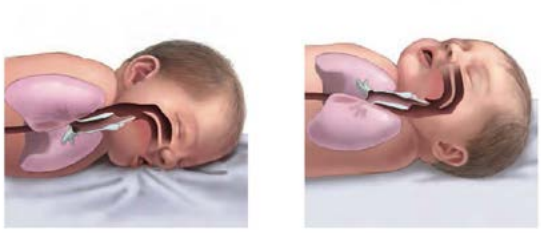
Challenges to Wholly Supine Recommendation

1. Concern for aspiration with reflux
   - The AAP/ North American Society for Pediatric Gastroenterology and Nutrition: "infants with gastroesophageal reflux should be placed to sleep in the supine position"
2. Fear of choking/aspiration
3. Modeling
   - Hospital nurses laying baby on side/prone after birth – no evidence to support this is effective*
4. Perception that infant does not sleep well
   - Sleep for sustained periods might not be physiologically advantageous
   - Less arousal when sleeping in the prone position
   - Ability to arouse from sleep is an important protective physiologic response to stressors during sleep

Moon RY, Oden RP, Joyner BL, Ajao TI. Qualitative analysis of beliefs and perceptions about sudden infant death syndrome (SIDS) among African-American mothers: implications for safe sleep recommendations. J Pediatr. 2010;157(1):92–97.e2

Choking: Anatomy



Prone Sleeping

Supine Sleeping

Continuing Education Program of SIDS Risk Reduction. NICHD.

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Recommendation # 2 – Firm Surface

- Firm Mattress, No Gaps, Designed For Specific Product
- Fitted Bedding/Taut Firmly Attached Fabrics
- No:
  - Adult Beds
  - Dangling Cords or Wires In Proximity
  - Car safety seats, strollers, swings, infant carriers, and infant slings
- Adherence to Manufacturer's Weight Guidelines
- Sleepers that Attach to Side of Adult Bed no data to support safety improved, risk for infant transition to bed

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Challenges to Firm Surface Recommendation

- Falling asleep in swing, car seat, etc
- Financial reasons
- Space considerations
- Parental perception that the crib is too large for the infant
- Parental misconception that "crib death" (ie, SIDS) *only occurs in cribs*
- Ease for feeding and nursing
- Modeling – family/friends, TV, advertising

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Recommendation # 3 – Room-Sharing Without Bed-Sharing

- Risks: overheating, re-breathing, airway obstruction, entrapment, falls, head covering, asphyxia, strangulation
- Separate but CLOSE: decrease as much as 50%
- Risk higher the longer the duration
- Products: sleepers attached to bed/"safe share" – not safe
- Keep twins separate
- Maternal body weight:
  - Higher weight, more co-sleeping *(Carroll-Pankhurst C, Mortimer 2001)*
  - Higher weight, *no* increased risk for SIDS *(Mitchell E, Thompson 2006)*

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Canter J. *Evidence Based Approach to Sleep Related Facililty Prevention*

Why Do Parents Bed Share?

- Parent-infant bed-sharing is common:
  - A national survey reported 45% of parents indicated sharing a bed with their infant (8 months of age or younger) at some point in the preceding 2 weeks.
  - In some racial/ethnic groups, the rate of routine bed-sharing might be higher.
- *Sheer Exhaustion*
- Nursing/feeding
  - Some behavioral studies have offer a strong case for bed-sharing's effect in facilitating breastfeeding
- Cultural and personal reasons why parents choose to bed-share include:
  - Convenience for breast or formula feeding
  - Bonding, vigilance watching child
  - Some parents will use this as a safety strategy if the infant sleeps prone or if there are environmental dangers

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Recommendation # 4 – No Soft Objects or Loose Bedding

- Risks: Suffocation, Entrapment, Strangulation, Rebreathing:
  - Increased risk up to **5-fold** independent of sleep position
  - Increased risk **21-fold** when the infant is placed prone with soft bedding
- No Soft Objects: Pillows, soft toys, quilts, comforters, bumpers, loose bedding
- Infant Sleep Clothing: appropriate size, no head covering; entrapment/overheating
- Wedges and positioning devices are not recommended, do not help with reflux, do not prevent SIDS or suffocation
- Positioning devices used in the hospital as part of physical therapy should be removed from the sleep area well before hospital discharge

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Recommendations # 5-8 – General Public Health

5. Pregnant women should receive regular *prenatal care*
6. Avoid *smoke exposure* during pregnancy and after birth.
7. Avoid *alcohol and illicit drug use* during pregnancy and after birth.
8. *Breastfeeding* is recommended.

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Recommendation #9 – Pacifier at Naptime and Bedtime

"The protective effect is still unclear, but lowered arousal thresholds, favorable modification of autonomic control during sleep, and maintaining airway patency during sleep have been proposed as possible mechanisms"

- Protective effect of pacifiers hen used at the time of last sleep (even if the pacifier falls out of infants mouth)
  - Two meta-analyses revealed pacifier use decreased the risk of SIDS by 50% to 60%
  - Two later studies not included in that meta-analyses reported equivalent or even larger protective associations
  - Two studies show that pacifier use may be most protective when used for all sleep periods.
- Reinsert when falls asleep (no force), no neck hanging device
- Finger sucking: *not* shown to have similar protective effect
- Discuss - Breastfeeding and pacifier use, dental concerns

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Recommendation # 10 – Avoid Overheating

"Avoid overheating—Although studies have revealed an increased risk of SIDS with overheating, the definition of overheating in these studies varied."

- Infant should wear one layer more than an adult would wear in the infant's environment.
- Head covering during sleep is of particular concern with respect to overheating.
- Room ventilation is important; temperature in the room, air flow in the room.
- Use of fans is not proven to reduce the risk of SIDS.
- Sweating and/or infant's chest feeling hot to touch are signs of overheating.
- Prone - higher risk of overheating but it is unclear if overheating alone is an independent factor or merely a reflection of the increased risk of SIDS and suffocation associated with other risk factors e.g. use of blankets, toys, etc. in sleeping area.

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Swaddling – Where are We Headed?

- NOT a risk reduction strategy for SUID/SIDS
- Some data shows that there can be a higher risk of SIDS dependent upon infant positioning with swaddle
- Impaired arousal – harder to wake*
  - Swaddling decreases startling, increases sleep duration, and decreases spontaneous awakenings.
  - Thus, although swaddling clearly promotes sleep and decreases the number of awakenings, the effects on arousability to an external stimulus remain unclear.

*Franco et al. Arousal from sleep mechanisms in infants. Sleep Medicine. 2010;11 :603-614.

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Canter J. *Evidence Based Approach to Sleep Related Facililty Prevention*

Recommendations # 11-13 – Immunizations and Commercial Devices

11. Immunization and regular well-child checks - There is no evidence that there is a causal relationship between *immunizations* and SIDS. Indeed, recent evidence suggests that immunization might have a protective effect against SIDS.
12. Avoid commercial devices marketed to reduce the risk of SIDS—These devices include wedges, positioners, special mattresses, and special sleep surfaces.
13. Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS. Although cardiorespiratory monitors can be used at home to detect apnea, bradycardia, and, when pulse oximetry is used, decreases in oxyhemoglobin saturation, there is no evidence that use of such devices decreases the incidence of SIDS. They might be of value for selected infants but should not be used routinely.

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Recommendation # 14 – Tummy Time

"Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly."

- Supervised, awake tummy time is recommended on a daily basis.
- Must also consider education on risk reduction for positional plagiocephaly and advice on tummy time methods.

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Recommendations # 14-16 – Targets for Risk-Reduction

14. Health care professionals, staff in newborn nurseries and neonatal intensive care nurseries, and child care providers should endorse the SIDS risk-reduction recommendations from birth.
15. Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising. Media exposures (including movie, television, magazines, newspapers and Web sites), manufacturer advertisements, and store displays affect individual behavior by influencing beliefs and attitudes. Media and advertising messages contrary to safe-sleep recommendations might create misinformation about safe sleep practices.
16. Expand the national campaign to reduce the risks of SIDS to include a major focus on the safe sleep environment and ways to reduce the risks of all sleep-related infant deaths, including SIDS, suffocation, and other accidental deaths.

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More about Media & Manufacturing

- A recent study found that, in magazines targeted toward childbearing women, more than one-third of pictures of sleeping infants and two thirds of pictures of infant sleep environments portrayed unsafe sleep positions and sleep environments.
- Media exposures (including movie, television, magazines, newspapers, and Web sites), manufacturer advertisements, and store displays affect individual behavior by influencing beliefs and attitudes.
- Frequent exposure to health-related media messages can affect individual health decisions and media messages have been quite influential in decisions regarding sleep position.
- Media and advertising messages contrary to safe sleep recommendations may create misinformation about safe sleep practices.

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Recommendation # 18 – Continue Research & Surveillance

"Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely."

- Continued research and improved surveillance on the etiology and pathophysiological basis.
- Education campaigns including innovative methods need to be evaluated and funded.
- Standardized protocols for death-scene investigations should continue to be implemented.
- Child death reviews, with involvement of pediatricians and other primary care providers, should be supported and funded.
- Improved and widespread surveillance of SIDS and SUID cases should be implemented and funded.

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Barriers to Following the Supine Sleep Recommendation Among Mothers at Four Centers for the Women, Infants, and Children Program

- Quantified barriers for using the supine sleep position, primarily in low income households and with black mothers
- Face to face interviews with 671 mothers
- Concluded that:
  - 59% of mothers reported supine, 25% side, 15% prone, and 1% other as the usual position
  - Prevalent barriers include:
    - Lack of or wrong advice (especially from female friends or relatives)
    - Knowledge and concerns about safety and comfort
    - Lack of trust in providers

Colson et al. (2004)

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Canter J. *Evidence Based Approach to Sleep Related Facililty Prevention*

Influence of Prior Advice and Beliefs of Mothers on Infant Sleep Position

- Investigated the relationship between the advice given about infant sleep position and what positions were practiced
  - Factors could affect that relationship
- Face to face interviews with 2299 mothers, primarily African American
- Concluded that:
  - "Advice for exclusively supine infant sleep position from family…doctors… nurses…or the media…was associated with usually placing an infant supine to sleep."
  - Beliefs about comfort and safety of supine position also affected sleep position
  - Additional sources of advice for supine sleep position increased the chances of using that sleep position

Table 1. Key Interview Questions

Question by Category
Usual infant sleep position
"Now I'm going to show you some pictures and give you this doll so that you can show me how you place your baby to sleep. Using the doll, please show me the position you usually place your baby to sleep, over the last 2 weeks."
Advice
"Did you get advice from family (friends, the media [television, radio, magazines, newspapers], doctors, nurses) about what position your baby should be placed to sleep?"
"Overall, what position did they recommend?"
Beliefs
"In what position do you think babies are most comfortable?"
"In what position do you think babies are most likely to choke?"

Kohorn et al. (2010)

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Maternal Assessment of Physician Qualification to Give Advice on AAP-Recommended Infant Sleep Practices Related to SIDS

- Two-fold objective:
  - Quantified degree to which mothers believe their physicians are qualified to give recommendations about safe sleep
  - Investigated the relationship between perceived competence and reports of recommended practices
- Face to face interviews with 2355 mothers
- Concluded that:
  - High physician ratings correlated with maternal reports of using recommended behaviors

Table 2. Percentage of Mothers Rating Physicians as Highly Qualified to Give Advice in Selected Topic Areas

Topic Area	No. (%) (N = 2355)
What to do when baby has a fever	2209 (94)
Whether and when to give vaccinations	2203 (94)
What and how to feed baby	1950 (83)
What position baby should sleep in	1659 (70)
Whether baby should share a bed with parent or other adult	1618 (69)
Whether baby should use a pacifier	1400 (59)

Table 3. Association of High Maternal Rating of Physician Qualification With Maternal Report of Usage of Recommended Behaviors

Usage of Recommended Sleep Behavior	Unadjusted OR* (95% CI)†	AOR‡ (95% CI)
Supine-only sleep position	2.3 (1.9–2.8)	2.1 (1.6–2.6)
Usually no bed sharing with adult	1.7 (1.4–2.1)	1.5 (1.2–1.9)
Usually use pacifier during sleep	1.2 (1.0–1.4)	1.2 (1.0–1.5)

*OR = adjusted odds ratio.
†CI = confidence interval.
‡Adjusted for study year, study site, maternal race/ethnicity, age, education, infant age, nature of physician advice, trusted source of advice.

Smith et al. (2010)

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Trends in Infant Bedding Use: National Infant Sleep Position Study, 1993–2010

- Investigated trends in bedding practices
  - Quantify the use of potentially hazardous bedding such as pillows, quilts, comforters, or loose bedding
- National Infant Sleep Position study, 1993-2010
- Concluded that:
  - Bedding use declined but remained a widespread practice (85.9% in 1993–1995 to 54.7% in 2008–2010)
  - Bedding use was also often reported in conjunction with other unsafe sleep practices
  - "For 2007 to 2010, the strongest predictors of bedding use were young maternal age, non-white race and ethnicity, and not being college educated."
- More intervention is necessary

Shapiro-Mendoza et al. (2015)

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Trends and Factors Associated With Infant Bed Sharing, 1993-2010: The National Infant Sleep Position Study

- Investigated trends of infant bed sharing
  - What factors might affect the practice
- 18,986 people given phone survey from 1993-2010
- Concluded that:
  - An average of 11.2% of participants said sharing a bed with their infant was a usual practice
  - Bed sharing increased over the study period (6.5% to 13.5%)
  - Factors associated with infant bed sharing:
    - Maternal educational level, maternal race or ethnicity, household income, region of the country, age of infant, and if the infant was full term
- Overall, these factors may help implement new intervention practices to help change behavior.

Colson et al. (2013)

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Trends and Factors Associated With Infant Sleeping Position

- Investigated trends and factors associated with choice of infant sleeping position
- National Infant Sleep Position study, 1993-2010
- Concluded that:
  - "For the 15-year period, supine sleep increased and prone sleep decreased for all infants, with no significant difference in trend by race."
  - "Choice of sleep position could be explained almost entirely by caregiver concern about comfort, choking, and advice."
  - We need to reach the populations at risk with messages that address concerns about infant comfort and choking

Colson et al. (2009)

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Integration and Collaboration

New York State Perinatal Quality Collaborative (NYSPQC):

- To provide the best and safest care for women and infants by preventing and minimizing harm through the translation of evidence-based practice guidelines to clinical practice.

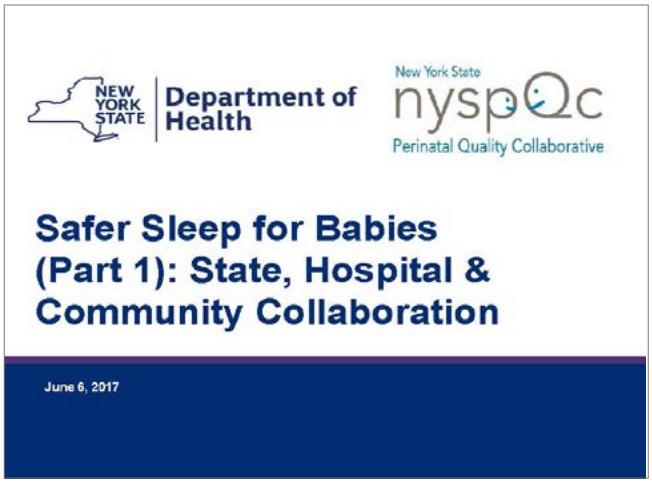
NYSPQC Safe Sleep Project will focus on improving safe sleep practices to reduce infant mortality

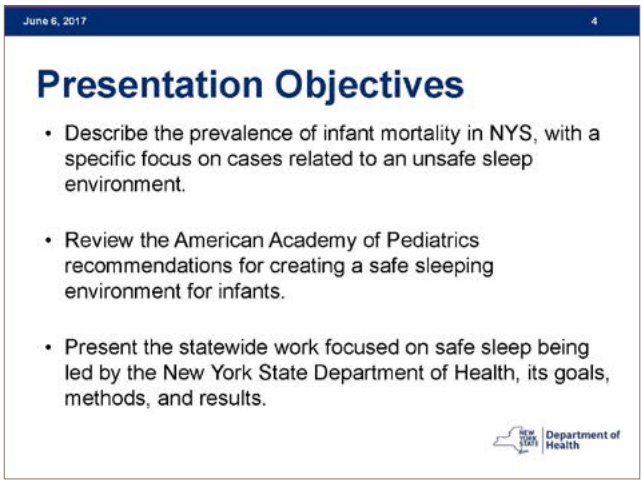
- Collaborating across hospital teams to share and learn;
- Implementing policies to support/facilitate safe sleep practices;
- Educating health care professionals so they understand, actively endorse and model safe sleep practices; and
- Providing infant caregivers education and opportunities so they have the knowledge, skills and self-efficacy to practice safe sleep for every sleep.

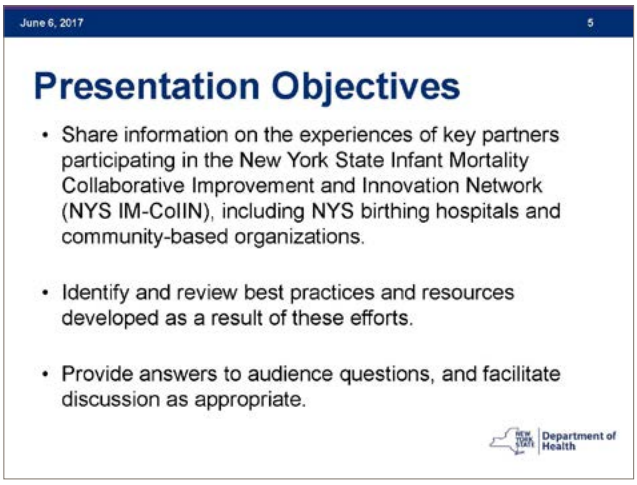
State, Hospital & Community Collaboration

Kacica M, Lawless K, Grippi C, Crockett E. *Safer Sleep for Babies (Part 1): State, Hospital and Community Collaboration*

New York State Perinatal Association Conference, Albany, NY, June 2017. **Intended audience:** Perinatal health care professionals.







Kacica M, Lawless K, Grippi C, Crockett E. *Safer Sleep for Babies (Part 1): State, Hospital and Community Collaboration*

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Infant Mortality in NYS

- Infant mortality, or the death of infants under one year of age, is a fundamental indicator for the overall health and wellbeing of a community.
- NYS has made progress by reducing its infant mortality rate from:
  - 6.0 deaths per 1,000 live births in 2002, to
  - 4.5 deaths per 1,000 live births in 2014.

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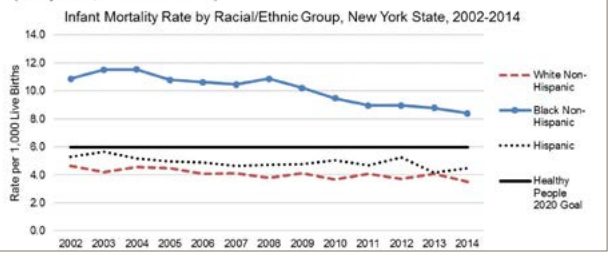
Infant Mortality in NYS

- There are major racial and ethnic disparities in infant mortality rates.
- In 2014, the mortality rate among infants born to Black, non-Hispanic mothers (8.4 per 1,000 live births) was more than twice as high as the rate for infants born to White, non-Hispanic mothers (3.5 per 1,000 live births).



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Infant Mortality in NYS

- Sudden unexpected infant death (SUID) is the death of an infant less than one year of age that occurs suddenly and unexpectedly where the cause of death is not immediately apparent prior to the investigation.
- SUID includes deaths resulting from:
  - Sudden Infant Death Syndrome (SIDS);
  - **Sleep-related causes of infant death including accidents related to where or how the infant slept, such as suffocation, entrapment, or strangulation**; or
  - Unknown causes of death.

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Infant Mortality in NYS

- The ~100 infants who died suddenly and unexpectedly in New York State during 2014, are enough to fill five kindergarten classrooms.

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American Academy of Pediatrics (AAP) Recommendations

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AAP Recommendations


SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment

AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 2016;138(5):e20162938

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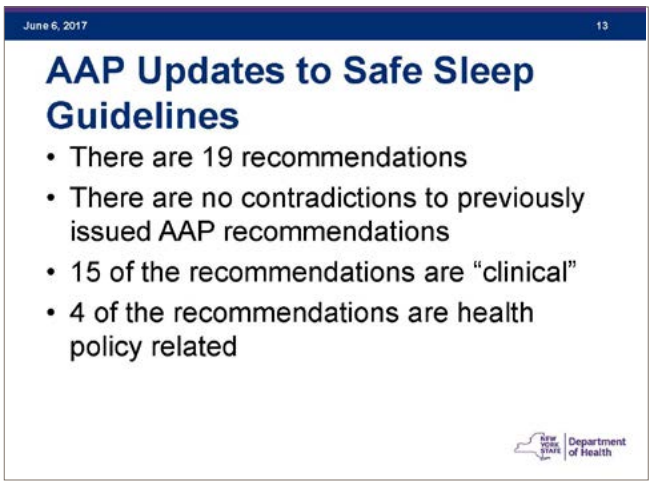

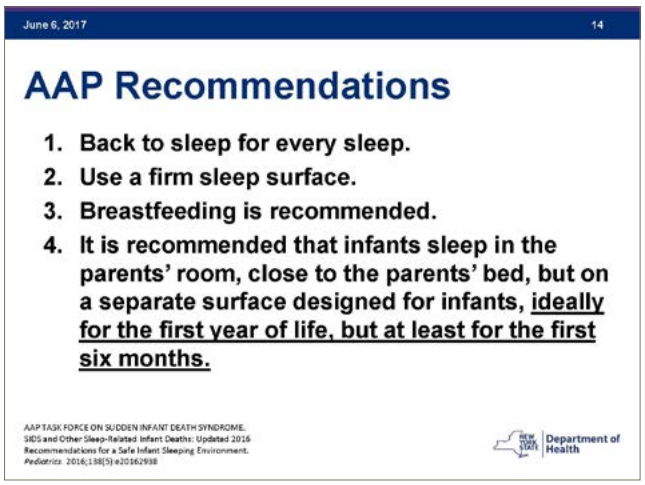

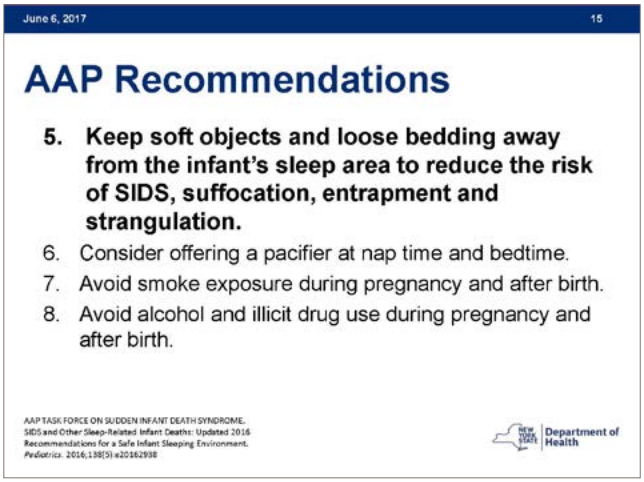

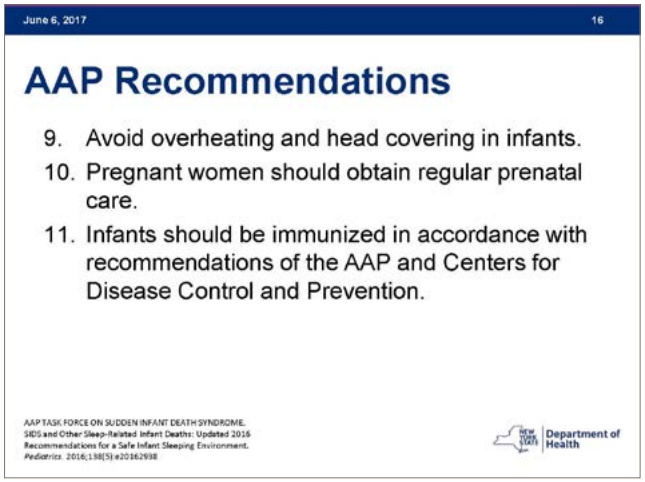

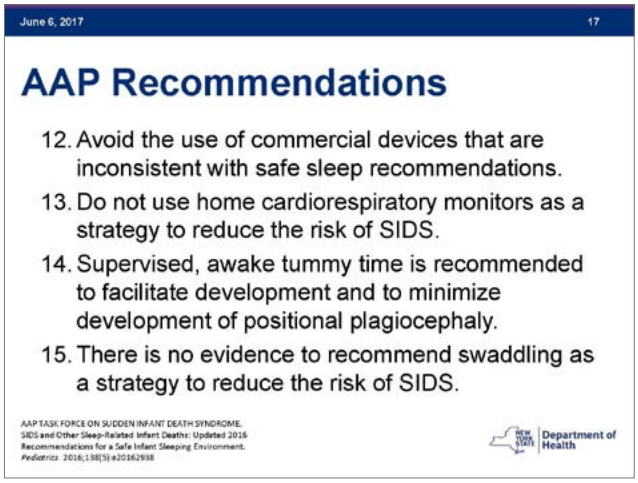

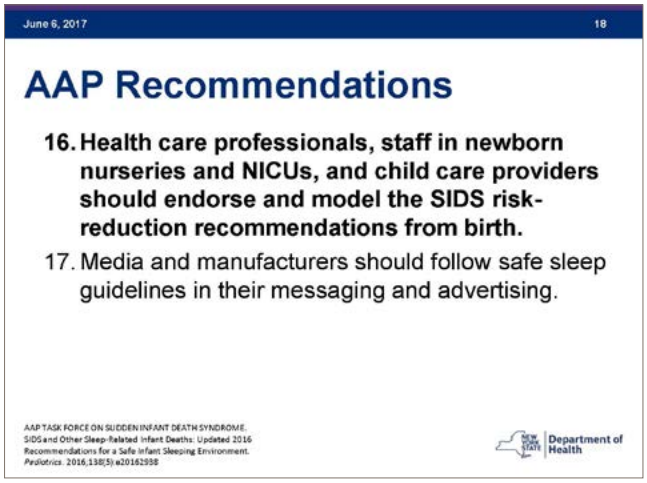

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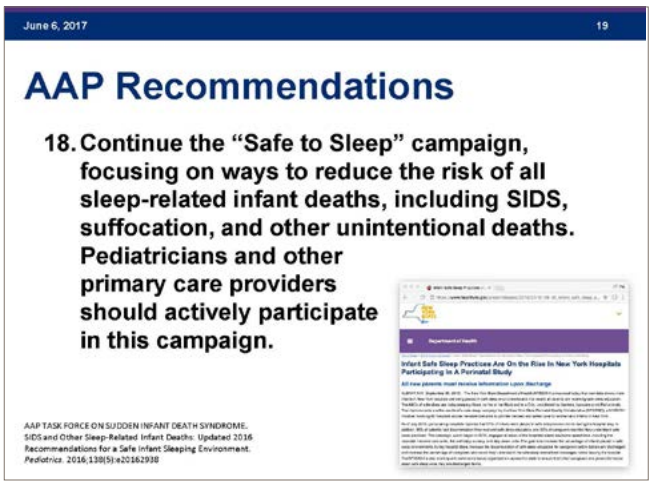

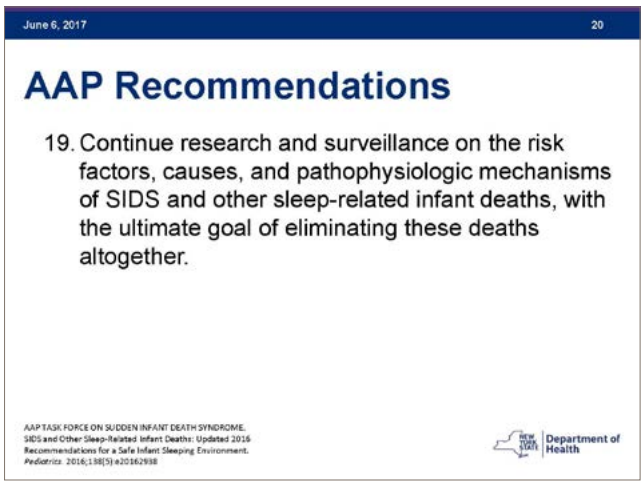

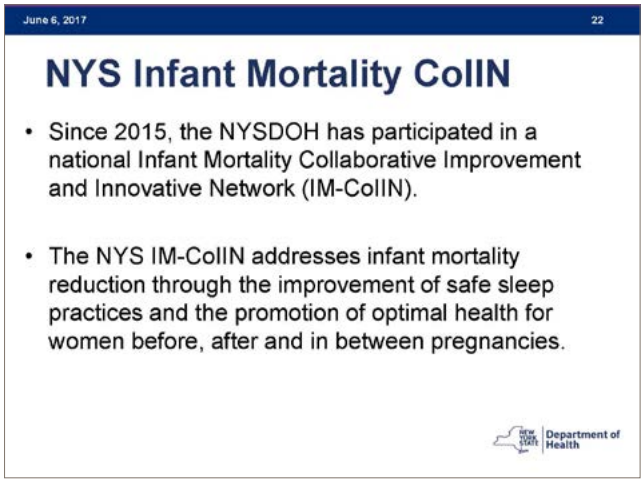

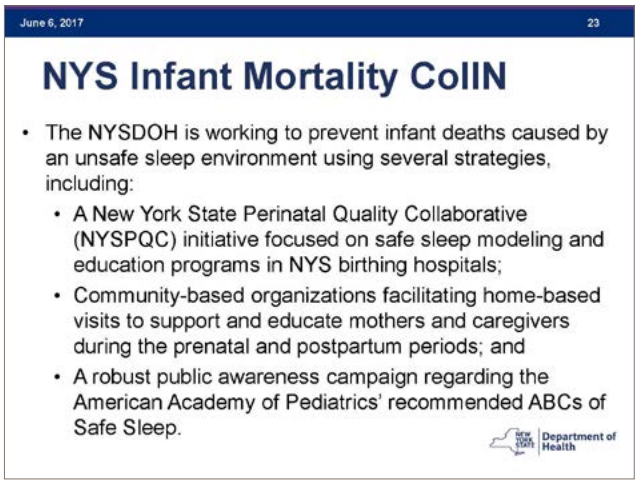

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New York State Perinatal Quality Collaborative (NYSPQC) Safe Sleep Project

New York State nyspQc Perinatal Quality Collaborative

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NYSPQC Safe Sleep Project

- Project began in September 2015
- 78 out of 124 (63%) NYS birthing hospitals participating in the initiative:
  - 16 Regional Perinatal Centers (RPCs)
  - 28 Level III birthing hospitals
  - 15 Level II birthing hospitals
  - 19 Level I birthing hospitals

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NYSPQC Safe Sleep Project

- Improvements in safe sleep practices are being achieved by:
  - Ensuring all infant caregivers (i.e., new moms or guardians) have documentation of safe sleep education documented in the medical record;
  - Establishing consistent modeling of a safe sleep environment for all infants without a medical contraindication during the birth hospitalization; and
  - Discussing caregiver (i.e., new moms or guardians) understanding of infant safe sleep education prior to discharge from the birth hospitalization.

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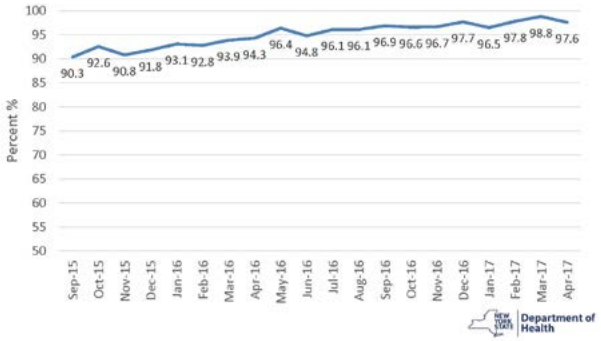
Percent of medical records with documentation of safe sleep education



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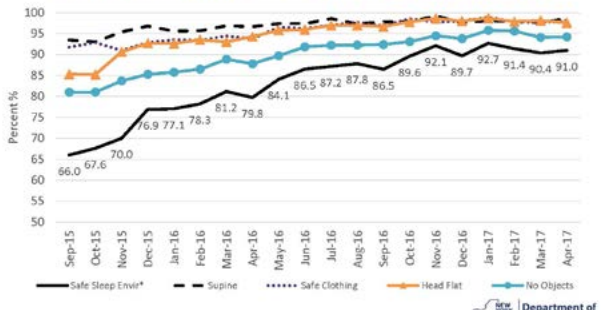
Percent of infants, sleeping or awake-and-unattended, in a safe sleep environment



*A safe sleep environment is defined as infants who were positioned supine, in safe clothing, with head of crib flat and no objects in the crib

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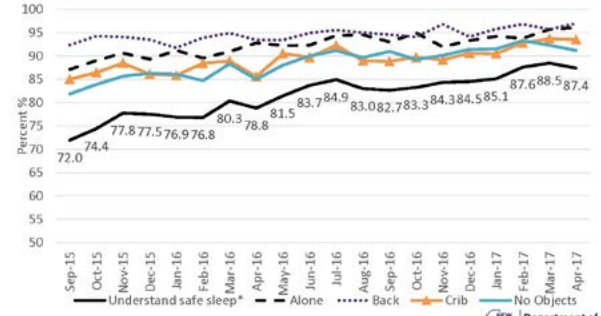
Percent of primary caregivers indicating they understand safe sleep practices*



*Understanding safe sleep practices is defined as reporting that infants should sleep alone, on their back, in a crib, with the crib free of objects

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NYSPQC Hospital Data Summary

- Improvement has been seen in all project measures
- Between September 2015 and April 2017:
  - The percent of medical records with documentation of education increased 8%;
  - The percent of infants in a safe sleep environment has increased by 38%; and
  - The percent of caregivers who understand safe sleep practices increased by 21%.

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New York State Community-based Organization (CBO) Safe Sleep Project

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CBO Safe Sleep Project

- Seven community-based organizations (CBOs) are engaged in a safe sleep project.
- Home visitors from the CBOs provide education to their clients, including safe sleep education.
- Home visitors survey the primary caregiver after safe sleep education has been delivered to assess safe sleep practices and the effectiveness of education.

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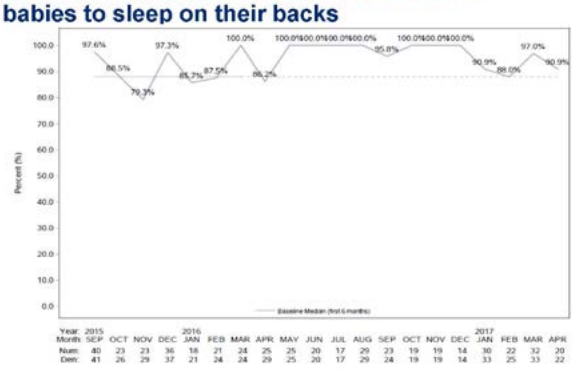
Percent of caregivers who remember being told by a health care professional to place their babies to sleep on their backs



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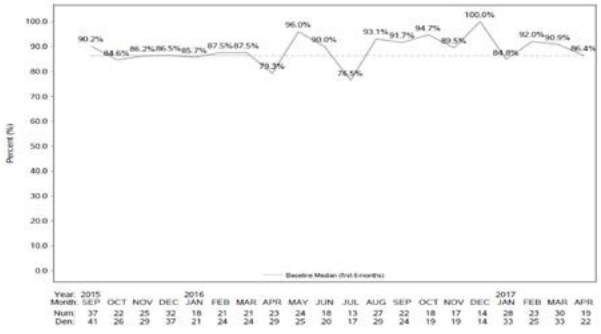
Percent of infants who were most often laid down to sleep on their backs



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CBO Safe Sleep Project: Data Summary

- As of April 2017, data reported by participating CBOs indicates:
  - 91% of caregivers remembered being told by a health care professional to place their baby to sleep on his/her back; and
  - 86% of infants were most often placed to sleep on their back.

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Key Partner Activities

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Maimonides Medical Center

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Maimonides Medical Center

- A designated Regional Perinatal Center (RPC), a Level 1 Adult/Pediatric Trauma Center and a Stroke Center
- Number of deliveries 2016: ~8,600
- Number of NICU Admissions 2016: ~1,015
- Located in the Borough Park section of Brooklyn
  - Diverse community and employees: almost 50% of community residents were born outside of the U.S.

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The Safe Sleep Challenge

- **Parents**
  - Familiar with "Back to Sleep" but uncomfortable with other aspects:
    - Avoiding "co-bedding"
    - No objects in crib
    - Safe bedding (no pillows allowed)
    - Worried about "flat head"

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The Safe Sleep Challenge

- **Health care providers**
  - Resistant to keeping crib flat:
    - Issues around staffing
    - Environment of the nursery units (ability to easily see babies in certain areas of nursery)
    - Beliefs about "reflux"
  - Resistant to keeping items out of cribs:
    - Feeding bottles
    - Handmade blankets

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Safe Sleep Education for Staff

- First need education/guidance re: incorporating safe sleep practices for staff:
  - All RNs in nursery & NICU (small groups)
  - Residents (Grand Rounds)
- Heightened awareness in units:
  - Signs (in all perinatal units)
  - Added to electronic medical record
  - "Safe Sleep Champions"

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Safe Sleep Education for Parents in Mother-Baby Unit

- Emphasized the need to use safe sleep practices when infant is "asleep and unattended"
- "Tummy time" and interacting with infant are very important!
- Education on admission to Mother-Baby Unit due to rooming-in

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Safe Sleep Education for Parents in the NICU

- More challenging: therapeutic/developmental positioning
- How do we make the transition?
- Latest PDSA/project focused in NICU:

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Outcomes

- Increased understanding by staff members regarding safe sleep practices
- Increased modeling of safe sleep practices in hospital (flat crib, no objects, safe sleep clothing/blankets)
- Increased safe sleep practices by caregivers/parents (flat crib, no objects, safe sleep clothing/blankets)

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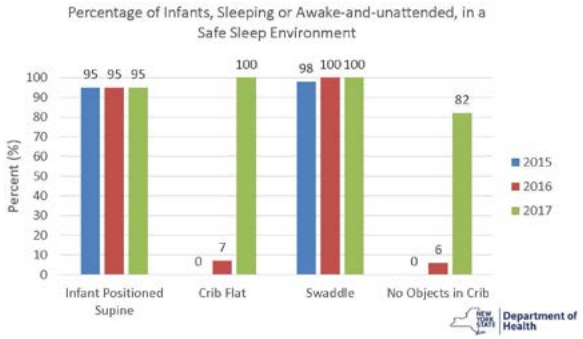
Crib Checks



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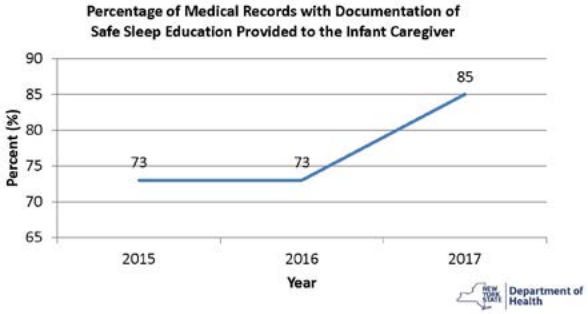
Documentation of Safe Sleep Education



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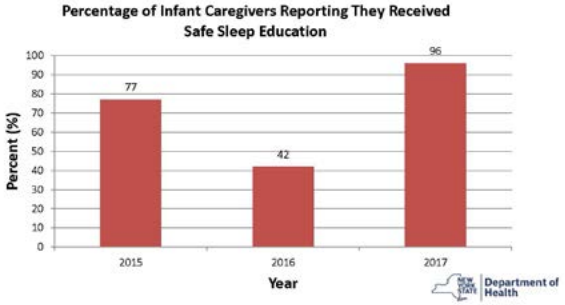
Caregiver Survey: Received Safe Sleep Education



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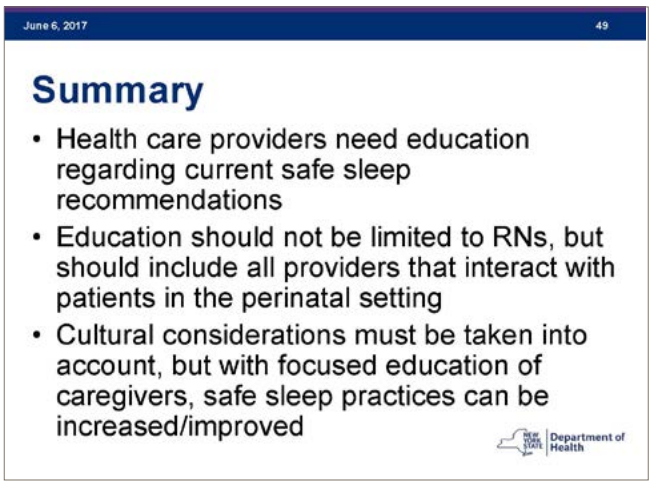
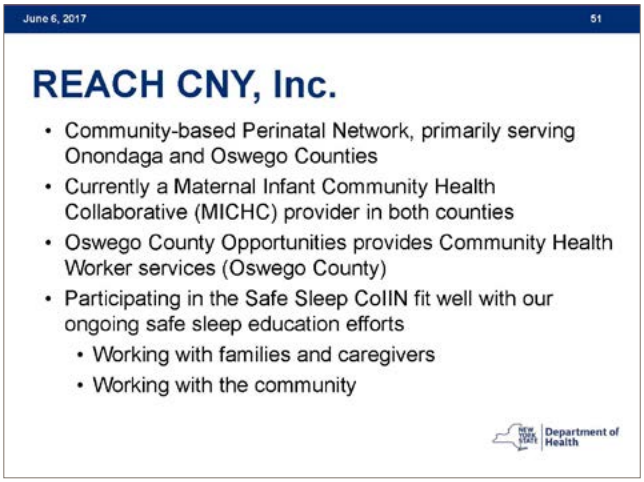
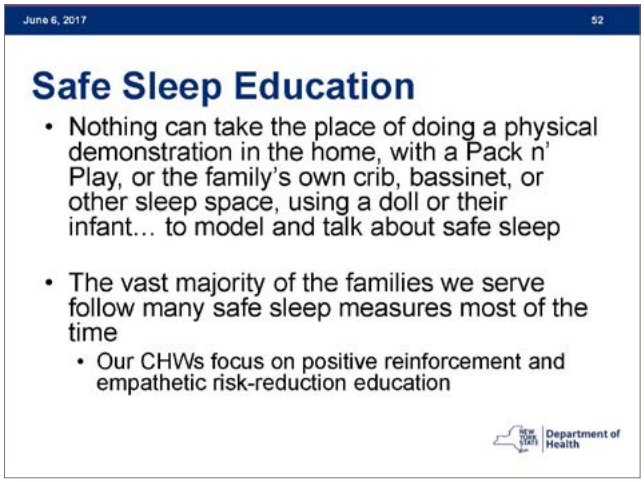
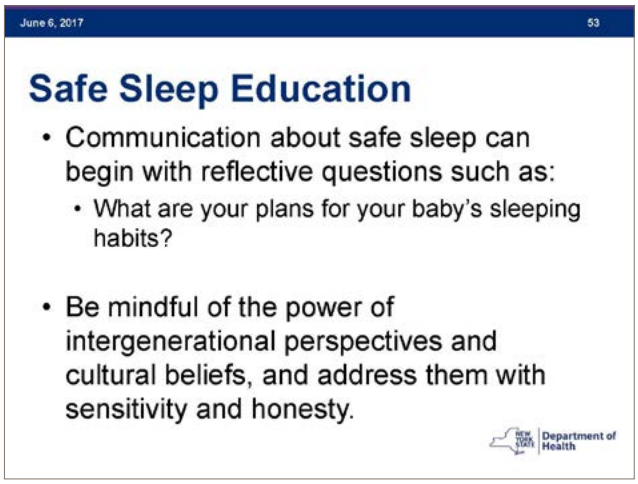
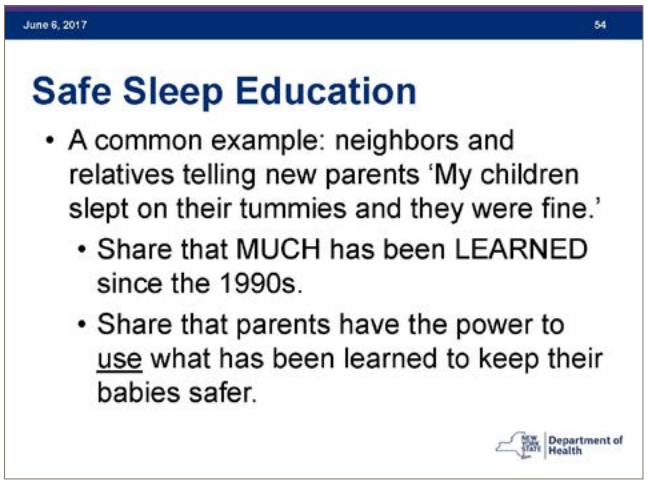
Kacica M, Lawless K, Grippi C, Crockett E. *Safer Sleep for Babies (Part 1): State, Hospital and Community Collaboration*











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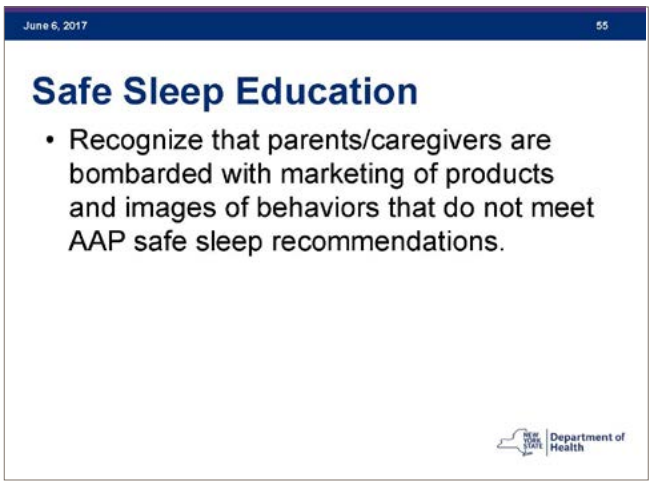

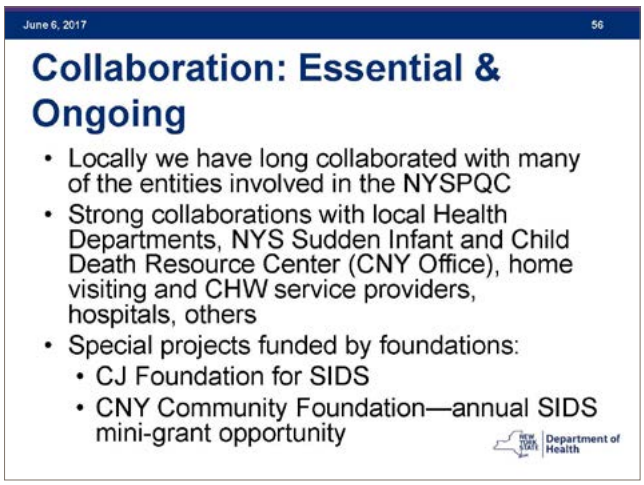

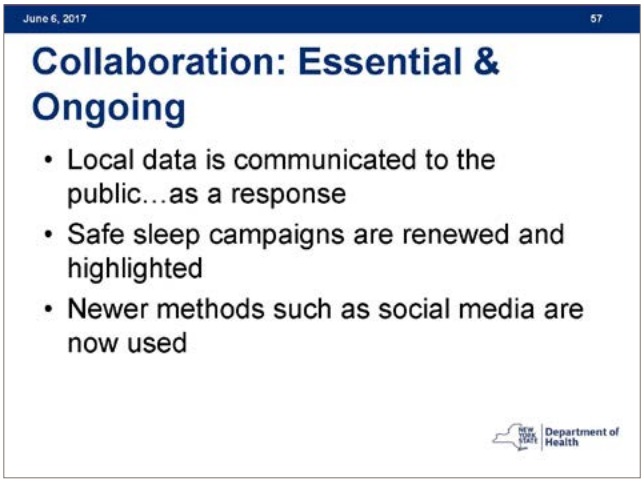

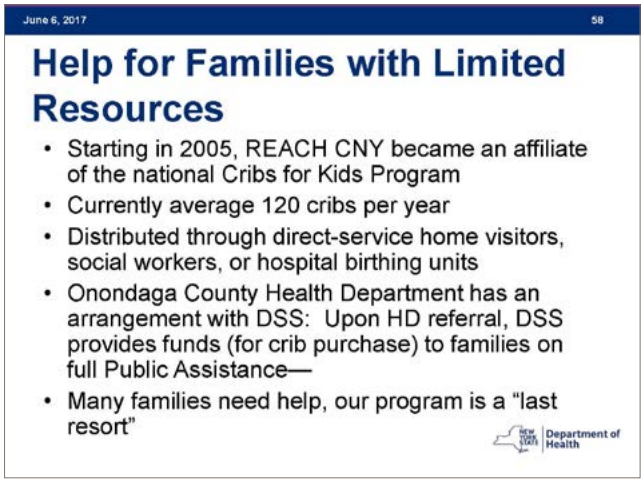

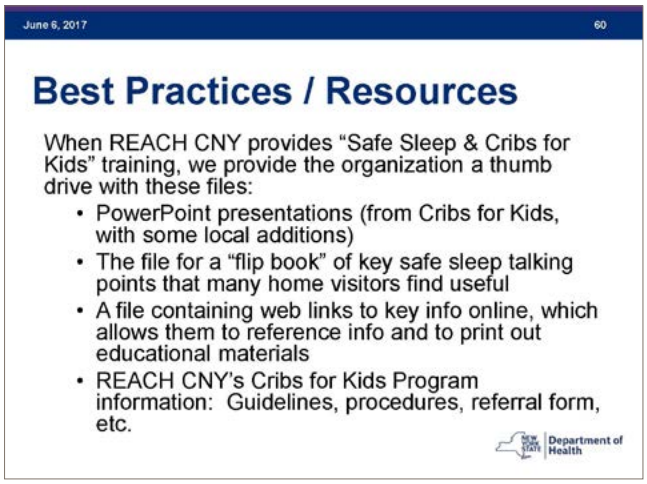

Kacica M, Lawless K, Grippi C, Crockett E. *Safer Sleep for Babies (Part 1): State, Hospital and Community Collaboration*

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Successes & Resources

Department of Health

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Successes

- Collaborations among participating hospitals and stakeholder organizations
- Hospital policies and procedures put into place, or updated as appropriate
- Safe sleep education and documentation built into birthing hospitals' electronic medical records (EMR) systems

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June 6, 2017 63

Collaborating for Success

- Participate in NYS Child Fatality Review Team through SIDS grant contractor
- Collaboration between NYSPQC hospital-based safe sleep project and OCFS safe sleep project
- Sharing and cobranding media with partner organizations

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Engaging Prenatal Providers

- Commissioner letter sent to obstetricians and nurse midwives statewide
- Educate and reinforce safe sleep messages prior to delivery

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Engaging Providers After Birth

- Commissioner letter sent to:
  - Pediatricians
  - Family practitioners
  - Nurse practitioners
- Reinforce safe sleep message that has been provided previously in different settings

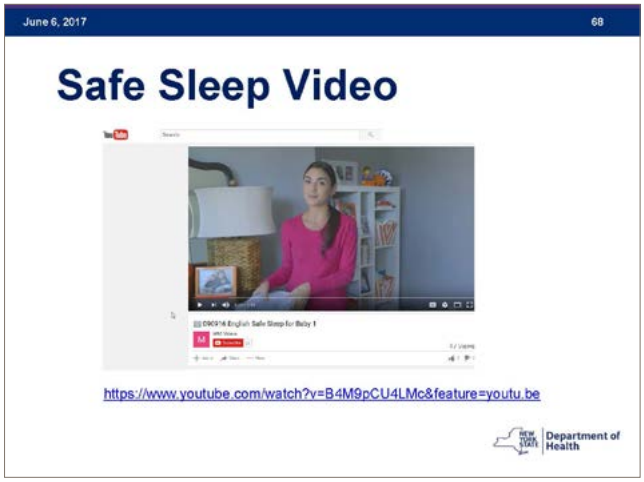
June 6, 2017 66

NYS Public Health Law

- New York State Public Health Law was amended in July 2016 to include language that requires birthing hospitals and birthing centers to distribute infant safe sleep information to all maternity patients, including information on crib safety.

Department of Health

Kacica M, Lawless K, Grippi C, Crockett E. *Safer Sleep for Babies (Part 1): State, Hospital and Community Collaboration*



TESTIMONIAL

"Our relationship with the Regional Perinatal Center (RPC) has only gotten stronger over the years, in large part because of the good communication and good rapport between us," says Dr. Robert Bonvino, MD, who works with the Nicholas H. Noyes Memorial Hospital, RPC-affiliate birthing hospital. "The reason behind our success is simple: better communication equals better patient care, which equals better patient outcomes. That's something we all want to achieve."

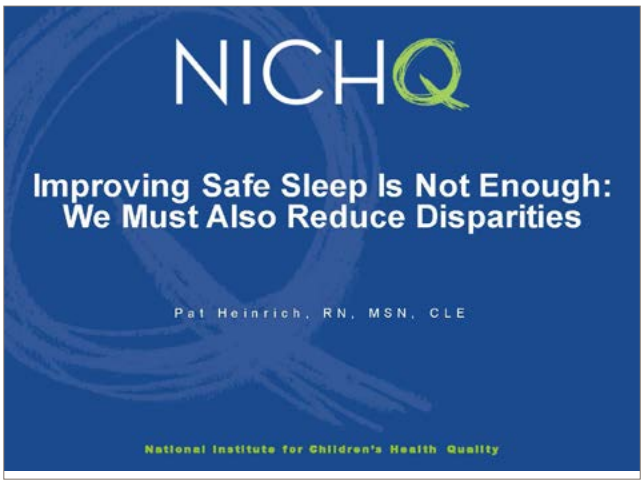
Click Here to go directly to PART 2

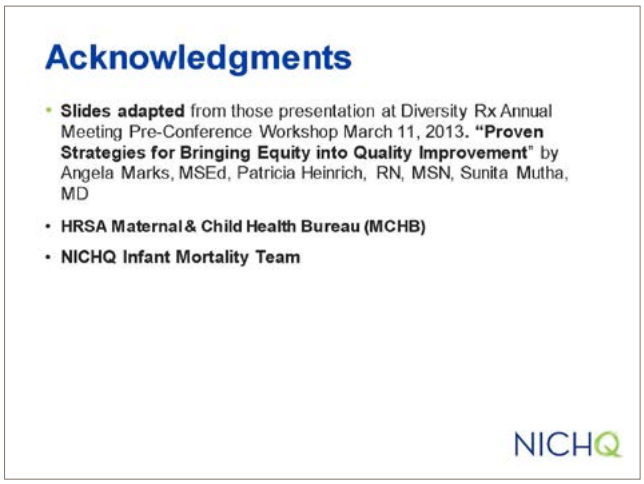
Health Equity

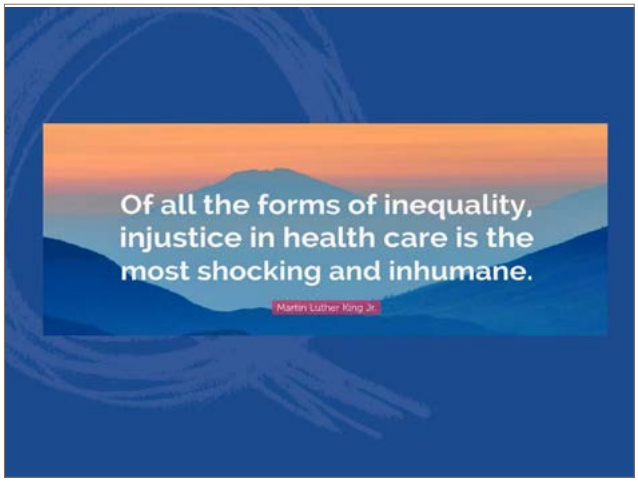
Heinrich P.

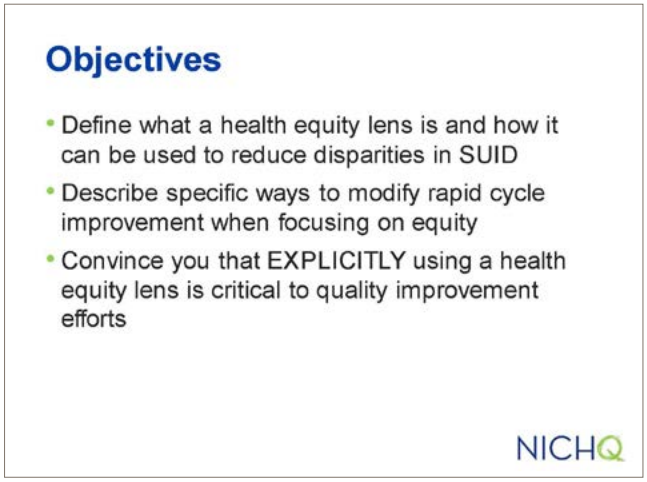
Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

NYSPQC Safe Sleep Project Learning Session. June 2017. **Intended audience:** Health care professionals.









Heinrich P.

Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Assumptions

- Focusing on inequities in health *care* delivery; will not directly address other important factors that contribute to inequities in health
- Varying levels of QI experience and expertise present today

NICHQ 7

Recognition

Eliminating disparities is a long and winding road to walk; we're laying out directions and eliminating some of the blisters

NICHQ 8

Take home points

- QI is different when the lens is equity
- Baseline data is essential; have to know the direction and scale of the disparity at the start
- There is a proven approach for improving equity that consists of:
  - Proven processes
  - Proven changes and interventions
- It is essential that you share what you learn

NICHQ 9

Words Matter

Disparity vs Equality vs Equity

- Equality: Assumes that everyone is equal and receives equal treatment
- Disparity: Acknowledges differences, but places no judgments on those differences (value-free)
- Equity: Acknowledges differences, and additionally acknowledges systemic injustices that influence outcomes that need to be addressed in order to prevent differences based on differential experiences

NICHQ

What is a Health Equity Lens?

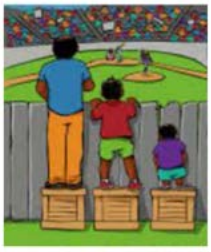
- A new way of viewing common scenarios
- A critical lens for how we do the work we do
- A challenge to do better, work smarter, be fairer in how we work towards improving healthcare for all
- A promise to remember that when we say that the system is **perfectly designed** to get the results it gets, that this means we are working in a system **designed** to create and promote health inequities

NICHQ

Heinrich P.

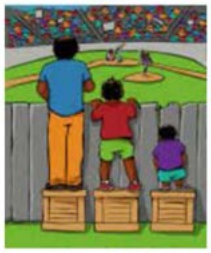
Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

What do we call this?



"Interaction Institute for Social Change | Artist: Angus Maguire." NICHQ

Equality



Everyone gets the same amount regardless of actual need.

"Interaction Institute for Social Change | Artist: Angus Maguire." NICHQ

What do we call this?

"Interaction Institute for Social Change | Artist: Angus Maguire." NICHQ

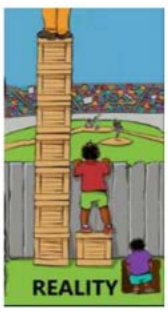
Equity

Everyone gets the amount they need to be able to enjoy the game.

"Interaction Institute for Social Change | Artist: Angus Maguire." NICHQ

But is that all there is to the story?

What if the story is more complex?



NICHQ

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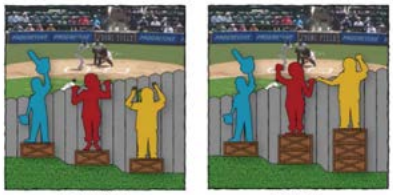
Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

What assumptions are we making in the story we're telling?



Artist: Paul Kuttner

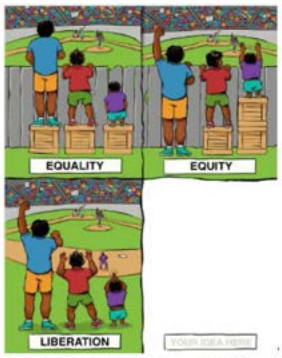
NICHQ

Are we perpetuating the inequities we hope to address?

Artist: Paul Kuttner

NICHQ

The 4th Box Challenge



"Interaction Institute for Social Change | Artist: Angus Maguire."

NICHQ

Sometimes we need to explore new ways to understand familiar stories

Artist: Salomé Chimuku

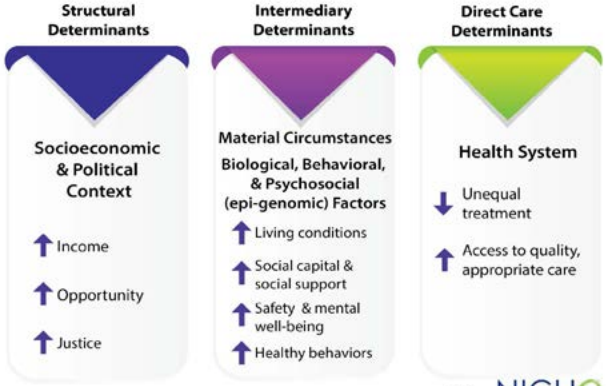
NICHQ

Be clear about disparities, SDOH, and equity

- Not all health differences are health disparities.
- Health disparities are systematic, plausibly avoidable health differences according to income, race/ethnicity, religion, or socioeconomic position.
- Disparities in health and its determinants are the metric for assessing health equity.
- Health equity is the principle underlying a commitment to reducing disparities in health and its determinants.
- Health equity is social justice in health.

Source: Braveman et al. Health Disparities and Health Equity: The Issue Is Justice. *Am J Public Health*. 2011;101:S149-55.

Three Types of Determinants of Health



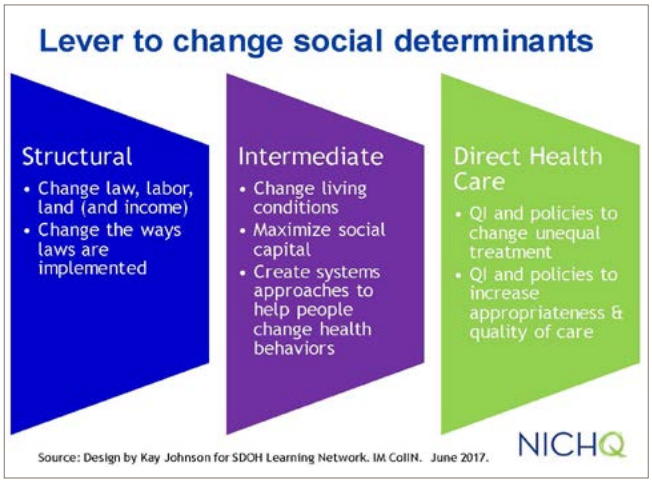
Source: Design by Kay Johnson for SDOH Learning Network. IM CoIIN. May 2017.

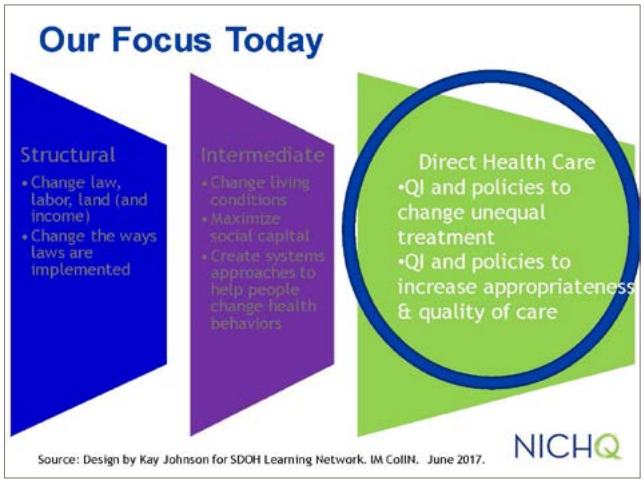
24

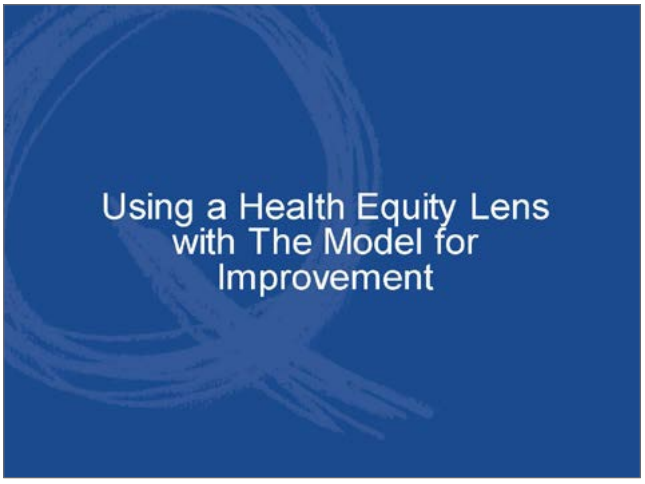
NICHQ

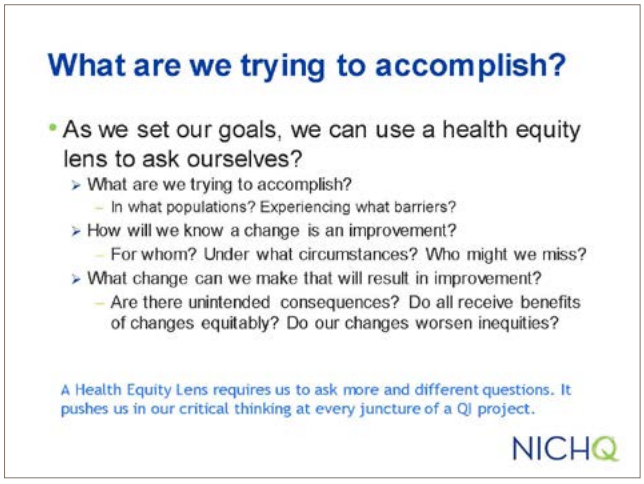
Heinrich P.

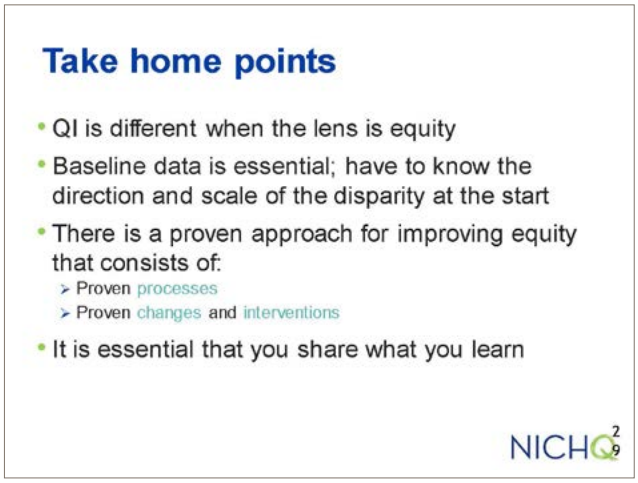
Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities











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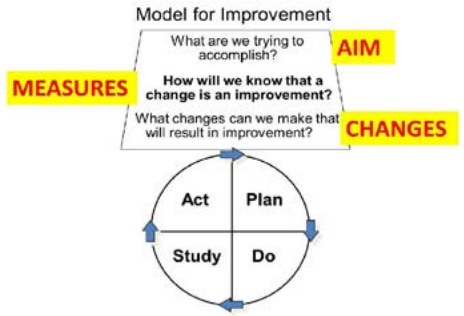
Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Model for Improvement



From Associates in Process Improvement.

NICHQ 1

What do we know?

- Health care disparities exist; may be worse in low resource settings
- Equity is an essential, often forgotten, component of quality
- Achieving equity can affect:
  - Quality
  - Safety
  - Cost
  - Risk management

NICHQ 2

Achieving Equity

- Many causes, many solutions
- Must move beyond diagnosing the problem
- Need more examples of what works

NICHQ 3

Can QI Reduce Disparities?

One-size-fits-all
- ESRD patients

Seghal, JAMA 2003

Culturally tailored
- Depression

Areán, Medical Care 2005

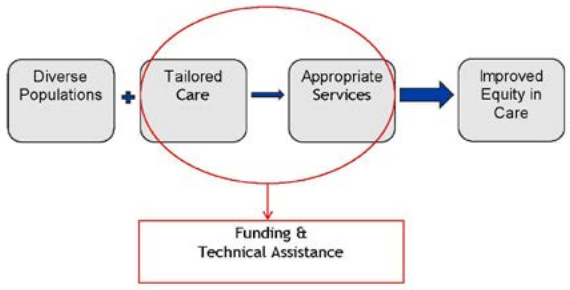
One-size does not fit all
- CABG

Werner, Circulation 2005

Source: Alyna Chien, MD, MS

NICHQ 4

Framework for ACTION



Adapted from C. Brach et al

NICHQ 5

Building Blocks for Equity Focused QI

NICHQ 6

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Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Using a Health Equity Lens on: Establish Infrastructure

Building Blocks for Equity Focused QI

NICHQ 38

Establish Infrastructure

- Human Capital
- Leadership
- REAL Data*

NICHQ 39

Building Your Team

- Who is included as part of your QI team?
  - How are you incorporating the communities in which inequities exist?
- Important considerations when focusing on equity:
  - Strong QI fundamentals allows for a broader focus
  - Understanding of cultural, contextual, community factors (staff and/or patient involvement)
  - Consider the need for greater analytic skills for use with potentially more complex data
  - Inclusion of diverse staff to get multiple perspectives
  - Clinical champions and Leadership are key
  - **Patient representation is essential**

NICHQ 40

"Coming together is a beginning, staying together is progress, and working together is success"

-Henry Ford

NICHQ

Essential Skills for a Quality Improvement Leader (by Julie Kliger)

1. **Setting a vision and goals.**
2. **Communicating strategically for commitment.**
3. **Creating an environment that encourages constructive accountability and constructive conflict.**
4. **Removing barriers to success.**
5. **Coaching (versus telling).**
6. **Celebrating success and failures.**
7. **Earn the trust..**
8. **Working from self awareness**
9. **Working with and through others.**

Source: http://www.beckershospitalreview.com/quality/9-essential-skills-of-a-healthcare-quality-improvement-leader.html

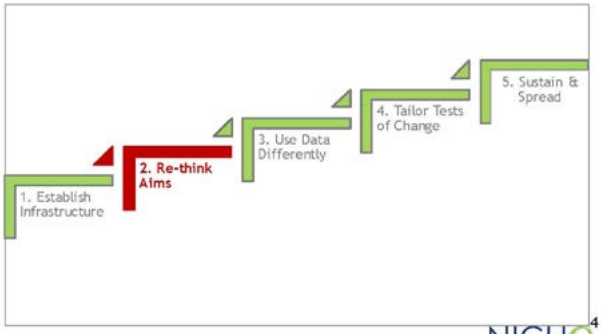
NICHQ 42

Heinrich P.

Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Using a Health Equity Lens on: Setting Aims

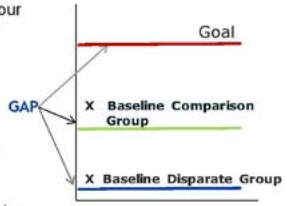
Building Blocks for Equity Focused QI



NICHQ

AIM: Why the Change is Desired

- Aim addresses the gap between where your team knows they are now, and where the team wants to be – it speaks to a known performance deficiency in an important process.
- Should be crafted to reflect Equity
  - Identify group(s) receiving disparate care
  - Identify group by which to compare
  - Frames numerical goal around reducing the gap
- Gap = opportunity for improvement



NICHQ

Re-Thinking Aims

- What's different?
  - SMAART
  - Compelling and clinically relevant AND

– REFLECTS EQUITY
- Identifies group receiving disparate care
- Identifies group by which to compare
- Frames numerical goal around reducing the gap

NICHQ

Re-Thinking Aims: Infant Mortality

By July 2018, reduce the SUID mortality rate by 10% relative to baseline

By July 2018, reduce relative disparity between white and non-Hispanic Blacks for SUID by ≥10%

NICHQ

Re-Thinking Aims: Safe Sleep

By July 2018, increase the number of mothers who follow ABCs (alone, on back, in crib) of Safe Sleep

By July 2018, reduce relative disparity between white and non-Hispanic Black who follow ABCs (alone, on back, in crib) of Safe Sleep

For this to be a SMART AIM - What is missing?

NICHQ

Heinrich P.

Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Re-Thinking Aims: Common Questions

- What do we do if we don't have a a comparison group at our organization?
  - Use national benchmark
- What is an appropriate goal?
  - Consider a percent improvement from baseline data
- How do I know if there are enough individuals in a given "group" to effectively compare?
  - Look at demographics to get a sense of baseline population, consider adding additional sites, or use rolling averages

NICHQ 4

Reviewing Your Aim Statement

- Does your aim explicitly address health equity?
- Are there known disparities related to race/ethnicity, income, geography, or sexual orientation? Does your aim identify groups receiving disparate care?
- Does your aim identify group by which to compare?
- Does your aim frame numerical goal around reducing the gap?
- Does your aim make assumptions about the population that might be incorrect?
- Are you sure the identified goals are consistent with the beliefs, values and preferences of the target population?

Don Berwick, "nothing about us without us "

NICHQ

Using a Health Equity Lens on: Learning from Data

Building Blocks for Equity Focused QI

NICHQ 5

REAL Data*

- "You can't fix what you can't measure"
  - Measuring disparities: stratify quality measures by race, ethnicity, language…
- Infrastructure:
  - Fields in an EHR
  - Mechanisms to combine data from unlinked systems
  - Training staff to collect and use

"In God we trust; all others bring data" - W. Edwards Deming

AHRQ: Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement
http://www.ahrq.gov/sites/default/files/publications/files/iomracereport.pdf

NICHQ 5

Establishing Measures

- Establishing Measures
  - Are you capturing important sociodemographic information as part of data collection?
  - Are you stratifying appropriately by important demographic, geographic or other factors (not just race and ethnicity)?
  - Can you track progress towards health equity with the measures you have chosen?

NICHQ

Heinrich P.

Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Use Data Differently

Defining Project Measures

- Relates to aim (i.e. the results you seek)
- Data are available
- Manageable # and ability to collect frequently
- Mix of process, outcome, and balancing
- Pay attention to measures specific to populations who experience inequities
- Process measures: May include support services such as interpreter services provided, staff training, consideration of implicit bias
- Outcome Measures: Not necessarily limited to health outcomes, may focus on utilization, referral, uptake, and access to care

** *NQF Disparities Measures, or other sources may be a place to start consideration of additional or new measures*

NICHQ 55

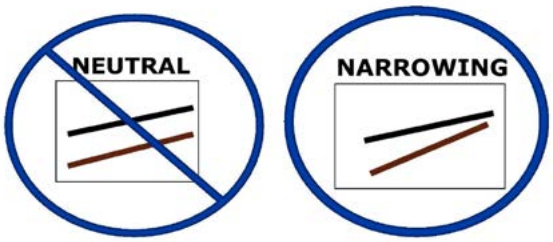
Using Data Differently

Collecting & Monitoring Data - What's different?

- Involvement of key players
- Methodological considerations
- Project measures – ongoing stratification
- PDSA measures – patient characteristics accounted for.

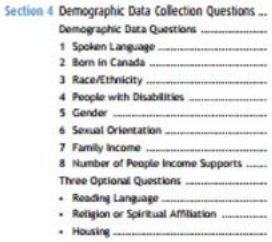
NICHQ 56

Data Goal



NICHQ 57

Measuring Socio-demographics



NICHQ

Analyzing by Socio-demographics

MDH Division of Health Policy
PO Box 64882
St. Paul, MN 55164-0882
651-201-3550
www.health.state.mn.us

Stratifying Health Care Quality Measures Using Socio-demographic Factors

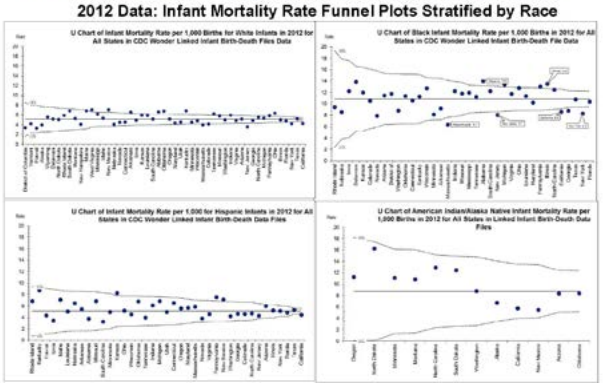
Minnesota Department of Health

Report to the Minnesota Legislature 2015

NICHQ

Use Data Differently: Infant Mortality

2012 Data: Infant Mortality Rate Funnel Plots Stratified by Race



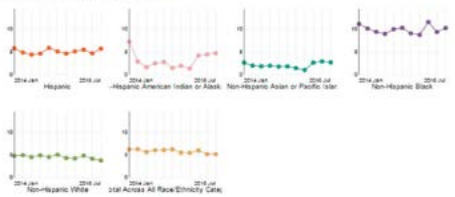
Heinrich P.

Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Use Data Differently: Infant Mortality

CoIIN-Wide Measures by Race/Ethnicity for all teams (continuously updated)

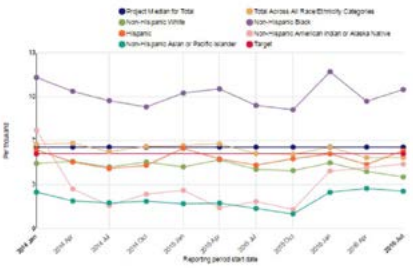
CW1: Infant Mortality Rate



NICHQ

Use Data Differently: Infant Mortality

CW1: Infant Mortality Rate



NICHQ

Use Data Differently: SS Education

PDSAs:

1) Prenatally Nurse Joe will talk to of all of Dr. Sarah's patients about safe sleep and inquire if they have/need a crib

2) All L&D nurses will review safe sleep education immediately after birth

3) Dr. Sarah will reinforce this education before discharge home

Measures:

1) How many pregnant moms did Joe counsel about the importance of the SS?

2) How many patients did L&D educate?

3) How many moms did Dr. Sarah remind how important it is to practice safe sleep at home?

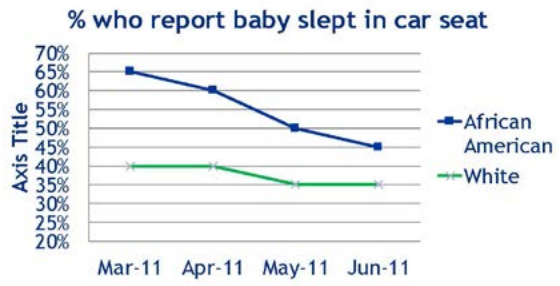
NICHQ 63

Use Data Differently: Safe Sleep

Measure Type	Measure Name	Description	Calculation		Collection Method & Frequency	How will you stratify this measure?	Goal/ Target
			Numerator	Denominator			
Process	Sleeping in a Crib	Infants whose moms report following baby slept in a crib all of the time in the last 2 weeks	# women who answer yes to Q "Did your baby sleep in a crib all of the time"	All women surveyed by CBO	Survey (Monthly)	X Race/ethnicity □ Preferred language □ Literacy □ Income □ Gender □ Education level Other: _____	95%

NICHQ 64

Use Data Differently: Reported Sleeping in Car Seat



NICHQ 65

Using Data Differently

- How is data being analyzed?
- Are there ways to stratify by important subgroups?
- Are health equity gaps changing along with overall outcomes?

NICHQ

Heinrich P.

Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Using Data Differently: Common Questions

- What is considered a "big enough" sample?
- What can we do if we don't have REAL data?
- How do we get buy-in for burden of more data collection?

NICHQ 67

REAL Data

- Resources for REAL Data Collection
  - Health Research and Educational Trust (HRET) Disparities Toolkit
  - Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement (IOM)

NICHQ 68

Using a Health Equity Lens on: Selecting Changes

Building Blocks for Equity Focused QI

NICHQ 70

Selecting Changes

- Do the changes in the change package address cultural congruence language barriers, or systemic oppression?
- Do the changes advantage certain groups?
- Is there an explicit focus on potential vulnerable populations

- EXAMPLE: IM CoIIN Safe Sleep
  - ABCS of Safe Sleep - AAP recommends:
    - **A**lone
    - On their **B**ack
    - In a **C**rib
  - What if the family believes in "a family bed"? Or can't afford a separate sleep space?
  - What if mom is breastfeeding and exhausted?

NICHQ

Cycle of Change

- Testing Changes
  - Are changes being tested in populations where disparities exist?
- Implementing Changes
  - Are changes being implemented in a way that further disadvantages vulnerable groups?
  - EXAMPLE: Educational tools that are not developed at appropriate grade level, or not translated
- Spreading Changes
  - Is there an explicit focus to ensure changes spread to hard to reach populations?
  - Do the changes work in multiple populations?
  - Are there balancing measures continuing to be tracked to ensure spread of changes doesn't increase disparities?

NICHQ

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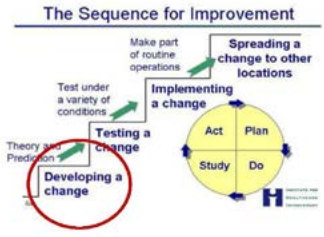
Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities

Tailor Tests of Change

Developing changes - what's different?



- Evidence
- Theories, questions, hunches
- Linked to aim
- Involve key players
- Tailored

Nolan, K. et al. (2009). The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 2nd Edition. New York, NY: Jossey-Bass

NICHQ 7 3

Tailor Tests of Change

- Language
- Religiosity
- Cultural norms
- Health beliefs
- Literacy
- .....

NICHQ 7 4

Tailor Tests of Change

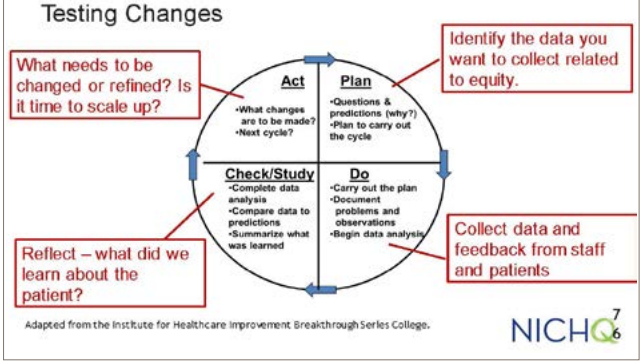
Tailoring Patient Education
- Low-literacy materials/communication techniques
- Addressed barriers
  - Fatalism
  - Structural barriers*
  - Knowledge

Other changes
- Workflow
- Clinician and Staff Training
  - Importance of screen
  - Communication
- New test
- Outreach

NICHQ 7 5

Tailor Tests of Change

Testing Changes



Adapted from the Institute for Healthcare Improvement Breakthrough Series College.

NICHQ 7 6

Tailor Tests of Change: Common Questions

- How do we figure out how best to tailor changes?
- How can we engage patients in QI initiatives?

NICHQ 7 7

Using a Health Equity Lens on: Testing, Implementing and Sustaining Changes

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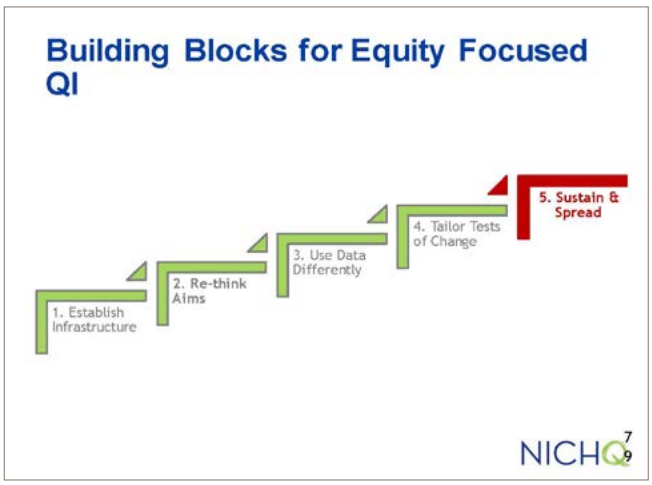
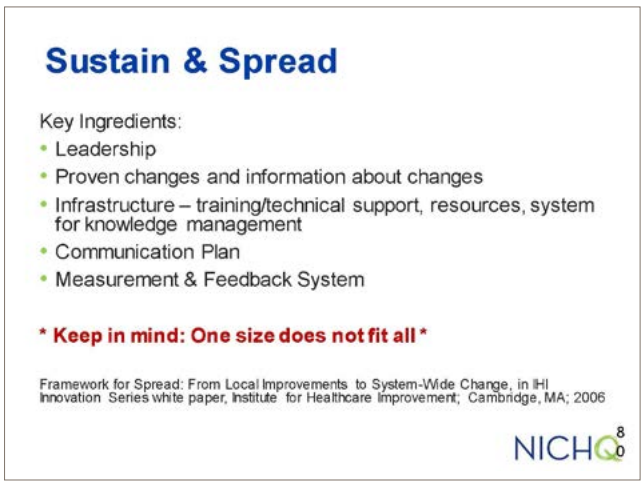
Improving Safe Sleep Is Not Enough: We Must Also Reduce Disparities





3

Quality Improvement Tools

Contents Click on titles/page numbers to go to directly to each section

Introduction & Driver Diagrams

Introduction

Data and quality improvement tools are important components of the NYSPQC model. The NYSPQC Safe Sleep Project used the Institute for Healthcare Improvement's Breakthrough Series (BTS), a learning model that has been modified to meet the requirements and unique needs of this topic and context. Additionally, the project uses the Model for Improvement, a change model developed by the Associates in Process Improvement. Both the BTS and Model for Improvement have demonstrated effectiveness in this and previous NYSDOH projects. By using these models, the NYSPQC assists participating teams with embedding strategies to measure and address disparities in care and outcomes throughout the process. A BTS Collaborative is a vehicle for identifying, testing, and spreading changes that are effective for improving care and outcomes for defined populations. The quality improvement tools in this section are key tools used by participating hospitals and organizations to achieve desired goals. Additional data collection and quality improvement tools can be found on the NYSPQC website: www.nyspqc.org.

Driver Diagrams

"A Driver Diagram serves as tool for building and testing theories for improvement."

The Driver Diagram is a graphic prediction of the changes that need to be accomplished to achieve the AIM within your system. These changes are grouped together in categories labeled "Drivers" because they 'drive' the achievement of your main goal.

Introduction & Driver Diagrams

Steps to Develop Your Driver Diagram

STEP 1 – Work as a team to assure all members understand/agree on goals and how they contribute to achieving them.

STEP 2 – Clarify Your AIM.

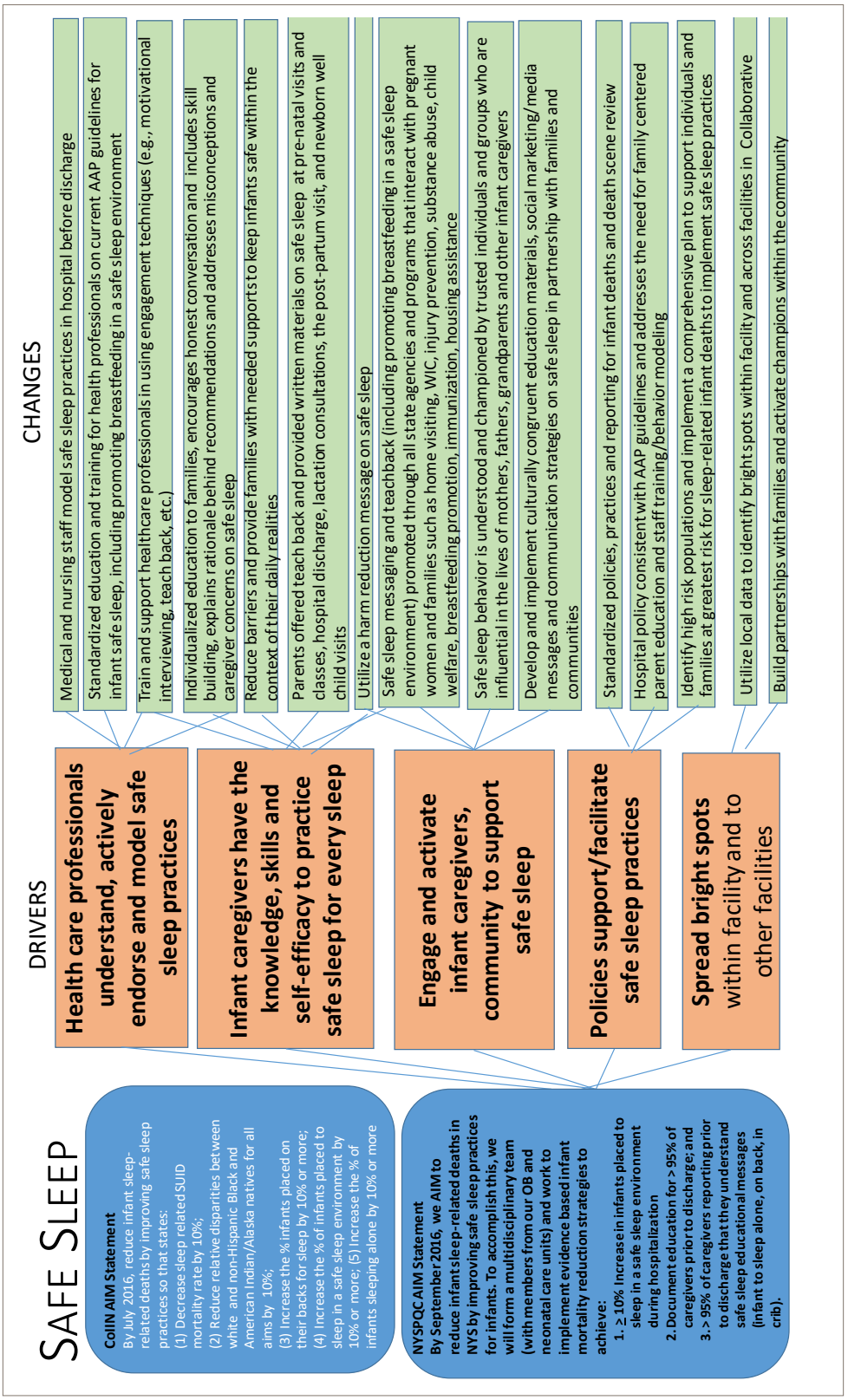
STEP 3 – Brainstorm "What changes can we make that will result in an improvement?"

STEP 4 – Cluster the ideas together to see if any groups of ideas represent a common driver.

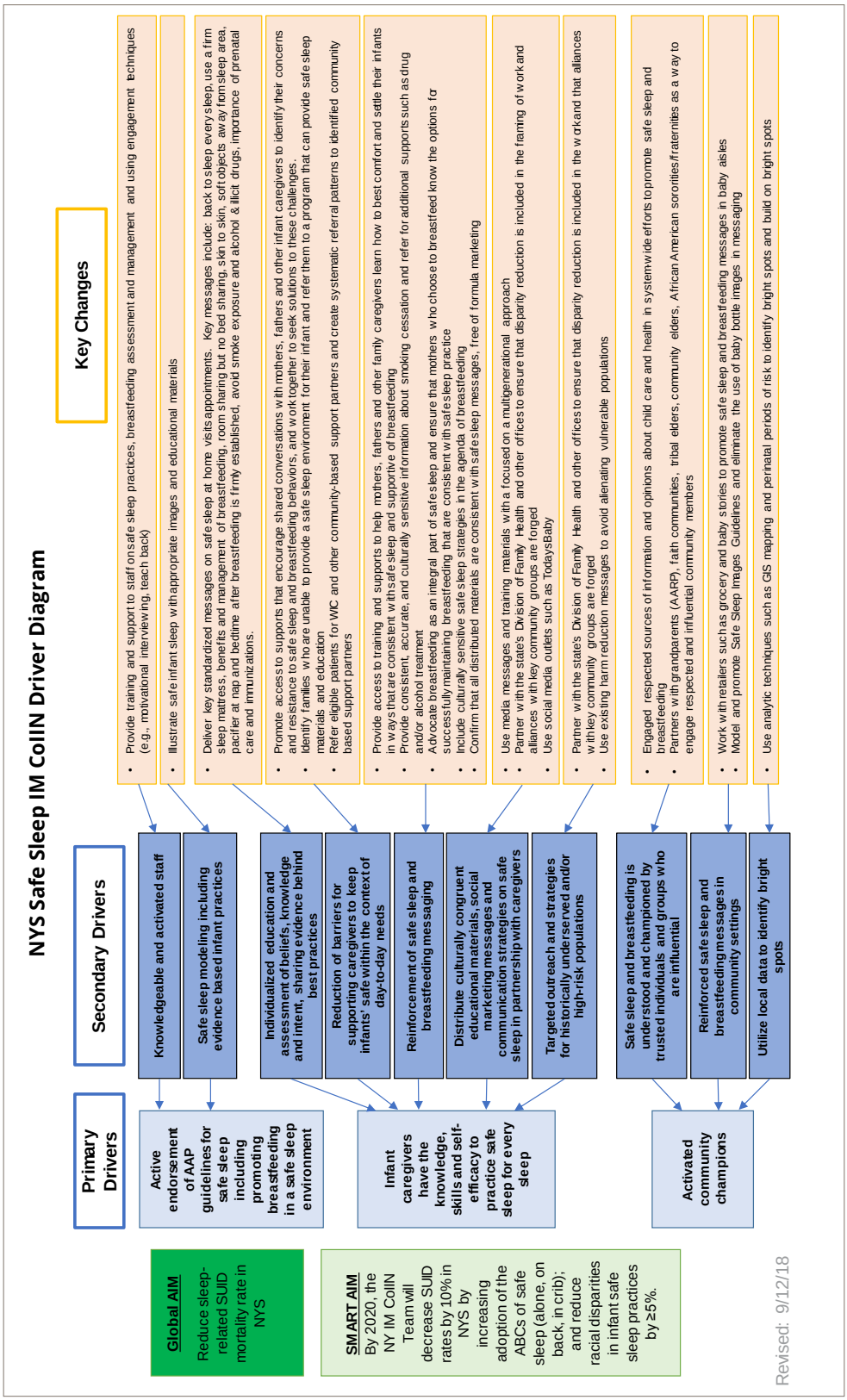
STEP 5 – Expand the groups of ideas to see if new drivers come to mind.

STEP 6 – Logically link together the groups of ideas into a Driver Diagram format.

NYSPQC Safe Sleep Project Driver Diagram



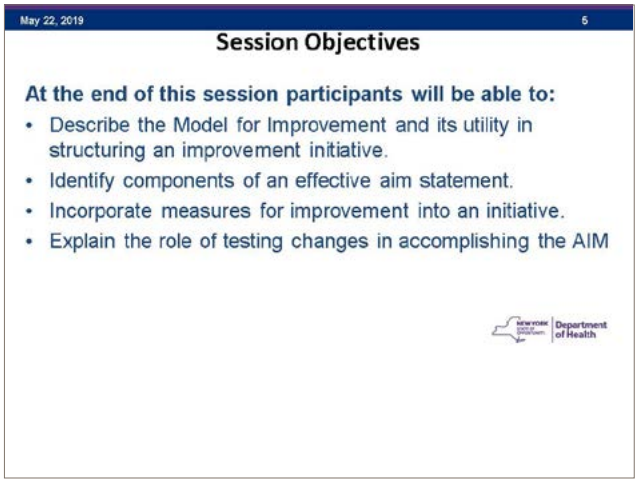
NYS Safe Sleep IM CoIIN Driver Diagram

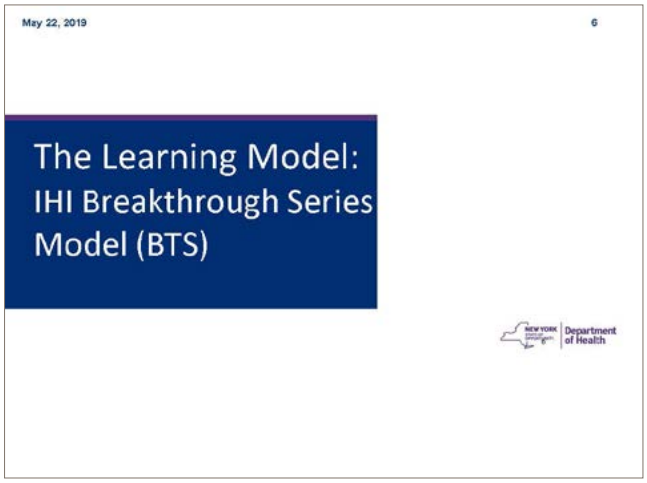


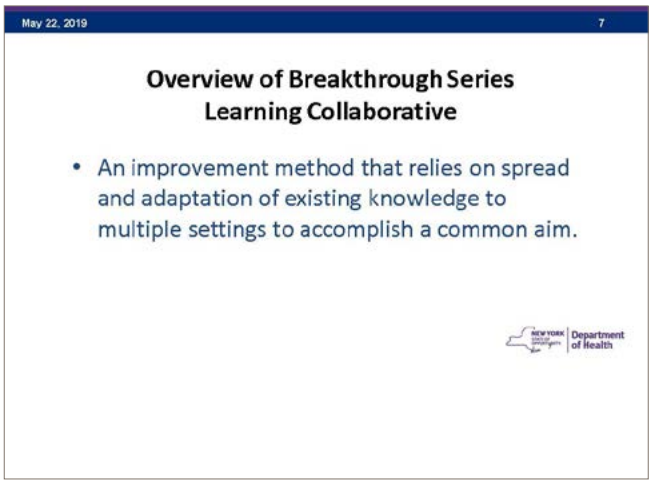
Quality Improvement (QI) Tools

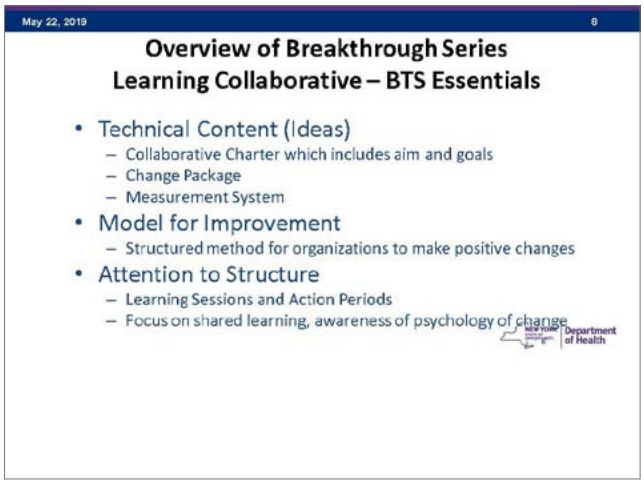
Heinrich P. *Introduction to Improvement 101*

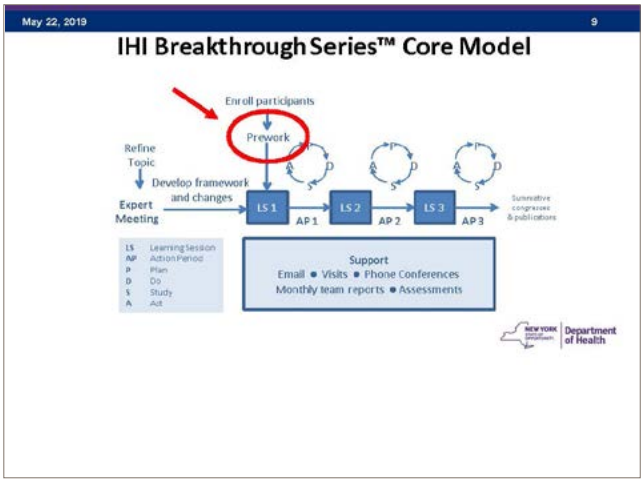
NYSPQC Safe Sleep Project QI Training Webinar. September 2015.
Intended audience: Public health and health care professionals.

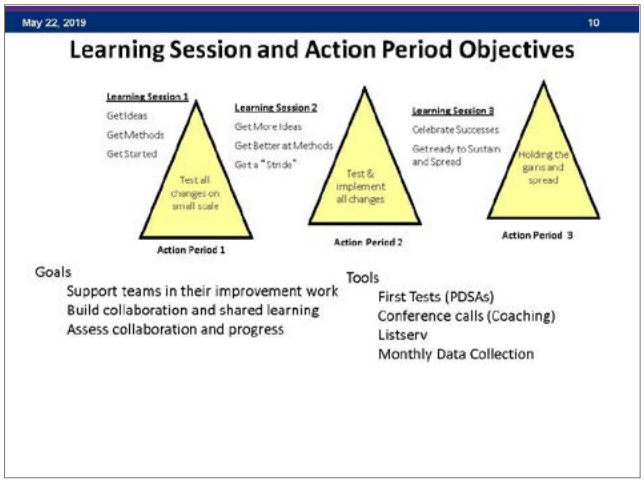












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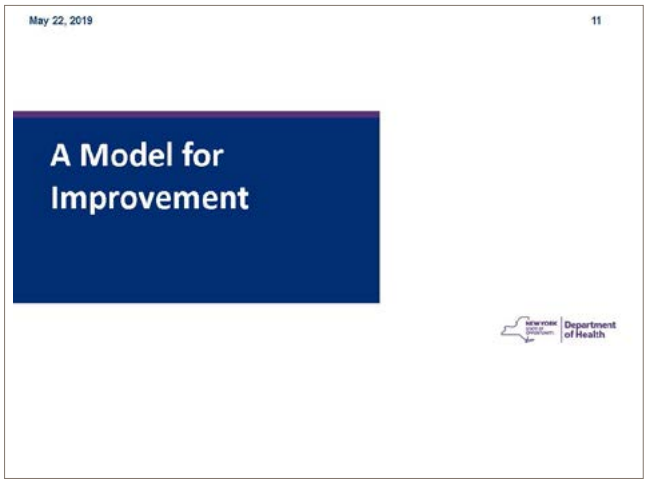

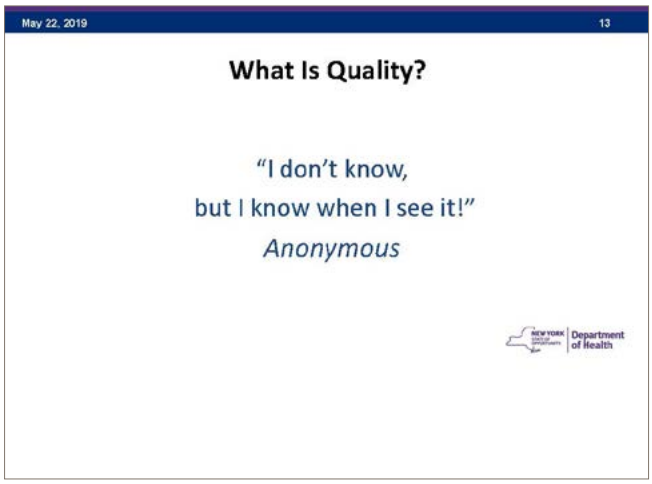

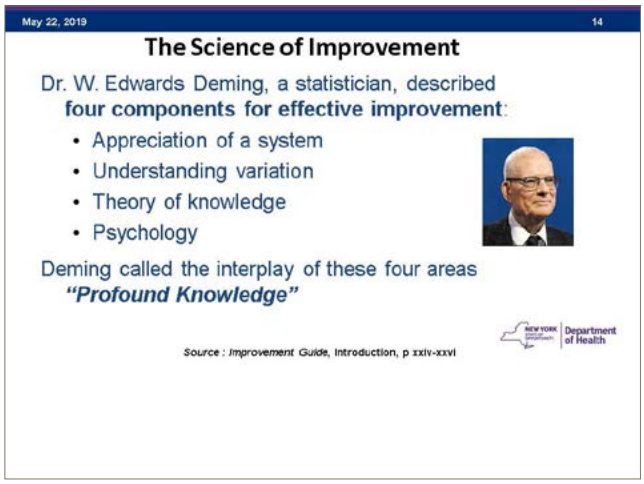

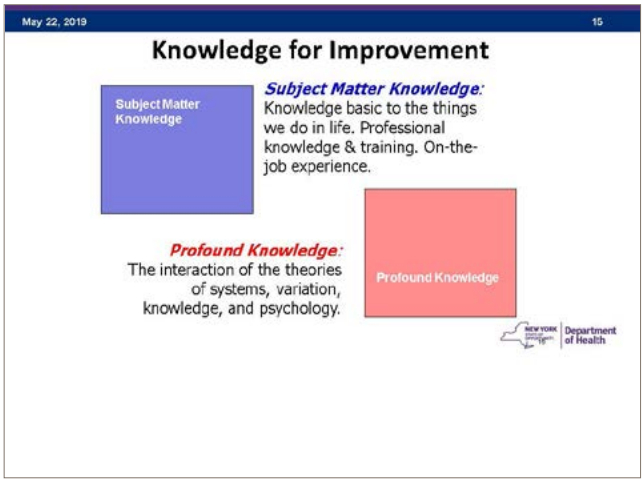

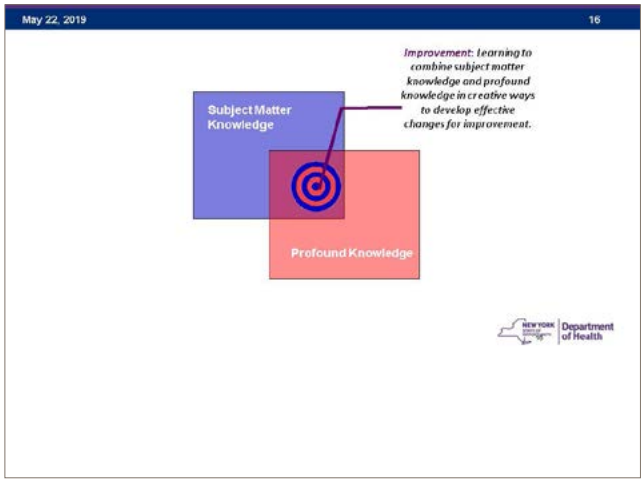

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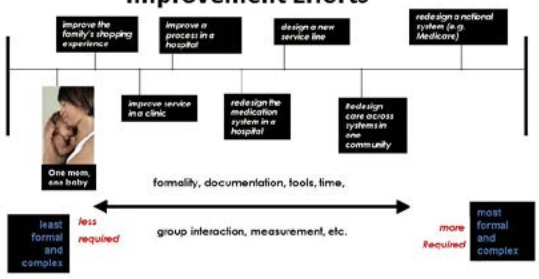
Important Principles for Quality Improvement

- Customer Focus
- Systems and Process view
- Measurement of system and processes
- Motivation and Rewards of people
- Learning and Knowledge
- Pragmatic Use of Scientific Method

May 22, 2019 18

Scale of Formality of Approach for Improvement Efforts



May 22, 2019 19

All improvement requires change

Think back to an easy change you made that was an improvement

- What made it easy?
- Who supported you in the change?
- Why do you think it was easy?

May 22, 2019 20

Think back to a change that was hard to make, so hard, you might have given up

- What made it hard?
- What barriers did you face?
- What do you think it was so difficult to make this change or this improvement?

May 22, 2019 21

Not all changes are improvements

- *"All improvement requires changes, but all change does not result in improvement."*
  – *Source Unknown*
- What change have you experienced that has NOT resulted in improvement?

May 22, 2019 24

The Model for Improvement
(MFI)
is a method to help increase the odds that the changes we make are an improvement.

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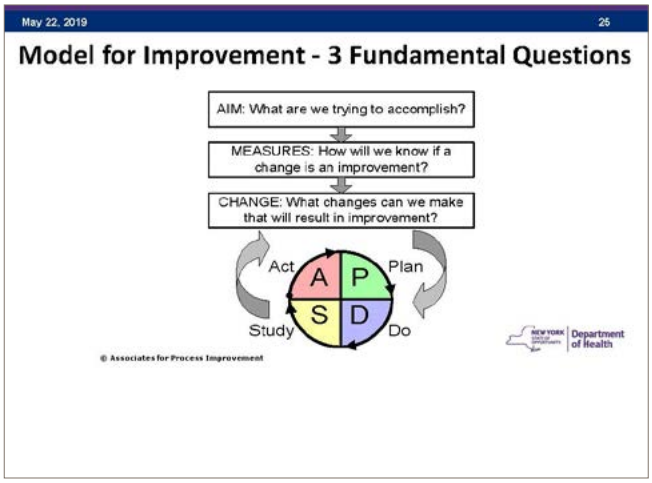

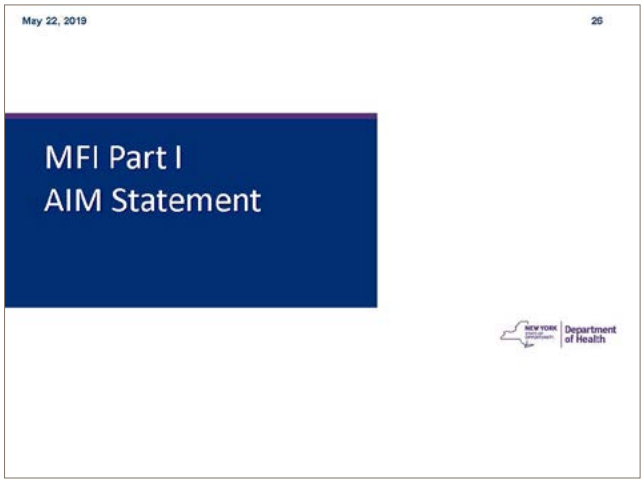

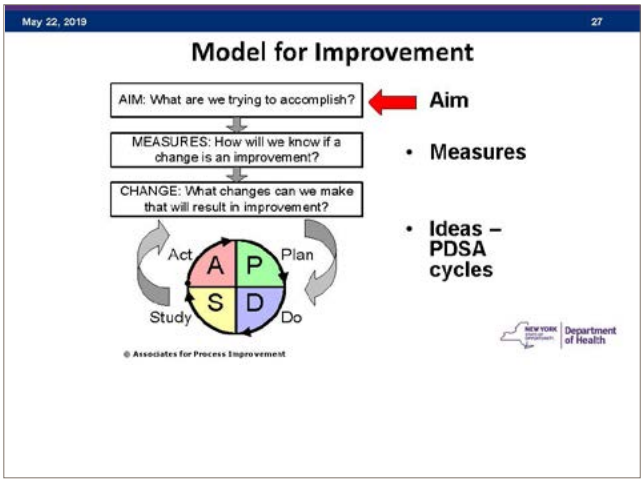

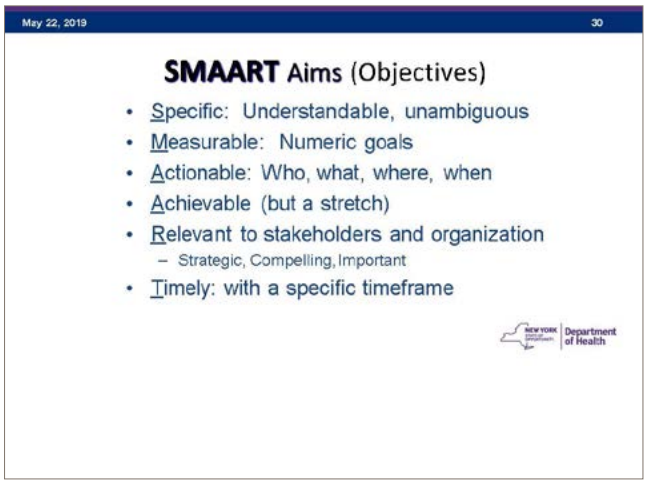

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Developing the Aim Statement

- Align with strategic goals of the organization
- Use numerical goals consistent with your project plan
- Write a clear and concise statement indicating "who, what, when, and where "
  - **Who** will undertake the work, and who will be affected by it
  - **What** does the team intend to do
  - by **When** will the aim be accomplished
  - **Where** - define pilot site and spread site(s)

May 22, 2019 32

Sample Aim Statement

Happy Valley Pediatrics intends to identify, treat, and prevent children who are at risk for obesity or are obese so that:

95% of 2-12 year olds have BMI in chart & are classified;
95% who are overweight are medically assessed
95% have follow up contact within 4 weeks of overweight finding
95% have care plan with goals

IS THIS AIM START (Specific, Measurable, Actionable, Achievable, Relevant Timely)? If not what's missing?

May 22, 2019 33

NYSPQC Safe Sleep Project Aim Statement

By September 2016, we AIM to reduce infant sleep-related deaths in NYS by improving safe sleep practices for infants. To accomplish this, we will form a multidisciplinary team (with members from our OB and neonatal care units) and work to implement evidence based infant mortality reduction strategies to achieve:

- ≥ 10% Increase in infants placed to sleep in a safe sleep environment during hospitalization
- Document education for > 95% of caregivers prior to discharge; and
- > 95% of caregivers reporting prior to discharge that they understand safe sleep educational messages (infant to sleep alone, on back, in crib).

IS THIS AIM START (Specific, Measurable, Actionable, Achievable, Relevant Timely)? If not what's missing?

May 22, 2019 34

Pre and Interconception Project Aim

Aim of Community Pilots

Pilots will develop a specific aim statement for their project.

An Aim statement summarizes what your pilot hopes to achieve during the project.

The Aim statement should be time specific, population specific and measurable. For example,

By September 2016, the number of local primary care providers that reported integrating the "one key question" into primary care visits will increase from x to y.

May 22, 2019 35

Individual Team AIM Statements

1. Draft your team AIM statement to assure it meets the SMAART criteria
   - Specific: Understandable, unambiguous
   - Measurable: Numeric goals
   - Actionable: Who, what, where, when
   - Achievable (but a stretch)
   - Relevant to stakeholders and organization
   - Timely: with a specific timeframe

2. SS Teams add your AIM statement to your Storyboard for LS 1 Sept 9th

(After LS1 you will have an opportunity to revise and finalize your AIM statement)

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MFI Part II
Measurement

Department of Health

May 22, 2019 38

AIM: What are we trying to accomplish?

MEASURES: How will we know if a change is an improvement?

CHANGE: What changes can we make that will result in improvement?

- Aim
- Measures
- Ideas – PDSA cycles

© Associates for Process Improvement

Department of Health

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How do we know that a change is an improvement?

Improvement efforts should focus on developing and making changes, not measurement.

But measurement plays an important role:

- Key measures are required to assess progress on the team's aim
- Specific measures are required for learning during PDSA cycles
- Balancing measures are needed to assess whether the system as a whole is being improved
- Data from the system (including from patients and staff) can be used to focus improvement and refine changes

Department of Health

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Four Types of Measures: Improving Diabetes Screening Example

- **Outcome**
  - Measures direct effect on the patient, the voice of the customer
  - Example: HgbA1C
- **Process**
  - Measures the change in how care is provided to the patient, the workings of the system
  - % of patients with HgbA1C measured at initial visit
- **Structural**
  - Measures about the environment in which care is provided
  - Use of an electronic medical record
- **Balancing**
  - Measures unintended effect of the desired change
  - % patients screened for hypertension

Department of Health

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Data for Improvement Use of Run Charts

- For purpose of improvement, "Tracking a few key measures over time is the single most powerful tool an improvement team can use."
  - Source: IHI

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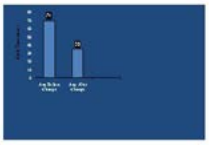
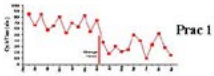
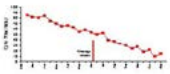
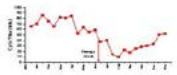
Why do we track measures using Run Charts?









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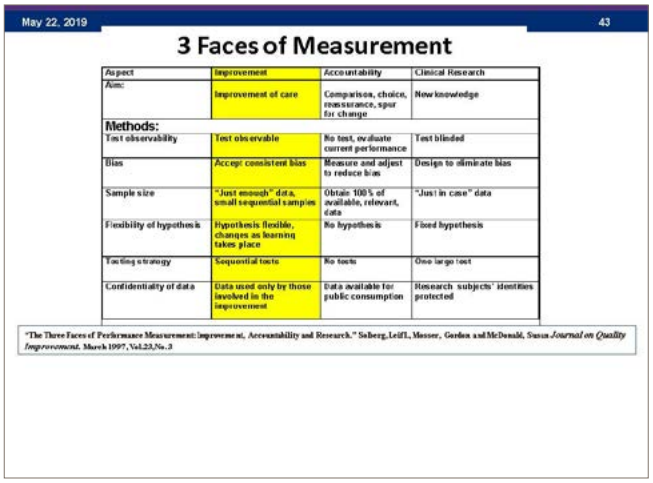
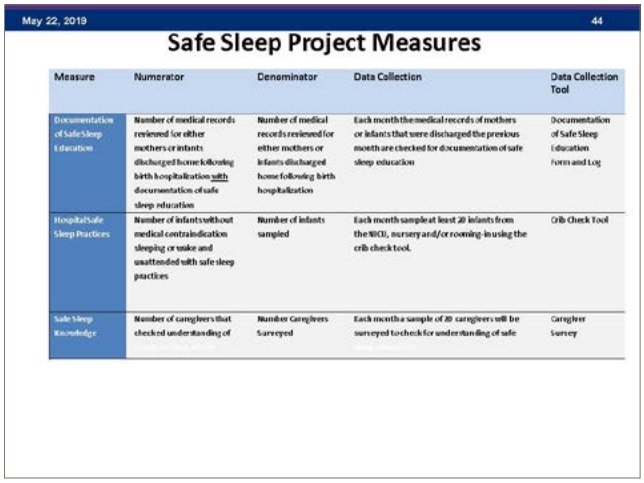
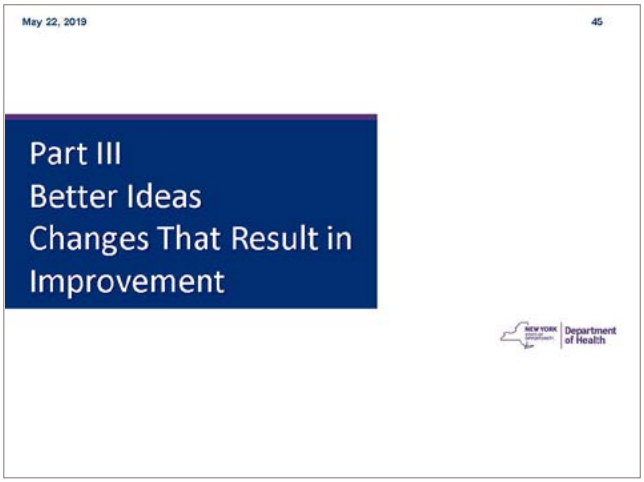
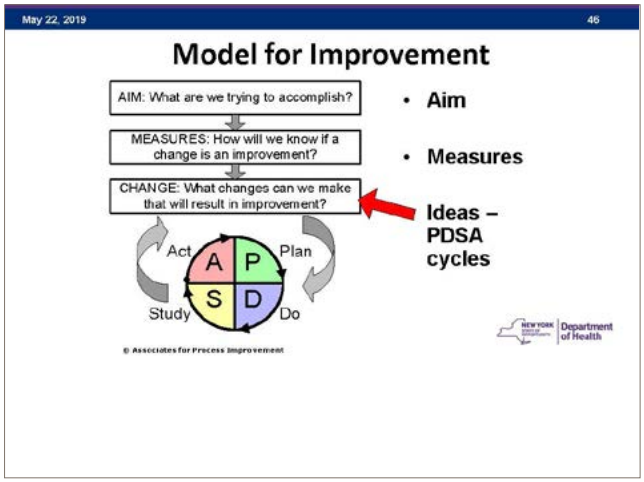
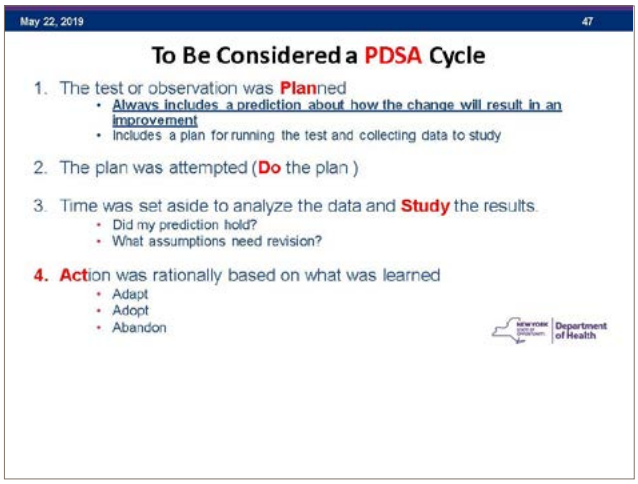
Introduction to Improvement 101

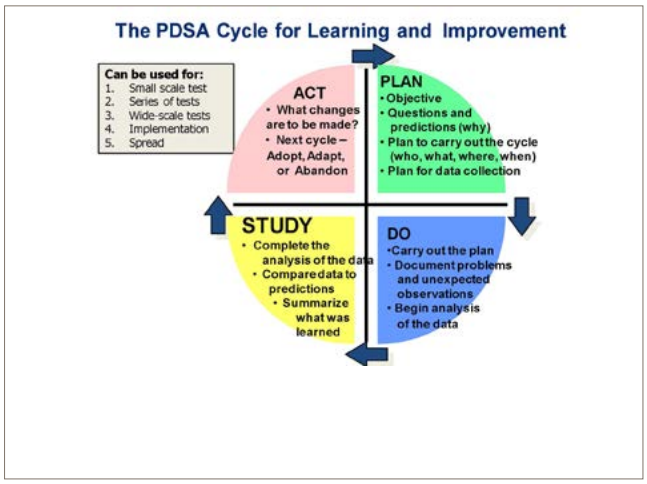












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What is a test?

- Putting a change into effect on a temporary basis & learning about its impact

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What it is NOT!

- Data collection
- Implementing a solution
- A project plan OR an action plan
- Rolling out an educational program
- Getting a form, policy, procedure approved by the official committees

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Tests v. Tasks

A Test:
- Allows you to predict an improvement
- Provides quick feedback
- Allows you to try something
- Allows you to make changes
- Helps identify what changes should be made

A Task:
- Is the Vital Behavior that has to happen for the action to take place
- Should be identifiable
- Should be defined
- Might be supported by evidence

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Tests v. Tasks

Desired Change – eating a healthier diet.

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Tests v. Tasks

Desired Change – eating a healthier diet.

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Why test?

- Forces us to think small
- Increases your belief that the change will result in improvement
- Predict how much improvement can be expected from the change – and confirm or abandon your prediction
- Opportunity for learning without impacting performance
- Learn how to adapt the change to conditions in the local environment

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Why test?

- Evaluate costs and side-effects of the change
- Minimize resistance upon implementation
- Localize a good idea to my practice setting
- Allows you to see how to adapt and make changes before implementing
- Provides a history for how you came to your end result

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Successful Cycles to Test Changes

- Plan multiple cycles for a test of a change
- Think a couple of cycles ahead
- Initially, scale down size of test (# of patients, clinicians, locations)
- Test with volunteers
- Do NOT try to get buy-in or consensus for test cycles
- Be innovative to make test feasible
- Collect useful data during each test
- In latter cycles, test over range of conditions

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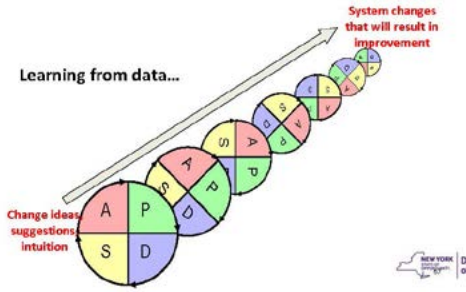
Building Confidence for Change



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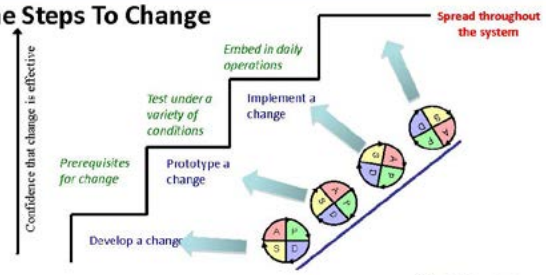
The Steps To Change



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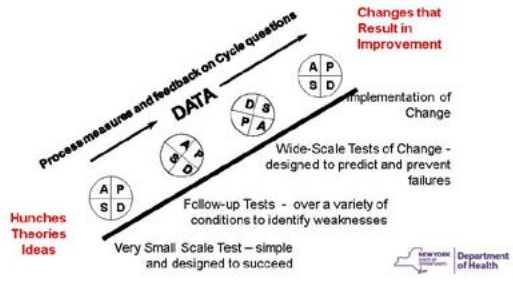
Repeated Use of the PDSA Cycle



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Current Situation		Resistant	Indifferent	Ready
Low Confidence that current change idea will lead to improvement	Cost of failure large	Very Small Scale Test	Very Small Scale Test	Very Small Scale Test
	Cost of failure small	Very Small Scale Test	Very Small Scale Test	Small Scale Test
High Confidence that current change idea will lead to improvement	Cost of failure large	Very Small Scale Test	Small Scale Test	Large Scale Test
	Cost of failure small	Small Scale Test	Large Scale Test	Implement

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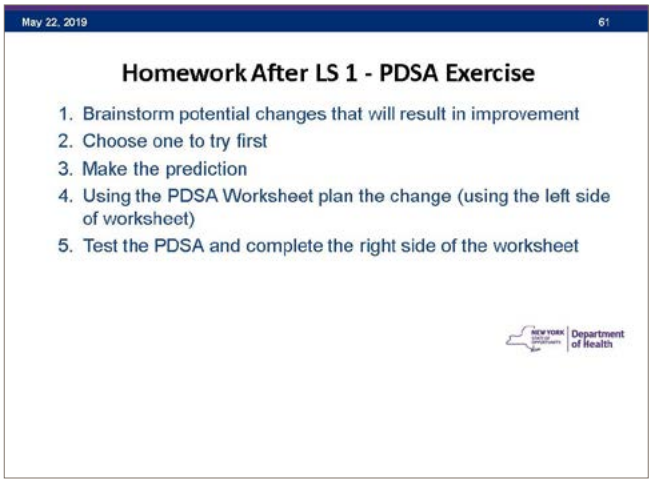
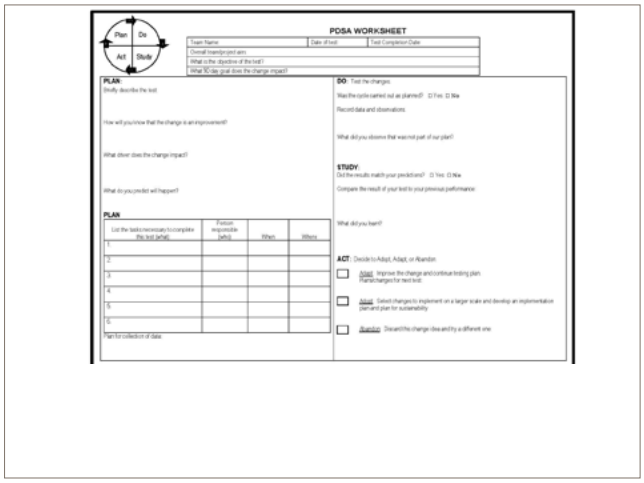
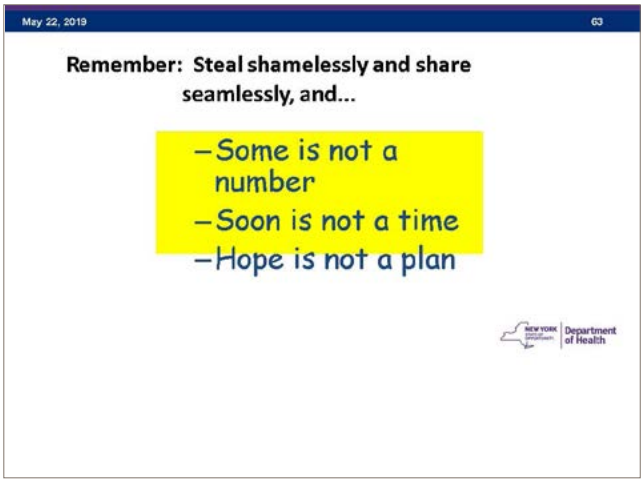






AIM Statement Worksheet

Review of AIM Statement Worksheet

Hospital Team: _____

AIM Statement being reviewed:

Review the AIM statement for the components of a SMART AIM = Specific, Measureable, Achievable, Realistic and Timely:

1. **SPECIFIC** – Is the statemement precise about what the team hopes to achieve?

2. **MEASURABLE** – Are the objectives measureable? Will you know if the changes resulted in improvement?

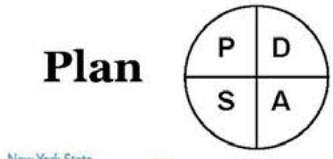
3. **ACHIEVABLE** – Is this doable in the time you have? Are you attempting too much? Could you do more?

4. **REALISTIC** – Do you have the resources needed (people, time, support)?

5. **TIMELY** – Do you identify the timeline for the project – when will you accomplish each part?

Quality Improvement (QI) Tools

PDSA Tutorial



New York State nyspQc Perinatal Quality Collaborative

NYSPQC PDSA Tutorial

NICHQ National Institute for Children's Health Quality

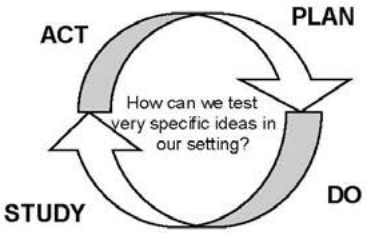
1. Gather ideas about what changes will lead to improvement

You need to understand some basic information about what are the existing challenges to caregivers using safe sleep practices every time infant is asleep. For example, are the challenges you are facing related to issues in how you provide education; role clarification, delegation, staff education, lack of leadership support, or tools and prompts? Consider who could offer insight into the particular area and ideas for improving it.

This is a "thinking" step that will help to explore the reasons why areas of practice have become less than optimal. Understanding barriers that prevent change will help you plan initiatives that anticipate and overcome barriers.

PDSA cycles are small tests designed to help you make progress toward a goal. Small tests do not necessarily mean small changes; rather, small tests represent small steps needed to achieve significant improvement.

PDSA Cycle



2. Plan the PDSA Cycle

It is important to develop a detailed plan for your PDSA so that you know exactly what needs to occur in your DO phase (who will do it, which patients it will involve, and how you will track your progress). When planning, ask yourself the following questions:

- What are we testing?
- Who are we testing the change on?
- When are we testing?
- Where are we testing?
- Who will implement the cycle?
- What is our measurement plan?

1

Don't forget to make a prediction.
Anticipating the impact of your cycle will help you to focus on

- Planning
- Areas for improvement
- Clarifying measures
- Being creative

When predicting, ask yourself, "What do you expect to happen?" Making a prediction will assist in anticipating what might come next and whether or not the cycle was a success or failure. If it did not go as planned it should not be seen as "a failure" but rather a learning opportunity – failed tests help plan subsequent tests, but for this to work your team must take the time to understand why (Study).

Don't forget to include measurement plan.
Integrate the study part of the PDSA into the daily routine as much as possible. What you measure to show if your PDSA resulted in an improvement may or may not be the same as the measures you use for the Collaborative reports. Usually the study part of the PDSA cycle can be an observation, or asking one of the team members their impression of how the test of change went. Build on existing systems when re-designing. What examples of success within your office can you learn from?

Example:
Goal: Increase caregiver education and buy-in for safe sleep practices in hospital and at home.
What is being tested: *Mother Baby Unit is running a PDSA on use of a Safe Sleep Educational tool*
Prediction: *New tool will help build caregiver buy-in for safe sleep practices in hospital and at home*
When/Where/Who: *Nurse offers card to Mom on transfer from L&D to Mother Baby Unit.*
Measurement: *Nurse will report how mother's responded to the new tool.*

3. Conduct the Cycle (DO)
Carry out the cycle, collect data and begin analysis. Don't forget to seek opinions about changes tested in this cycle.

Example:
Nurses gave the card to 5 new patients last Wed and reported patient response.

4. Analyze the Results (STUDY)
Studying the results allows you to answer the questions:

- Was this change an improvement?
- If yes, do we need more information before implementing the change with others in the practice (e.g., Test again on different days with different staff)?
- If not, what have we learned from this test? What could we do differently next time to make it an improvement over the current system? What additional information do we need to achieve an improvement?
- Share your results: Plot data of key measures each week and display for others in the office to see. Seek input from everyone in your office.

2

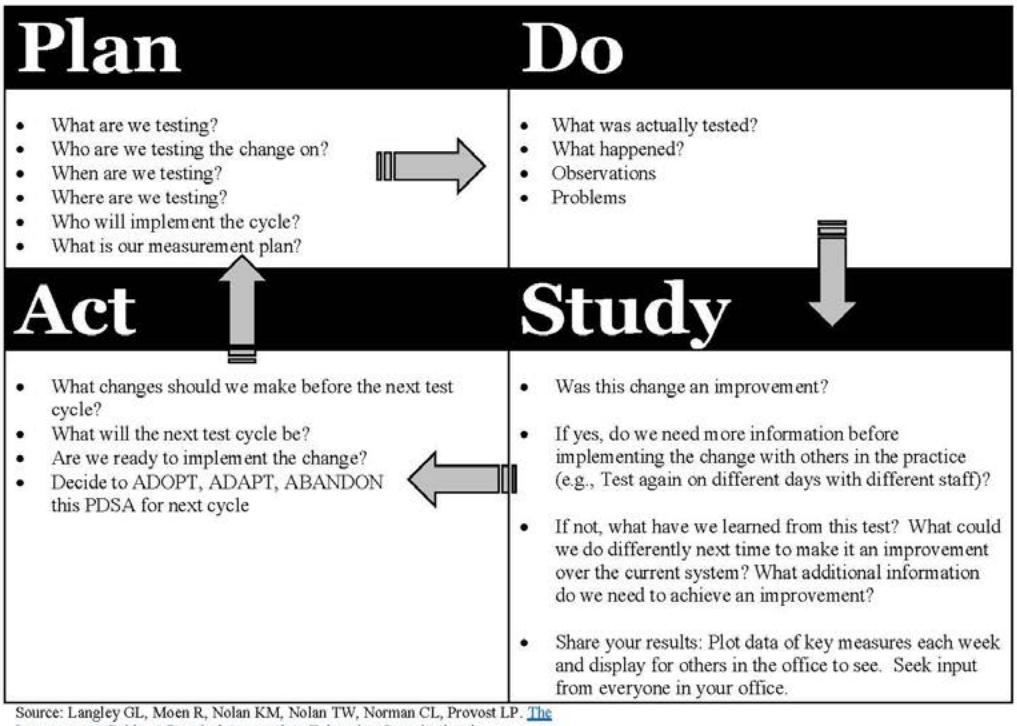
Example: All 5 patients were interested and responded well to the messages on the tool. However, the nurse noted that 1 infant was transferred in bed with mother and 1 infant was transferred in a crib propped in side-lying position.

5. Decide What to Do Next (ACT)
Identify what changes are to be made in the current cycle, from this, identify your next cycle. "The science in PDSA is in the act of reflection, learning from what one did. Those who want improvement to occur need to reserve specific times to ask, 'What did we learn, and how can we build on it?"
Decide if you want to Adopt, Adapt or Abandon your PDSA based on the results you've studied.

Example: The results of the nurse observation were discussed with the team who realized the education on transfer to MBU was "too late" and unsafe sleep practices had already occurred.

*Potential Next Cycles: Plan **ADAPT** the PDSA by testing the use of the tool in L&D PRIOR to the delivery of the infant if possible (if not possible prior to delivery while mom is in early labor it will be done after delivery before the infant is asleep the first time). Education for L&D nurses is also needed and planned.*

PDSA Cycle

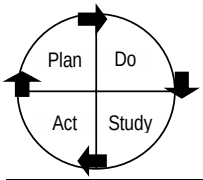


Source: Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

3

Quality Improvement (QI) Tools

PDSA Worksheet



PDSA WORKSHEET

Full facility name:	Date of test:	Test Completion Date:
Overall organization/project AIM:		
What is the objective of the test?		

PLAN:
Briefly describe the test:

How will you know that the change is an improvement?

What driver does the change impact?

What do you predict will happen when you run this test (what do you think will improve)?

PLAN

List the tasks necessary to complete this test (what)	Person responsible (who)	When	Where
1.			
2.			
3.			
4.			
5.			
6.			

Plan for collection of data:

DO: Test the changes.
Was the cycle carried out as planned? ☐ Yes ☐ No
Record data and observations.

What did you observe that was not part of our plan?

STUDY:
Did the results match your predictions? ☐ Yes ☐ No

Compare the result of your test to your previous performance:

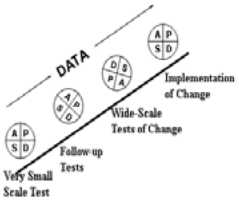
What did you learn?

ACT: Decide to Abandon, Adapt, Adopt

☐ Abandon: Discard this change idea and try a different one.

☐ Adapt: Improve the change and continue testing plan. Describe what you will change in your next PDSA:

☐ Adopt: Select changes to implement on a larger scale and develop an implementation plan and plan for sustainability



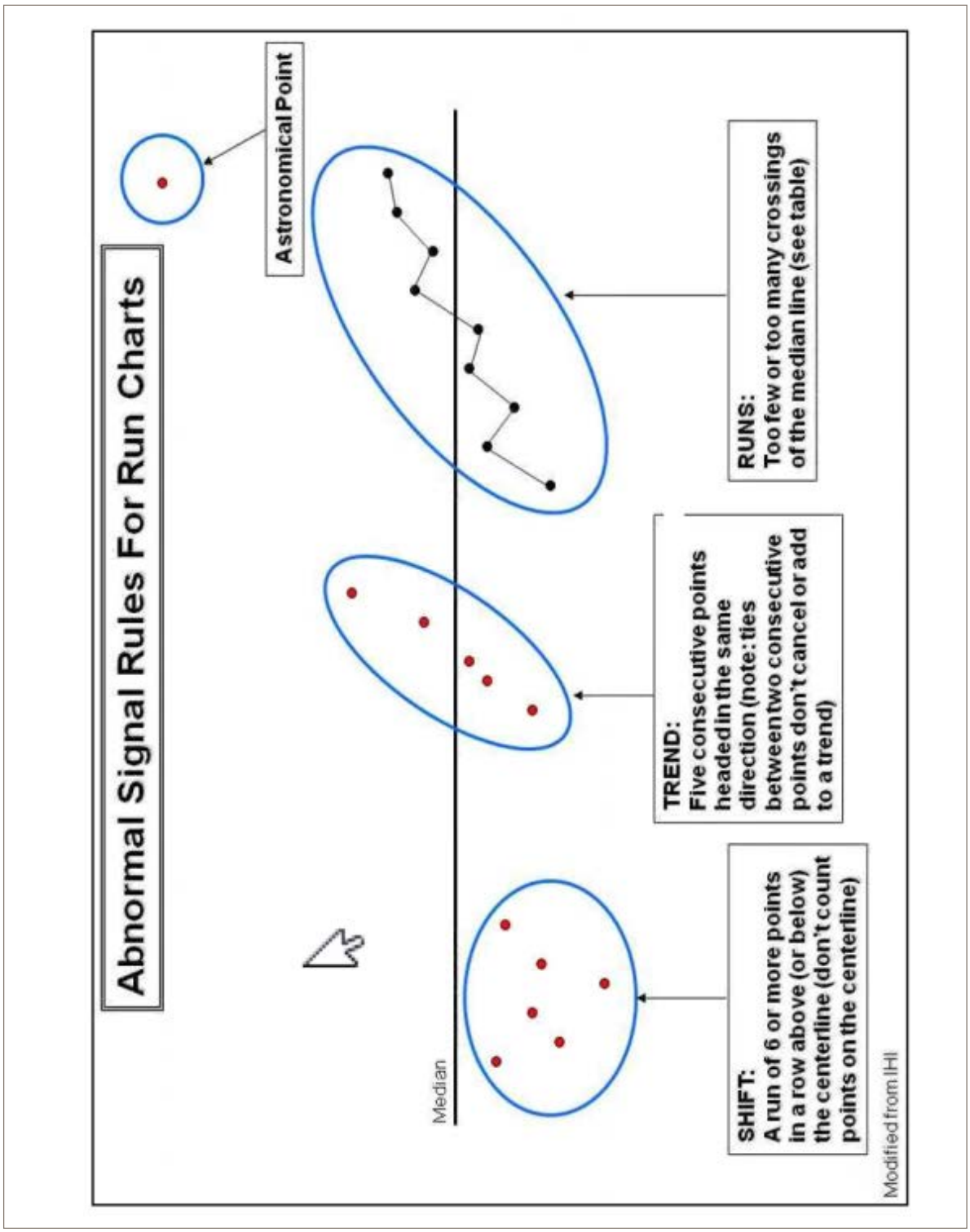
If you plan to adopt, describe plans for your next 2 - 3 PDSA cycles of follow –up tests and implementation?

NYC HEALTH + HOSPITALS WOODHULL MEDICAL CENTER

The PDSAs identified that staff had their own myths and cultural belief regarding baby's sleep practices. Because of PDSAs, we identified the need to standardize staff education.

Quality Improvement (QI) Tools

QI Variation Shifts and Trends



4

NYSDOH Infant Safe Sleep Materials

Contents

Click on titles/page numbers to go to directly to each section

DRIVER
Engage and activate infant caregivers and the community to support infant safe sleep.

Contents

Click on titles/page numbers to go to directly to each section

Collaboration

The NYSDOH partnered with various state agencies and organizations to co-brand and disseminate infant safe sleep educational materials. Specifically, this included the NYS Office of Children and Family Services, NYS Department of Motor Vehicles and Women, Infants, and Children (WIC). These safe sleep materials included a brochure available in the seven most commonly spoken languages in NYS, mirror clings, magnets, posters in English and Spanish, and crib cards. Posters were shared across the state in public locations such as malls, bus shelters and stores. Messaging was done in multiple languages to address the diverse population in NYS.

The NYSDOH developed a safe sleep patient education video, which was posted on YouTube in English and Spanish, and shared with all NYS birthing hospitals, community-based organizations, and other stakeholders. To ensure the safe sleep video was accessible and usable for all birthing hospitals and stakeholders, it was closed captioned into additional languages, and made available to birthing hospitals on both flash drives and DVDs. The video was also shared with the NYS Department of Motor Vehicles and the Thruway Authority, to be shown on continuous video loops in waiting areas and at rest stops. These efforts increased exposure of the content. The video, which is also available on flash drives and DVDs, is available on YouTube.

The campaign materials are free and available to download from www.health.ny.gov/safesleep.

NYC HEALTH + HOSPITALS/ELMHURST

Back to Sleep/Healthy Sleep Habits is part of our plan of care and goals on admission, during the patient stay, and at time of discharge. NYSDOH Safe Sleep posters are disseminated all over the hospital including the in-patient postpartum area, NICU, lobby, pediatric and obstetrics clinics, Labor & Delivery, WIC, Breastfeeding Clinic, breastfeeding rooms, and childbirth classroom. The NYSDOH Safe Sleep video is continuously being broadcasted on television at waiting areas and added to NYC Health and Hospitals Newborn Channel Video-on-demand. The NYSDOH Safe Sleep hand-out stations are available at every Nursing Station and NICU hallway.

SARATOGA HOSPITAL

We incorporated the NYSDOH safe sleep resources into patient education materials. We distributed information to obstetric and midwife offices, and placed safe sleep crib cards on each crib throughout the mother-baby unit.

NYSDOH/MCH Information for Action

An **Information for Action** document was developed to provide basic information and action steps on infant mortality related to an unsafe sleep environment. The bulletin includes data for NYS including racial and ethnic differences related to IM due to unsafe sleep and key measures from PRAMS - Pregnancy Risk Assessment Monitoring System and OPHP – NYSDOH Office of Public Health Practice (e.g., placing a baby on its back to sleep, co-sleeping). It also includes action steps including "do's and don'ts" for safe sleep, what parents, healthcare providers, community-based organization and local health departments can do, and resources for additional action. Information for Action bulletins are developed by Title V staff in collaboration with the DOH OPHP that provide basic data and information on public health priorities as well as strategies to address the issue.

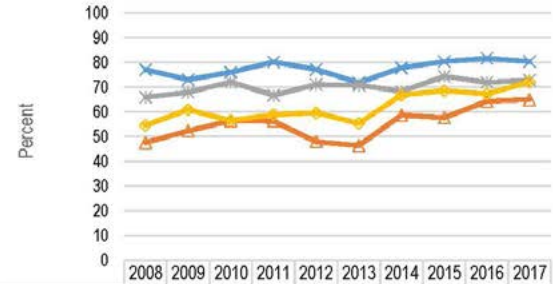
NYSDOH/MCH Information for Action

NEW YORK STATE | Department of Health | Maternal and Child Health Information for Action

Promoting Safe Sleep Practices in New York State

Approximately 90 infants die suddenly or unexpectedly each year in New York State (NYS). These infant deaths are referred to as sudden unexpected infant deaths (SUID) and are often attributed to unsafe sleep practices. When no cause can be identified, the death is labeled as Sudden Infant Death Syndrome (SIDS). The American Academy of Pediatrics recommends the ABCs of Safe Sleep, with infants sleeping **alone**, on their **backs**, in a safe **crib**, and in a **smoke-free home** for every nap or sleep time. Despite widespread efforts to promote these safe sleep practices, 1 in 5 NYS mothers say they share a bed with their infant. This puts babies at higher risk of SUID, which is more likely to occur when an infant is placed on his/her stomach to sleep, shares a bed with a parent or sibling, or sleeps on an unsafe surface or with bumpers, blankets or toys in the crib. SUID is the third leading cause of infant mortality in NYS, after complications from preterm birth and birth defects. It is important for providers to spend time discussing safe sleep practices with parents/caregivers and to ask for a commitment to follow these safe sleep practices.

Figure 1. Percentage of infants who are placed on their back to sleep by race/ethnicity in NYS, NYS PRAMS 2008-2017



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
White, NH	77.1	73.1	76	80.2	77.2	71.8	77.8	80.4	81.7	80.4
Black, NH	47.5	52.3	56.4	56.2	47.9	46.3	58.7	57.6	64.3	65
Other, NH	65.9	67.9	72.1	66.7	71.1	70.9	68.3	74.4	71.9	72.9
Hispanic	54.5	60.9	56.5	58.9	59.6	55.3	66.8	68.6	67.2	72.1

The risk of SUID can be greatly reduced by following simple safe sleep guidelines

What does the data show?

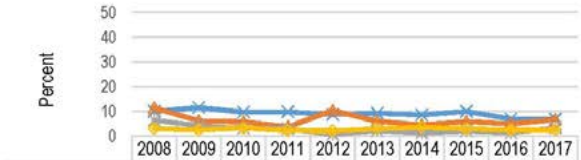
- The Healthy People 2020 goal (MCH-20) is for 75.8 percent of infants to be placed to sleep on their backs.
- The percentage of mothers placing their babies to sleep on their back has increased from 74.2 percent in 2016 to 75.3 percent in 2017 (PRAMS).
- In 2017, 65 percent of non-Hispanic, Black mothers reported placing their babies on their backs to sleep compared to 80.4 percent of Non-Hispanic, White mothers (Figure 1).
- In 2017, 6.9 percent of non-Hispanic, White mothers smoked during pregnancy compared to 2.5% of Hispanic mothers (Figure 2).

NYSDOH/MCH Information for Action

NEW YORK STATE Department of Health | Maternal and Child Health Information for Action

Risk Factors for Sudden Unexplained Infant Death in NYS

Figure 2. Percentage of women who report smoking during the last three months of pregnancy by race/ethnicity in NYS, NYS PRAMS 2008-2017



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
White, NH	10	11.6	9.7	9.8	8.8	9.3	8.6	10	7	6.9
Black, NH	11.5	6.2	5.8	3.8	10.4	6	4.6	5.9	5	6.7
Other, NH	6.5	4.2	3.2	3.1	0.7	2.3	1.3	2.1	1.4	3.5
Hispanic	3.1	2.5	3.4	2.3	2.2	3	3.6	3	2.5	2.5

In 2017, 6.9% of White, non-Hispanic women and 6.7% of Black, non-Hispanic women reported smoking during the last three months of pregnancy, compared to 10% and 11.5% respectively in 2008.

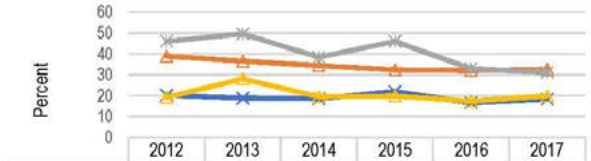
Maternal Smoking

If a pregnant woman smokes, her baby shares every cigarette she smokes. One cigarette a day while you are pregnant doubles your baby's risk of dying from sudden unexpected infant death (SUID)[1]. Quitting smoking is one of the best things you can do for your baby.

[1] Maternal Smoking Before and During Pregnancy and the Risk of SUID

NYSDOH Smoking Cessation and Pregnancy Campaign

Figure 3. Percentage of mothers who report co-sleeping with their infant by race/ethnicity in NYS, NYS PRAMS 2012-2017



	2012	2013	2014	2015	2016	2017
White, NH	20.2	18.8	18.6	22	16.6	18.4
Black, NH	38.9	36.5	34.4	32.4	32	32.6
Other, NH	46	49.6	38.5	46	32.9	31.1
Hispanic	19.2	28	19.5	19.9	17.4	19.8

In 2017, 32.6 percent of Black, non-Hispanic mothers reported co-sleeping with their infant compared to 18.4 percent of White, non-Hispanic mothers. From 2012 – 2017 the rate of co-sleeping declined overall.

Co-sleeping

Co-sleeping or bed-sharing is a practice in which babies and young children share a sleep surface (i.e. bed) with one or both parents. In its 2016 recommendations, the American Academy of Pediatrics says this practice" should be avoided at all times." Co-sleeping puts babies at risk for sleep-related deaths, including sudden infant death syndrome, accidental suffocation and accidental strangulation.[2]

[2] AAP 2016 Recommendations

NYSDOH Sudden Unexpected Infant Death (SUID) due to Unsafe Sleep Practices

NYSDOH/MCH Information for Action

Safe Sleep for Baby Videos

Safe Sleep Video in English

Safe Sleep Video in Spanish

KEEP YOUR BABY SAFE

FOLLOW THE ABCS OF SAFE SLEEP:

- **A** – **Alone.** Baby should sleep Alone.
- **B** – **Back.** Put baby on their Back.
- **C** – **Crib.** Put baby in a safe Crib
- **S** – **Smoke-free Home.**

Do's and **Don'ts** for Safe Sleep	
DO put your baby to sleep on his/her back	**DON'T** put your baby to sleep on his/her side or stomach
DO put your baby in a crib to sleep for naptime and bedtime	**DON'T** use a couch, recliner, adult bed, car seat, swing, bouncy seat, stroller, infant carrier, or infant sling for routine sleep
DO use a firm crib mattress covered by a fitted sheet designed for specific product	**DON'T** use blankets, pillows, toys, or bumper pads in the crib
DO put your baby's crib in the same room as your bed (room-sharing)	**DON'T** sleep in the same bed as your baby (co-sleeping)
DO breastfeed your baby, and put your baby in the crib after feeding	**DON'T** sleep with your baby in bed after breastfeeding
DO use a pacifier for sleep	**DON'T** hang the pacifier around your baby's neck
DO keep your baby's immunizations up to date	**DON'T** smoke in your home or around your baby

NYSDOH/MCH Information for Action

Taking Action to Promote Safe Sleep in New York State

What is the NYS Department of Health (NYSDOH) doing?

- Improving safe sleep practices through promotion of the ABCs of Safe Sleep campaign.
- The NYSDOH is collaborating with other states, the National Institute for Children's Health Quality (NICHQ), and community-based organizations, particularly Healthy Start and Maternal and Infant Community Health Collaboratives (MICHCs), in the national Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN) to improve safe sleep practices.
- Through the National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN), led by NICHQ, the NYSDOH is supporting three NYS hospitals working to make infant safe sleep and breastfeeding the national norm. The hospitals are implementing safety bundles to improve the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe sleep and breastfeeding.

What can parents and caregivers do?

- Remember the ABCs of Safe Sleep: Alone, Back, Crib, and in a Smoke-free Home.
- Always put your baby on his or her back to sleep, for naps and at night.
- Do not let your baby sleep in the same bed with you or another adult or child.
- Share a room, but not a bed, with your baby. Keep your baby's crib in the same room as your bed.
- Teach other family members or caregivers to always practice safe sleep.
- Use a firm mattress or other sleep surface.
- Keep soft objects, toys, crib bumpers and loose bedding out of your baby's sleep area.
- Do not smoke during pregnancy or after. If you do smoke, talk to your healthcare provider about getting help with quitting.

Local health departments and community organizations

- Promote messages such as the ABCs of Safe Sleep to improve knowledge, attitudes and behaviors about safe sleep practices.
- Ensure providers and family members are knowledgeable about safe sleep recommendations.
- Collect input from the community to better understand why some women do not put their babies on their back to sleep or why some caregivers choose to bedshare.
- Develop or use existing campaigns to support and promote safe sleep practices based on community input.

Health care providers

- Talk with women during pregnancy and after birth about their sleep practices with their baby.
- Listen to women and caregivers and ask questions.
- Model safe sleep practices at all times while the infant is in your care in the hospital.
- Provide parents with educational safe sleep information.
- Encourage women to breastfeed their babies and practice safe sleep and breastfeeding together.
- Provide parents and caregivers with the tools and resources to quit smoking.
- Use materials from the NYSDOH Safe to Sleep Campaign in waiting rooms and exam rooms to reinforce the safe sleep message. Materials Order Form

NYSDOH/MCH Information for Action

NYS Maternal and Child Health Block Grant

2015-2020 State Action Plan

NYS Maternal and Child Health Block Grant Application 2020

The Maternal and Child Health Services Title V Block Grant provides funding to States to improve the health and wellness of women, children and families. New York's Title V State Action Plan focuses on reducing health disparities and improving the health of all New Yorkers across the life span in the areas of maternal and women's health, perinatal and infant health, child health including children with special health care needs, and adolescent health.

Additional Resources:

Baby Safe Sleep Coalition
Safe Sleep Coalition

New York State Department of Health
Safe Sleep for Baby

Sudden Unexpected Infant Death and Sudden Infant Death Syndrome for Parents and Caregivers (CDC)
Learn What Parents and Caregivers can do to Help Babies Sleep Safely

National Institute of Health Safe to Sleep Campaign
Safe to Sleep Campaign

American Academy of Pediatrics
A Parent's Guide to Safe Sleep

Healthy People 2020
Healthy People 2020

Centers for Disease Control and Prevention
Maternal and Infant Health
Parents and Caregivers

New York State Department of Health
SIDS and SUID

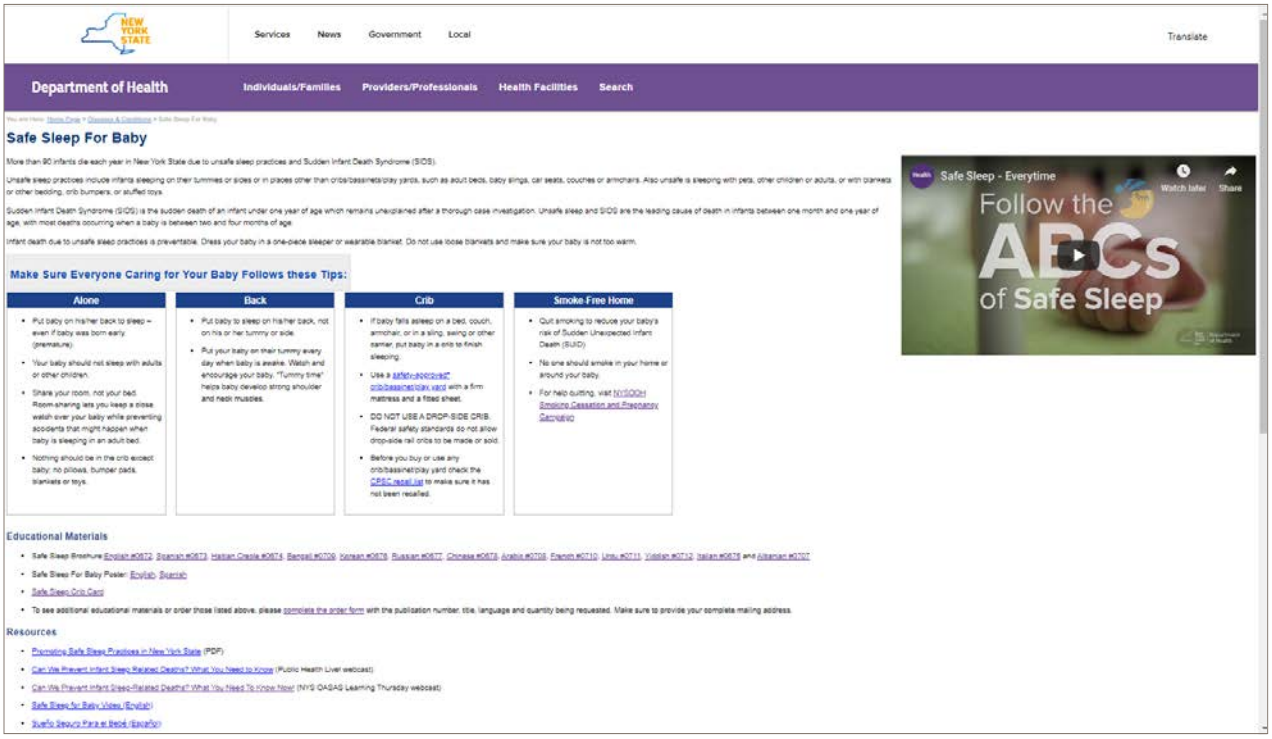
Pregnancy Risk Assessment Monitoring System (PRAMS)
PRAMS

National Institute of Child Health Quality
Infant Mortality CoIIN
NAPPSS-IIN

Contact: For more information, please send an email to NYSIMCoIIN@health.ny.gov.

NEW YORK STATE DEPARTMENT OF HEALTH

NYSDOH Web Links



NYSDOH Safe Sleep for Baby
www.health.ny.gov/safesleep

Safe Sleep for Baby Brochure - English #0672

Other Tips

TIPS

- Use a one-piece sleeper or wearable blanket. Don't use loose blankets.
- Be sure baby is not too warm.
- Breastfeed your baby.
- Try using a pacifier for sleep but don't force baby to take it.
- Get your baby immunized.
- If your baby is in a front or back baby carrier, be sure that baby's face is always visible.
- Never use a car seat, baby swing, carriage or other carrier without properly fastening all the straps. Babies have been caught in partially fastened straps and died.
- Make sure no one smokes in your home or around your baby.
- Don't use alcohol or drugs.
- Don't rely on home baby monitors.

Make sure **everyone** caring for your baby follows these tips!

health.ny.gov/safesleep

NEW YORK STATE Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

0672 5/19

Follow the ABCs of Safe Sleep

A Alone.
Baby should sleep **Alone.**

B Back.
Put baby on their **Back.**

C Crib.
Put baby in a safe **Crib.**

★ Alone. ★ Back. ★ Crib.

About 90 babies die each year in New York State from sleep-related causes. Right from the start, help your baby sleep safely every time sleep begins.

ALONE

- Put baby on their back to sleep – even if baby was born early (premature).
- Your baby should not sleep with adults or other children.
- Share your room, not your bed. Room-sharing lets you keep a close watch over your baby while preventing accidents that might happen when baby is sleeping in an adult bed.
- Nothing should be in the crib except baby; no pillows, bumper pads, blankets or toys.

BACK

- Put baby to sleep on their back, not on their tummy or side.
- Put your baby on their tummy every day when baby is awake. Watch and encourage your baby. "Tummy time" helps baby develop strong shoulder and neck muscles.

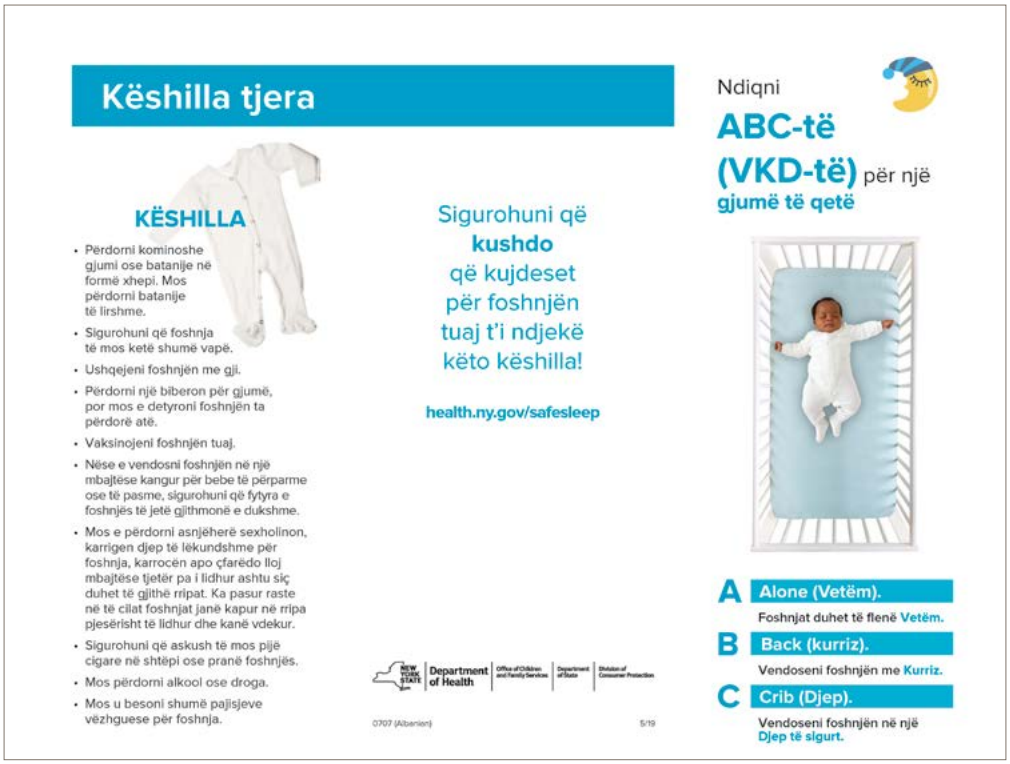
CRIB

- If baby falls asleep on a bed, couch, armchair, or in a sling, swing or other carrier, put baby in a crib to finish sleeping.
- Use a safety-approved* crib/bassinet/play yard with a firm mattress and a fitted sheet.
- DO NOT USE A DROP-SIDE CRIB. Federal safety standards do not allow drop-side rail cribs to be made or sold.
- Before you buy or use any crib/bassinet/play yard check the CPSC recall list at: www.cpsc.gov/Recalls/ to make sure it has not been recalled.

For crib safety, go to the Consumer Product Safety Commission:* **www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

CLICK HERE FOR WEB VERSION

Safe Sleep for Baby Brochure - Albanian #0707



Këshilla tjera

KËSHILLA

- Përdorni kominoshe gjumi ose batanije në formë xhepi. Mos përdorni batanije të lirshme.
- Sigurohuni që foshnja të mos ketë shumë vapë.
- Ushqejeni foshnjën me gji.
- Përdorni një biberon për gjumë, por mos e detyroni foshnjën ta përdorë atë.
- Vaksinojeni foshnjën tuaj.
- Nëse e vendosni foshnjën në një mbajtëse kangur për bebe të përparme ose të pasme, sigurohuni që fytyra e foshnjës të jetë gjithmonë e dukshme.
- Mos e përdorni asnjëherë sexholinon, karrigen djep të lëkundshme për foshnja, karrocën apo çfarëdo lloj mbajtëse tjetër pa i lidhur ashtu siç duhet të gjithë rripat. Ka pasur raste në të cilat foshnjat janë kapur në rripa pjesërisht të lidhur dhe kanë vdekur.
- Sigurohuni që askush të mos pijë cigare në shtëpi ose pranë foshnjës.
- Mos përdorni alkool ose droga.
- Mos u besoni shumë pajisjeve vëzhguese për foshnja.

Sigurohuni që **kushdo** që kujdeset për foshnjën tuaj t'i ndjekë këto këshilla!

health.ny.gov/safesleep

Department of Health

0707 (Albanian) 5/19

Ndiqni

ABC-të (VKD-të) për një gjumë të qetë

A Alone (Vetëm).
Foshnjat duhet të flenë Vetëm.

B Back (kurriz).
Vendoseni foshnjën me Kurriz.

C Crib (Djep).
Vendoseni foshnjën në një Djep të sigurt.

★Alone (Vetëm). ★Back (kurriz). ★Crib (Djep).

Çdo vit, në shtetin e Nju Jorkut vdesin rreth 90 foshnja vetëm për shkaqe që lidhen me gjumin. Që në fillim, ndihmojeni foshnjën tuaj të ketë një gjumë të qetë sa herë që fillon procesi i fjetjes.

ALONE (VETËM)

- Vendoseni foshnjën të flejë me kurriz mbi shtrat – edhe nëse foshnja ka lindur para kohe (me lindje e parakohshme).
- Foshnja juaj nuk duhet të flejë me të rritur apo fëmijë të tjerë.
- Ndani dhomën, por jo shtratin. Ndarja e dhomës ju mundëson ta vëzhgoni foshnjën tuaj duke parandaluar aksidentet që mund të ndodhin teksa foshnja juaj fle në një krevat për të rritur.
- Në djep nuk duhet të ketë asgjë përveç foshnjës suaj. Nuk duhet të ketë asnjë jastëk, ndarëse, batanije apo lodra.

BACK (KURRIZ)

- Vendoseni foshnjën me kurriz, jo me bark ose anash.
- Kthejeni foshnjën tuaj nga barku çdo ditë kur të zgjohet dhe të jetë nën vëzhgim. "Koha e kthimit nga barku" e ndihmon foshnjën tuaj të forcojë muskujt e shpatullave dhe të qafës.

CRIB (DJEP)

- Nëse foshnjën e zë gjumi në krevat, kolltuk, karrige, mbajtëse të lëkundshme apo çfarëdo lloj ndenjëse tjetër, vendoseni foshnjën në djep për ta përfunduar procesin e gjumit.
- Përdorni një djep/djep shportë/djep të mbyllur me siguri të certifikuar*, ku dysheku të jetë i qëndrueshëm dhe çarçafi i puthitur.
- MOS PËRDORNI DJEP ME PJESË ANËSORE QË ULET. Standardet federale të sigurisë ndalojnë prodhimin ose shitjen e djepeve me parmakë me pjesë anësore që ulet.
- Përpara se të blini ose të përdorni ndonjë krevat/djep/rrethore, kontrolloni listën e artikujve të tërhequr të Komisionit për Siguri e Produkteve për Konsumatorin (Consumer Product Safety Commission, CPSC) në adresën: www.cpsc.gov/Recalls/ për t'u siguruar që artikulli nuk është tërhequr nga tregu.

Për sigurinë e djepit, vizitoni Komisionin e Sigurisë së Produktit të Konsumatorit:* **www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

CLICK HERE FOR WEB VERSION

www.health.ny.gov/safesleep

BACK TO START OF TOOLKIT
BACK TO START OF SECTION

Safe Sleep for Baby Brochure - Arabic #0708

اتبعي
ABC
(أبجديات)
النوم الآمن

A Alone (بمفرده).
ينبغي أن ينام الطفل بمفرده.

B Back (على الظهر).
ضعي طفلك على ظهره.

C Crib (مهد الطفل).
ضعي الطفل في مهد الطفل الآمن.

نصائح أخرى

تأكدي من أن
جميع الأشخاص
الذين يقدمون الرعاية
لطفلك الرضيع يتبعون
هذه النصائح!

health.ny.gov/safesleep

النصائح

- استخدمي
بيجامة نوم من قطعة واحدة
أو بطانية قابلة للارتداء. لا
تستخدمي بطانية مهلهلة النسج.
- تأكدي من عدم التدفئة المفرطة
لطفلك.
- أرضعي طفلك رضاعة طبيعية.
- حاولي استخدام لهاية الطفل للنوم ولكن لا
ترغمي الطفل على تناولها.
- إعطاء طفلك التطعيمات المقررة.
- إذا كان طفلك في حامل الطفل الأمامي أو
الخلفي، فتأكدي من أن وجه طفلك يمكن رؤيته
دائمًا.
- عدم استخدام مقعد السيارة أو أرجوحة الطفل أو
عربة الطفل أو حامل آخر للطفل على الإطلاق
ما لم يتم تثبيت جميع أحزمة الأمان تثبيتًا مناسبًا.
فالأطفال يختنقون في أحزمة الأمان المثبتة جزئيًا
وهو ما يعرضهم للوفاة.
- تأكدي من عدم قيام أي شخص بالتدخين في
منزلك أو بالقرب من طفلك.
- لا تستخدمي الكحوليات أو المخدرات.
- لا تعتمدي على أجهزة مراقبة الطفل.

New York State Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

5/19 0708 (Arabic)

Alone (بمفرده). ★ Back (على الظهر). ★ Crib (مهد الطفل). ★

يلقى 90 طفلاً تقريبًا حتفهم سنويًا في New York State كنتيجة لأسباب متعلقة بالنوم.
من البداية، ساعدي طفلك على النوم الآمن في كل مرة يبدأ فيها النوم.

ALONE (منفردًا).

- ضعي طفلك على ظهره لينام - حتى لو كانت
ولادة الطفل تمت مبكرًا (خدج).
- لا ينبغي أن ينام طفلك مع البالغين أو الأطفال
الآخرين.
- شاركيه في حجرة نومك، وليس في سريرك.
فمشاركة حجرة النوم تسمح لك بمراقبة طفلك
عن قرب بينما عدم مشاركة السرير يمنع وقوع
الحوادث التي قد تحدث عندما ينام طفلك في
سرير البالغين.
- لا يُسمح بوضع أي شيء آخر في مهد الطفل ما
عدا الطفل؛ فلا يُسمح بالوسائد أو حواجز
امتصاص الصدمات أو البطانيين أو الألعاب.

BACK (على الظهر)

- ضعي الطفل لينام على ظهره، وليس على بطنه
أو جانبه.
- ضعي طفلك في وضع الاستلقاء على بطنه يوميًا
عندما يكون مستيقظًا وتنام مراقبته. يساعد "وقت
الاستلقاء على البطن" الطفل في تقوية عضلات
الكتف والرقبة.

CRIB (مهد الطفل)

- إذا غلب الطفل النوم ونام على سرير البالغين أو
أريكة أو كرسي ذي ذراعين أو في حقيبة الكتف
أو أرجوحة أو غيرها، فضعي الطفل في سرير
الطفل لإكمال نومه.
- استخدمي مهد الطفل/السرير المتحرك/ساحة
لعب الطفل المبطنة بمرتبة ثابتة وملائمة مناسبة
والمعتمدة من لجنة الأمان المختصة*.
- لا تستخدمي سرير أطفال مقتوحًا من أحد
الجانبين. تمنع معايير السلامة الفيدرالية تصنيع
أو بيع أسرّة الأطفال المفتوحة من أحد الجانبين.
- قبل أن تشتري أو تستخدمي أي سرير للأطفال/
لحديثي الولادة/ساحة للعب، تحققي من قائمة
الإلغاء لدى لجنة سلامة المنتجات الاستهلاكية
(CPSC) على: www.cpsc.gov/Recalls/
للتأكد من عدم إلغائها.

*للتعرف على إجراءات الأمان الخاصة بسرير
الطفل، توجه إلى Consumer Product Safety Commission (لجنة أمان وسلامة
منتجات المستهلكين):
www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

CLICK HERE FOR WEB VERSION

www.health.ny.gov/safesleep

BACK TO START OF TOOLKIT
BACK TO START OF SECTION

Safe Sleep for Baby Brochure - Bengali #0709

অন্যান্য পরামর্শ

পরামর্শ

- একটি ওয়ান-পিস স্লিপার বা পরিধানযোগ্য কম্বল ব্যবহার করুন। ঢিলেঢালা কম্বল ব্যবহার করবেন না।
- নিশ্চিত করুন বাচ্চার গা যেন খুব গরম না থাকে।
- আপনার বাচ্চাকে বুকের দুধ খাওয়ান।
- ঘুম পাড়াতে একটি প্যাসিফায়ার (চুষিকাঠি) ব্যবহার করার চেষ্টা করুন কিন্তু এটা নিতে বাচ্চাকে জোর করবেন না।
- আপনার বাচ্চাকে টিকা দিন।
- বাচ্চার মুখ যেন সবসময় দেখা যায় এমনভাবে আপনার বাচ্চাকে সামনের বা পিছনের বেবি ক্যারিয়ারে রাখুন।
- সমস্ত ভিত্তা সঠিকভাবে না বেঁধে কখনো গাড়ির সিট, বাচ্চার দোলনা, ক্যারেজ বা অন্যান্য ক্যারিয়ার ব্যবহার করবেন না। অনেক বাচ্চা আংশিকভাবে বাঁধা ভিত্তায় আটকা পড়ে মারা গেছে।
- কেউ যেন আপনার বাড়িতে বা আপনার বাচ্চার আশেপাশে ধূমপান না করে তা নিশ্চিত করুন।
- মদ্যপান বা মাদক সেবন করবেন না।
- হোম বেবি মনিটরের উপর নির্ভর করবেন না।

নিশ্চিত করুন আপনার বাচ্চার পরিচর্যাকারী সবাই যেন এই পরামর্শ অনুসরণ করে!

health.ny.gov/safesleep

New York State Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

0709 (Bengali) 5/19

নিরাপদ ঘুমের প্রাথমিক বিষয়গুলি (ABC) অনুসরণ করুন

A একা (অ্যালোন)।
বাচ্চা যেন একা ঘুমায়।

B ব্যাক।
বাচ্চাকে চিৎ করে শোয়াবেন

C ক্রিব (শিশুশয্যা)।
বাচ্চাকে নিরাপদ শিশুশয্যায় শোয়াবেন

★ Alone (একা)। ★ Back (ব্যাক)। ★ Crib (শিশুশয্যা)।

New York State প্রতি বছর প্রায় 90 জন বাচ্চা ঘুম সংক্রান্ত কারণ থেকে মারা যায়।
একদম শুরু থেকেই প্রত্যেক বার আপনার বাচ্চার ঘুম শুরু হওয়ার সময় তাকে নিরাপদে ঘুমাতে সাহায্য করুন।

ALONE (একা)

- ঘুমানোর সময় বাচ্চাকে চিৎ করে শোয়াবেন - এমনকি অকালজাত (প্রিম্যাচিওর) বাচ্চার ক্ষেত্রেও।
- আপনার বাচ্চাকে কোনো বয়স্ক বা অন্য বাচ্চাদের সাথে ঘুমাতে দেয়া উচিত নয়।
- আপনার কামরা ভাগাভাগি করুন, বিছানা নয়। কামরা ভাগাভাগি করলে আপনি বাচ্চার উপর নজর রাখতে পারেন ও বাচ্চা একজন প্রাপ্তবয়স্কের বিছানায় ঘুমালে যে সব দুর্ঘটনা ঘটতে পারে সেগুলি রোধ করতে পারেন।
- শিশুশয্যার মধ্যে বাচ্চা ছাড়া অন্য কিছুই থাকা হওয়া উচিত নয়; যেমন বালিশ, ব্যাম্পার প্যাড, কম্বল বা খেলনা।

BACK (ব্যাক)

- বাচ্চাকে চিৎ করে শোয়াবেন, উবু করে বা পাশ ফিরে নয়।
- অবশ্য, বাচ্চাকে প্রতিদিন উবু করে শোয়াবেন, যখন সে জেগে থাকে ও আপনার নজরে থাকে। "টামি টাইম" বাচ্চার কাঁধ ও পেটের পেশী পোক্ত করতে সাহায্য করে।

CRIB (শিশুশয্যা)

- যদি বাচ্চা কোনো বিছানা, পালঙ্ক, আরামকেদারায় বা কোনও রিং, দোলনা বা অন্য ক্যারিয়ারে ঘুমিয়ে পড়ে, তাহলে অবিলম্বে তাকে শিশুশয্যায় শুইয়ে দেবেন।
- একটি নিরাপত্তা-অনুমোদিত* শিশুশয্যা/ব্যাসিনেট/প্লেইয়ার্ড ব্যবহার করুন, যাতে একটি শক্ত গদি এবং শিট লাগানো থাকে।
- একটি ড্রপ-সাইড শিশুশয্যা ব্যবহার করবেন না। যুক্তরাষ্ট্রীয় নিরাপত্তার মানদণ্ড ড্রপ-সাইড রেল শিশুশয্যা বানানোর বা বিক্রয়ের অনুমতি দেয় না।
- কোনও শিশুশয্যা/ঢাকনা থাকা বেডের দোলনা/প্লে ইয়ার্ড কেনা বা ব্যবহারের আগে সেটি রিকল করা হয়েছে কিনা নিশ্চিত হতে CPSC রিকল তালিকা দেখে নিন: www.cpsc.gov/Recalls/

**শিশুশয্যা নিরাপত্তার জন্য, উপভোক্তা পণ্য নিরাপত্তা কমিশন দেখুন:*
www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

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www.health.ny.gov/safesleep

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BACK TO START OF SECTION

Safe Sleep for Baby Brochure - Chinese #0678

其他小贴士

小贴士

- 给宝宝穿连体睡衣或防踢睡袋。不要盖宽松的毯子。
- 确保宝宝不会觉得太暖和。
- 用母乳喂养宝宝。
- 尝试用安抚奶嘴帮助宝宝入睡，但不要强迫宝宝吮吸安抚奶嘴。
- 给宝宝接种疫苗。
- 使用前抱式或后背式婴儿背带时，确保宝宝的脸始终露出。
- 在安全带没有全部系好的情况下，切勿使用汽车座椅、婴儿摇篮、婴儿车或其他载具。宝宝可能会被部分系起的安全带缠住而导致死亡。
- 确保家中或宝宝周围无人吸烟。
- 不要使用酒精或药物。
- 不要依赖婴儿监护器。

确保看护
您宝宝的每个人
都遵循这些小贴士！

health.ny.gov/safesleep

New York State Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

0678 (Chinese) 5/19

遵守
ABC
安全睡眠

A Alone（独自）。
宝宝应独自睡眠

B Back（仰卧）。
让宝宝仰卧。

C Crib（婴儿床）。
将宝宝放入安全的婴儿床。

★独自。 ★仰卧。 ★婴儿床。

在纽约州，每年约有 90 名婴儿死于和睡觉相关的事故。
从出生开始，帮助您的宝宝夜夜享受安全睡眠。

独自

- 即使宝宝是早产儿，也要仰卧睡觉。
- 宝宝不应和成人或其他儿童一起睡觉。
- 分享您的卧室，而不是床。分享卧室可以让您在密切关注宝宝的同时，避免宝宝睡在成人床上时会发生的危险。
- 婴儿床上只放婴儿，不要堆放枕头、床围垫、毯子或玩具。

仰卧

- 让宝宝仰卧，不要趴着或侧躺。
- 每天当宝宝醒着时，要多趴着。看护并鼓励宝宝。“肚皮时间”帮助宝宝锻炼强壮的肩颈肌肉。

婴儿床

- 如果宝宝在大床、沙发、扶手椅、婴儿背带、摇篮或其他载具中睡着了，将其抱入婴儿床继续睡。
- 使用具备坚固床垫和专用床单（四边有松紧带、可包住床垫）的、经安全认证*的婴儿床、摇篮、游戏床。
- **请勿使用下拉式婴儿床。**根据联邦安全标准，不允许制造或出售下拉式围栏婴儿床。
- 在购买或使用任何婴儿床、摇篮、游戏床前，务必访问 www.cpsc.gov/Recalls/ 查看 CPSC 产品召回清单，以确保上述物品不在召回产品之列。

**关于婴儿床的安全认证，请转至美国消费品安全委员会网站：*
www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

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Safe Sleep for Baby Brochure - French #0710

Autres conseils

CONSEILS

- Utilisez une grenouillère ou une turbulette. Ne mettez pas de couvertures larges.
- Assurez-vous que votre bébé n'a pas trop chaud.
- Allaitez votre bébé.
- Essayez d'utiliser une tétine pour dormir, mais ne forcez pas votre bébé à la prendre.
- Faites vacciner votre bébé.
- Si votre bébé est dans un porte-bébé ventral ou dorsal, assurez-vous que son visage est toujours visible.
- N'utilisez jamais de siège auto, de balançoire pour bébé, de landau ou d'autre type de support sans attacher correctement toutes les sangles. Certains bébés se sont pris dans des sangles partiellement attachées, ce qui a provoqué leur décès.
- Assurez-vous que personne ne fume dans votre maison ou à proximité de votre bébé.
- Ne consommez ni alcool ni drogues.
- Ne vous fiez pas aux systèmes d'écoute-bébé à domicile.

Assurez-vous que **toutes les personnes** qui veillent sur votre bébé suivent ces conseils !

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New York State Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

0710 (French) 5/19

Suivez les **règles de base** pour un **sommeil en toute sécurité.**

A Alone (Seul).
Le bébé doit dormir seul.

B Back (Dos).
Placez le bébé sur le dos.

C Crib (Berceau).
Placez le bébé dans un berceau sûr.

★ Alone (Seul). ★ Back (Dos). ★ Crib (Berceau).

Environ 90 bébés meurent chaque année dans l'État de New York de causes liées au sommeil. Prenez tout de suite de bonnes habitudes pour aider votre bébé à dormir en toute sécurité en toute occasion.

ALONE (SEUL)

- Placez le bébé sur le dos pour dormir, même si le bébé est né prématuré.
- Votre bébé ne doit pas dormir avec des adultes ou avec d'autres enfants.
- Partagez votre chambre, pas votre lit. Le fait de partager votre chambre vous permet de surveiller attentivement votre bébé tout en évitant les accidents qui pourraient survenir lorsque le bébé dort dans le lit d'un adulte.
- Le berceau ne doit contenir que le bébé ; n'y mettez ni oreiller, ni bordure de protection, ni couverture, ni jouets.

BACK (DOS)

- Placez le bébé sur le dos pour dormir, ni sur son ventre ni sur le côté.
- Placez votre bébé sur le ventre chaque jour lorsqu'il est éveillé et surveillé. Le « temps sur le ventre » aide le bébé à développer ses épaules pour les renforcer ainsi que les muscles de son cou.

CRIB (BERCEAU)

- Si le bébé s'endort sur un lit, un canapé, un fauteuil ou dans une écharpe de portage, sur une balançoire ou dans tout autre type de support, placez le bébé dans son berceau pour dormir.
- Utilisez un berceau/couffin/parc approuvé du point de vue de la sécurité* avec un matelas ferme et un drap bien ajusté.
- N'UTILISEZ PAS DE BERCEAU À BARRIÈRE COULISSANTE. Les normes de sécurité fédérales n'autorisent ni la fabrication ni la vente de berceaux à barrière coulissante.
- Avant d'acheter ou d'utiliser un berceau/couffin/parc, consultez la liste des rappels de la CPSC à l'adresse www.cpsc.gov/Recalls/ afin de vous assurer que ce produit n'a pas fait l'objet d'un rappel.

Pour connaître les règles de sécurité en matière de berceau, consultez le site de la Consumer Product Safety Commission (Commission de sécurité des produits de consommation) :* **www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

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NEW YORK STATE Department of Health
New York State nyspQc Perinatal Quality Collaborative

Safe Sleep for Baby Brochure - Haitian Creole #0674

Lòt Ti Konsèy

KÈK TI KONSÈY

- Itilize yon kouchèt konplè oswa kouvèti li ka mete sou li tankou rad. Pa itilize kouvèti ki lach.
- Asire tibebe a pa twò cho.
- Bay tibebe ou tete.
- Eseye itilize yon tetin pou tibebe ou dòmi, men pa fòse li pran tetin nan.
- Vaksinen tibebe ou.
- Si tibebe ou devan oswa dèyè yon pòt-bebe, asire figi tibebe a toujou vizib.
- Pa janm itilize yon chèz vwati, balanswa bebe, materyèl pou pote bebe oswa lòt pòt-bebe san ou pa byen tache tout bretèl yo. Tibebe bloke nan bretèl ki tache anpati epi yo mouri.
- Asire moun pa fimen lakay ou oswa toutotou tibebe ou.
- Pa bwè alkòl oswa pa pran dwòg.
- Pa konte sou entèfòn tibebe a lakay ou.

Asire
tout moun
k ap pran swen
tibebe ou
swiv ti konsèy
sa yo!

health.ny.gov/safesleep

Department of Health

0674 (Haitian Creole) 5/19

Swiv ABC Somèy an Sekirite

A Alone (Poukont Li).
Tibebe a ta dwe dòmi Poukont li.

B Back (Sou do).
Mete tibebe a sou Do li.

C Crib (Kabann Timoun).
Mete tibebe a nan yon Kabann Timoun ki pwoteje.

★ Poukont Li. ★ Sou Do. ★ Kabann Timoun.

Apeprè 90 tibebe mouri chak ane nan Eta New York akòz pwoblèm ki gen pou wè ak dòmi. Apre tibebe ou fè, ede li dòmi an sekirite chak fwa li kòmanse dòmi.

POUKONT LI

- Mete tibebe a sou do li pou li dòmi – menmsi tibebe a te fèt bonè (anvan lè).
- Tibebe ou pa ta dwe dòmi avèk adilt oswa lòt timoun.
- Dòmi nan menm chanm, pa sou kabann ou. Si ou dòmi nan menm chanm avèk tibebe ou sa ap pèmèt siveye tibebe ou deprè pandan w ap evite aksidan ki ta ka rive lè tibebe a ap dòmi sou yon kabann adilt.
- Ou pa ta dwe mete anyen nan kabann timoun nan, sof tibebe a; pa mete zòrye, bòdi pou pwoteje tibebe a, kouvreli oswa jwèt.

SOU DO

- Mete tibebe a dòmi sou do, men pa ni sou vant ni sou kote.
- Mete tibebe ou sou vant li chak jou lè tibebe a je klè. Gade tibebe w la epi ankouraje li. "Tan sou vant" ede tibebe a devlope miskilati solid nan zèpòl ak nan kou.

KABANN TIMOUN

- Si tibebe a pran somèy sou yon kabann, kanape, fotèy, oswa sou yon echap pou pote bebe, balanswa oswa lòt pòt-bebe, mete li sou yon kabann bebe pou li fin dòmi.
- Itilize yon kabann timoun/bèso/pak tibebe apwouve* ki gen yon matla solid ak yon dra fouwo.
- PA ITILIZE BÈSO KI KA LOUVRI SOU KOTE. Estanda sekirite federal yo pa pèmèt yo fabrike oswa vann bèso ki ka louvri sou kote yo.
- Avan ou achte oswa itilize nenpòt kabann timoun/bèso/pak tibebe, gade sou lis rapèl CPSC a nan: www.cpsc.gov/Recalls/ pou w ka sèten yo pa te raple li.

Pou sekirite kabann bebe a, ale nan Komisyon Sekirite Pwodui Konsomasyon:* **www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

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NEW YORK STATE Department of Health
New York State nyspQc Perinatal Quality Collaborative

Safe Sleep for Baby Brochure - Italian #0675

Altri consigli

CONSIGLI

- Usa un pigiamino intero o una coperta indossabile. Non usare coperte troppo ampie.
- Accertati che il bambino non sia troppo caldo.
- Allatta il bambino.
- Prova a usare un ciuccio per la nanna, ma non forzare il bambino.
- Fai vaccinare il tuo bambino.
- Se il bambino è in un passeggino frontale o posteriore, accertati che il suo volto sia sempre visibile.
- Non usare mai seggiolini per auto, altalene per neonati, passeggini o altri supporti senza allacciare correttamente le cinture. Vi sono stati casi di morte dovuti al fatto che i bambini sono rimasti impigliati in cinture parzialmente allacciate.
- Accertati che nessuno fumi nell'abitazione o vicino al bambino.
- Non usare alcol o droghe.
- Non fare affidamento sui baby monitor.

Accertati che **chiunque** si prenda cura del tuo bambino segua questi consigli!

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New York State Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

0675 (Italian) 5/19

Segui gli ABC del sonno sicuro

A **Alone (solo).**
Il bambino deve dormire solo.

B **Back (schiena).**
Adagia il bambino sulla schiena.

C **Crib (lettino).**
Adagia il bambino in un lettino.

★ Solo. ★ Schiena. ★ Lettino.

Nello Stato di New York, circa 90 bambini muoiono ogni anno per cause correlate al sonno. Aiuta il tuo bambino a dormire in sicurezza fin dal momento in cui si addormenta.

SOLO

- Quando arriva il momento della nanna, adagia il bambino sulla schiena – anche se è nato prematuro.
- Il neonato non deve dormire con adulti o altri bambini.
- Condividi la tua camera, non il tuo letto. Condividere la camera ti consente di sorvegliare attentamente il bambino e di evitare gli incidenti che potrebbero verificarsi se dormisse in un letto per adulti.
- Nel lettino deve esserci solo il bambino: togli cuscini, paracolpi, coperte o giochi.

SCHIENA

- Adagia il bambino sulla schiena quando arriva il momento della nanna, non a pancia in giù o sul fianco.
- Ogni giorno, quando il bambino è sveglio, stendilo per un po' a pancia in giù. Senza perderlo di vista, incoraggialo a muoversi. Passare del tempo a pancia in giù aiuta il bambino a sviluppare i muscoli di collo e spalle.

LETTINO

- Se il bambino si addormenta su un letto, un divano, una poltrona, una fascia porta-bebè, una sdraietta o qualsiasi tipo di marsupio, spostalo su un lettino non appena possibile.
- Usa lettini, culle e box conformi alle norme di sicurezza*, muniti di un materasso rigido e di lenzuola con gli angoli.
- NON USARE LETTINI CON SPONDE MOBILI. Gli standard di sicurezza federali vietano la produzione e la vendita di lettini a sbarre con sponde mobili.
- Prima di acquistare o usare un lettino, una culla o un box, assicurati che non siano stati ritirati dal mercato. Puoi consultare la lista dei prodotti richiamati, stilata dalla CPSC, su www.cpsc.gov/Recalls/.

Per informazioni sulla sicurezza dei lettini, consulta il sito della Consumer Product Safety Commission (Commissione per la sicurezza dei prodotti di consumo):* **www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

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Safe Sleep for Baby Brochure - Korean #0676

그밖의 요령

요령

- 원피스형 잠옷 또는 입는 담요를 이용하세요. 늘어진 담요는 사용하지 마세요.
- 아기가 너무 덥지 않게 주의하세요.
- 아기에게 모유를 수유하세요.
- 고무 젖꼭지를 물려 재워보세요. 하지만 강제로 물리지는 마세요.
- 아기에게 예방접종을 하세요.
- 앞이나 뒤로 아기띠를 해 아기를 안은 경우, 아기 얼굴이 보이는지 항상 확인하세요.
- 카시트, 아기 그네, 유모차 등 기타 캐리어를 사용할 때는 항상 모든 끈(혹은 띠)을 적절히 매어 주세요. 아기들이 다 채우지 않은 스트랩에 걸려 사망하는 경우도 있습니다.
- 집안이나 아기 근처에서 담배를 피우는 사람이 없도록 하세요.
- 알코올이나 약물을 하지 마세요.
- 가정용 아기 모니터에 의존하지 마세요.

아기를 돌보는
모든
사람이
이러한 요령을
따를 수 있게
하세요!

health.ny.gov/safesleep

New York State Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

0676 (Korean) 5/19

안전한 수면의 ABC를 지키세요

A Alone(혼자).
아기는 **혼자** 자야 합니다.

B Back(등을 뒤로).
아기를 **뒤로** 눕히세요.

C Crib(아기 침대에).
아기를 안전한 **아기 침대에** 눕히세요.

★ 혼자. ★ 등을 뒤로. ★ 아기 침대에.

뉴욕 주에서는 해마다 약 90명의 아기가 수면과 관련된 원인으로 사망합니다. 처음부터 아기가 잠을 자기 시작할 때마다 안전하게 잘 수 있게 도와주십시오.

혼자

- 아기가 일찍 태어난 경우에도 (조산) –등을 뒤로하여 아기를 눕히세요.
- 성인이나 다른 아동과 함께 재우지 마십시오.
- 방을 함께 써도 침대는 함께 쓰지 마십시오. 방을 함께 쓰면 아기를 가까이에서 지켜보면서 아기가 성인용 침대에서 잘 때 발생할 수 있는 사고를 예방할 수 있습니다.
- 아기 침대에는 아기 외에 베개, 범퍼 패드, 담요나 장난감 등 다른 아무것도 없어야 합니다.

등을 뒤로

- 아기를 재울 때는 엎드리거나 옆으로가 아니라 등을 뒤로 하여 눕히십시오.
- 아기가 깨어 있을 때는 매일 아기의 배를 대고 엎드려 놀게 하십시오. 아기의 얼굴을 보고 움직이도록 독려하십시오. "터미 타임(Tummy time)"은 아기의 어깨와 목 근육을 강하게 발달시키는 데 도움이 됩니다.

아기 침대에

- 아기가 침대, 소파, 안락의자 또는 슬링, 그네 혹은 기타 운반대 위에서 잠이 들었다면, 아기를 아기침대에 눕혀 재우십시오.
- 안전성 인증을 받은* 아기 침대/요람/플레이야드에 단단한 매트리스와 안을 넣은 시트를 사용하십시오.
- 상하 여닫이식 아기침대는 사용하지 마십시오. 연방 안전 기준에 따르면 상하 여닫이식 아기침대는 제작하거나 판매할 수 없습니다.
- 아기침대/요람/플레이야드는 구입하거나 사용하기 전에 www.cpsc.gov/Recalls/에서 CPSC 리콜 목록을 확인하여 리콜 기록이 있는지 확인하십시오.

아기침대 안전에 대한 사항은 소비재 안전 위원회(Consumer Product Safety Commission)사이트를 방문하십시오:* **www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

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www.health.ny.gov/safesleep

BACK TO START OF TOOLKIT
BACK TO START OF SECTION

Safe Sleep for Baby Brochure - Russian #0677

Другие советы

СОВЕТЫ

- Используйте детский ночной комбинезон или комбинезон-конверт. Не используйте одеяла.
- Убедитесь, что ребенку не слишком жарко.
- Кормите малыша грудью.
- Предложите ребенку пустышку для засыпания, но не заставляйте его брать пустышку вопреки его желанию.
- Сделайте малышу все необходимые прививки.
- Если ребенок сидит в сумке-кенгуру впереди или позади вас, убедитесь, что его лицо всегда находится в зоне видимости.
- При использовании автокресла, детских качелей, коляски или другого приспособления для транспортировки детей, всегда закрепляйте должным образом все ремни. Малыш может запутаться в частично закрепленных ремнях и погибнуть.
- Убедитесь, что никто не курит в доме или возле ребенка.
- Не употребляйте алкоголь или наркотики.
- Не полагайтесь на радионяню.

Убедитесь, что **каждый,** кто ухаживает за вашим малышом следует этим советам!

health.ny.gov/safesleep

NEW YORK STATE Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

0677 (Russian) 5/19

Следуйте правилам

ABC безопасного сна

A Alone (один)

Малыш должен спать один.

B Back (на спине)

Положите малыша на спину.

C Crib (в кроватке)

Положите ребенка в безопасную детскую кроватку.

★ Один. ★ На спине. ★ В кроватке.

Каждый год в штате Нью-Йорк погибает около 90 младенцев по причинам, связанных со сном. Обеспечьте малышу безопасные условия для спокойного сна с первого дня его жизни.

ОДИН

- Укладывайте малыша спать на спину, – даже если он был рожден раньше срока (недоношенным).
- Малыш не должен спать со взрослыми или другими детьми.
- Пусть он находится в вашей комнате, но не в вашей кровати: это позволяет вам внимательно следить за малышом и предотвращает несчастные случаи, которые могут произойти, когда ребенок спит в постели взрослого.
- В детской кроватке не должно быть ничего, кроме ребенка: никаких подушек, одеял или игрушек.

НА СПИНЕ

- Укладывайте малыша спать на спину, а не на бок или живот.
- Каждый день укладывайте малыша на живот, когда он не спит. Наблюдайте за ребенком и подбадривайте его. Лежа на животе, младенец укрепляет свои шейные и плечевые мышцы.

В КРОВАТКЕ

- Если малыш заснул на кровати, диване, в кресле или в слинге, на качелях или в другом приспособлении для детей, переложите его в детскую кроватку.
- Используйте безопасную* детскую кроватку/колыбель/манеж с твердым матрасом и простыней на резинке.
- НЕ ИСПОЛЬЗУЙТЕ КРОВАТКУ С ОТКИДНОЙ БОКОВИНОЙ. Федеральные стандарты безопасности запрещают производство и продажу детских кроваток с откидной боковиной на направляющих.
- Прежде чем покупать или использовать какую-либо детскую кроватку/колыбель/манеж, ознакомьтесь с памяткой Комиссии безопасности потребительских товаров (Consumer Product Safety Commission, CPSC) по адресу: www.cpsc.gov/Recalls/, чтобы убедиться, что этот товар не был изъят из продажи.

Информация о безопасности детских кроваток находится на сайте Комиссии безопасности потребительских товаров (Consumer Product Safety Commission):* **www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

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Safe Sleep for Baby Brochure - Spanish #0673

Otras sugerencias

SUGERENCIAS

- Utilice un pijama de una sola pieza o un saco de dormir. No utilice cobertores holgados.
- Asegúrese de que el bebé no esté muy caliente.
- Amamante a su bebé.
- Intente utilizar un chupón pero no fuerce al bebé a aceptarlo.
- Vacune a su bebé.
- Si su bebé está en un portabebé delantero o trasero, asegúrese de que su rostro siempre esté visible.
- Nunca use un asiento para bebé, columpio para bebé, carruaje u otro portabebé sin ajustar correctamente todas las correas. Ha ocurrido que los bebés quedan atrapados entre las correas parcialmente ajustadas y han muerto.
- Asegúrese de que nadie fume en su casa o cerca de su bebé.
- No consuma alcohol ni drogas.
- No confíe plenamente en los monitores para bebé.

¡Asegúrese de que **todas las personas** que cuidan a su bebé sigan estas sugerencias!

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NEW YORK STATE Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

0673 (Spanish) 5/19

Siga las ABC del sueño seguro

A Alone (solo).
El bebé debe dormir solo.

B Back (sobre su espalda).
Recueste al bebé sobre su espalda.

C Crib (cuna).
Coloque al bebé en una cuna segura.

★ Solo. ★ Sobre su espalda. ★ Cuna.

Aproximadamente 90 bebés mueren cada año en el estado de Nueva York por causas relacionadas con el sueño. Desde el principio, ayude a su bebé a dormir de manera segura cuando llegue la hora de descansar.

SOLO

- Recueste al bebé sobre su espalda para dormir, incluso si el bebé nació antes de tiempo (prematuro).
- Su bebé no debe dormir con los adultos ni con otros niños.
- Comparta su habitación, no su cama. Compartir la habitación le permite vigilar de cerca a su bebé a la vez que evita que puedan ocurrir accidentes si el bebé duerme en una cama para adultos.
- No coloque nada en la cuna excepto a su bebé; ni almohadas, ni cojines protectores, ni cobertores o juguetes.

SOBRE SU ESPALDA

- Recueste al bebé sobre su espalda para dormir, no boca abajo ni de costado.
- Recueste boca abajo al bebé todos los días cuando esté despierto. Supervise y motive a su bebé. "Ponerlo boca abajo" ayuda al bebé a fortalecer los músculos del hombro y del cuello.

CUNA

- Si el bebé se queda dormido en una cama, sofá, sillón o en un columpio u otro portabebé, traslade al bebé a una cuna para que siga durmiendo.
- Utilice una cuna/moisés/corralito de seguridad aprobado* con colchón firme y una sábana a medida.
- NO UTILICE UNA CUNA EN LA QUE PUEDAN QUITARSE LOS BARANDALES. Las normas federales de seguridad no permiten la fabricación ni la venta de cunas en las que pueden quitarse los barandales.
- Antes de comprar o utilizar una cuna/moisés/corralito, consulte la lista de artículos retirados del mercado de la Comisión de Seguridad de Productos del Consumidor (Consumer Product Safety Commission, CPSC) en www.cpsc.gov/Recalls/ para asegurarse de que no se haya retirado del mercado.

Para obtener información sobre la seguridad de las cunas, diríjase a la Comisión de Seguridad de Productos del Consumidor:* **www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

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Safe Sleep for Baby Brochure - Urdu #0711

محفوظ نیند کی
ABCs
پر عمل کریں

A Alone (اکیلے)۔
بچوں کو چاہیے کہ Alone (اکیلے) سوئیں

B Back (پیٹھ)۔
بچے کو اسکی Back (پیٹھ) کے بل رکھیں۔

C Crib (پالنا)۔
بچے کو ایک محفوظ Crib (پالنے) میں رکھیں۔

یقینی بنائیں کہ آپ
کے بچے کی دیکھ
بھال کرنے والا
ہر کوئی
ان تجاویز پر
عمل کرتا ہے!

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New York State Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

5/19 0711 (Urdu)

دیگر تجاویز

تجاویز:

- ایک جز والا سلیپر یہ پہننے کے قابل کمبل استعمال کریں۔ ڈھیلے ڈھالے کمبل استعمال نہ کریں۔
- یقین کر لیں کہ آپ کا بچہ کافی گرم نہیں ہے۔
- اپنے بچے کو چھاتی سے دودھ پلائیں۔
- نیند کے لیے چوسنی استعمال کرنے کی کوشش کریں لیکن بچے کو اسے لینے پر مجبور نہ کریں۔
- اپنے بچے کی ٹیکہ کاری کروائیں۔
- اگر آپ کا بچہ سامنے یا پیچھے والے بے بی کیریئر میں ہو تو یقین کر لیں کہ بچے کا چہرہ ہمیشہ نظر آ رہا ہو۔
- تمام پٹوں کو اچھی طرح مضبوطی سے باندھے بغیر کار سیٹ، بے بی جھولا، کیریئج یا دیگر کیریئر کبھی استعمال نہ کریں۔ بچے جزوی طور پر بندھے ہوئے پٹوں میں پھنسے ہونے اور مردہ حالت میں پائے گئے ہیں۔
- یقینی بنائیں کہ آپ کے گھر میں یا آپ کے بچے کے آس پاس کوئی بھی سگریٹ نہیں پیتا ہے۔
- الکحل یا منشیات استعمال نہ کریں۔
- گھر کے بے بی مانیٹر پر بھروسہ نہ کریں۔

Alone (اکیلے)۔ ★ Back (پیٹھ)۔ ★ Crib (پالنا)۔

New York State میں ہر سال لگ بھگ 90 بچے سونے سے متعلق وجوہات سے فوت ہو جاتے ہیں۔ شروع سے ہی، ہر بار سونا شروع کرتے ہی بحفاظت سونے میں اپنے بچے کی مدد کریں۔

(پالنا) CRIB

- اگر بچہ بستر، تخت، بازو والی کرسی یا جھولا پٹی، جھولے یا دیگر کیریئر پر سو جاتا ہے تو نیند پوری ہونے کے لیے بچے کو پالنے میں رکھیں۔
- مضبوط گدے اور تنگ بونی شیٹ والا حفاظت کے لحاظ سے منظور شدہ* پالنا/جھولا/پلے یارڈ استعمال کریں۔
- ڈراپ سائیڈ والا پالنا استعمال نہ کریں۔ وفاقی حفاظتی معیارات ڈراپ سائیڈ سہارے والے پالنے بنانے یا فروخت کرنے کی اجازت نہیں دیتے ہیں۔
- کوئی پالنا/جھولا/پلے یارڈ خریدنے سے پہلے CPSC کی منسوخی کی فہرست: www.cpsc.gov/Recalls/ پر چیک کرکے یقینی بنائیں کہ اسے منسوخ نہیں کیا گیا ہے۔

* پالنے کی حفاظت کے لیے، کنزیومر پروڈکٹ سیفٹی کمیشن پر جائیں:
www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

(پیٹھ) BACK

- بچے کو ان کی پیٹھ کے بل سلائیں، ان کے پیٹ یا پہلو کے بل نہیں۔
- اپنے بچے کو ان کے پیٹ کے بل روزانہ اس وقت رکھیں جب وہ بیدار ہوں اور ان پر نگاہ ہو۔ "پیٹ کے بل ٹائم کا وقت" کندھے اور گردن کے مضبوط عضلات تیار کرنے میں مدد کرتا ہے۔

(اکیلے) ALONE

- بچے کو سونے کے لیے ان کی پیٹھ کے بل رکھیں – چاہے بچے کی پیدائش پہلے (قبل از وقت) ہوئی تھی۔
- آپ کے بچےکو بالغوں یا دوسرے بچوں کے ساتھ نہیں سونا چاہیے۔
- اپنے کمرے کا اشتراک کریں، اپنے بستر کا نہیں کمرے کا اشتراک کرنا آپ کو اپنے بچے پر قریبی نگاہ رکھنے دیتا ہے جبکہ ایسے حادثات کو روکتا ہے جو کسی بالغ فرد کے بستر پر سونے کی حالت میں پیش آ سکتا ہے۔
- پالنے میں بچے کے علاوہ کچھ نہیں ہونا چاہیے: تکیے، بمپر پیڈز، کمبل یا کھلونے نہ ہوں۔

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BACK TO START OF TOOLKIT
BACK TO START OF SECTION

Safe Sleep for Baby Brochure - Yiddish #0712

אנדערע עצות

מאכט זיכער אז
יעדער
וואס נעמט קעיר
פון אייער בעיבי
פאלגט אויס די עצות!

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עצות

- נוצט א נאכטקלייד געמאכט פון איין שטיקל אדער דעקע וואס מען טוט אן. נוצט נישט קיין לויזע דעקעס.
- מאכט זיכער אז אייער בעיבי איז אימיוניזירט.
- זייגט אייער בעיבי.
- פרובירט צו נוצן א צאמי צום שלאפן אבער צווינגט נישט אייער בעיבי עס צו נעמען.
- מאכט זיכער אז אייער בעיבי איז אימיוניזירט.
- אויב אייער בעיבי איז אין א פארנט אדער רוקן בעיבי קעריער, מאכט זיכער אז איר קענט שטענדיג זען אייער בעיבי'ס פנים.
- נוצט קיינמאל נישט קיין קאר סיט, בעיבי סווינג, וועגעלע אדער אנדערע קעריער אן ריכטיג פארמאכן די סטרעפס. בעיבים זענען שוין פארכאפט געווארן אין טיילווייד פארמאכטע סטרעפס און זענען אומגעקומען.
- מאכט זיכער אז קיינער רויכערט נישט אין אייער היים אדער ארום אייער בעיבי.
- נוצט נישט קיין אלקאהאל אדער דראגס.
- פארלאזט זיך נישט אויף קיין היים בעיבי מאניטארס.

Department of Health | Office of Children and Family Services | Department of State | Division of Consumer Protection

5/19 0712 (Yiddish)

פאלגט אויס די ABCs פון שלאפן אויף א פארזיכערטן אופן

A Alone (אליין).
די בעיבי זאל שלאפן אליין

B Back (רוקן).
לייגט די בעיבי אויפן רוקן

C Crib (קריב).
לייגט די בעיבי אין א זיכערע קריב.

Alone (אליין). ★ Back (רוקן). ★ Crib (קריב). ★

אומגעפער 90 בעיבים שטארבן יעדעס יאר אין ניו יארק סטעיט פון שלאף-פארבינדענע אורזאכן. גלייך פונעם אנהויב, העלפט אייער בעיבי שלאפן אויף א פארזיכערטן אופן יעדעס מאל עס הייבט אן שלאפן.

ALONE (אליין)

- לייגט אייער בעיבי אויפן רוקן צום שלאפן – אפילו אויב אייער בעיבי איז געבוירן געווארן פרי (פרימאטשור).
- אייער בעיבי זאל נישט שלאפן מיט ערווואקסענע מענטשן אדער אנדערע קינדער.
- שלאפט אין איין צימער, נישט איין בעט. שלאפן אין איין צימער לאזט אייך האלטן א נאנטע אויג אויף אייער בעיבי בשעת'ן פארמיידן עקסידענטן וואס קענען געשען וען א בעיבי שלאפט אין א בעט פון אן ערווואקסענעם.
- גארנישט זאל זיין אינעם קריב אויסער די בעיבי; נישט קיין קישנס, באמפער פעדס, דעקעס אדער שפילצייג.

BACK (רוקן)

- לייגט אייער בעיבי אויפן רוקן צום שלאפן, נישט אויפן בויך אדער זייט.
- לייגט אייער בעיבי אויפן בויך יעדן טאג וועו די בעיבי איז אויף אן וועכט אויפגעפאסט. "בויך צייט" העלפט די בעיבי אנטוויקלען שטארקע מוסקלען אן געגאק מוסקלען.

CRIB (קריב)

- אויב די בעיבי שלאפט איין אויף א בעט, קאוטש, בענקל, אדער אין א סלינג, סווינג, אדער אנדערע קעריער, לייגט די בעיבי אין א קריב צו עמזיגן שלאפן.
- נוצט א סעיפטי-באשטעטיגטע קריב/באסינעט/שפיל יארד מיט א הארטע מאטראץ און א בעפאסטע ליילעך.
- נוצט נישט קיין דראפ-זייט קריב. פעדעראלע זיכערהייט סטאנדארטן ערלויבן נישט קיין דראפ-זייט רעיל קריבס צו געווארן געמאכט אדער פארקויפט.
- איידער איר קויפט אדער נוצט סיי וועלכע קריב\בעסינעט\פלעי יארד, קוקט דורך די CPSC ריקאל ליסטע אויף www.cpsc.gov/Recalls/ זיכער צו מאכן אז עס איז נישט געווארן ריקאל'ד.

** פאר קריב זיכערהייט, גייט צו קאנסומער פראדוקט זיכערהייט קאמיסיע:*
www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/Cribs

CLICK HERE FOR WEB VERSION

www.health.ny.gov/safesleep

BACK TO START OF TOOLKIT

BACK TO START OF SECTION

Safe Sleep for Baby Poster - English #0671

Follow the
ABCs
of Safe Sleep

Baby should sleep
Alone

On their
Back

In a safe
Crib

In a
Smoke-free home

Make sure everyone caring for your baby follows these tips!

health.ny.gov/safesleep

NEW YORK STATE | Department of Health | Office of Children and Family Services

0671 8/19

CLICK HERE FOR WEB VERSION

Safe Sleep for Baby Poster - Spanish #0669

Siga las

ABC

del **sueño seguro**

El bebé debe dormir
Solo

Recueste al bebé
Sobre su espalda

Coloque al bebé en una
Cuna

En una
Casa sin humo

¡Asegúrese de que todas las personas que cuidan a su bebé sigan estas sugerencias!

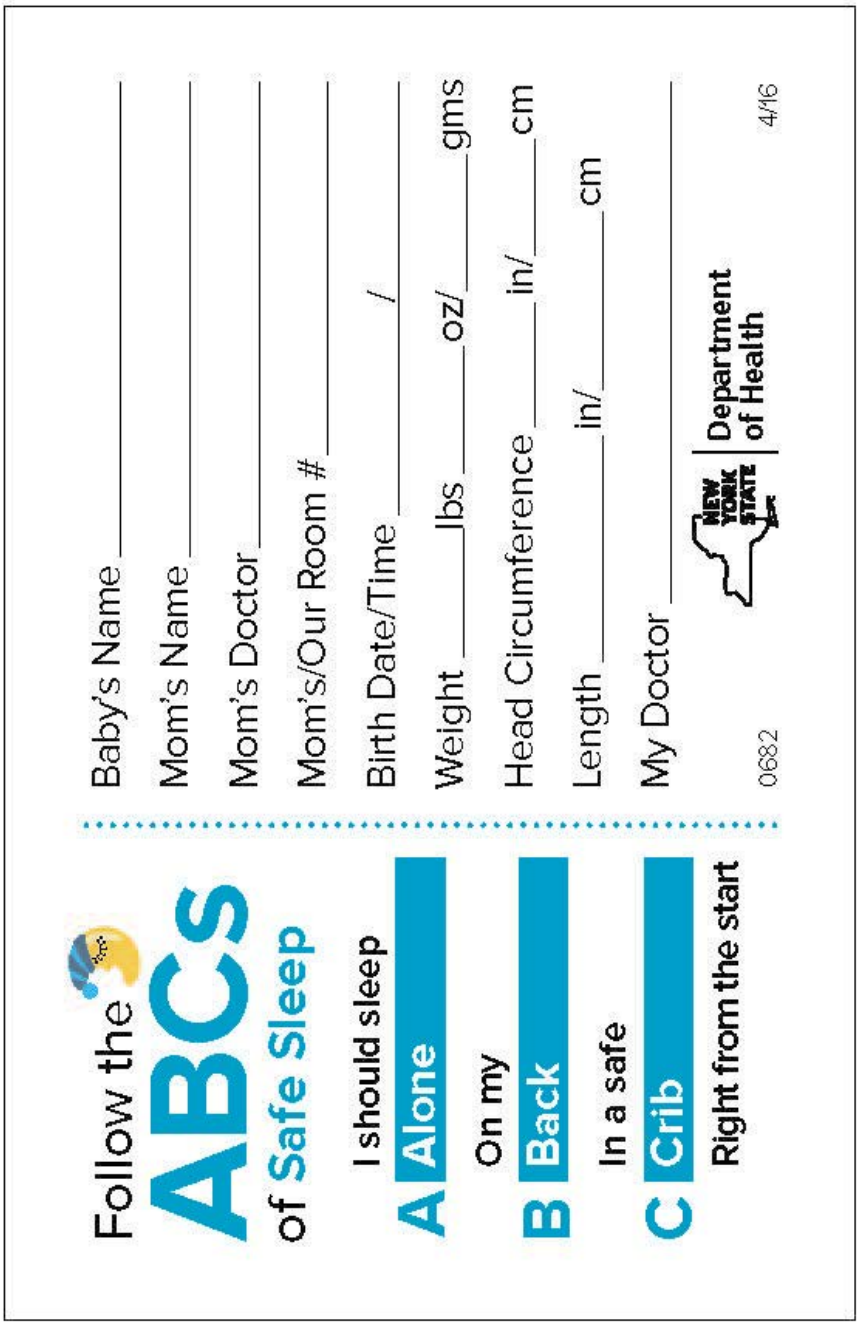
health.ny.gov/safesleep

NEW YORK STATE | Department of Health | Office of Children and Family Services

0669 9/19

CLICK HERE FOR WEB VERSION

Safe Sleep for Baby Crib Card - #0682



CLICK HERE FOR WEB VERSION

Anatomical Diagram

The NYSDOH adapted an **anatomical diagram** from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), to be used by organizations as a patient education tool regarding infant safe sleep. The anatomical diagram specifically portrays the importance of putting babies on their backs to sleep. Throughout our projects, we heard that new parents often ask providers, "Won't my baby choke if he is placed on his back for sleep?" This tool was developed in response, and to continue our efforts to educate all new parents on the importance of safe sleep for every sleep. The diagram, which is intended to be printed as a two-sided document, features an anatomical diagram on the front side for parents and caregivers to view, and a paragraph form description on the back for providers to reference when educating parents and caregivers.

NEWARK WAYNE COMMUNITY HOSPITAL

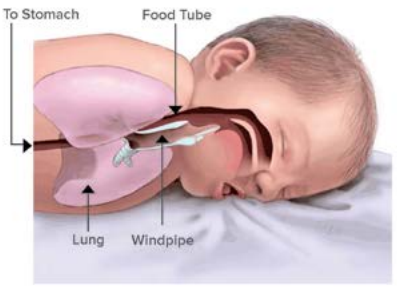
We have adopted the NYSDOH Safe Sleep Anatomical Diagram as part of the discharge information for families.

Anatomical Diagram - English #0686

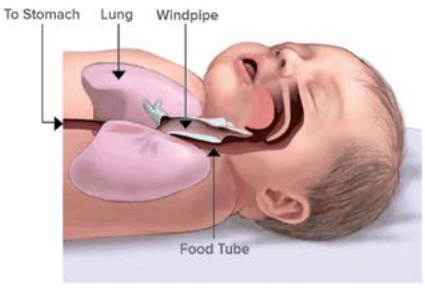
Place Babies on their Backs to Sleep.

Tummy Sleeping

Back Sleeping



Babies choke when food gets in the windpipe.



Babies are safer when the windpipe is on top.

NEW YORK STATE | Department of Health | Office of Children and Family Services

Won't my Baby Choke Sleeping on their Back?

Tummy Sleeping

On the tummy, the windpipe is below the food tube. Anything that is spit up will flow down by gravity to the lowest point. It is now easier for spit up to be breathed into the lungs.

Back Sleeping

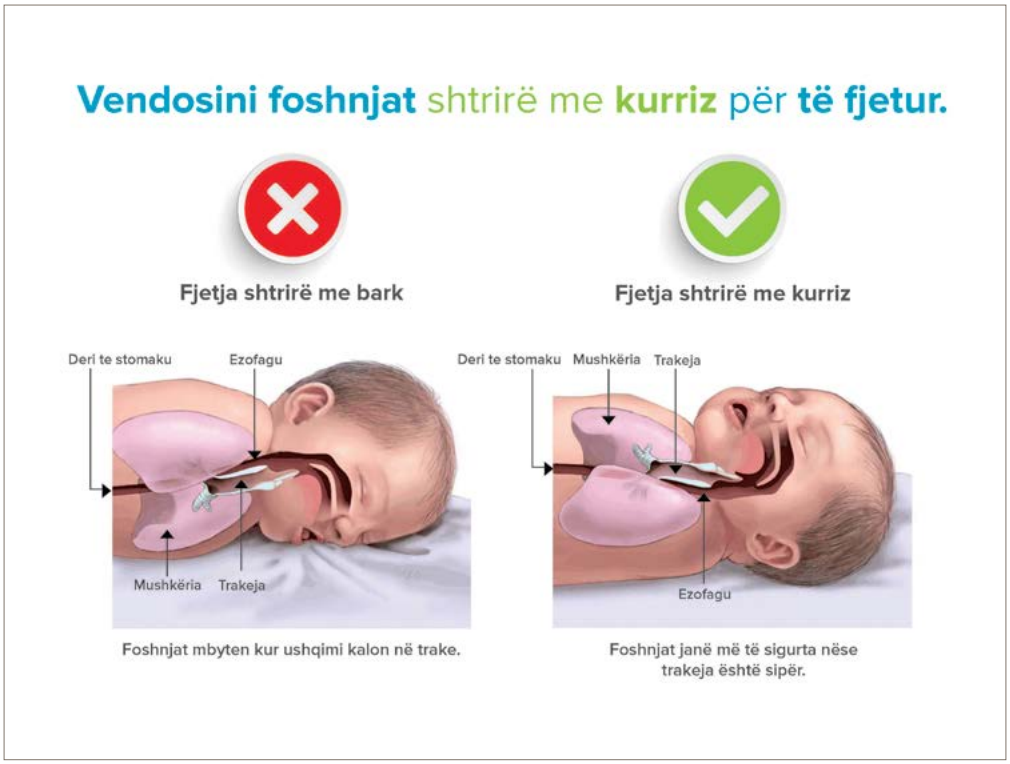
On the back, the windpipe is above the food tube. Anything that is spit up will be pushed back down by gravity to the lowest point. The windpipe is protected.

Adapted from the National Institute of Child Health and Human Development (NICHD)

NEW YORK STATE | Department of Health | Office of Children and Family Services

0686 6/17

Anatomical Diagram - Albanian #0713

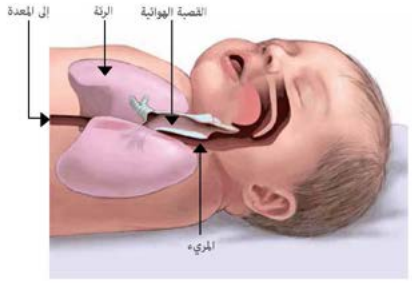


Anatomical Diagram - Arabic #0695

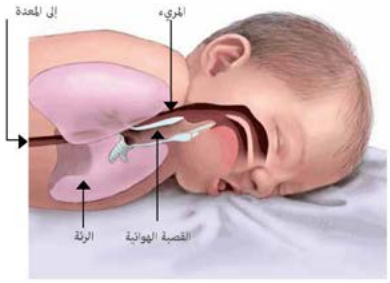
يجب وضع الأطفال الرضع على ظهورهم عند النوم.

النوم على الظهر

النوم على البطن



يكون الأطفال أكثر أمانًا عندما تكون القصبة الهوائية في الأعلى.



يختنق الأطفال عندما يدخل الطعام في القصبة الهوائية.

ألن يختنق طفلي الرضيع عند النوم على ظهره؟

النوم على الظهر

النوم على البطن

عند النوم على الظهر، تكون القصبة الهوائية فوق المريء. أي شيء يتم بصقه فسيتم دفعه مرة أخرى إلى أسفل عن طريق الجاذبية إلى أدنى نقطة. القصبة الهوائية تكون محمية.

عند النوم على البطن، تكون القصبة الهوائية تحت المريء. أي شيء يتم بصقه سوف يتدفق لأسفل عن طريق الجاذبية إلى أدنى نقطة. الآن من الأسهل الآن تنفس البصق.

The National Institute of Child Health and Human Development مقتبس من
(المعهد الوطني لصحة الطفل والتنمية البشرية NICHD)

NEW YORK STATE | Department of Health | Office of Children and Family Services

0695 (Arabic) 6/17

Anatomical Diagram - Bengali #0696

ঘুমাবার সময় শিশুদের চিৎ করে শোয়ান

উপুড় করে শোয়ানো

চিৎ করে শোয়ানো

শ্বাসনালীতে খাবার গেলে শিশুর শ্বাসরোধ হয়ে যায়।

খাদ্যনালী উপর দিকে থাকলে তা শিশুদের ক্ষেত্রে নিরাপদ।

চিৎ হয়ে ঘুমালে কি আমার শিশুর শ্বাসরুদ্ধ হয়ে যাবে?

উপুড় করে শোয়ানো

উপুড় করে শোয়ালে, শ্বাসনালী খাদ্যনালীর নিচে থাকে। টুকরো হয়ে যাওয়া যে কোনো কিছু মহাকর্ষের কারণে নিচের দিকে চলে যাবে। ফুসফুসে এখন বায়ু চলাচল করা সহজ।

চিৎ করে শোয়ানো

চিৎ করে শোয়ালে, শ্বাসনালী খাদ্যনালীর উপরে থাকে। টুকরো হয়ে যাওয়া যে কোনো কিছু মহাকর্ষের কারণে পিছনে ধাক্কা খেয়ে নিচের দিকে চলে যাবে। শ্বাসনালী সুরক্ষিত

National Institute of Child Health and Human Development
(জাতীয় শিশু স্বাস্থ্য ও মানব উন্নয়ন প্রতিষ্ঠান, NICHD) এর থেকে নেওয়া হয়েছে

Department of Health | Office of Children and Family Services

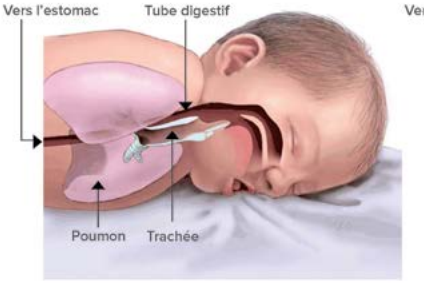
0696 (Bengali) 6/17

Anatomical Diagram - Chinese #0688

Anatomical Diagram - French #0714

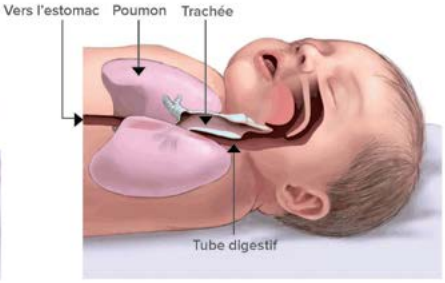
Placez les bébés sur le dos pour dormir.

Position sur le ventre



Les bébés s'étouffent lorsque les aliments retombent dans la trachée.

Position sur le dos



Les bébés sont plus en sécurité lorsque la trachée est orientée vers le haut.

Est-ce que mon bébé peut éviter de s'étouffer en dormant sur le dos ?

Position sur le ventre

Dans la position sur le ventre, la trachée est en dessous du tube digestif. Tout ce qui est régurgité s'écoulera vers le bas sous l'effet de la gravité jusqu'au point le plus bas. Il est ainsi plus risqué que les aliments régurgités finissent dans les poumons.

Position sur le dos

Dans la position sur le dos, la trachée est au-dessus du tube digestif. Tout ce qui est régurgité sera poussé vers le bas sous l'effet de la gravité jusqu'au point le plus bas. La trachée est donc protégée.

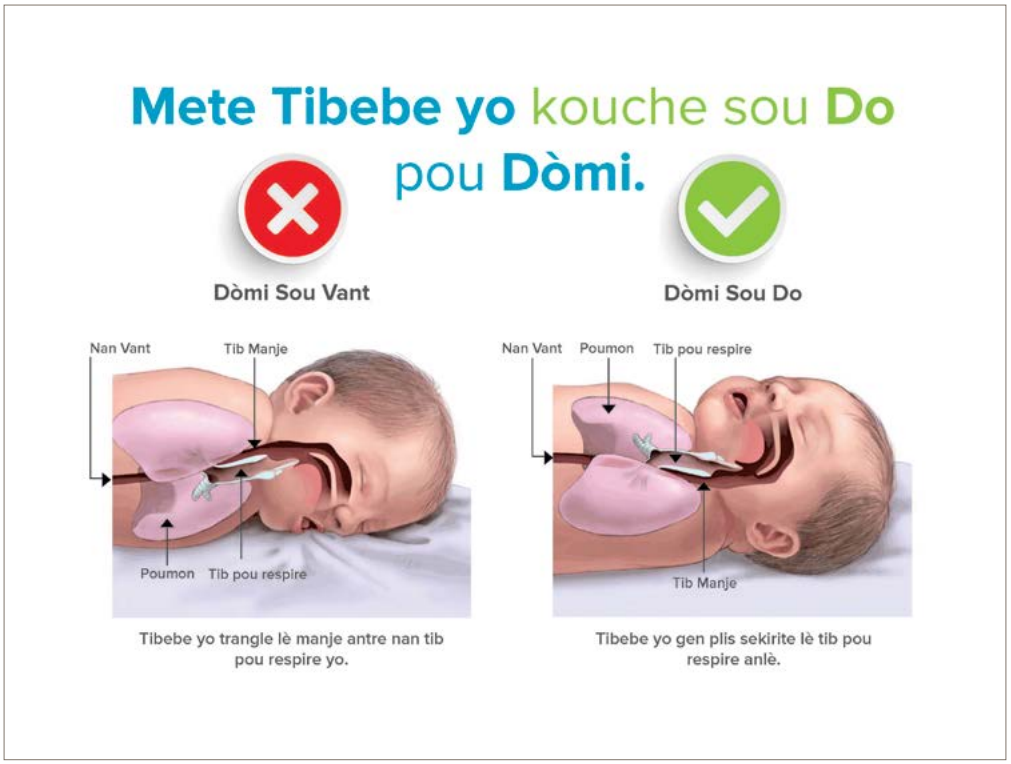
Adapted from the National Institute of Child Health and Human Development (NICHD)
(Adaptation du Institut national de la santé de l'enfant et du développement humain)

NEW YORK STATE Department of Health | Office of Children and Family Services

0714 (French) 6/17

NEW YORK STATE Department of Health
New York State nyspQc Perinatal Quality Collaborative

Anatomical Diagram - Haitian Creole #0689



Anatomical Diagram - Italian #0690

Anatomical Diagram - Korean #0691

Anatomical Diagram - Russian #0692

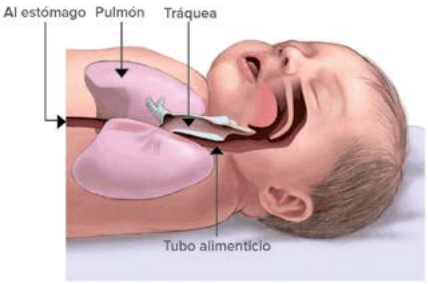
Anatomical Diagram - Spanish #0687

Coloque a los bebés boca arriba para dormir.

Boca abajo

Los bebés se ahogan cuando los alimentos ingresan en la tráquea.

Boca arriba



Los bebés están más seguros cuando la tráquea se encuentra arriba.

¿Mi bebé podría ahogarse si duerme boca arriba?

Boca abajo

Boca abajo, la tráquea se encuentra debajo del tubo alimenticio. Cualquier regurgitación irá hacia el punto más bajo por acción de la gravedad. De esta manera, es más fácil que la regurgitación ingrese a los pulmones.

Boca arriba

Boca arriba, la tráquea se encuentra por encima del tubo alimenticio. Cualquier regurgitación se empujará hacia el punto más bajo por acción de la gravedad. De esta manera, la tráquea se encuentra protegida.

Adapted from the National Institute of Child Health and Human Development (NICHD)
Adaptado del Instituto Nacional de la Salud Infantil y Desarrollo Humano

NEW YORK STATE Department of Health | Office of Children and Family Services

0687 (Spanish) 6/17

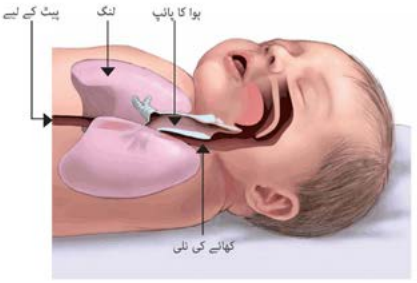
NEW YORK STATE Department of Health
New York State nyspQc Perinatal Quality Collaborative

Anatomical Diagram - Urdu # 0697

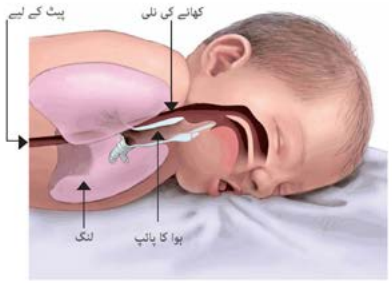
بچوں کو ان کی پیٹھ کے بل سلائیں

پیٹھ کے بل سونا

پیٹ کے بل سونا



ہوا کے پائپ اوپر کی طرف ہونے پر بچے محفوظ رہتے ہیں۔



ہوا کے پائپ میں کھانا جانے پر بچوں کا گلا بند ہو جاتا ہے۔

کیا پیٹھ کے بل سونے پر میرے بچے کا گلا بند نہیں ہوگا؟

پیٹھ کے بل سونا

پیٹھ پر، ہوا کا پائپ کھانے کی نالی کے اوپر ہوتا ہے۔ جو بھی چیز اوپر کی طرف تھوکی جاتی ہے کشش ثقل کے ذریعے واپس ہو جاتی ہے۔ ہوا کا پائپ محفوظ ہے۔

پیٹ کے بل سونا

پیٹ پر، ہوا کا پائپ کھانے کی نالی کے نیچے ہوتا ہے۔ جو بھی چیز اوپر کی طرف تھوکی جاتی ہے وہ کشش ثقل کے ذریعے نیچے گر جاتی ہے۔ الٹی کا سانس کے زریعے لنگز میں چلا جانا اب کافی آسان ہے

National Institute of Child Health and Human Development سے اخذ
(نیشنل انسٹی ٹیوٹ آف چائلڈ ہیلتھ اینڈ ہیومن ڈیولپمنٹ۔ NICHD)

NEW YORK STATE Department of Health | Office of Children and Family Services

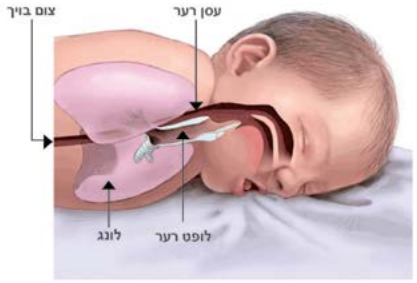
0697 (Urdu)

6/17

Anatomical Diagram - Yiddish #0715

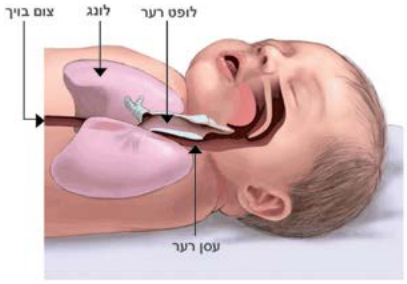
לייגט בעיביס אויפן רוקן צום שלאפן.

שלאפן אויפן בויך



בעיביס שטיקן זיך ווען עסן גייט אריין
אינעם לופט רער.

שלאפן אויפן רוקן



בעיביס זענען מער פארזיכערט ווען דער
לופט רער איז העכער.

קען זיך מיין בעיבי דערשטיקן ביים שלאפן אויפן רוקן?

שלאפן אויפן בויך

אויפן בויך, איז דער לופט רער אונטערן עסן רער. אלעס וואס די בעיבי ברעכט וועט אראפפליסן דורך גראוויטי צום נידריגסטן פונקט. יעצט איז גרינגער אז ברעכאץ זאל וועלן אריינגעאטעמט אין די לונגען.

שלאפן אויפן רוקן

אויפן רוקן, איז דער לופט רער העכער דעם עסן רער. אלעס וואס די בעיבי ברעכט וועט וועלן אראפגעשטופט דורך גראוויטי צום נידריגסטן פונקט. דער לופט רער איז באשיצט.

Adapted from the National Institute of Child Health and Human Development (NICHD)
(אדאפטירט פונעם נאציאונאל אינסטיטוט אוו טשיילד העלט אין היומען דעוועלאפמענט)

NEW YORK STATE Department of Health | Office of Children and Family Services

0715 (Yiddish) 6/17

NEW YORK STATE Department of Health
New York State nyspQc Perinatal Quality Collaborative

NYSDOH Infant Safe Sleep Materials Order Form

NEW YORK STATE | Department of Health

Infant Safe Sleep Materials Order Form

Instructions:

- Complete the order form below.
  - In the quantity field, type/write a quantity where there are no options to choose from, and/or circle an amount where options are provided.
- Complete the address label on page 2. Please type or print clearly.
- All orders must include a street address. *Note: Orders cannot be delivered to post office boxes.*
- E-mail orders to ogs.sm.gdc@ogs.ny.gov or phone orders to 518-675-3004.

All materials listed below are also available electronically. To request a digital copy, e-mail NYSPQC@health.ny.gov.

Title	Language	Pub. Number	Quantity (type/write in or circle one)
Poster: ABCs of Safe Sleep	Spanish	0669	25 50 100 200
Poster: ABCs of Safe Sleep	English	0671	25 50 100 200
Brochure: ABCs of Safe Sleep	English	0672	25 50 100 200
Brochure: ABCs of Safe Sleep	Spanish	0673	25 50 100 200
Brochure: ABCs of Safe Sleep	Haitian Creole	0674	25 50 100 200
Brochure: ABCs of Safe Sleep	Italian	0675	25 50 100 200
Brochure: ABCs of Safe Sleep	Korean	0676	25 50 100 200
Brochure: ABCs of Safe Sleep	Russian	0677	25 50 100 200
Brochure: ABCs of Safe Sleep	Chinese	0678	25 50 100 200
Magnet: ABCs of Safe Sleep	English	0679	25 50 100 200
Cling: ABCs of Safe Sleep	English	0680	25 50 100 200
Crib Card: ABCs of Safe Sleep	English	0682	25 50 100 200
Magnet: ABCs of Safe Sleep	Spanish	0683	25 50 100 200
Cling: ABCs of Safe Sleep	Spanish	0684	25 50 100 200
Anatomical Diagram: Safe Sleep for Baby	English	0686	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Spanish	0687	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Chinese	0688	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Haitian-Creole	0689	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Italian	0690	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Korean	0691	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Russian	0692	1 2 5

1

NYSDOH Infant Safe Sleep Materials Order Form

NEW YORK STATE | Department of Health

Title	Language	Pub. Number	Quantity (type/write in or circle one)
DVD: Never, Ever Shake a Baby / Follow the ABCs of Safe Sleep		0693	1 2 5
Flash Drive: Never, Ever Shake a Baby / Follow the ABCs of Safe Sleep		0694	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Arabic	0695	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Bengali	0696	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Urdu	0697	1 2 5
Brochure: ABCs of Safe Sleep	Albanian	0707	25 50 100 200
Brochure: ABCs of Safe Sleep	Arabic	0708	25 50 100 200
Brochure: ABCs of Safe Sleep	Bengali	0709	25 50 100 200
Brochure: ABCs of Safe Sleep	French	0710	25 50 100 200
Brochure: ABCs of Safe Sleep	Urdu	0711	25 50 100 200
Brochure: ABCs of Safe Sleep	Yiddish	0712	25 50 100 200
Anatomical Diagram: Safe Sleep for Baby	Albanian	0713	1 2 5
Anatomical Diagram: Safe Sleep for Baby	French	0714	1 2 5
Anatomical Diagram: Safe Sleep for Baby	Yiddish	0715	electronic version only

Address Label (print or type)

Name:		
Organization:		
Street Address:		
City:	State:	Zip:
Email Address:		

Revised 12/19

2

Safe Sleep for Baby Videos

Safe Sleep Video 1 (English)
https://www.youtube.com/watch?v=vjwazF35fJI&feature=youtu.be

Sueño Seguro Video 1 (Spanish)
https://www.youtube.com/watch?v=RCbgFgUW0QU&feature=youtu.be

NYSDOH Commissioner Letter to Providers – July 2016

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

July 5, 2016

Dear Provider:

Each year about 90 New York State (NYS) infants die from sleep-related causes, many of which are preventable. To eliminate sleep-related deaths in infants, the New York State (NYS) Department of Health (Department), in partnership with the NYS Office of Children and Family Services, has joined a national collaboration of state health departments, state agencies, and our professional and community partners.

The Department is working to update and deliver safe sleep messages to parents and caregivers across the state. In 2011, the Department adapted the American Academy of Pediatrics guidelines for educational materials related to Sudden Infant Death Syndrome and safe sleep in a consumer brochure entitled "Follow the ABCs of Safe Sleep." The message is: Babies should sleep **A**lone, on their **B**acks, and in a safe **C**rib, right from the start. The "ABC" message is simple and effective to help introduce safe sleep basics to parents and caregivers.

A recent study showed the more often mothers heard advice about safe sleep practices, the more likely they were to follow the advice[1]. Your role in providing safe sleep education early and often to parents and caregivers of infants is critical to reducing these preventable deaths. My vision is that **every** child in NYS will have the opportunity to reach his or her first birthday and grow up healthy. Please help to make this vision a reality by sharing safe sleep materials and education at every opportunity.

These materials, available in English and six other languages, are free of charge for your use. Use this link to order copies of these publications. Please visit www.health.ny.gov/safesleep for additional safe sleep information, including a brochure and poster that you can share with families in your practice.

If you have questions, please contact Eric Cleghorn at the Bureau of Child Health at 518-474-1961 or by electronic mail at NYSIMCoIIN@health.ny.gov.

Thank you for your commitment to New York's families.

Sincerely,

Howard Zucker M.D.

Howard A. Zucker, M.D., J.D.
Commissioner of Health

[1] Smith L, Geller N, Kellams A, Colson E, Rybin D, Heeren T, Corbin M. Infant Sleep Location and Breastfeeding Practices in the United States, 2011-2014. Academic Press online February 4, 2016.

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

NYSDOH/OCFS Commissioner Letter to Providers – May 2019

NEW YORK STATE | Department of Health

NEW YORK STATE | Office of Children and Family Services

May 24, 2019

Dear Provider:

Each year in the United States, there are more than 3,500 sleep-related infant deaths. Many of these sleep-related deaths are preventable. Governor Cuomo has designated May as Infant Safe Sleep Month in New York State (NYS). To reduce the occurrence of sleep-related deaths in infants, the NYS Department of Health (Department) and NYS Office of Children and Family Services (OCFS) encourage you to continue to emphasize infant safe sleep practices in caregiver education you provide, including discussion of those risk factors associated with sudden unexpected infant death (SUID). A recent study estimated that 22% of SUID cases in the United States can be directly attributed to maternal smoking during pregnancy[i]. Smoking cessation is essential to reducing infant sleep-related deaths.

To assist your efforts with family and caregiver education, the Department and OCFS have developed several educational materials related to Sudden Infant Death Syndrome and infant safe sleep for use in your practice. These materials are informed by the American Academy of Pediatrics (AAP) 2016 recommendations[ii] that urge caregivers to "Follow the ABCs of Safe Sleep." The message is: Babies should sleep **A**lone, on their **B**acks, and in a safe **C**rib right from the start! The "ABC" message is simple and effective to help introduce safe sleep to parents and caregivers.

In addition, we encourage your organizations to model infant safe sleep in print and digital media, including websites and advertisements to reinforce the "ABC" message. The AAP 2016 recommendations cite concerns that images portraying infants in unsafe sleep conditions may create misinformation among caregivers thus putting infants at risk. The images families see on their health care providers' websites, communication materials, or social media should reflect behaviors that will keep babies safe.

Research has shown that the more frequently caregivers heard about safe sleep practices, the more likely they were to follow the advice[iii]. Your role in providing safe sleep education early and often to infant caregivers and supporting women with smoking cessation is critical to reducing infant mortality. Our vision is that every child in New York State will have the opportunity to reach his or her first birthday and grow up healthy. Please help make this vision a reality by modeling infant safe sleep and sharing safe sleep materials and education at every opportunity.

The materials developed by the Department, available in English and six other languages, are free of charge for your use. Please visit www.health.ny.gov/safesleep for additional safe sleep information and a printable brochure to share with the families you serve. Select materials (i.e.: magnets, mirror clings, posters, crib cards, and videos) can be ordered by completing the form available here:
https://www.health.ny.gov/forms/order_forms/safe_sleep_for_baby.pdf

NYSDOH/OCFS Commissioner Letter to Providers – May 2019

If you have questions, please contact Kristen Lawless at the Office of the Medical Director, Division of Family Health, at (518) 473-9883 or by email at NYSPQC@health.ny.gov.

Thank you for your commitment to New York's families.

Sincerely,

Howard Zucker, M.D.

Howard A. Zucker, M.D., J.D.
Commissioner of Health
New York State Department of Health

Sheila J. Poole
Acting Commissioner
New York State Office of Children and Family Services

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[i] Anderson T, Ferres J, Ren S, Moon R, Goldstein R, Ramirez J, Mitchell E. Maternal Smoking Before and During Pregnancy and the Risk of Sudden Unexpected Infant Death. Pediatrics. 2019; 143(4):e20183325.
[ii] AAP Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2016;138(5):e20162938.
[iii] Smith L, Geller N, Kellams A, Colson E, Rybin D, Heeren T, Corbin M. Infant Sleep Location and Breastfeeding Practices in the United States, 2011-2014. Academic Press online February 4, 2016.

NYSDOH Commissioner Letter to Obstetric/Childbirth Providers – October 2016

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

October 7, 2016

Dear Provider:

Each year, about 90 New York State (NYS) infants die from sleep-related causes, many of which are preventable. To eliminate sleep-related deaths in infants, the New York State Department of Health (Department), in partnership with the New York State Office of Children and Family Services, has joined a national collaboration of state health departments, state agencies, and professional and community partners.

The Department is working to update and deliver safe sleep messages to parents and caregivers across the state. The Department adapted the 2011 American Academy of Pediatrics guidelines for educational materials related to Sudden Infant Death Syndrome and safe sleep in a consumer brochure entitled "Follow the ABCs of Safe Sleep." The message is: Babies should sleep **A**lone, on their **B**acks, and in a safe **C**rib right from the start! The "ABC" message is simple and effective to help introduce safe sleep to parents and caregivers.

A recent study showed that the more often caregivers heard about safe sleep practices, the more likely they were to follow the advice[1]. Your role in childbirth education, including preparing women to be mothers, is invaluable. Incorporate safe sleep messages early and often, because encouraging parents to practice safe sleep from the start is essential to reducing these preventable deaths.

My vision is that **every** child in New York State will have the opportunity to reach his or her first birthday and grow up healthy. Please help make this vision a reality by sharing safe sleep materials and education at every opportunity.

These materials, available in English and six other languages, are free of charge for your use. Use this link to order copies of these publications. Please visit www.health.ny.gov/safesleep for additional safe sleep information including a brochure and poster, that you can share with families you serve.

If you have questions, please feel free to contact Eric Cleghorn at the Bureau of Child Health at 518-474-1961 or by email at NYSIMCoIIN@health.ny.gov.

Thank you for your commitment to New York's families.

Sincerely,

Howard Zucker M.D.

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Commissioner of Health

[1] Smith L, Geller N, Kellams A, Colson E, Rybin D, Heeren T, Corbin M. Infant Sleep Location and Breastfeeding Practices in the United States, 2011-2014. Academic Press online February 4, 2016.

Empire State Plaza, Corning Tower, Albany, NY 12237 | health.ny.gov

5

Infant Safe Sleep in the Birthing Hospital

This section is organized to follow the NYSPQC Safe Sleep Project's driver diagram, a visual display of the overall aim of the project, the primary drivers that contribute to achieving the project aim, and the specific change ideas to test for each driver. For each project driver, there are educational presentations, hospital tools, and insights from birthing hospital teams.

Go to the complete [NYSPQC Safe Sleep Project Driver Diagram]

Contents

Click on titles/page numbers to go to directly to each section

Contents

Click on titles/page numbers to go to directly to each section

Contents

Click on titles/page numbers to go to directly to each section

Contents

Click on titles/page numbers to go to directly to each section

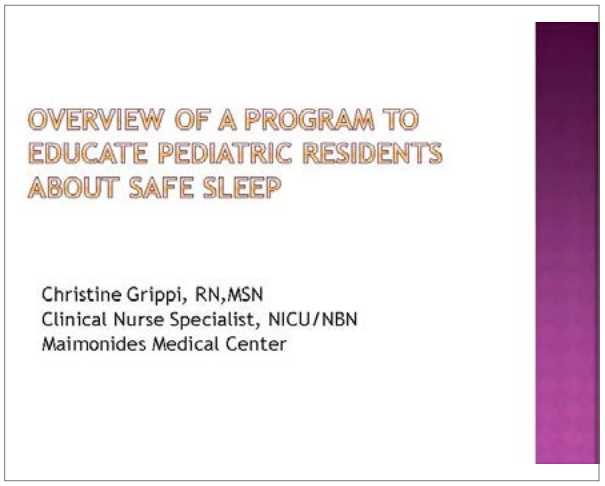
NICU policies support/facilitate safe sleep practices.

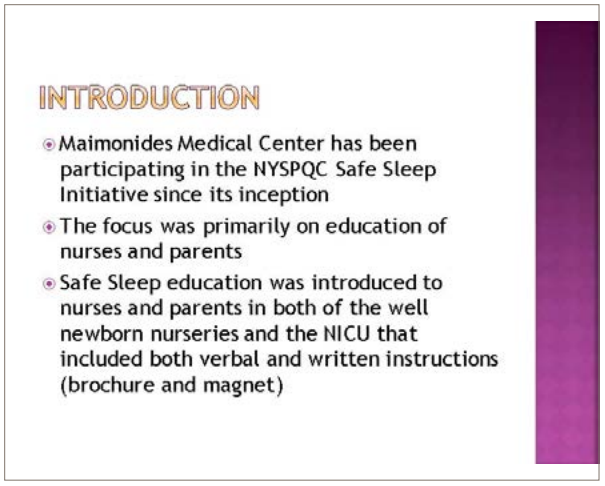
DRIVER
Spread bright spots.

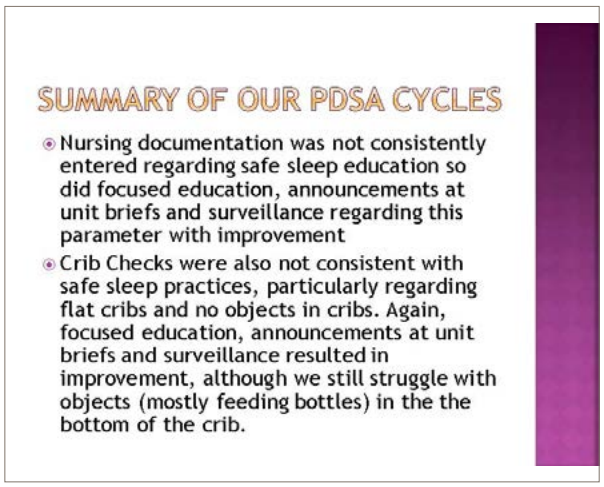
Driver:

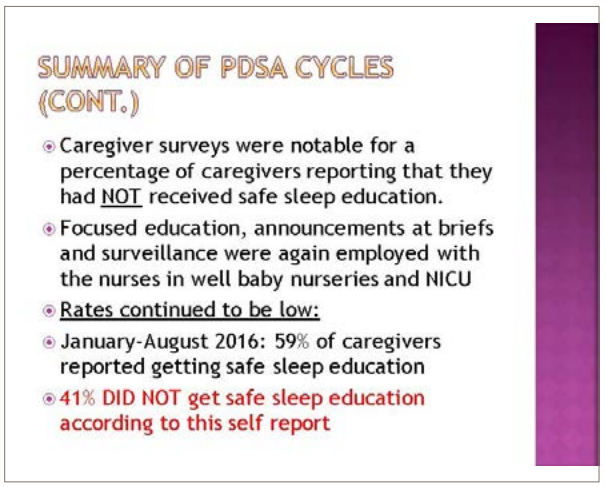
Health care professionals understand, actively endorse and model safe sleep practices

Grippi C. *Overview of a Program to Educate Pediatric Residents About Safe Sleep* NYSPQC Safe Sleep Project Coaching Call Webinar. March 2017. Intended audience: Hospitals









Driver:

Health care professionals understand, actively endorse and model safe sleep practices

Grippi C. *Overview of a Program to Educate Pediatric Residents About Safe Sleep* NYSPQC Safe Sleep Project Coaching Call Webinar. March 2017. Intended audience: Hospitals

PLAN TO IMPROVE CAREGIVER REPORT OF SAFE SLEEP EDUCATION

- Hira Ahmed and Zubin Amarsi, pediatric residents at MMC, have been educated regarding the safe sleep project and have been assisting with data collection.
- They suggested that the pediatric residents should be educated about safe sleep to reinforce education in the hospital and also to be prepared for their roles as pediatricians after graduation

THE FOLLOWING SLIDES WERE DEVELOPED BY HIRA AND ZUBIN AND PRESENTED AT PEDIATRIC GRAND ROUNDS IN SEPTEMBER 2016 TO ALL OF THE PEDIATRIC RESIDENTS AT MAIMONIDES MEDICAL CENTER

NY STATE PERINATAL QUALITY COLLABORATIVE SAFE SLEEP PROJECT

Hira Ahmed
Zubin Amarsi

INTRODUCTION

- Focuses on improving safe sleep practices to reduce infant mortality in NY
- Working with 82 hospitals across state to improve safe sleep practices by implementing hospital policies to support and facilitate safe sleep , educating health care workers and providing infant caregivers education on safe sleep

SIDS

- Sudden death which occurs before 1 year of age, usually in a previously healthy infant
- Cause of death unexplained after thorough investigation; including complete autopsy, death scene investigation, and review of child's health history
- A diagnosis of exclusion
- SIDS is not predictable
- Leading cause of death from 1month-12months

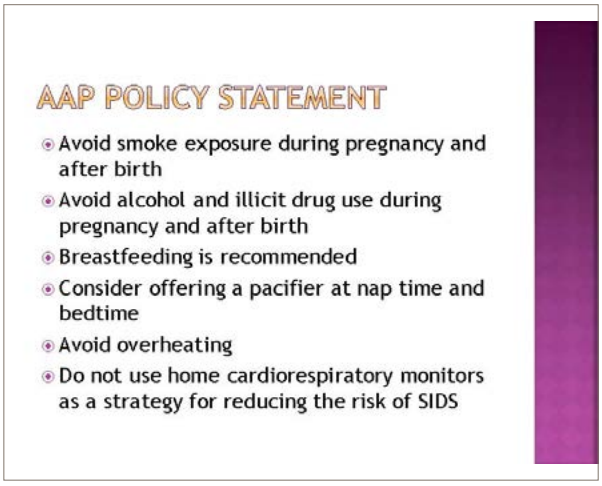
SUID

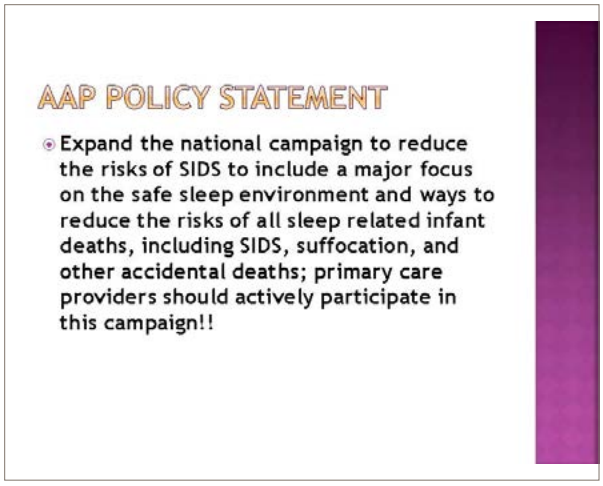
- Sudden unexpected infant death
- Explained vs unexplained
- Sleep related infant deaths-
  - Risk factors-suffocation, asphyxia and entrapment
  - Seasonal trend: there are more SIDS deaths in winter months
  - More male babies die of SIDS
  - Unaccustomed tummy sleeping increases risk as much as 18 times

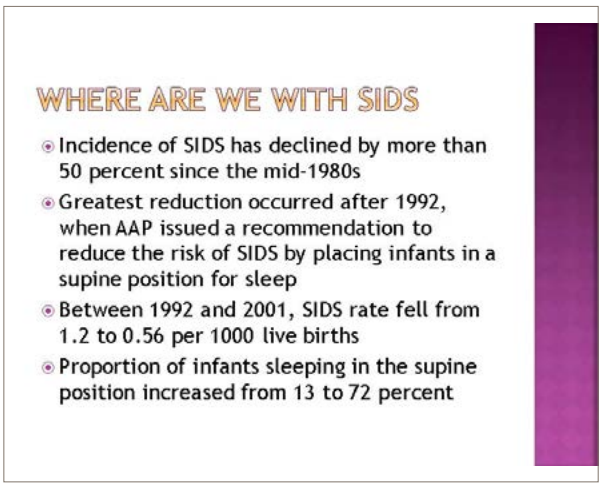
Driver:

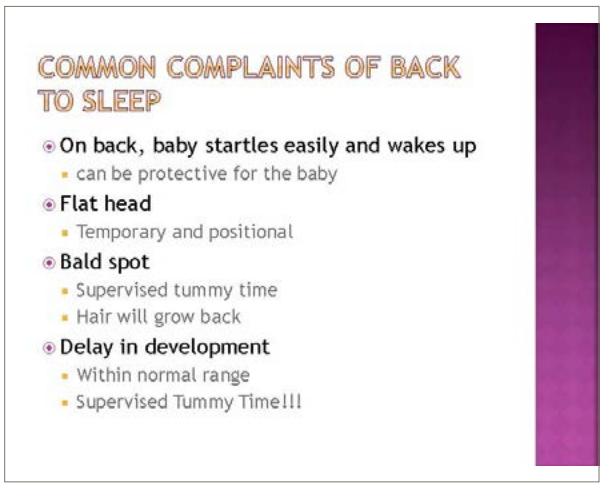
Health care professionals understand, actively endorse and model safe sleep practices

Grippi C. *Overview of a Program to Educate Pediatric Residents About Safe Sleep* NYSPQC Safe Sleep Project Coaching Call Webinar. March 2017. Intended audience: Hospitals









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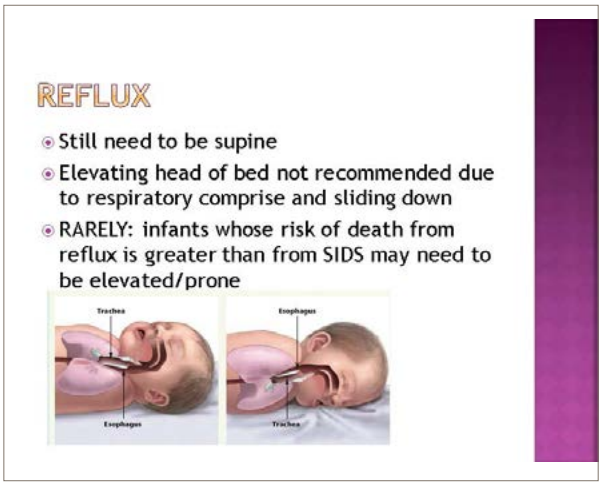
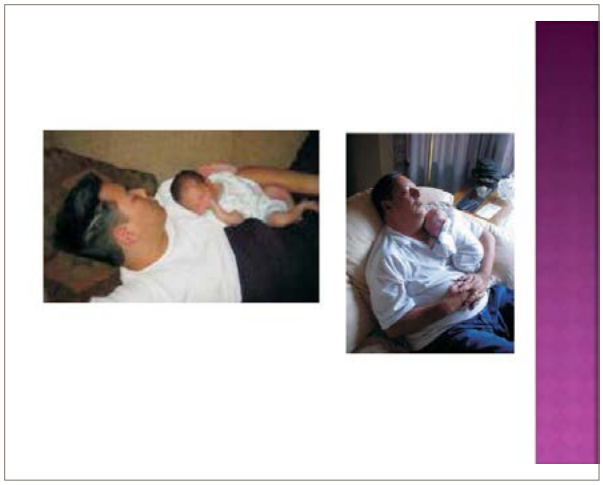
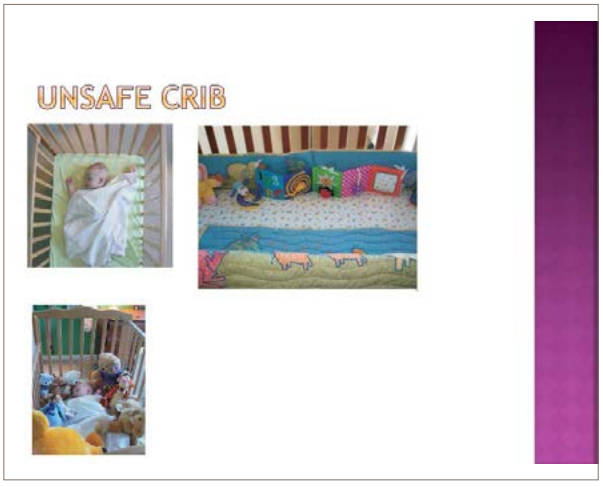






Driver:

Health care professionals understand, actively endorse and model safe sleep practices

Grippi C. *Overview of a Program to Educate Pediatric Residents About Safe Sleep* NYSPQC Safe Sleep Project Coaching Call Webinar. March 2017. Intended audience: Hospitals

The ABC's of Safe Sleep

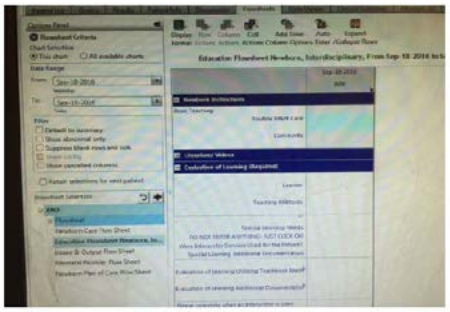
A Alone
Not with other people, pillows, blankets, or stuffed animals.

B on my Back
Not on the stomach or side.

C in my Crib
Not on an adult bed, sofa, cushion, or other soft surface.

SAFE SLEEP INITIATIVE

- Our study involves Mother Baby unit and NICU- focus on parents and provider education on Safe Sleep concepts, documentation of safe sleep education in EMR and observation of safe sleep practices in MBU and NICU
- We are using 3 parameters to collect data from:
- 1. Documentation of education
- 2. Caregiver surveys
- 3. Crib checks



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- Infant Safe Sleep Illustrations. *Alleghany County Health Department.* http://www.achd.net/childhth/pubs/pdf/MD_toolkit2_final_safesleep050510ts_new.pdf
- SIDS and Other Sleep Related Infant Deaths: Keeping Babies Safe. *Healthy Child Care America:* AAP. 2012.
- SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. AAP. 2011

OUTCOME

- After the Pediatric Grand Rounds Presentation, we noticed that the caregiver surveys showed improvement in % of caregivers reporting receiving safe sleep education
- From 10/1/16 through 3/15/17,

96% of caregivers reported that they had received safe sleep education on caregiver surveys.

IN CONCLUSION

- We saw improvement in our education of parents regarding safe sleep when Pediatric Residents were educated about safe sleep practices and our participation in the project.
- Recommend that all health care providers working in perinatal/neonatal settings receive safe sleep education so that they can provide and reinforce this topic with parents

Driver:
Health care professionals understand, actively endorse and model safe sleep practices

Albany Medical Center - Safe Sleep Crib Card

Driver:
Health care professionals understand, actively endorse and model safe sleep practices

Albany Medical Center - Safe Sleep Crib Card

Safe Sleep Readiness:

- 32 weeks or greater corrected gestational age.
- In room air or on nasal cannula/high flow nasal cannula.
- No congenital anomalies of the face, skull or airway (collaborate with provider).
- Collaborate with provider if infant is on IV fluids.

Guidelines:

- Baby always sleeps supine.
- No blanket rolls, loose bedding or stuffed toys.
- Head of bed flat (elevate HOB during and for 1 hour after, tube feeding).
- "Tummy time" should be directly supervised and done only while infant is awake.
- "Reflux precautions" are not indicated.

Safe Sleep Readiness:

- 32 weeks or greater corrected gestational age.
- In room air or on nasal cannula/high flow nasal cannula.
- No congenital anomalies of the face, skull or airway (collaborate with provider).
- Collaborate with provider if infant is on IV fluids.

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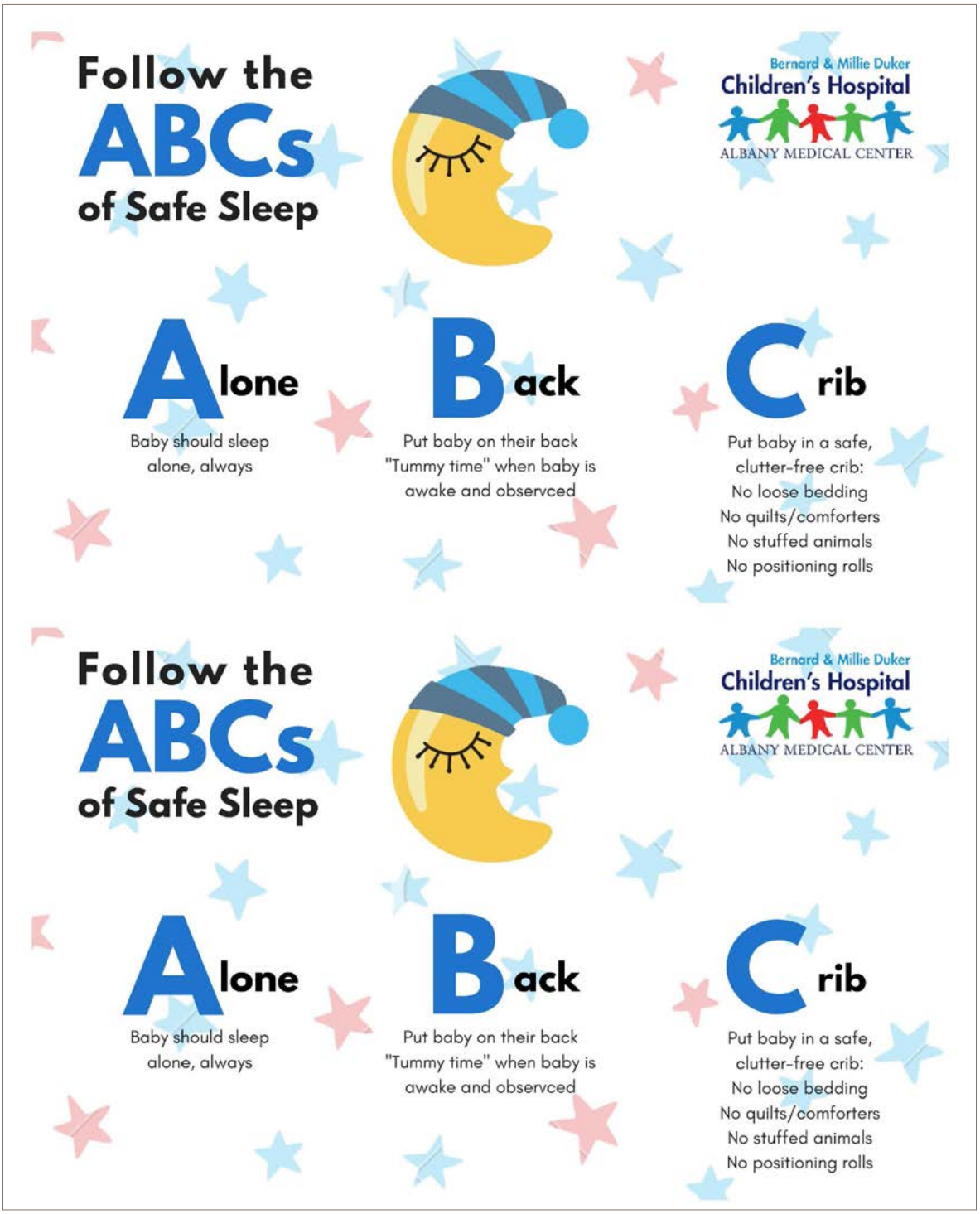
- "Tummy time" should be directly supervised and done only while infant is awake.
- "Reflux precautions" are not indicated.

Driver:
Health care professionals understand, actively endorse and model safe sleep practices

Albany Medical Center - Safe Sleep Club



Driver:
Health care professionals understand, actively endorse and model safe sleep practices

Albany Medical Center - Safe Sleep Club

From the Hospitals

THE UNIVERSITY OF VERMONT HEALTH NETWORK CHAMPLAIN VALLEY PHYSICIANS HOSPITAL

Lessons Learned:

- Education done on even a limited basis can have a huge impact. After educating just two nurses to provide education to infant caregivers about infant safe sleep practices, we saw immediate improvement in all the ABCs of infant safe sleep.
- Consistent information from everyone increases compliance. Reeducation of the pediatricians showed that it is important to give information in more than one form and from more than one source. The mesh bag that we attached to the cribs also included an informational card developed by the hospital which reinforced existing education. The bag gives infant caregivers a way to keep the crib free of objects while still being able to display gifts for the infant that have been brought to the hospital.

To read more about Champlain Valley Physicians Hospital's story, see ***Section 10.***

From the Hospitals

SARATOGA HOSPITAL

Tips for Healthcare Provider Safe Sleep Education:

- Utilize a modality that is easily accessible to all staff and can track completion of education (i.e. Healthstream).
- Assess nurses' knowledge post-education to identify knowledge deficits.
- Provide real-time feedback to staff. Correct unsafe sleep practices in real-time with nursing staff.

*To read more about Saratoga Hospital, see **Section 10.***

STONY BROOK MEDICINE

We hosted an in-service training for all staff on proper swaddling. For the training, we utilized the International Hip Dysplasia Institute's instructional video available for free online here: https://www.youtube.com/watch?v=LLqfRQdUP7k.

*To read more about Stony Brook Children's Hospital, see **Section 10.***

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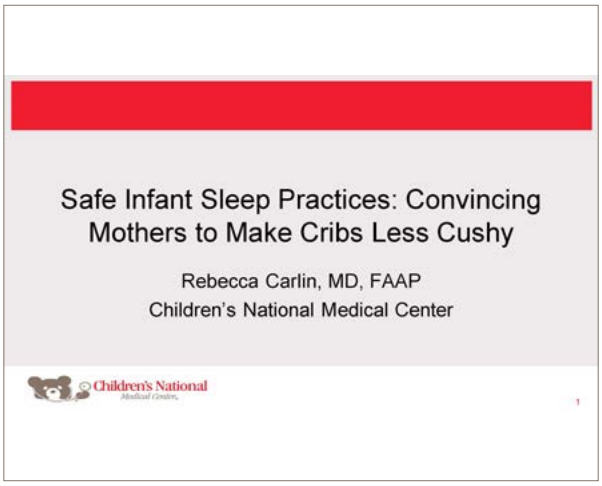

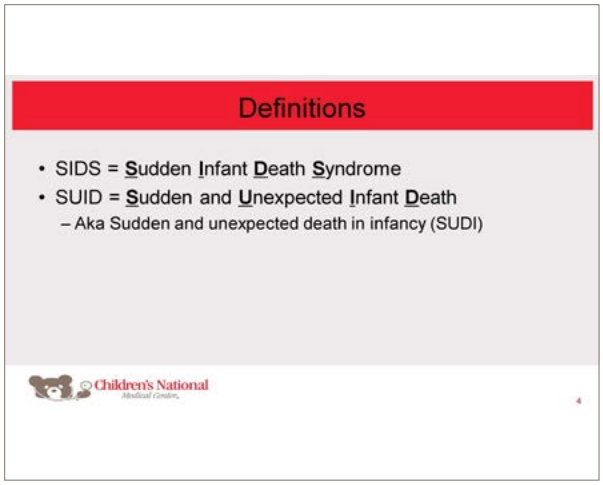

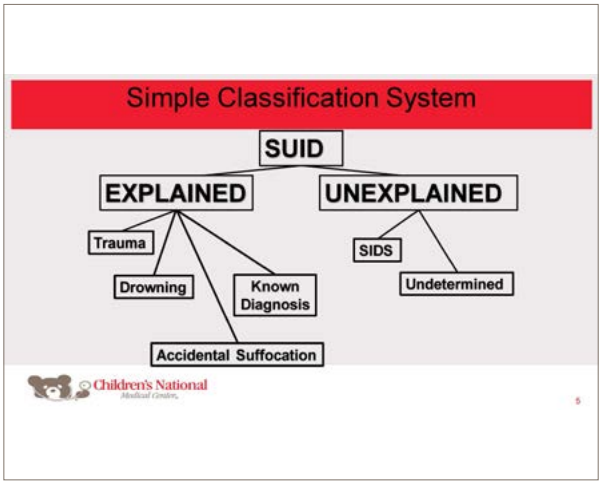

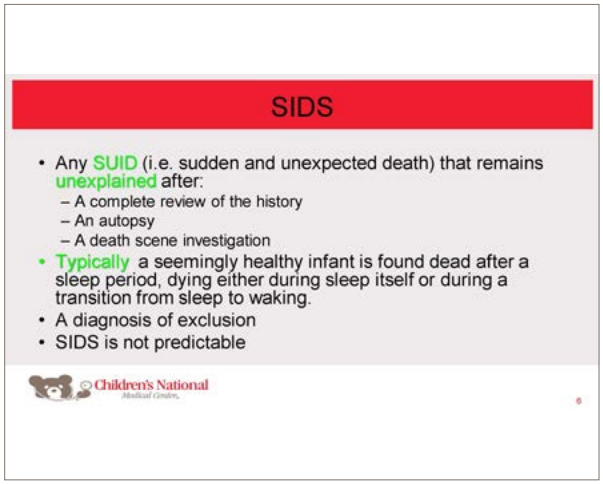

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Suffocation

- Asphyxia is any situation in which there is a decrease in oxygen (O_2) and an increase in carbon dioxide (CO_2) in the body.
  - If you stop breathing
  - If your mouth, nose, or airway becomes obstructed.
  - If you "rebreathe" (imagine an infant face down in soft bedding).
- Suffocation is a form of asphyxia
- Entrapment is when an infant is "trapped" in a situation that produces asphyxia
- Strangulation is when bed clothes or other material is wrapped around the neck, blocking the airway causing asphyxia.

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SIDS and Asphyxia

- Asphyxia has always been part of SIDS
- Many risk factors are associated with potentially asphyxiating environments
  - Prone sleeping
  - Soft bedding, pillows, bumper pads, etc.
  - Bedsharing
- Some asphyxial situations would cause death in any baby
  - In some, not all babies die
- Why do these babies die?

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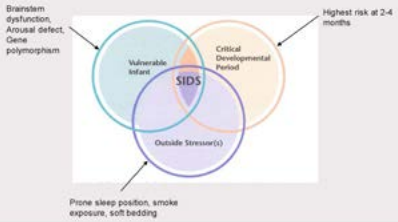
Triple Risk Model



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Rebreathing Theory

- Infants in certain sleep environments are more likely to trap exhaled CO_2 around the face
  - Lie prone and near-face-down/face-down
  - Soft bedding
  - Tobacco smoke exposure
- Infants rebreathe exhaled CO_2
- Infants die if they cannot arouse/ respond appropriately

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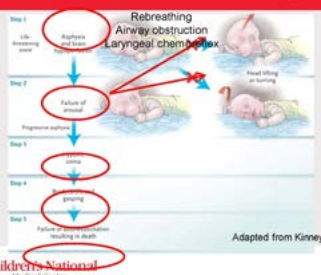
An Example of SIDS Pathogenesis



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Brain Dysfunction

- Kinney at al have found abnormalities in autonomic control in the brainstem
  - Decreased neurotransmitter (serotonin, acetylcholine, glutamate, GABAA) binding
  - Network dysfunction
  - Infants may not be able to sense and respond to hypercarbia or hypoxia
- Weese-Mayer and others have found polymorphisms in serotonin transporter protein gene
- Up to 70% of SIDS have neurotransmitter abnormalities
- These abnormalities are not present in infants dying of other causes, including chronic hypoxia

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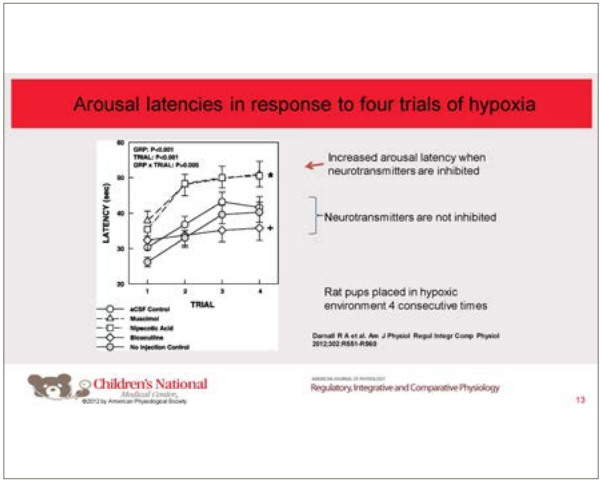

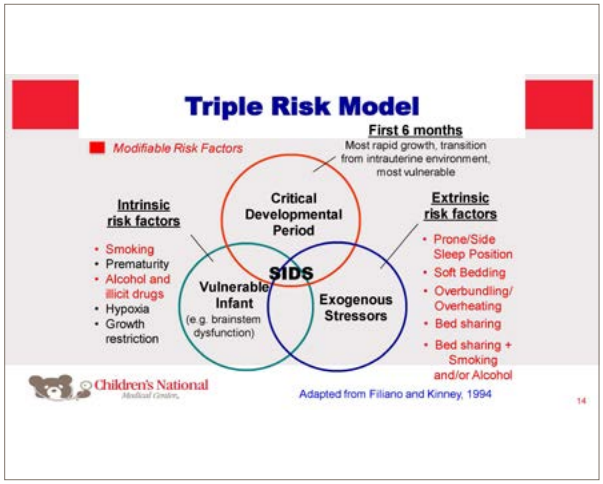

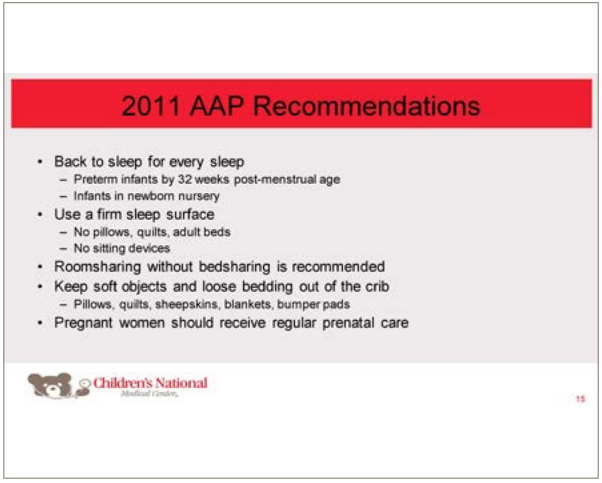

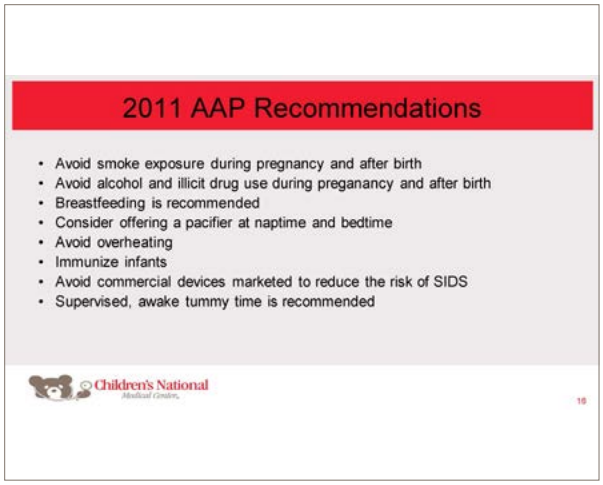

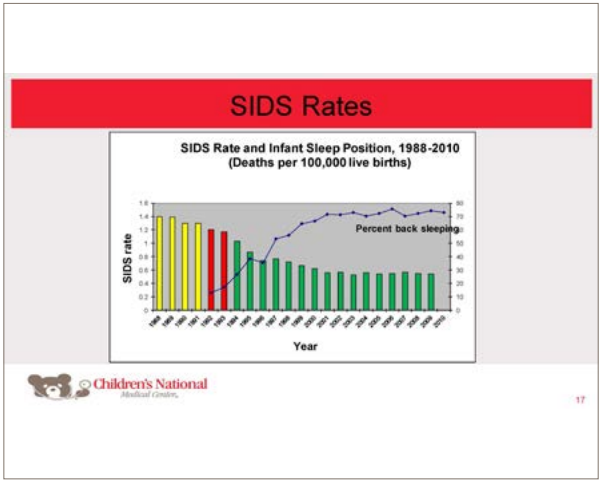

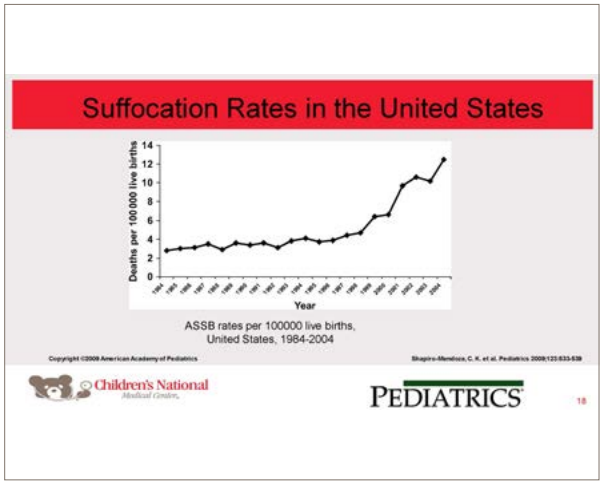

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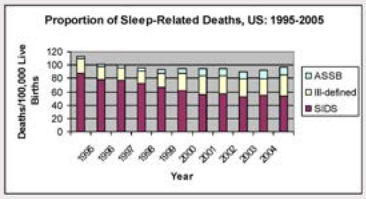
Rates of SIDS and SUID



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Source: CDC Wonder, 2011

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Why are rates of these deaths increasing?

- Diagnostic shift
  - Improved death scene investigation
- Increases in prone sleeping
- Increases in soft bedding
- Increases in high-risk bed sharing (multiple people in bed, bedding risks, etc.)
- 80->90% of sleep-related deaths occur in unsafe sleep environments

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What's up with the bedding?

- A 2014 analysis of infant sleep-related deaths reported to state child death review teams identified soft bedding as an important risk factor for SIDS and accidental sleep-related deaths as infants will roll into the bedding
  - Risk of bedding as a contributing factor was higher between 4 and12 months of age

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What's up with the bedding?

- In 2015, Shapiro-Mendoza et al published a national survey that found that more than half of parents usually placed their infants to sleep with blankets, quilts, pillows, and other similar objects,
- Groups most likely to use soft bedding:
  - Teenagers
  - Non-whites
  - Those without a college degree

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Racial and Ethnic Disparities in SUID

- Rates of Sudden Infant Death Syndrome (SIDS) and other sleep-related deaths (including suffocation) are very high among African American infants.
- These racial disparities have increased over the past decade.
- African American infants are twice as likely to die as other infants.

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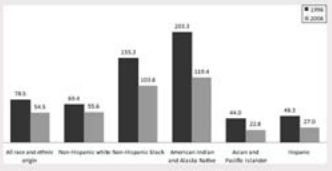
Racial and Ethnic Disparities in SUID



Comparison of US rates of SIDS by maternal race and ethnic origin, 1996 and 2006

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PEDIATRICS

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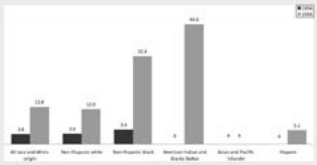

Comparison of US rates of ASSB deaths according to maternal race and ethnic origin in 1996 and 2006.

Pediatrics 2011;128:e1341-e1367

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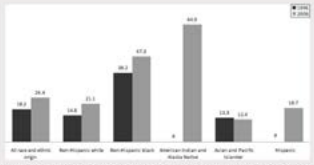
PEDIATRICS

25

Racial and Ethnic Disparities in SUID



Comparison of US rates of cause ill-defined or unspecified death according to maternal race and ethnic origin in 1996 and 2006.

Pediatrics 2011;128:e1341-e1367

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PEDIATRICS

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Why Disparities Exist

- Our qualitative data suggest that:
  - African American parents have a high degree of self-efficacy with regard to preventing infant suffocation.
  - African American parents have a lower degree of self-efficacy with regard to SIDS risk reduction.
- Many of the risk factors for SIDS and other preventable sleep related deaths are the same.

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Nothing I do can make a difference

"SIDS occurs, and that's something that must have been meant to happen. I wouldn't blame myself. I just feel like I'm doing the best thing for my son and that whatever I feel comfortable with doing for him. Because you can't listen to everybody, you can't listen to statistics, and you have to do what's comfortable. As long as you know your baby, and know what your baby likes, and how he reacts to things, then I feel that's the best way. For me, the stomach; that's the best way."

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SIDS vs. Suffocation

"For suffocation, yes, [I would believe sleeping on the back is best]. SIDS, they still don't know what causes it. That's why I said, not SIDS, but the fact of suffocation. They can suffocate if they sleep on their stomach."

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Objective

To compare African-American parental behaviors with regard to infant sleep when given the standard "SIDS risk reduction" message or an enhanced "SIDS and suffocation risk reduction" message.

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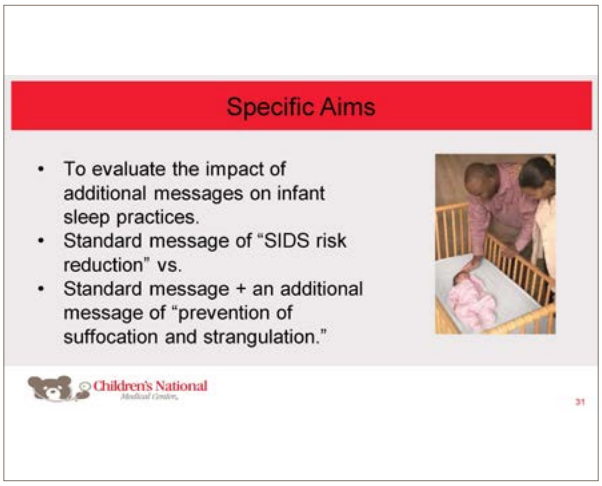

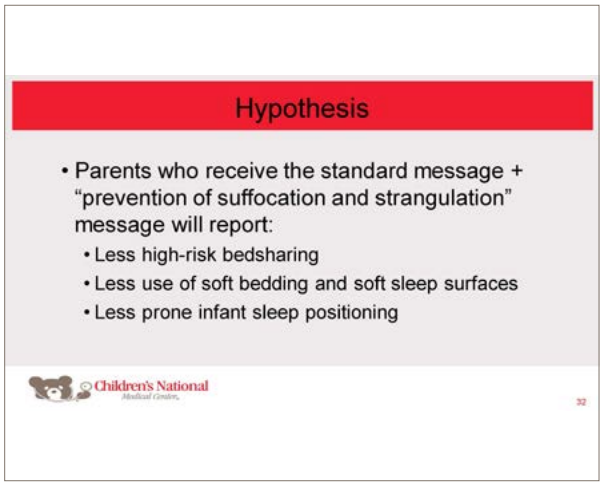

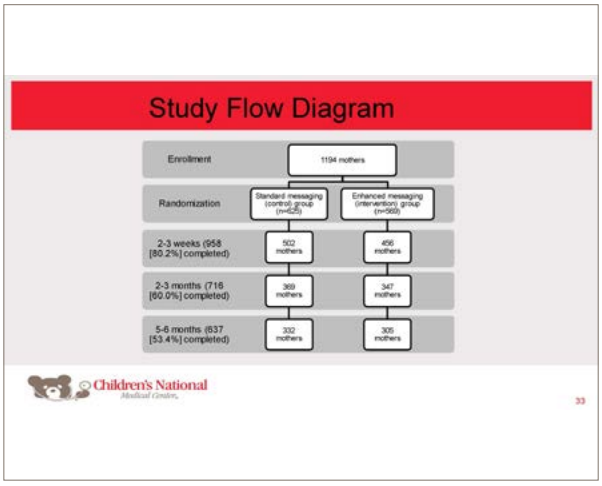

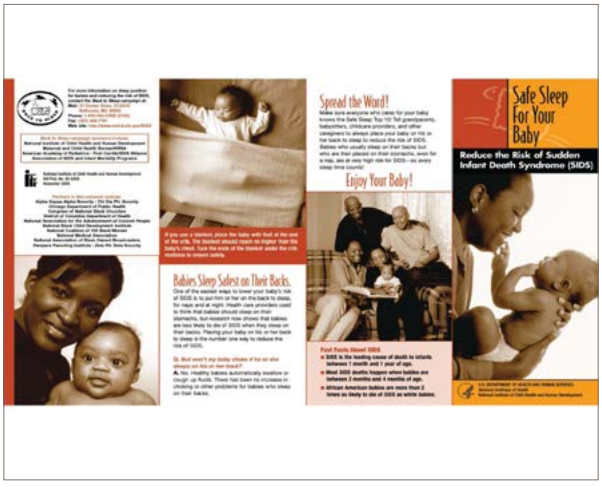

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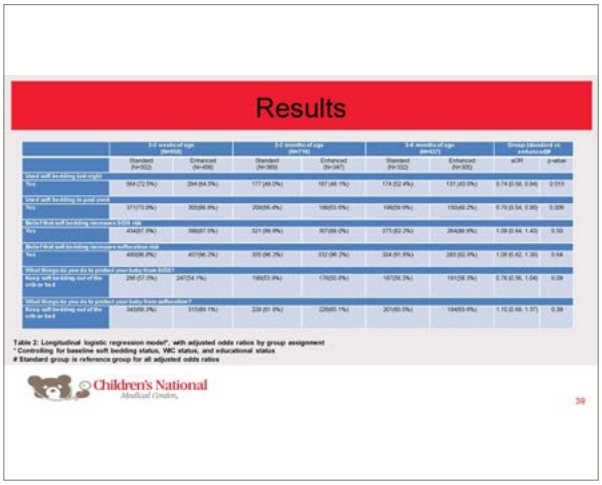
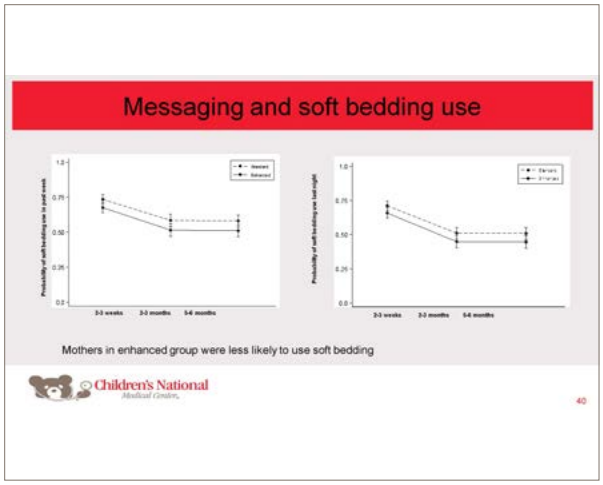
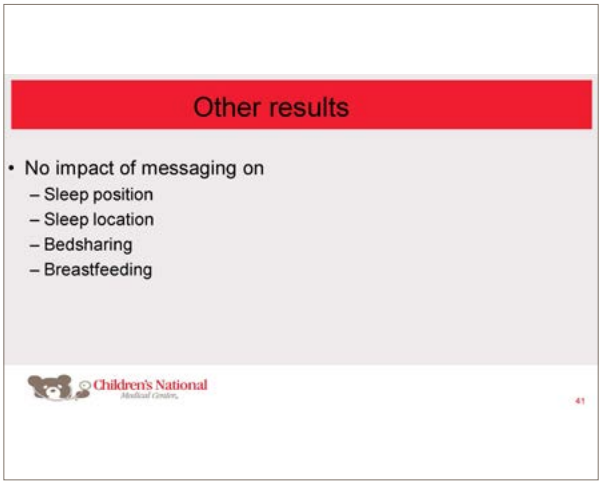
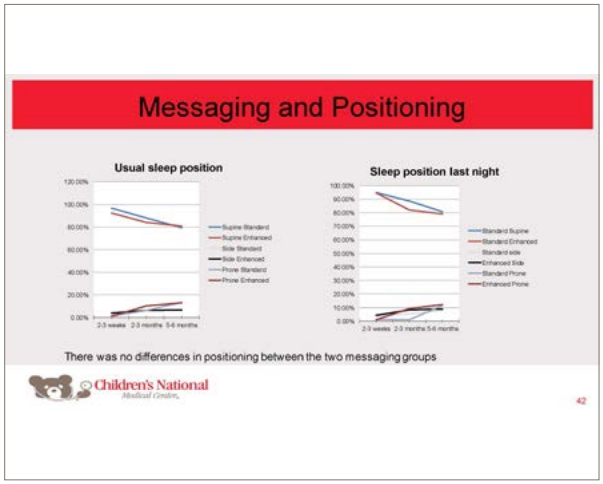
Pamphlet available on **Page 175 and 176**









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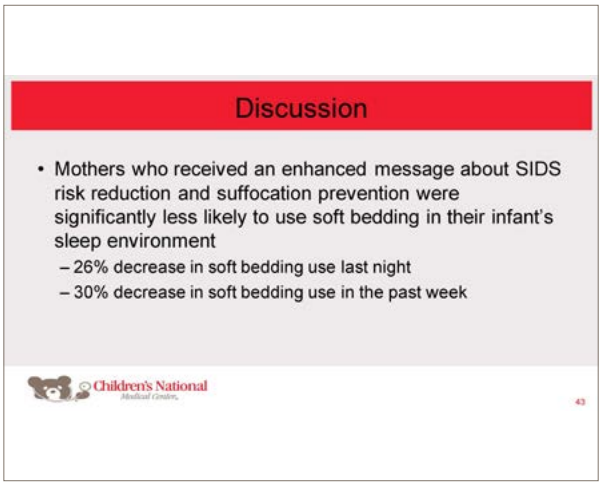

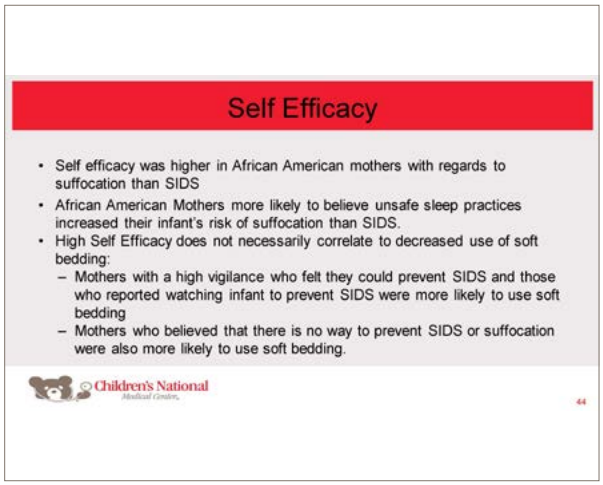

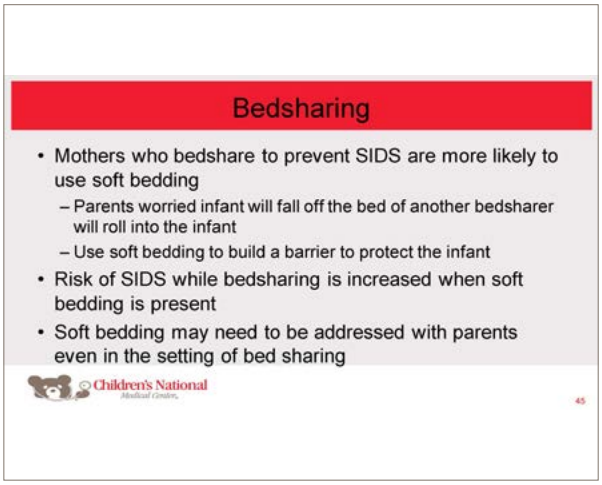

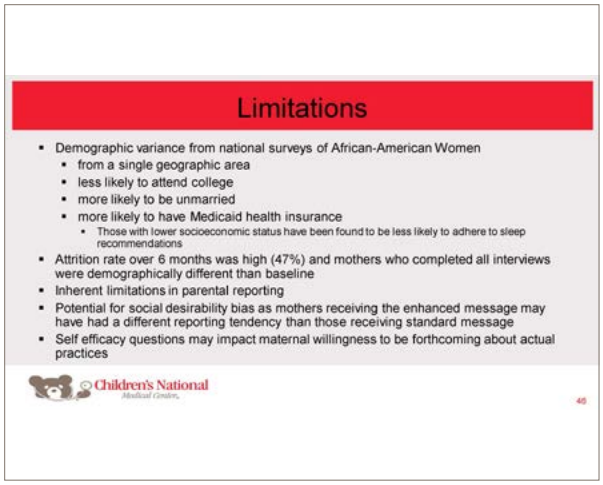

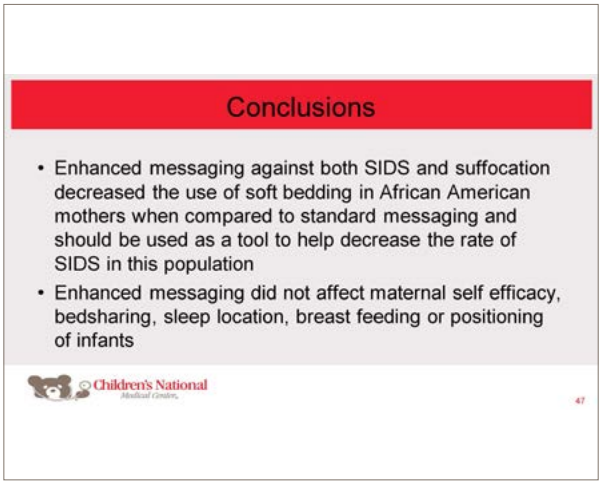

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Children's National Medical Center - Infant Safe Sleep Brochure

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Prevent Suffocation, Strangulation, and Sudden Infant Death Syndrome (SIDS)

Children's National Medical Center
Goldberg Center for Community Pediatric Health
111 Michigan Ave., NW
Washington, DC 20010
Phone: 202-476-3113 (Rosalind Oden)
Fax: 202-467-3386

Try A Pacifier

Offer a pacifier at naptime and nighttime.

Research studies show that pacifiers may prevent SIDS.

If you are breastfeeding, wait until your child is at least 1 month old before offering a pacifier; this will help prevent nipple confusion.

Don't worry about putting the pacifier back in your baby's mouth if it falls out after he or she falls asleep.

It is recommend that nursing mothers breastfeed their baby. Research shows that breastfeeding reduces the risk of Sudden Infant Death Syndrome (SIDS).

If you can, give your baby only breast milk for at least the first six months. Breastfeeding gives you lots of time to cuddle and bond with your baby and helps protect against many illnesses.

The safest place for your baby to sleep for the first six months is in a crib placed near your bed.

Your baby should not sleep in a bed, on a couch, or on an armchair with adults or other children, however, he or she can sleep in the same room as you. Your baby's crib should meet current standards. For guidelines, please visit the Consumer Product Safety Commission's website at www.cpsc.gov or the Juvenile Products Manufacturers Association's website at www.jpma.org.

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Children's National Medical Center - Infant Safe Sleep Brochure

What can you do to prevent suffocation?

Never place your baby on the stomach for sleep. Newborn and young infants can't easily raise their heads, so they need special protection from suffocation.

Never put your infant in a crib with soft bedding like blankets, pillows, stuffed animals, or plush toys. Make sure that your baby's face and head are clear of all soft bedding, avoid pillow-like bumpers, and consider removing crib bumpers altogether. Never place an infant on a mattress covered with plastic.

Infants should not sleep in the same bed with other children. It is okay for mom to bring the baby into bed for cuddle time and breastfeeding, but never let the baby sleep with other children because it's dangerous.

Make sure your baby's crib sheet fits snugly on the mattress to keep it from coming off and getting wrapped around your baby's head. Keep all loose bedding away from your baby's crib, this includes sheets that do not fit properly, blankets, comforters, pillows, toys, and crib bumpers.

What can you do to prevent strangulation?

Don't put necklaces or headbands on your infant. Remove bibs when your baby is placed in his or her crib for sleep. Don't hang diaper bags or purses on cribs, because a baby can become entangled in the straps or strings. Don't use a string or anything else to attach a pacifier around your baby's neck or clothing.

Don't dress your baby in clothing that has drawstrings. Drawstrings can get caught on play equipment and furniture. Cut drawstrings out of the hoods, jackets, and waistbands of your infant's clothing. Cut strings off mittens.

Don't leave your infant alone in a stroller. Babies can slide down and trap their head. Don't use cribs that have cutouts in the headboard or footboard.

Make sure your baby's mattress is the right size and fits snugly in the crib. This will prevent the baby from getting caught between the mattress and the crib.

What can you do to prevent SIDS?

Sudden Infant Death Syndrome (SIDS) is the term used when a baby dies suddenly from no known reason. Some people call SIDS "crib death" because many babies who die of SIDS are found in their cribs, but cribs don't cause SIDS.

Always place your baby on his or her back to sleep, for naps, and at night. Babies who sleep on their stomachs are much more likely to die of SIDS than babies who sleep on their backs. The back sleep position is the safest.

Place your baby on a firm sleep surface, such as a safety approved crib mattress, covered by a fitted sheet. Never put your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.

Keep soft objects, toys, and loose bedding out of your baby's sleep area. Don't use pillows, blankets, quilts, sheepskins, or pillow-like crib bumpers in your baby's sleep area, and keep all items away from your baby's face.

Do not allow smoking around your baby. Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.

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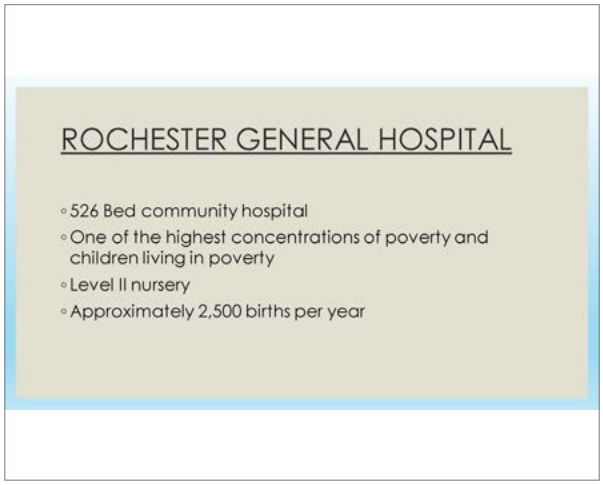
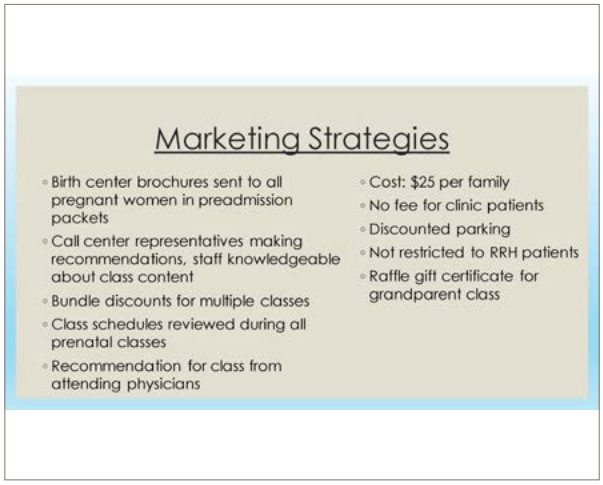
Miltsch N. *Creating a Successful Grandparent Class* NYSPQC Safe Sleep Project Learning Session. September 2016. Intended audience: Public health and health care professionals.

The NYSPQC Safe Sleep Project participants found that grandparents are very influential on safe sleep practices once the baby returns home from the hospital. Through the project's listserv, and during an in-person Learning Session, hospitals shared educational materials used in their grandparent education programs to ensure that grandparents understood and were practicing safe sleep with infants.





Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

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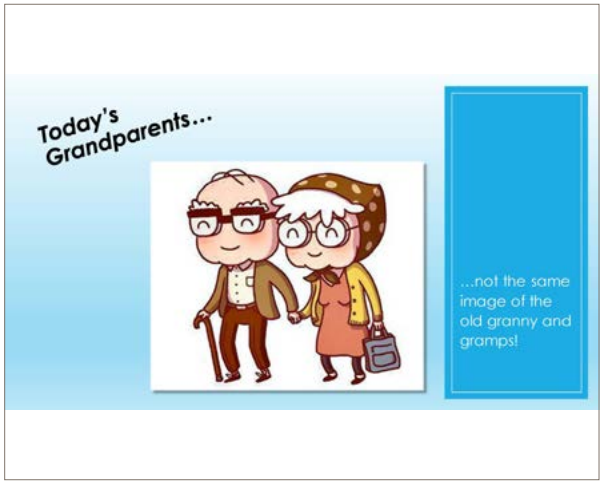

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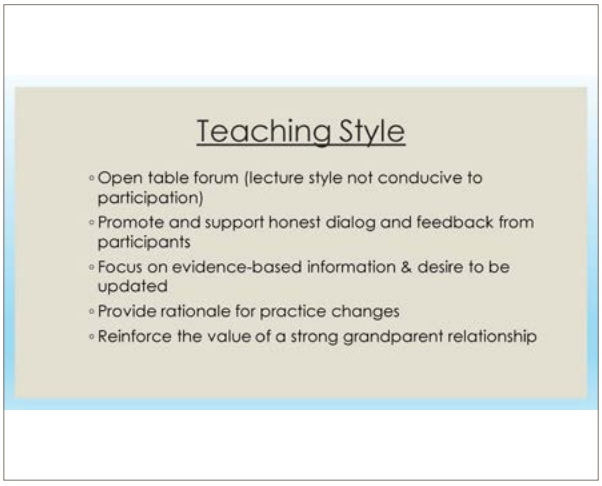

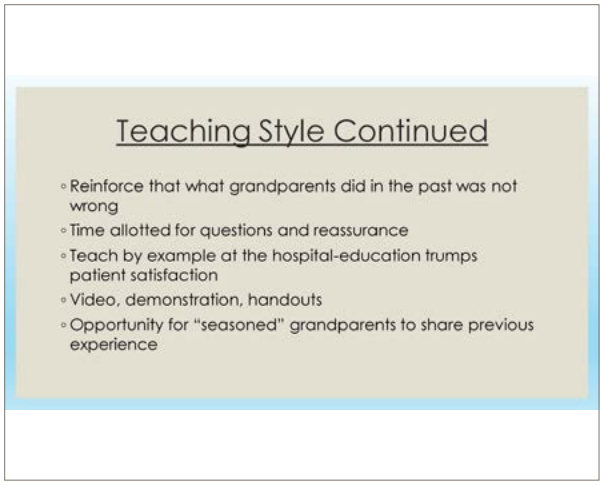

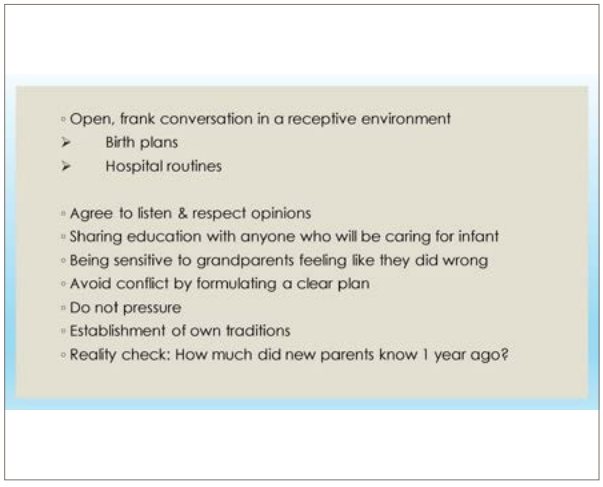

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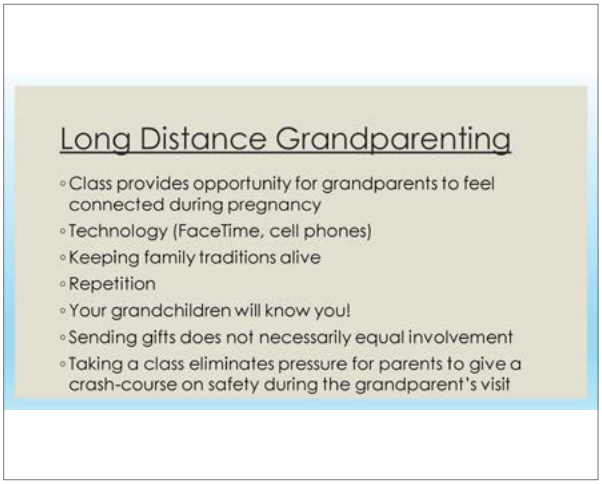

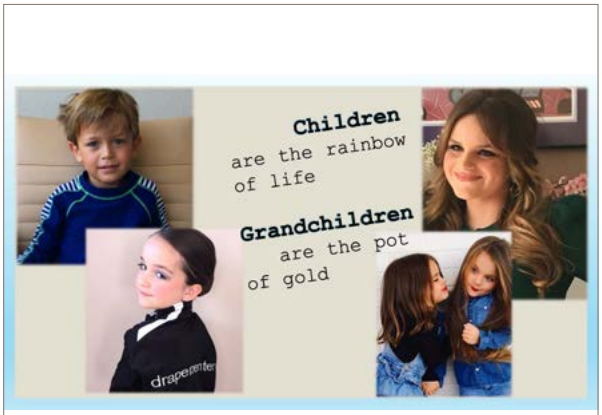

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Albany Medical Center – Grandparent Class Instructor Outline

The Birth Place at Albany Med

GRANDPARENT UPDATE

Class Outline

OUTLINE	CONTENT	OUTCOME
I. Introduction • Instructor • Participants • Program	(5 minutes) I. Distribute class packets as participants enter classroom. • Introduction of instructor and participants.	• Participants will begin to feel more comfortable. • Instructor can begin to assess knowledge and experience base of participants.
II. Update of expectant couples childbirth preparation and hospital experience today. Contrast this to previous generation's experience.	(10 minutes) II. Introduction • Goals of childbirth preparation and other prenatal classes. • Partner participation. • Family centered care philosophy. • Mother baby nursing care. • Visitation policies throughout hospital experience. • Infant security.	• Participants will become more familiar with changes in obstetrical experience over recent years. • Participants will be able to verbalize one change in birthing experience.
III. Changes in infant care.	(10 minutes) III. Mother Baby Care • Cord blood • Circumcision • Hearing screening • Immunizations • Vitamin K and antibiotic ointment in eyes	• Participants become familiar with changes in infant care.
IV. Infant feeding: • Breastfeeding.	(15 minutes) IV. Review of basics of breastfeeding. • Advantages of human milk. • Frequency of feedings. • How to determine if breastfeeding is going well and baby is "getting enough".	• Participants will be able to state one advantage of breastfeeding.
• Bottle-feeding.	4.1 Review basics of formula feeding. • Physician to recommend formula type. • Formula and bottle preparation (differences from techniques used in the past). • Positioning infant for feeding and burping. • Refrigeration. • Discarding unused formula. • Paced bottle feeding	• Participants will be able to state one fact regarding bottle-feeding.
• Introduction of solid foods.	4.2 Discussion of current recommendations of introducing solid foods and reasons for these recommendations (4-6 months of age). • Following pediatrician's recommendations.	• Participants will discuss introduction of solid foods.

2019

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Albany Medical Center – Grandparent Class Instructor Outline

OUTLINE	CONTENT	OUTCOME
V. Sleeping positions for newborn infants.	(5 minutes) V. Introduce and demonstrate with baby dolls the current recommended sleeping positions for infants. • Discuss recent studies of sleep positions and relationship to SIDS. • Handout "Infant Sleep Positions and SIDS".	• Participants will understand reasons for changes in recommended sleeping positions. • Participants can demonstrate positioning with baby dolls.
VI. Immunizations.	(5 minutes) VI. Importance of immunizations. • Current recommended immunization schedule. • Handout "Immunization Schedule "CDC – 2019". • Handout "Hepatitis B". • Handout "Tdap"	
VII. Infant safety.	(10 minutes) VII. Discussion of general infant safety issues: • Never leave infant unattended. • Supervision of children with infant. • Car seats, baby furniture and equipment. • Toy safety. • Clothes (flame retardants, buttons etc.).	• Participants will be able to identify two safety recommendations.
VIII. Soothing techniques.	(15 minutes) VIII. Discuss infant soothing and calming techniques. • Show Harvey Karp video on 5"s.	
IX. Infant care and working parents.	(15 minutes) IX. Discussion of infant care and parents returning to work. • Differences in statistics of mothers returning to work after birth of an infant in last several decades. • Special needs working parents have when both return to work. • Group brainstorm ways they can offer support to working parents. • Consents to pick up children at daycare and to authorize emergency medical care if baby-sitting.	• Participants will be able to identify one need working parents may experience when returning to work
X. Role of grandparents in supporting new family.	(10 minutes) X. Discussion of how grandparents see their role in supporting new family. • Discussion of grandparents need to have clear thoughts/guidelines regarding how involved they will become and how they will know their limits. • Communicating and discussing role with new parents.	
XI. Tour of *The Birth Place.*	(15 minutes) XI. Tour.	
XII. Summary.	(5 minutes) XII. Summary and class evaluation.	

2019

Driver:

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Albany Medical Center – Grandparent Class Objectives

The Birth Place at Albany Med

GRANDPARENT UPDATE

Objectives

Objectives of the Program:
As a result of this class participants will:

1. Have the opportunity to discuss current maternal and infant care practices during their hospital stay (from admission, through labor, childbirth, and during the post-partum period).
2. Have the opportunity to review and update their information regarding infant feedings, infant care, immunizations and infant safety.
3. Have the opportunity to discuss infant care and working parents.

Target Group:
Parents of expectant parents who desire to update their information regarding current hospital obstetrical and newborn care.

Materials Required:

- Healthy Newborn Appearance Procedures and Reflexes (photo flip chart by Childbirth Graphics)
  Growth and Development Chart – AMC
- Harvey Karp video – Show the 5 S's

Information packet for participants includes:

- Class outline (AMC) (2016)
- Family Bibliography (AMC) (2016)
- Universal Hearing Screening Letter (AMC) (2015)
- Immunizations Birth to 6 Years Old (CDC) (2019)
- Hepatitis B Vaccine (CDC) (2018)
- Tdap Vaccine (CDC) (2015)
- Breastfeeding Mothers' Bill of Rights (NYS) (2010)
- Breastfeeding Information (AMC) 2016
- What Grandparents Can Do To Support a Breastfeeding Mother (ILCA) (2004)
- Car Seat Recommendations (NHTSA) (2014)
- Capital Region Child Safety Fitting Stations (2015)
- What Does a Safe Sleep Environment Look Like? (U.S. Department of Health and Human Services) (2018)
- Community Resource List (AMC) (2016)
- Tips for Grandparents of A Newborn (Healthychildren.org) (2015)
- Program Evaluation (AMC) (2016)

- Childbirth Options Brochure (AMC)
- Circumcision (AAP) (2013)
- Keeping Sleeping Babies Safer ((NYS Office of Children & Family Services) (2008)
- Shaken Baby Syndrome (DOH) (2015)
- Skin to Skin (AMC) (2018)
- Safe Babies NY (NYS Office of Children & Family) (2016)

Instructor:
An experienced RN or Childbirth Educator with experience in newborn care employed by the Department of Women and Children Nursing. Experience working with families on the Mother/Baby Unit is preferred.

Class Structure:
A two hour class will be offered 4 times per year. Each class consists of up to eight families. All families will pre-register for the program

Class Format:
The class consists of a combination of lecture and discussion. Group participation is a vital component of the program.

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Catskill Regional Medical Center - Infant Safety Commitment Form

GHVHS
GREATER HUDSON VALLEY HEALTH SYSTEM

Patient Label

INFANT SAFETY

Congratulations on the birth of your new baby! Since we share your commitment to keeping your baby safe, we ask that you watch two short videos – one on abusive head trauma prevention and the other on safe sleep. We also ask that you take our brochure(s) home to read and share with other people who will care for your baby.

Please complete, sign, and return this survey before you leave the hospital. Your responses are confidential and will only be used to evaluate our program. If you prefer not to answer some of the questions, it will not affect your or your baby's care.

Hospital Name:_____ Baby's Birth Date: _____

Prevent Shaken Baby Syndrome - Commitment Statement

I have watched the video(s) and I am aware of the dangers of shaking infants and young children and the symptoms of Shaken Baby Syndrome/Abusive Head Trauma.

I will use my best efforts to share this information with others.

Signature:_____ Date:_____ Signature:_____ Date:_____

Mother/ Father/ Other:_____ Mother/ Father/ Other:_____

Video Waiver

The hospital has requested that I watch the video on the dangers of shaking infants and young children, and the symptoms of Shaken Baby Syndrome/Abusive Head Trauma. ***I decline to watch this video.***

Signature:_____ Date:_____ Signature:_____ Date:_____

Mother/ Father/ Other:_____ Mother/ Father/ Other:_____

Safe Sleep - Commitment Statement

__ I have watched the video and reviewed the handouts on keeping my baby safe
__ I am aware my baby should sleep (1) Alone on their (2) Back in a safe (3) Crib right from the start
__ I will use my best efforts to share this information with others

Signature:_____ Date:_____ Signature:_____ Date:_____

Mother/ Father/ Other:_____ Mother/ Father/ Other:_____

Video Waiver

The hospital has requested that I watch the video on safe sleep practices:
__ I watched this video **previously** and have reviewed the handouts on keeping my baby safe
__ I decline to watch this video __ I have reviewed the handouts on keeping my baby safe

Signature:_____ Date:_____ Signature:_____ Date:_____

Mother/ Father/ Other:_____ Mother/ Father/ Other:_____

☐ Mark this box if interpreter was involved. _____ (Interpreter ID #) _____

Miscellaneous/Infant Safety Commitment Form/September 2018

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Catskill Regional Medical Center – Safe Sleep Brochure

Shaken Baby Syndrome

Catskill
REGIONAL MEDICAL CENTER
A member of the Greater Hudson Valley Health System
www.crmcny.org

To calm a crying baby:

- Check to see if your baby is hungry, is too hot or too cold or needs a diaper change.
- Check to see if your baby is sick or has a fever.
- Feed your baby slowly and burp often.
- Rock your baby.
- Give your baby a pacifier or let your baby breastfeed.
- Play soft music, sing or hum to your baby.
- Take your baby for a ride in a car or stroller.

If nothing seems to work:

- Put the baby in his or her crib with the sides up, close the door and walk away.
- Do something to relax: take a bath or shower, watch TV, listen to music.
- Sit down, close your eyes and take deep breaths.
- Call a friend or family member to talk.
- Have someone come over to give you a break.

To Report Child Abuse or Maltreatment in New York State Call:
New York State Child Abuse and Maltreatment Reporting Center
800-342-3720

Child Abuse Support and Resource Centers:
Prevent Child Abuse New York Parent Helpline
800-244 -5373
(Trained specialist available 9 a.m. to 10 p.m., voicemail available after hours)

National Center on Shaken Baby Syndrome
801-447-9360

Share the information in this brochure with anyone who cares for your baby. Let them know that it is okay to ask for help, and that they should call you if they get frustrated.

Catskill
REGIONAL MEDICAL CENTER
A member of the Greater Hudson Valley Health System
www.crmcny.org
68 Harris Bushville Road
Harris, NY 12742
845-794-3300

No baby has never died from crying – it is better to let babies cry than to risk hurting them!

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Catskill Regional Medical Center – Safe Sleep Brochure

What is Shaken Baby Syndrome (SBS)?

When anyone shakes a baby or young child, the brain and body are seriously injured.

Why does SBS happen?

Most people who shake a baby in their care are not trying to hurt the child. They may become frustrated by nonstop crying, difficulty feeding a baby or problems toilet training. Outside stresses like money, work or personal relationships can add to this frustration. Adults may get so upset that they lose control and shake the baby.

It is important to understand that crying is normal! Crying is how babies communicate. They may be too hot or cold, want attention, be tired or hungry or need a diaper change. If your baby is crying, check all of these things first.

Caring for a baby is stressful!

It is normal to feel frustrated and overwhelmed sometimes. If you get upset, there are things you can do for yourself and the baby that can help you cope.

Anyone may shake a child, even a mother, father or babysitter. Make sure to share this important information on Shaken Baby Syndrome with anybody who cares for your child.

What happens when a child is shaken?

When a baby or young child is violently shaken, the head rolls back and forth, causing his or her brain to hit the skull. This causes swelling and bleeding of the brain – even the eyes can bleed. It only takes a few seconds of shaking to cause permanent damage to a child.

Shaking can result in:

- Permanent brain damage
- Blindness
- Seizures
- Cerebral palsy
- Paralysis
- Developmental disability
- Death (1 in 4 die)

How can I prevent these injuries?

- Never, ever shake a child.
- Make sure that everyone who cares for your child knows not to shake him or her.
- Learn what to do when your baby cries

Signs and symptoms of Shaken Baby Syndrome

- Extreme irritability
- Baby is very stiff or like a rag doll
- Lethargy
- Seizures
- Not eating or poor appetite
- Dilated pupils
- Feeding problems
- Difficulty breathing
- Vomiting
- Blood spots in eyes

If you think your child has been shaken, call 911 or bring your baby to the nearest emergency room immediately. Getting medical attention right away could save your child's life.

What can I do to make my baby stop crying?

All babies cry a lot during the first few months of life. Crying does not mean that your baby is being bad or that your baby is angry with you. Sometimes, babies just need to cry.

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Catskill Regional Medical Center – Safe Sleep Brochure

Follow the ABCs of Safe Sleep

A Baby Should Sleep **ALONE**.
B Put Baby on Their **BACK**.
C Put Baby in a Safe **CRIB**.

Catskill REGIONAL MEDICAL CENTER
A member of the Greater Hudson Valley Health System
www.crmcny.org

OTHER TIPS

- Use a one-piece sleeper. Don't use blankets.
- Be sure baby is not too warm.
- Breastfeed your baby.
- Try using a pacifier for sleep but don't force baby to take it.
- Get your baby immunized.
- If your baby is in a front or back baby carrier, be sure that baby's face is always visible.
- Never use a car seat, baby swing, carriage or other carrier without properly fastening all the straps. Babies have been caught in partially fastened straps and died.
- Make sure no one smokes in your home or around your baby.
- Don't use alcohol or drugs.
- Don't rely on home baby monitors.

Make sure **everyone** caring for your baby follows these tips!

Catskill REGIONAL MEDICAL CENTER
A member of the Greater Hudson Valley Health System
www.crmcny.org
68 Harris Bushville Road
Harris, NY 12742
845-794-3300

Driver:

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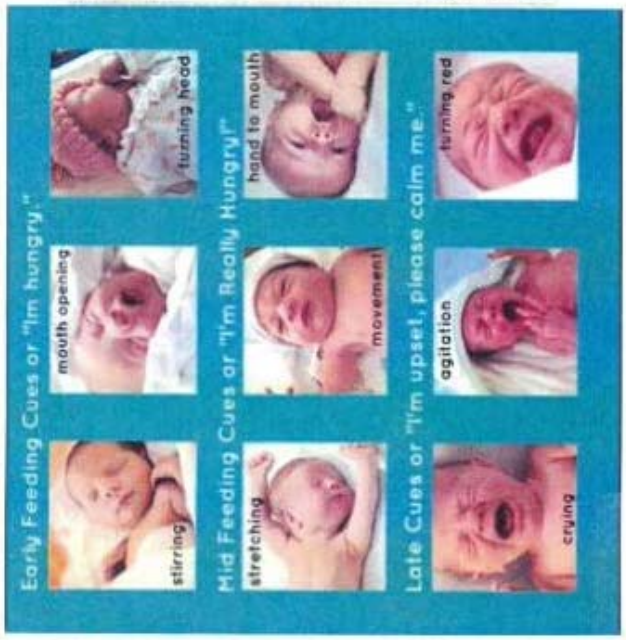
Crouse Hospital – Rooming in and Safe Sleep Patient Room Sign

PRINT

Rooming-In Benefits for baby

- Better quality sleep. Your baby will develop a more regular sleep-wake cycle earlier, and may help ease the transition to day/night routines.
- More stable body temperatures and blood sugar.
- Generally more content, less crying.
- Breastfeed sooner, longer and more easily.

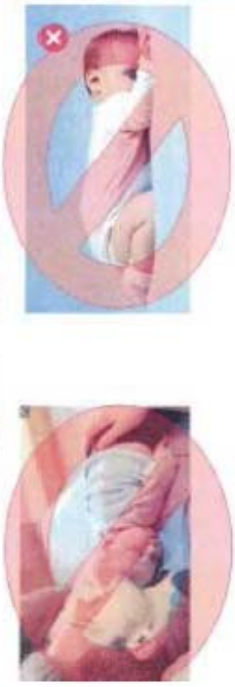
The best advice we can give new parents is to learn how to rest when your baby sleeps day and night in the first few days. Early in the newborn period, babies eat frequently, and find comfort and security in being close to you.



Take the second and check...Does your baby look like this??

SAFE SLEEP PRACTICE, nothing should be in the bassinet with your baby

Safe Sleep environment NO, NO's



Rooming-In Benefits for Mother

- Better quality sleep, parents better rested and more relaxed.
- Increased confidence in handling and caring for baby.
- Ability to learn what your baby's cues are (sleepy, stressed, in need of quiet time or hungry).
- Earlier identification of early feeding cues (rooting, opening mouth, and sucking on tongue, fingers or hand) which improves breastfeeding experience.
- Less "baby blues" and postpartum depression.

Doc. #8596 Revised 8/18/2018

Driver:

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Glens Falls Hospital – Family Newborn Safety Partnership Agreement

Parents and staff sign the safety agreement during the recovery period before the infant is left in room alone without nurse.

GLENS FALLS HOSPITAL Patient Identification

Snuggery Family Newborn Safety Partnership Agreement

Congratulations from The Snuggery on the birth of your newborn!

Your baby's safety is a priority at all times in The Snuggery. Your baby's safety depends on hospital staff and parents working together to keep your newborn safe.

The Snuggery staff and parents promise to:

- Instruct all persons handling your baby to perform hand washing or sanitizing before handling your baby.
- Make sure the security tag is applied to your baby's ankle at all times.
- Match baby identification bands whenever the baby is separated from you.
- Never leave the baby unattended.
- Place the baby safely in the bassinet when sleeping or moving outside your room.
- Never handle the baby outside of the bassinet or in a chair without assistance when you are drowsy.
- Never leave the baby in bed with you when you are drowsy or sleeping.
- Follow A- B-Cs of safe sleep practices for the baby at all times.

As a parent I recognize that leaving the Snuggery unit at any time during my hospital admission is not safe for me and therefore not in the best interest of my baby.

Parent Signature_____ Date: _____ Time: _____

Support Person _____ Date: _____ Time: _____

RN Signature_____ Date: _____ Time: _____

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Montefiore Medical Center - Parent's Guide to Practicing Safe Sleep at Home (English)

PARENT GUIDE TO PRACTICING SAFE SLEEP AT HOME

Sudden Infant Death Syndrome (SIDS) and sleep related death are two common health worries for babies between 1 month and 1 year of age. Making sure your baby has a safe sleep space is one important way to protect your baby. Below are the "**ABCs**" of safe sleep.

SAFE SLEEP

NOT SAFE SLEEP

A – ALONE

- Share your ROOM with your baby… not your BED
- Sharing a bed with your baby increases the chance of a baby dying by 40 times
- Adult beds and bedding are soft and are a suffocation (smothering) danger
- Keep the room a comfortable temperature (ideally between 70-77°F or 21-25°C)

B – On my BACK

- Lying on the back is the safest position to protect baby from aspiration (choking) episodes.
- The windpipe (airway) is in front of the esophagus (feeding tube). Gravity keeps milk away from baby's airway when a baby is on the back.
- Being on the side or on the belly makes it EASIER for milk to get into the windpipe.

C – In a CRIB

- Your baby's crib should have a firm mattress covered by a tight-fitting sheet. **No** stuffed animals, loose or fluffy blankets, crib bumpers, toys, or other similar items should be in the crib.
- Extra items in the crib increases the chance baby can be smothered.
- Don't use infant positioners
- You can swaddle a fussy baby.
- You can use a pacifier in a baby more than 1 month old to help baby fall asleep, but don't clip the pacifier to baby's clothes. Baby can be strangled by the cord or ribbon.

Driver:

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Montefiore Medical Center - Parent's Guide to Practicing Safe Sleep at Home (English)

HOW TO SWADDLE

Swaddling is a soothing technique used during the newborn stage to help babies calm and sleep. Swaddling should be stopped after 2 months of age, before baby starts to roll. Parents should know that swaddling may decrease a baby's arousal, making the baby sleep more soundly and making it harder for the baby to wake up.

HIP SWADDLING USING DIAMOND SHAPE TECHNIQUE

- Fold one corner of a square blanket down and place the baby with its head in the center above the folded corner.
- Fold the right corner of the blanket over the baby between the left arm and under the left side.
- Then fold the left corner of the blanket over the baby and under the right side.
- Fold or twist the bottom of the blanket loosely and tuck it under one side of the baby.
- Legs should be able to bend up and out.

STEP 1
Dress baby in regular sleepwear and close the zipper.

STEP 2
Fold left swaddle wing over baby's right arm and torso, tucking under baby's left arm.

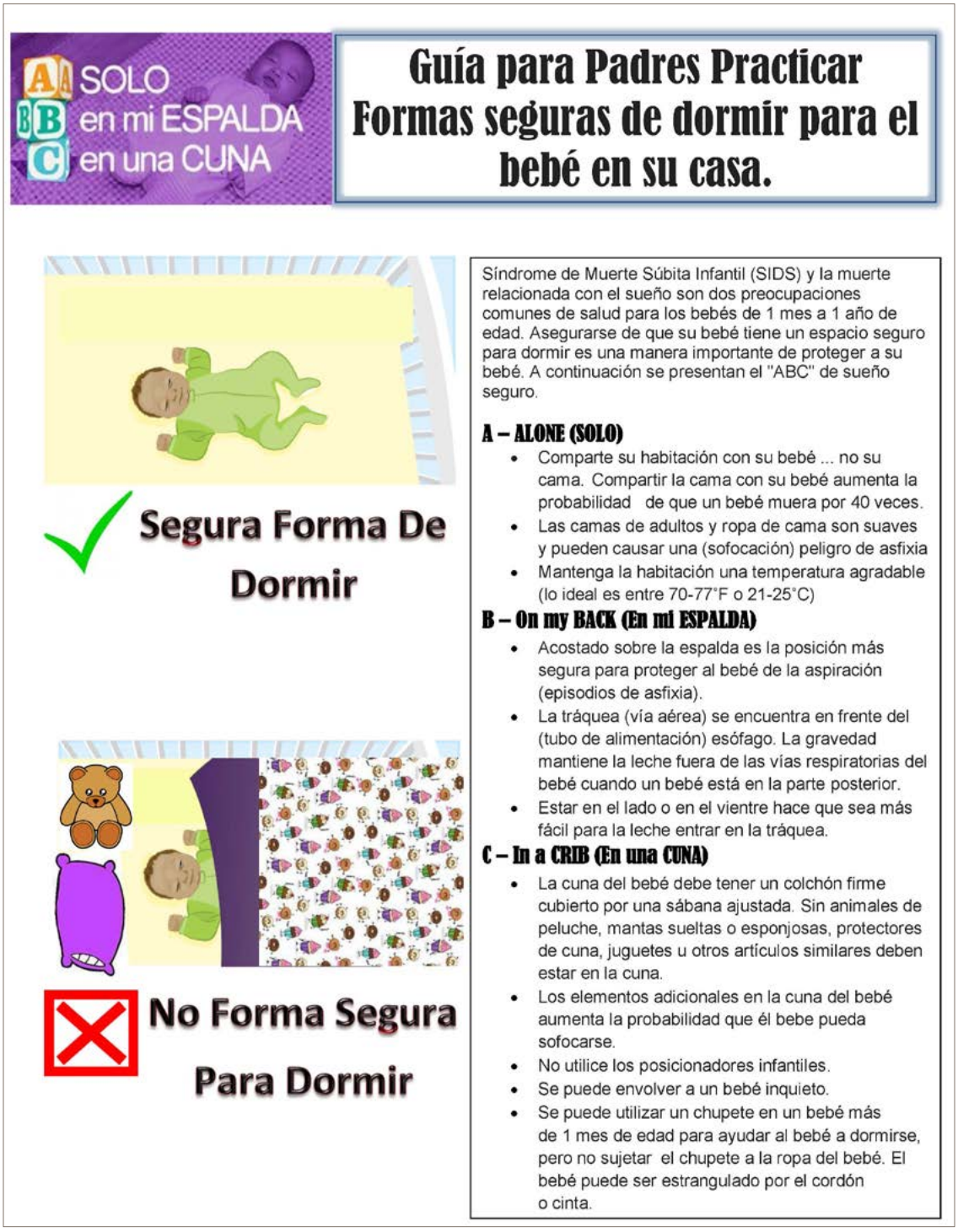
STEP 3
Swaddle wrap should be snug, below chin, and aligned with baby's shoulders.

HIP SWADDLING WHEN USING COMMERCIAL SWADDLING BLANKETS

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Montefiore Medical Center - Parent's Guide to Practicing Safe Sleep at Home (Spanish)



Driver:

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Montefiore Medical Center - Safe Sleep Ticket

Weiler Safe Sleep Ticket

I Sleep Safest
Alone
On my Back
In my Crib

- **REMIND** your nurses and doctors that your baby sleeps flat on the back in an empty crib at all times. If your baby needs to be placed in the crib a special way, ask your doctor or nurse for more information.

At home:

- **KEEP** the room at a temperature that is comfortable. Your baby should not need extra blankets to stay warm.
- **NEVER** bed share or sleep with your baby. Place your baby in a separate crib where he/she can sleep alone.

I Sleep Safest
Alone
On my Back
In my Crib

Weiler Safe Sleep Ticket

- While in the NICU, REMIND your nurses and doctors that your baby sleeps flat on the back in an empty crib at all times. If your baby needs to be placed in the crib a special way, ask your doctor or nurse for more information.

At Home:

- **KEEP** the room at a temperature that is comfortable. Your baby should not need extra blankets to stay warm.
- **NEVER** bed share or sleep with your baby. Place your baby in a separate crib where he/she can sleep alone.

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Mt. Sinai Hospital – Safe Sleep Top Ten List

Mount Sinai *Parenting Center*

seedlingsgroup

Safe Sleep Top Ten List

Safety

The National Institute of Child Health and Human Development makes the following recommendations to reduce the risk of Sudden Infant Death Syndrome (SIDS):

Safe sleep top 10 list:

1. Always place your baby on their back to sleep at all times – for naps during the day and sleeping at night (even if you are watching him/her!)
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place the baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.
3. Keep soft objects, toys, and loose bedding out of your baby's sleep area. Don't use pillows, blankets, quilts, and stuffed animals in baby's sleep area, and keep any other items away from the face.
4. Do not smoke around your baby or let others smoke around him/her either.
5. Keep your baby's bed close to, but separate from, where you and others sleep. The baby shouldn't sleep in a bed with adults or other children, but can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him/her back in a separate sleep area, such as a bassinet, crib, cradle, or bedside co-sleeper (infant bed that attaches to an adult bed) when finished.
6. Think about using a clean, dry pacifier when placing your baby down to sleep (because it has been shown to decrease the risk of SIDS), but don't force the baby to take it.
7. Do not let your baby get too hot during sleep. Dress the baby in light pajamas, and keep the room at a temperature that is comfortable for an adult.
8. Avoid products like infant positioners and pillows that say they reduce the risk of SIDS. Most have not been tested for usefulness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other medical reasons talk to your pediatrician.
10. Reduce the chance that flat areas will develop on your baby's head: give "tummy time" when the baby is awake and someone is watching closely; change how you place the baby in the crib from one week to the next to avoid the baby always looking in the same direction; and avoid too much time in car seats, carriers, and bouncers.

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Orange Regional Medical Center - Infant Safety Commitment Form - English

Patient Label

ORANGE REGIONAL MEDICAL CENTER

Infant Safety Commitment Form

Congratulations on the birth of your new baby! Since we share your commitment to keeping your baby safe, we ask that you watch a short video on safe sleep. We also ask that you take our brochure(s) home to read and share with other people who will care for your baby.

Please complete, sign, and return this survey before you leave the hospital. Your responses are confidential and will only be used to evaluate our program. If you prefer not to answer some of the questions, it will not affect your or your baby's care.

Hospital Name:_____

Today's Date:_____ Baby's Birth Date: _____

Commitment Statement

__ I have watched the video and reviewed the handouts on keeping my baby safe

__ I am aware my baby should sleep

(1) **A**lone on their (2) **B**ack in a safe (3) **C**rib right from the start

__ I will use my best efforts to share this information with others

Signature:_____ Date:_____ Signature:_____ Date:_____

Mother/ Father/ Other:_____ Mother/ Father/ Other:_____

Video Waiver

The hospital has requested that I watch the video on safe sleep practices

__ I decline to watch this video __ I have reviewed the handouts on keeping my baby safe

Signature:_____ Date:_____ Signature:_____ Date:_____

Mother/ Father/ Other:_____ Mother/ Father/ Other:_____

Thank you for completing this form. If you have any additional comments or suggestions, please write them below:

_____

_____

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Orange Regional Medical Center - Infant Safety Commitment Form - Spanish

Etiqueta del paciente

ORANGE REGIONAL MEDICAL CENTER

Formulario de compromiso para la seguridad del bebé

¡Felicitaciones por el nacimiento de su nuevo bebé! Dado que compartimos su compromiso de mantener seguro a su bebé, le rogamos que vea un video breve sobre el sueño seguro. Le pedimos también que lleve nuestros folletos a su hogar para leerlos y compartirlos con las demás personas que cuidarán a su bebé.

Tenga a bien completar, firmar y enviar de vuelta esta encuesta antes de dejar el hospital. Sus respuestas son confidenciales y solo se utilizarán para evaluar nuestro programa. Si prefiere no responder alguna de las preguntas, eso no lo afectará a usted ni al cuidado de su bebé.

Nombre del hospital:_____

Fecha de hoy: _____Fecha de nacimiento del bebé: _____

Declaración de compromiso

__ He visto el video y he examinado los folletos sobre cómo mantener seguro a mi bebé

__ Soy consciente de que mi bebé debe dormir

(1) **A**costado solo (2) **B**oca arriba en una (3) **C**una segura desde el primer día

__ Me esforzaré por compartir esta información con otras personas

Firma:_____ Fecha:_____ Firma:_____ Fecha:_____

Madre / Padre / Otro:_____ Madre / Padre / Otro:_____

Exención de responsabilidad del video

El hospital me solicitó que viera el video sobre las prácticas de sueño seguro

__ Me negué a ver el video __ He examinado los folletos sobre cómo mantener seguro a mi bebé

Firma:_____ Fecha:_____ Firma: _____ Fecha:_____

Madre / Padre / Otro:_____ Madre / Padre / Otro:_____

Gracias por completar este formulario. Si tiene comentarios o sugerencias adicionales, puede escribirlos a continuación:

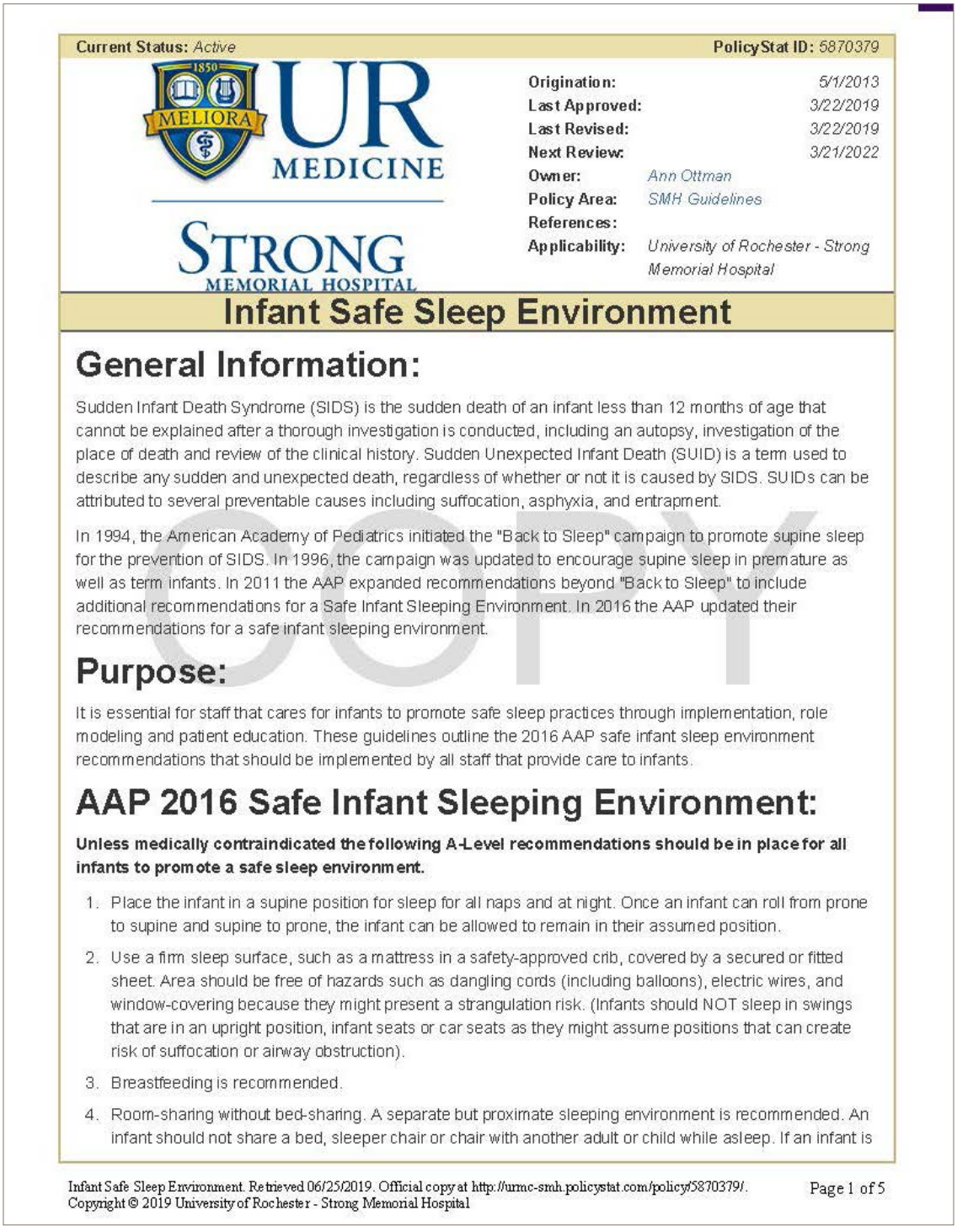
_____

_____

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Strong Memorial Hospital - Safe Sleep Initiative Parent Signature Form



Current Status: *Active* **PolicyStat ID:** *5870379*

UR MEDICINE
STRONG MEMORIAL HOSPITAL

Origination:	*5/1/2013*
Last Approved:	*3/22/2019*
Last Revised:	*3/22/2019*
Next Review:	*3/21/2022*
Owner:	*Ann Ottman*
Policy Area:	*SMH Guidelines*
References:	
Applicability:	*University of Rochester - Strong Memorial Hospital*

Infant Safe Sleep Environment

General Information:

Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant less than 12 months of age that cannot be explained after a thorough investigation is conducted, including an autopsy, investigation of the place of death and review of the clinical history. Sudden Unexpected Infant Death (SUID) is a term used to describe any sudden and unexpected death, regardless of whether or not it is caused by SIDS. SUIDs can be attributed to several preventable causes including suffocation, asphyxia, and entrapment.

In 1994, the American Academy of Pediatrics initiated the "Back to Sleep" campaign to promote supine sleep for the prevention of SIDS. In 1996, the campaign was updated to encourage supine sleep in premature as well as term infants. In 2011 the AAP expanded recommendations beyond "Back to Sleep" to include additional recommendations for a Safe Infant Sleeping Environment. In 2016 the AAP updated their recommendations for a safe infant sleeping environment.

Purpose:

It is essential for staff that cares for infants to promote safe sleep practices through implementation, role modeling and patient education. These guidelines outline the 2016 AAP safe infant sleep environment recommendations that should be implemented by all staff that provide care to infants.

AAP 2016 Safe Infant Sleeping Environment:

Unless medically contraindicated the following A-Level recommendations should be in place for all infants to promote a safe sleep environment.

1. Place the infant in a supine position for sleep for all naps and at night. Once an infant can roll from prone to supine and supine to prone, the infant can be allowed to remain in their assumed position.
2. Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a secured or fitted sheet. Area should be free of hazards such as dangling cords (including balloons), electric wires, and window-covering because they might present a strangulation risk. (Infants should NOT sleep in swings that are in an upright position, infant seats or car seats as they might assume positions that can create risk of suffocation or airway obstruction).
3. Breastfeeding is recommended.
4. Room-sharing without bed-sharing. A separate but proximate sleeping environment is recommended. An infant should not share a bed, sleeper chair or chair with another adult or child while asleep. If an infant is

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Strong Memorial Hospital - Safe Sleep Initiative Parent Signature Form

found bed sharing with a sleeping adult, the infant will be returned to their crib, re-education will be provided to the caregiver and documented. Reeducation along with documentation will occur with repeated instances of bed sharing.

5. Keep soft objects and loose bedding out of the crib, including bumper pads, pillows, blankets, quilts and stuffed toys.
6. Consider offering a pacifier at naptime and bedtime once breastfeeding is firmly established and after discussion with parent/caregiver. Pacifiers should be one piece construction with an easily grasped handle and a flange large enough to prevent mouth entry. Pacifiers that have the stuffed animals or attached strings can be dangerous.
7. Avoid smoke exposure (including changing clothes prior to handling infant after being exposed to smoke) and use of alcohol or illicit drug use around infant.
8. Avoid overheating. Infant should be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment.. Infant sleep clothing that is designed to keep the infant warm without the possible hazard of head covering or entrapment can be used.
9. Infants should be immunized in accordance with AAP and CDC recommendations.
10. Home cardiopulmonary monitors should not be used as a strategy reduce the risk of SIDS.
11. Health care providers, staff in newborn nurseries and NICU's and child care providers should endorse and model the SIDS, risk-reduction recommendations from birth. Parents/caregivers of infants will be proved safe sleep education.
12. Media should follow safe sleep guidelines in messaging.
13. If medical contraindications are present that prevents implementing AAP recommendations on pediatric general care units, a provider order should be requested.
14. Swaddling. AAP 2016 cautions that there is a high risk of death if a swaddled infant is placed in or rolls to the prone position. If swaddling used the AAP recommends the following:
    - Infant should be placed supine.
    - Swaddling should be snug around the chest but allow room at hips and knees to avoid exacerbation of hip dysplasia.
    - Once the infant attempts to roll, swaddling should be discontinued.

Healthy Newborn Guidelines:

1. Mothers' are educated about safe sleep practices during their postpartum stay. Written safe sleep information is provided and mother is encouraged to view Safe Sleep video.
2. Mother signs Safe Sleep Initiative (form SH 2110) prior to discharge, indicating commitment to safe sleep practices and acknowledging if she viewed safe sleep video during her postpartum stay.

NICU Specific Guidelines:

1. Begin transitioning the infant to a supine sleep position by at least 32 weeks gestational age unless the infant's clinical status prevents them from lying supine (eg. medical condition/incision which prevents them from supine positioning, advanced respiratory support, etc).
2. The transition should include:

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Strong Memorial Hospital - Safe Sleep Initiative Parent Signature Form

- Parent education
- Supine sleep position for all sleep (daytime and nighttime)
- Head of the bed flat
- Wearable blanket (eg. Halo Sleepsack) may be needed to help maintain infant in a normal temperature range.
- Often, preterm infants require additional layer to support thermoregulation as infants are weaning to an open crib. If additional blankets/layers are required, a blanket should be placed INSIDE the sleep sack on the torso/legs only with the infant's arms out and through the sleep sack. For example: At most, infants should only be dressed in the following:
  - An onesie
  - An outfit/ pajama
  - One blanket with infant's arms bundled out
  - One sleep sack with arms through armpit holes
- If patient continues to have temperatures below normal range, the infant should be placed in an isolette per the "Transfer of Preterm Infants from Incubator to Open Crib" policy.
- **Rationale**: NICU infants have the potential to be ready for discharge as early as 34 weeks corrected gestational age. By initiating the supine sleeping position at 32 weeks this allows for a period of adaptation, evaluation as well as the opportunity to educate parents and caregivers. The AAP recommends placing infants supine as soon as medically stable.[1]

3. If a medical contraindication exists for not placing an infant in the supine position for sleep, a provider order is needed.
4. If after 32 weeks corrected gestational age the infant needs to maintain an elevated head of bed, a provider order is required. Ongoing evaluation by the team during rounds should continue until such time as the infant meets criteria.
5. Infants who are diagnosed with gastro esophageal reflux disease (GERD) should be evaluated on a case by case basis for keeping the head of the bed elevated and should only have an order to do so if it is felt the risk of complications from GERD is greater than the risk from SIDS. [1]
6. Parents and caregivers should be educated about safe sleep practices during their NICU stay. Discussion should start prior to 32 week gestation. Provide parents with Safe Sleep information and offer them opportunity to view safe sleep video. Educational materials are available in English or Spanish. Parents should be encouraged to share safe sleep practices with family members or caregivers of their infant.
7. For infants who are weaning from the incubator please follow the guidelines for bundling or Halo Sleeper use. Halo Sleepers are available in either premature or newborn size. If the infant must be bundled with a blanket, bundling should be done with one blanket and the top blanket between the nipples and shoulders tucked under the mattress with their feet at the bottom of the bed.

   Rationale: Loose bedding should not be used in the infant's sleeping environment.

   Infants in incubators should be weaned from all developmental positioning products **PRIOR** to being placed in an open crib unless there is a medical indication. If there is a medical indication for the use of a position aide, a provider order is required.

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Strong Memorial Hospital - Safe Sleep Initiative Parent Signature Form

Documentation:

- Need for order (provider or nursing driven) for positioning outside of these guidelines
- Rationale for alternate positioning must be documented
  - Notes from OT or providers
- Education for parents must be documented (written material, video prescribed/viewed)
- Parental non-compliance must be documented via EMR.

References:

- American Academy of Pediatrics. (2011) SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Task Force on Sudden Infant Death Syndrome. *Pediatrics* 28(5). 1030-1040
- American Academy of Pediatrics. (2016) SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Task Force on Sudden Infant Death Syndrome. Pediatrics 138 (5)
- Kuhlmann, S., Athlers-Schmidt, C.R, Lukasiewicz, G.,& Macasiray-Truong, T.M (2016). Interventions to Improve Safe Sleep Among Hospitalized Infants at Eight Children's Hospitals. Hospital Pediatrics 6 (2). 88-94.
  McMullen, S.L. (2013). Transitioning Premature Infants Supine: State of the Science. *MCN*. 38(12) p.8-12
- Vandenplas, Y; Rudolph, C.D; Di Lorenzo, C; Hassal, E.; Liptak, G; Mazur,L.; Sondheimer, J.; Staiano, A.; Thomson, M.; Veereman-Wauters, G.; Wenzl, T.G. (2009). Pediatric Gastroesophageal Reflux Clinical Practice Guidelines: Joint Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESOGHAN). Journal of Pediatric Gastroenterology and Nutrition. 49, 498-547.
- Healthy People 2020. https://www.healthychildren.org

Parent Education Materials

- Safe Sleep Video
- Safe Sleep Brochure

Statement

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, guidelines can and should be tailored to fit individual needs.

Attachments: No Attachments

Approval Signatures

Approver	Date
Ann Ottman: Assistant Quality Officer	3/22/2019
Ann Ottman: Assistant Quality Officer	3/12/2019

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Strong Memorial Hospital - Safe Sleep Initiative Parent Signature Form

Approver	Date
Tracy June	3/4/2019
Matthew Allen	3/4/2019
Ann Ottman: Assistant Quality Officer	3/4/2019

Applicability

University of Rochester - Strong Memorial Hospital

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

United Memorial Medical Center - Infant Safety Guidelines

ROCHESTER REGIONAL HEALTH | Infant Safety Guidelines

The nursing staff at United Memorial Medical Center want to encourage you to be with your baby as much as possible throughout your stay. We practice 24 hour rooming in to help you and your baby get used to each other's sleep cycles and feeding cues, however the baby may go to the nursery at any time if you feel the need.

Some guidelines we would like you to follow during your stay include:

1. Recognize the pink hospital badge worn by the nurses that identifies them as maternity staff and know who your nurse is on each shift.
2. Realize that once you are admitted to the hospital you will not be allowed to leave the floor for any reason until discharge.
3. Your baby will be wearing numbered ID bands on his/her ankles before leaving the delivery room. The band numbers will correspond with bands that you and the father (or your support person) will also have on. Any time the baby is taken to the nursery or leaves your room for any reason, upon returning the numbered ID bands should be checked to ensure that the numbers match. If any of the bands are missing, fall off or appear too snug please let your nurse know.
4. The baby cannot be left alone in the room or left with other un-banded visitors, one of the parents (or the support person) with the ID band needs to be with baby at all times for safety reasons.
5. Restrict visitors to your closest family and friends over the age of 14 (siblings of the baby that do not display signs or symptoms of illness regardless of age are allowed).
6. Practice good hand hygiene by washing your hands or using hand sanitizer foam before handling the baby, encourage the father and other visitors to do the same.
7. The baby must be placed on his/her back in the open crib, alone, without any soft items (stuffed toys, pillows, loose bedding etc.) whenever you are napping, sleeping or using the bathroom.
8. The baby should never be put to sleep or left alone on an adult bed, sofa/couch, chair, recliner, pillows or any other soft surfaces. Infants sleep **A**lone on his/her **B**ack in a **C**rib.
9. Sleeping with the baby or "co-sleeping" is not permitted in the hospital, as it can be dangerous.
10. When the baby is in the room with you, keep the open crib beside your bed and away from the door.
11. Ensure safe transport of your infant at all times via the open crib whenever he/she leaves your room, the baby should never be carried in your arms in the hallway.
12. UMMC promotes and encourages breastfeeding as the optimal way to feed a baby. As such every mother will be provided an educational pamphlet that will outline the benefits of breastfeeding for both mother and baby as well as the risks of formula feeding and supplementation.

By signing below I confirm that a nurse has reviewed the above information with me, I have been provided the described educational material, been given the chance to ask questions and agree to abide by these guidelines.

Mother's Signature: _____ Time:_____ Date:_____

Registered Nurse Signature: _____ Time:_____ Date:_____

96232 White – Chart Yellow – Mother 09/2018

Driver:

Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Westchester Medical Center - Safe Sleep Bedside Ticket (English and Spanish)

From the Hospitals

GOOD SAMARITAN HOSPITAL OF SUFFERN

Lessons Learned:

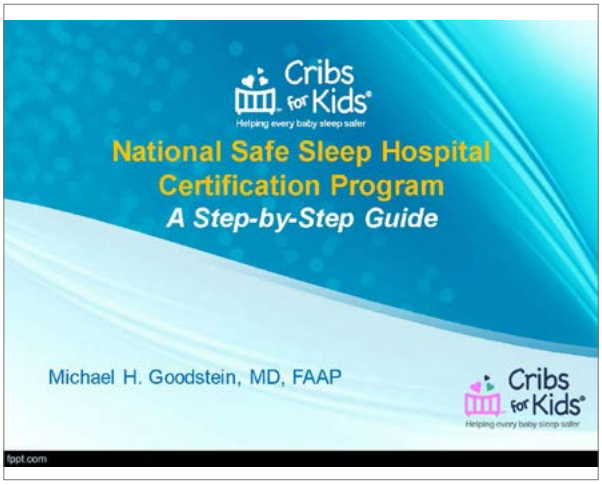
Know your patient population and how they learn best. We learned from community-based partners that the Hasidic culture utilizes extended family to care for newborn infants so the mothers may rest. So we extended our safe sleep education to grandmothers as well as the mothers. We also learned that many of our patients do not watch DVDs or television. In the hospital our patients preferred to be taught 1:1 by their nurse rather than watch the safe sleep DVD.

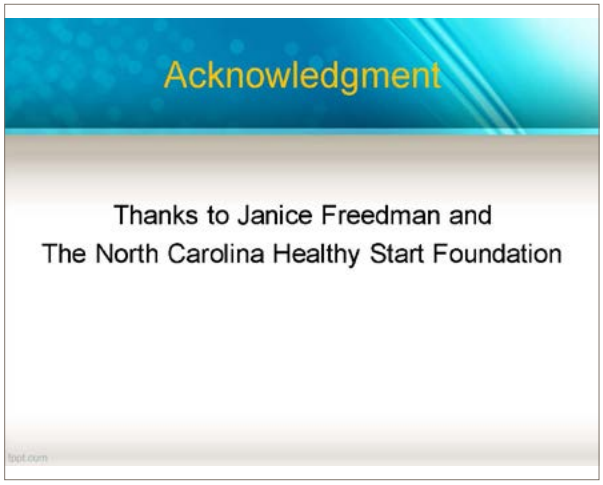
To read more about Good Samaritan Hospital of Suffern, see ***Section 10.***

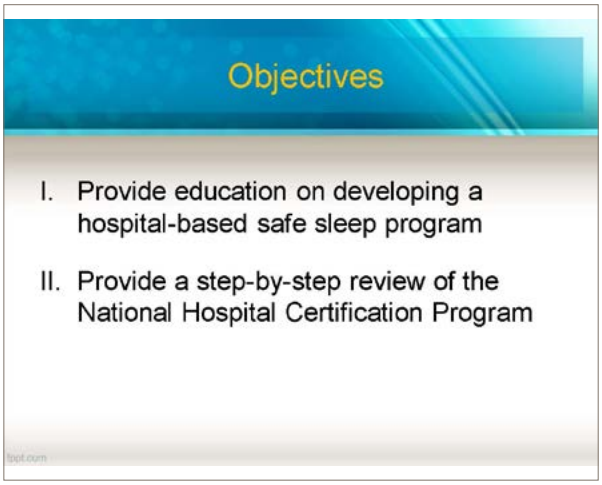
Driver:

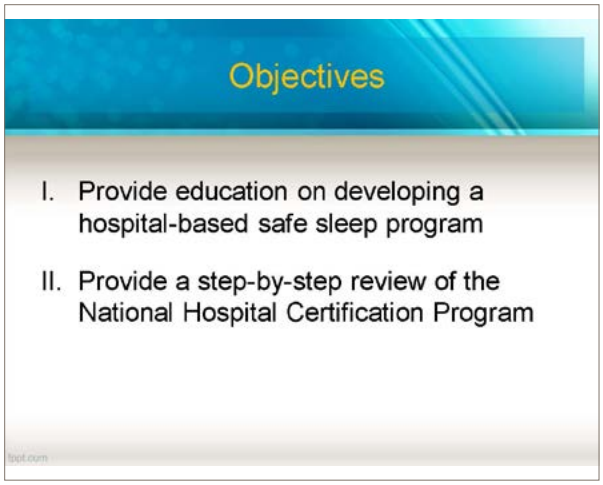
Hospital policies support/facilitate safe sleep practices

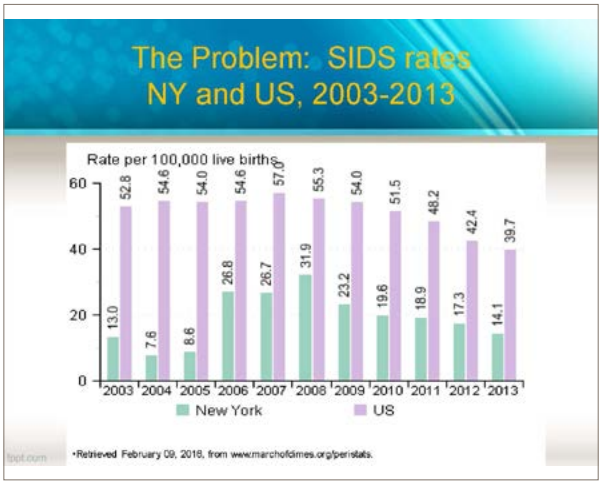
Goodstein M. ***National Cribs for Kids® Safe Sleep Hospital Certification Program Webinar.*** NYSPQC Safe Sleep Project Webinar. February 2016. Intended audience: Hospitals.











Driver:

Hospital policies support/facilitate safe sleep practices

Goodstein M. ***National Cribs for Kids® Safe Sleep Hospital Certification Program Webinar.*** NYSPQC Safe Sleep Project Webinar. February 2016. Intended audience: Hospitals.

The Problem

- 3,500 SUID per year
- Lack of consistent messaging
  - - Verbal
  - - Visual
- Where do you even begin?
  - - Inertia
  - - Helplessness
  - - Disbelief

Not Following the Evidence

- IOM study: How long for HCP's to incorporate new EBM into practice?
- 2006: 52% routinely provide discharge instructions that promote supine sleep at home
- 2015: 53% strongly agreed recommendations make a difference in preventing SIDS
- 20% strongly agreed that parents would model nurses' behaviors at home.

Aris: Adv Neonatal Care. 2006 Oct;6(5):281-94.
Barsman: Adv Neonatal Care. 2015 Vol. 15(3):209-19.

Transtheoretical or Stages of Change Model

- New knowledge/innovations pass through predictable stages:
  - Knowledge
  - Persuasion
  - Decision
  - Implementation
  - Confirmation

Diffusion of Innovation Theory

- Key players:
  - Opinion leaders
  - Change agents
  - Change aids

Diffusion of Innovation Theory

- People respond differently to change:
  - Innovators
  - Early adopters
  - Early majority
  - Late majority
  - Laggards

Patient Safety Issue

- Premise: Do no harm
- Harm in the hospital:
  - Hospital Associated Infections
    - CLABSI, UTI's
  - "Never events" (wrong site surgery, retained foreign bodies)
  - Falls and fall-related injuries
  - Readmissions

Driver:

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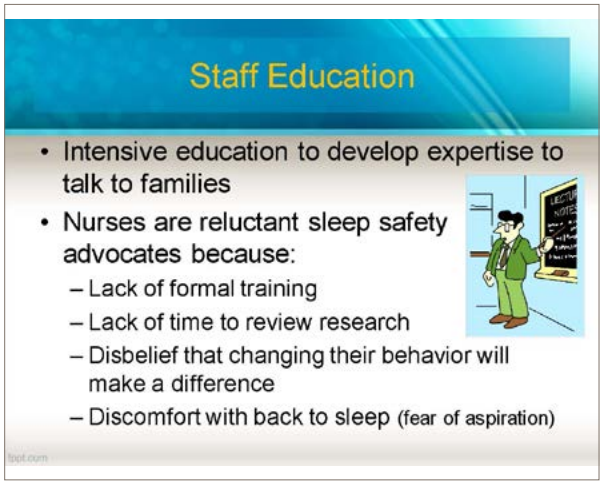

Driver:

Hospital policies support/facilitate safe sleep practices

Goodstein M. ***National Cribs for Kids® Safe Sleep Hospital Certification Program Webinar.*** NYSPQC Safe Sleep Project Webinar. February 2016. Intended audience: Hospitals.

Healthcare Provider Education

- Develop an infant sleep safety policy for the hospital:
  - Set the standard of care at the institution
  - Sample policies in the Hospital Initiative Toolkit
  - Finalized through newborn and pediatric hospital committees

Hospital Nursing Education

- In-service lectures vs. computer-based training
- Lecture compliance may be difficult if not mandatory
- Computer-based easier to do, but teaching may be less effective
- Provided CME credits

Avoiding Potential Pitfalls

- Fear of Aspiration
- Claims made against the program:
  - Anti-bonding
  - Anti-breastfeeding

Maintenance of Education

- Safe sleep toolkit at nurses' stations
  - Hospital safe sleep policy
  - Review of appropriate practices
  - Discussion points to review with families
- Informational flip charts
- Computer-based review course with test as part of yearly competencies

Healthcare Provider Education: In the Community

- Went into local physician offices to lecture during staff meetings
  - Pediatric and obstetrical
    - OB offices focused on prenatal educators
  - Provided posters and teaching materials
  - Discussed bad information in free magazines
- Family Practice Grand Rounds
- Emergency Department Education
- VNA
- Red Cross Educators
- Prenatal Class Educators

A Model Program

- Replicate Shaken Baby Program (now called abusive head trauma)
- 50% reduction in shaken baby injuries reported by Dr. Dias (Peds April 2005)
- Program Components:
  - DVD presentation on infant sleep safety
  - Face to face review with nursing staff
  - Sign voluntary acknowledgement statement

Driver:

Hospital policies support/facilitate safe sleep practices

Goodstein M. ***National Cribs for Kids® Safe Sleep Hospital Certification Program Webinar.*** NYSPQC Safe Sleep Project Webinar. February 2016. Intended audience: Hospitals.

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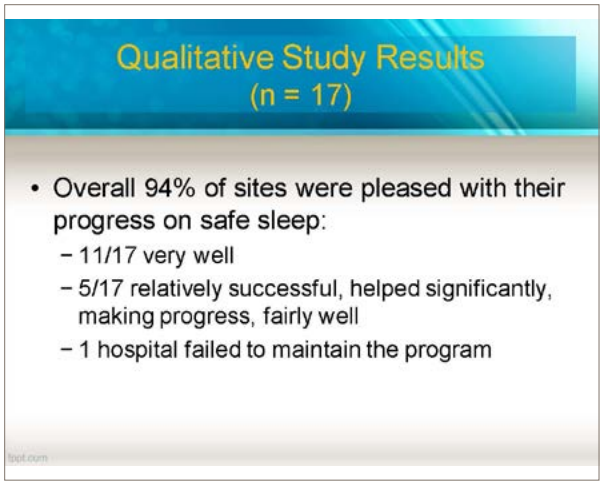
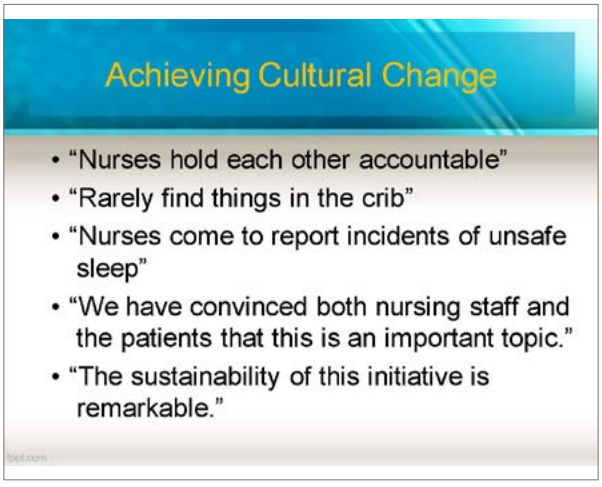




Driver:

Hospital policies support/facilitate safe sleep practices

Goodstein M. ***National Cribs for Kids® Safe Sleep Hospital Certification Program Webinar.*** NYSPQC Safe Sleep Project Webinar. February 2016. Intended audience: Hospitals.

Reasons for Success

- Leadership: people to promote and sustain the program; multidisciplinary
  - "the nurses know that physicians will back them in discussions around safe sleep"
- Education
  - "a lot of the educational support we received from the program promoted buy-in"
  - "what has made this program work is education, continued education of staff… and education of patients and community"

Reasons for Success

- Persistence
  - "It took patience and consistency to make the change happen"
    - Takes more than one time education
    - Maintenance of competency
    - Changing personnel
- Personalize
  - "making SIDS a personal issue for us and convincing us of the need to get serious about patient education has been the key"

Reasons for Success

- Institutionalize
  - Ownership/internalization
  - Standard of care
  - Expectations
  - Repercussions
- Moral Imperative
  - "the numbers speak for themselves"
  - "sharing with staff the number of babies that die per year… was alarming to people and they pay attention"

Roadblocks

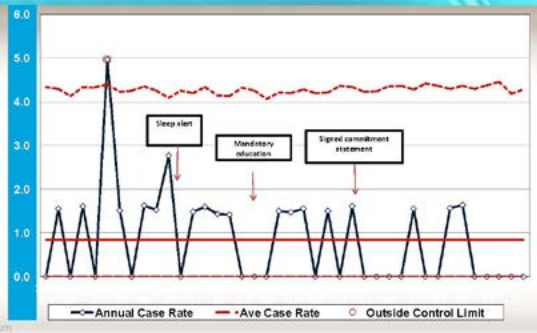
- Nurses
  - Fear of choking
    - Overcome with education and time
- Parents
  - Bed sharing and attachment parenting
  - Need for patient satisfaction
- Cultural barriers
- Time and commitment

Results of HCP Education

- Understanding of the AAP guidelines increased from 75% to 99% ($p < 0.01$)
- Agreement with all of the AAP guidelines increased from 88% to 94% ($p = 0.049$)
- Staff education on ISS increased from 47% to 99% ($p < 0.01$)
- Staff adequately trained about ISS increased from 43% to 99% ($p < 0.01$)

Quarterly Control Chart

Sleep-Related Deaths/1000 Births



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Hospital policies support/facilitate safe sleep practices

Goodstein M. ***National Cribs for Kids® Safe Sleep Hospital Certification Program Webinar.*** NYSPQC Safe Sleep Project Webinar. February 2016. Intended audience: Hospitals.

ISS Study: Phase 1 Results

- After education with the ISS program:
  - Intention to always sleep the baby supine **increased** from 82% to 97% ($p < 0.01$)
  - Intention to always place the baby in the crib or bassinet **increased** from 81% to 92% ($p < 0.01$)

Conclusions from Other Health Systems

- Hospital based safe sleep is a practical, cost-effective and reproducible model
- The program has positive impact on providers and families
- Successful implementation requires:
  - Leadership (identify champions)
  - Education and reinforcement
  - Sweat equity (time and effort)
- Experience of each hospital may vary, but common process can be used
- Long term cultural change is achievable

Coordinated Education Efforts Work!

- TN- 17% reduction in infant sleep-related deaths in 1 year
- SD- Over 4,300 Pack 'n Plays distributed. Infant mortality rate decreases from 8.6 (2012) to 6.5 (2013).
- S. Carolina Department of Health and Environmental Control (DHEC) 2013 data: 41% drop in accidental sleep-related deaths

Coordinated Education Efforts Work!

- Baltimore B'more for Healthy Babies:
  - 2012 lowest infant mortality rate ever recorded
  - decreased 28% to 9.7 per 1000.
  - Racial disparity decreased almost 40%.
  - **Biggest contributor was decrease in number of sleep-related deaths.**

The National Safe Sleep Hospital Certification Program: WHY?

- Systematic way to promote consistent messaging and modeling
- Provide a road map for success
- Develop and maintain a culture of sleep safety
- Monitor progress
- Reward for achieving goals

The National Safe Sleep Hospital Certification Program

- Recognize hospitals with commitment to community leadership
  - Best practices
  - Education
- Flexibility to individualize to specific local needs
- 3 Levels = Step-wise goals
  - Achievable
  - Expand at your own pace

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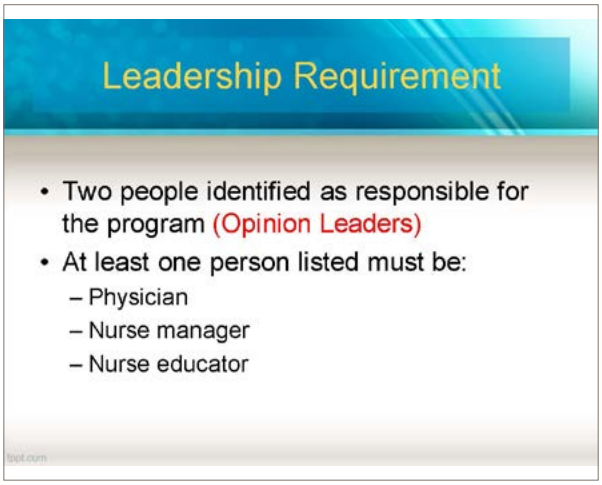

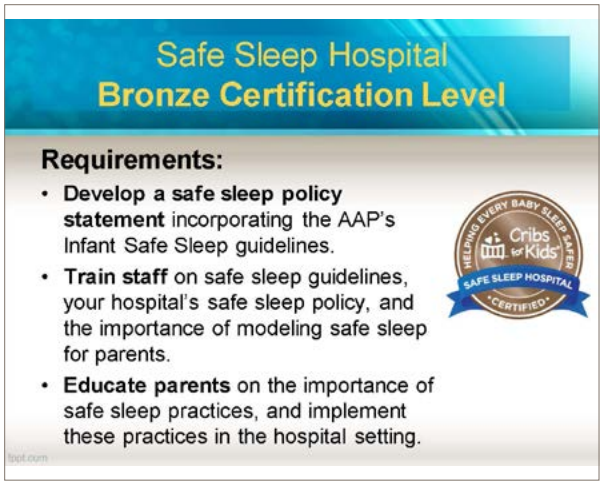

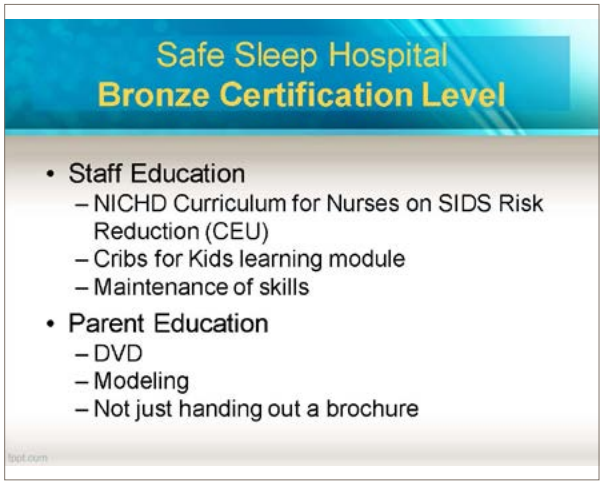

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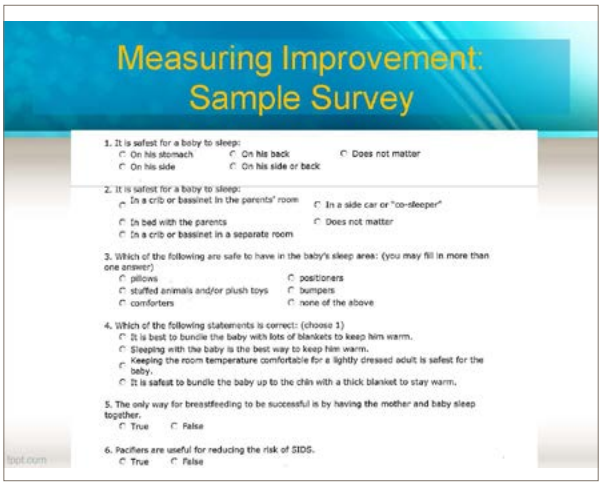

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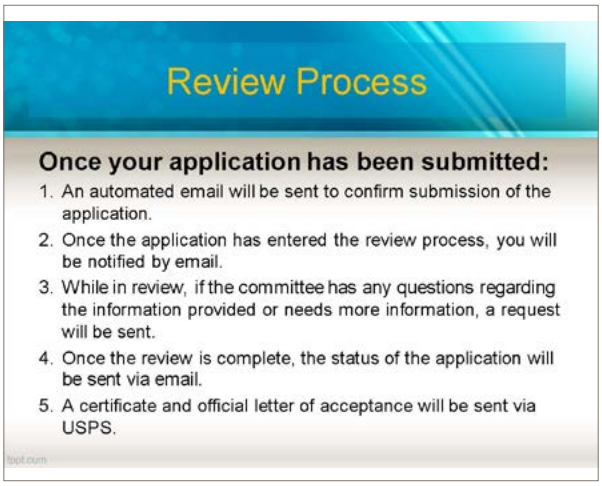

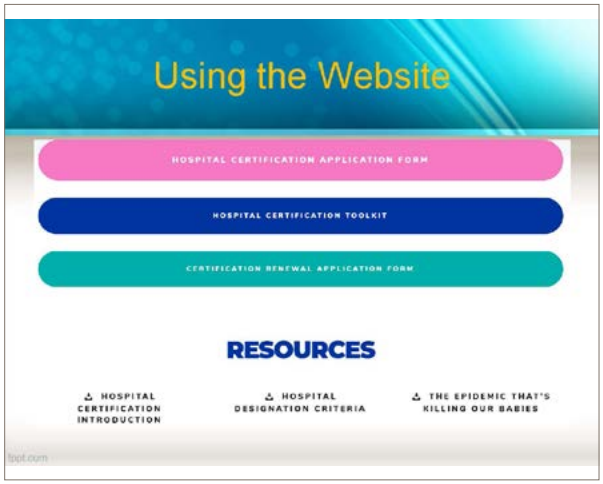

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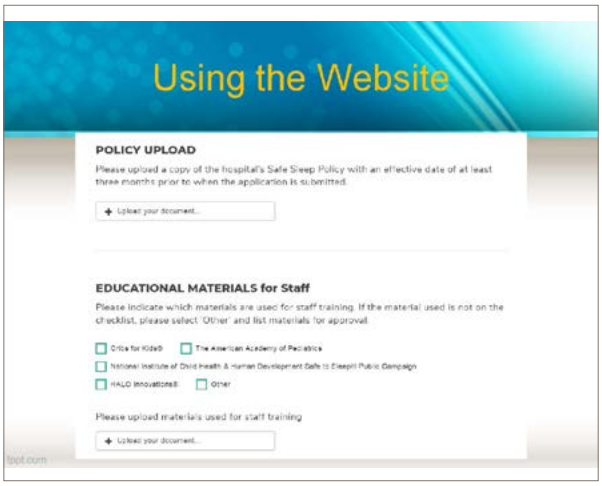

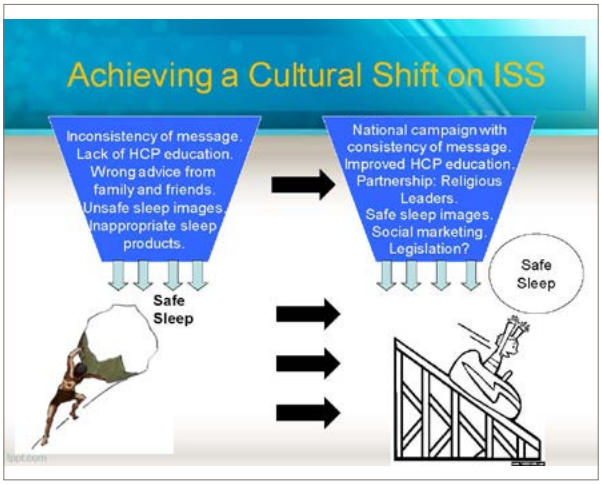

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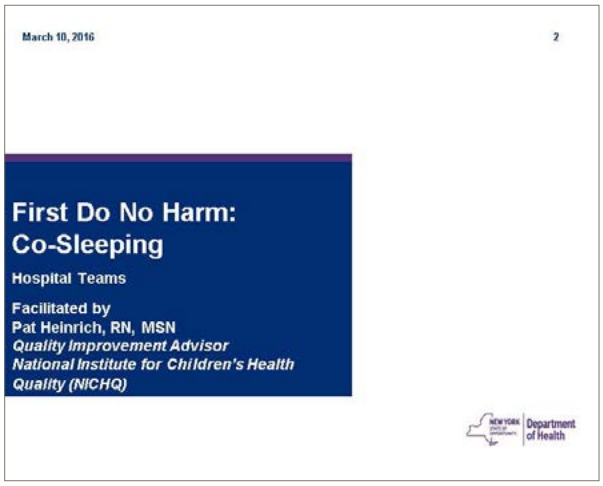

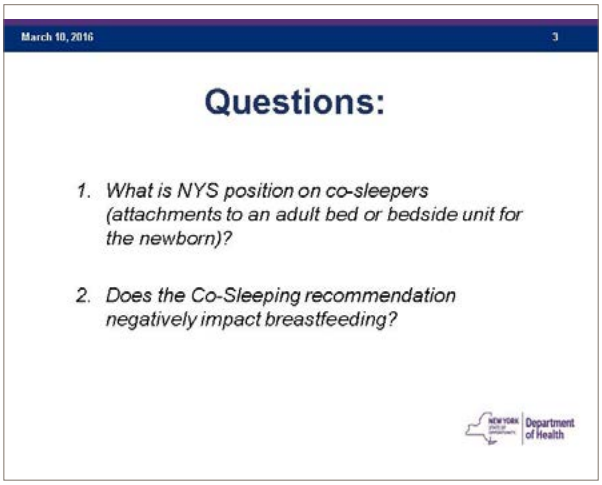

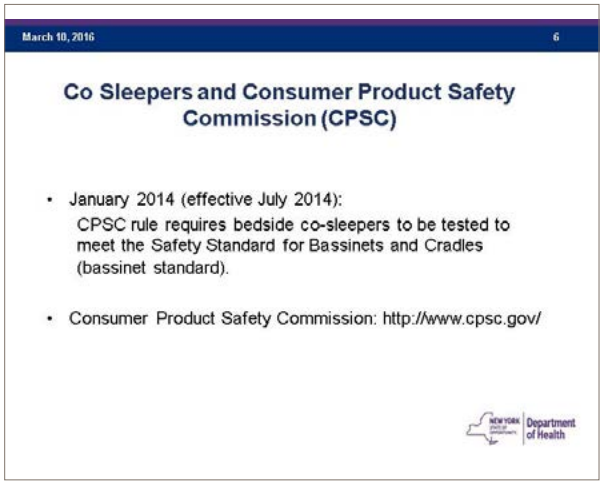

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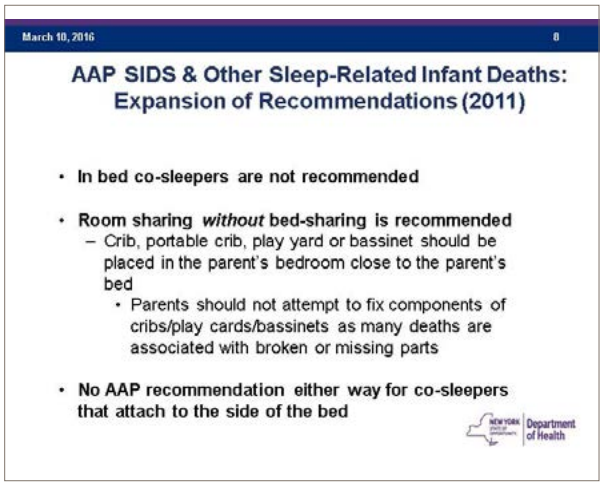

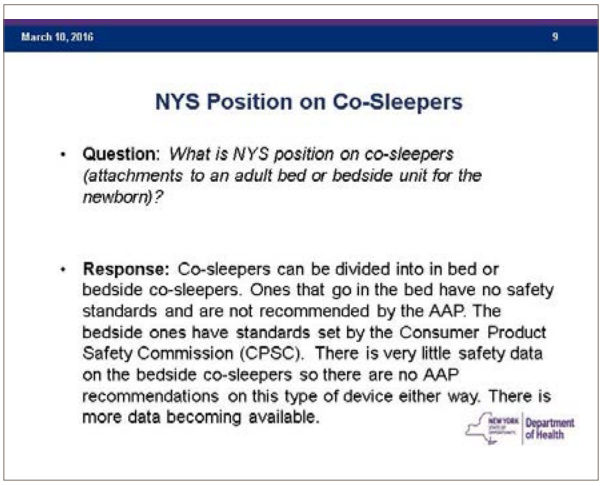

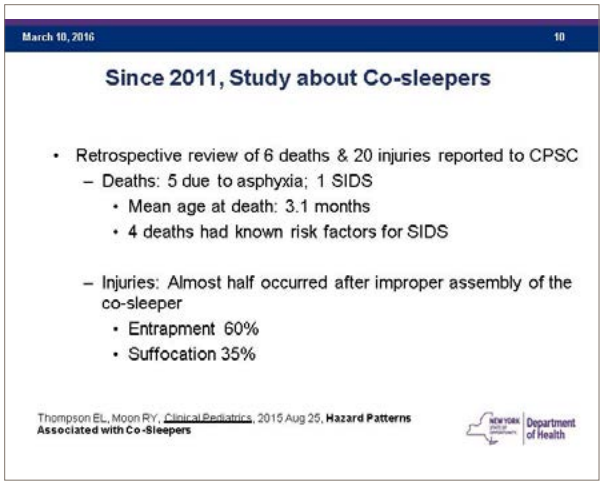

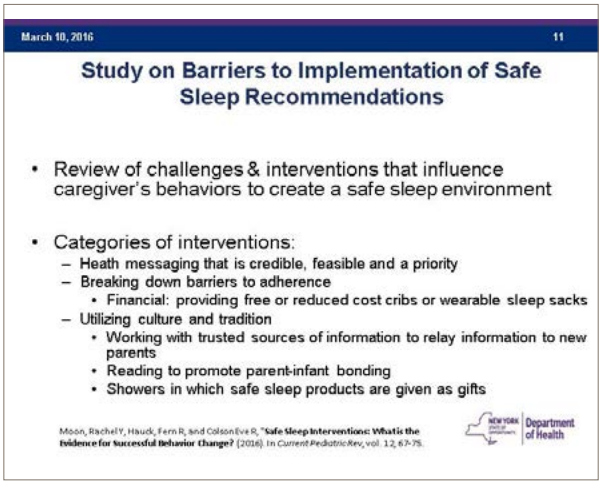

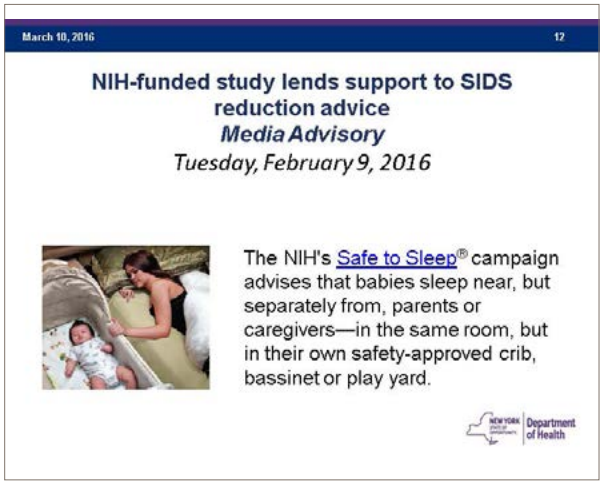

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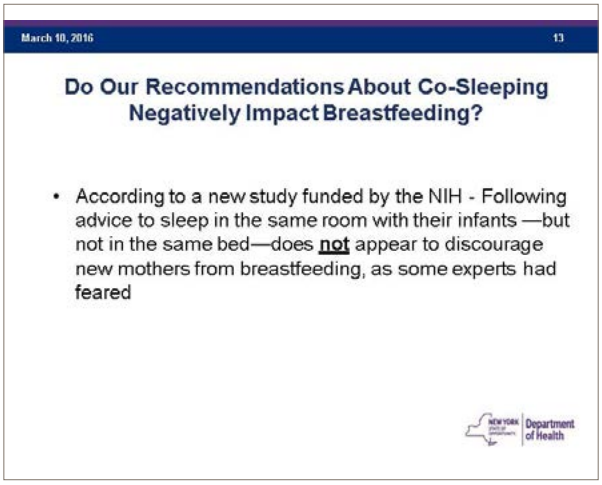

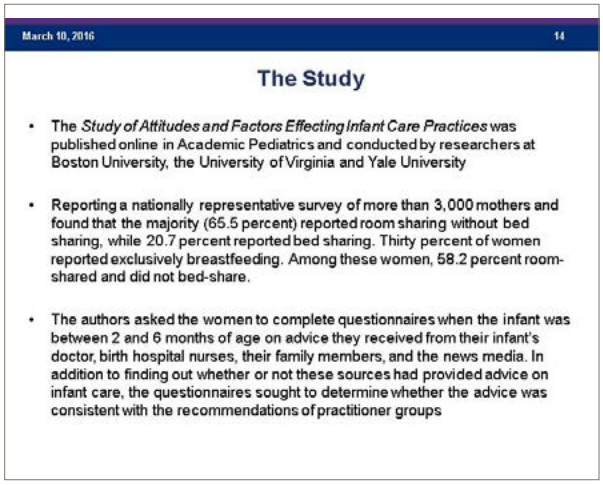

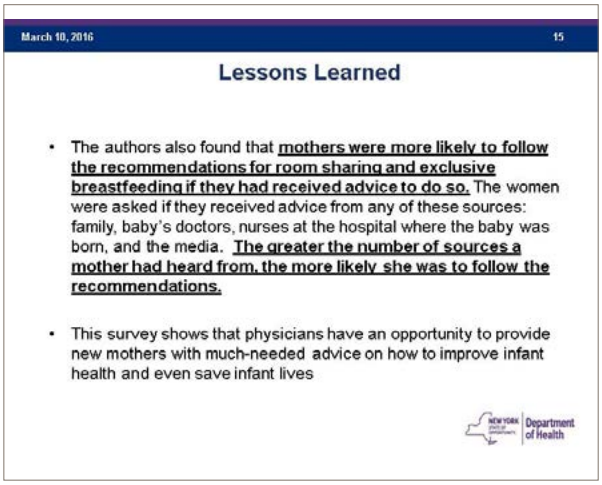

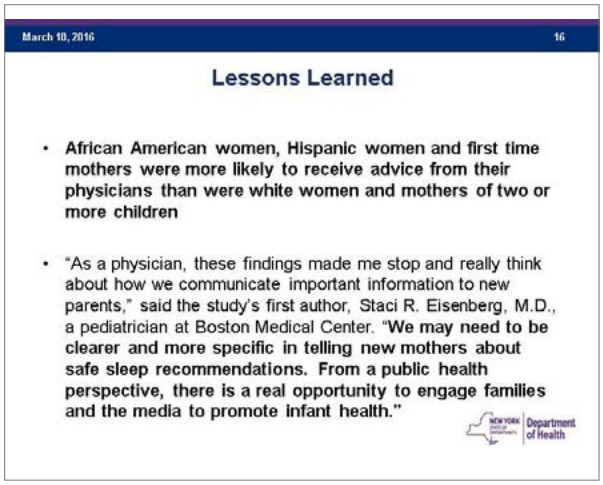

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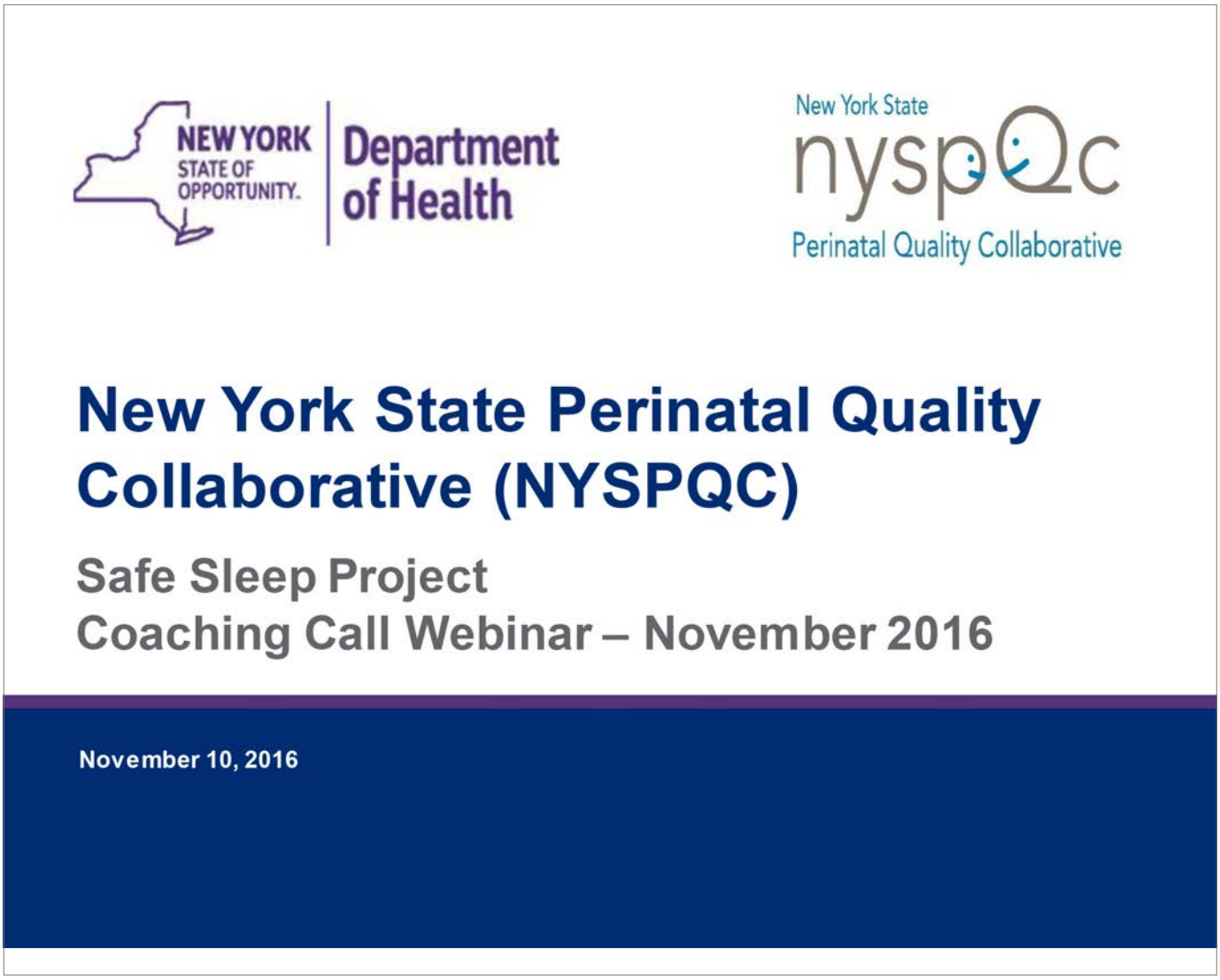

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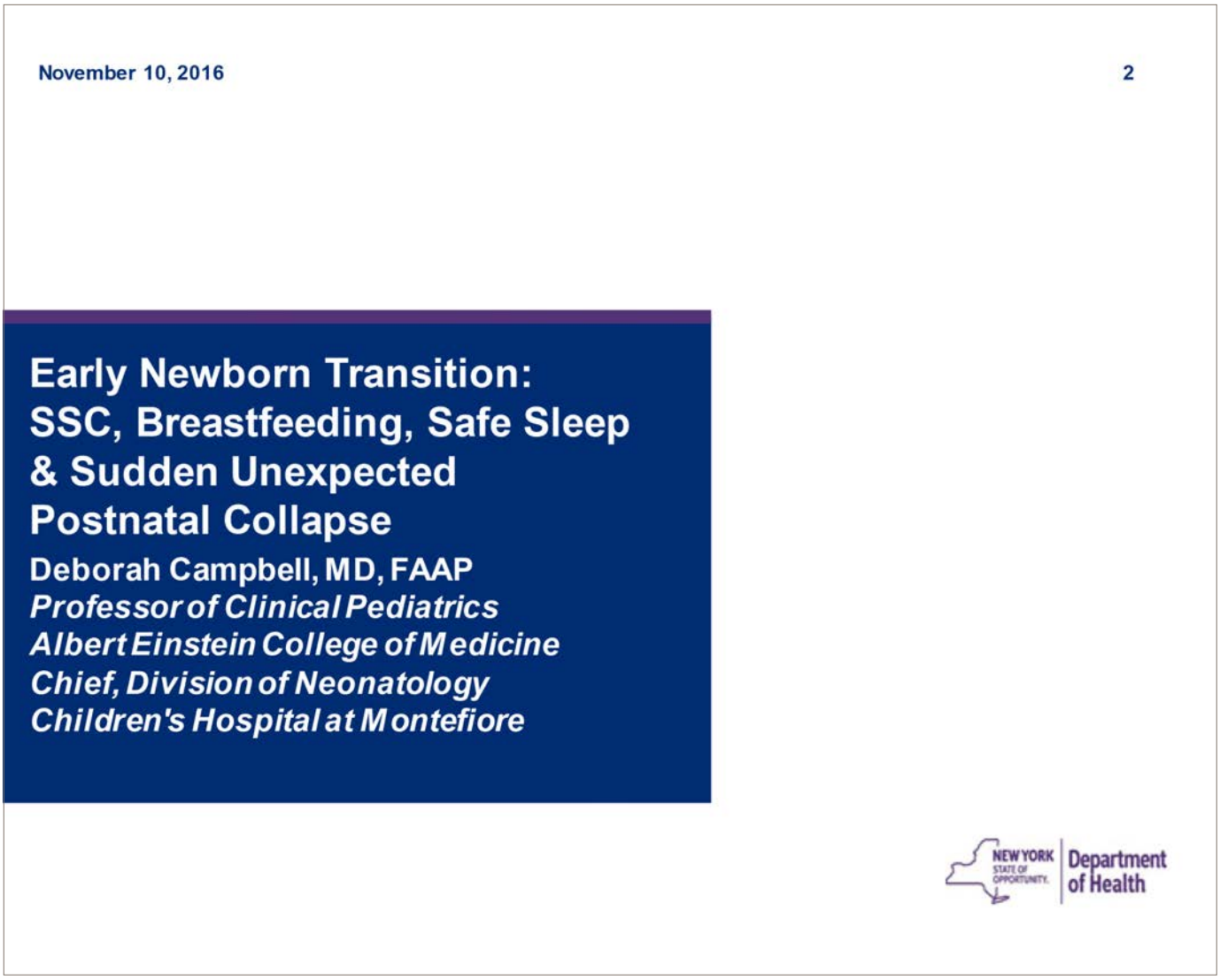

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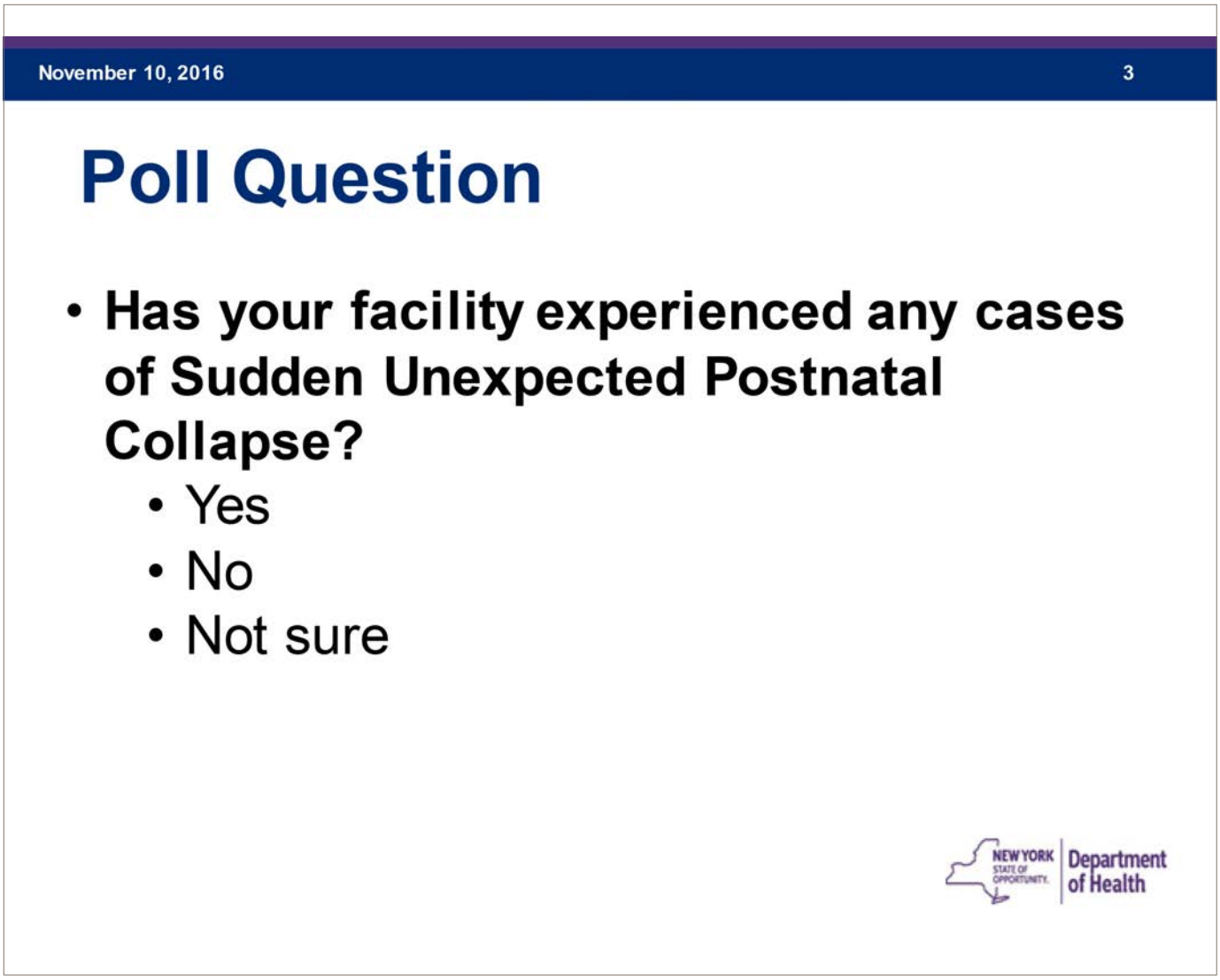

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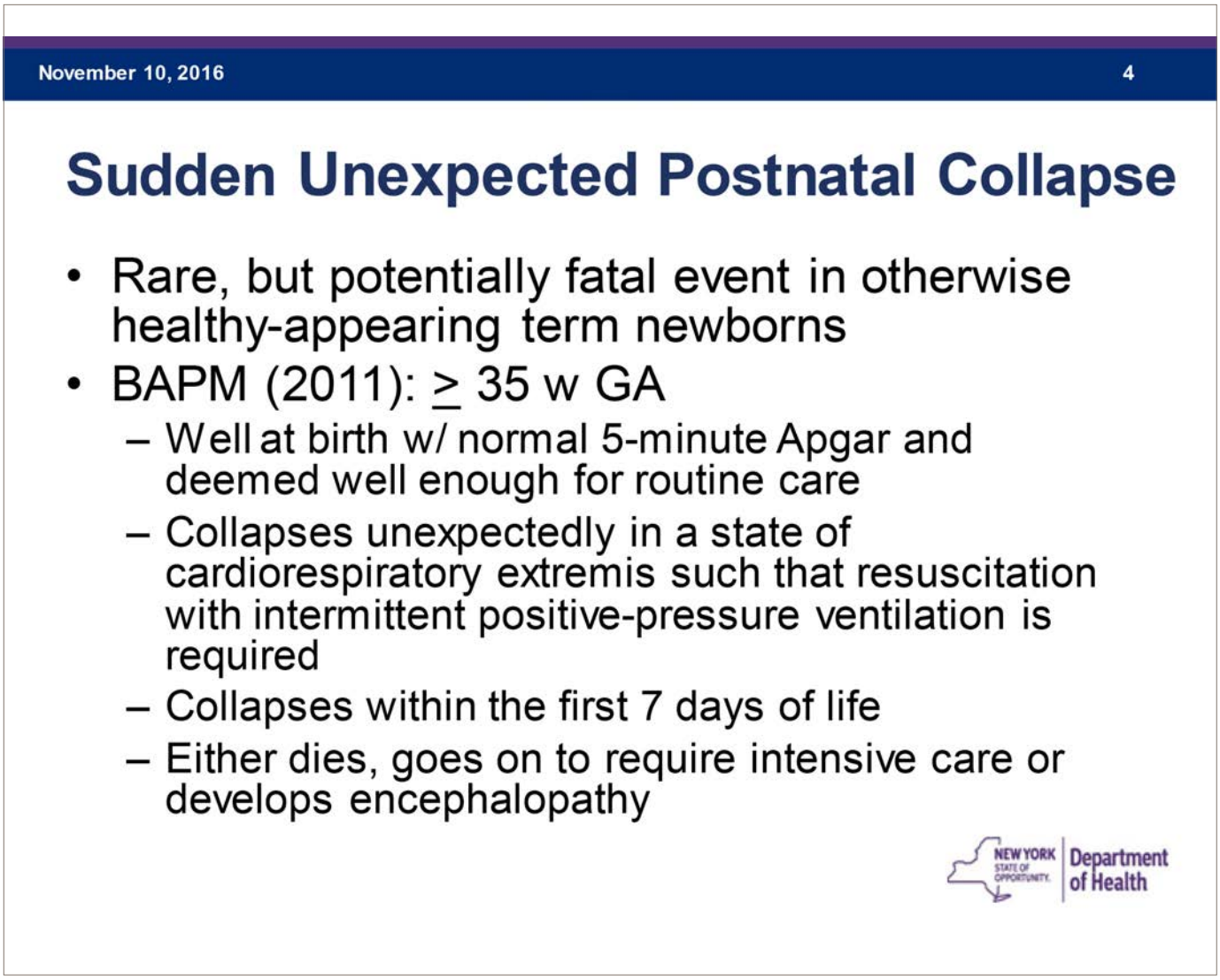

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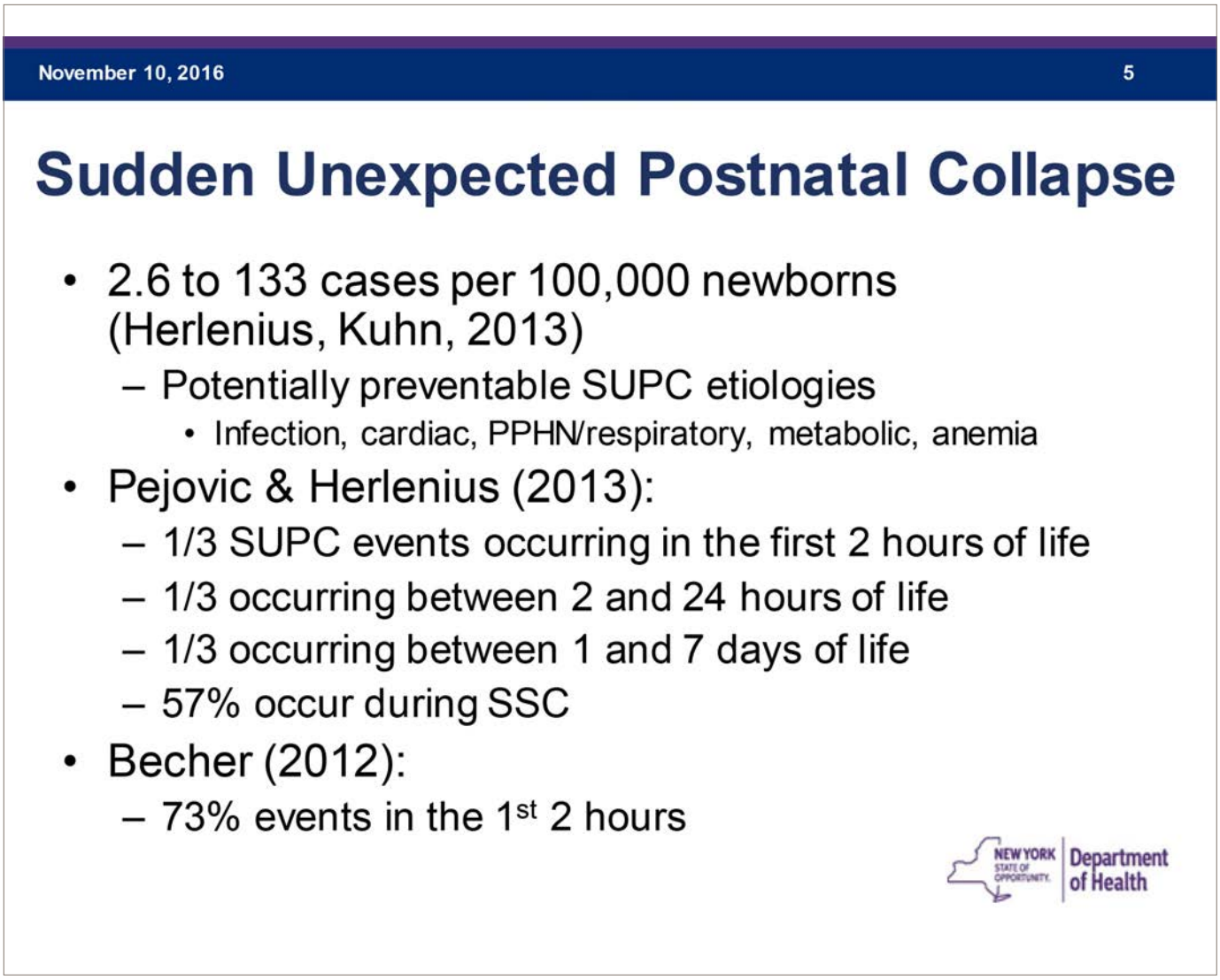

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Sudden Unexpected Postnatal Collapse

- 2.6 to 133 cases per 100,000 newborns (Herlenius, Kuhn, 2013)
  - Potentially preventable SUPC etiologies
    - Infection, cardiac, PPHN/respiratory, metabolic, anemia
- Pejovic & Herlenius (2013):
  - 1/3 SUPC events occurring in the first 2 hours of life
  - 1/3 occurring between 2 and 24 hours of life
  - 1/3 occurring between 1 and 7 days of life
  - 57% occur during SSC
- Becher (2012):
  - 73% events in the 1st 2 hours

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SUPC Documented Risk Factors

Maternal	Environmental	Infant
Obesity	Bedsharing	Late preterm
Primiparity, lack education re: proper positioning, what's "normal" for NB	Head totally covered	Infant sleeping after feeding (decreased arousal response to airway obstruction)
Analgesia, sedation (narcotics, mag sulfate)	Side-lying BF position or unsupervised BF	Occluded position mouth and nose, neck bent
Postnatal fatigue (mother falls asleep)	Prone position during SSC or BF (up against breast)	Immature/decreased sympathetic responses to potentially asphyxiating position
	Maternal/parental distractions (phone, visitors, TV)	
	Mother unobserved	

Ludington, NAINR 2014

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Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns

Lori Feldman-Winter, MD, MPH, FAAP, Jay P. Goldsmith, MD, FAAP, COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

Safe Positioning Checklist

1. Mother or provider of SSC is in reclining position, not flat
2. Infant's back is covered and hair is dry
3. Infant is well-flexed on provider's chest
4. Infant's shoulders are flat against provider's chest
5. Infant is chest-to-chest with provider, not over a breast
6. Infant's head is turned to one side
7. Infant's face can be seen
8. Infant's nose and mouth are visible and uncovered
9. Infant's neck is straight, not bent

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Pediatrics 2016; 138(3):e20161889

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Criteria Birth time_____ Into SSC_____	Date____ Time____	Date____ Time____	Date____ Time____	Date____ Time____	Date____ Time____	Date____ Time____
Respirations						
Easy						
Grunting/Flaring						
Retractions						
Tachypneic						
Activity						
Sleep						
Quiet Alert						
Active alert						
Crying						
Breastfeeding						
Non-responsive						
Perfusion						
Pink						
Acrocyanosis						
Pale						
Dusky						
Position/Tone						
Head turned to one side						
Neck straight						
Nares/mouth visible						
Well flexed						
Some flexion						
Limp/flaccid						
No recoil						
RN Action*						
Continue SSC						
Stop SSC; to Radiant Warmer						
Time KC ends						
Duration of SSC **_____	RN____	RN____	RN____	RN____	RN____	RN____

Respiratory, Activity, Perfusion, and Position (RAPP) tool (Ludington-Hoe, Morgan, 2014)

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Birth Kangaroo Care Competency Checklist

Step	Action	Complete ☑
Step 1 Prior to birth	Inform parents and discuss the process of Birth Kangaroo Care	☐
Step 2 Just prior to the birth	a. Lift the mother's gown so her abdomen is exposed, or if gown is on backwards, open the gown	☐
	b. Place a warm blanket over her abdomen	☐
Step 3 Immediately after birth	a. Place the nude infant supine on the blanket on the mother's abdomen so that the infant's head is at or above the mother's umbilicus or the infant can be placed transfer across the mother's lower abdomen	☐
	b. Place mom semi-upright (about 30-40 degrees inclined)	☐
Step 4 Within the first minute of life the following events should occur	a. Bulb suction the mouth and nose only as necessary for mucus	☐
	b. Thoroughly dry the baby's head and body with the warm blanket that is on the mother's abdomen	☐
	c. Remove the wet blanket and dry the mother's abdomen. (If her abdomen is wet it will interfere with temperature regulation)	☐
	d. Place a head cap and blanket on the infant	☐
	e. You may give blow-by FiO2 to the infant with mother's face mask, just as you would on the radiant warmer, if needed during this time	☐
	f. Assign the 1-minute APGAR score	☐
Step 5 During the next 2- 5 minutes the following events should occur	a. Once cord is cut, Lift infant up and remove wet blanket that infant was lying on and dry mother's abdomen with it	☐
	b. Turn infant prone and place on mother's abdomen or between breasts	☐
	c. Assess the infant while he/she is on the mother's abdomen	☐
	d. Assign the 5 minute APGAR score	☐
	e. Place a diaper on the infant and cover the infant's back with a receiving blanket folded into fourths	☐
	f. Be sure that the infant's shoulders are flat and not constricted throughout skin-to-skin contact with the parent	☐
Step 6 Leave infant alone	a. DO NOTHING! Allow time for the infant to spontaneously crawl towards the breasts (takes 20-50 minutes)	☐
	b. Explain to the mother that the infant should remain on her abdomen for the first 60-90 minutes of life	☐
	c. Observe infant's progress toward breast (the 9 instinctual stages) and comment to mother on how clever is her baby	☐
Step 7 Observe the following behaviors ALLOW SELF-LATCH (RN is to state these observations)	a. Infant's hand caresses breast, mouthing action begins	☐
	b. Comment to mother that these actions are signs of breastfeeding readiness, infant's natural instincts, and infant's intuition. They are pre-feeding behaviors	☐
	c. The infant will crawl to approach the breast. Again inform mom that this is exactly what should occur	☐
	d. Infant will spontaneously lunge at breast and attempt to latch onto nipple. It may take 2 or 3 attempts before a successful latch is obtained. DO NOT HELP!! A spontaneous latch provides a secure, leak-free, and pain-free latch!	☐
	e. Listen for air leaks and watch cheek rise and fall with swallows and confirm swallowing movements in neck	☐
Step 8 Check for safe position of infant's head	a. Nose (and mouth if not sucking) uncovered by breast tissue	☐
	b. Face of infant is visible	☐
	c. Neck is straight, not bent forward nor backward	☐

Step	Action	Complete ☑
Step 9 Tell mother to closely watch infant so infant does not accidentally suffocate against mother's skin by checking these	a. Color of baby's face is pink, not pale, gray, blue	☐
	b. Nose and mouth are uncovered so baby can breathe	☐
	c. Head is turned to one side or another, not facing toward maternal tissue	☐
	d. Infant's arms and legs are bent and with tone, NOT LIMP	☐
	e. Looking for rise and fall of upper back or shoulder with each breath (checking for breathing)	☐
	If mother is sleepy, tell her to have someone watch them both, especially baby, while she sleeps in skin-to-skin contact or PUT THE INFANT ON BACK in OWN COT	☐
Step 10	Change infant to other nipple after 20 minutes of sucking	☐
Step 11	Provide continuous, uninterrupted skin-to-skin contact until the first feeding is complete or through 60-90 minutes post birth, whichever is longer, even if the infant does not go to breast and even if the infant is not going to be breast-fed	☐
Step 12	Turn the infant supine at end of feeding and/or skin-to-skin contact period	☐
Step 13 Proceed with the following while infant is on mother	a. Eye prophylaxis	☐
	b. Vitamin K injection (ideally given while in KC)	☐
	c. Length measurement	☐
	d. Identification banding	☐
Step 14 Proceed with the following where possible.	a. Weight	☐
	b. Other measurements (i.e. oxygen saturation to rule out congenital heart defect)	☐
	c. Other routine care in the setting of choice (i.e. the L&D suite or mother's postpartum room or nursery)	☐
Step 15	Return infant to mom for continuous skin-to-skin while transferring to postpartum care	☐

Assessing the Infant's Tolerance to Birth KC

1. The infant is pink (perhaps has mild acrocyanosis), NOT PALE, GRAY, BLUE
2. The respiratory effort is easy, no audible grunting or visible intercostal retractions.
3. The infant is alert, demonstrating feeding cues or the nine stages of instinctual behavior, or sleeping IN SAFE POSITION on the mother's abdomen/chest.
4. Well-flexed posture with good tone, NOT LIMP NOR FLACCID.

Documenting the Birth KC Session

1. Length of Birth KC session including starting and ending time
2. Did the baby feed during KC? If yes, write type and length/amount of feed.
3. Infant's tolerance of KC.
4. Chart infant temperature at end of KC.
5. Chart maternal tolerance and comments during KC.
6. Chart "Step 4 of Baby Friendly completed"

Tube Top for Post-partum Kangaroo Care

1. Before the KC session begins, instruct the mother to wear the tube top with nothing underneath. Over the tube top she may wear a blouse or robe that opens in the front.
2. Lower the tube top and properly place the baby in Kangaroo Position (*), between the breasts, and well flexed in "sniffing position."
3. Lift the tube top up covering the baby up to the ear providing full support to the body, neck, and head.
4. Make sure the size of the tube top is appropriate: tight enough to provide the baby with full body support and containment, and loose enough to facilitate breathing.
5. Mother may get up and walk around while providing KC as the tube top will hold the baby in place.

(*) Kangaroo Position: "strictly vertical with legs and arms flexed and head in a lateral position on the mother's breast, to allow maximum exposure of the body area between the baby and mother or whoever is holding him/her."

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Checklist for Newborn Infants in the First 2 Hours of Life, Particularly during Skin-to-Skin Contact

Family Name_____ Name_____ Date of Birth_____ Hour of Birth_____:_____	Time after Birth				
Parameters to be Assessed or Events to be Registered	10 min[a]	30 min	60 min	90 min	120 min
1. Infant positioned with visible and unobstructed mouth and nose (Yes/No)					
2. Pink color (skin and/or mucous membranes) (Yes/No)					
3. Normal breathing (no retractions or grunting or flaring of the nares) (Yes/No)					
4. Normal respiratory rate: 30-60 breaths/min (Yes/No)					
5. Normal SpO_2: > 90% (if deemed necessary) (Yes/No)					
6. Subaxillary temperature at 60 and 120 minutes after birth (Normal range: 36.5°C-37.5°C)					
7. Mother never left alone with her infant (Yes/No)					
First breastfeeding attempt (time)					
Comments					

Davanzo, et al., JHL 2015

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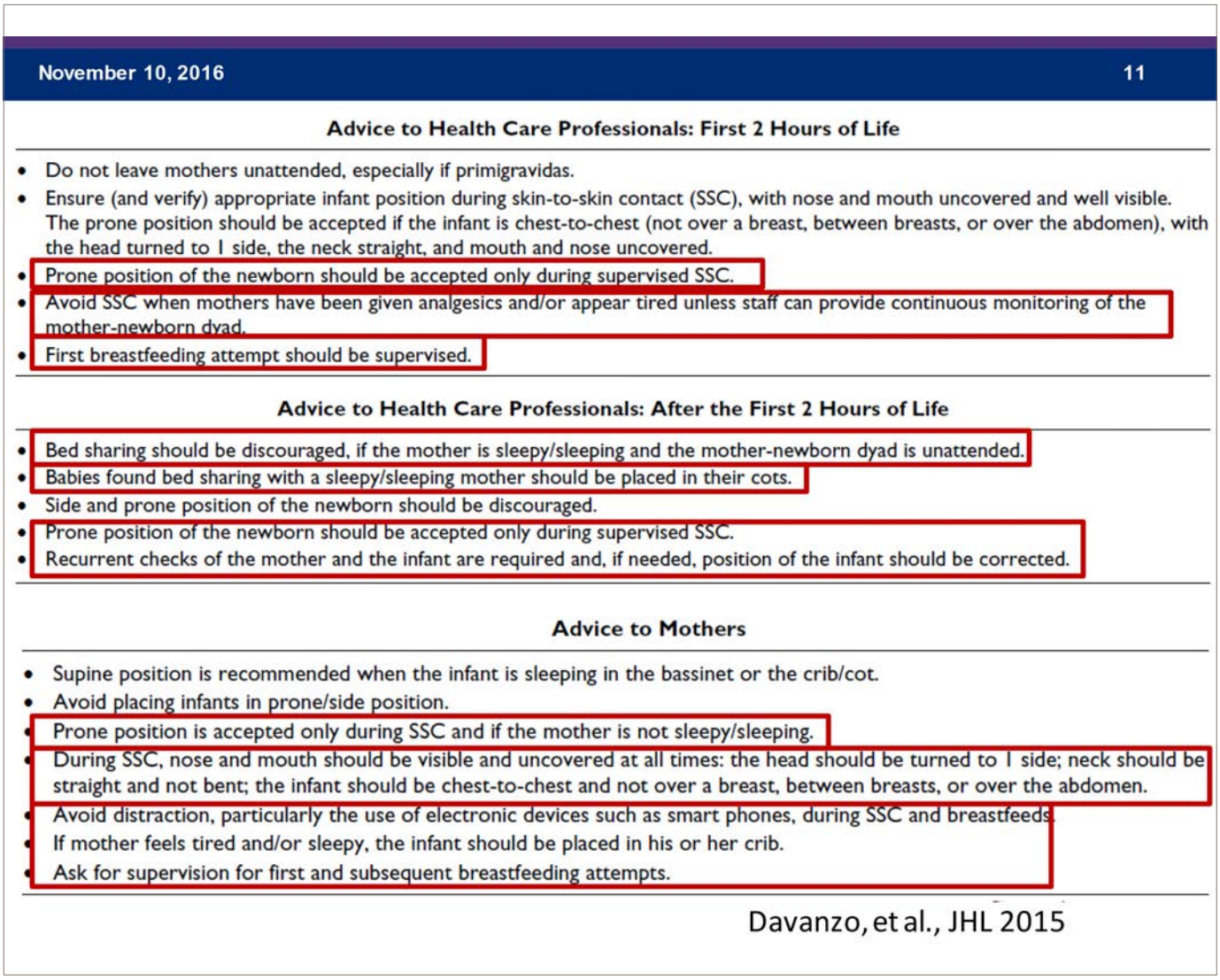

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Advice to Health Care Professionals: First 2 Hours of Life

- Do not leave mothers unattended, especially if primigravidas.
- Ensure (and verify) appropriate infant position during skin-to-skin contact (SSC), with nose and mouth uncovered and well visible. The prone position should be accepted if the infant is chest-to-chest (not over a breast, between breasts, or over the abdomen), with the head turned to 1 side, the neck straight, and mouth and nose uncovered.
- Prone position of the newborn should be accepted only during supervised SSC.
- Avoid SSC when mothers have been given analgesics and/or appear tired unless staff can provide continuous monitoring of the mother-newborn dyad.
- First breastfeeding attempt should be supervised.

Advice to Health Care Professionals: After the First 2 Hours of Life

- Bed sharing should be discouraged, if the mother is sleepy/sleeping and the mother-newborn dyad is unattended.
- Babies found bed sharing with a sleepy/sleeping mother should be placed in their cots.
- Side and prone position of the newborn should be discouraged.
- Prone position of the newborn should be accepted only during supervised SSC.
- Recurrent checks of the mother and the infant are required and, if needed, position of the infant should be corrected.

Advice to Mothers

- Supine position is recommended when the infant is sleeping in the bassinet or the crib/cot.
- Avoid placing infants in prone/side position.
- Prone position is accepted only during SSC and if the mother is not sleepy/sleeping.
- During SSC, nose and mouth should be visible and uncovered at all times: the head should be turned to 1 side; neck should be straight and not bent; the infant should be chest-to-chest and not over a breast, between breasts, or over the abdomen.
- Avoid distraction, particularly the use of electronic devices such as smart phones, during SSC and breastfeeds.
- If mother feels tired and/or sleepy, the infant should be placed in his or her crib.
- Ask for supervision for first and subsequent breastfeeding attempts.

Davanzo, et al., JHL 2015

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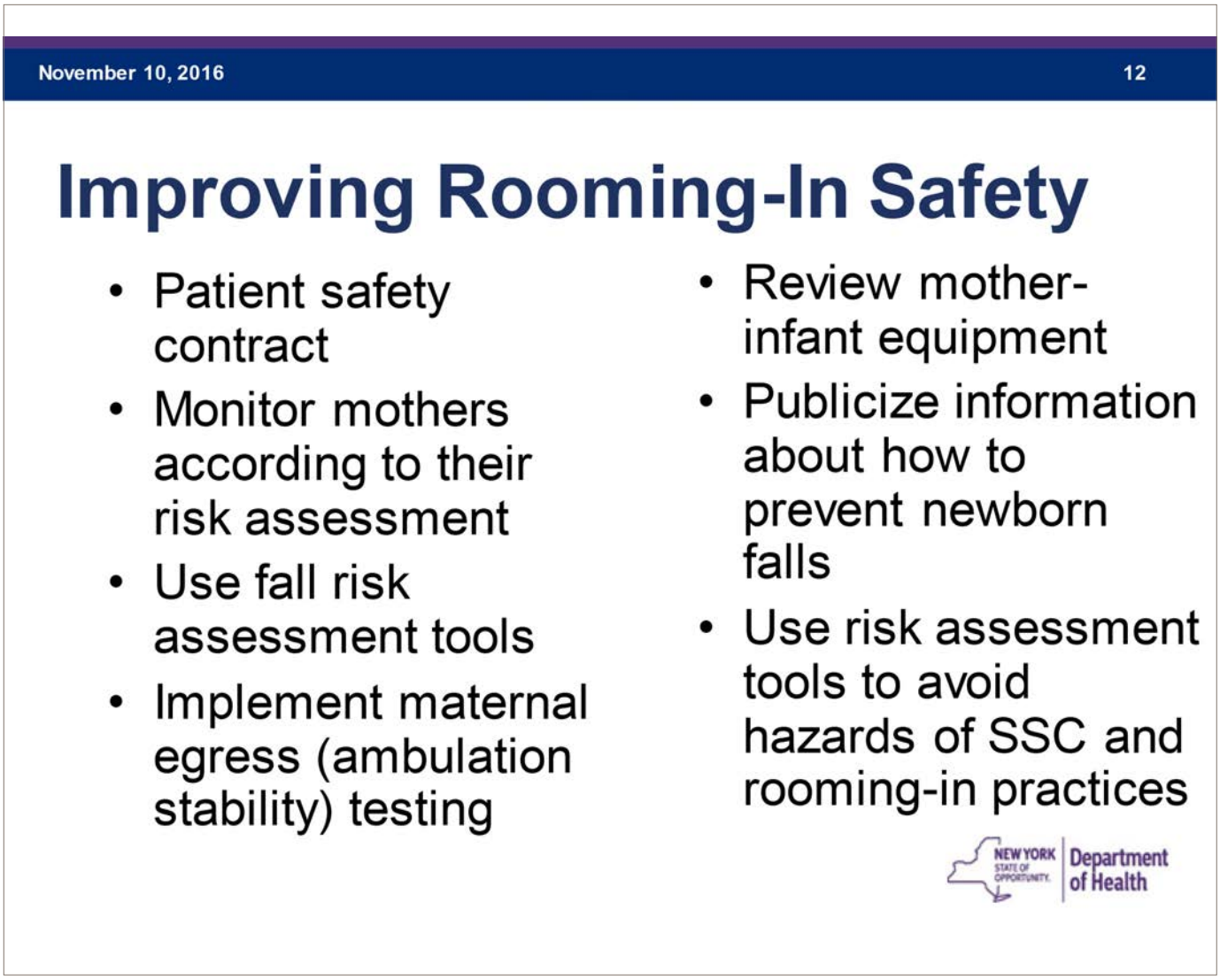

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Components of Safe Positioning

- Mother-infant dyad is monitored continuously by staff in the delivery environment and regularly on the postpartum unit
- When mother wants to sleep, infant is placed in bassinet or with another support person who is awake and alert

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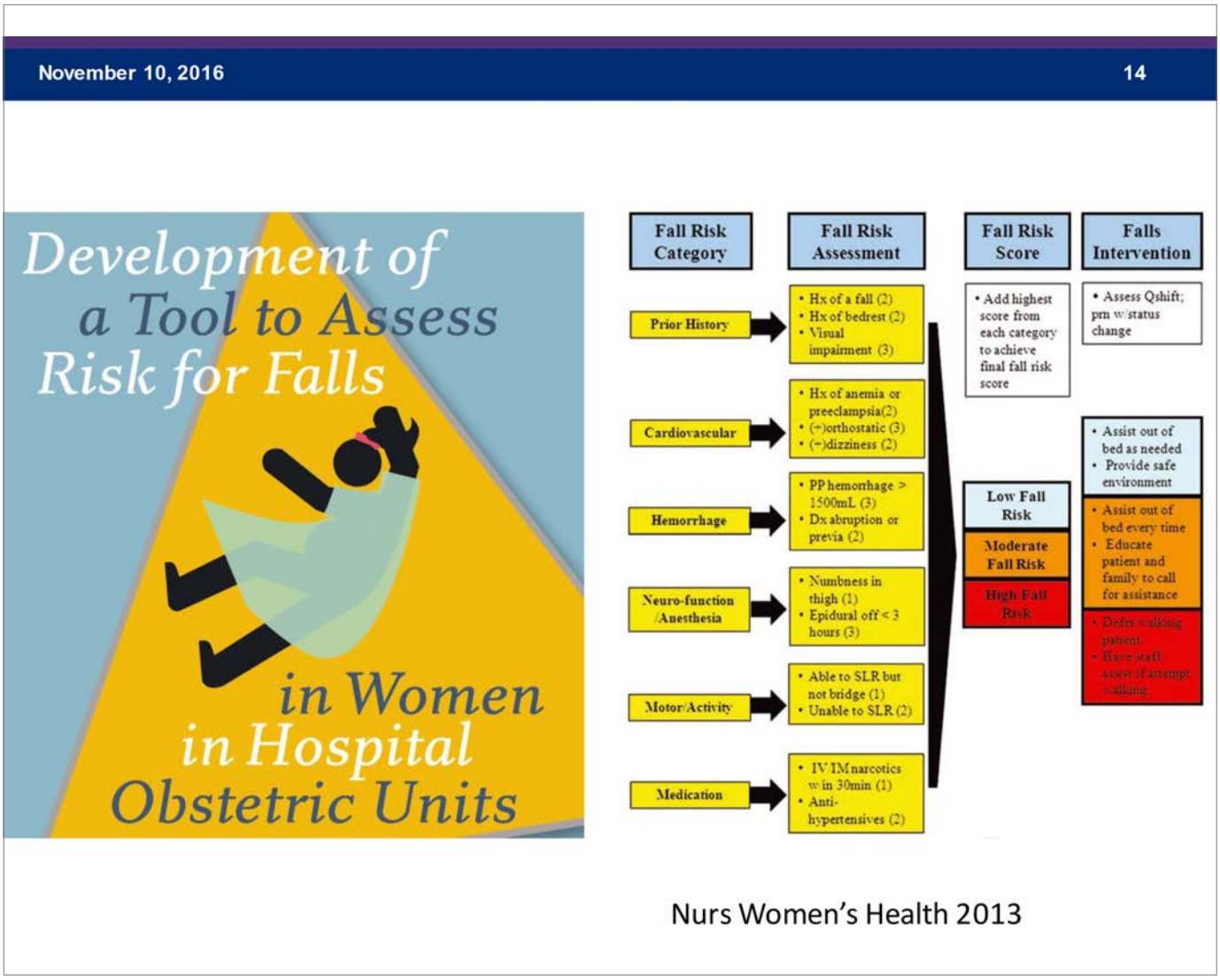

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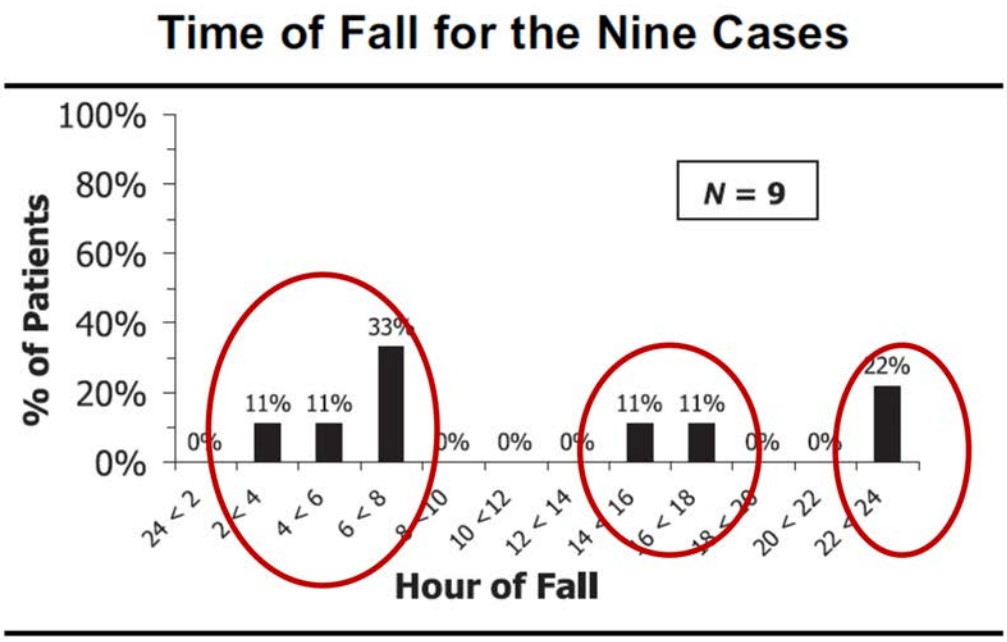
Newborns experience in-hospital falls at a rate of approximately 1.6–4.14/10,000 live births, resulting in an estimated 600–1,600 falls per year in the United States (TJC, 2010, Sentinel Event Alert)



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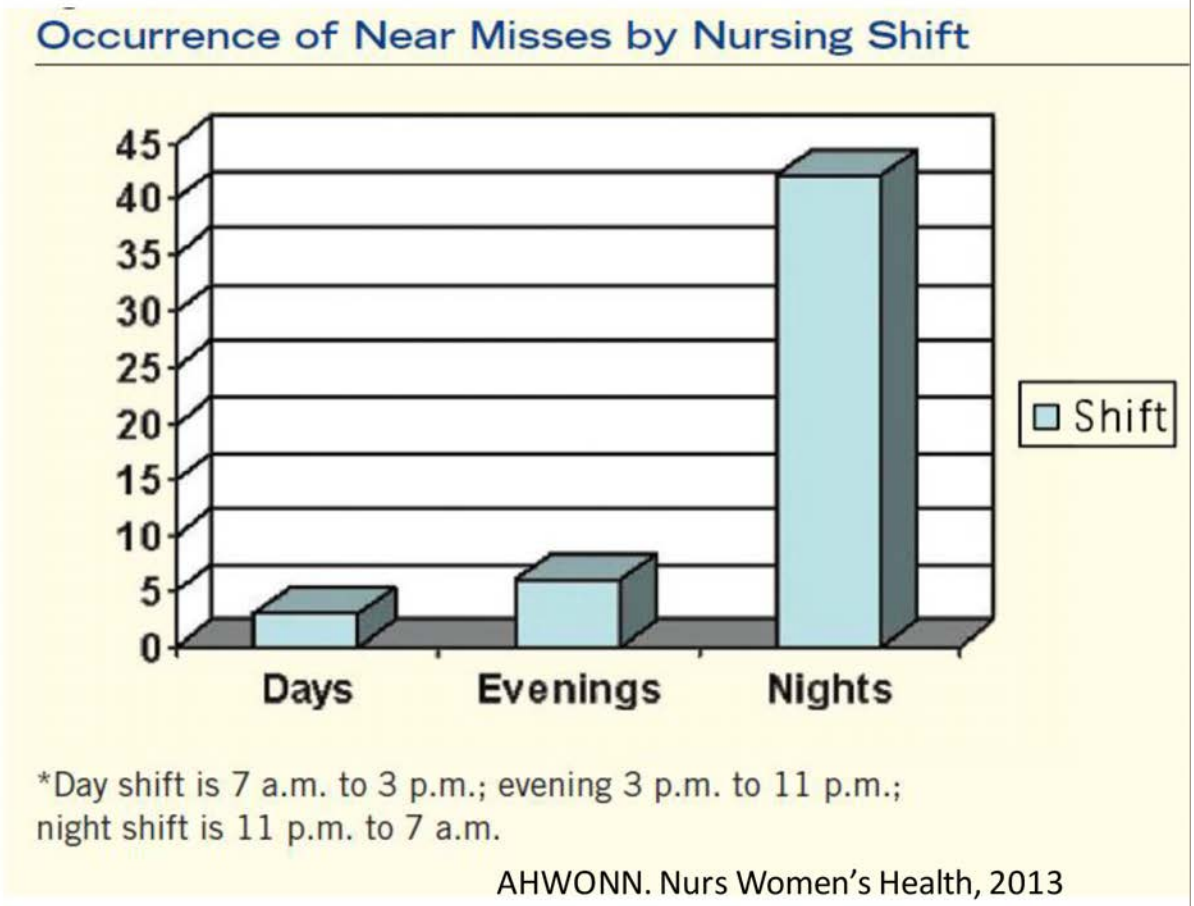

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Newborn Fall UOR Debrief Form

Demographics

Date of Event (MM/DD/YY) / /

Time (24-Hour) :

Reported Location

- Medford
- Milwaukie
- Newberg
- Portland
- Seaside
- St Vincent
- Willamette Falls

Patient Sticker (Account # and Medical Record #)

Situation (Describe the event)

Who was involved in the newborn fall? ☐ Mother ☐ Partner/family/visitor ☐ Staff

Newborn fall involving the mother:

Type of Delivery: ☐ Vaginal ☐ Cesarean Section

Maternal medications at the time of the fall: ☐ None ☐ Narcotics ☐ Epidural ☐ Ambien, other "sleeper" ☐ Magnesium ☐ Other medication: List

Time medication last administered prior to newborn fall: Time (24-Hour) : ☐ Not Applicable, if none checked above

Documented maternal history of substance abuse: ☐ Yes ☐ No If yes, ☐ Pt history ☐ Positive UDS

Other adults in the room at the time of the fall? ☐ Yes ☐ No

Other adults awake? ☐ Yes ☐ No

Estimated time between newborn being placed in the maternal bed and nursing staff coming back in the room on rounds? *In Minutes*

Estimated time between newborn being placed in the maternal bed and the fall/drop? *In minutes*

Estimated time out of line of vision (i.e. behind privacy screens, etc.) (PSVMC NICU ONLY) *In minutes*

Type of Newborn Fall Involving Mother of Newborn (Choose one)

○ From Maternal Hospital Bed	☐ Mother fell asleep, newborn fell off bed onto the floor ☐ Mother awake, newborn fell off bed onto the floor	Bed detail Bed model: ☐ Stryker L & D Bed ☐ Stryker Postpartum Bed ☐ Hill Rom L & D Bed ☐ Hill Rom Postpartum Bed Side rails up ☐ Yes ☐ No Bed height ☐ Low position ☐ High position Head of Bed Elevated ☐ Yes ☐ No Pillows lining bed rails ☐ Yes ☐ No
○ Ambulation	☐ Mother ambulating with newborn and fell/tripped with newborn	*Factors in ambulation fall/drops:* ☐ Equipment (IV lines, phone cord, call light cord, etc) ☐ Room conditions (Fluids on floor, furniture in the way, bedding on the floor, etc)
○ Mother in Rocking Chair or Room Chair, fell asleep & newborn fell to floor	☐ Rocking Chair ☐ Room Chair ☐ Other	
○ Other event leading to fall or drop of the newborn		Comments

Please go to page 2 Page 1 of 2

Type of Newborn Fall involving partner, family or visitor (Choose one)

○ Ambulation	☐ Family member/visitor walking with newborn & fell/tripped with newborn	*Factors in ambulation fall/drops:* ☐ Equipment (IV lines, phone cord, call light cord, etc) ☐ Room conditions (Fluids on floor, furniture in the way, bedding on the floor, etc)
○ Partner, family member, visitor in Rocking Chair or Room Chair, fell asleep & newborn fell to floor	☐ Cot ☐ Rocking Chair ☐ Room Chair	
○ Other event leading to fall or drop of the newborn		Comments

Complete the following sections for all newborn fall types

Identification that newborn had fallen: ☐ Mother awake or woke up when newborn fell ☐ Nursing staff came in the room and identified the newborn had fallen ☐ Other identification of newborn fall Comments

Did fall occur from isolette or warmer? ☐ Yes ☐ No

Immediate parental report to nursing staff? ☐ Yes ☐ No ☐ Unknown

Newborn injuries identified? ☐ Yes ☐ No If yes, ☐ Describe injury

Estimated distance newborn fell: Inches OR Feet

Newborn provider notified? ☐ Yes ☐ No Care Provider Name Date (MM/DD/YY) / / Time (24-Hour) :

Newborn on frequent observation? ☐ Yes ☐ No

Newborn moved to Nursery/NICU? ☐ Yes ☐ No

Were there any diagnostic tests completed? ☐ Yes ☐ No List tests

Newborn safety contract reviewed and signed on admission?? ☐ Yes ☐ No

No co-sleeping policy verbally reinforced by nursing staff to mother and family members? ☐ Yes ☐ No

Visual reminders of no co-sleeping policy in the maternal hospital room ☐ Yes ☐ No

Fall appropriately documented in the medical record (event, physical exam, interventions, MD notification, no reference to a UOR) ☐ Yes ☐ No

Page 2 of 2

Bedside RN (Please Print) Charge RN (Please Print)

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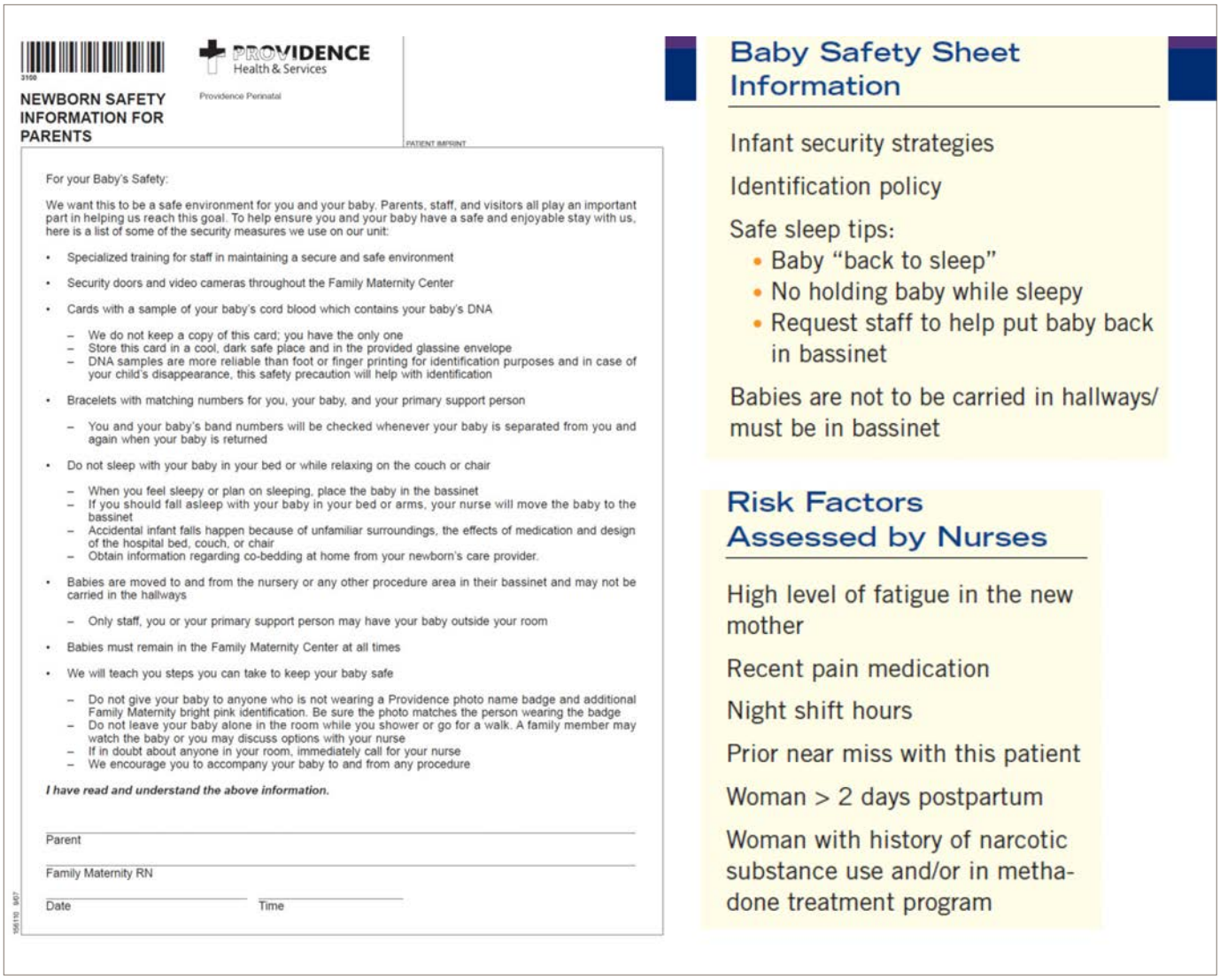

PROVIDENCE Health & Services

Providence Perinatal

NEWBORN SAFETY INFORMATION FOR PARENTS

PATIENT IMPRINT

For your Baby's Safety:

We want this to be a safe environment for you and your baby. Parents, staff, and visitors all play an important part in helping us reach this goal. To help ensure you and your baby have a safe and enjoyable stay with us, here is a list of some of the security measures we use on our unit:

- Specialized training for staff in maintaining a secure and safe environment
- Security doors and video cameras throughout the Family Maternity Center
- Cards with a sample of your baby's cord blood which contains your baby's DNA
  - We do not keep a copy of this card; you have the only one
  - Store this card in a cool, dark safe place and in the provided glassine envelope
  - DNA samples are more reliable than foot or finger printing for identification purposes and in case of your child's disappearance, this safety precaution will help with identification
- Bracelets with matching numbers for you, your baby, and your primary support person
  - You and your baby's band numbers will be checked whenever your baby is separated from you and again when your baby is returned
- Do not sleep with your baby in your bed or while relaxing on the couch or chair
  - When you feel sleepy or plan on sleeping, place the baby in the bassinet
  - If you should fall asleep with your baby in your bed or arms, your nurse will move the baby to the bassinet
  - Accidental infant falls happen because of unfamiliar surroundings, the effects of medication and design of the hospital bed, couch, or chair
  - Obtain information regarding co-bedding at home from your newborn's care provider.
- Babies are moved to and from the nursery or any other procedure area in their bassinet and may not be carried in the hallways
  - Only staff, you or your primary support person may have your baby outside your room
- Babies must remain in the Family Maternity Center at all times
- We will teach you steps you can take to keep your baby safe
  - Do not give your baby to anyone who is not wearing a Providence photo name badge and additional Family Maternity bright pink identification. Be sure the photo matches the person wearing the badge
  - Do not leave your baby alone in the room while you shower or go for a walk. A family member may watch the baby or you may discuss options with your nurse
  - If in doubt about anyone in your room, immediately call for your nurse
  - We encourage you to accompany your baby to and from any procedure

I have read and understand the above information.

Parent

Family Maternity RN

Date Time

Baby Safety Sheet Information

Infant security strategies

Identification policy

Safe sleep tips:

- Baby "back to sleep"
- No holding baby while sleepy
- Request staff to help put baby back in bassinet

Babies are not to be carried in hallways/ must be in bassinet

Risk Factors Assessed by Nurses

High level of fatigue in the new mother

Recent pain medication

Night shift hours

Prior near miss with this patient

Woman > 2 days postpartum

Woman with history of narcotic substance use and/or in metha-done treatment program

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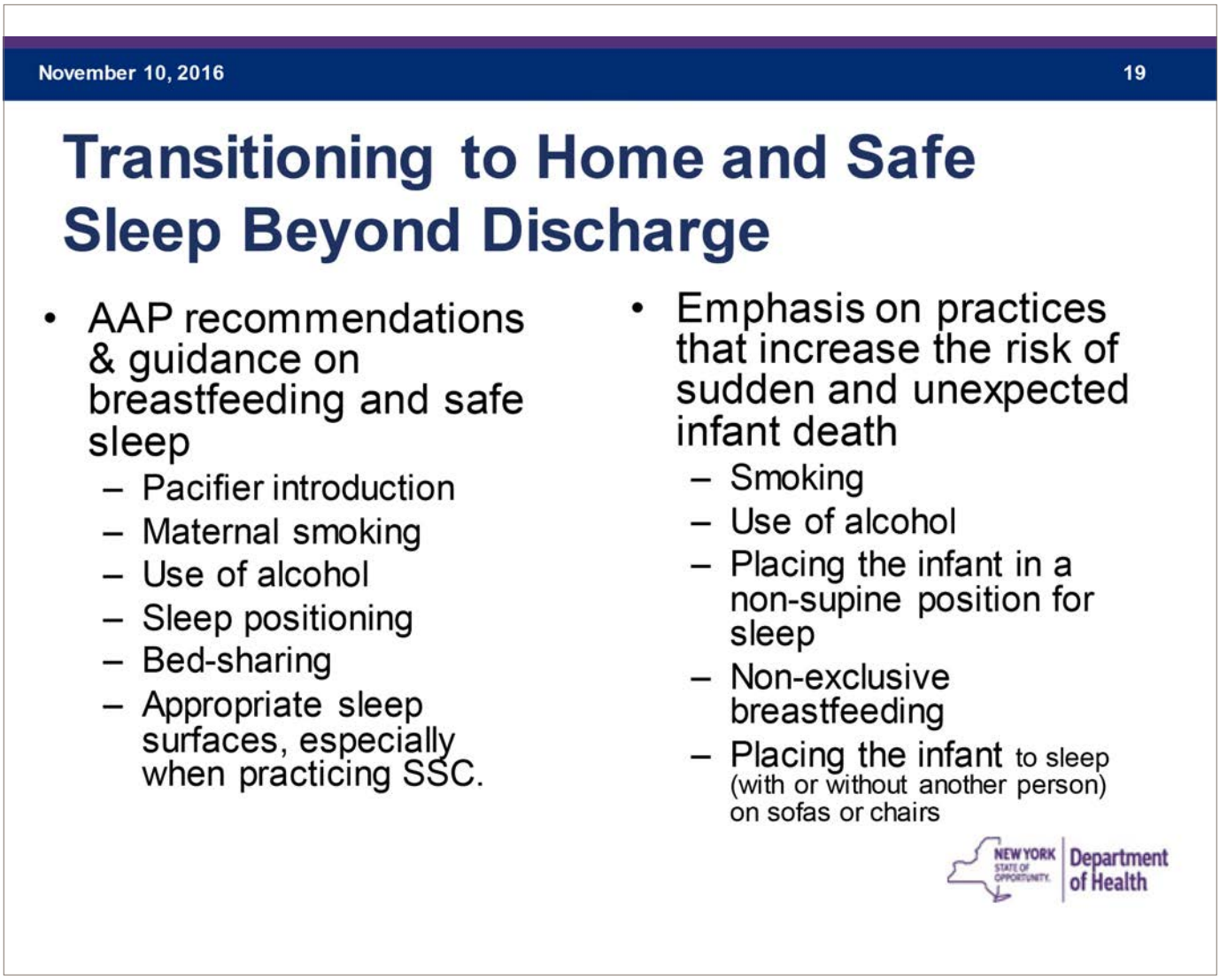

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Summary Best Practices

1. Develop standardized methods and procedures
   - Immediate and continued SSC with attention to continuous monitoring and assessment
2. Standardize the sequence of events immediately after delivery to promote safe transition:
   - Thermoregulation
   - Uninterrupted SSC
   - Direct observation of the first breastfeeding session
3. Document maternal and newborn assessments
4. Provide direct observation of the mother-infant dyad while in the delivery room setting
5. Position the newborn in a manner that provides an unobstructed airway

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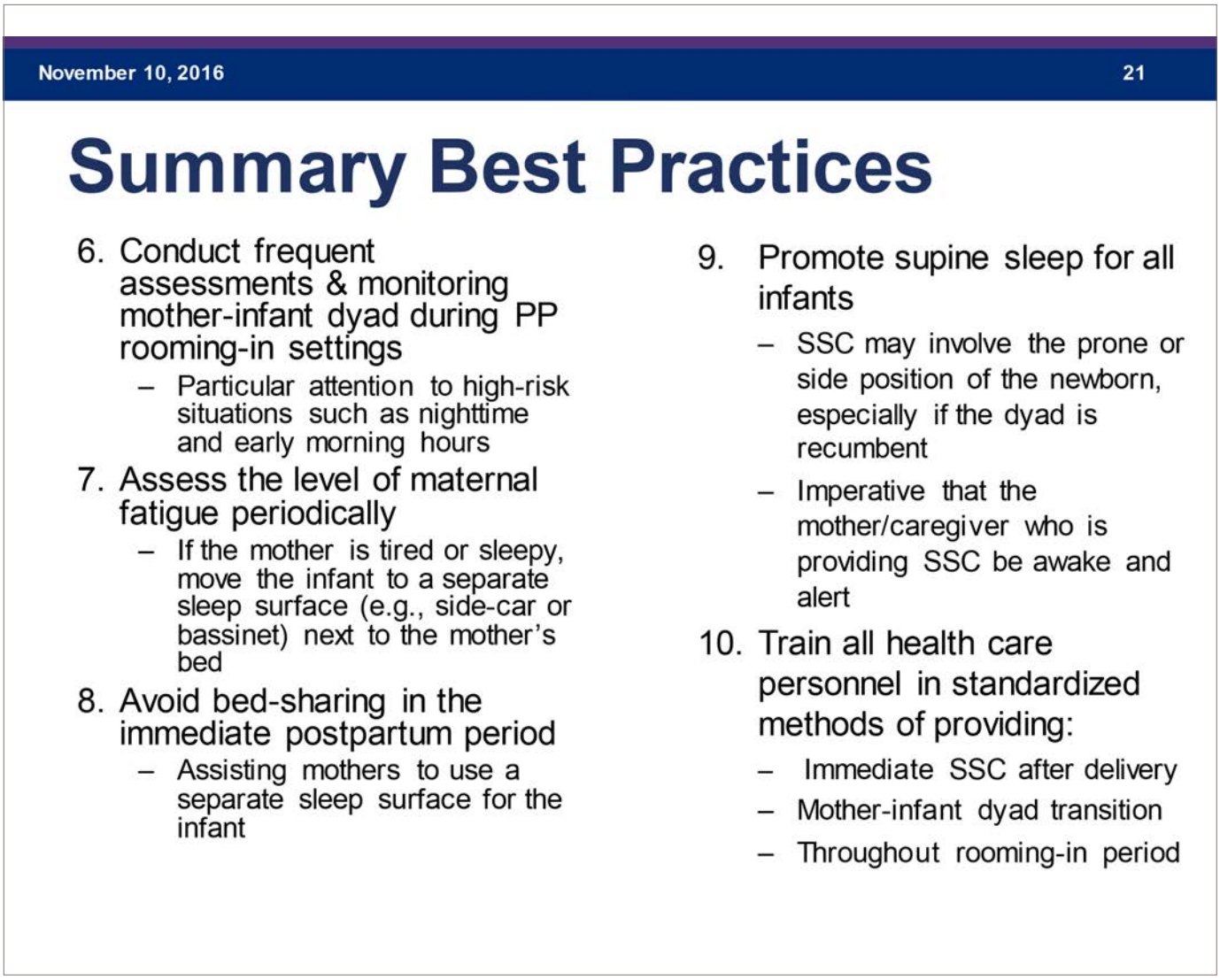

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Summary Best Practices

6. Conduct frequent assessments & monitoring mother-infant dyad during PP rooming-in settings
   - Particular attention to high-risk situations such as nighttime and early morning hours
7. Assess the level of maternal fatigue periodically
   - If the mother is tired or sleepy, move the infant to a separate sleep surface (e.g., side-car or bassinet) next to the mother's bed
8. Avoid bed-sharing in the immediate postpartum period
   - Assisting mothers to use a separate sleep surface for the infant
9. Promote supine sleep for all infants
   - SSC may involve the prone or side position of the newborn, especially if the dyad is recumbent
   - Imperative that the mother/caregiver who is providing SSC be awake and alert
10. Train all health care personnel in standardized methods of providing:
    - Immediate SSC after delivery
    - Mother-infant dyad transition
    - Throughout rooming-in period

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First Candle – Hospital Safe Sleep Policy Template

One challenge encountered by the NYSPQC Hospital-based Safe Sleep Project participating hospital teams while modeling safe sleep in hospitals was that compliance in keeping soft items out of cribs plateaued at 90%, while other components of safe sleep were able to reach almost 100%. In your hospital policies, be sure your hospital policy specifies frequency of staff education and frequency of room checks.

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Research | Education | Advocacy | Family Support

HOSPITAL SAFE SLEEP POLICY TEMPLATE

INTRODUCTION.

First Candle/National SIDS Alliance, in conjunction with the Eunice Kennedy Shriver National Institute on Child Health and Development (NICHD) are seeking national and local organizations to partner with as we promote our hospital infant safe sleep policy template.

This template is designed as a resource for hospitals, to be used as they develop or update their infant safe sleep policy and protocol. It reflects the most current evidence-based research and 2011 AAP guidelines. Included are recommendations for NICU and well-baby nurseries, as well as teaching points for staff and patient education. References are cited at the end of this document.

We understand most hospitals have their own specific standards and format for their written policies. It is not our intent to dictate how a hospital will develop and implement such a policy; this document was written to offer a template, technical assistance and support in the process.

Our goal is for every birthing hospital to have an infant safe sleep policy. We are excited to work with hospitals across the country to bring this goal to fruition. We hope you will join our efforts.

In the belief that every baby deserves a first birthday and beyond,

Barb Himes
Director of Education and Training
barb@firstcandle.org

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Bel Air, Maryland 21015

phone 443.640.1049
fax 443.640.1031

info@firstcandle.org
www.firstcandle.org

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First Candle – Hospital Safe Sleep Policy Template

HOSPITAL SAFE SLEEP POLICY (Evidence-Based)

GOALS.

1. To provide a uniform model hospital policy for healthcare providers in the newborn, Level II/ III/IV nurseries and pediatric settings
2. To ensure that all recommendations are modeled and understood by caregivers/parents with consistent instructions given prior to discharge

RATIONALE.

A major decrease in the incidence of sudden infant death syndrome (SIDS) occurred when the American Academy of Pediatrics (AAP) released its initial recommendation in 1992 that infants be placed in a non-prone position for sleep. The incidence of SIDS has leveled off in recent years, while the incidence of other causes of sudden unexpected infant death that occur during sleep (including suffocation, asphyxia and entrapment) has increased. The AAP has expanded its recommendations to include a safe sleep environment, which reduces the risk of all sleep-related infant deaths, including SIDS. Research has shown that SIDS is not caused by vomiting, choking and immunizations.

DEFINITIONS.

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).
Co-sleeper	A three-sided crib that attaches to the parent's bed. Safety standards have not yet been established for these devices.
Health Care Provider	Physicians, nurse practitioners, certified nurse midwives, nurses, lactation consultants
Plagiocephaly	The appearance of a persistent flat spot on an infant's head.
Room Sharing	Infant sleeping in a crib or other separate and safe surface in the same room as the parent/caregiver (recommended).
SIDS	Sudden Infant Death Syndrome - the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical histories.
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.

POLICY AND PROCEDURE.

Sleep Position.

- All infants > 32weeks will be placed on their back to sleep during every nap and nighttime for the first year unless otherwise ordered by the physician. Side sleeping is no longer advised and should be used only if there is a physician order.
- The flat supine sleeping position does not increase the risk of choking and aspiration in infants, even those with gastroesophageal reflux.
- Level II/III/IV nurseries will start to transition to back sleeping as soon as the infant is medically stable, well in advance of discharge.

Teaching Points:

- *Teach parents to place infants on their backs to sleep for every sleep. Have parents communicate this "back to sleep" message with **everyone** who cares for their infant.*
- *Use visual aids to show parents that the supine position does not increase the risk of choking and aspiration.*

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ORIENTATION OF THE TRACHEA TO THE ESOPHAGUS

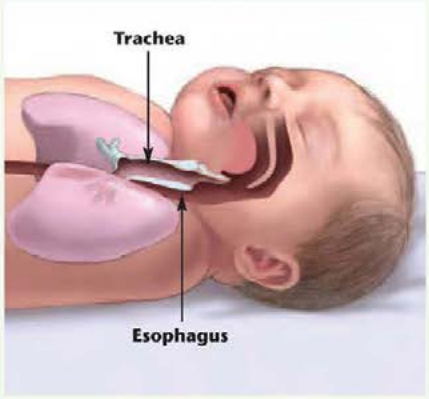

Figure 3.
Upper-Respiratory Anatomy: Baby in the Back Sleeping Position

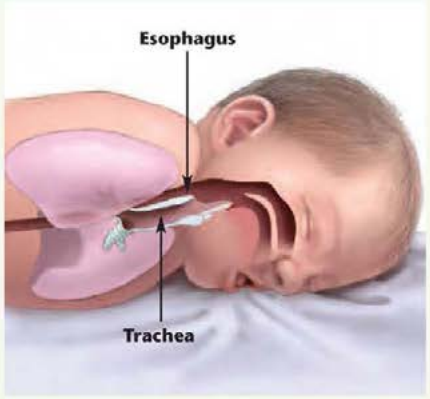

Figure 4.
Upper-Respiratory Anatomy: Baby in the Stomach Sleeping Position

In fact, babies may actually clear secretions better when placed on their backs. The figures above show the orientation of the trachea to the esophagus in the back sleeping (Figure 3) and stomach sleeping (Figure 4) positions. When a baby is in the back sleeping position, the trachea lies on top of the esophagus. Anything regurgitated or refluxed from the esophagus must work against gravity to be aspirated into the trachea. Conversely, when a baby is in the stomach sleeping position, anything regurgitated or refluxed will pool at the opening of the trachea, making it easier for the baby to aspirate.

- *The risk of SIDS is 7 to 8 times higher among infants who normally sleep on their backs when placed on their stomachs to sleep.*
- *Side lying is an unstable sleeping position because the infant can more easily roll to the prone position. Side positioning is not recommended.*
- *Once an infant can roll from supine to prone and from prone to supine, the infant can be allowed to remain in the sleep position that he or she assumes.*

Sleep Surface.

- Mattresses should be firm and maintain their shape. There should be no gaps between the mattress and the side of the crib, bassinet, portable crib or play yard.
- Only mattresses and tightly-fitted sheets designed for the specific type of product should be used.

Teaching Point:

- *Pillows or cushions should not be substituted for mattresses or in addition to a mattress. Couches, adult mattresses, futons, etc. are not considered a firm sleeping surface.*
- *Soft materials or objects such as pillows, quilts, comforters or sheepskins, even if covered by a sheet, should not be placed under a sleeping infant.*
- *If an additional waterproof pad is used, it should be thin and tightly fitted.*
- *Sitting devices, such as car safety seats, strollers, swings, infant carriers and infant slings are not recommended for routine sleep in the hospital or at home.*

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First Candle – Hospital Safe Sleep Policy Template

Bedding.

- Keep all soft objects and loose bedding out of the crib

Teaching Point:

- *No bumper pads, stuffed toys or any other objects in the crib. "**NOTHING BUT BABY.**"*
- *Appropriately sized sleep sacks/blanket sleepers are optimal; avoid blankets and other loose bedding.*

Smoking, Drugs and Alcohol.

- Do not expose babies to secondhand smoke.
- Second to sleep position, smoke exposure is the largest contributing risk factor for SIDS.
- Avoid alcohol and illicit drug use.

Teaching Point:

- *Clothing exposed to secondhand smoke should be changed, or a cover gown provided, prior to handling infants.*
- *Wash hands after smoking and before touching infant.*
- *Encourage families to set strict rules for smoke-free homes and cars to eliminate secondhand smoke.*
- *Anyone who is sleep deprived or using alcohol or medications causing diminished responsiveness in combination with bed sharing also places an infant at high risk.*
- *Share smoking cessation resources in your institution or community.*

Sleeping Environment.

- Room sharing **without bed sharing** is recommended.
- Keep the infant's sleep area close to, but separate from, where parents sleep.

Teaching Points:

- *Bed sharing with anyone, including parents, other children and particularly multiples is not safe. Pets also pose a threat to sleeping infants.*
- *Infants may be brought into bed for feeding or comforting but should be returned to their own bed when the parent is ready to return to sleep.*
- *The infant's crib, portable crib, play yard or bassinet should be placed in the parent's room, close to their bed, making it more convenient for feeding and contact.*
- *Infants should not be fed/held on a couch, armchair or in bed when there is a high risk that the parent might fall asleep.*
- *Sleeping on a couch, recliner or armchair with an infant is not safe.*

Pacifier Use.

- Pacifier use is recommended throughout the first year of life when placing infant down to sleep unless contraindicated or refused by parents.

Teaching Points:

- *For breastfed infants, avoid pacifier use until breastfeeding is firmly established (approx. 1 month).*
- *It is not necessary to reinsert a pacifier once the infant falls asleep.*
- *Do not force an infant to take a pacifier.*
- *Educate parents that pacifiers should not be coated in any sweet solution, hung around the infant's neck or attached to clothing while sleeping.*

Overheating/Over-bundling.

- Avoid overheating or over-bundling infant.
- Infants should be dressed appropriately for the environment, with no more than one additional layer than an adult would wear to be comfortable.

First Candle

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First Candle – Hospital Safe Sleep Policy Template

Teaching Points:

- *Appropriately sized sleep sacks /blanket sleepers are optimal; avoid blankets and other loose bedding.*
- *Suggest layering clothing as a secondary choice.*
- *Acknowledge cultural beliefs and how it affects safe sleeping.*
- *If swaddling is needed for comfort or thermoregulation, swaddle below the axilla.*
- *Kangaroo Care or skin-to- skin is another method of thermoregulation but should be used only when mother is awake.*
- *Teach parents to evaluate infants for signs of overheating, such as sweating or the chest feeling hot to touch.*
- *Do not cover the infant's face or head.*

NICU/Special Care (Level II/ III/IV).

- Infants should be placed in the supine position for sleep as soon as medically stable and significantly before anticipated discharge (by 32 weeks postmenstrual age).

Teaching Point:

- *Endorse safe-sleeping guidelines with parents from the time of admission.*

Positioning Aids/Commercial Devices.

- Staff in Level II/ III/IV nurseries should model and implement all SIDS risk reduction recommendations as soon as the infant is clinically stable and significantly before anticipated discharge. Remove developmental aids as appropriate.
- Avoid commercial devices marketed to reduce the risk of SIDS—these include wedges, positioners, special mattresses, and special sleep surfaces.

Teaching Points:

- *Inform parents to avoid commercial devices marketed to reduce the risk of SIDS, plagiocephaly and acid reflux (products include wedges, positioning aids, rolled blankets).*
- *There is no evidence that these devices reduce the risk of SIDS or suffocation, or that they are safe.*

Monitoring Devices.

- Infants with cardio/respiratory instability may require a cardiopulmonary monitor.
- No monitoring device can identify, predict or prevent SIDS.

Teaching Point:

- *Educate parents and caregivers that monitors are only machines and are not substitutes for direct observation.*

Tummy Time.

- Supervised, awake tummy time is recommended on a daily basis, beginning as early as possible, to promote motor development, facilitate development of the upper body muscles, and minimize the risk of positional plagiocephaly.

Teaching Points:

- *Avoid plagiocephaly by:*
  - *limiting time in car seats, carriers, bouncers, and other devices.*
  - *encouraging "cuddle time" (bonding) by holding infant.*
  - *changing the infant's orientation in the bed.*

Back to Sleep.

- Educate parents on the importance of following all of the AAP Policy Statement Recommendations for Safe Sleep well before discharge.
- Document that safe sleep education was provided.

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First Candle – Hospital Safe Sleep Policy Template

Teaching Point:

- *Request that parents share safe sleep message with **EVERYONE** caring for their infant (grandparents, babysitters, child care providers, etc).*
- *Readmission of infants under 1 year of age is an excellent opportunity to ask where the infant normally sleeps and to re-enforce AAP safe sleep recommendations.*

Breastfeeding.

- Breastfeeding is recommended.
- Breastfeeding is associated with a reduced risk of SIDS. If possible, mothers should exclusively breastfeed or feed with expressed human milk (i.e., not offer any formula or other non-human milk-based supplements) for six months, in alignment with AAP recommendations.

Teaching Point:

- *The protective effect of breastfeeding increases with exclusivity. However, any breast milk feeding has been shown to be more protective against SIDS than formula feeding.*

Immunization.

- Infants should be immunized in accordance with recommendations of the AAP and the Centers for Disease Control and Prevention.

Teaching Points:

- *There is no evidence that there is a causal relationship between immunizations and SIDS.*
- *Recent evidence suggests that immunization might have a protective effect against SIDS.*

-For guidelines on current crib safety standards, visit www.ipma.org
-For information on swaddling, visit http://pediatrics.aappublications.org/cgi/content/full/120/4/e1097
-To download a "Safe Nursery" booklet, go to http://www.cpsc.gov/cpscpub/pubs/202.pdf

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First Candle – Hospital Safe Sleep Policy Template

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Developed 2009/Revised 2010/2012/2013

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WellSpan Health York Hospital - Safe Sleep Policy

This policy from York Hospital is the model used by Cribs for Kids.

WELLSPAN HEALTH- YORK HOSPITAL NURSING POLICY AND PROCEDURE

DATES:	**Original Issue:**	**August, 1995**
	Annual Review:	**August, 2016**
	Revised:	**August, 2017**

Owner: **M. Goodstein**
Approved by: **WCSL Council**

TITLE: **INFANT SAFE SLEEP POLICY**

I. Purpose

A. Establish guidelines and parameters for infant positioning.
B. Establish appropriate and consistent parental education on safe sleep positions and environment.
C. Establish consistent safe sleep practices by healthcare professionals for infants prior to discharge.
D. To comply with Pennsylvania ACT 73 which mandates that provision of education for parents relating to sudden infant death syndrome and sudden unexpected death of infants.

II. Definitions

Infant Mortality Rate: Number of deaths in infants aged under 1 year of life per 1,000 live births in a given geographic location.

Neonatal Mortality Rate: Number of deaths in infants aged under 29 days of life per 1,000 live births in a given geographic location.

Post-neonatal Mortality Rate: Number of deaths in infants aged 29 to 364 days of life per 1,000 live births in a given geographic location.

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

SUID (Sudden Unexpected Infant Death): The death of an infant less than one year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before the investigation. Most SUIDs are reported as one of three types:

- SIDS
- Accidental suffocation or strangulation in bed
- Unknown Cause

SUPC (Sudden Unexpected Postnatal Collapse) Any condition resulting in temporary or permanent cessation of breathing or cardiorespiratory failure in a well-appearing, full-term newborn with Apgar scores of eight or more, occurring during the first week of life. Many, but not all, of these events are related to suffocation or entrapment.

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NAS (Neonatal Abstinence Syndrome): Is a constellation of symptoms that occur in a **newborn** who has been exposed to addictive opiate drugs. This is most commonly due to prenatal or maternal use of substances that result in withdrawal symptoms in the newborn. It may also be due to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn (postnatal NAS).

III. Policy Statement

The infant mortality rate is a widely-used indicator of the nation's health. In 2010, the United States (U.S.) ranked 26th in infant mortality among industrialized nations, with an overall infant mortality rate of 6.1 deaths per 1,000 live births. [1] The leading causes of infant mortality in the U.S. are a) congenital malformations, b) short gestation/low birth weight, c) sudden infant death syndrome (SIDS), d) maternal complications, and e) unintentional injuries (mostly suffocations)[2]. Although the infant mortality rate in the U.S. decreased to 5.96 deaths per 1,000 live births in 2015, this still represents approximately 24,000 deaths per year, of which, **about 3,500 are sudden unexpected infant deaths (SUID).**

In 1992 the American Academy of Pediatrics (AAP) recommended that infants no longer sleep in the prone position. By 1994, the National Institutes of Health, introduced the Back to Sleep campaign. Over the next 10 years, the sudden infant death syndrome (SIDS) rate in the U.S. fell 53%, correlating with an increase in exclusive supine sleep.

Despite these advances, approximately 1,500 infant deaths occur due to SIDS each year. SIDS is the third-leading cause of infant mortality overall, and it is the leading cause of post-neonatal mortality. And although the incidence of SIDS continues to decline, other deaths (including accidental suffocation and strangulation in bed and undetermined deaths) have increased, suggesting a possible "diagnostic coding shift," resulting in little change in the incidence of SUID in recent years.

The AAP recommends "Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk reduction recommendations from birth. All physicians, nurses, and other health care providers should receive education on safe infant sleep. Hospitals should ensure that hospital policies are consistent with updated safe sleep recommendations and that infant sleep spaces (bassinets, cribs) meet safe sleep standards."

However, studies show that many hospitals do not currently provide consistent and accurate information or model appropriate behavior in the hospital. In one study, parents reported receiving instruction on sleep position from either nurses and doctors less than 50% of the time and only 37% of parents reported seeing their infant placed exclusively in the supine position in the nursery. Yet parents who reported both receiving instruction and observing their infant put to sleep in the supine position were most likely to keep their babies in the supine position for sleep at home (70%), while parents who received no instruction and did not see their babies' supine in the nursery were least likely to report using the supine position at home (22%). Parents are less likely to believe that infant safe sleep practices are important when the hospital staff is inconsistent with their message and behavior.

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[1] (MacDorman, Matthews, Mohangoo, & Zeitlin, 2014).

[2] (MacDorman, Hoyert, & Matthews, 2013).

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Healthcare professionals play a vital role by showing mothers/caregivers a positive model for safe sleep practices in the hospitals or office settings, and educating parents and caregivers on the importance of infant sleep safety. The challenge for hospitals is to provide education about reducing the potential for accidental injury or death while still promoting methods for mothers/caregivers to bond with their newborns. Healthcare providers should have open, frank, nonjudgmental conversations with families about their sleep practices. Healthcare facilities can make a difference by providing education for staff and families, and promoting and monitoring safe sleep behaviors that can reduce the risk of injury or infant death.

IV. Equipment

Open cribs/bassinets, isolettes or infant warmers

V. Procedure

A. Infants in the Newborn Nursery:

1. Place all infants on their backs to sleep and the head of the bed flat. Infants with a medical contraindication to supine sleep position -- i.e. congenital malformations, upper airway compromise, severe symptomatic gastroesophageal reflux -- should have a physician's order along with an explanation documented.

2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.

3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet and can be returned to the newborn nursery at the discretion of the nurse. The mother/parent should then be re-educated on safe sleep practices as soon as practical. If this continues to be a reoccurring problem an "Infant Safe Sleep Non-Compliance" release form should be signed by the parent that he or she has been educated and understands that sleeping with an infant is dangerous with the most serious consequence being death.

4. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "wearable blanket" may be used. If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable.

The following measures are to be discouraged, since they are not consistent with the AAP Guidelines:

i. Use of extra blankets should be discouraged. If a baby cannot maintain temperature with normal clothing and swaddling materials, it is preferable to place the infant in an incubator or under a radiant warmer. Alternatively, the baby may be covered transiently with an extra blanket tucked in under the mattress. If this is required, please remove prior to discharge and re-educate the mother/caregiver on the importance of "no loose" or "bulky blankets" in the crib or bassinet.

ii. If a hat is still needed for thermoregulation at discharge, educate the parents/caregivers to monitor baby's temperature, and to attempt to discontinue using the hat after 2-3 days of stable temperatures at home. If the baby maintains a normal temperature without the hat, then it can be permanently discontinued. Generally, a hat should not be needed after a few days in home environment.

5. Environmental temperature should be maintained at 72-78 degrees Fahrenheit.

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6. The following recommendations for **skin to skin** bonding, when the mother is awake and fully alert, will decrease the risks of **SUPC** (see page 1 for definition.)

- Infant's face can be seen
- Infant's head is in "sniffing" position
- Infant's nose and mouth is not covered
- Infant's head is turned to one side
- Infant's neck is straight, not bent
- Infant's shoulders and chest face mother's
- Infant's legs are flexed
- Infant's back is covered with blanket
- Mother-infant dyad is monitored continuously by the staff in the delivery environment and regularly on the postpartum unit
- When mother want to sleep, infant is placed in bassinet or with another support person who is awake and alert.

B. Infants in the Neonatal Intensive Care Nursery (NICU):
Please see home safe sleep environment algorithm

1. Infants who are ill and do not meet the criteria for the home safe sleep environment should have the Therapeutic Positioning Card at their bedside stating: "Infant is not ready for the Home Sleep Environment (HSE)"

2. Place all infants on their backs to sleep and the head of the bed flat, using the Home Sleep Environment guidelines (HSE). NICU infants should be placed exclusively on their backs to sleep when stable and in the convalescent stage of their development (see #5 for guidelines). The placement of NICU infants on their back to sleep should be done well before discharge, to model safe sleep practices to their families.

The following exceptions should be noted:

i. Infants with upper airway compromise, life-threatening GE reflux (not mild to moderate apnea/bradycardia), respiratory distress, or a greater degree of prematurity may be placed prone or side lying until resolution of symptoms.

ii. Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner when continuously monitored and observed.

iii. Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms may be placed in a prone position for brief periods of time (see addendum for guidelines).

3. The following recommendations for skin to skin when mother is fully awake, and alert will decrease the risks of SUPC (see page 1 for definition):

- Infant's face can be seen
- Infant's head is in "sniffing" position
- Infant's nose and mouth is not covered
- Infant's head is turned to one side
- Infant's neck is straight, not bent
- Infant's shoulders and chest face parent's

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- Infant's legs are flexed
- Infant's back is covered with blanket
- Parent-infant dyad is monitored continuously by the staff in the NICU
- If the parent becomes drowsy, infant is placed back in the incubator, warmer or bassinet, or with another support person who is awake and alert.

iv. A firm sleep surface should be used (firm mattress with a thin covering). Soft bedding and objects such as pillows, quilts, blanket rolls, bumpers and stuffed animals should not be present. Positioning devices (such as snugglies) may be used for developmentally sensitive care of any infant in the NICU (premature infant, infant with neurologic or orthopedic abnormalities) as determined by the team (including occupational and physical therapy).

v. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "wearable blanket" may be used. If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable.

The following measures are to be discouraged, since they are not consistent with the AAP Guidelines:

i. **Use of extra blankets should be discouraged. If a baby cannot maintain temperature with normal clothing and swaddling materials, it is preferable to place the infant in an incubator or under a radiant warmer. Alternatively, the baby may be covered transiently with an extra blanket tucked in under the mattress. If this is required, please remove prior to discharge and re-educate the mother/caregiver on the importance of "no loose" or "bulky blankets" in the crib or bassinet.**

ii. **If a hat is still needed for thermoregulation at discharge, educate the parents/caregivers to monitor baby's temperature, and to attempt to discontinue using the hat after 2-3 days of stable temperatures at home. If the baby maintains a normal temperature without the hat, then it can be permanently discontinued. Generally, a hat should not be needed after a few days in home environment.**

4. Environmental temperature should be maintained at 72-78 degrees Fahrenheit.

5. The following guidelines should be used to transition NICU patients to the Home Sleep Environment (HSE):

i. Babies with a gestational age of 33 weeks and beyond AND greater than 1500 grams without respiratory distress should be placed in HSE.

ii. Babies with gestational age 34 weeks and beyond with respiratory distress may be positioned prone until respiratory symptoms are resolving.

iii. Babies with gestational age under 34 weeks should be assessed when reaching a post-conceptional age of 33 weeks and weight greater than 1500 grams:

iv. If the baby has respiratory distress, staff may continue with prone positioning until respiratory symptoms are resolving. Safe sleep modeling can be performed with an infant on Low flow nasal cannula or High Flow Nasal Cannula <2. LPM.

v. If the baby has no respiratory symptoms, then the primary nursing team should

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discuss the infant's neuromuscular status with Occupational Therapy. Once the baby no longer requires positioning devices, begin HSE protocol.

6. Once it is determined that an infant is ready for home sleep environment, the following actions should be completed:

   i. Apply the HSE card/safe sleep ticket to the baby's bedside.
   ii. Fill out the graduation certificate with the baby's name.
   iii. At the parent's next visit, have them watch the safe sleep DVD and then provide modeling and review of the appropriate home sleep environment.
   iv. After completion of the training, present the family with the graduation certificate.

Also educate the mother/caregiver on the following:

   i. No burp cloth under infant.
   ii. No sleeping in swing or car seats. It is acceptable to place a fussy baby in a swing to calm down, then transfer to the bassinet for sleeping.
   iii. Prior to discharge the MD/NNP to give the "Sleep Baby Safe and Snug" book to family and review education.

C. Infants in the Pediatric Unit (Infants less than 1 year of age):

1. Follow the guidelines for the Newborn Nursery
2. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet or crib. The mother/parent should then be re- educated on safe sleep practices as soon as practical. If this continues to be a reoccurring problem an "Infant Safe Sleep Non-Compliance" release form should be signed by the parent that he or she has been educated and understands that sleeping with an infant is dangerous, with the most serious consequence being death.

VI. Documentation

A. Document the infant's position on the Newborn Nursery, or Pediatric Flow sheets.

B. Family/Parental teaching: All parents will be educated on SIDS and safe sleep environments and positioning. Additionally, other caregivers (daycare workers, grandparents, and babysitters) should be encouraged to participate in this education.

1. All healthy infants should be placed on their backs to sleep.
2. All infants should be placed in a separate but proximate sleeping environment (in a safety approved crib, infant bassinet, or Pack 'n Play/play yard).
3. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.
5. Avoid bed sharing with the infant.

   Note the risk of bed sharing:

   - Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling of the bed, and infants have suffocated in bedding.
   - Infants have died from suffocation due to adults rolling over on them.
   - Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs

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(legal or illegal) is extremely dangerous and may lead to the death of an infant.

6. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level.
   - **Swaddling should be discontinued when the infant shows signs of rolling over.**
7. The use of a "wearable blanket" may be used in place of a blanket.
8. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
9. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant's sleeping environment.
10. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.
11. Avoid maternal and environmental smoking.
12. Avoid alcohol and drug use.
13. Breastfeeding is beneficial for infants.
14. Home monitors are not a strategy to reduce the risk of SIDS, this includes both Medical grade and direct to consumer devices/monitors.
15. Encourage tummy time when the infant is awake, to decrease positional plagiocephaly.

C. Document all parental teaching (note if the contract was signed and whether the Safe Sleep DVD was viewed) related to sleep safe practices on the parental teaching portion of the plan of care.

D. For additional information please refer to the Cribs for Kids® tool kit on Safe Sleep Practices.

NAS & Prone Positioning

Infant Irritable

Comfort Measures

- Rocking (including use of swings/Mamaroo)
- Holding (volunteers)
- Swaddling
- White noise
- Appropriate Skin-to-skin care
- Infant massage

Irritability continues > 12 hours that necessitates prone positioning at times
Consult with MD/NNP to review scores and meds

Re-assess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!

Getting ready for home--

- Discontinue prone positioning if used.
- Discuss with primary nursing team, PT/OT, MD/NNP

Begin Home Sleep Environment (if not done earlier) when-

- Morphine dose 0.16mg every 3 hours
- Average abstinence scores of < 6 over 24 hours
- No scores > 10 in the last 24 hours

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- No prn doses needed in the previous 24 hours

Implement the "home sleep environment" <u>at least 1 week before discharge if not sooner.</u>
<u>KEY POINT -implement when infant is ready for "home sleep" and not earlier in the hospitalization</u>

- View video
- Post Safe sleep ticket
- Post-Graduation card - <u>make this a "special" day for parents!</u>
- Review information and safe sleep DVD with parents
- Swing time limited to awake/fussy times.
- Safe Sleep baby book given to parents by MD, NNP

Family Education

- Need extra education when prone
- <u>DO NOT say</u>, "I couldn't get him to sleep so I put him on his belly". "She was very fussy last night and slept better being on her belly", "belly sleeping is okay here in the NICU because our babies are monitored – don't do this at home"
- <u>DO say</u>, "to help her calm I put her on her belly for a brief time. This special therapy is sometimes needed to help with withdrawal symptoms".
- <u>Be consistent</u> with messages.

Considerations

- Staffing – try to avoid clustering NAS babies in 1 area
- Avoid triage assignments if possible
- Consistent care givers are important
- Maintain positivity
- Communicate with charge nurse any concerns with assignments
- Safe Sleep Notes
- May begin in isolette, bassinet, or open crib
- No washcloths under infant

<u>References</u>: *"Portions of the following resources may have been consulted as part of the development of this policy. These resources are not authoritative."*

Moon RY and AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 2016;138(5): e20162940

AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 2016;138(5): e20162938

Feldman-Winter L, Goldsmith JP, AAP COMMITTEE ON FETUS AND NEWBORN, AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns. *Pediatrics*.2016;138(3): e20161889

Driver:

Hospital policies support/facilitate safe sleep practices

Adirondack Medical Center - Safe Sleep Practices for Infants Policy

ADIRONDACK HEALTH

TITLE:	Safe Sleep Practices for Infants	POLICY #: PCS-0799-37
FOLDER NAME:	Perinatal Services	PAGE: 1 OF: 4
PREPARED BY:	Paula McGreevy, RNC	
EFFECTIVE DATE: August 7, 2015	REVIEWED/REVISED:	
APPROVED BY: Linda McClarigan, RN, BSN, MSHA (Chief Nursing Officer)		

POLICY STATEMENT:

All healthcare professionals will reinforce infant safe sleep practices as outlined by NIH/ Eunice Kennedy Shriver National Institute of Child Health and Human Development. The healthcare professional staff is responsible for teaching and role modeling infant safe sleep practices to parents/ caregivers during both formal {i.e. childbirth, breastfeeding and newborn care classes; discharge instructions} and informal teaching opportunities {i.e., general conversation and demonstrations regarding infant care and safety}.

PROCEDURE(S) FOR IMPLEMENTATION:

A separate bed and bed space must be set up for each infant. No equipment, blankets or objects should be near the infant's face while in the crib/bed. When bundling infants, the top of the blanket should be kept at neck level or lower. If available, a sleep sac may be used.

When a mother-baby-dad is observed sleeping in a situation that is unsafe, such as the infant in the bed with mother or on a pillow, the nurse will move the child to the crib and teach the safe technique as soon as practical.

When performing bath demonstrations, the nurse will state that when at home after bathing to place infant in crib, on back, and within same room as a parent or caregiver. Nurse will model placing infant on back with no loose items in the isolette/crib. After placing infant on his/her back to sleep in isolette/crib, nurse will encourage "tummy time" when infant is awake and mother/caregiver is able to supervise.

Nurse will ask if mother/caregiver has a safe sleep environment (safety approved crib) for infant at home. Nurse will ask if parent/caregiver knows about the Consumer Product Safety Commission (CPSC) standards for a safe crib. For those who have not received this information, the nurse will provide an information sheet with the correct information. If parent/caregiver does not have safety-approved crib at home, nurse will provide appropriate referral. Nurse will also discuss the importance of using a tight fitting crib sheet.

Nurse will demonstrate the following to the parents:

- Proper swaddling.
- Proper "tummy time".
- Proper use of blanket in a crib. (i.e., place baby with feet to foot of the crib, tuck a thin blanket around the crib mattress, cover baby only as high as his/her chest.)

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Driver:

Hospital policies support/facilitate safe sleep practices

Adirondack Medical Center - Safe Sleep Practices for Infants Policy

TITLE: Safe Sleep	DEPARTMENT: Perinatal Services	POLICY #: PCS-0799-37

Note: Nurse should encourage parent/caregiver to use an infant sleeper or sleep sack instead of blanket, to dress the infant in a manner to avoid over-bundling or over-heating, and to set room temperature at a comfortable level.

Nurse will ask if parent/caregiver about plans to bed share. Nurse should remember that some families wish to practice bed sharing based on their cultural beliefs, environmental situation or other personal reasons. However, the nurse should educate all families about the risks involved with sleeping in the same bed with their infant.

Key points to review with parents:

►Adult beds are not designed to meet federal safety standards for infants.

►Babies have been suffocated by becoming trapped or wedged between the bed and the wall or bed frame, have been injured by rolling off the bed, or have been suffocated by bedding. Infants have died when an adult rolled onto and suffocated them.

►Bed sharing **must** be avoided at all times when a mother or any other person is extremely fatigued, obese, a smoker, impaired by alcohol or drugs, legal or illegal. Sleeping with a baby under these conditions is extremely dangerous and may lead to the baby's death.

►Never place an infant to sleep on a couch, sofa, recliner, cushioned chair, waterbed, beanbag chair, soft mattress, pillow, synthetic or natural animal skins (such as lambskins), or other soft surface such as "memory" foam mattress toppers and pillows designed for adults.

Many studies have shown parent/infant room sharing is protective against Sudden Infant Death Syndrome (SIDS).

If a mother desires to bed share despite the above warnings, continue to discuss and stress the importance of room sharing as an alternative to bed sharing:

- Use a crib or "sidecar" next to mother's bed. A sidecar is a crib-like infant bed that attaches securely and safely next to the parent's bed; with this nighttime nurturing device, parents have their own sleeping space, baby has his or her own sleeping space, and baby and parents are in close touching and nursing distance to one another.
- Place infant back to crib after comforting or breastfeeding and/or when the parent is ready to sleep. Keep crib in the same room as parent/caregiver. Parents have their own sleeping space, baby has his or her own sleeping space, and baby and parents are still in close touching and nursing distance to one another.

Reinforce concepts with parents:

Infants should be breastfed for at least the first six months; infants should always sleep in a smoke-free home or environment; prone (on stomach) positioning when awake, often called supervised "tummy time", is essential for development of shoulder girdle and arm strength, head control and stability of the trunk.

Remind parent/caregiver that these infant care practices and standards apply for all nap times and sleeping at night; Mother/caregiver should provide these directions to others who will be providing care to the infant.

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Hospital policies support/facilitate safe sleep practices

Adirondack Medical Center - Safe Sleep Practices for Infants Policy

TITLE:	DEPARTMENT:	POLICY #:
Safe Sleep	Perinatal Services	PCS-0799-37

Discharge Instructions (oral) to Parent/Caregiver:

►Place healthy infant on his/her back to sleep; change the direction that the infant lies in the crib weekly.

►Set up the infant's own safe sleeping area in the same room with the parents/caregivers especially during the infant's early months. If a mother decides to bed share despite the warnings, provide additional guidance.

►Place healthy infant in a crib that meets the minimum federal safety standards as established by the Consumer Product Safety Commission. Additionally, staff will instruct parents/caregivers to use a firm, tight-fitting mattress and a tight-fitted bottom sheet specifically made for the crib.

- Remove all soft or loose bedding including quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the infant's sleeping area.
- Use an infant sleeper or sleep sack instead of blankets. If a blanket must be used, instruct parent to place infant with feet to foot of the crib and tuck a thin blanket around the crib mattress, covering infant only as high as infant's chest.
- Dress the infant in a manner to avoid over-bundling or over-heating; set room temperature, if possible, at a comfortable level.
- Review other updated crib safety guidelines as listed by the Consumer Product Safety Commission.

►Never place an infant to sleep on a couch, sofa, recliner, cushioned chair, waterbed, beanbag chair, soft mattress, pillow, synthetic or natural animal skins (such as lambskins), or other soft surface such as "memory" foam mattress toppers and pillows designed for adults.

►Encourage mother to breastfeed her infant for at least the first six months.

►Keep infant in a smoke-free home or environment.

►Position infant prone (on stomach) when awake (i.e. supervised tummy time)

►Advise parent/caregivers that infant sleep practices and standards apply for all nap times and sleeping at night, including time the infant is cared for by other family members, baby sitters or child care providers.

Written Discharge Instructions to Parent/Caregiver:

► Safe Sleep for Your Baby {NIH Pub No. 12- 5759 June 2013 and Safe Sleep for Your Baby {First Candle}.

Documentation:

All verbal and written instructions will be documented in the Patient Record.

REFERENCES:

CFR (Code of Federal Regulations):
NYCRR:
HFAP:

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Hospital policies support/facilitate safe sleep practices

Adirondack Medical Center - Safe Sleep Practices for Infants Policy

TITLE: Safe Sleep	DEPARTMENT: Perinatal Services	POLICY #: PCS-0799-37

American Academy of Pediatrics Policy Statement, Task Force on Sudden Infant Death Syndrome. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding Sleeping Environment, and New Variables to Consider in Reducing Risk. Pediatrics. 2005; 116 (5): 1245-1255.
http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/5/1245

Blair PS, Fleming PJ, Smith IJ, et al. CESDI SUDI research group. Babies sleeping with parents: case control study of factors influencing the risk of the sudden infant death syndrome. BMJ. 1999; 319:1457-1462.

Scragg RK, Mitchell EA, Stewart AW et al. Infant room-sharing and prone sleep position in sudden infant death syndrome. New Zealand Cot Death Study Group. Lancet. 1996; 347:7-12.

Blair P, Platt MPW, Smith IJ and Fleming PJ. Sudden Infant Death Syndrome and sleeping position in pre-term and low birthweight infants: An opportunity for targeted intervention. Arch Dis Child. May 2005 doi: 1136 adc. 2004.070391.

Tappin D, Ecob R, Stat S, Brooke MA. Bed sharing, room sharing, and sudden infant death syndrome in Scotland: A case-control study. J Pediatr. 2005; Jul; 147 (1): H3, PMID 16027679.

Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, DHHS. (2012). Safe Sleep for Your Baby: Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep - Causes of Infant Death (12-7040). Washington, DC: U.S. Government Printing Office. www.Halosleep.com, Safe Sleep for Your Baby 2014 Halo Innovations, Inc. Form 1016 Rev. 6/14

Driver:

Hospital policies support/facilitate safe sleep practices

Albany Medical Center - Safe Sleep for Hospitalized Infants Policy

Safe Sleep for Hospitalized Infants
(AMC Specific)

OVERVIEW

1. To establish consistent safe sleep practices by health care professionals for all infants admitted to Albany Medical Center.
2. To provide a guideline for modeling Safe Sleep in the hospital environment based on the American Academy of Pediatrics (AAP) recommendations.
3. To provide consistent discharge information related to Safe Sleep.

BACKGROUND

Sudden Unexpected Infant Death (SUID) affects nearly 4000 families in the United States each year. Although the cause of these deaths cannot be explained, most occur while the infant is sleeping in an unsafe environment.

There are three types of SUIDs:

1. Sudden Infant Death Syndrome (SIDS) - Sudden death of an infant, less than 1 year of age, that cannot be explained after a thorough investigation (i.e. autopsy, death scene investigation, case history review)
2. Unknown Cause – Sudden death of an infant, less than 1 year of age, that cannot be explained because a thorough investigation was not conducted and cause of death could not be determined.
3. Accidental suffocation /strangulation – Death of an infant due to accidental suffocation/strangulation. Mechanisms that lead to accidental suffocation include, but are not limited to: suffocation by soft bedding, overlay (person rolls on top of or against an infant), wedging or entrapment (infant becomes trapped between two objects, i.e. wall or mattress) or strangulation (infant's head and neck become caught between crib railings)

Health Care Professionals provide a vital role in modeling Safe Sleep practices for infants and providing current, consistent education for parents and families.

Definition of bed:

- In the hospital: infant's own sleep space (bassinet, crib or isolette)
- At home: infant's separate sleep space (from other family members) with a firm mattress (crib, bassinet, pack 'n play)

Definition of Co-bedding:

- Co-bedding is placing infant in environment for sleep with the parent, a twin/ triplet, a sibling or pet.
- Co-bedding is NOT recommended
- Infants require a separate sleep space from the parent or siblings sleep space.
- Initially, keeping the bassinet or crib in the same room as the parents should be considered.

PROCEDURE

1. Hospitalized infants meeting eligibility criteria must be placed on their backs to sleep in a safe sleep environment.

Criteria for Safe Sleep Initiation:

- Infant is greater than 32 weeks corrected gestational age
- Infant is stable on room air or a low flow nasal cannula
- Infant has no congenital anomaly or neurological impairment requiring special positioning: e.g. micrognathia, myelomeningocele,

Driver:

Hospital policies support/facilitate safe sleep practices

Albany Medical Center - Safe Sleep for Hospitalized Infants Policy

Safe Sleep for Hospitalized Infants
(AMC Specific)

- Infant is on full feeds (oral or gastrostomy)

❖ **Transition to safe sleep position/ environment occurs with developmental maturation**:

- Once the infant reaches 50% oral intake for the day, the head of bed needs to be flat after each oral feed.
  - The head of bed can remain elevated after the tube feeding per AMC tube feeding procedure.
- Once the infant maintains temperature 24h after birth or 24h after being weaned from supplemental heat, the infant is swaddled with one blanket.
  - Swaddling (wrapping the infant in a light blanket) encourages the supine position
  - Commercial sleep sac can be used
  - Hats should not be used once thermoregulation achieved
  - No additional blankets/ positioning rolls in the bed

❖ **Infants with severe GE reflux are eligible for Safe sleep positioning & environment with the following recommendations**:

- Parent/caregiver should hold the infant upright for 30 minutes after a feeding, if possible, and then place infant supine for sleep with the head of bed flat.
- GE reflux is not an indication for prone positioning.
- Guidelines for care at discharge should be made in collaboration with the medical team for infants with symptomatic GE reflux.

MONITORING AND CARE

Safe Sleep Environment in the hospital consists of:

- Alone: Infant sleeping alone; No bed -sharing with parent or sibling
- Back: Infant supine; No side-lying/ prone
- Head of bed flat
- Crib: No extra bedding, blankets or crib bumpers; No soft fluffy blankets
- No stuffed toys in bed
- No developmental positioning aids (rolls, pillows, nests, wedges, Zflo)
- Use of a commercial sleep sack is preferred (over swaddling for providing warmth or once infant able to get out of swaddle blanket ~ 2 months of age)
- Swaddle should be with one blanket
- Avoid overheating. Hats and headbands should not be used after initial transition period.
- Use pacifier once breastfeeding is established; Avoid using pacifier clips that attach to clothing

3. Healthcare professionals (RN, LPN, PCA, RT, Medical Providers, consultants (OT, PT, Speech), parents, caregivers and volunteers should:

- Model Safe Sleep practices
- Educate parents/caregivers about Safe Sleep practices throughout the infant's hospitalization
- Consult Social Worker if parent states they have no separate sleep space available at home; There are programs available in some NYS counties to provide a pack 'n play.

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3/16; 6/17

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Hospital policies support/facilitate safe sleep practices

Albany Medical Center - Safe Sleep for Hospitalized Infants Policy

Safe Sleep for Hospitalized Infants
(AMC Specific)

4. Parent/Caregiver Safe Sleep education includes:

- Alone
- Back
- Crib environment
- Pamphlet: Follow the ABC's of Safe Sleep
- Video on Education channel

5. The following are additional recommendations that should be discussed during SIDS/SUID education with parents

- Share your room NOT your bed
  - Infant requires own separate safe sleep space
  - Infant should not co-bed with an adult, sibling or family pet.
  - Recommend initially keeping the bassinet or crib in the same room as the parents.
  - Accidental suffocation can occur when infant sleeps in adult bed
- Only mattresses designed for specific product should be used; mattresses should be firm with no gap between mattress and the wall of the crib, pack 'n play or bassinet;
- Sitting devices (car seats, strollers, infant carriers) are not recommended for routine sleep, particularly for infants < 4 months of age
- When infant exhibits signs of attempting to roll, swaddling should no longer be used.
- Breastfeeding is recommended and has been shown to reduce risk of SUID/SIDS. Consider pacifier use for nap time & bedtime once breastfeeding has been established
- Avoid smoking exposure around infant or their environment.
  - Exposure to second hand smoke is associated with increased risk of SIDS
  - Avoid alcohol and illicit drug use; in conjunction with bed-sharing, it places the infant at high risk of SIDS
- Avoid use of commercial devices that are inconsistent with safe sleep recommendations
- Prematurity is a risk factor for SIDS
- Immunizations reduce risk
- Frequent supervised tummy time should be provided when the infant is awake. Tummy Time helps the infant's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head
- Once infant can independently roll over, the infant may remain in the sleep position they assume.

DOCUMENTATION

RN to document safe sleep practices and caregiver education in infant's medical record

3/16; 6/17

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Hospital policies support/facilitate safe sleep practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

BRONXCARE HEALTH SYSTEM

PATIENT CARE SERVICES DEPARTMENT

		Manual Code No: PCS-L&D-S-001 **Page No:** 1 of 6
Title: Safe Sleep (SIDS/SUDS)		
Issued By: Patient Care Services Department		
Effective Date: 2/2016	**Last Review Date:** 9/18, 7/19	**Last Revised Date:** 9/18, 7/19
Distribution: Patient Care Services Manual, NICU, Maternity, Labor and Delivery, Pediatric, Pediatric Ed & Ambulatory Clinics		

PURPOSE:

1. To establish and model consistent safe sleep practices for all Healthcare Professionals as recommended by the American Academy of Pediatrics (AAP)

2. To provide parents and all infant caregivers with consistent education recommended by the American Academy of Pediatrics on safe sleep positions and environment.

POLICY:

1. All healthcare professionals and personnel will adhere to safe sleep practices in all Maternal Child Health units and the Pediatric ED. Education for parents/caregivers will be initiated in the prenatal period (Prenatal ambulatory clinics), continued during the mother's maternal hospitalization and throughout the infants first year of life and reinforced at each pediatric outpatient visit for Bronx Care Health System patients.
2. All education must be documented with validation of understanding from parent/caregiver.
3. All Nursing staff hired to work in the Maternal Child Health departments will be educated on the AAP recommendations of Safe Sleep and the Safe Sleep education that will be provided to all parents/caregivers on orientation and annually.
4. Nurse rounding on in-patient units; Maternity, NICU and Pediatrics will include ensuring nothing but baby is in bassinet/crib.

DEFINITION:

Sudden Infant Death Syndrome (SIDS) - infant death up to 1 year of age, that cannot be explained after a thorough case investigation, including autopsy

Sudden Unexpected Infant Death (SUID) - term used to describe any sudden and unexpected death, whether explained or unexplained (including SIDS) during infancy. Explained cases includes, suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, cardiac channelopathies and trauma.

Driver:
Hospital policies support/facilitate safe sleep practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

Safe Sleep (SIDS/SUDS)

PROCEDURE:

Labor & Delivery and Maternity:

1. All infants > 32 weeks will be placed on their "back to sleep" with head of the bed flat.
   Note: Exception: Physician order with documented explanation.
2. Nothing should be in the bassinet except baby.
3. Rooming- in is recommended without bed sharing.
4. If a baby is found in bed with a sleeping mother/parent, the baby should be placed in the bassinet, or brought to the Nursery and safe sleep reeducation should be done and documented.
5. Encourage exclusive breastfeeding.
6. Promote skin to skin bonding while mother/parent is awake, but ensure the following
   - Baby's face can be seen
   - Head is in "sniffing" position
   - Nose and mouth is not covered head is turned to one side
   - Neck is straight, not bent
   - Shoulder's and chest face mother's
   - Legs are flexed
   - Baby's back is covered with a blanket
   - While in delivery room, mother/baby is continuously monitored and regularly on post-partum
7. Pacifier use is recommended throughout infancy during sleep time.
   Note: For Breastfed Infants, avoid pacifier until breastfeeding is firmly established.
8. Infant swaddling should be no higher than shoulder level.
9. Infants should be placed as close to the foot (feet to foot) of the bassinette as possible to prevent the blanket from covering the infants face.
10. Hats should not be placed on infant's head, unless needed for temperature instability.
11. All healthcare professionals must emulate safe sleep practices.
12. All mother's/parents/caregivers must receive verbal and written safe sleep education and must view the safe sleep video prior to discharge.

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Hospital policies support/facilitate safe sleep practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

Safe Sleep (SIDS/SUDS)

Safe Sleep Practices Specific to NICU

1. All NICU babies that are medically stable (in bassinet) should be placed "back to sleep" as soon as possible, as they are at increased risk of SIDS.
2. Education for "Safe Sleep" practices will be initiated and documented at the time of admission for all NICU parents/caregivers. Preterm parents must be counseled about the importance of supine sleeping in preventing SIDS.
3. Some NICU babies may require special positioning due to medical/neurological/ congenital anomalies. Parents/caregivers should be told why the infant is not on their back. Infant position should be documented in the EMR.

Documentation

1. Document the infant's sleep position every shift on the Newborn Nursery, NICU and Pediatric Flow sheet.
2. Any position other than "back to sleep" must be accompanied by a documented rationale.
3. Document all parental/caregiver education, including Safe Sleep video was viewed.
4. Document parental/caregiver understanding of Safe Sleep practices.

Parent/Caregiver Education: The following recommendations must be provided to all parents/caregivers with its rationale as to how it affects safe sleep. All Safe sleep education provided to parents/caregivers must be documented in the EMR with parent/caregivers acknowledgement of understanding or lack of understanding.

1. Back to sleep for every sleep until 1 year of birth. While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep
2. Inform parents that the supine position, "back to sleep" does not increase the risk of choking and aspiration.
3. Side lying is not safe, as the risk of rolling to the prone position is increased.
4. Use a firm sleep surface, no gaps between mattress and side of bassinet/crib.
5. Keep soft objects and loose bedding away from the infant's sleep area; reduces SIDS, suffocation and entrapment, enforce nothing but baby in sleep area.
6. Room sharing without bed sharing is recommended for the first year of life, but at least for the first 6 months.
7. Pregnant women should receive regular prenatal care.

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Hospital policies support/facilitate safe sleep practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

8. Sitting devices, such as car seats, strollers, swings, infant carriers and infant slings should not be used for routine sleep, particularly for infants younger than 4 months.
9. When infant slings or cloth carriers are used, ensure that the infant's head is visible, and the nose and mouth are clear of obstructions.
10. Avoid smoke exposure during pregnancy and after birth; smoking is the second most frequent cause of SIDS/SUIDS.
11. Avoid alcohol and illicit drug use during pregnancy and after birth.
12. Encourage exclusive breastfeeding for 6 months; breastfeeding has been shown to reduce the risk of SIDS.
13. Inform parents to offer a pacifier at nap time and bedtime; however do not force on infant. For breastfed infants, pacifier introduction should be delayed until breastfeeding is firmly established.
14. Avoid overheating, no more than one extra layer than an adult.
15. Instruct mother/parent to swaddle baby no higher than axillary and to stop swaddling once baby can roll over.
16. Awake Tummy time is recommended, but must be supervised at all times.
17. Only one infant will be placed to sleep in each crib/bassinet.
18. Bibs and pacifiers should not be tied around an infant's neck or clipped to clothing when sleeping.
19. Infants should be immunized in accordance with AAP and CDC recommendations.
20. Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.

REFERENCES:

The American Academy of Pediatrics Policy Statement, October 2016

SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment

Task Force on Sudden Infant Death Syndrome

Driver:

Hospital policies support/facilitate safe sleep practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

Safe Sleep (SIDS/SUDS)

SIGNATURE PAGE

RECOMMENDED BY:

Theresa Uva, MS, RN
Director of Nursing, MCH/Med-Surg — Date 8/1/19

APPROVED BY:

Patricia Cahill, MPA, RN
Vice President, Patient Care Services/CNO — Date 8/27/19

Peter Sherman, MD, MPH
Chairman, Department of Pediatrics — Date 8/19/19

Magdy Mikhail, MD, FACOG, FACS, FRCOG, FRCS(Ed)
Director of Neonatal Intensive Care Unit — Date 8/15/19

Barbara K. Russell, D.O.
Chief of Clinical Neonatology — Date 8/1/2019

Mairead O'Regan, RN
Director of Nursing, Emergency Services — Date 08-20-2019

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Driver:
Hospital policies support/facilitate safe sleep practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

SIGNATURE PAGE (Cont'd)

Roy Vega, MD
Director, Pediatric Emergency Medicine

8/20/19
Date

Georgia Connell, RN, MPA, NE-BC
Director, Ambulatory Care Services

8/20/19
Date

Driver:

Hospital policies support/facilitate safe sleep practices

Crouse Hospital – Safe Sleep for Newborns Policy

Crouse Hospital Policy & Procedure
Sleep Safe for Newborns
Lead Author: Marti Stoecker

PPPG #: P0092
Effective Date: 01/04/17
Page 1 of 2

General Information

Policy Name: Safe Sleep for Newborns

PPPG Category: Area Specific: Women's and Children's Services

Applies To: Units where infants reside

Key Words: Safe Sleep, Bed Sharing, Co-Bedding

Associated Forms & PPPGs: Breastfeeding Policy

Original Effective Date: 02/22/16

Current Version's Effective Date: 1/4/2017

Review & Revision Dates: 01/04/17

Policy

Safe sleeping practices will be implemented, role modeled and educated to while the infant is hospitalized.

Procedure

The American Academy of Pediatrics recommends for prevention of death from sleep related causes including Sudden Infant Death Syndrome (SIDS) that an infant sleeps in his/her own crib, as close to parent as possible, but not in the parent's bed.

All infants will be placed supine, with the head of the crib flat for all naps and night time sleep, unless there is a specific provider order to do otherwise.

Infants need to sleep on firm surface with a tightly fitted sheet.

Avoid overheating infants; recommendations include one layer more than adult is comfortable in. Sleep Sacks are recommended. We model safe sleep in the hospital, by utilizing the Sleep Sack when able. If infant is not maintaining temperature you may swaddle baby in receiving blanket and then in place sleep sack.

Multiples will not be allowed to co-bed.

If primary care giver has used medications impairing their ability to arouse, the baby can either stay in the room with another adult or may go to the nursery so the primary caregiver can rest.

Pacifiers have been proven to help with prevention of SIDS. Breastfeeding infants are only given pacifiers in the newborn period to decrease pain during procedures, for specific medical reasons or upon specific request of the mother. The NICU also uses pacifiers for non nutritive sucking see breastfeeding policy for specifics.

If breastfeeding, pacifiers should not be introduced until breastfeeding is established roughly 2-4 weeks of age.

Parents of all infants discharged from the newborn nursery or NICU are educated on safe sleep and given information on safe sleep, and will be given an opportunity to ask questions about safe sleep during their stay and at discharge. Parents will be given information on interventions that may reduce the risk of SIDS, such as immunizations and breast feeding.

Driver:

Hospital policies support/facilitate safe sleep practices

Crouse Hospital – Safe Sleep for Newborns Policy

Tenants for Home:

Environment should be non smoking.

An infant should not share a bed or sleeper chair with another adult, child or animal.

Infants less than one year old should sleep alone, on their back, and in a crib with firm mattress and fitted sheet in the parents room.

Remove all blankets, comforters, and toys from your baby's sleep area (this includes but is not limited to loose blankets, bumpers, pillows and positioners).

The American Academy of Pediatrics states importance of using wearable blanket (sleep sack) instead of loose blankets.

Offer pacifier when putting baby to sleep. If breastfeeding introduce pacifier after one month, when breastfeeding is established.

After feedings put baby back to sleep in separate safe sleep area.

Parents will be educated on the benefits of "tummy time" to promote motor development, facilitate upper body muscles and avoid positional plagiocephaly. The infant should be observed at all times during "tummy time".

Area should be free of hazards such as dangling cords, wires, or window coverings to prevent strangulation risk. Infants should NOT sleep in infant swings, car seats, infant seats due to the risk of positional obstruction of their airways.

NICU Specific Guidelines:

Begin transitioning infants to a supine sleep position at 32 weeks, when medically appropriate. Transition includes:

- Head of the bed flat
- Safe sleep clothing (onesie, and/or sleeper and swaddled with 1 receiving blankets and/or a sleep sack)
- Weaned from all developmental care products PRIOR to being placed in an open crib, unless medically indicated.

Primary Sources

AAP Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016; 138(5):e20162938.

Moon, R., Darnell, R., Goodstein, M., & Hauck, F. (2011). SIDS and other Sleep-related Infant Deaths: Expansion of the recommendations for a safe infant sleeping environment. Pediatrics, 128 (5), e1341-e1367.

Varghese, S., Gasalberti, D., Ahern, K., & Chang, J. (2015). An analysis of attitude toward infant sleep safety and SIDS risk reduction behavior among caregivers of newborns and infants. *Journal of Perinatology,* 1-4.

Definitions

- **SIDS (Sudden Infant Death Syndrome):** the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including an autopsy.
- **Tummy Time:** the practice of placing an infant prone during awake periods in order to promote upper body strength and development of core muscles.

Diagrams & Illustrations

Not Applicable

Driver:

Hospital policies support/facilitate safe sleep practices

Glens Falls Hospital – Infant Safe Sleep Practices Policy

Glens Falls Hospital

Title: Safe Sleep Practices, Infant

Area: Women's & Children's Services **Page**: 1 **of** 2

Effective Date: March 27, 2017

Scope: Independent

Purpose: To insure that all parents are taught required Safe Sleep practices in an effort to reduce sleep-related infant deaths

Definitions: Safe Sleep is a term referring to evidence based measures related to newborn sleep positions and environments that reduce the risk of sleep related infant deaths.

Policy:
Providers and staff will provide education to all parents and model infant safe sleep practices as recommended by the American Academy of Pediatrics. Staff responsible for the care of infants will be educated on and accountable for practicing infant safe sleep practices.

Procedure:
All infants will be placed in cribs in a manner consistent with the ABC's of safe sleep. Infants in the Special Care Nursery may be placed in positions other than supine when determined to be necessary and are on continuous cardio-respiratory monitoring.

Parents will be taught the ABC's of safe sleep prior to the nurse leaving parents unattended with their newborn at the conclusion of the recovery period.

Safe sleep practices should be reinforced throughout the hospital stay through modeling and use of educational materials.

Safe sleep should be reinforced at the time of discharge using teach back method of validating understanding.

Glens Falls Hospital

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Driver:
Hospital policies support/facilitate safe sleep practices

Glens Falls Hospital – Infant Safe Sleep Practices Policy

FOR INTERNAL USE ONLY

Policy Tracking Form:

Name of Policy: Safe Sleep Practices, Infant

Replaces Policy:

Contact Person Name: Diane Kerchner, RN, MS
Title: Director, Women's & Children's Service

Effective Date: March 27, 2017

References: SIDS Risk Reduction: Curriculum for Nurses

US Department Health and Human Services; National Institutes of Health; Eunice Kennedy Shriver National Institute of Child Health and Human Development

Moon, R.Y. (updated 2016) *SIDS and Other Sleep-Related Infant Deaths*

American Academy of Pediatrics (2016, October), Recommendation for Safe Infant Sleeping Environment; (*Task Force on Sudden Infant Death Syndrome)*

Origination Date: March 27, 2017

Revision Dates:

Reviewed Dates:

Signature(s): Donna J. Kirker, RN, MS, NEA-BC

Title: Vice President Patient Services/Chief Nursing Officer

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Driver:

Hospital policies support/facilitate safe sleep practices

Good Samaritan Hospital Medical Center - Safe Sleep/Crib Safety Policy

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
NURSING DEPARTMENT
POLICY AND PROCEDURE MANUAL

TITLE: Safe Sleep/ Crib Safety

ORIGINAL DATE OF ISSUE: 0 9/15 **PAGE** 1 of 3
Presented at Clinical Practice Council: 09/15
Approved by Executive Council: 01/16

Physician Order: Yes ☐ No X

Consent: Yes ☐ No X

Purpose: To expand the Recommendations from the American Academy of Pediatrics safe sleep environment and to reduce the risk of all sleep related infant deaths to include SIDS. To provide a uniform model hospital policy for healthcare providers that serves the newborn and pediatric population under 1 year old

Policy Statements: A major decrease in the incidence of SIDS occurred when the American Academy of Pediatrics released its initial recommendation in 1992 that infants be placed in a non-prone position for sleep. The AAP has expanded its recommendations to include a safe sleep environment, which reduces the risk of all sleep-related infant deaths, including SIDS. GSHMC supports the safe infant sleep environment by training the staff caring for infants under 1 year old and educating the parents as recommended by the New York State DOH and the AAP/

SAFE SLEEP

PROCEDURE	KEY POINT
Sleep Position: The nurse will access all infants > 32 weeks for placing the infant on his/her back for the first year unless otherwise ordered by the physician. The nurse will educate the caretaker of this sleep position.	• Side sleeping is no longer advised and should be used only if there is a physician order. • The flat supine sleeping position does not increase the risk of choking and aspiration in infants, even those with GE reflux.
Sleep Surface: The nurse will make sure Mattress is firm and maintained its shape and fits snuggly in the crib. Nurse will educate the caregiver that any gaps around crib mattress will provide areas that a baby can become trapped in and/or suffocate	• Mattresses should be firm. Soft mattresses will change shape or conform to the weight of the baby's head and body and become an obstruction to the airway. Infant should not sleep on waterbed, sofa or pillow.

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Hospital policies support/facilitate safe sleep practices

Good Samaritan Hospital Medical Center - Safe Sleep/Crib Safety Policy

Bedding: The nurse will maintain the bassinette/crib free of all soft objects and loose bedding. No stuffed animals, blankets, quilts, sheepskins, pillows, blanket rolls. The nurse will educate the care giver to keep infants crib free of clutter.	• Soft objects can easily change position in a crib and become an obstruction to the airway. Without proper neck control and maturity of the airway, an infant is not able to change position away from these obstructions while asleep.
Overheating/Over-bundling Healthcare providers will avoid overheating or over-bundling infant. Infants should be dressed appropriately for the hospital environment, with no more than one additional layer than an adult would wear to be comfortable If swaddling is needed for comfort or thermoregulation, swaddle below the axilla. Kangaroo Care or skin –to-skin is another method of thermoregulation but should be used only when mother is awake. Infant's head should be uncovered during sleep. The healthcare provider will educate caretakers on overheating/ over bundling methods.	• Infants are sensitive to extremes in body temperature and cannot easily regulate body temperatures well • . Infants who are overheated with heavy clothes, blankets have increased risk of SIDS • Teach parents to evaluate infants for signs of overheating, such as sweating or the chest feeling hot to touch. • Hats and bonnets can promote heat retention and CO2 accumulation around the face from increased breath rate while asleep.
Sleeping Environment: Nurses will ensure room sharing without bed sharing is maintained. (Rooming In) Nurses will encourage the infant's sleep area close to, but separate from, where patient sleeps and that the Infant is be placed in bassinette to sleep. Nurses will educate the caregivers the importance of sleep environment.	• Bed sharing with anyone, including parents, other children and particularly multiples is not safe. Pets also pose a threat to sleeping infants. • Adult beds are not designed to meet federal safety standards for infants
.	
NICU: Healthcare providers should model and implement all SIDS risk reduction recommendations as soon as the infant is clinically stable and significantly before anticipated discharge. Remove developmental aids as appropriate. Avoid commercial devices marketed to reduce the risk of SIDS .i.e. wedges, positioners, special mattresses.	• Inform parents that there is no evidence or that these devices reduce the risk of SIDS or suffocation, or that they are safe.
Back to Sleep Healthcare providers will educate caregivers/parents on the importance of following all recommendations for Safe Sleep	• Sleeping on the back carries the lowest risk for SIDS. • Ensure all recommendations are understood by caregivers/parents with

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Good Samaritan Hospital Medical Center - Safe Sleep/Crib Safety Policy

well before discharge will ensure that prior to discharge, all parents/caregivers are provided with educational material approved by hospital. Nurses will document in EMR all verbal and written instruction to parents/caregivers.	consistent instructions given prior to discharge.

Reference:

- American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. (2011). SIDS and other sleep-Related Infant Deaths: Expansion of Recommendations for Safe Infant Sleeping Environment. *Pediatrics*, 128 (5), 1030- 1039
- www.Healthy?Children.org;Pediatrics Journal/a-Parents Guide-to- Safe-Sleep.aspx (2012)
- Infant Death Syndrome After Initiation of Back –to-Sleep Campaign. *Pediatrics*, 129, 630-638
- U.(2012) Bed Sharing and the Risk of Sudden Infant Death Syndrome: Can We Resolve the Debate: *Journal of Pediatrics*, 160, 44-48

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Hospital policies support/facilitate safe sleep practices

HealthAlliance and Westchester Medical Center Health Network - Infant Positioning / Safe Sleeping Practice Policy

WMC Health | HealthAlliance
Westchester Medical Center Health Network

Policy:	**Infant Positioning / Safe Sleeping Practice**
Approver:	OB Nurse Director
Initiated:	4/2013
Last Approved Date:	5/2017
Reference:	SIDS and Other Sleep-Related Infant Deaths: Evidence Based for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. American Academy of Pediatrics. NYS Department of Health Safe Sleep for Baby. https://www.health.ny.gov/publications/0672/
Responsible Department(s):	OB Nursing

1.0 **DEFINITIONS:** None

2.0 **POLICY:**

2.1 To establish guidelines and parameters for infant positioning.

2.2 To establish appropriate and consistent parental education on safe sleep positions and environment.

2.3 To establish consistent safe sleep practices by healthcare professionals for infants prior to discharge.

2.4 To comply with AAP Guidelines for infant safe sleep practices and providing education for parents relating to sudden infant death syndrome and sudden unexpected death of infants.

2.5 Policy Statement:

2.5.1 Sudden unexpected infant death (SUID), also known as sudden unexpected death in infancy (SUDI), is a term used to describe any sudden and unexpected death, whether explained or unexplained (including sudden infant death syndrome [SIDS] and ill-defined deaths), occurring during infancy. SIDS remains the leading cause of postneonatal (28 days to 1 year of age) mortality.

2.5.2 Healthcare professionals have a vital role in educating parents and families regarding Safe Sleep practices. As important role models, healthcare professionals are critical in communicating SIDS risk reduction strategies to parents and families, and by practicing safe sleep practices while infants are still in the hospital.

2.5.3 The American Academy of Pediatrics recommends a safe sleep environment that can reduce the risk of all sleep-related infant deaths. Recommendations for a safe sleep environment include supine positioning, use of a firm sleep surface, room-sharing without bed-sharing, and avoidance of soft bedding and overheating. Additional recommendations for SIDS risk reduction include avoidance of exposure to smoke, alcohol, and illicit drugs; breastfeeding; routine immunizations; and use of a pacifier.

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Hospital policies support/facilitate safe sleep practices

HealthAlliance and Westchester Medical Center Health Network - Infant Positioning / Safe Sleeping Practice Policy

3.0 **RELATED POLICIES:** None

4.0 **PROCEDURE:**

4.1 Infants in the Newborn Nursery or Rooming-in:

4.1.1 Place all infants on their backs to sleep.
*Infants with a medical contraindication to supine sleep position (i.e. congenital malformations, upper airway compromise, and severe symptomatic gastroesophageal reflux) should have a physician's order along with an explanation documented.

4.1.2 A firm sleep surface should be used (firm mattress with a thin covering).

4.1.3 Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, sheepskins, and loose bedding, such as blankets and non-fitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment, and strangulation.

4.1.4 If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet. The mother/parent should then be re-educated on safe sleep practices.

4.1.5 All efforts should be made to assist mom in remaining skin-to-skin for as long as she desires as mother/baby separation can impact breastfeeding success.

5.0 **DOCUMENTATION/EDUCATION:**

5.1 Document the infant's position on the Newborn EMR documentation

5.2 **Family/Parental Teaching:** All parents/caregivers will be educated on SIDS and safe sleep environment and positioning:

5.2.1 All healthy infants should be placed on their backs to sleep.

5.2.2 It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface. A safety-approved infant's crib, portable crib, bassinette, or play yards should be placed in the parents' bedroom, ideally for the first year of life, but at least for the first 6 months.

5.2.3 All infants should be placed on a firm sleep surface. Mattress should be firm with a well fitted sheet. Nothing should be in the crib, portable crib, bassinette, play yards except for the baby – keep soft objects such as pillows, pillow-like toys, quilts, comforters, sheepskins, and loose bedding, such as blankets and non-fitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment, and strangulation.

5.2.4 Bumper pads are not recommended; they have been implicated in deaths attributable to suffocation, entrapment and strangulation and, with new safety standards for crib slats, are not necessary for safety against head entrapment.

5.2.5 Never place or leave a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.

5.2.6 Sitting devices, such as car seats, strollers, swings, infant carriers, and infant slings, are not recommended for routine sleep in the hospital or at home, particularly for young infants.

5.2.7 Breastfeeding is associated with a reduced risk of SIDS

5.2.8 Avoid bed sharing with the infant.
Risk of bed sharing:

5.2.8.1 Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling off the bed, and infants have suffocated in bedding.

5.2.8.2 Infants have died from suffocation due to adults rolling over on them.

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HealthAlliance and Westchester Medical Center Health Network - Infant Positioning / Safe Sleeping Practice Policy

5.2.8.3 Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal, or illegal) is extremely dangerous and may lead to the death of an infant.

5.2.9 Use one-piece sleepers, do not use blankets.

5.2.10 There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS. If swaddling is used, infants should always be placed on the back. When an infant exhibits signs of attempting to roll, swaddling should no longer be used.

5.2.11 Avoid the use of commercial devices marketed to reduce the risk of SIDS.

5.2.12 Do not rely on home baby monitors.

5.2.13 Avoid overheating and head covering.

5.2.14 Try using a pacifier (after breastfeeding has been well established) at nap times and at bedtime. Do not force an infant to take a pacifier if he/she refuses. If the pacifier falls out after the infant is asleep, it does not need to be put back in.

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Kaleida Health - Safe to Sleep Practices and Sudden Infant Death Syndrome (SIDS) Prevention for the Neonate/Infant Policy

Kaleida Health POLICY	Title: Safe to Sleep Practices and Sudden Infant Death Syndrome (SIDS) Prevention for the Neonate/Infant Owner: Newborn/Neonatal Standards	# NEO.10 Issued: 12/8/08
Keywords: Back to sleep, SIDS prevention, safe sleep		

I. Statement of Purpose

Sudden infant death syndrome (SIDS) is a sudden and unexplained death that usually occurs while the infant is asleep during the first year of life. An infant between the ages of 1 and 4 months is at the highest risk. Although there is no conclusive research on the cause(s) of SIDS, safety measures such as placing the neonate/infant on his or her back when sleeping and other safe sleep guidelines have been shown to reduce the incidence of SIDS.

II. Audience

All staff providing care for neonates/newborn and infants up to a year of age

III. Instructions

A. Recommendations for safe sleep

1. Place infant in supine position for every sleep period until 1 year of age. Side sleeping is not considered safe and is not recommended. Once infant can roll from supine to prone and prone to supine, do not disturb infants' sleep. However, continue to place infant supine to initiate sleep. Do not use rolled up blankets or other positioning devices to prevent infant from rolling.

   **Keypoint: The supine position may be contraindicated in certain conditions such as spina bifida.

   **Keypoint: In the hospital, while on monitors infants may be placed prone to improve ventilation and for the purpose of repositioning an infant with little movement. When deemed appropriate by the provider, the infant will be placed supine to model best practice for the parents in preparation for discharge.

2. Infant should sleep in a crib by him or herself. The crib should be covered with a fitted sheet and be free of soft or loose materials such as pillows, sheepskin, stuffed animals, quilts, bumper pads, and other positioning devices.
3. Infants who are swaddled should have the blanket come no higher than the shoulders with the hands free near the face. The blanket should be loosely wrapped to avoid reducing functional lung capacity.
   **Keypoint: Once the infant can roll over on its own do not swaddle.
4. Avoid overheating. If the infant's chest feels warm to the touch or the infant is sweating, the infant is likely overheated and should be less layered. Avoid covering of the face or head.
5. Room sharing without bed sharing is recommended. Parents should be instructed to place the infant in his or her crib if the parent becomes drowsy. When rooming in, the neonate needs to sleep in the crib and not in the parent's bed.
6. Smoke exposure is known to be associated with SIDS. Avoid placing infant in crib with blankets or stuffed animals with a smoke odor. Parents should be educated to avoid holding an infant while wearing clothes that smell like smoke.

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Hospital policies support/facilitate safe sleep practices

Kaleida Health - Safe to Sleep Practices and Sudden Infant Death Syndrome (SIDS) Prevention for the Neonate/Infant Policy

Title: Safe to Sleep Practices and Sudden Infant Death Syndrome (SIDS) Prevention for the Neonate/Infant	# NEO.10

A patient gown can be provided to shield the infant from third hand smoke exposure.

7. Offer a pacifier to the infant for sleep times. If the pacifier falls out of mouth after the infant is asleep, do not replace.
**Keypoint: For the breast feeding infant, pacifiers should not be offered until breastfeeding has been established, typically 2-3 weeks of age.

8. Parents should be educated that immunizations and breastfeeding are associated with lower SIDS rates.

B. Document education provided to parents or caregivers regarding safe sleep practices.

IV. **Approved by**

Nurse Policy Council	11/08, 1/14, 6/8/16
Nurse Executive Committee	12/08, 5/6/14, 6/15/16

V. **References** (Include evidence based research, Kaleida Health policy, and regulation as applicable)

March of Dimes. (June 2015). Safe sleep for your baby. Retrieved April 27, 2016.

Moon, R., Darnall, R., Goodstein, M., and Hauck, F. (2011). SIDS and other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 128(5), 1341-1358.

Safe to Sleep Public Education Campaign (Updated September 23, 2013) National Institutes of Health Eunice Kennedy Shriver National Institute of Child Health and Human Development. Retrieved November 26,2013.

Version History:

Effective Date:	Reviewed/ Revised
7/5/16	Revised
10/13	Revised

Driver:

Hospital policies support/facilitate safe sleep practices

Kaleida Health – Developmental Care of the Infant Policy

Kaleida Health POLICY	Title: Developmental Care of the Infant	# PED.13
	Owner: Pediatric Standards Committee	Issued: 9/10/01
Keywords: Infant, developmental		

I. Statement of Purpose

This policy outlines the nursing management of the infant (under one year of age) while hospitalized, focusing on the developmental needs of the child in a family centered environment. Erikson's developmental stage for infants is Trust vs. Mistrust. This stage covers the ages of birth to 18 months. During this period children develop a sense of trust when caregivers provide reliability, care, and affection.

II. Audience

Acute, Critical and Long Term Care

III. Instructions – (Outline necessary steps for consistent completion of process/ procedure)

A. **Supportive Data**

Infancy (birth-12 months) is a time of great physical and cognitive growth. The infant's nervous system and other organ systems become more closely regulated and less variable in function than at birth. The primary caregiver and the infant establish a bond and a mutually satisfying relationship that enables the infant to learn to trust.

B. **Assessment/Data Collection**

1. Assessment
   a. Utilize treatment room for procedures to maintain the infant's room as a safe place.
   b. Prioritize care, performing the least invasive procedure first (i.e. obtain a respiratory rate prior to disturbing the child.
2. Data Collection
   a. Use appropriately sized equipment (i.e. a blood pressure cuff should be 2/3 the length of the child's upper arm and wrap around the circumference of the arm).
   b. Interpret lab values and vital signs based on age and size appropriate parameters.
   c. Use a pain scale appropriate to the child's developmental level (i.e. CRIES).
   d. Use PAWS scales during assessment to determine immediate awareness of patient deterioration.

C. **Care and Management**

1. Encourage the development of trust
   a. Provide a sense of security by holding, cuddling, swaddling and/or cooing.
   b. Allow active participation of the primary caregiver.
   ****Keypoint:** Stranger anxiety begins around 6 months of age.
   c. Provide consistency in staff to allow for continuity of care.
   d. Meet physical needs immediately.

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Kaleida Health – Developmental Care of the Infant Policy

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e. Offer facial and simple verbal clues.
f. Maintain a calm, relaxed and reassuring manner.
g. Attempt to keep routines unchanged (i.e. naptime, diet, meal time – as appropriate).

2. Encourage age-appropriate developmental skills (i.e. holding a bottle, finger-foods, crawling).
   a. Offer age-appropriate distractive toys (i.e. rattles, mobiles, soft toys)
   b. Provide a variety of bright colored toys with musical sounds.
   c. Use age-appropriate positioning alternatives (i.e. nip-nap, high chair, swing)
3. Manage pain
   a. Avoid intrusive procedures when possible (i.e. axillary temperatures are the preferred method).
   b. Pain in a newborn is demonstrated by a total body reaction. The newborn is easily distracted. Later in infancy, pain is a localized reaction. The infant may become uncooperative and offer physical resistance.

D. **Safety**
1. Environment
   a. Constant vigilance, awareness, and supervision are essential as the child gains increased motor and manipulative skills that are coupled with an insatiable curiosity about the environment.
   b. Do not leave the infant unsecured (i.e. use straps between the legs and around the lap).
   c. Prevent access to unsafe areas (i.e. stairways, tubs, medications, cleaning supplies, plastic bags, water).
   d. Never leave an infant on a raised, unguarded surface.
   e. Assure appropriate size crib and mattress. When the infant is not under close supervision side rails should be in full up position. If the infant is in a climber crib upper side rails should be in the down position.
   **Keypoint: Any infant that is developmentally capable of pulling themselves to an upright position or crawl is placed in a climber crib whenever not under direct supervision.
   f. Monitor for risk of strangulation from objects in the environment (i.e. tubes, cords). Never attach a pacifier to the patient with a string.
   g. Inspect toys for small, removable parts.
2. Nutrition
   a. Hold infant in an upright position during feeding. Do not prop bottle.
   b. Exercise caution when feeding solid foods, large chunks can be aspirated.
3. Sleep
   a. Always place the infant (up to 1 year of age) on their back to sleep.
   b. Crib should be free of pillows, blankets and other soft objects.
   c. Infants should not sleep in bed with adults
4. Nursing Care
   a. Utilize arm boards (appropriate size) for intravenous sites to prevent accidental dislodgement.
   b. Do not refer to medications as candy.

E. **Infection Control**
1. Wash hands, minimally, prior to entering the room, before and after patient care interventions and when exiting the room.

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2. Adhere to standard precautions and any additionally required isolation.
3. Convey the importance of good hand washing for all caregivers, including parents or guardians.

F. **Patient/Family Education**

1. Environment
   - a. Teach parents to use the side rails and assure they are securely up before leaving the child's side.
   - b. Reinforce the importance of proper supervision.
   - c. Reinforce safety in the home/hospital environment and the importance of a childproof environment.
   - d. Instruct on car seat safety.
2. Sleep - Review safe sleep with parents/caregiver
   - a. Firm mattress and fitted sheet
   - b. Do not use pillows, blankets, crib bumpers, etc.
   - c. Keep soft objects, toys and loose bedding out of sleep area
   - d. Do not smoke or let anyone else smoke around the infant
   - e. Do not cover the infant's head
   - f. Always place infants up to one year of age on their back to sleep
   - g. Dress the infant in warm clothes – do not use a blanket
   - h. Infants should NOT sleep in the same bed, couch, chair, etc. as adults

G. **Documentation**

Include the developmental level in the individual plan of care in the electronic medical record.

IV. **Approved by -** (Include date)

Pediatric Standards	8/01, 7/07, 2/12
Nurse Policy Council	8/14/07, 3/12
Nurse Executive Committee	9/01, 9/7/07, 4/12

V. **References** (Include evidence based research, Kaleida Health policy, and regulation as applicable)

Ball, J. W., Binder, R.C., & Cowen, K. J. (2014). Child health nursing: Partnering with children and Families (3rd ed.). Upper Saddle River, NJ: Pearson Education.

Hockenberry, M. J. & Wilson, D. (2011). Wong's nursing care of infants and children (9th edition). St. Louis, MO: Elsevier

Mosby's Nursing Skills Online. Elsevier. Revised 2015.

Version History:

Effective Date:	Reviewed/ Revised
8/21/17	Reviewed no changes
6/22/15	Reviewed no changes
2/12	Reviewed no changes
7/07	Revised
1/04	Reviewed no changes

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Kaleida Health – Developmental Care of the Infant Policy

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ERIKSON DEVELOPMENTAL STAGES:

Stage	Basic Conflict	Important Events	Outcome
Infancy (birth to 18 months)	Trust vs. Mistrust	Feeding	Children develop a sense of trust when caregivers provide reliability, care, and affection. A lack of this will lead to mistrust.
Early Childhood (2 to 3 years)	Autonomy vs. Shame and Doubt	Toilet Training	Children need to develop a sense of personal control over physical skills and a sense of independence. Success leads to feelings of autonomy, failure results in feelings of shame and doubt.
Preschool (3 to 5 years)	Initiative vs. Guilt	Exploration	Children need to begin asserting control and power over the environment. Success in this stage leads to a sense of purpose. Children who try to exert too much power experience disapproval, resulting in a sense of guilt.
School Age (6 to 11 years)	Industry vs. Inferiority	School	Children need to cope with new social and academic demands. Success leads to a sense of competence, while failure results in feelings of inferiority.
Adolescence (12 to 18 years)	Identity vs. Role Confusion	Social Relationships	Teens need to develop a sense of self and personal identity. Success leads to an ability to stay true to yourself, while failure leads to role confusion and a weak sense of self.
Young Adulthood (19 to 40 years)	Intimacy vs. Isolation	Relationships	Young adults need to form intimate, loving relationships with other people. Success leads to strong relationships, while failure results in loneliness and isolation.
Middle Adulthood (40 to 65 years)	Generativity vs. Stagnation	Work and Parenthood	Adults need to create or nurture things that will outlast them, often by having children or creating a positive change that benefits other people. Success leads to feelings of usefulness and accomplishment, while failure results in shallow involvement in the world.
Maturity(65 to death)	Ego Integrity vs. Despair	Reflection on Life	Older adults need to look back on life and feel a sense of fulfillment. Success at this stage leads to feelings of wisdom, while failure results in regret, bitterness, and despair.

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Hospital policies support/facilitate safe sleep practices

Montefiore Medical Center - Safe Sleep Guideline Policy

Montefiore
THE UNIVERSITY HOSPITAL FOR ALBERT EINSTEIN COLLEGE OF MEDICINE

S-13

PATIENT CARE MANUAL
Newborn Services

MANUAL CODE: S-13
SUBJECT: Safe Sleep Guideline
DATE ISSUED: 7/09 **DATE REVISED: 10/16**
SUPERSEDES:
CROSS REFERENCES: D-03; D-08; F-02; P-12

PURPOSE:

1. To establish consistent safe sleep practices for health care professionals to provide to all infants prior to discharge.
2. To ensure that American Academy of Pediatrics (AAP) safe sleep recommendations are modeled for and understood by parents and caregivers with consistent instructions given prior to discharge.

BACKGROUND:

Nearly 4,000 US infants die suddenly and unexpectedly each year. We often refer to these deaths as sudden unexpected infant death (SUID). Although the causes of death in many of these children can't be explained, most occur while the infant is sleeping in an unsafe sleeping environment. Most SUIDs are reported as one of three types of infant deaths.

1. Sudden Infant Death Syndrome (SIDS)
   SIDS is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted. Although the incidence of SIDS has declined since 1992, it remains the leading cause of death in infants 1 to 12 months old.
2. Unknown Cause
   The sudden death of an infant less than 1 year of age that cannot be explained because a thorough investigation was not conducted and cause of death could not be determined.
3. Accidental Suffocation and Strangulation in Bed
   Mechanisms that lead to accidental suffocation include:
   i. Suffocation by soft bedding—such as a pillow or waterbed mattress.
   ii. Overlay—when another person rolls on top of or against the infant while sleeping.

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Hospital policies support/facilitate safe sleep practices

Montefiore Medical Center - Safe Sleep Guideline Policy

Montefiore
THE UNIVERSITY HOSPITAL FOR ALBERT EINSTEIN COLLEGE OF MEDICINE

iii. Wedging or entrapment—when an infant is wedged between two objects such as a mattress and wall, bed frame, or furniture.
iv. Strangulation—such as when an infant's head and neck become caught between crib railings.

Health care professionals provide a vital role in modeling and educating safe sleep practices for neonates.

Special considerations for NICU:

Premature, low birth weight and ill infants have an increased risk of SIDS after discharge from the NICU. The AAP recommends infants in the NICU to be placed predominantly supine, at least from 32 weeks onward, so that they may become acclimated to supine sleeping prior to discharge.

POLICY

1. **Hospitalized infants, who meet criteria, must be placed on their backs to sleep, in a safe sleep environment.**

2. **A Safe Sleep Environment consists of:**
   - Head of bed flat
   - Infant supine at all times
   - A firm sleep surface
   - Remove soft objects such as stuffed animals, extra bedding, and pillows.
   - Remove developmental positioning devices: Zflo pillow, blanket rolls, wedges.
   - Use of sleep sack is preferable to using a blanket
   - If the infant is swaddled, swaddle below the shoulders. Positioning of the arms when swaddled should be as following:
     - If infant is <32 weeks GA or postmenstrual age (PMA), then he/she should be swaddled with the arms in the blanket and arms should be in a neutral position favoring flexion (i.e. as if the baby is hugging himself/herself). Avoid straightening or extending the arms as that counteracts the natural and more developmental-appropriate newborn tone, which favors flexion.
     - If the infant is >32 weeks GA or PMA, then he/she should be assessed on their ability to be swaddled with the arms out. If arms-out swaddling can be tolerated, then it should be done in order to allow the infant to advance their development through varying sensory experiences with their hands. However, if the infant is not developmentally ready (i.e. – problems with overstimulation, unable to self-soothe, etc.), then continue swaddling with arms in and reassess again as the infant matures.
   - Avoid overheating, Assess infant as to the need for additional blankets or hat for warmth, a sleep sack can be used in place of blankets. In general, infants should be dressed with no greater than 1 layer more than an adult would wear to be comfortable in that environment.

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Hospital policies support/facilitate safe sleep practices

Montefiore Medical Center - Safe Sleep Guideline Policy

Montefiore
THE UNIVERSITY HOSPITAL FOR ALBERT EINSTEIN COLLEGE OF MEDICINE

Continue to assess infant and intervene as appropriate so that infant remains comfortable and in safe sleep milieu. Tuck blanket into mattress and place blanket below shoulder level. If using sleep sack, extra blankets are not needed.

- Avoid hats and headbands for sleep, unless necessary for thermoregulation.
- Do not cover infant's head or face with blanket.
- Avoid pacifiers that attach to infant's clothing.
- Infant should be placed as close to the foot ("feet to foot") of the basinette/crib as possible, to prevent the blanket, if used, from covering the face or head.

3. **Criteria for Safe Sleep Initiation for NICU patients:**
   - Greater than 32 weeks' gestation postmenstrual age
   - In an open crib/bassinette
   - On room air or nasal cannulae (< 1.5 LPM flow)
   - Taking a minimum of 50% of feedings by mouth for three consecutive days
   - If infant has not been weaned to a crib/bassinette, then baby must meet all other criteria and be >1600 grams.

4. **Exceptions to Safe Sleep guidelines as noted above may include:**
   - Infants with continued respiratory distress, airway issues requiring prone positioning or who require respiratory support (any type of positive pressure)
   - Infants with congenital anomalies such as myelomeningocele, micrognathia, spina bifida, and skeletal anomalies and/or neurologic impairment requiring specialized positioning

5. **Conditional Safe Sleep guidance for infants with severe (symptomatic) gastroesophageal reflux** as evidenced by the presence of all of the following:
   - Apnea, bradycardia, desaturation associated with nipple and/or enteral feeding
   - Greater than 4 emesis events in a 24 hour period or more than 1 emesis event that is at least 20% of the feeding volume
   - Back arching, crying, and/or poor weight gain (less than 20g/day or less than 10g/kg/day in a week) plus at least one of the symptoms mentioned above

   Recommendations for infants with symptomatic GE reflux:
   - Elevate crib 30 degrees for 20 to 30 minutes after a feeding or have parent/caregiver hold infant upright if possible, then place the baby supine with the crib head of the bed flat (safe sleep mode).
   - Guidelines will be provided by the medical providers for the appropriate sleep positioning at home for infants with symptomatic GE reflux
   - Infants with severe reflux who require alternative sleep positioning require home monitoring.

6. **Healthcare professionals (nurses, nurse's aides, medical professionals, respiratory therapists, physiatry staff [speech, OT, PT]), parents and volunteers should:**

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- Model safe sleep practices
- Educate the infant's parent(s)/caregivers about safe sleep practices throughout the infant's hospitalization

7. **Parental/Caregiver Education includes:**
   - Always place the infant on his or her back to sleep for every sleep.
   - Infants should sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, at least for the first 6 months of life (up to a year).
   - Do not place your child in a location besides a crib or bassinet for sleep (i.e. do not place your child in a car seat or stroller). There is a concern for an increased risk of sleep-related death.
   - Communicate the "safe to sleep" message to everyone who cares for the infant.
   - Place the infant on a firm sleep surface, such as a safety-approved mattress, covered by a fitted sheet in a crib. Provide current crib safety standards web: www.jpma.org. There is no in using mattresses that prevent/minimize rebreathing as long as they meet standard safety requirements; However, there is no evidence that they reduce the risk of SIDS. Any commercial devices that are inconsistent with safe sleep recommendations should be avoided. For more information, please see: www.cpsc.gov.
   - Ensure that there are no gaps between the mattress and crib.
   - Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces, such as a couch or water bed.
   - Keep soft objects, toys, pillows, and loose bedding away from the infant's sleep area.
   - Do not use crib bumpers.
   - Do not use heavy or loose blankets.
   - Avoid overheating the infant- dress the infant in light sleep clothing and keep the room at a temperature that is comfortable for an adult. The infant should be in no greater than 1 layer more than an adult would wear to be confortable in that environment.
   - Avoid hats and headbands for sleeping.
   - If a blanket is used in the crib, the blanket is to be tucked under the mattress and placed only as high as the infant's chest.
   - The baby should never sleep in the same bed or on a couch with another child or adult.
   - Breastfeeding is associated with a decreased risk of SIDS. Therefore, breastfeeding or giving expressed breastmilk is recommended for 6 months.
   - If your baby has significant reflux, hold your baby upright for 20-30 after feeding before placing on his/her back for sleeping. If the infant is placed in an infant seat immediately after feeding then the infant seat should be partially reclined to 45° elevation. Having the infant sitting fully upright (60-90°) increases pressure on the baby's abdomen and increases the chances of reflux and vomiting.

8. **Additional information for family:**
   - Breastfeeding reduces the risk of SUID/SIDS.
   - Avoid smoking around the infant; this is the second most frequent cause of SUID/SIDS

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besides positioning.

- Avoid alcohol and illicit drug use around the infant. This causes a particularly high risk of SIDS when used in combination with bed-sharing.
- Provide frequent tummy time for the infant-only when the infant is awake and the caregiver is watching.
- Once an infant can roll from supine to prone and from prone to supine the infant can be allowed to remain in the sleep position that he or she assumes.
- Immunizations may have a protective effect against SUID/SIDS.
- Avoid attaching pacifiers to the infant's clothing during sleep.
- Supervised, awake tummy time is recommended to facilitate development and minimize positional plagiocephaly.

Document safe sleep practice and education in infant medical record.

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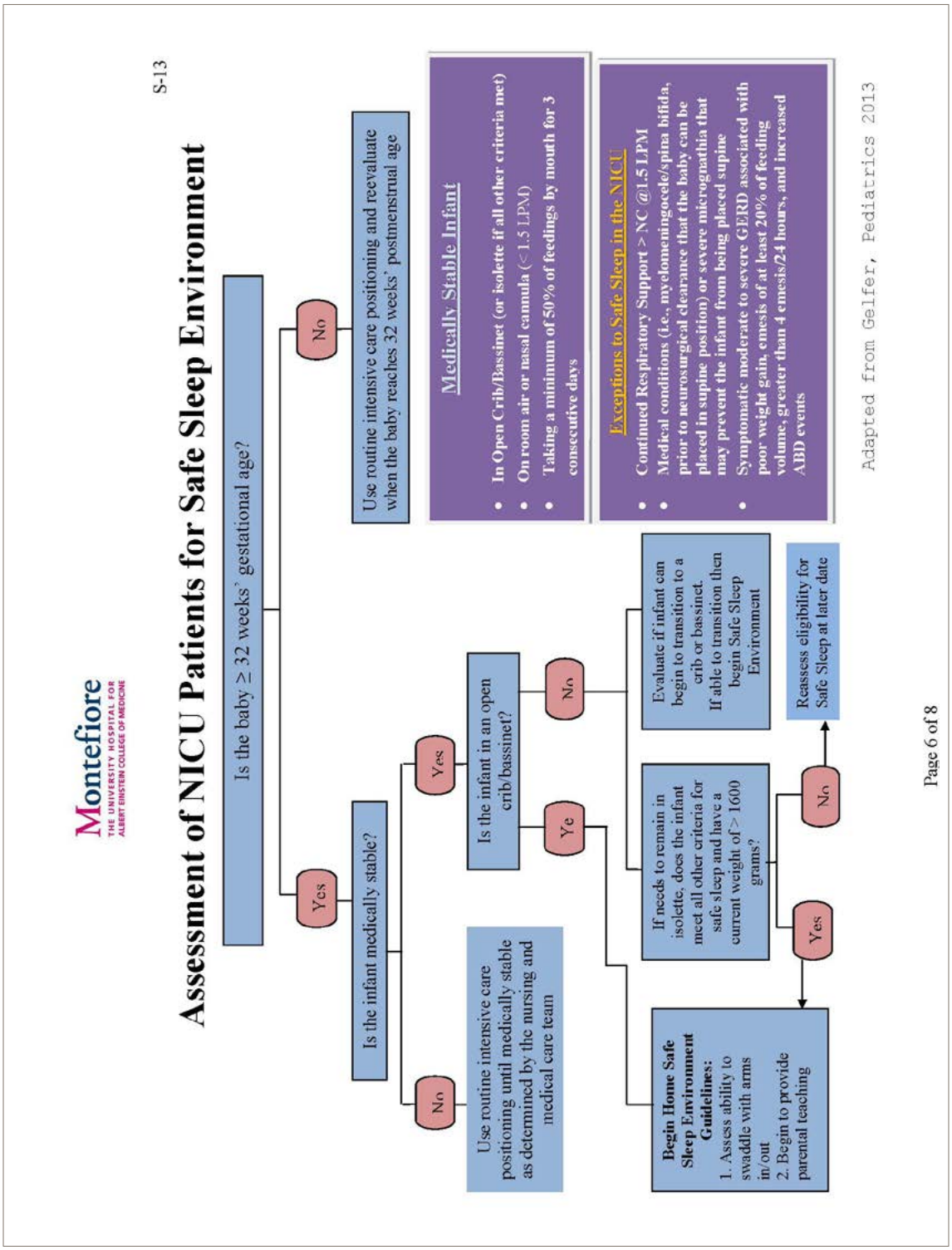

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Sheri Nemerofsky, MD
Jenna Noonan MS OTR/L
Brittany Reid, MD

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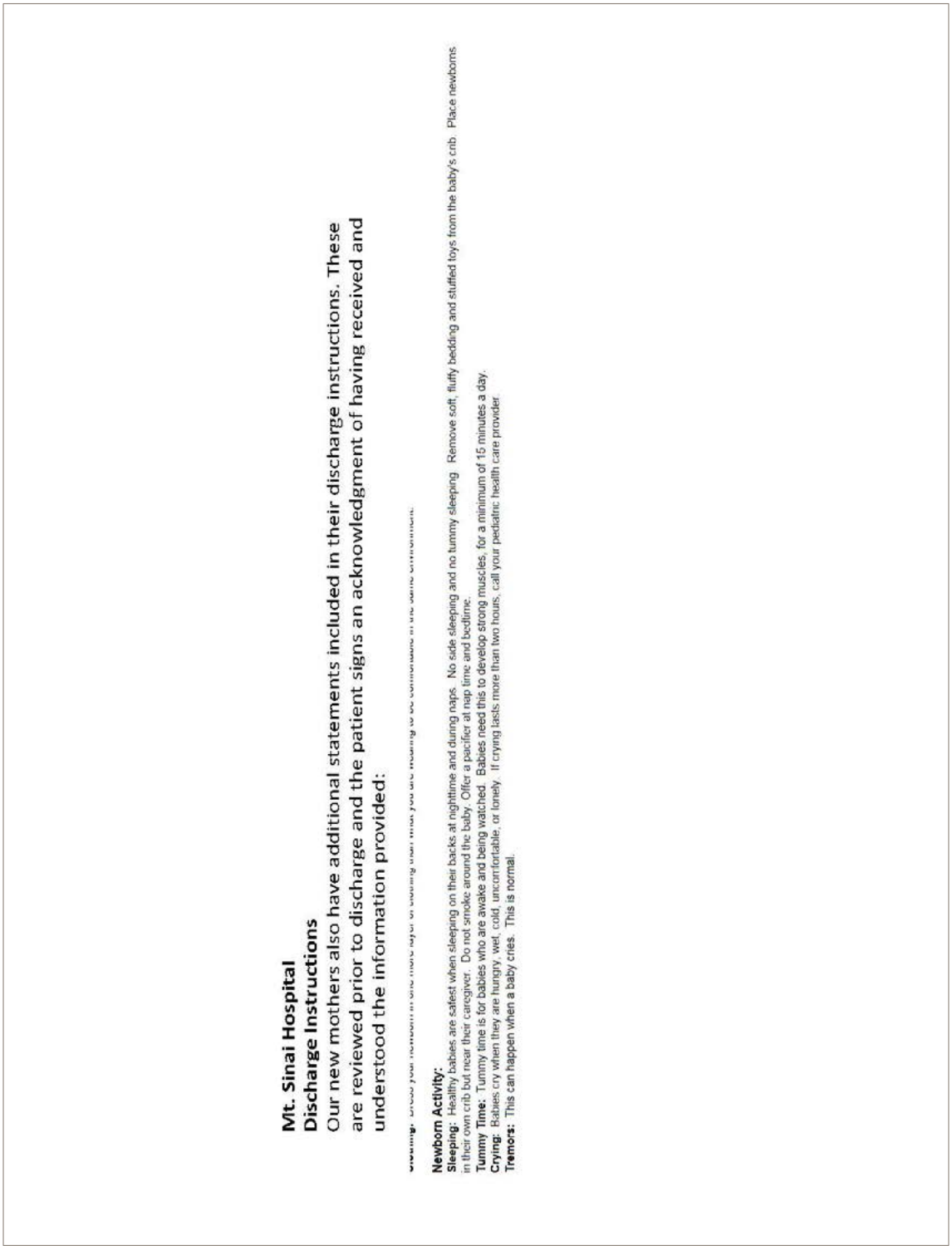
Mt. Sinai Hospital - Safe Sleep Discharge Instructions



Mt. Sinai Hospital
Discharge Instructions
Our new mothers also have additional statements included in their discharge instructions. These are reviewed prior to discharge and the patient signs an acknowledgment of having received and understood the information provided:

Newborn Activity:
Sleeping: Healthy babies are safest when sleeping on their backs at nighttime and during naps. No side sleeping and no tummy sleeping. Remove soft, fluffy bedding and stuffed toys from the baby's crib. Place newborns in their own crib but near their caregiver. Do not smoke around the baby. Offer a pacifier at nap time and bedtime.
Tummy Time: Tummy time is for babies who are awake and being watched. Babies need this to develop strong muscles, for a minimum of 15 minutes a day.
Crying: Babies cry when they are hungry, wet, cold, uncomfortable, or lonely. If crying lasts more than two hours, call your pediatric health care provider.
Tremors: This can happen when a baby cries. This is normal.

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New York-Presbyterian Hospital – Safe Sleep Policy

NewYork-Presbyterian Hospital
Sites: All Campuses, except NYP/CU & NYP/WD
Department of Nursing, Children's Practice Manual
Number: PEDS 1219
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TITLE: SAFE SLEEP POLICY

POLICY:

1. Hospitalized infants, less than 1 year old, greater than 32 weeks gestational age and medically stable (on full feedings, room air or nasal cannula, and in open crib or bassinette) must be placed on their backs to sleep in a safe sleep environment.
2. The RN will provide the parents with safe sleep education during the hospital stay and at discharge.
3. RNs and other healthcare providers will model safe sleep while infants are in the hospital setting.

PURPOSE:

To establish consistent safe sleep practices for all healthcare providers for infants in the hospital setting and implement the American Academy of Pediatrics safe sleep recommendations

APPLICABILITY:

Population Served:	**Care Setting**
□ Adult	□ Ambulatory Care (clinic based)
□ Psychiatry	**X Critical Care**
X Obstetrics	□ Emergency Department
X Pediatrics	**X Inpatient Non Critical Care**
	□ Procedure/Diagnostic Area
	X Periop
	X Step-down

SUPPORTIVE EVIDENCE –BASED DATA:

Deaths from Sudden Infant Death Syndrome have declined dramatically since the American Academy of Pediatrics (AAP) recommendation that all babies be placed on their backs to sleep in 1992. In an updated policy statement and technical report, the AAP is expanding its guidelines on safe sleep for babies, with additional information for parents on creating a safe environment for their babies to sleep. WWW.HEALTHYCHILDCARE.ORG/PDF/SIDSPARENTSAFESLEEP.PDF Accessed on March 6, 2018

EQUIPMENT (IF AVAILABLE)

- Halo Sleep Sack (NICU) (MSCH only)

Policy Dates:
New: N/A
Supersedes Policy Number: PEDS 1219 Dated: 4/2016
Revised: 4/2018
Reviewed: N/A
Date Approved: 4/2018

Driver:

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SAFE SLEEP POLICY, CONT'D

NURSING ASSESSMENT AND CARE:

1. Remove toys, clothing, diapers and other articles from patient's crib
2. Place head of bed flat
3. Follow algorithm to determine if infant qualifies for safe sleep
4. Utilize HALO safe sleep sack (MSCH only)
5. Use one blanket to cover mattress

PROCEDURE:

1. Hospitalized infants who meet the criteria as defined by the AAP must be placed
   A. Safe Sleep Criteria
      1) > 32 weeks' gestational age
      2) Medically Stable
         (a) On Room Air or Nasal Cannula
         (b) Tolerating Full Enteral Feeds
         (c) In an open crib/bassinet
      3) See Attached Algorithm

2. Safe Sleep Environments Consist of
   A. Head of bed flat
   B. Infant sleeping on their back
   C. Toys, clothes, diapers, sleeping and developmental aids removed from crib
   D. One flat sheet on mattress
   E. Blanket positioned so it stays below the shoulders or using the HALO sleep sack
   F. Twins and multiples need to be placed in separate sleeping areas
   G. Removing infant hats or headbands

3. Exceptions to Safe Sleep Guidelines
   A. Any infant with a medical contraindication and a written order.

PATIENT TEACHING:

1. Using teach-back, instruct families on importance of safe sleep & what safe sleep practices encompasses.
2. Staff model safe sleep practices for parents.
3. Encouraging parents to breastfeed.
4. Immunizations according to AAP and CDC
5. http://www.healthychildcare.org/pdf/sidsparentsafesleep.pdf
6. http://www.cdc.gov/sids/parents-caregivers.htm

DOCUMENTATION:

1. Document sleeps safe halo sack used under the patient education flow sheet.
2. Document that education given to the parent on halo sleep sack use.

Policy Dates:
New: N/A
Supersedes Policy Number: PEDS 1219 Dated: 4/2016
Revised: 4/2018
Reviewed: N/A
Date Approved: 4/2018

Driver:

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SAFE SLEEP POLICY, CONT'D

RESPONSIBILITY: PEDIATRICS

REFERENCES:

American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. (2011). SIDS and other sleep related infant deaths: Expansion of recommendations for a safe infant sleeping environment. *Pediatrics*, 128, (5), e1341-e1367.

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Pediatrics Oct 2016, e20162938; **DOI:** 10.1542/peds.2016-2938
Retrieved on March 29, 2018 at
http://pediatrics.aappublications.org/content/pediatrics/138/5/e20162938.full.pdf

KEY WORDS: Safe sleep, neonatal, infant, NICU

APPROVAL METHOD:

Department	Approver's Name	Title	Signature	Date
Nursing	Wilhelmina Manzano, MA, RN, NEA-BC	Senior Vice President, Chief Nursing Executive & Chief Quality Officer	Wilhelmina Manzano	4/2018

Committee	Date Approved
Cross Campus Nursing Practice Council	4/2018

Policy Dates:
New: N/A
Supersedes Policy Number: PEDS 1219 Dated: 4/2016
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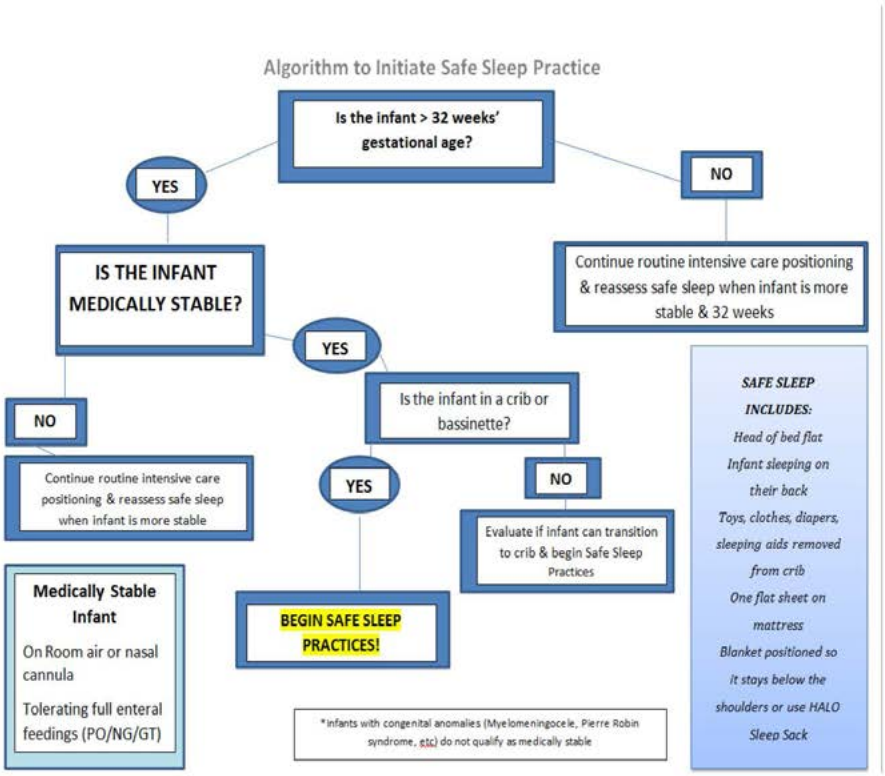
SAFE SLEEP POLICY, CONT'D



Policy Dates:
New: N/A
Supersedes Policy Number: PEDS 1219 Dated: 4/2016
Revised: 4/2018
Reviewed: N/A
Date Approved: 4/2018

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Northwell Health – Safe Sleep Practices Clinical Practice Guideline

Northwell Health
Neonatal Service Line

CLINICAL PRACTICE GUIDELINE

Safe Sleep Practices

GENERAL STATEMENT of PURPOSE

General information: Sudden infant death (SIDS) is the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted including an autopsy, assessment of the place and circumstances of death, and review of the clinical history. Sudden unexpected infant death (SUID) is a term used to describe any sudden and unexpected death regardless of whether or not it is caused by SIDS. SUID can be caused by potentially preventable causes including suffocation, asphyxia and entrapment. Since initiation of the "Back to Sleep" program by the AAP for full term babies in 1994, the incidence of SIDS has decreased. The recommendation has since been extended to premature infants as well. In 2011, the program was further expanded to include recommendations for a safe sleep environment.

Purpose: To ensure that staff caring for infants promote safe sleep practices through implementation, role modeling, and patient education for the hospital stay. Parent education regarding continued adherence to safe sleep guidelines is required for safe discharge. These guidelines outline the AAP 2011 safe infant sleep environment recommendations that should be implemented by all staff that provide care to infants.

SCOPE

This policy applies to all staff of the Northwell Health System, including but not limited to medical staff, nursing staff, respiratory therapists, physical, occupational and speech therapists, child life specialists and other persons performing work for or at Northwell Health System.

GUIDELINE STATEMENT

I. Guidelines for healthy term infants in the hospital

A. Place infants in the supine position with the bed flat for sleep for all naps and at night.
B. Infant bassinettes should have a firm sleep surface covered by a tightly fitted secure sheet.
    1. Infants should not sleep in swings, car seats or infant seats as they might assume a position which could lead to airway obstruction.
    2. There should be no gaps between the mattress and the side of the crib.
    3. There should be no toys, blankets, bumpers or pillows in the crib.
C. Infant should be dressed in light sleep clothing such as a one-piece sleeper (eg: stretchie or sleep sac) without a head covering or other possible hazard of entrapment.
        1. Infants who require a hat for warmth in the first 24 hours, may use a properly fitted hat which cannot become dislodged and does not cover the mouth or nose.
D. Infants may be swaddled in the supine position based on AAP recommended swaddling techniques so the hips remain flexed.

This document is intended as a general guideline.
The healthcare professional must use the appropriate judgment dependent on the particular clinical situation

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Northwell Health – Safe Sleep Practices Clinical Practice Guideline

E. Infant should not share a bed, sleeper chair, or chair with another person while asleep. Avoid co-bedding for twins and higher order multiples.
F. If an infant sling or soft carrier is used, ensure that the head is up and above the fabric, the face is visible and the nose and mouth are free of obstruction.
G. Skin to skin care should be encouraged to facilitate breast feeding, but only when the caregiver is awake. The mother should be properly positioned with the HOB elevated, and the infant's head should be on the mother's chest and the infant's nose and mouth should be free and unobstructed. Caregivers should be taught to stay attuned to the infant's breathing pattern and advised to place the infant back in the crib if the caregiver becomes fatigued.

II. Guideline for NICU infants who are ill or preterm

A. Begin transitioning the infant to supine sleep position at 32 weeks gestation or as soon as clinical status warrants, ideally at least 2 weeks prior to discharge. Infants who have medical contraindications to being placed supine for sleep require an order in the medical record. Discussion should be held during rounds until such time as the infant meets criteria for safe sleep positioning.
1. Supine sleep with head of bed flat.
    a. Infant should not sleep in car seats or swings
    b. There should be no toys, pillows or bumpers in the crib.
2. Halo sleeper or swaddle, and a well-fitting hat which does not slip off or cover the nose or mouth may be used to maintain temperature.
3. If an additional blanket is needed, the infant should be placed with the feet at the end of the crib and the blanket should be placed with the edge between the nipples and shoulders and tucked in on the sides and the bottom of the crib.
4. Remove developmental care supports one item at a time when transitioning to open crib unless there is a medical indication.

III. Special circumstances

A. Infants who are diagnosed with gastro-esophageal reflux should be evaluated on a case by case basis for the need to keep the head of the bed elevated. They should be placed with the head of the bed elevated only if the risk of GER is greater than the risk of SIDS (eg: those infants in whom airway protective mechanisms are impaired).

B. Infants with airway malformations may require prone or side-lying positioning and home apnea and pulse oximetry monitoring should be considered for these infants.

IV. Guidelines for discharge teaching

A. Place infants in a crib in the supine position with the bed flat for sleep for all naps and at night.
B. Use a firm sleep surface covered by a tightly fitted secure sheet.
1. The area should be free of cords, dangling objects including balloons, window coverings and electrical cords that might create strangulation or suffocation.
2. Infants should not sleep in swings, car seats or infant seats as they might assume a position which could lead to airway obstruction.
3. There should be no gaps between the mattress and the side of the crib.
4. Keep soft objects such as pillows, bumpers, blankets, quilts and stuffed toys out of the crib.
C. Avoid overheating. Infant should be dressed in light sleep clothing such as a one-piece sleeper (eg: stretchie or sleep sac) without a head covering or other possible hazard of entrapment. The infant should have no more than one layer of extra clothing than that used by an adult to be comfortable in the environment.
1. Hats should not be used during sleep.

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2. Infants up to 2 months of age may be swaddled and placed on their back.

D. Room sharing without bed sharing. A separate infant crib with 4 side rails in the same room as the caregiver is recommended. An infant should not share a bed or sleeper chair, with another child or adult while asleep. Avoid co-bedding for twins and higher order multiples.

E. Avoid commercial devices marketed to reduce the risk of SIDS such as wedges, positioners, special mattresses and sleep surfaces or home monitors. There is no evidence that these devices reduce the risk of SIDS or suffocation or that they are safe.

F. Consider offering a pacifier at naptime and at bed time if bottle feeding or once breastfeeding is well-established (usually 3-4 weeks of age). The pacifier should not be hung around the infant's neck. Detach the pacifier from the infant's clothing for sleep.

G. Avoid smoking around the infant and avoid use of alcohol and illicit drugs.

H. Encourage tummy time to promote motor development, facilitate development of upper body strength and avoid plagiocephaly. The infant should be awake and supervised at all times during tummy time.

I. If an infant sling or soft carrier is used, ensure that the head is up and above the fabric, the face is visible and the nose and mouth are free of obstruction

J. Encourage good prenatal care for subsequent pregnancies

V. Parent education and documentation:

A. Prior to discharge from the NICU or regular nursery, parents must be provided with education about safe sleep practices as outlined above, as well as about interventions such as breastfeeding and immunizations which may reduce the risk of SIDS.

1. Distribute safe sleep materials to parents

B. Document parent teaching regarding safe sleep practices in the medical record.

C. Encourage parents to view a video such as "SIDS and safe sleep" or other videos available from NYS Office of Child and Family Services (Safe sleep as simple as A,B,C)

D. Document in the medical record when parents have watched the video.

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FORMS/APPENDIX

Order set	New	Modified	Existing	Date

FOCUS GROUP LEAD:

Role	Team Member
Content Experts	Regina Spinazzola MD, Nancy Pupke RN, DNP
Nursing (1 from each hospital area)	Neonatal ICU/Newborn nursery

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Northwell Health – Safe Sleep Practices Clinical Practice Guideline

Pediatric Chief Resident	
Pharmacy & Therapeutics	
Radiology	
Laboratory	
Voluntary Pediatrician	
Family Advisory Council	

APPROVALS: (as applicable)	Date Presented	Date Approved
Pediatric Clinical Effectiveness Committee		10/10/2015
Performance Improvement Coordinating Group (PICG), Medical/Surgical		
PICG, Emergency Medicine		
PICG, Pediatric Critical Care		
PICG, Neonatology		
PICG, Perioperative/Surgical		
Pediatric Service Line		
Neonatal Service Line		

Driver:

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NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

NYC HEALTH+ HOSPITALS | Kings County POLICY AND PROCEDURE MANUAL		HOSPITAL MANUAL (HM) Page 1 of 11
DEPT/SERVICE: PATIENT CARE SERVICES		KEY WORDS: Safe Sleep (SIDS)
CATEGORY: Provision of Care, Treatment and Services		
SUBJECT: Safe Infant Sleeping Environment		
DATE FIRST ISSUED: 6/17/2013	DATE LAST REVISED: 1/14, 1/15, 5/15, 5/18	
DATE EFFECTIVE: 6/8/15	SUPERCEDES: 5/15	

POLICY STATEMENT:

According to the (CDC, 2017), "In 2015, there were about 3,700 sudden unexpected infant death (SUID) in the United States. These deaths occur among infants less than 1 year old and have no immediate obvious cause". Since the 1990's data has shown, an unsafe sleeping environment is a contributing factor for SUIDS/SIDS. Accidental suffocation and strangulation in bed, SIDS, and unknown causes, were the common reported types of sudden unexpected infant death.

A major decrease in the incidence of sudden infant death syndrome (SIDS) occurred when the American Academy of Pediatrics (AAP) released its initial recommendation in 1992 that infants be placed in a non-prone position for sleep. The incidence of SIDS has leveled off in recent years, while the incidence of other causes of sudden unexpected infant death (SUID) that occur during sleep (including suffocation, asphyxia and entrapment) has increased.

As healthcare providers, practicing and educating parents and caregivers on maintaining safe sleep environments, is integral in reducing risk factors related to SIDS/SUIDS.

PURPOSE:

- To help maintain a safe sleep environment and reduce the risk of SIDS and other sleep-related causes of infant death.
- Establish guidelines and parameters for infant positioning.
- To provide parents and caregivers with standard evidence-based guidelines to promote safe sleep practices prior to discharge.

SCOPE: **M.D's, CNM's, NP's, PA's, RN's, LPN's, PCA's/PCT's**

1

Driver:

Hospital policies support/facilitate safe sleep practices

NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

KINGS COUNTY HOSPITAL CENTER POLICY AND PROCEDURE MANUAL	HOSPITAL MANUAL (HM) Page 2 of 11
DEPT/SERVICE: PATIENT CARE SERVICES	KEY WORDS: Safe Sleep (SIDS)
CATEGORY: Provision of Care, Treatment and Services	
SUBJECT: Safe Infant Sleeping Environment	

GUIDELINES

SIDS- is the sudden death of an infant less than one year of age. SIDS cannot be explained with thorough investigation which includes autopsy, review of the clinical history, and examination of the crime scene.

SUID- is the sudden and unexpected death of an infant less than one year of age in which the manner and cause of death are not immediately obvious prior to investigation. Causes of sudden unexpected infant death include, but are not limited to, metabolic disorders, hypothermia or hyperthermia, neglect or homicide, poisoning, and accidental suffocation. (CDC, 2017)

SUPC (Sudden Unexpected Postnatal Collapse) any condition resulting in temporary or permanent cessation of breathing or cardiorespiratory failure in a well-appearing, full-term newborn with Apgar scores of eight or more, occurring during the first week of life. Many, but not all, of these events are related to suffocation or entrapment.

NAS (Neonatal Abstinence Syndrome): Is a constellation of symptoms that occur in a newborn who has been exposed to addictive opiate drugs. This is most commonly due to prenatal or maternal use of substances that result in withdrawal symptoms in the newborn. It may also be due to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn (postnatal NAS).

POLICY:

I. Staff Education:

1. All staff will be educated on safe-sleep practices as the standard of care for intrapartum, and postpartum management of the newborn. Safe sleep practices and patient education is included in the orientation of new staff to the Maternal Child Health Services.

2

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NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

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II. **Prenatal**:

1. Safe sleep education will be provided and reinforced throughout the prenatal period, for all OB patients. Education is provided in trimester classes given by the Women's' Health Staff.

2. Education on infant safety, is also provided at the Childbirth Education classes.

3. The American Academy of Pediatrics recommends that infants are placed on their back to sleep, but when infants can easily turn over from their back to their stomach, they may adopt whatever position they prefer for sleep. This recommendation by the American Academy of Pediatrics will be included in all our Safe Sleep education and teaching..

4. Safe sleep education provided to the patient will be documented in the EMR

III. Intrapartum:

1. On admission the patient will be assessed on their awareness and understanding of safe sleep practices.

2. After delivery, the newborn will be placed skin-to-skin immediately after birth, and will remain skin-to-skin uninterrupted through the first breastfeeding, or for at least an hour if exclusively formula-feeding. The infants will be placed on their backs during transitional care in the radiant warmer, and in the bassinet. Safe sleep practices will be demonstrated and reinforced to the patient and family.

(The following recommendations for skin to skin bonding, when the mother is awake and fully alert, will decrease the risks of SUPC (see page 1 for definition.)

- Infant's face can be seen
- Infant's head is in "sniffing" position
- Infant's nose and mouth is not covered
- Infant's head is turned to one side
- Infant's neck is straight, not bent
- Infant's shoulders and chest face mother's
- Infant's legs are flexed
- Infant's back is covered with blanket
- Mother-infant dyad is monitored continuously by the staff in the delivery environment and regularly on the postpartum unit
- When mother want to sleep, infant is placed in bassinet or with another support person who is awake and alert.

3

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Hospital policies support/facilitate safe sleep practices

NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

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III. Intrapartum: (Cont.)

3. Education provided to the patient is to be documented in the EMR.

4. On transfer to the Mother/Baby unit the nurse will report to mother/baby nurse the safe sleep education provided to the patient. Mother will hold infant in her arms securely during transfer to the mother/baby unit.

IV. Postpartum:

1. All infants > 32weeks will be placed on their back to sleep during every nap and nighttime for the first year unless otherwise ordered by the physician. Side sleeping is no longer advised and should be used only if there is a physician order.

2. If determined by the newborn health care provider, an infant requires alternative sleep positions or special sleeping arrangements, the provider must document in the EMR the indications and detail the alternative sleep positions or special sleeping arrangements (i.e. infants on phototherapy) . Caregivers will put the infant to sleep as specified in the written instructions.

3. On admission patient will be provided admission packet which includes information on safe sleep.

4. Patient education on safe sleep begins on delivery day and consistently reinforced until day of discharge. Safe sleep education will be included in the rooming-in admission process for the newborn.

5. Infants should receive all recommended vaccinations at birth. Evidence suggests that immunization reduces the risk of SIDS by 50 percent (CDC, 2017).

6. Patient education on safe sleep will be documented in the nurse postpartum care note daily.

V. Breastfeeding:

1. Breastfeeding is recommended.

2. Breastfeeding is associated with a reduced risk of SIDS. If possible, mothers should exclusively breastfeed or feed with expressed human milk (i.e., not offer any formula or other non-human milk-based supplements) for six months, in alignment with AAP recommendations.

4

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NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

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VI. Neonatal Intensive Care Unit (NICU)

1. Infants should be placed in the supine position for sleep as soon as medically stable and significantly before anticipated discharge.

2. If determined by the newborn health care provider, an infant requires alternative sleep positions or special sleeping arrangements, the provider must document in the EMR the indications and detail the alternative sleep positions or special sleeping arrangements. Caregivers will put the infant to sleep as specified in the written instructions.

3. Place all infants on their backs to sleep and the head of the bed flat.

4. Infants with upper airway compromise, life-threatening GE reflux (not mild to moderate apnea/bradycardia), respiratory distress, or a greater degree of prematurity may be placed prone or side lying until resolution of symptoms.

5. Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner when continuously monitored and observed.

6. Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms may be placed in a prone position for brief periods of time.

NAS & Prone Positioning

Infant Irritable
Comfort Measures
- Rocking (including use of swings/Mamaroo)
- Holding (volunteers)
- Swaddling
- White noise
- Appropriate Skin-to-skin care
- Infant massage

Irritability continues > 12 hours that necessitates prone positioning at times
Consult with MD/NNP to review scores and meds

Re-assess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!

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VI. Neonatal Intensive Care Unit (NICU) (Cont.)

7. NICU infants should be placed exclusively on their backs to sleep when stable and in the convalescent stage of their development.

8. Placement of NICU infants on their backs to sleep should be done well before discharge in order to model safe-sleep practices to their families.

i. **Begin Home Sleep Environment (if not done earlier) when-**
   a. Morphine dose 0.16mg every 3 hours
   b. Average abstinence scores of < 6 over 24 hours
   c. No scores > 10 in the last 24 hours
   d. No prn doses needed in the previous 24 hours

ii. **Implement the "home sleep environment" at least 1 week before discharge if not sooner.**
   a. **KEY POINT** -implement when infant is ready for "home sleep" and not earlier in the hospitalization
   b. *Swing time should be limited to awake/fussy times.

iii. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used. Positioning devices (snugglies) may be used for developmentally sensitive care of the extremely premature.

iv. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "sleep sack" may be used. Kangaroo Care is encouraged, mother and baby will be closely supervised during Kangaroo Care.

The following recommendations for skin to skin bonding, when the mother is awake and fully alert, will decrease the risks of SUPC (see page 1 for definition.)

- Infant's face can be seen
- Infant's head is in "sniffing" position
- Infant's nose and mouth is not covered
- Infant's head is turned to one side
- Infant's neck is straight, not bent
- Infant's shoulders and chest face mother's
- Infant's legs are flexed
- Infant's back is covered with blanket
- Mother-infant dyad is monitored continuously by the staff in the delivery environment and regularly on the postpartum unit
- When mother want to sleep, infant is placed in bassinet or with another support person who is awake and alert.

6

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NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

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VI. Neonatal Intensive Care Unit (NICU) (Cont.)

***If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable**

9. Environmental temperature should be maintained at 72 to 78 degrees F.

10. The following guidelines should be used to transition NICU patients to the Home Sleep Environment (HSE):
    a. Babies with a gestational age of 34 weeks and beyond AND greater than 1500 grams without respiratory distress should be placed in HSE.
    b. Babies with gestational age 34 weeks and beyond with respiratory distress may be positioned prone until respiratory symptoms are resolving.

    Babies with gestational age under 34 weeks should be assessed when reaching a post-conceptional age of 33 weeks and weight greater than 1500 grams: (Wellspan Health-York, 2011)

    1. If the baby has respiratory distress, staff may continue with prone positioning until respiratory symptoms are resolving.

    2. If the baby has no respiratory symptoms, then the primary nursing team should discuss the infant's neuromuscular status with Occupational Therapy. Once the baby no longer requires positioning devices, begin to follow HSE guidelines.

VIII. Safe Sleep Practices

The following instructions will be included in the safe sleep education:

- Mattresses should be firm and maintain their shape. There should be no gaps between the mattress and the side of the crib, bassinet, portable crib or play-yard.
- Only mattresses and tightly-fitted sheets designed for the specific type of product should be used.
- All soft objects and loose bedding should be kept out of the crib; this includes fluid protective chux's.
- Infants should be dressed appropriately for the environment, with no more than one additional layer than an adult would wear to be comfortable. Infants must be supervised to ensure they are not overheated or chilled.

7

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Hospital policies support/facilitate safe sleep practices

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VIII. Safe Sleep Practices (Cont.)

- Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "wearable blanket" may be used. If temperature instabiility occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable.
- The patient will be instructed to physically check on the infant frequently during napping or sleeping and shall remain in close proximity to the infant in order to hear and see them if they have difficulty during napping/sleeping or when they awaken.
- Bed-Sharing is not recommended.
    * Parents will be instructed and educated on admission as to the risks of bed sharing. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet. The mother/parent should then be re-educated on safe sleep practices as soon as practical.
- Toys and stuffed animals will be removed from the crib when the infant is sleeping.
- Only one infant may occupy a crib at one time.
- While at home, car safety seats, strollers, swings, infant carriers, infant slings, boppy pillows,and other sitting devices should not be used for sleep/nap time.
- Neonatal rounding is to continue as per policy (See Neonatal Fall Prevention Policy). Newborn safety practices during rooming-in should be monitored regularly and documented.
- Quiet time will take place between the hours of 2-4pm. This will provide the patient with quiet time for herself and her newborn. During this time safe sleep practices should be reinforced.
- Each patient is required to view safe sleep video before discharge. Viewing of the video by the patient/family will be documented in the EMR.
- Environmental temperature should be maintained at 72 to 78 degrees F.

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Hospital policies support/facilitate safe sleep practices

NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

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IX. Pediatric OPD

If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is acceptable.

- ☐ Parents are educated on safe sleep practices during the well-baby follow-up by the provider.
- ☐ Education is provided to the parents on all pediatric patients up to 6 months of age.
- ☐ Education on safe sleep is documented by the provider in the EMR.
- ☐ Literature is available for the parent/parents in the pediatric clinic and is provided by the pediatric nurse.

X. Home Sleep Environment (HSE) Guidelines

The following information for the mother/ family will be included in the education for safe sleep on discharge:

1. All healthy infants should be placed on their backs to sleep.
2. All infants should be placed in a separate but proximate sleeping environment (crib, infant bassinet, play-yard, portable crib, or portable play-yard).
3. All infants should be placed on a firm sleep mattress. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.

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Driver:

Hospital policies support/facilitate safe sleep practices

NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

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X. Home Sleep Environment (HSE) Guidelines (cont.)

1. Avoid bed sharing with the infant.

   * Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling off the bed, and infants have suffocated in bedding.

   * Infants have died from suffocation due to adults rolling over on them.

   * Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.

2. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level.
   - **Swaddling should be discontinued when the infant shows signs of rolling over.**

3. The use of a "wearable blanket" may be used in place of a blanket.

4. Avoid the use of commercial devices marketed to reduce the risk of SIDS.

5. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant's sleeping environment.

6. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.

7. Avoid maternal and environmental smoking.

8. Breastfeeding is beneficial for infants.

9. Home monitors are not a strategy to reduce the risk of SIDS.

10. Encourage tummy time when the infant is awake to decrease positional plagiocephaly.

11. All mothers should be shown the safe sleep DVD before discharge, and review the appropriate home sleep environment.

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Driver:

Hospital policies support/facilitate safe sleep practices

NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

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CATEGORY: Provision of Care, Treatment and Services	
SUBJECT: Safe Infant Sleeping Environment	

References:

American Academy of Pediatrics, 2017. New Safe Sleep Recommendations to Protect Against SIDS, Sleep Related Infant Death, https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/american-academy-of-pediatrics-announces-new-safe-sleep-recommendations-to-protect-against-sids.aspx

American Academy of Pediatrics, 2016. American Academy of Pediatrics Policy Statement SIDS and other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment, Task Force on Sudden Death Syndrome. *Pediatrics*, *138*(5), 2016-2940.

American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. (2011). SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*, *128*(5), 1030-1039.

Centers for Disease Control and Prevention, 2017. Sudden Unexpected Infant Death and Sudden Infant Death Syndrome, https://www.cdc.gov/sids/parents-caregivers.html

Cribs for Kids, 2017. A National Infant Safe Sleep Initiative, http://www.cribsforkids.org/?page_id=530

New York State Department of Health, 2016. Safe Sleep for Baby, https://www.health.ny.gov/publications/0672/

Wellspan Health-York Hospital, 2011. Infant Positoning/Safe Sleep Practive Policy, retrieved on 5/201 **from http://cribsforkids.org/wp-content/uploads/2011/10/5-hospital-policy-for-infant-sleep-safety.pdf**

❖ **SIGNATURE PAGE:** See Procedure Manual Review Certification

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Driver:

Hospital policies support/facilitate safe sleep practices

NYP Columbia University Medical Center & Weill Cornell Medical Center - Safe Sleep Policy and Algorithm

NewYork-Presbyterian Hospital
Sites: NYH/AH, NYP/LM, NYP/MSCH, NYP/WC
Department of Nursing, Children's Practice Manual
Number: PEDS 1219
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TITLE: SAFE SLEEP POLICY

POLICY:

1. Hospitalized infants, less than 1 year old, greater than 32 weeks postmenstrual age and medically stable (on full feedings, room air or nasal cannula, and in open crib or bassinette) must be placed back to sleep in a safe sleep environment.
2. The RN will provide the parents with safe sleep education during the hospital stay and at discharge
3. RNs and other healthcare providers will model safe sleep while infants are in the hospital setting.

PURPOSE:

To establish consistent safe sleep practices for all healthcare providers for infants in the hospital setting and implement the American Academy of Pediatrics safe sleep recommendations

APPLICABILITY:

Population Served:
- □ Adult
- □ Psychiatry
- X□ Obstetrics
- X□ Pediatrics

Care Setting
- □ Ambulatory Care (clinic based)
- X□ Critical Care
- □ Emergency Department
- X□ Inpatient Non Critical Care
- □ Procedure/Diagnostic Area
- □ Periop
- □ Step-down

SUPPORTIVE EVIDENCE –BASED DATA:

Since the American Academy of Pediatrics (AAP) recommended all babies should be placed ontheir backs to sleep in 1992, deaths from Sudden Infant Death Syndrome have declined dramaticallyIn an updated policy statement and technical report, the AAP is expanding its guidelines on safe sleep forbabies, with additional information for parents on creating a safe environment for their babies to sleep.
WWW.HEALTHYCHILDCARE.ORG/PDF/SIDSPARENTSAFESLEEP.PDF
ACCESSED ON APRIL 25, 2016

EQUIPMENT (IF AVAILABLE)

- Halo Sleep Sack (NICU) (MSCH only)

Policy Dates:
New: PEDS 1219
Supersedes Policy Number: N/A Dated: N/A
Revised: N/A
Reviewed: N/A
Date Approved: 4/2016

Driver:

Hospital policies support/facilitate safe sleep practices

NYP Columbia University Medical Center & Weill Cornell Medical Center - Safe Sleep Policy and Algorithm

NewYork-Presbyterian Hospital
Sites: NYH/AH, NYP/LM, NYP/MSCH, NYP/WC
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SAFE SLEEP POLICY, CONT'D

NURSING ASSESSMENT AND CARE:

1. Remove toys, clothing, diapers and other articles from patient's crib
2. Place head of bed flat
3. Follow algorithm to determine if infant qualifies for safe sleep
4. Utilize HALO safe sleep sack
5. Use one blanket to cover mattress

PROCEDURE:

1. Hospitalized infants who meet the criteria as defined by the AAP must be placed
   A. Safe Sleep Criteria
      1) > 32 weeks' postmenstrual age
      2) Medically Stable
         (a) On Room Air or Nasal Cannula
         (b) Tolerating Full Enteral Feeds
         (c) In an open crib/bassinet
      3) See Attached Algorithm

2. Safe Sleep Environments Consist of
   A. Head of bed flat
   B. Infant sleeping on their back
   C. Toys, clothes, diapers, sleeping and developmental aids removed from crib
   D. One flat sheet on mattress
   E. Blanket positioned so it stays below the shoulders or using the HALO sleep sack
   F. Twins and multiples need to be placed in separate sleeping areas
   G. Removing infant hats or headbands

3. Exceptions to Safe Sleep Guidelines
   A. Any infant with a medical contraindication and a written order

PATIENT TEACHING:

1. Using teach-back, instruct families on importance of safe sleep & what safe sleep practices encompasses
2. Staff model safe sleep practices for parents
3. Encouraging parents to breastfeed
4. Immunizations according to AAP and CDC
5. **http://www.healthychildcare.org/pdf/sidsparentsafesleep.pdf**
6. **http://www.cdc.gov/sids/parents-caregivers.htm**

Policy Dates:
New: PEDS 1219
Supersedes Policy Number: N/A Dated: N/A
Revised: N/A
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Hospital policies support/facilitate safe sleep practices

NYP Columbia University Medical Center & Weill Cornell Medical Center - Safe Sleep Policy and Algorithm

NewYork-Presbyterian Hospital
Sites: NYH/AH, NYP/LM, NYP/MSCH, NYP/WC
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SAFE SLEEP, CONT'D

DOCUMENTATION:
1. Document sleeps safe halo sack used under the patient education flow sheet
2. Document that education given to the parent on halo sleep sack use

RESPONSIBILITY: PEDIATRICS

REFERENCES:

American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. (2011). SIDS and other sleep related infant deaths: Expansion of recommendations for a safe infant sleeping environment. *Pediatrics*, 128, (5), e1341-e1367.

Centers for Disease Control and Prevention, HHS. (2012). Sudden infant death syndrome. Retrieved February 16, 2016, from *http://www.cdc.gov/sids*.

Eunice Kennedy Shriver National Institute of Child Health and Human Development. (2016). Safe to sleep campaign. Retrieved February 16, 2016, from https://www.nichd.nih.gov/sts/Pages/default.aspx

Gelfer, P., Cameron, R., Masters, K., & Kennedy, K.A. (2013). Integrating "back to sleep" recommendations into neonatal ICU practice. *Pediatrics*, 131, (4), e1265-e1270.

KEY WORDS: Safe sleep, neonatal, infant, NICU

APPROVAL METHOD:

Department	Approver's Name	Title	Signature	Date
Nursing	Wilhelmina Manzano, MA, RN, NEA-BC	Senior Vice President and Chief Nurse Executive	Wilhelmina Manzano	4/2016

Committee	Date Approved
Cross Campus Nursing Practice Council	4/2016

Policy Dates:
New: PEDS 1219
Supersedes Policy Number: N/A
Revised: N/A
Reviewed: N/A
Date Approved: 4/2016

Dated: N/A

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Hospital policies support/facilitate safe sleep practices

NYP Columbia University Medical Center & Weill Cornell Medical Center - Safe Sleep Policy and Algorithm

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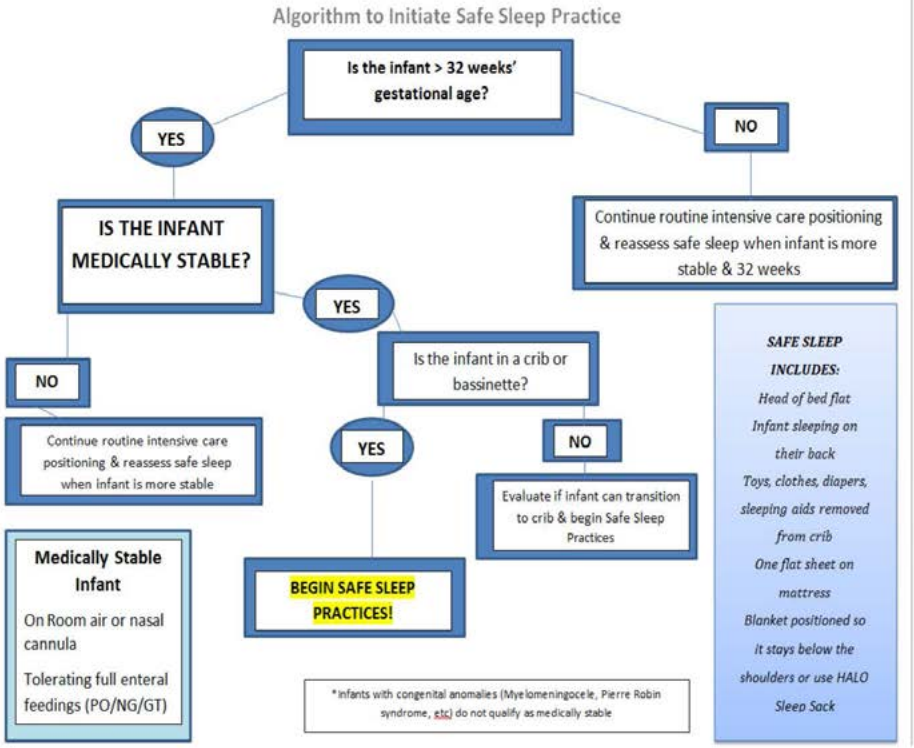

Policy Dates:
New: PEDS 1219
Supersedes Policy Number: N/A
Revised: N/A
Reviewed: N/A
Date Approved: 4/2016

Dated: N/A

Driver:

Hospital policies support/facilitate safe sleep practices

Olean General Hospital – Safe Sleep Practice/Infant Positioning Policy

Olean General Hospital — Policy and Procedure Manual

TITLE:	**Safe Sleep Practice/ Infant Positioning**		POLICY #:		
Department or Hospital-Wide Section Name:	**Nursing Division-OB/Pediatrics**	Revision Date:		Revision #:	
Committee approvals – see meta data information		Original Effective Date:			

1) **STATEMENT OF POLICY:**
SIDS (Sudden Infant Death Syndrome) is considered to be the sudden death of an infant younger than one year of age that remains unexplained after a complete investigation. There has been a significant decrease in the number of infants who have died from SIDS due to healthcare providers and public health campaigns educating parents and caregivers of the risk factors related to SIDS. Healthcare professionals have a vital role in educating parents and families regarding the "Back to Sleep" campaign. The "Back to Sleep" campaign was started in 1994. In 1992 the SIDS rate was 1.2 deaths per 1000 live births. In 2001, the SIDS rate was 0.56 deaths per 1000 live births, which was a decrease of 53% over a ten-year period. The decreasing SIDS rate is occurring due to a reduction in prone positioning. In 1992, prone positioning was seen in 70%, compared to 13% in 2006. As important role models, healthcare professionals are critical in communicating SIDS risk reduction strategies to parents and families, and by practicing safe sleep practices while infants are still in the hospital.
There are factors that have been identified that place an infant at an increased risk of SIDS. They include: stomach sleeping, sleep surfaces that are soft (loose, fluffy bedding), overheating during sleep, maternal smoking (during pregnancy or in the infant's environment), and bed sharing.
PURPOSE:
a. Establish guidelines and parameters for infant positioning.
b. Establish appropriate and consistent parental education on safe sleep positions and environment.
c. Establish consistent safe sleep practices by healthcare professionals for infants prior to discharge.

2) **EQUIPMENT:** Bassinettes, Open Cribs, Isolettes, Infant Warmers

3) **DESIGNATED PERSONNEL**: OB Nurses, Pediatric Nurses, Pediatricians

4) **PROCEDURE**:
a) **Infants in the Newborn Nursery:**
1. Place all infants on their backs to sleep and the head of the bed flat.
*Infants with a medical contraindication to supine sleep position (i.e. congenital malformations, upper airway compromise, and severe symptomatic gastroesophageal reflux) should have a physician's order along with an explanation documented.
2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.
3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet and can be returned to the newborn nursery at the discretion of the nurse. The mother/parent should then be re-educated on safe sleep practices as soon as practical.
4. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "sleep sack" may be used. Sleep sacks may be used on infants < 38 pounds and I year of age.
*If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
5. The infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket.
6. Environmental temperature should be maintained at 72 to 78 degrees F.

b) **Infants in the Neonatal Intensive Care Nursery (NICU):**
1. Place all infants on their backs to sleep and the head of the bed flat.
* Infants with upper airway compromise, life-threatening GE reflux (not mild to moderate apnea/bradycardia), respiratory distress, or a greater degree of prematurity may be placed prone or side lying until resolution of symptoms.
* Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner when continuously monitored and observed.
* Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms may be placed in a prone position for brief periods of time
* NICU infants should be placed exclusively on their backs to sleep when stable and in the convalescent stage of their development. (see number 6 for guidelines)

Driver:

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Olean General Hospital – Safe Sleep Practice/Infant Positioning Policy

* Placement of NICU infants on their backs to sleep should be done well before discharge in order to model safe-sleep practices to their families.

2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls; and stuffed animals should not be used.
3. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "sleep sack" may be used.

   If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
4. The infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket.
5. Environmental temperature should be maintained at 72 to 78 degrees F.
6. The following guidelines should be used to transition NICU patients to the Home Sleep Environment (HSE):
   a. Babies with a gestational age of 34 weeks and beyond AND greater than 1500 grams without respiratory distress should be placed in HSE.
   b. Babies with gestational age 34 weeks and beyond with respiratory distress may be positioned prone until respiratory symptoms are resolving.
   c. Babies with gestational age under 34 weeks should be assessed when reaching a post-conception age of 33 weeks and weight greater than 1500 grams:
      I. If the baby has respiratory distress, staff may continue with prone positioning until respiratory symptoms are resolving.
7. Once it is determined that an infant is ready for home sleep environment, the following actions should be completed:
   a. Have parents watch the safe sleep DVD and then provide modeling and review of the appropriate home sleep environment.

c) **Infants in the Pediatric Unit: (Infants less than 1 year of age)**

1. Follow the guidelines for the Newborn Nursery.
2. If a blanket is needed for the infant, the infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket. If no blanket is needed, the infant may be positioned in the bed appropriately.
3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet or crib. The mother/parent should then be re-educated on safe sleep practices as soon as practical.

d) **DOCUMENTATION:**

A. Document the infant's position on the Newborn Nursery, NICU, or Pediatric EMR.
B. Family/Parental teaching: All parents and caregivers will be educated on SIDS and safe sleep environments and positioning.
   1. All healthy infants should be placed on their backs to sleep.
   2. All infants should be placed in a separate but proximate sleeping environment (crib, infant bassinette, or Pac 'N' Play).
   3. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
   4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.
   5. Avoid bed sharing with the infant.
      Risk of bed sharing:
      * Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling off the bed, and infants have suffocated in bedding.
      * Infants have died from suffocation due to adults rolling over on them.
      * Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.
   6. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level or use an appropriate size blanket that can be tucked in mound the crib mattress and position the infant's feet at the bottom of the bed.
   7. The use of a "sleep sack" may be used in place of a blanket.
   8. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
   9. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant's sleeping environment.
   10. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the

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Olean General Hospital – Safe Sleep Practice/Infant Positioning Policy

first year of life. Do not force an infant to take a pacifier if he/she refuses.

11. Avoid maternal and environmental smoking.
12. Breastfeeding is beneficial for infants.
13. Home monitors are not a strategy to reduce the risk of SIDS.
14. Encourage tummy time when the infant is awake to decrease positional plagiocephaly.

C. Document all parental teaching (include if the contract was signed and whether the Safe Sleep DVD was viewed) related to sleep safe practices in the mothers EMR.

NAS (Newborn Abstinence Syndrome) & Prone Positioning

Infant Irritable
Comfort Measures

- Rocking
- Holding (volunteers)
- Swaddling
- Etc.

IF irritability continues despite efforts to calm

- May position infant prone
- Re-assess symptoms of withdrawal when infant wakens
- Consult with Pediatrician

Irritability continues> 12 hours that necessitates prone positioning at times

- Consult with Pediatrician

Re-assess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!

Getting ready for home--

- Discontinue prone positioning if used.
- Discuss with primary nursing team, Pediatrician

Begin Home Sleep Environment (if not done earlier) when-

- Average abstinence scores of< 6 over 24 hours
- No scores> 10 in the last 24 hours

When implementing the "home sleep environment" prior to discharge:

- KEY POINT -implement when infant is ready for "home sleep" and not earlier in the hospitalization.
- Review information and safe sleep DVD with parents if not already completed

Family Education

- Need extra education when prone
- DO NOT say, "I couldn't get him to sleep so I put him on his belly", or "She was very fussy last night and slept better being on her belly", or "belly sleeping is okay here in the NICU because our babies are monitored- don't do this at home"
- DO say, "To help her calm I put her on her belly for a brief time. This position is sometimes needed to help with withdrawal symptoms".
- Be consistent with messages

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Hospital policies support/facilitate safe sleep practices

Rochester General Hospital - Infant Safe Sleep Policy

ROCHESTER REGIONAL HEALTH | ROCHESTER GENERAL HOSPITAL

Policy & Procedure

Title:	Infant Safe Sleep	**Date of Origin:**	**3/10/16**	**Policy #**	**NP S8**		
		Last Reviewed:					
		Last Revised:					
		Effective:	**4/2016**	**Page**	1	of	6

Policy Statement:

There has been a major decrease in the incidence of Sudden Infant Death Syndrome (SIDS) since the American Academy of Pediatrics' (AAP's) recommendation, made in 1992, that infants be placed in a non-prone position for sleep. However, other causes of unexpected infant death that occur during sleep including suffocation, asphyxia, and entrapment, have increased. The AAP expanded their recommendations to include a safe sleep environment to reduce the risk of all sleep related infant deaths, including SIDS (AAP, 2011).

This policy is in accordance with the Healthy People 2020 Maternal, Infant and Child Health goal MICH-1.9, which is to reduce the number of infant deaths from sudden unexpected infant death including SIDS, unknown causes, accidental suffocation and strangulation in bed.

Parents tend to copy practices they observe in the hospital setting. Health care providers play a vital role in ensuring proper modeling of safe sleep practices while infants are hospitalized.

Purpose:

- To establish guidelines for safe infant positioning during the inpatient hospital stay.
- To establish consistent education to parents/caregivers regarding safe sleep conditions.
- To ensure infant safe sleep recommendations are modeled by healthcare providers and education about safe sleep practices is provided to parents/caregivers prior to discharge.

Definitions:

Sudden infant death syndrome (SIDS) is the sudden death of an infant less than one year of age that cannot be explained after a thorough case investigation, including a scene investigation, autopsy and review of the clinical history.

Sudden unexpected infant death (SUID) is a term used to describe any sudden and unexpected death, whether explained or unexplained (including SIDS). Some SUID can be attributed to suffocation, asphyxia, or entrapment.

Bed sharing is 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 (not recommended).

Room sharing is the practice of the infant sleeping in a crib or other safe and separate sleep surface in the same room as the parent or caregiver (recommended).

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Rochester General Hospital - Infant Safe Sleep Policy

ROCHESTER REGIONAL HEALTH | ROCHESTER GENERAL HOSPITAL

Policy & Procedure

Title:	Infant Safe Sleep	**Date of Origin:**	**3/10/16**	**Policy #**	**NP S8**
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Procedure:

1. Place infants in the supine position for sleep. The back sleep position is the safest. This includes all naps and at night.
2. Use a firm sleep mattress with a fitted sheet (pillow case in the Newborn Nursery). Never place baby to sleep on pillows, quilts, sheepskins or other soft surfaces.
3. Keep all soft objects, toys and loose bedding out of the baby's sleep area. **Do not** use pillows, blankets, quilts, sheepskins or bumper pads in baby's sleep area, and keep all objects away from baby's face.
4. Room-sharing **without** bed-sharing is recommended.
   a. Keep infant's sleep area close to but separate from where parents sleep.
   b. Infants should not sleep on beds, couches or armchairs with adults or other children.
   c. It is prudent to provide separate sleep areas and avoid co-bedding for twins and higher order multiples both in the hospital and at home.
5. Encourage a smoke free environment for infants.
   a. Do not expose infants to second hand smoke.
   b. Avoid alcohol and illicit drug use.
6. Avoid overheating and over-bundling.
7. Breastfeeding is recommended.
8. Consider using a pacifier at bedtime, after discussing with parents. For breastfed infants, delay pacifier use until breastfeeding is well- established, usually by 3-4 weeks of age.
9. Avoid commercial devices marketed to reduce the risk of SIDS. These include wedges, positioners, special mattresses and special sleep surfaces. There is no evidence that these devises reduce SIDS or suffocation or that they are safe.

Newborn Nursery

1. All parents will receive written and verbal education regarding safe sleep in the hospital and on day of discharge.
2. Parents should be encouraged to share safe sleep information with other family members and caregivers of their infant.
3. If mother is sleeping and another family member is not holding the infant, the baby should be placed on the back in the bassinet.
4. The mattress should have one chuck or pillow case to cover the mattress and the head of the bassinet should be flat.
5. There should be no objects in the bassinet. Bulb syringes will be placed in the drawer of the crib. They should be opened and ready for use, if needed.
6. Infants should not sleep in swings, infant seats or car seats as they may assume positions that can create risk of airway obstruction.
7. After the infant bath, the infant is placed in a sleep sack and safe sleep information is given to parents.

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a. If a sleep sack is not available, the infant will be swaddled in a blanket no higher than the axillary or shoulder level.
b. If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
c. Infants will be dressed appropriately for sleep to prevent overheating. Once temperature is stable, no head covering is needed.
d. The infant's feet should touch the bottom of the crib/bassinet so he/she cannot wiggle down below the blanket.

8. Parents should be instructed to not let baby sleep in the hospital bed if mother is sleepy, sleeping or is unable to observe the infant.

Special Care Nursery (SCN)

Begin transitioning the infant to supine sleep position at 32 weeks gestational age as clinical status warrants OR ideally two weeks prior to discharge. This transition should include:

- Supine sleep position for every sleep
- Head of bed flat
- Sleep sack should be used to help maintain the infant in a normal temperature range

RATIONALE: SCN infants have the potential to be ready for discharge as early as 34 weeks corrected gestational age. Initiating the supine sleep position at 32 weeks gestational age allows for a period of adaptation, evaluation and the opportunity to educate about safe sleep and to model for parents and caregivers safe sleep positioning. The AAP recommends:

1. Placing infants supine as soon as medically stable.
2. Boundaries made from blanket rolls can serve as potential sources of airway obstruction and entrapment.
   - These should not be used except in extreme cases such as Persistent Pulmonary Hypertension of the Newborn or extreme prematurity and only on radiant warmers.
   - Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner when continuously monitored and observed.
3. Some SCN infants have medical contraindications for supine positioning.
   - A provider order is needed for infants who have such conditions.
   - If the team determines the infant cannot be placed in the supine position for sleep, the team should discuss this during rounds until such a time when the infant does reach criteria for supine positioning.

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Hospital policies support/facilitate safe sleep practices

Rochester General Hospital - Infant Safe Sleep Policy

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4. Infants who are diagnosed with Gastroesophageal Reflux Disease (GERD) should be evaluated on a case by case basis to determine if the head of the crib should be elevated.
    - If this is determined necessary, there should be an order for head of bed (HOB) elevated and if it is determined the risk of complications from GERD are greater than the risk from SIDS.
5. For infants who are weaning from the incubator, follow the guidelines for the use of sleep sacks.
    - If sleep sacks are not available, bundling should be done with one blanket.
    - If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
    - The infant's feet should touch the bottom of the crib so he / she cannot wiggle down below the blanket.
    - Infants in incubators must be weaned from all developmental products PRIOR to being placed in an open crib unless there is a medical indication.
    - If there is a medical indication for developmental products, the provider must write an order.
    - Comfort measures, such as Bendy Bumpers, used for infants receiving phototherapy must be removed from the sleep environment once phototherapy is discontinued.
    - A firm mattress with thin covering (fitted sheet, pillow case) must be used.
    - Use of soft bedding such as pillows, quilts, blanket rolls (exceptions in above rationale), and stuffed animals must not be used.
    - Bulb syringes will be placed in the drawer of the crib. They should be opened and ready for use, if needed.
6. Infants will not be left in the arms of sleeping parent in arm chairs or beds. In this case, infant must be placed in their bassinet or crib.
7. Infants will be dressed appropriately for sleep to prevent overheating. Once temperature is stable, no head covering is needed.
8. AAP Safe Sleep environment guidelines will be followed for any infant on a cardiopulmonary-respiratory monitor countdown, or any infant sleeping in an open crib.
9. All SCN families will receive education and reinforcement of Safe Sleep guidelines prior to discharge. Parent should also be encouraged to share safe sleep information with other family members and caregivers on their infant.

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Pediatric In-patient Unit (Infants less than 1 year of age)

1. Place infants on their backs to sleep.
2. Infants will sleep in a crib or bassinet with a single sheet covering the mattress and head of the crib is flat.
   - Elevated head of crib requires a provider order
   - If the head of the crib is elevated for a medical necessity in the monitored inpatient setting, parents/caregivers must be educated about the rational for this.
   - When the infant is medically stable, the head of the crib is returned to a flat position.
3. Items for care are kept out of the crib/bassinet and on an over-bed table.
4. Sleep sacks may be used for infants when available.
5. If an infant is found in bed with a sleeping parent:
   - The infant must be placed in the crib/bassinet.
   - Parents are re-educated on safe sleep practices.
   - A progress note must be written documenting co-sleeping episodes.
6. The Co-sleeping Question on the Pediatric Discharge Checklist (located in the electronic medical record) must be completed for any patient under 12 months of age.

Education:

1. Parents receive infant safe sleep education, including a video and written information with safe sleep instructions.
   - This information is given at discharge as a reference and education for other caregivers/family members.
2. Staff education and compliance
   - Baseline education is achieved through poster presentations and Healthstream Learning Center (HLC) assignments.
   - Annual updates will be assigned in HLC
3. Monthly crib audits for compliance are conducted and published to the staff.
4. Documentation of patient education in Care Connect will be reviewed on standard chart audits.

References:

AAP Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for Safe Infant Sleeping Environment, 2011.

AAP Task Force on Infant Positioning and SIDS. Positioning and SIDS, Pediatrics, 1992; 89 (6) 1120-1126.

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Driver:

Hospital policies support/facilitate safe sleep practices

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Mason, B., Ahlers-Schmidt, and Schunn, C., Improving Safe Sleep Environments for Well Newborns in the Hospital Setting. Clinical Pediatrics. Oct2013; 52(10): 969-975

Smith, N. and Engelke, Z. Parent Teaching: Prevention of Sudden Infant Death Syndrome CINAHL, 2015

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US Department of Health and Human Services. Routine preventive services for infants and children (birth - 24 months). 2007 May (revised 2013 May). NGC:009930. Michigan Quality Improvement Consortium - Professional Association.

Wellspan Health-York Hospital Infant Positioning / Safe Sleep Practice Policy

Wilkinson, J. et.al. Preventive services for children and adolescents. 1995 Jun (revised 2013 Sep). NGC:010044. Institute for Clinical Systems Improvement - Nonprofit Organization.

Approvals	Signature	Name	Title	Date
	Berent	Gloria Berent MSHA, BSN, RN, CNOR, NEA-BC	VP/Chief Nursing Officer, Rochester General Hospital	5/10/16

Driver:

Hospital policies support/facilitate safe sleep practices

St. Mary's Healthcare – Infant Positioning/Safe Sleeping Policy

St. Mary's Healthcare – Care You Can Trust ST. MARY'S Organizational Policy Manual	Policy #	
	Title:	INFANT POSITIONING/SAFE SLEEPING POLICY
	Replaces Policy:	
	Policy Originator:	Director of Maternal Health
	Concurrence:	
	Effective Date:	10/12/2016
	Revised Date:	6/19/2017
	Chapter Owner Approval:	Michele Walsh, CNO
	AEC/QEC approval Date:	

I. **Policy Statement**: ABC'S of safe sleep prevents sudden infant death syndrome (SID's). Healthcare professionals have a vital role in educating parent and family members regarding safe sleep. About 90 infants die each year in New York State from sleep-related causes. SID'S has declined but the number of sleep-related deaths caused by suffocation, entrapment, and asphyxia has increased. Since 1992 the American Academy of pediatrics (AAP) guidelines has recommended that infants should be on their back to sleep until 1 year. As important role models, healthcare professionals are critical in communicating SIDS risk reduction strategies to parents and families, and by practicing safe sleep practices while infants are still in the hospital.

II. Purpose:

1. Establish guidelines and parameters for infant positioning
2. Achieve zero preventable sleep related deaths
3. Implement evidence based policy, procedure, and practice

III. Procedure:

A. Maternity Unit Level 1 Nursery

1. All healthy infants should be placed on their backs to sleep unless physician order states otherwise.
2. All infants should be placed in a separate but proximate sleeping environment (crib, infant bassinette or, Pac N' Play).
3. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from sleeping area.
4. Parents are instructed ,never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam.

Driver:

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St. Mary's Healthcare – Infant Positioning/Safe Sleeping Policy

5. Parents are instructed to; avoid bed sharing with the infant. Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling off the bed, and infants have suffocated in bedding.
6. If a blanket must be used, the preferred method is to swaddle /bundle the infant no higher than the arm pits or use an appropriate size blanket that can be tucked in around the crib mattress; position the infant's feet at the bottom of the bed.
7. The use of sleep sack may be used in place of a blanket.
8. DON'T RELY ON MONITORS; Monitors are not a strategy to reduce the risk of SIDS.
9. Document all parental teaching and whether the ABC'S of safe sleep video was viewed related to safe sleep practices on the parental teaching portion of the plan of care.

B. NAS-

1. Follow the procedure for the Maternity Unit

C. **Infants in the Intensive Care Nursery (ICU): (Infants less than or equal to 1 year of age)**

1. Follow the procedure for the Maternity Unit

D. William hall progressive unit (Infants less than or equal to 1 year of age)

II. Follow the procedure for the Maternity Unit

II. Definition

SIDS-sudden infant death syndrome
NAS-Neonatal Abstinence Syndrome

ABC'S of Safe Sleep

Alone

- Alone means a separate sleep space (Same room, not the same bed)
- No adults
- No siblings or twin
- No pets
- No pillows, blankets, bumpers or stuffed animals

Back

- No wedges or positioners
- Not on my tummy (tummy time when awake and supervised)
- No side sleeping
- No elevation
- No increased risk of chocking got healthy infants (Breast is best!)

Crib

- Firm sleep surface (No co-sleepers in bed or attached to slide)
- No car seats, carriage, chairs, swings, tubs or, breastfeeding pillows
- Not too warm by wearing too many layers or covers
- Onesies and light blanket up to chest and tucked into mattress or, sleep sack
- DON'T RELY ON MONITORS

III Reference:

American Academy of predication Policy Statement, Task Force on Sudden Infant Death Syndrome. The Changing Concepts of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding Sleeping Environment, and New Variables to consider in reducing risk. Pediatrics, November 2005; 16(5):1245-1255

National Institute of Child Health and Human Development (NICHD), Continuing Education Program on SIDS Risk Reduction.

Driver:

Hospital policies support/facilitate safe sleep practices

Stony Brook Medicine Children's Hospital – Infant Sleep Position Safe Sleep Policy

Stony Brook Children's

Stony Brook Medicine Children's Hospital

Subject: PEDPC2063 Infant Sleep Position: SAFE SLEEP	**Published Date:** 03/31/2017
Provision of Care Treatment and Services	**Next Review Date:** 03/31/2020
Scope: Hospital Wide	**Original Creation Date:** 06/01/1994

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Responsible Department/Division/Committee:

Nursing

Policy:

Stony Brook University Hospital (SBUH) adheres to the American Academy of Pediatrics (AAP) position on sleep positioning for Sudden Infant Death Syndrome (SIDS) prevention in the newborn/infant patient population (known as the Back to Sleep initiative, as outlined in AAP policy statement of November 2011)

Definitions:

Authorized provider - An individual permitted by law and Stony Brook University Hospital (SBUH) to provide care, treatment and services within the scope of licensure and/or consistent with individually granted privileges.

Infant - A child during the period from birth to one year of age.

Procedures:

A. **Sleep position**: Infants with stable pulmonary and cardiovascular systems should be placed on their back when being put down to sleep on a flat surface. The AAP recommends the transition take place before the infant's anticipated discharge, by 32 weeks' postmenstrual age.

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Driver:

Hospital policies support/facilitate safe sleep practices

Stony Brook Medicine Children's Hospital – Infant Sleep Position Safe Sleep Policy

a. Any exceptions to the flat lying back to sleep position require the order of an authorized provider:

   i. Diagnosis or rationale for non-back sleep position

   ii. Recommended sleep position

   iii. Duration of recommended position (i.e. when to re-evaluate)

B. **Crib Safety**

   a. No co-bedding for twins and higher order multiples.

   b. No equipment, blankets or objects should be in the crib/bed. The ONLY exception is a pacifier which may be loose or in use in the crib/bed.

   c. Any mattress cover must be snug-fitting.

   d. Safe blanket use - Appropriate use of blankets includes:

      i. As a mattress cover (if can be snugly fit)

      ii. For swaddling/bundling - the top of the blanket should be kept at axillary or shoulder level. (If available, a sleep sack should be used.)

      iii. As a top cover for warmth - Place baby with feet to foot of the crib, tuck a thin blanket around the crib mattress, cover baby only as high as his/her chest.

C. **Education:** Prior to discharge, the registered professional nurse (RN) instructs the patient family to practice safe sleep positioning as per this policy. This education is documented on the Parent Education form.

Forms:

Patient Education Record (In EPR)

Page 2 of 3

Driver:
Hospital policies support/facilitate safe sleep practices

Stony Brook Medicine Children's Hospital – Infant Sleep Position Safe Sleep Policy

Policy Cross Reference:

None

Relevant Standards/Codes/Rules/Regulations/Statutes:

None

References and Resources:

AAP Policy Statement

SIDS and Other Sleep-related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016; 138(5):e20162938.

Curriculum for Nurses: Continuing Education Program on SIDS Risk Reduction. Eunice Kennedy Shriver National Institute of Child Health and Human Development, NIH, DHHS, (2014). Continuing Education Program on SIDS Risk Reduction (06-6005). Washington, DC: U.S Government Printing Office. Available online http://www.nichd.nih.gov/SIDS/sidsnursesce.cfm

Driver:

Hospital policies support/facilitate safe sleep practices

Strong Memorial Hospital - Back to Sleep Policy

Current Status: *Active* **PolicyStat ID:** *5870379*

UR MEDICINE

STRONG MEMORIAL HOSPITAL

Origination:	*5/1/2013*
Last Approved:	*3/22/2019*
Last Revised:	*3/22/2019*
Next Review:	*3/21/2022*
Owner:	*Ann Ottman*
Policy Area:	*SMH Guidelines*
References:	
Applicability:	*University of Rochester - Strong Memorial Hospital*

Infant Safe Sleep Environment

General Information:

Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant less than 12 months of age that cannot be explained after a thorough investigation is conducted, including an autopsy, investigation of the place of death and review of the clinical history. Sudden Unexpected Infant Death (SUID) is a term used to describe any sudden and unexpected death, regardless of whether or not it is caused by SIDS. SUIDs can be attributed to several preventable causes including suffocation, asphyxia, and entrapment.

In 1994, the American Academy of Pediatrics initiated the "Back to Sleep" campaign to promote supine sleep for the prevention of SIDS. In 1996, the campaign was updated to encourage supine sleep in premature as well as term infants. In 2011 the AAP expanded recommendations beyond "Back to Sleep" to include additional recommendations for a Safe Infant Sleeping Environment. In 2016 the AAP updated their recommendations for a safe infant sleeping environment.

Purpose:

It is essential for staff that cares for infants to promote safe sleep practices through implementation, role modeling and patient education. These guidelines outline the 2016 AAP safe infant sleep environment recommendations that should be implemented by all staff that provide care to infants.

AAP 2016 Safe Infant Sleeping Environment:

Unless medically contraindicated the following A-Level recommendations should be in place for all infants to promote a safe sleep environment.

1. Place the infant in a supine position for sleep for all naps and at night. Once an infant can roll from prone to supine and supine to prone, the infant can be allowed to remain in their assumed position.
2. Use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a secured or fitted sheet. Area should be free of hazards such as dangling cords (including balloons), electric wires, and window-covering because they might present a strangulation risk. (Infants should NOT sleep in swings that are in an upright position, infant seats or car seats as they might assume positions that can create risk of suffocation or airway obstruction).
3. Breastfeeding is recommended.
4. Room-sharing without bed-sharing. A separate but proximate sleeping environment is recommended. An infant should not share a bed, sleeper chair or chair with another adult or child while asleep. If an infant is

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found bed sharing with a sleeping adult, the infant will be returned to their crib, re-education will be provided to the caregiver and documented. Reeducation along with documentation will occur with repeated instances of bed sharing.

5. Keep soft objects and loose bedding out of the crib, including bumper pads, pillows, blankets, quilts and stuffed toys.
6. Consider offering a pacifier at naptime and bedtime once breastfeeding is firmly established and after discussion with parent/caregiver. Pacifiers should be one piece construction with an easily grasped handle and a flange large enough to prevent mouth entry. Pacifiers that have the stuffed animals or attached strings can be dangerous.
7. Avoid smoke exposure (including changing clothes prior to handling infant after being exposed to smoke) and use of alcohol or illicit drug use around infant.
8. Avoid overheating. Infant should be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable in that environment.. Infant sleep clothing that is designed to keep the infant warm without the possible hazard of head covering or entrapment can be used.
9. Infants should be immunized in accordance with AAP and CDC recommendations.
10. Home cardiopulmonary monitors should not be used as a strategy reduce the risk of SIDS.
11. Health care providers, staff in newborn nurseries and NICU's and child care providers should endorse and model the SIDS, risk-reduction recommendations from birth. Parents/caregivers of infants will be proved safe sleep education.
12. Media should follow safe sleep guidelines in messaging.
13. If medical contraindications are present that prevents implementing AAP recommendations on pediatric general care units, a provider order should be requested.
14. Swaddling. AAP 2016 cautions that there is a high risk of death if a swaddled infant is placed in or rolls to the prone position. If swaddling used the AAP recommends the following:
    - Infant should be placed supine.
    - Swaddling should be snug around the chest but allow room at hips and knees to avoid exacerbation of hip dysplasia.
    - Once the infant attempts to roll, swaddling should be discontinued.

Healthy Newborn Guidelines:

1. Mothers' are educated about safe sleep practices during their postpartum stay. Written safe sleep information is provided and mother is encouraged to view Safe Sleep video.
2. Mother signs Safe Sleep Initiative (form SH 2110) prior to discharge, indicating commitment to safe sleep practices and acknowledging if she viewed safe sleep video during her postpartum stay.

NICU Specific Guidelines:

1. Begin transitioning the infant to a supine sleep position by at least 32 weeks gestational age unless the infant's clinical status prevents them from lying supine (eg. medical condition/incision which prevents them from supine positioning, advanced respiratory support, etc).
2. The transition should include:

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- Parent education
- Supine sleep position for all sleep (daytime and nighttime)
- Head of the bed flat
- Wearable blanket (eg. Halo Sleepsack) may be needed to help maintain infant in a normal temperature range.
- Often, preterm infants require additional layer to support thermoregulation as infants are weaning to an open crib. If additional blankets/layers are required, a blanket should be placed INSIDE the sleep sack on the torso/legs only with the infant's arms out and through the sleep sack. For example: At most, infants should only be dressed in the following:
  - An onesie
  - An outfit/ pajama
  - One blanket with infant's arms bundled out
  - One sleep sack with arms through armpit holes
- If patient continues to have temperatures below normal range, the infant should be placed in an isolette per the "Transfer of Preterm Infants from Incubator to Open Crib" policy.
- **Rationale**: NICU infants have the potential to be ready for discharge as early as 34 weeks corrected gestational age. By initiating the supine sleeping position at 32 weeks this allows for a period of adaptation, evaluation as well as the opportunity to educate parents and caregivers. The AAP recommends placing infants supine as soon as medically stable.[1]

3. If a medical contraindication exists for not placing an infant in the supine position for sleep, a provider order is needed.
4. If after 32 weeks corrected gestational age the infant needs to maintain an elevated head of bed, a provider order is required. Ongoing evaluation by the team during rounds should continue until such time as the infant meets criteria.
5. Infants who are diagnosed with gastro esophageal reflux disease (GERD) should be evaluated on a case by case basis for keeping the head of the bed elevated and should only have an order to do so if it is felt the risk of complications from GERD is greater than the risk from SIDS. [1]
6. Parents and caregivers should be educated about safe sleep practices during their NICU stay. Discussion should start prior to 32 week gestation. Provide parents with Safe Sleep information and offer them opportunity to view safe sleep video. Educational materials are available in English or Spanish. Parents should be encouraged to share safe sleep practices with family members or caregivers of their infant.
7. For infants who are weaning from the incubator please follow the guidelines for bundling or Halo Sleeper use. Halo Sleepers are available in either premature or newborn size. If the infant must be bundled with a blanket, bundling should be done with one blanket and the top blanket between the nipples and shoulders tucked under the mattress with their feet at the bottom of the bed.

   Rationale: Loose bedding should not be used in the infant's sleeping environment.

   Infants in incubators should be weaned from all developmental positioning products **PRIOR** to being placed in an open crib unless there is a medical indication. If there is a medical indication for the use of a position aide, a provider order is required.

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Documentation:

- Need for order (provider or nursing driven) for positioning outside of these guidelines
- Rationale for alternate positioning must be documented
  - Notes from OT or providers
- Education for parents must be documented (written material, video prescribed/viewed)
- Parental non-compliance must be documented via EMR.

References:

- American Academy of Pediatrics. (2011) SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Task Force on Sudden Infant Death Syndrome. *Pediatrics* 28(5). 1030-1040
- American Academy of Pediatrics. (2016) SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Task Force on Sudden Infant Death Syndrome. Pediatrics 138 (5)
- Kuhlmann, S., Athlers-Schmidt, C.R, Lukasiewicz, G.,& Macasiray-Truong, T.M (2016). Interventions to Improve Safe Sleep Among Hospitalized Infants at Eight Children's Hospitals. Hospital Pediatrics 6 (2). 88-94.
  McMullen, S.L. (2013). Transitioning Premature Infants Supine: State of the Science. *MCN*. 38(12) p.8-12
- Vandenplas, Y; Rudolph, C.D; Di Lorenzo, C; Hassal, E.; Liptak, G; Mazur,L.; Sondheimer, J.; Staiano, A.; Thomson, M.; Veereman-Wauters, G.; Wenzl, T.G. (2009). Pediatric Gastroesophageal Reflux Clinical Practice Guidelines: Joint Recommendations of the North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN) and the European Society for Pediatric Gastroenterology, Hepatology, and Nutrition (ESOGHAN). Journal of Pediatric Gastroenterology and Nutrition. 49, 498-547.
- Healthy People 2020. https://www.healthychildren.org

Parent Education Materials

- Safe Sleep Video
- Safe Sleep Brochure

Statement

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, guidelines can and should be tailored to fit individual needs.

Attachments: No Attachments

Approval Signatures

Approver	Date
Ann Ottman: Assistant Quality Officer	3/22/2019
Ann Ottman: Assistant Quality Officer	3/12/2019

Driver:

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Strong Memorial Hospital - Back to Sleep Policy

Approver	Date
Tracy June	3/4/2019
Matthew Allen	3/4/2019
Ann Ottman: Assistant Quality Officer	3/4/2019

Applicability

University of Rochester - Strong Memorial Hospital

Driver:

Hospital policies support/facilitate safe sleep practices

United Memorial Medical Center - Safe Sleep for Babies Policy

POLICY AND PROCEDURE

United Memorial Medical Center — Batavia, New York

Policy # :	**Safe Sleep For Babies**	
Dept of Origin:	**Maternity**	
Date of Origin: 10/2014	**P & P Date: 1/26/17**	**Effective Date: 2/26/17**

Goal: To educate all parents about safe sleep practices and then to promote and foster the development of those practices throughout their hospital stay.

Department/ Personnel Impacted: Maternity/Nursery, ICU, ER and any staff working on units serving infants under the age of 1.

Purpose:

1) To establish guidelines and parameters for infant positioning.
2) Establish appropriate and consistent parental education on safe sleep positions and environment
3) Provide consistent safe sleep practices by healthcare professionals for infants prior to discharge.

Policy Statement:

Infants in the newborn nursery and rooming in with mothers:

- All infants will be placed on their backs to sleep with the head of the bed flat.
- A firm sleep surface should be used. Use of soft bedding such as pillows, quilts, blanket rolls and stuffed animals should not be allowed.
- If an infant is found co-sleeping with a mother/parent, the infant should be placed back in their bassinet the mother/parent should then be re-educated on safe sleep practices.
- A sleep sack should be used once the infant is transferred to his/her postpartum room, teaching should be provided to parents on use of sleep sack.
- Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner with a physician's order and when continuously monitored and observed.

Infants(less than 1 year of age) in the Pediatric Unit (ICU) and ER:

- Follow the guidelines for the newborn nursery.
- If a blanket is needed, the infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket and blanket needs to be tucked in on all three sides.

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United Memorial Medical Center - Safe Sleep for Babies Policy

Procedure:

1) On admission (prior to delivery if possible, if not shortly after birth) all mothers will be provided with the infant safety guidelines form.

- Nursing staff will review safety guidelines with mother, ensuring they understand that:
  a. Sleeping with the baby or "co-sleeping" is not permitted in the hospital, as it can be dangerous and baby could be hurt or even suffocated.
  b. Babies should never be put to sleep on an adult bed, sofa/couch, chair or recliner, pillows or any other soft surfaces.
  c. Baby must be placed to sleep on his/her back in the open crib, alone without any soft items (stuffed toys, pillows etc.) whenever mother is napping, sleeping or using the bathroom.
- The mother and the RN responsible for explaining the safety guidelines will both sign the form; one copy will be placed in the infants' chart, the other given to the mother for reference.
- When infant is transported to postpartum room he/she should be placed in a hospital sleep-sack. Parents will be instructed on use of sleep sack and told to call the nurse for a replacement if it gets soiled.
- Throughout stay nursing staff should continue to model a safe sleep environment by using the sleep sack in an uncluttered open crib.
- Throughout hospital stay and at discharge education will be provided to all mothers encouraging them to:
  a. Always place baby on his/her back to sleep.
  b. Use a firm sleep surface, covered by fitted sheet and free of soft objects (i.e. crib bumpers, toys, loose bedding etc.)
  c. Never place an infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, pillow, synthetic/natural animal skin or memory foam mattress.
  d. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
  e. Not smoke or allow smoking around the baby.
  f. Make sure grandparents, babysitters and any other caregivers also place the baby on his/her back to sleep in a safe environment.
  g. Avoid bed sharing with infant.
     - RISK OF BEDSHARING- adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped/ wedged between the bed and wall/bed frame, injured by rolling off the bed and suffocated in the bedding. Infants have died from suffocation due to adults rolling over on them. Sleeping with and infant when fatigued, obese, a smoker or impaired by alcohol of drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.
  h. Avoid overheating. Do not over bundle, over dressing or over heat the infant or his/her sleep environment.
  i. Encourage supervised tummy time when infant is awake.
  j. Breastfeeding is beneficial for infants.
  k. Consider use of pacifier at sleep times (once breastfeeding has been well established).

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United Memorial Medical Center - Safe Sleep for Babies Policy

- Prior to discharge all parents will need to watch the "A.B.C Safe Sleep" video provided through the Safe Babies New York program, and complete survey.
- Documentation of all parental teaching should be completed in the infant's eMAR.

Reference(s):

- Safe Babies New York. (2014, April 1). Retrieved October 28, 2014, from http://ocfs.ny.gov/main/publications/Pub5161.pd
- What does a safe sleep environment look like? (2012, September 1). Retrieved October 28, 2014, from http://ocfs.ny.gov/main/publications/20090306-BTSEnglish_tearsheet-FINAL.pdf
- Keeping Sleeping Babies Safer. (2008, August 1). Retrieved October 28, 2014, from http://ocfs.ny.gov/main/publications/Pub5002.pdf

Attachment(s): None
Recommending Department(s): Maternity

Original Author: Emily Callari RN

This Policy Replaces the Following:

Date Reviewed/ Revised	10/10/16				
Reviewed by	E.Callari RN				
Revised by	E.Callari RN				

Driver:

Hospital policies support/facilitate safe sleep practices

Westchester Medical Center - Infant Positioning for Safety Policy

WESTCHESTER MEDICAL CENTER

Nursing: Neonatal & Pediatrics

CLINICAL PRACTICE GUIDELINE: All Campus Locations

		Manual Code: CPG-1A Page 1 of 4
TITLE: **Infant Positioning for Safety**		
EFFECTIVE: 7/2014	REVIEWED: 4/2015	REVISED:

AUTHOR(S)

Director, Quality and Safety MFCH
Vice President of Nursing, Patient Care Services MFCH
Infant Positioning Task Force

SCOPE AND PURPOSE

The purpose of this guideline is to provide guidance for staff for appropriate positioning and handling of infants ages 0-1 throughout Westchester Medical Center. Promotes safe practices for sleeping, feeding, and being held by staff or parents or when moving throughout the organization.

OVERVIEW

Infants are at risk for injury through unsafe sleep practices, when being held in the arms of staff or parents or while being fed. Injuries may include, but are not limited to, fractures or other injury related to infants being dropped while being fed; transferring to bassinette, crib or while being transported off the nursing unit while being held; injury related to unsafe sleep practices such as co-bedding.

TARGET CLINICAL POPULATION

All infants, ages 0-1, throughout Maria Fareri Children's Hospital and Westchester Medical Center

OBJECTIVES

To minimize the risk of infant injury to infants age 0-1 while receiving care at Westchester Medical Center and to provide education to staff and families promoting safe infant handling and positioning.

TARGET USERS

Nurses, Physicians, Physician Assistants, Nurse Practitioners, and Allied Health Professionals at Westchester Medical Center caring for infant patients.

NOTE: The e-version of this document is the latest and the only acceptable one. If you have a paper version of it, you are responsible to ensure it is identical to the e-version. Printed material is considered to be uncontrolled documentation.

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Westchester Medical Center - Infant Positioning for Safety Policy

WESTCHESTER MEDICAL CENTER

Nursing: Neonatal & Pediatrics

CLINICAL PRACTICE GUIDELINE: All Campus Locations

Manual
Code: CPG-1A Page 2 of 4

GUIDELINE

1. Sleep Positioning:
   a. For all healthy newborns and small infants, the sleeping position must be on their back. Consistent with the 1998 and 2005 AAP policy statement and the Task Force for Infant Safety, for healthy newborns and infants, non-prone positioning is the safest and most appropriate position for sleep.
   b. Infants should be placed for sleep in bassinettes or cribs for sleep with no additional items in the crib. No bumpers, pillows or toys should be in the bassinette when the infant is placed for sleeping.
   c. Infants should not be placed on chairs, couches or pull out cots for sleeping.
   d. Bed sharing or co-bedding between infants and family is discouraged as it may increase the risk of injury.
   e. For preterm and ill infants receiving care in the Neonatal ICU, positioning should be as appropriate for the clinical condition of the infant as continuous monitoring is in place for these patients.
   f. For acutely ill infants, alternative positioning may be appropriate depending on their clinical condition (prone to improve oxygenation, severe reflux refractory to other interventions, etc). The care team should discuss optimal positioning of the infant during family centered rounds so families may be educated on rationale for alternative positions from the back. Continuous monitoring with pulse oximeter or monitor must be in utilized when positions other than back are utilized. The practitioner must document in the medical record the rational for alternative positioning along with any instructions and education provided to the family.
   g. Following the acute phase of care, infants who have been alternatively positioned should be transitioned to sleeping on their back prior to discharge to promote safe sleep practices with families.
   h. Parents and families with infants less than one year should be educated on safe sleep practices, including the "Back to Sleep" initiative upon admission and throughout the hospitalization. Instructional material regarding safe sleep practices should be distributed on admission to all families with infants less than one year. The video "ABC's of Safe Sleep" should be provided to all families of infants prior to discharge.

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Westchester Medical Center - Infant Positioning for Safety Policy

WESTCHESTER MEDICAL CENTER

Nursing: Neonatal & Pediatrics

CLINICAL PRACTICE GUIDELINE: All Campus Locations

Manual
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2. Holding
   a. When moving throughout the hospital, parents should be instructed to place infant in stroller, wagon or crib. Parents should not hold the infant in their arms while walking in the hospital.
   b. When cuddling an infant, parents should be encouraged to seek assistance if needed to place baby in crib. Supportive devices, such as a blanket or sheet to sling the baby in the parent's arms may be utilized.

3. Infant feeding
   a. While the newborn or infant is feeding, positioning devices should be utilized to promote infant safety.
   b. Mother/family education regarding infant safety should be incorporated into all aspects of care, including infant feeding instruction. Specific education should include:
      i. If mother is tired, she should be encouraged to request assistance from staff to place in or remove baby from bassinette for feeding
      ii. For postpartum patients, mother and family members should not walk with baby in her/his arms. Baby should be transported only in the bassinette.
      iii. Gel pads and pillows may be used to support the mother's arms while feeding but care should be taken that the baby is not propped higher than the bed side rail.
      iv. A sheet or blanket maybe used to "tuck" the infant to the mother to prevent accidental injury through an infant fall
   c. When mother is holding or feeding baby, staff should complete frequent rounds to assess mother's needs, including need for sleep, assistance to bathroom or assistance to place baby into bassinette. Some maternal circumstances may increase the risk of accidental infant injury including:
      i. Cesarean delivery
      ii. Receiving pain medication
      iii. Symptomatic anemia
      iv. Early morning hours

      In these circumstances, staff may need to increase the frequency of rounding to assess the mother's level of sleepiness if holding or feeding the infant.

4. Infant must not be placed to sleep in bed with the mother but should be placed nearby in the bassinette or crib.

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Westchester Medical Center - Infant Positioning for Safety Policy

WESTCHESTER MEDICAL CENTER

Nursing: Neonatal & Pediatrics

CLINICAL PRACTICE GUIDELINE: All Campus Locations

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5. When an infant is at least six months old and can independently roll in both directions, sleep position may be the infant's preference but more frequent rounding and assessment should occur. Side rails and crib rails must be in the up position when the infant is in the crib.

6. Sleep sacks brought from home by the family may be used for safe positioning.

7. A blanket may be used to tuck infant in crib or bassinette but must be tucked in under the armpits.

APPROVALS

Patricia Wrobbel, DNP, MBA, RN, CPHQ
Senior Vice President, Patient Care Services &
Chief Nurse Executive

Renee Garrick, MD, Executive Medical Director

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Hospital policies support/facilitate safe sleep practices

Winthrop University Hospital - Safe Infant Sleep Policy

WINTHROP UNIVERSITY HOSPITAL

SUBJECT:	SAFE INFANT SLEEP POLICY
EFFECTIVE DATE:	9/2015; 5/2016
SUPERSEDES:	5/2014
UPDATE FREQUENCY	ANNUALLY
CROSS REFERENCE:	
REFERENCES:	SIDS and Other Sleep-Related Infants Deaths: Expansion of Recommendation for a Safe Infant Sleeping Environment. TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. *Pediatrics*; October 17, 2011 DOI: 10.1542/peds.2011-2284
RESPONSIBLE FOR DEVELOPMENT APPROVED BY:	
Applicable Departments	Mother/Baby, Pediatrics, Labor and Delivery, NICU
Applicable Disciplines	MD, APRN, RN, NA
Responsible for Implementation	Department Managers

POLICY:

To reduce infant related deaths including Sudden Infant Death syndrome (SIDS) by improving safe sleep practices using evidence based infant mortality reduction strategies recommended by the 2011 AAP policy statement.

PROCEDURE:	KEY POINTS:
Infants will be placed on their back in a bassinet with a flat firm crib mattress covered by a fitted sheet.	Supervised, awake tummy time is recommended to facilitate development and to reduce the development of positional plagiocephaly.
Infants maybe brought into the bed for feeding or comforting but should be returned to their own crib when the parent is ready to return to sleep	AAP does not recommend any bed sharing due to the increased risk of SIDS or suffocation while bed sharing.

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Winthrop University Hospital - Safe Infant Sleep Policy

AAP endorses the use of one piece sleeper called a "halo sack" as an alternative to loose blankets. Keep soft objects such as pillows, stuffed toys, quilts, comforters, sheepskin bedding (blankets and sheets) out of the crib. Avoid the use of bumpers, wedges, positioners and special mattresses	Infant sleep clothing designed to keep infant warm without the possible hazard of head covering or entrapment can be used.
Infants should be dressed appropriately for the environment, with no more than one layer.	Avoid over bundling and covering of the face and head. Parents and caregivers should evaluate for any signs of overheating such as sweating or the infant's chest feeling hot to touch.
Give no pacifiers or artificial nipples.	Pacifiers are only recommended when breastfeeding is established by 3-4 weeks of life.
Educate parents and other caregivers about smoking, use of alcohol and other illicit drugs before and after birth.	There is an increased risk of SIDS with prenatal and postnatal exposure to alcohol or illicit drug use.
Breastfeeding and immunizations are recommended and have been shown to be protective against SIDS.	Breastfeeding and immunizations are associated with reduced risk of SIDS.
The parents and other caregivers will be instructed to view the NYS ABC VIDEO recommended by the AAP to provide education regarding safe sleep practices to reduce SIDS.	NYS ABC VIDEO can be viewed on Newborn Channel.

ST. MARY'S HEALTHCARE AMSTERDAM

The policy has helped our organization model safe sleep practices for infants throughout the hospital including our maternity and ICU. It also is a great resource for supporting teaching points for parents. Now our community knows the importance of safe sleep. We were also able to apply for cribs for kids silver status to signify safe sleep practices within our hospital.

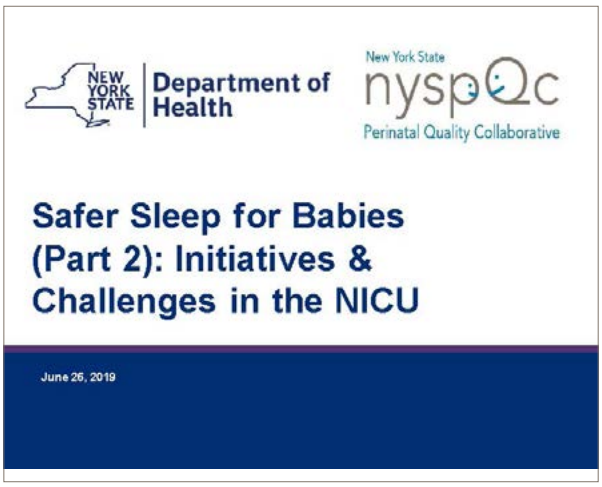
To read more about St. Mary's Healthcare Amsterdam, see ***Section 10.***

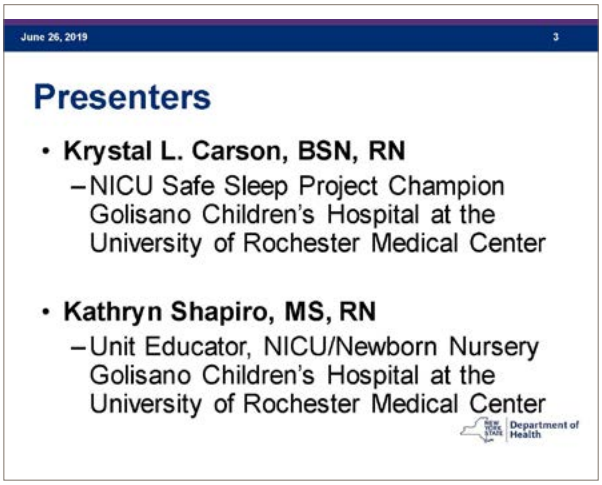
NICU Policies Support/Facilitate Safe Sleep Practices

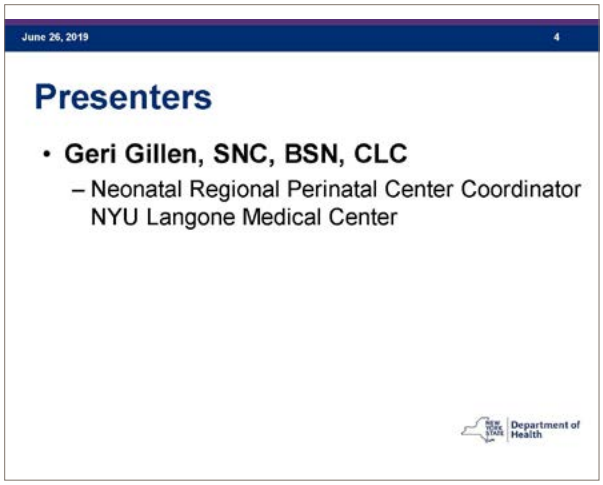
Campbell D, Kacica M, Carson K, Shapiro K, Gillen G.

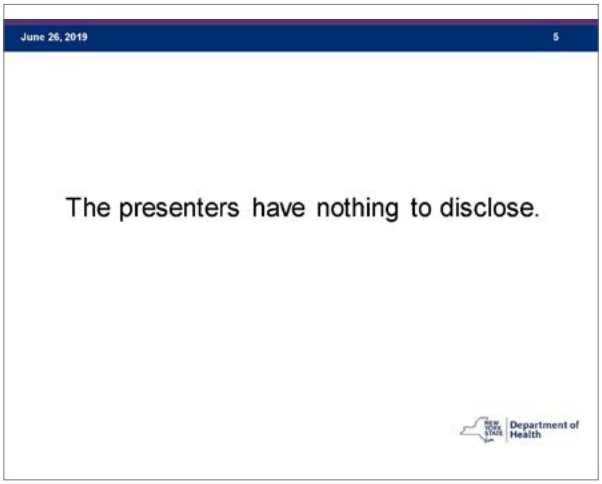
Safer Sleep for Babies (Part 2): Initiatives & Challenges in the NICU

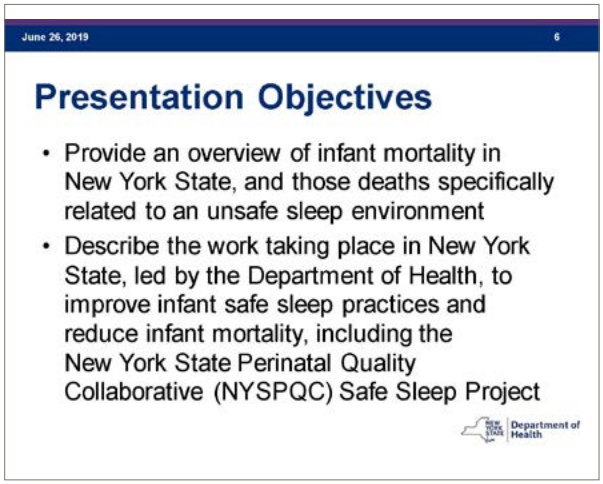
New York State Perinatal Association Conference. June 2017. Intended audience: Hospitals and NICUs.











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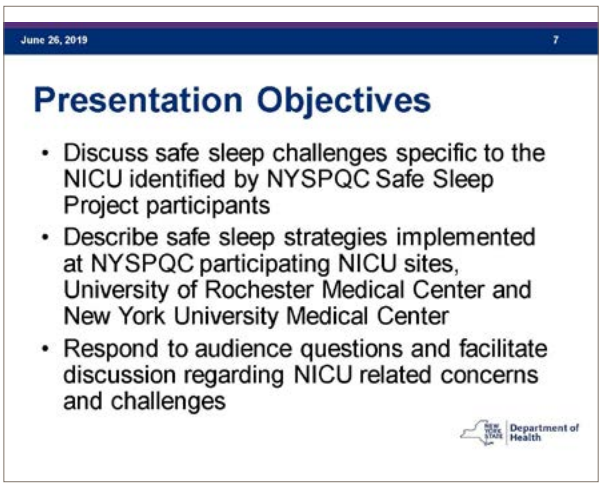

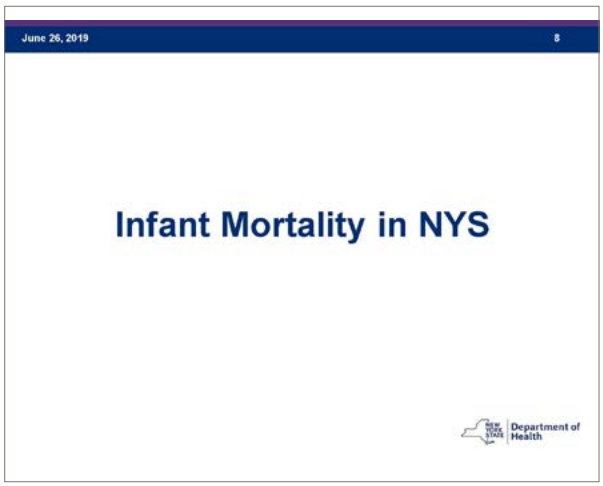

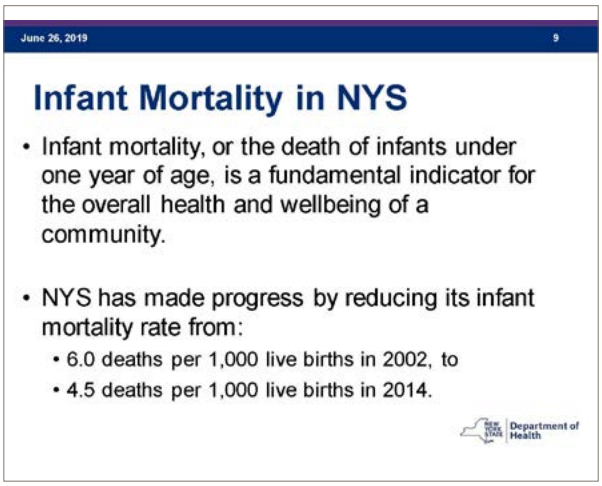

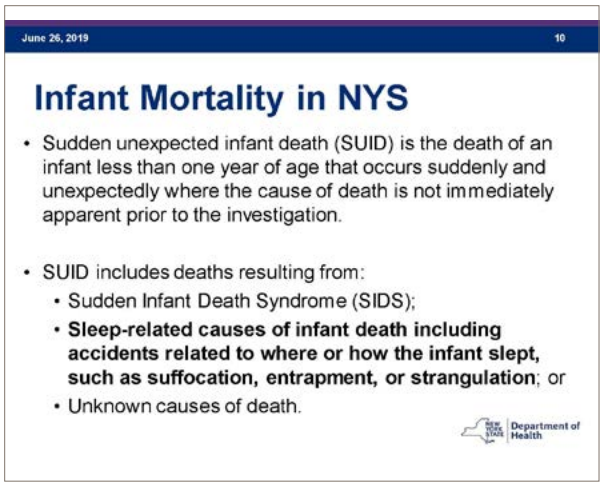

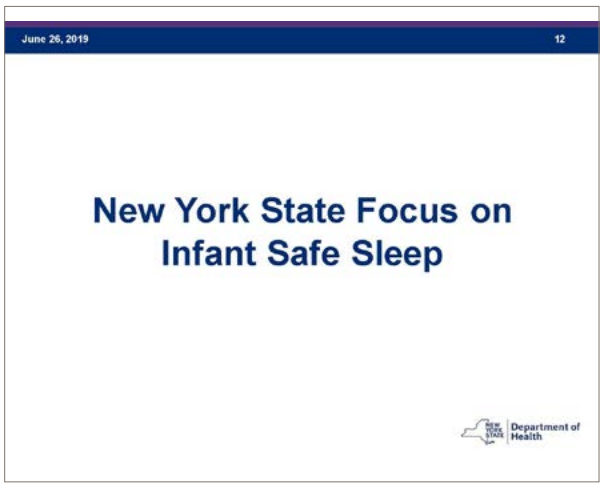

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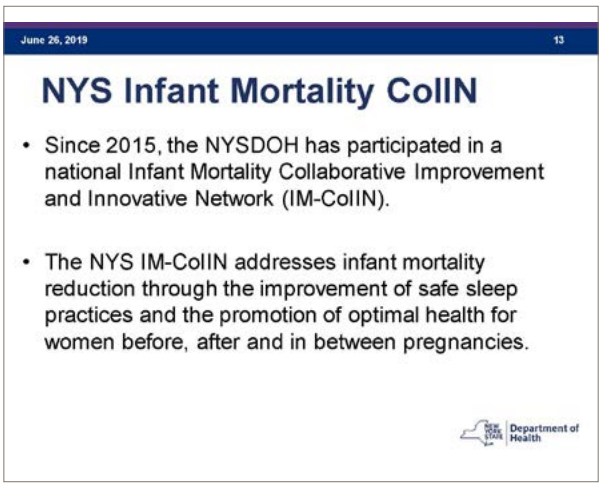

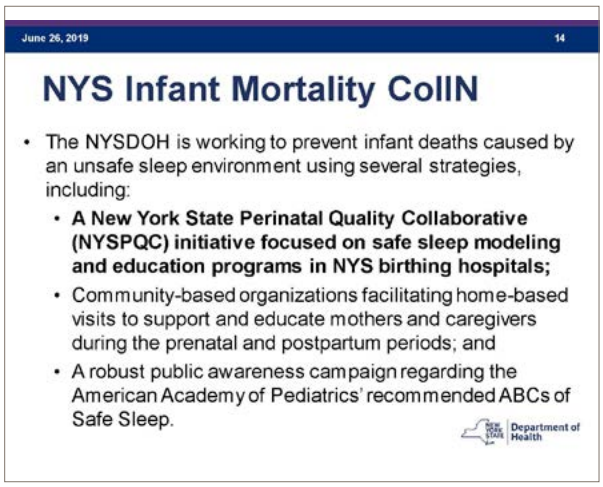

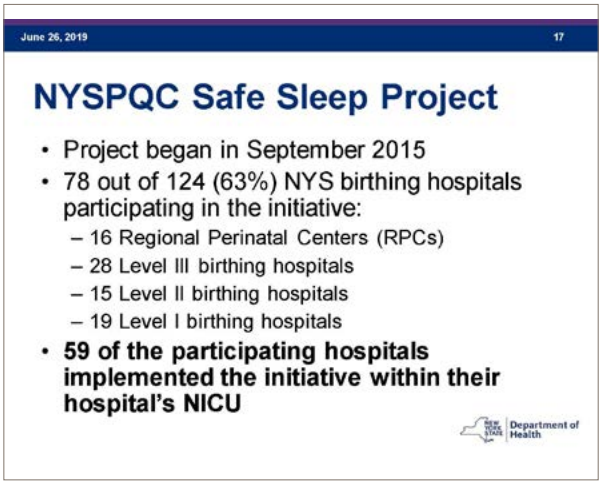

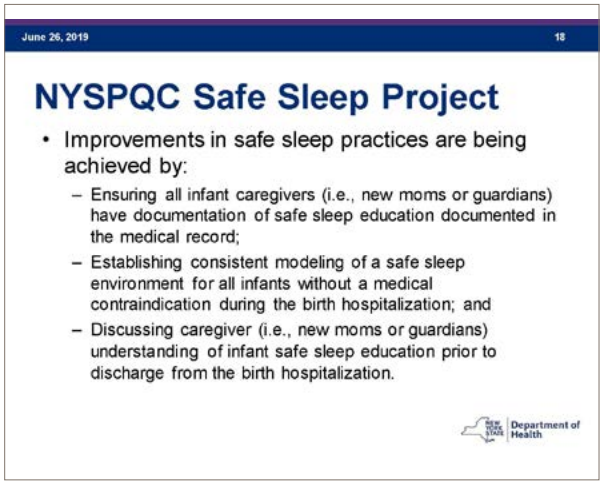

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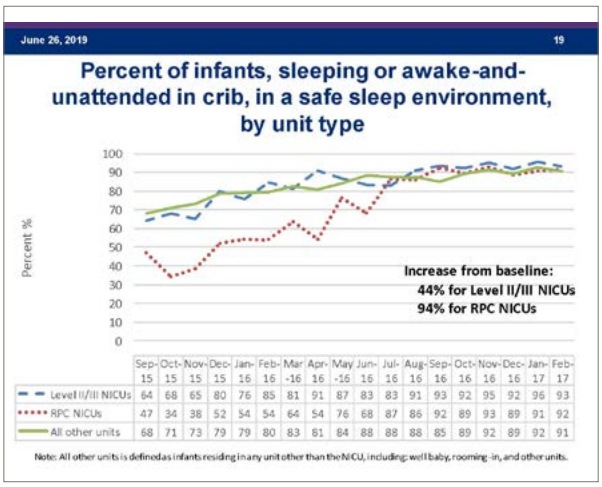

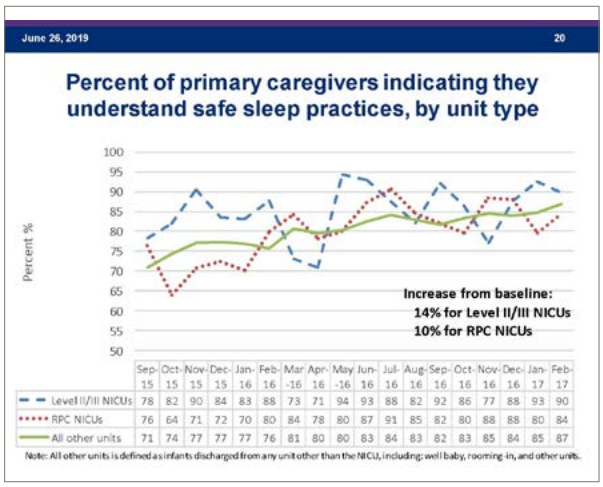

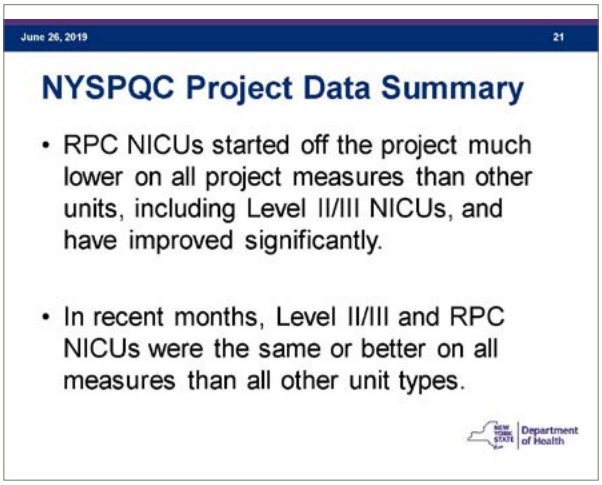

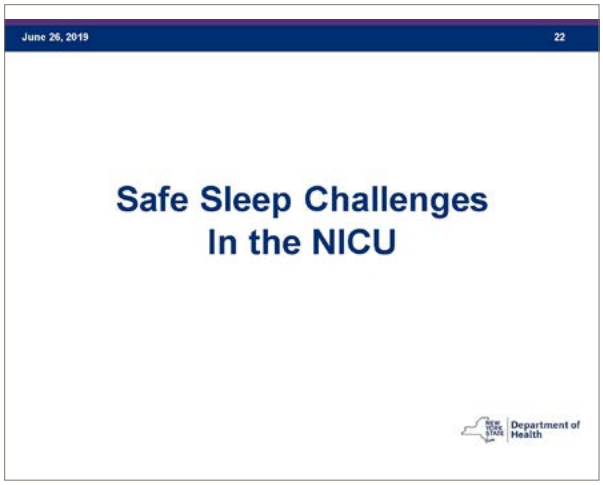

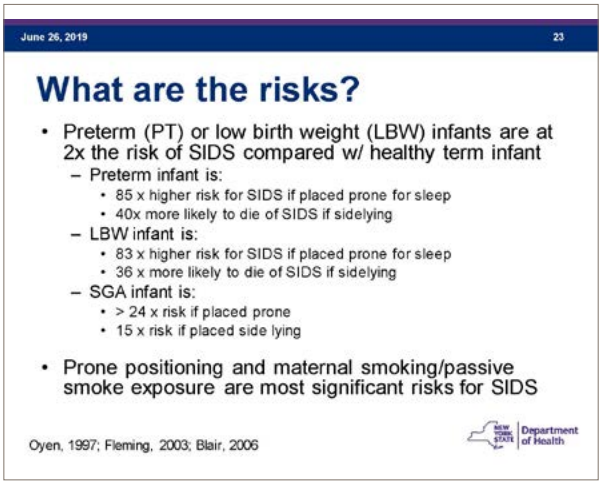

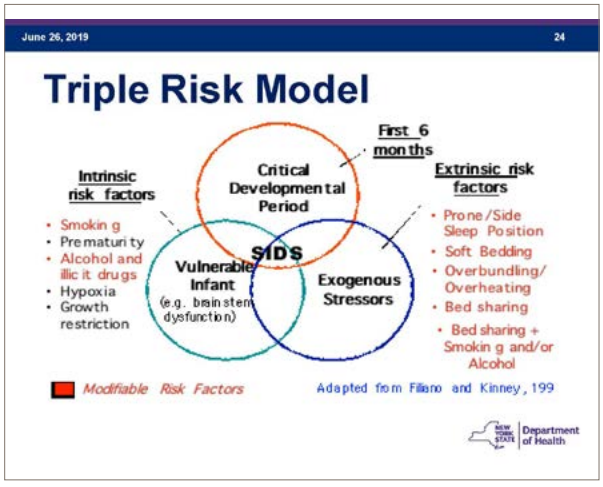

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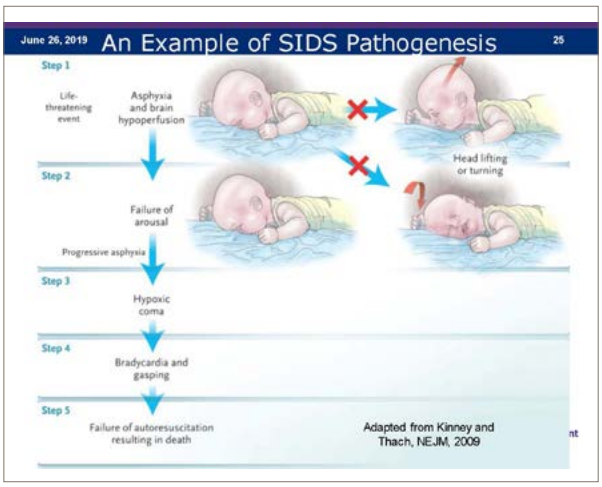

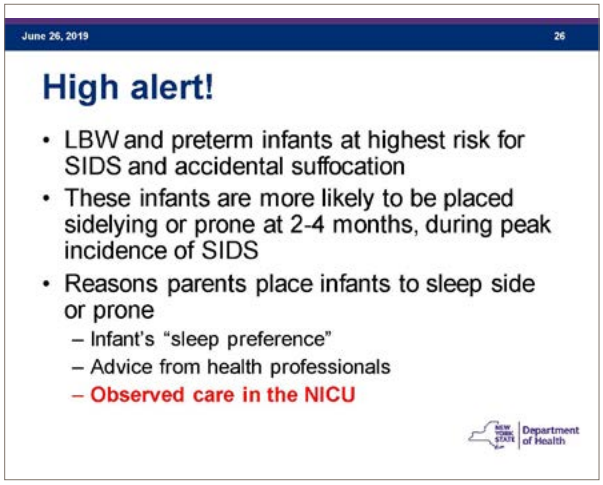

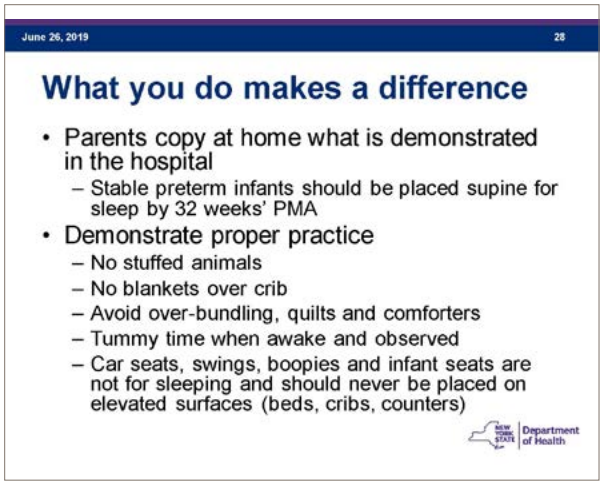

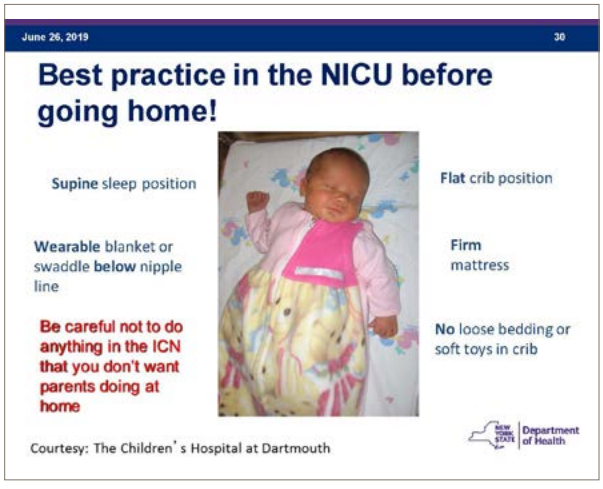

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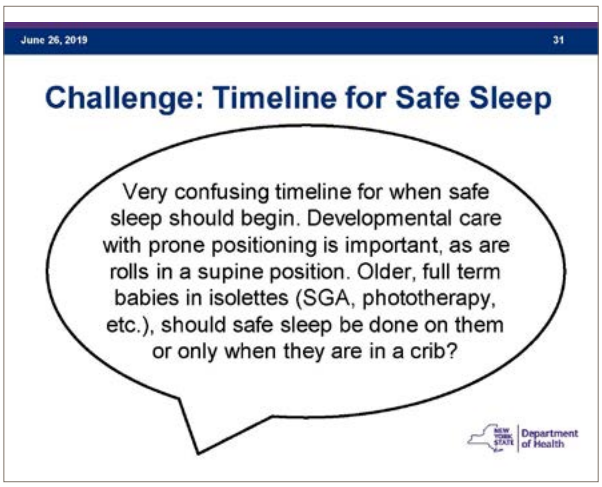

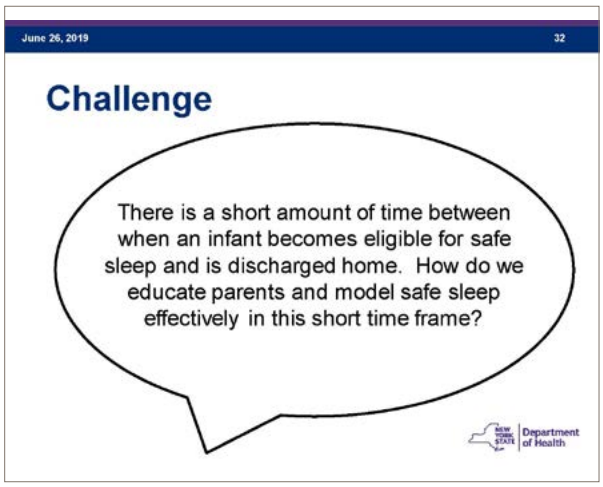

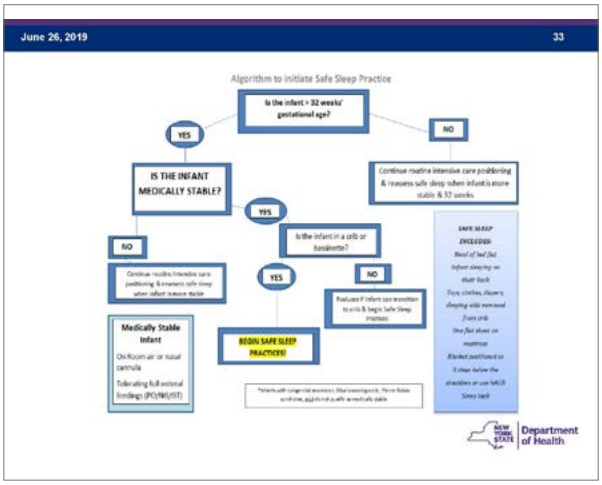

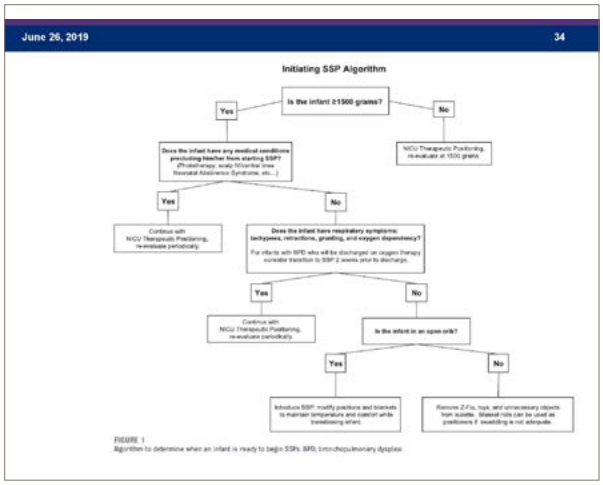

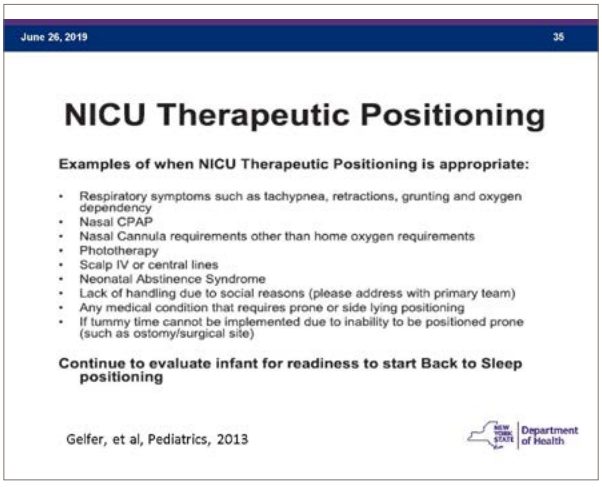

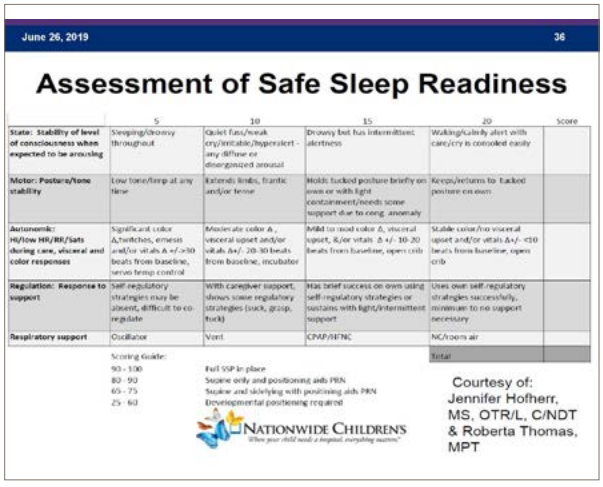

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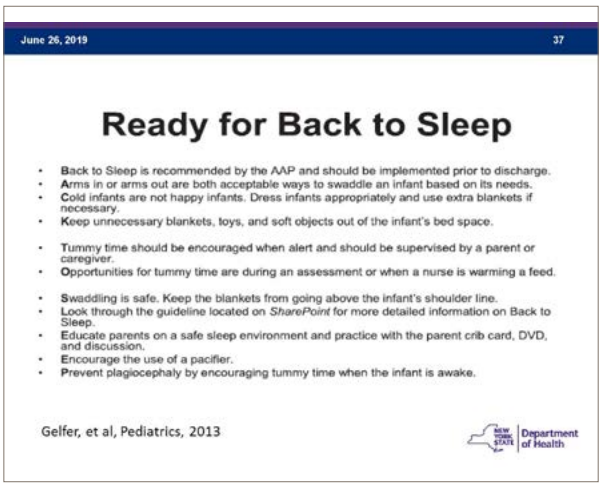

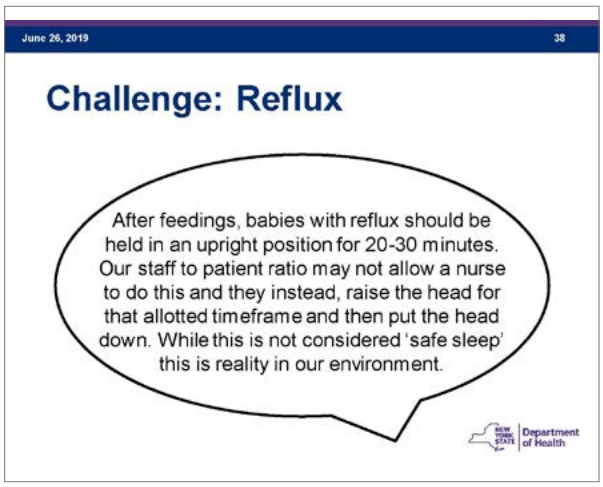

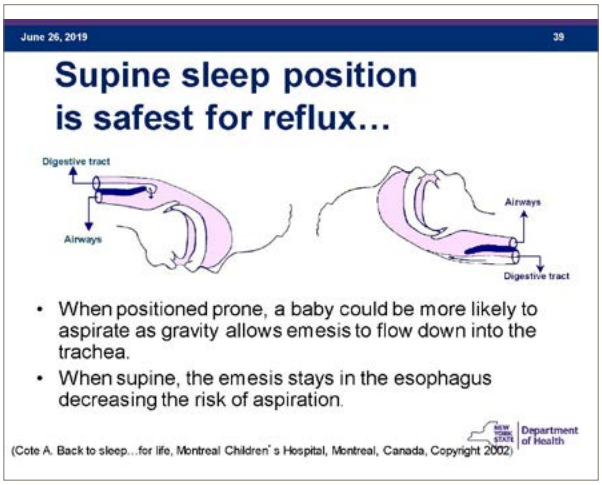

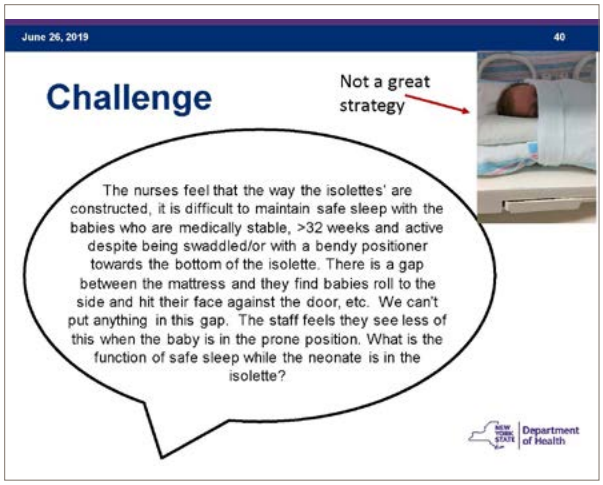

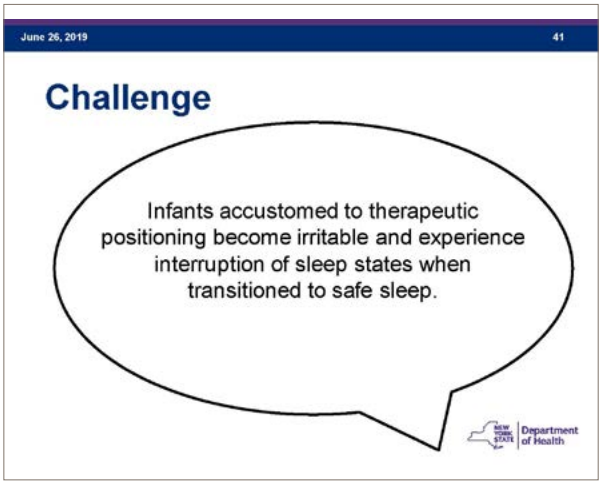

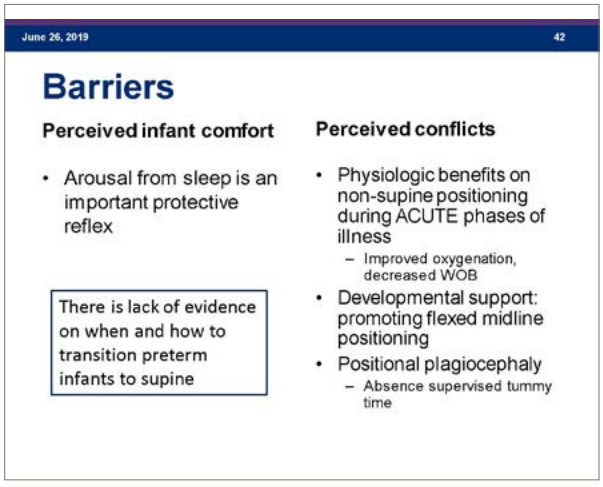

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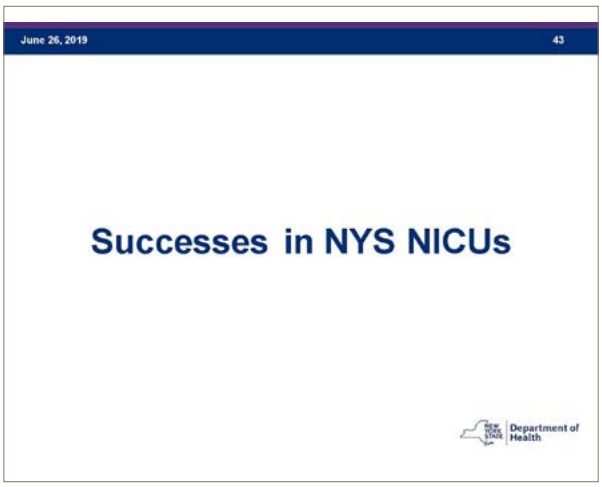

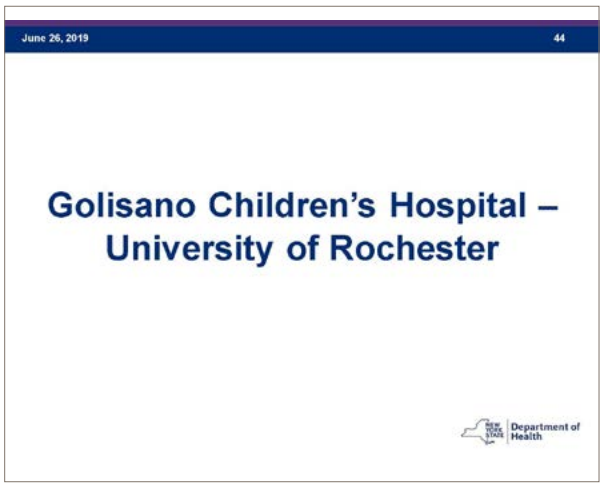

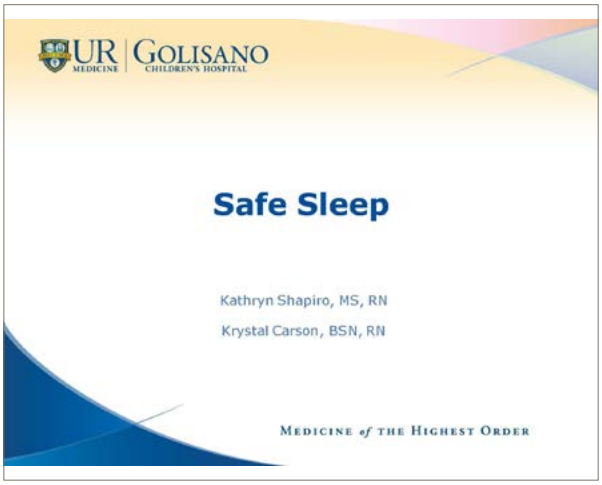

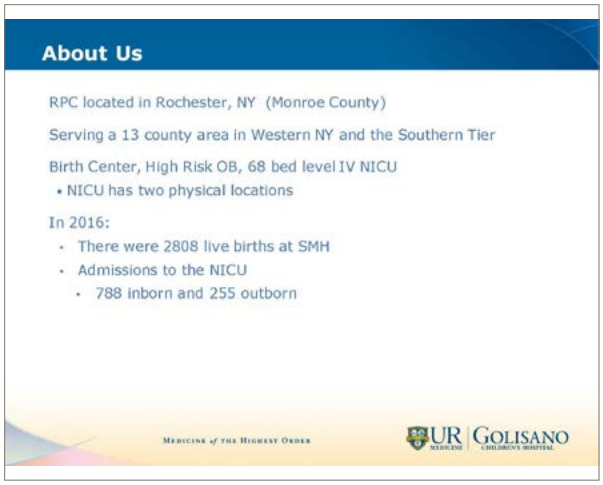

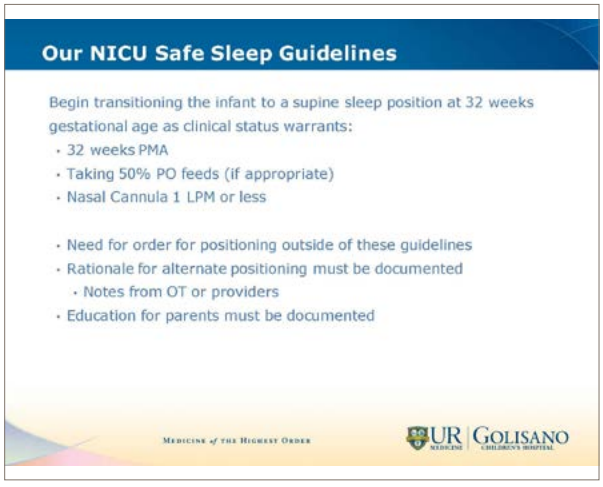

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Wearable Blanket Program

Wearable blankets are a commercial product designed for infants up to 9 months of age. They provide containment and warmth, come in fleece and cotton, for infants while also promoting safety while sleeping.

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Medicine of the Highest Order

UR | Golisano Children's Hospital

Wearable Blanket Utilization

Every infant is discharged with their own wearable blanket (has UR logo). Hospitals get wearable blankets at a reduced cost; currently using a grant.

Birth Center

- Own wearable blanket after first bath

NICU

- Unit wearable blankets until discharged
  - Separate laundry
- Own wearable blanket to take home

50

Medicine of the Highest Order

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Preparing for Discharge

Staff nurse created "Project Launching Pad"

- Improve parent education and comfort
- Each day of week focused on particular topic
  - Made a poster to display publically in units
  - Safe Sleep Tuesdays

Medicine of the Highest Order

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Preparing for Discharge Cont.

At 32 weeks PMA post a discharge checklist in the infant's room

My Patient Education has been updated, including Parents have watched: Shaken Baby, Safe Sleep, Car Seat

I have passed a _____day countdown with the HOB flat - or -

I have passed a ___day countdown with HOB up because that is how I will be at home

My Parents have the HOB Up Handout and know how to do this at home

Medicine of the Highest Order

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Decreasing Elevated HOB

An elevated HOB puts infants at risk for suffocating:

- Sliding down in the bed
  - obstructs airway
- Rolling over to prone

Positioning devices are just as dangerous

For infants with reflux consider elevating HOB for a limited time period after feeding.

www.onsafety.cpsc.gov

Medicine of the Highest Order

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Our Initiative

Reduce elevated HOB

1. Started monthly audits this year
2. Surveyed staff
3. Piloting new algorithm

116 patients (Jan-May)

- HOB elevated - 54%
- HOB up order - 25%

Clinically significant aspiration- 5%

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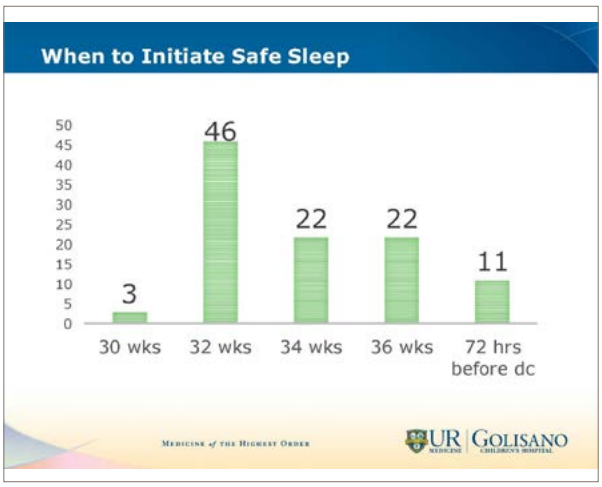

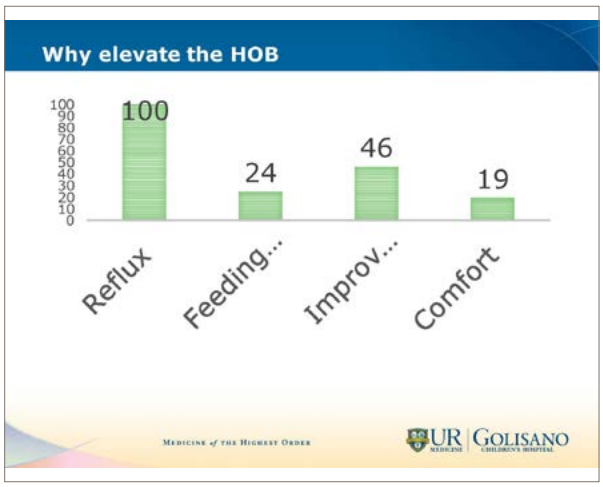

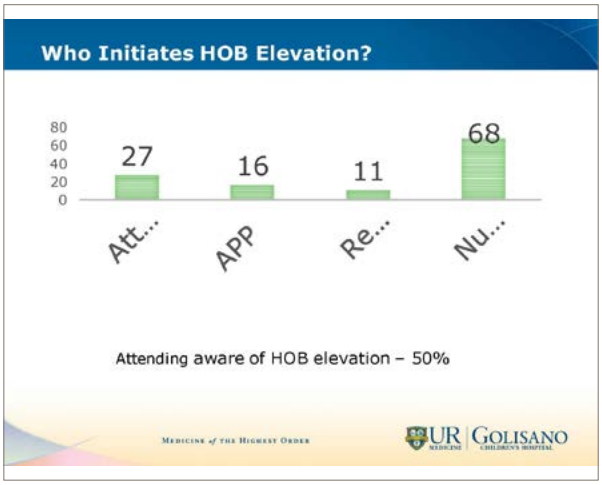

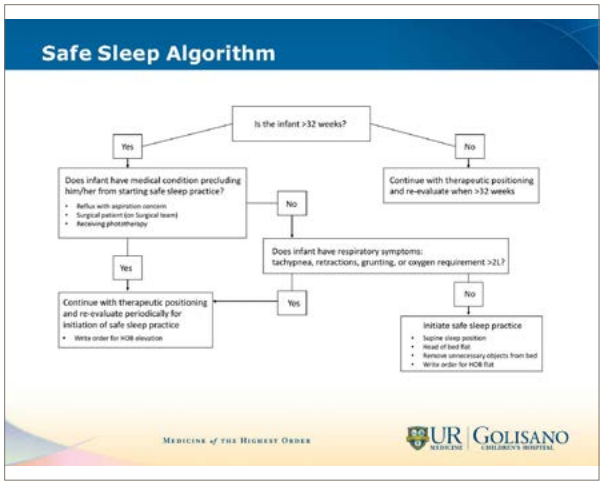

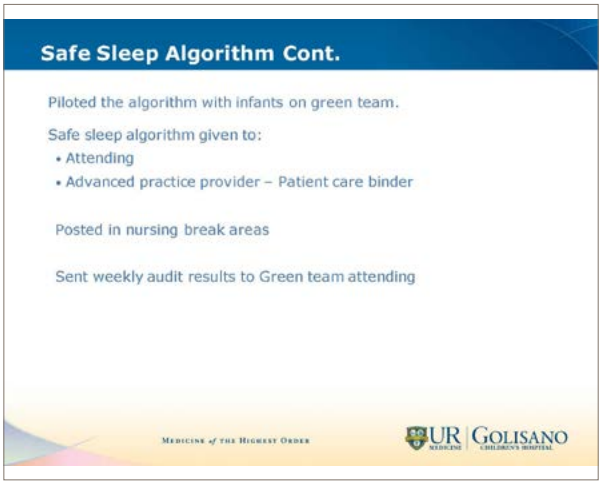

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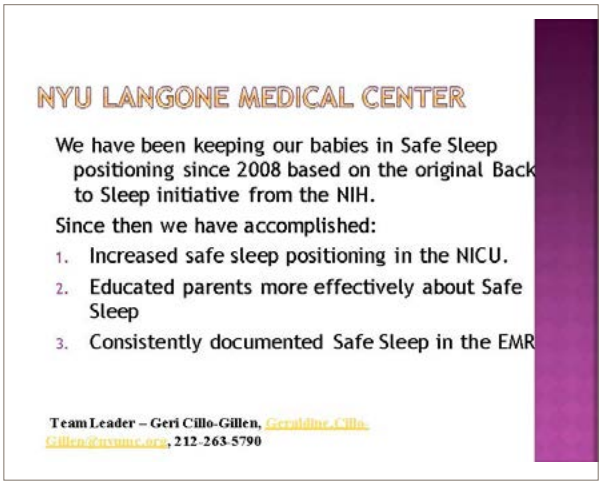
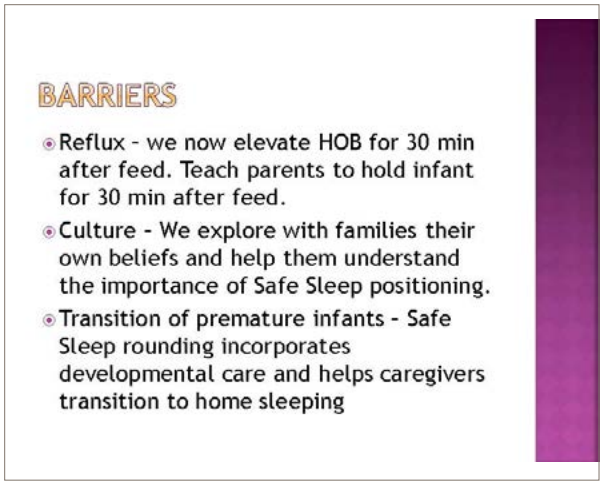
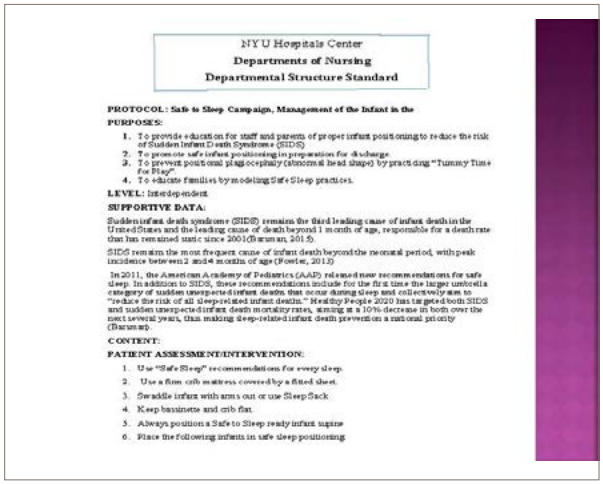




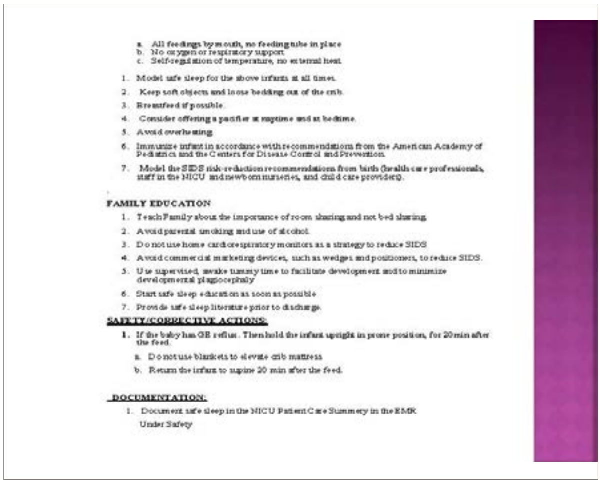


NICU Policies Support/Facilitate Safe Sleep Practices

Campbell D, Kacica M, Carson K, Shapiro K, Gillen G.

Safer Sleep for Babies (Part 2): Initiatives & Challenges in the NICU

New York State Perinatal Association Conference. June 2017. Intended audience: Hospitals and NICUs.



a. All feedings by mouth, no feeding tube in place
b. No oxygen or respiratory support
c. Self-regulation of temperature, no external heat

1. Model safe sleep for the above infants at all times.
2. Keep soft objects and loose bedding out of the crib.
3. Breastfeed if possible.
4. Consider offering a pacifier at naptime and at bedtime.
5. Avoid overheating.
6. Immunize infant in accordance with recommendations from the American Academy of Pediatrics and the Centers for Disease Control and Prevention.
7. Model the SIDS risk-reduction recommendations from birth (health care professionals, staff in the NICU and newborn nurseries, and child care providers).

FAMILY EDUCATION

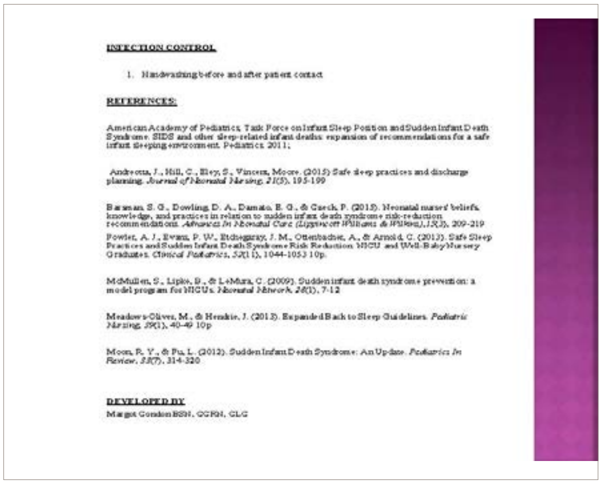
1. Teach Family about the importance of room sharing and not bed sharing.
2. Avoid parental smoking and use of alcohol.
3. Do not use home cardiorespiratory monitors as a strategy to reduce SIDS.
4. Avoid commercial marketing devices, such as wedges and positioners, to reduce SIDS.
5. Use supervised, awake tummy time to facilitate development and to minimize developmental plagiocephaly.
6. Start safe sleep education as soon as possible.
7. Provide safe sleep literature prior to discharge.

SAFETY/CORRECTIVE ACTIONS:

1. If the baby has GE reflux. Then hold the infant upright in prone position, for 20 min after the feed.
   a. Do not use blankets to elevate crib mattress.
   b. Return the infant to supine 20 min after the feed.

DOCUMENTATION:

1. Document safe sleep in the NICU Patient Care Summery in the EMR Under Safety



INFECTION CONTROL

1. Handwashing before and after patient contact

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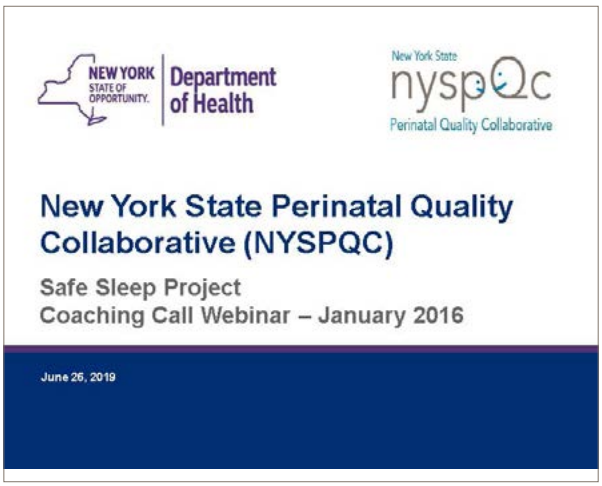
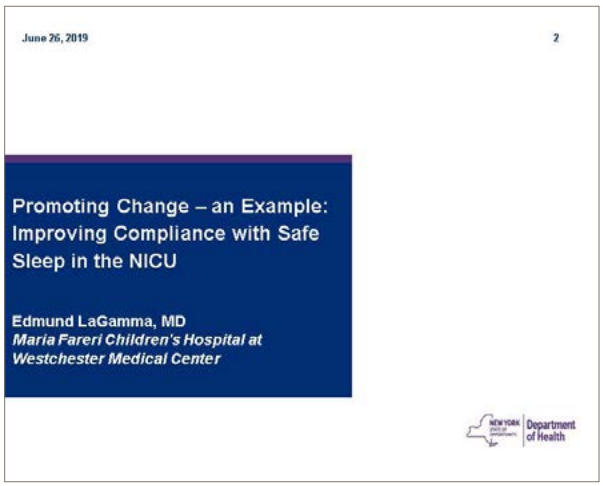
DEVELOPED BY

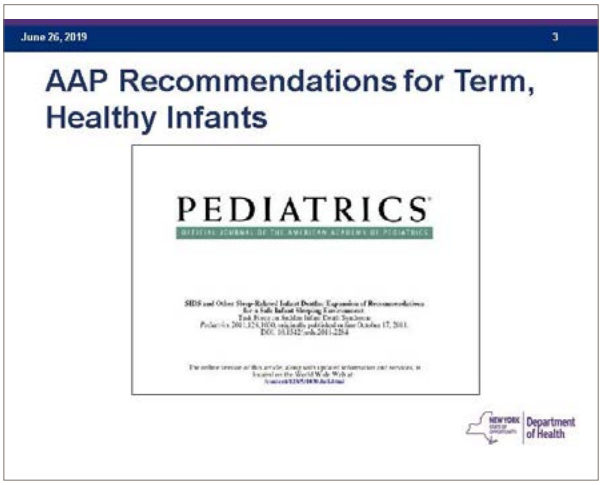
Margot Gordon BSN, CCRN, CLC

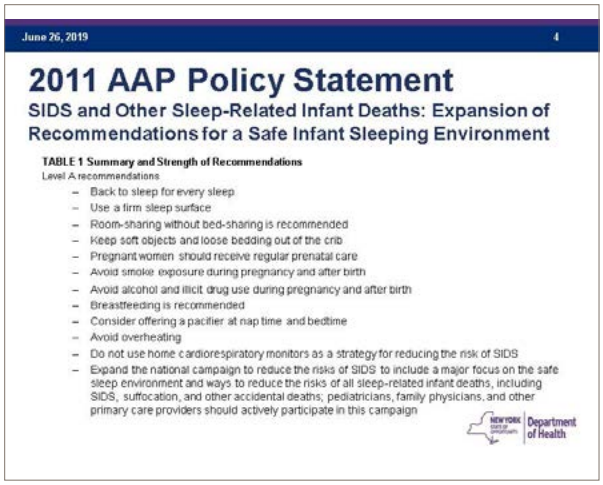
NICU Policies Support/Facilitate Safe Sleep Practices

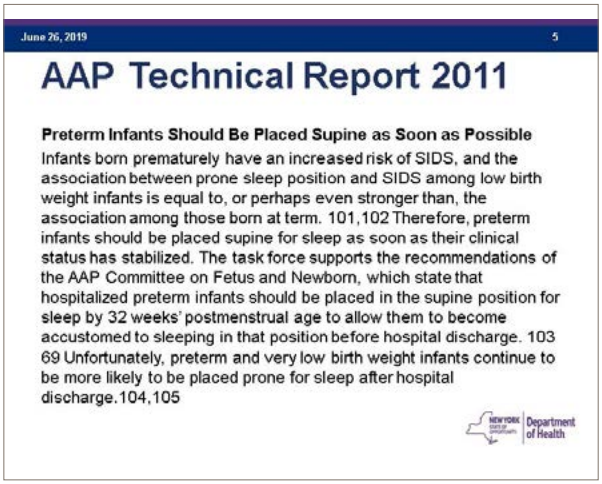
LaGamma E. ***Promoting Change – an Example: Improving Compliance with Safe Sleep in the NICU.*** NYSPQC Safe Sleep Project Coaching Call. January 2016. Intended audience: Hospitals and NICUs.

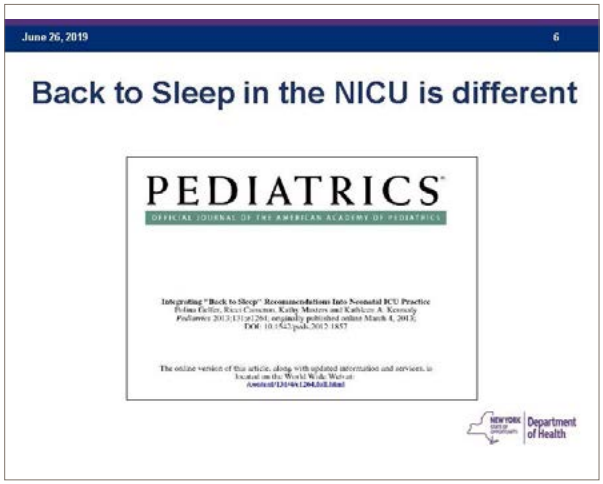












NICU Policies Support/Facilitate Safe Sleep Practices

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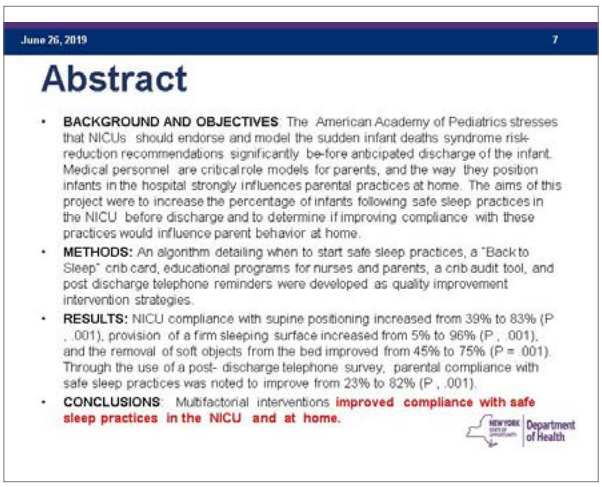

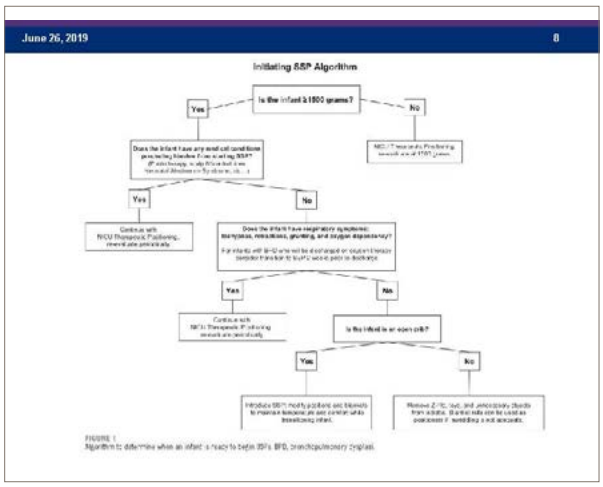

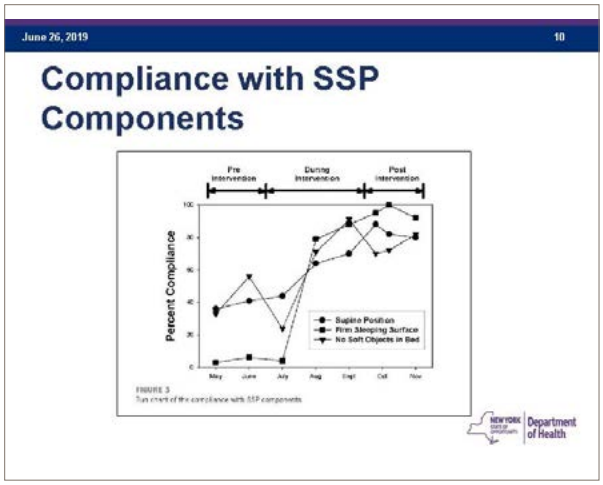

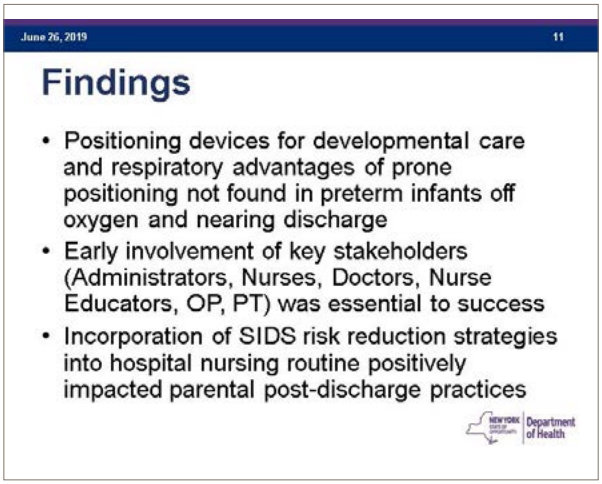

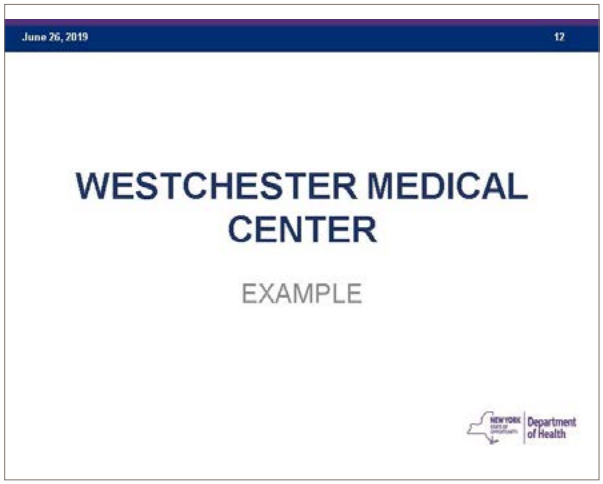

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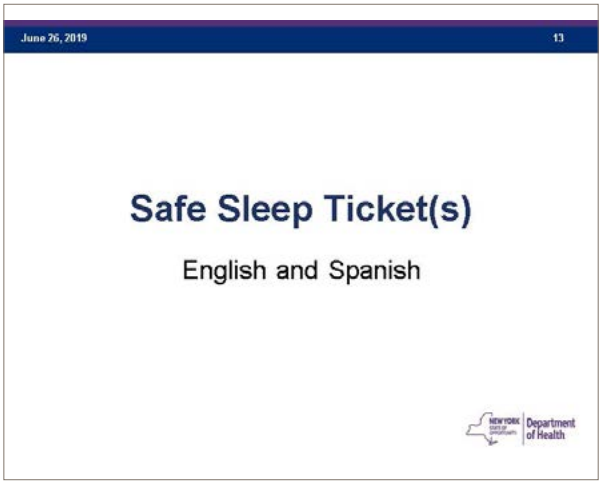
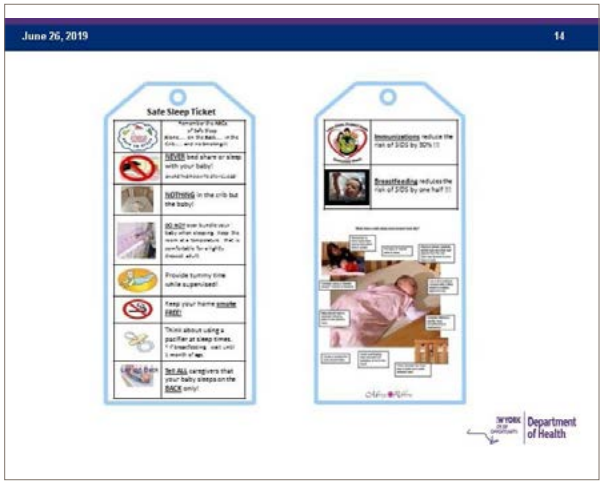
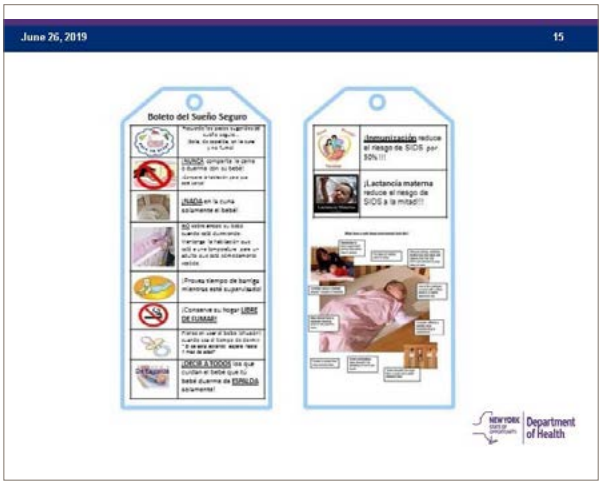




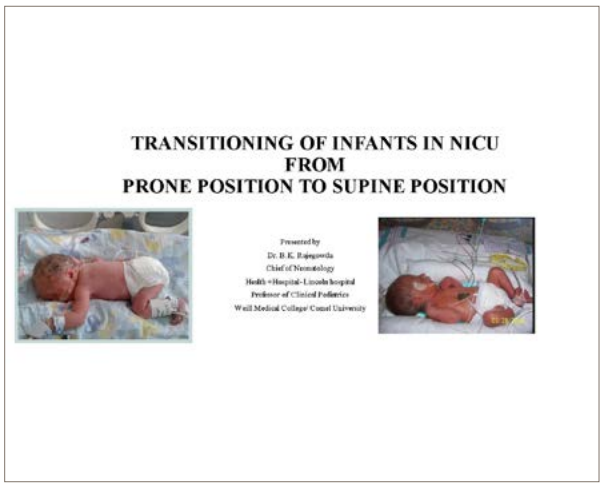


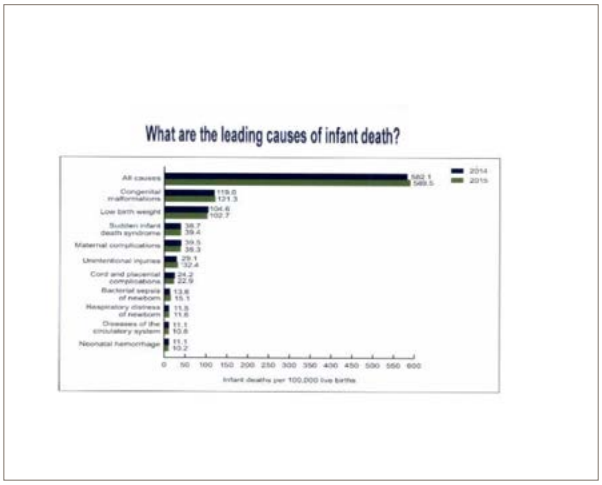
NICU Policies Support/Facilitate Safe Sleep Practices

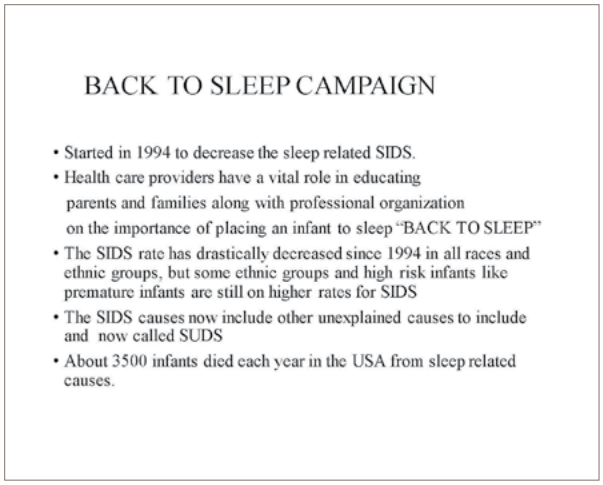
Rajegowda BK.

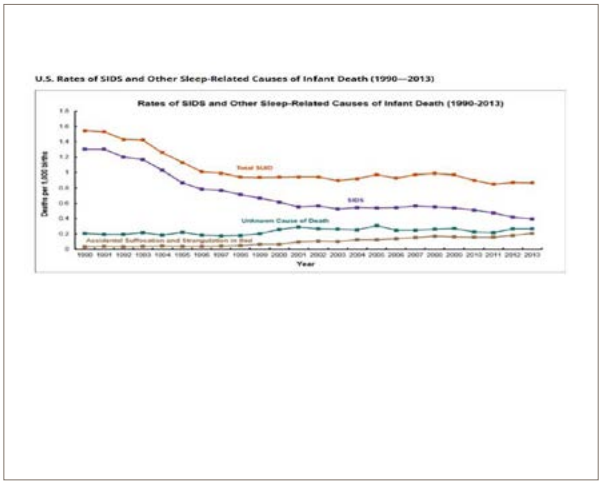
Transitioning of Infants in NICU from Prone Position to Supine Position.

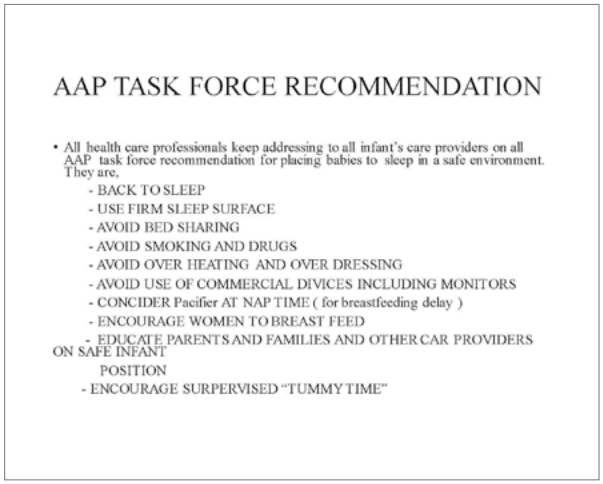
NYSPQC Safe Sleep Project Coaching Call. April 2017. Intended audience: Hospitals and NICUs.











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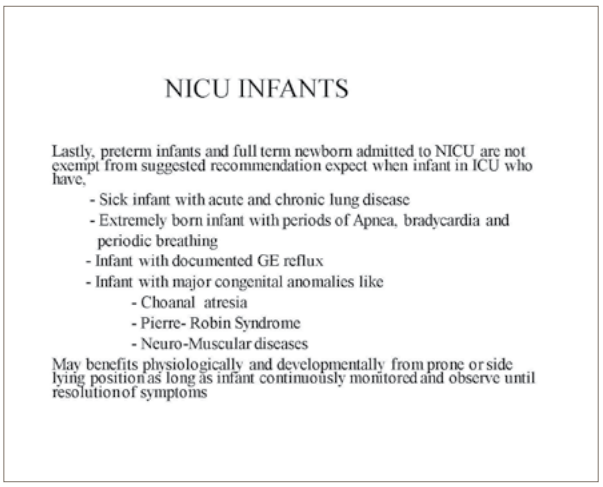
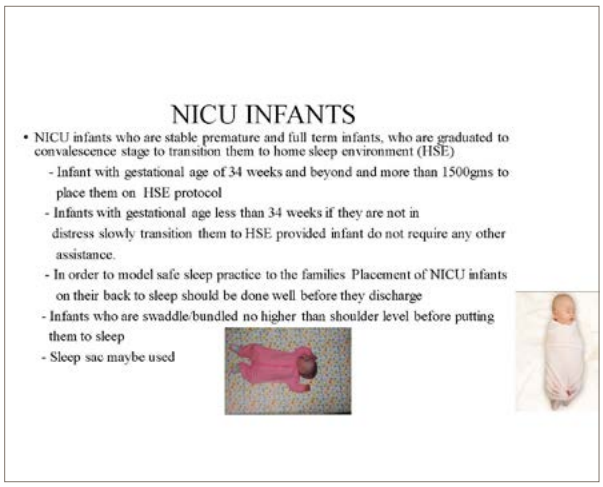


NICU INFANTS

Lastly, preterm infants and full term newborn admitted to NICU are not exempt from suggested recommendation expect when infant in ICU who have,

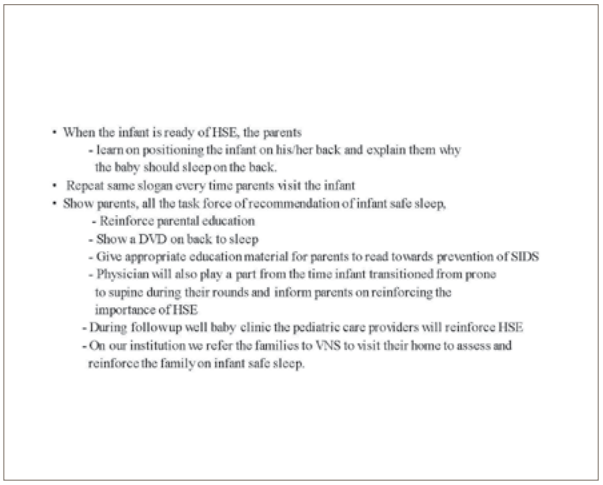
- Sick infant with acute and chronic lung disease
- Extremely born infant with periods of Apnea, bradycardia and periodic breathing
- Infant with documented GE reflux
- Infant with major congenital anomalies like
  - Choanal atresia
  - Pierre- Robin Syndrome
  - Neuro-Muscular diseases

May benefits physiologically and developmentally from prone or side lying position as long as infant continuously monitored and observe until resolution of symptoms

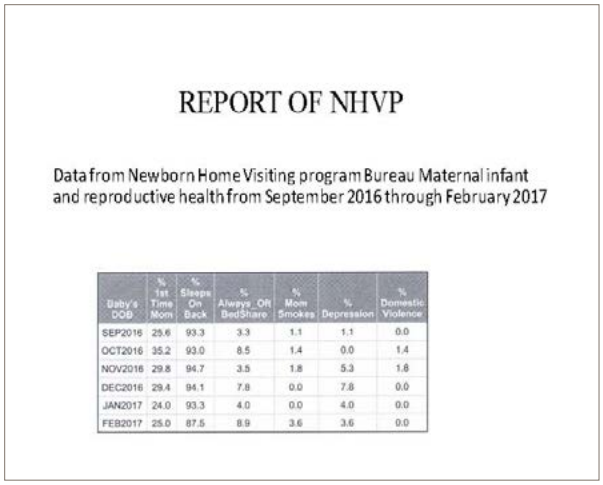


NICU INFANTS

- NICU infants who are stable premature and full term infants, who are graduated to convalescence stage to transition them to home sleep environment (HSE)
  - Infant with gestational age of 34 weeks and beyond and more than 1500gms to place them on HSE protocol
  - Infants with gestational age less than 34 weeks if they are not in distress slowly transition them to HSE provided infant do not require any other assistance.
  - In order to model safe sleep practice to the families Placement of NICU infants on their back to sleep should be done well before they discharge
  - Infants who are swaddle/bundled no higher than shoulder level before putting them to sleep
  - Sleep sac maybe used



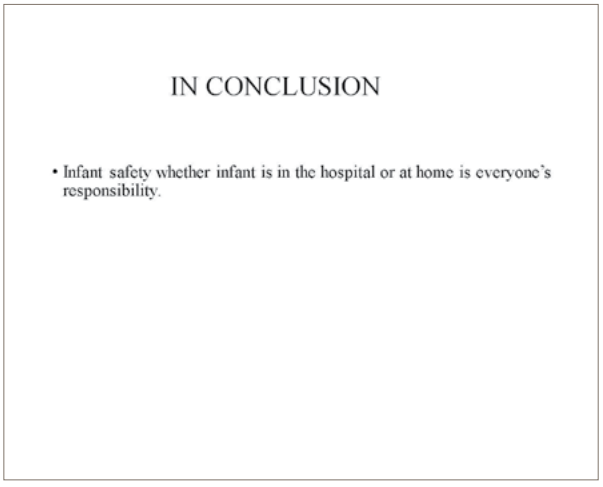
- When the infant is ready of HSE, the parents
  - learn on positioning the infant on his/her back and explain them why the baby should sleep on the back.
- Repeat same slogan every time parents visit the infant
- Show parents, all the task force of recommendation of infant safe sleep,
  - Reinforce parental education
  - Show a DVD on back to sleep
  - Give appropriate education material for parents to read towards prevention of SIDS
  - Physician will also play a part from the time infant transitioned from prone to supine during their rounds and inform parents on reinforcing the importance of HSE
  - During followup well baby clinic the pediatric care providers will reinforce HSE
  - On our institution we refer the families to VNS to visit their home to assess and reinforce the family on infant safe sleep.



REPORT OF NHVP

Data from Newborn Home Visiting program Bureau Maternal infant and reproductive health from September 2016 through February 2017

Baby's DOB	% 1st Time Mom	% Sleeps On Back	% Always_Off BedShare	% Mom Smokes	% Depression	% Domestic Violence
SEP2016	25.6	93.3	3.3	1.1	1.1	0.0
OCT2016	35.2	93.0	8.5	1.4	0.0	1.4
NOV2016	29.8	94.7	3.5	1.8	5.3	1.8
DEC2016	29.4	94.1	7.8	0.0	7.8	0.0
JAN2017	24.0	93.3	4.0	0.0	4.0	0.0
FEB2017	25.0	87.5	8.9	3.6	3.6	0.0



IN CONCLUSION

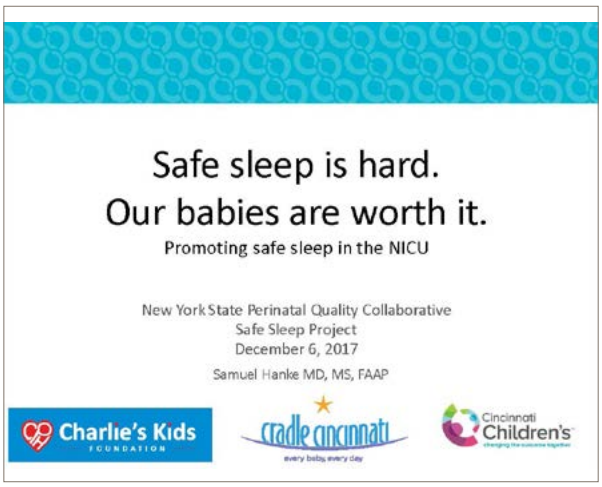
- Infant safety whether infant is in the hospital or at home is everyone's responsibility.

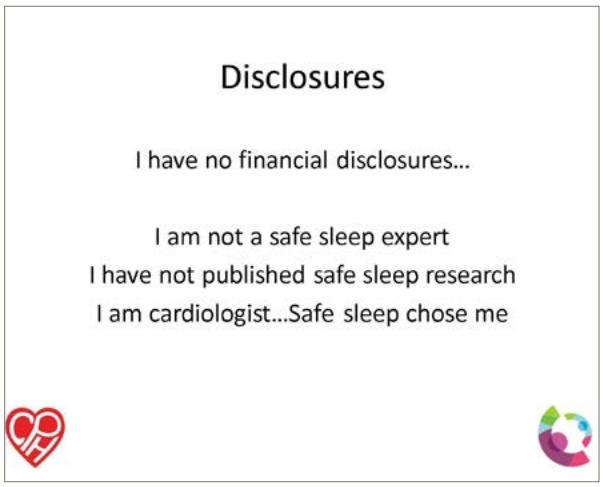
NICU Policies Support/Facilitate Safe Sleep Practices

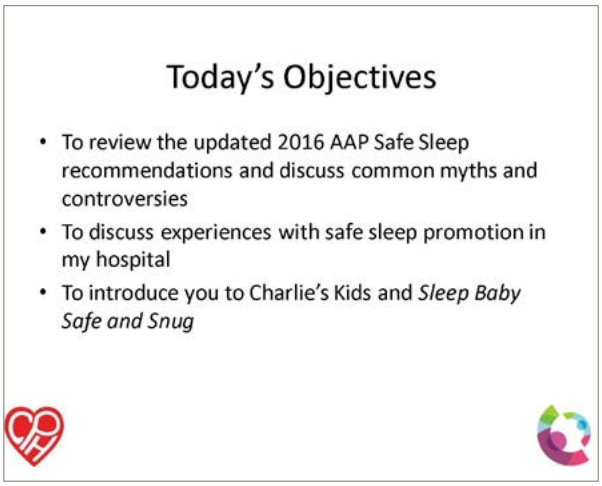
Hanke S.

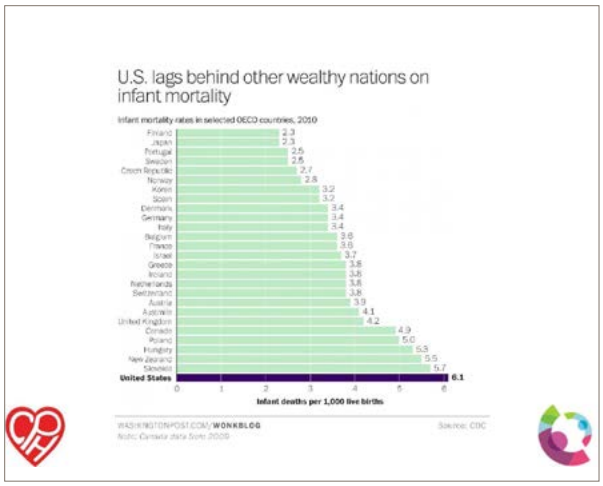
Safe sleep is hard. Our babies are worth it. Promoting safe sleep in the NICU.

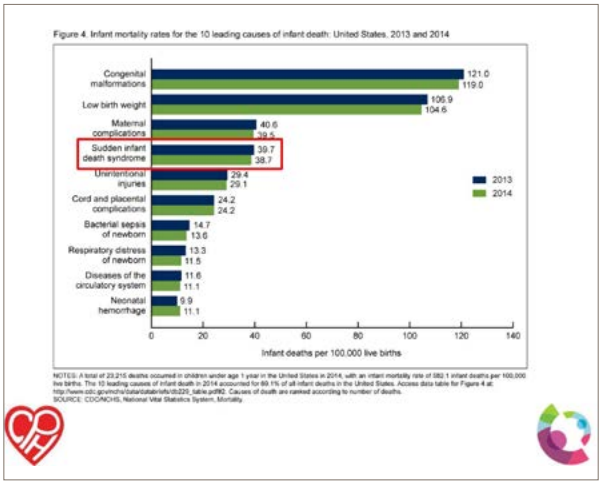
NYSPQC Safe Sleep Project Coaching Call. December 2017. Intended audience: Hospitals and NICUs.

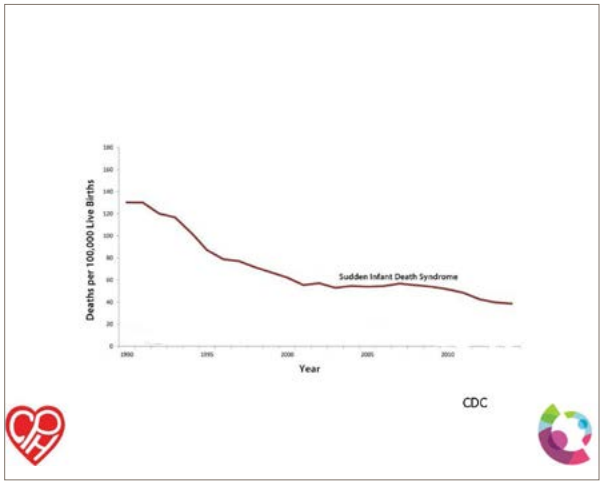












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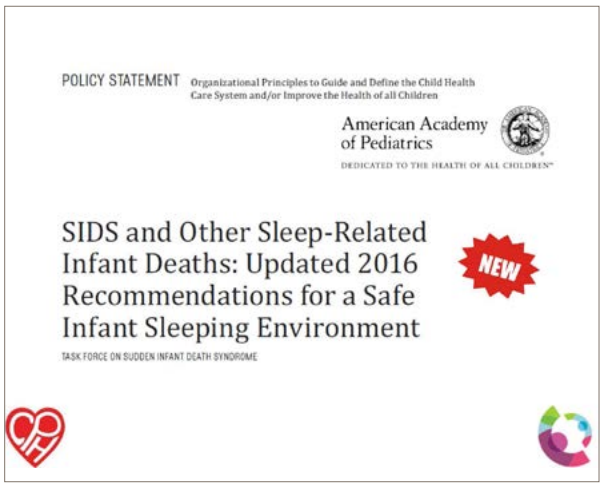

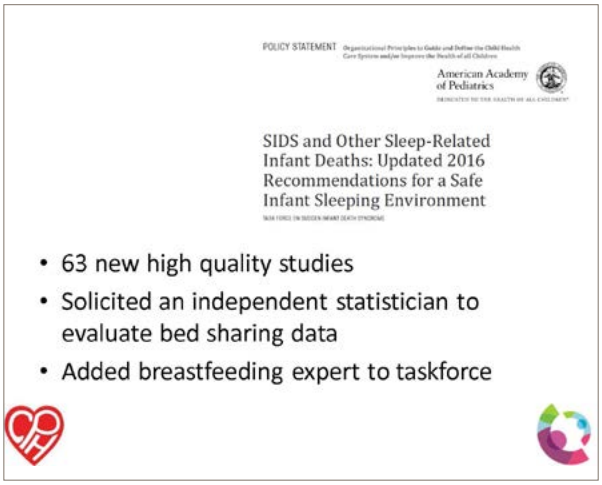

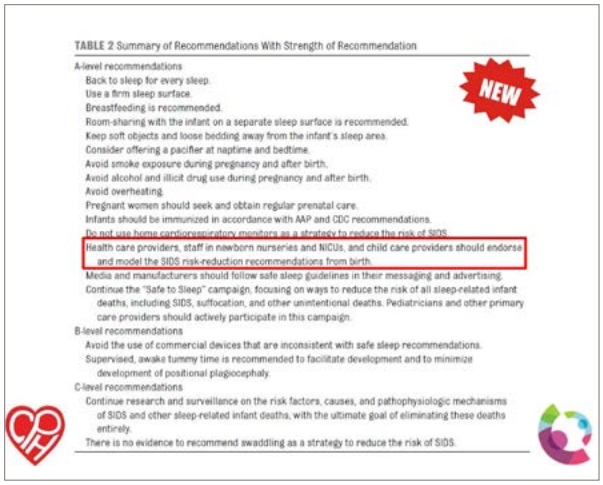

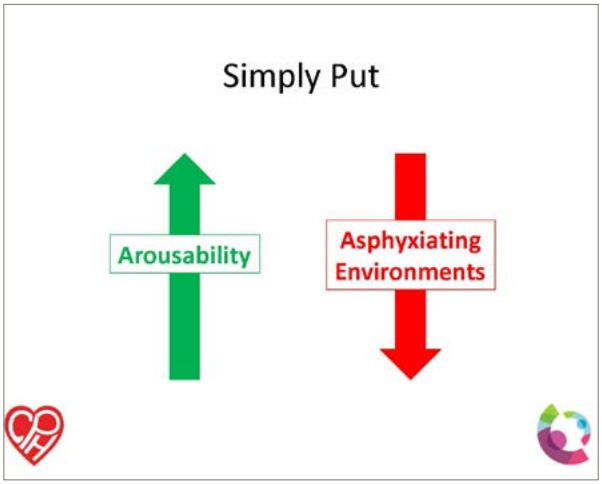

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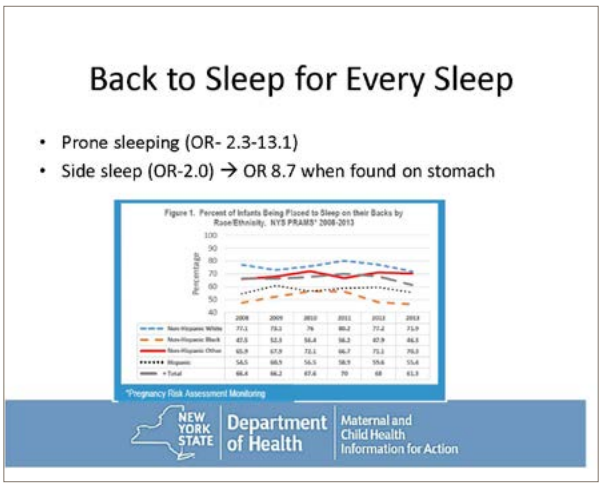
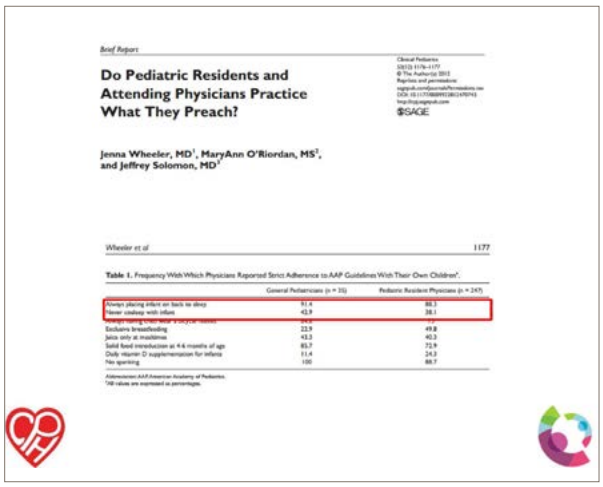
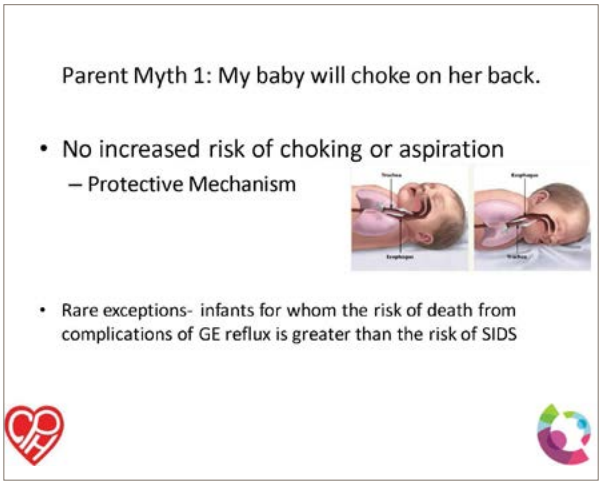
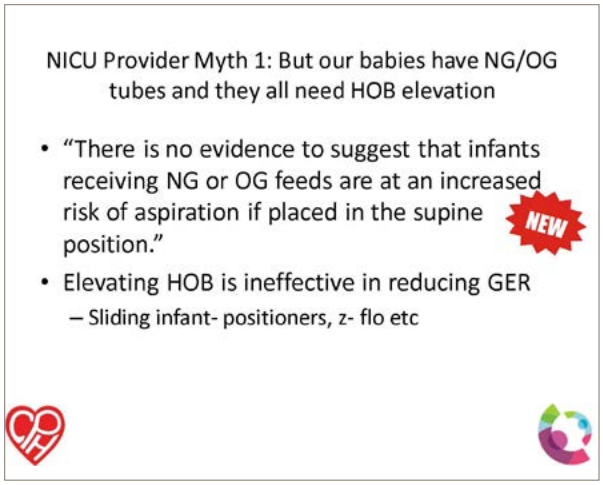
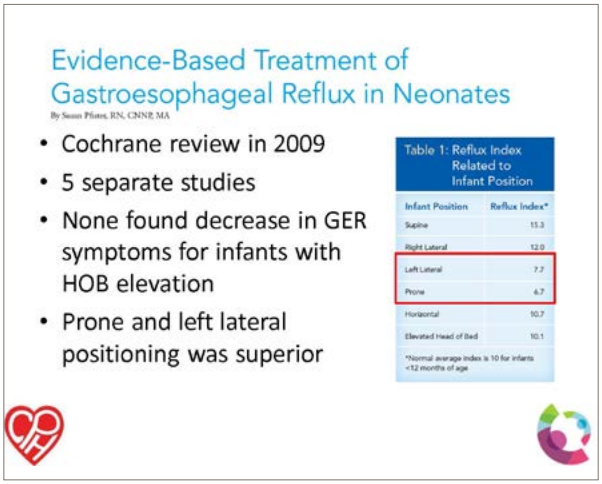
NYSPQC Safe Sleep Project Coaching Call. December 2017. Intended audience: Hospitals and NICUs.











NICU Policies Support/Facilitate Safe Sleep Practices

Hanke S.

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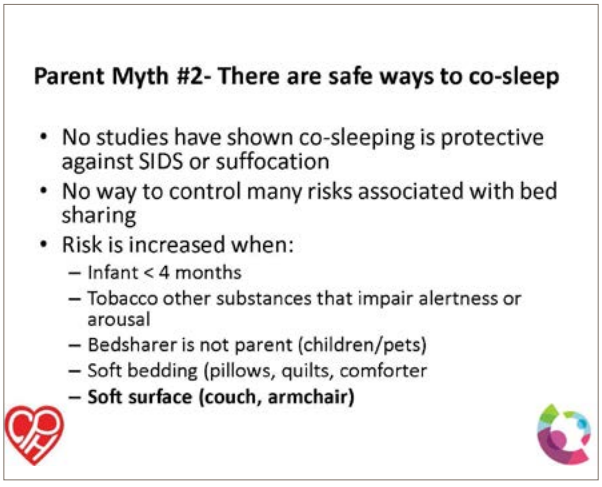

NICU Policies Support/Facilitate Safe Sleep Practices

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- "I wanted to reach out to you about an issue that came up this weekend. Our friends just had a baby. The baby had a few issues that had him in the NICU for two weeks…**their point was that while at the hospital the nurses had blankets, animals, and stuff all around him the whole time. They felt that if at the hospital he could have loose blankets, animals, and lay in different positions, why can't they? It made me think – how many more parents go home with this impression?"**

Parents pay attention to us

Sleep Position of Low Birth Weight Infants
Louis Vernacchio, Michael J. Corwin, Samuel M. Lesko, Richard M. Vezina, Carl E. Hunt, Howard J. Hoffman, Marian Willinger and Allen A. Mitchell
Pediatrics 2003;111;633
DOI: 10.1542/peds.111.3.633

What you can do in your NICU

- *Furthermore, the task force believes that neonatologists, neonatal nurses, and other health care providers responsible for organizing the hospital discharge of infants from NICUs should be vigilant about endorsing the SIDS risk-reduction recommendations from birth.*
- *They should model the recommendations as soon as the infant is medically stable and significantly before the infant's anticipated discharge from the hospital.*
- *In addition, NICUs are encouraged to develop and implement policies to ensure that supine sleeping and other safe sleep practices are modeled for parents before discharge from the hospital*

NEW

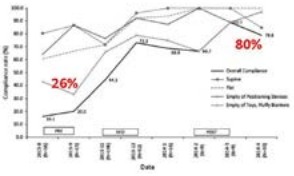
ORIGINAL ARTICLE

Implementation of safe sleep practices in the neonatal intensive care unit

SS Hwang, A O'Sullivan, E Fitzgerald, P Melvin, T Gorman and JM Fiascone

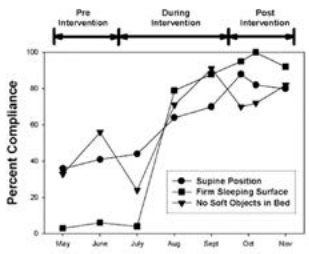
735 babies
52% safe sleep ready
98% audit rate

Interventions
Safe Sleep algorithm
Crib cards
Nurse and Staff Education



Integrating "Back to Sleep" Recommendations Into Neonatal ICU Practice
Polina Gelfer, Ricci Cameron, Kathy Masters and Kathleen A. Kennedy
Pediatrics 2013;131;e1264; originally published online March 4, 2013;
DOI: 10.1542/peds.2012-1857

- Supine-39%→ 83%
- Firm surface- 5%→75%
- No objects- 45%→75%



What you can do in your NICU

- Every parent thinks that his/her baby is the exception to the rule…
  - Don't give them a reason to be an exception
- Start a non-judgmental dialogue!
  - Ask them if they have a crib
  - Ask parents how they plan to put their babies to sleep
- Empathize with their challenges
  - Reinforce the Do's and Don'ts
- Provide solutions but don't compromise

NICU Policies Support/Facilitate Safe Sleep Practices

Hanke S.

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NYSPQC Safe Sleep Project Coaching Call. December 2017. Intended audience: Hospitals and NICUs.

What you can do in your NICU

- Be a voice for your mothers and babies
- Your patients listen to your voice

What you can do in your NICU

- Set expectations
  - Find a clinical champion both physician and nursing
  - Establish a clear safe sleep policy
  - Talk to families early about these expectations.
- Implement effective interventions
  - Safe Sleep Start Algorithms
  - Staff education
  - Crib Card
  - Patient educational materials (Sleep Baby, Videos)
- Focus on sustaining gains
  - Use your data for feedback to your team
  - Celebrate successes, share stories of discharge babies that died
  - Find engaged family members in your hospital and community.
  - Share their story!!!

Charlie's Kids FOUNDATION

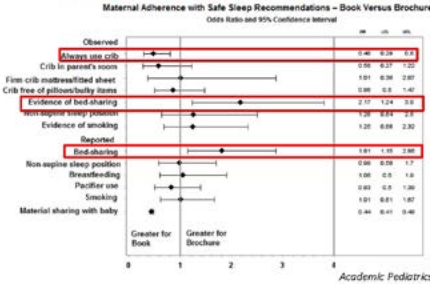
- Founded in 2011
- 501(c)3 Organization
- All volunteer
- Our mission is to distribute information about SIDS and safe sleep practices to families

- Provides timely and repetitive safe sleep messaging in approachable, easy to read book
- Targets all levels of education, language and literacy abilities
- Promotes parent/child bonding, early literacy
- Distributed in bulk through hospitals, health departments, non-profits

Randomized Trial of a Children's Book Versus Brochures for Safe Sleep Knowledge and Adherence in a High-Risk Population

John S. Hutton, MD; Resmi Gupta, MS, MA; Rachel Gruber, MS; Jennifer Berndsen, LSW; Thomas DeWitt, MD; Nicholas J. Ollberding, PhD; Judith B. Van Ginkel, PhD; Robert T. Ammerman, PhD

Adherence ~2x greater for *Sleep Baby Safe and Snug*



Academic Pediatrics 2017

Georgia- 2016-17

- All 78 birthing hospitals participated
- Goal safe sleep education
- Distributed book and onesies
- Parent Survey (n=420)
  - 91% found information helpful
  - 82% share safe sleep recommendations with others
  - Receiving information in hospital was strongly correlated with knowledge and behaviors regarding safe sleep location

Safe to Sleep Hospital Initiative Parent Survey Results

NICU Policies Support/Facilitate Safe Sleep Practices

Hanke S.

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Tennessee Hospital Incentive Bundle

- Free **"Sleep Baby, Safe and Snug"** board book *for each birth in your facility*
- Free TDH "ABC's of Safe Sleep" materials
- Free Recognition on TDH website (http://safesleep.tn.gov)
- Signed certificate from TDH Commissioner
- Press release template

TENNESSEE HEALTH

Tennessee

- Increased safe sleep compliance (hospital crib audit)
  - 45.6%- Decrease in infants found with any unsafe sleep risk factors (p =<0.001)
    - Infants found asleep not on their back: 45.2% decrease (p=0.031)
    - Toys/objects in crib: 53.4% decrease (p<0.001)
    - Infants not sleeping in crib: 50% decrease (p<0.001

Submitted Maternal and Child Health Journal
Personal communications R. Heitmann 2017

Ohio-2014

Safe sleep is GOOD4BABY

- All Ohio Maternity Hospital
- Modeling safe sleep practices
- Counseling new parents and families
- Advocating for safe sleep and educating the community

Ohio

Number of Deaths by Cause as Identified by Child Fatality Review (2012-2015)

Cause	Year			
	2012	2013	2014	2015
Prematurity	469	457	445	411
Other Causes	220	244	195	196
Sleep-Related	173	148	118	150
Birth Defects	144	136	134	131

2015 Ohio Infant Mortality Data: General Findings

It's working!

Sleep Related Deaths are down

Over 2 Million Books Distributed since 2013

- *"I wanted to let you know that I shared your story and book with my sister in law who has a four week old baby and was co-sleeping. It was a very awkward conversation but your story and all the work you have done to raise awareness inspired me and helped me to get some cojones and tell her, in a very nice way, that sleeping with her tiny baby in her arms, on her chest, or in bed is not a safe idea. You have done some amazing things."*
- *I know, it's terrible, but I have slept with a baby on my chest many times! I know you are not supposed to, but you are just so tired with a new baby that you just want to find some way to sleep! I am promising myself I won't do it with the new baby after reading Charlie's story."*

NICU Policies Support/Facilitate Safe Sleep Practices

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NICU Policies Support/Facilitate Safe Sleep Practices

This policy from York Hospital is the model used by Cribs for Kids.

"Hospitals can achieve success in the NICU with both breastfeeding and safe sleep. The road to success is similar to that for healthy term babies. It is all about education, respect, staff awareness and modeling, with promotion of both breastfeeding and safe sleep. NICUs need to develop an algorithm and policy for transition to safe sleep well before discharge as recommended by the AAP Task Force on Sudden Infant Death Syndrome and AAP Committee on Fetus and Newborn. The WellSpan Health York Safe Sleep Policy has this algorithm and extensive instructions for this transition."

Michael Goodstein, MD, FAAP
Division Chief WellSpan Neonatology
Clinical Associate Professor of Pediatrics (Penn State U.)
Director, York County Cribs for Kids Program

NICU Policies Support/Facilitate Safe Sleep Practices

First Candle – Sample Policy & Procedures Safe Sleep Practices for NICU

model
behavior

Sample Policy & Procedures

Safe Sleep Practices for the Neonatal Intensive Care Unit

Parents tend to copy practices that they observe in hospital settings. As a nurse, you play a vital role in ensuring an infant's health and survival after they leave the hospital. This is the most important modeling job of your life.

NICU Policies Support/Facilitate Safe Sleep Practices

First Candle – Sample Policy & Procedures Safe Sleep Practices for NICU

model behavior
The most important modeling job of your life.

Sample Policy & Procedures

Safe Sleep Practices for NICU

Scope of Responsibility: All health care professionals caring for infants in the Neonatal Intensive Care Unit (NICU)

Goals:

1. To provide guidelines that will ensure a safe sleep environment for all newborns by implementing the American Academy of Pediatrics' (AAP) 2005 recommendations regarding safe sleep.
2. To ensure that all recommendations are modeled for and understood by parents/caregivers with consistent instructions given prior to discharge.

Purpose: Sudden Infant Death Syndrome (SIDS) is a sudden and unexplained death that usually occurs while the infant is asleep. Highest risk is between the ages of 1 and 4 months. Although there is no conclusive research on the cause(s) of SIDS, safety measures such as positioning the infant on his/her back to sleep and other safe sleep guidelines have been shown to reduce the incidence of SIDS.

NICU Considerations

- Premature infants have increased risk of SIDS.
- Premature infants are more likely to be placed prone to sleep after hospital discharge.
- As parents/caretakers may see infants placed prone to sleep in the NICU, babies and parents/caretakers may become used to the prone sleep position.

Conclusion: NICU staff should be more vigilant about endorsing and modeling the supine sleep position and safe sleep guidelines before an anticipated discharge.

NICU Policies Support/Facilitate Safe Sleep Practices

First Candle – Sample Policy & Procedures Safe Sleep Practices for NICU

Intervention	NICU	NICU Parent Education
Sleep Position	• Infants with PFC or pneumonia who have oxygen requirements may be tried to sleep on their stomachs to see if this improves oxygenation. If it does, they may be left on their stomachs until oxygen need decreases. They should then be changed to the supine sleep position. • Infants who have decreased mobility due to illness, neurological defects, medication or restraints may be rotated to different positions to avoid certain problems, such as atelectasis until their condition improves. They should then be changed to the supine sleep position. • Premature infants with respiratory problems and oxygen requirements may be tried in the prone position to see if it benefits them. If it does they may be left there but the infant should be checked daily to see if this continues to make a difference. • Premature infants who have significant feeding residuals may be tried to sleep on their stomachs to see if it improves passage of food. The infant should be tried supine every few days to see if this remains a problem. If not, the infant should be placed permanently in the supine position. Infants handle reflux better on their backs. • Infants with airway obstruction problems such as Pierre-Robin Sequence or laryngomalacia may require the prone sleep position until developmental changes in head shape and laryngeal function occur, usually requiring several months.	• Parents/caregivers need to be told that the stomach sleeping is temporary and they should be provided with sufficient explanation. The supine position should be modeled prior to discharge. • Parents/caregivers need to be told that once well, infants need to always sleep on their backs and that carrying, play and supervised "tummy time" while awake are adequate stimulation for development. Parents/caregivers can rotate the infant's position in bed, but the infant should always be on his/her back. • "Tummy time" is supervised playtime with the infant while he/she is awake and positioned on the tummy. This is important to infants' development by providing the opportunity for infants to learn to lift and turn their heads, exercise their bodies and strengthen the neck, arm and shoulder muscles. • Changing the direction that your baby lies in the crib from week to week and supervised "tummy time" will reduce the incidence of positional plagiocephaly or flat spots on the infant's head.

NICU Policies Support/Facilitate Safe Sleep Practices

First Candle – Sample Policy & Procedures Safe Sleep Practices for NICU

Intervention	NICU	NICU Parent Education
Bedding/ Soft Materials (Blankets)	• Infants should not sleep on sheepskins or other very soft materials unless they are experiencing skin breakdown or are less than 32 weeks gestation. If an infant is placed to sleep on a sheepskin, he/she should sleep on their back. • Infants should be frequently monitored visually, as well as electronically, for face down position. While on such bedding, they should be placed on their backs to sleep. • "Boundaries" made from blanket rolls can serve as potential sources of airway obstruction and entrapment. They should not be used except in extreme cases such as PFC and extreme prematurity and only on open tables. • No toys or stuffed animals are to be put in the crib, bassinet or isolette with the infant. Infants can be provided stimulation by visual patterns or pictures of the family on the isolette wall. Stuffed animals and toys should be displayed outside of the crib so that they will be available to the parents/ caregivers to use to interact with the infant if appropriate when they visit. • Once an infant has successfully graduated from the isolette, it is important to establish how many layers of clothing will be required to maintain thermal neutrality (warmth without overheating). If an undershirt, jumpsuit and sleeper are not adequate to keep an infant warm without additional blankets, the infant's readiness to be weaned from the isolette should be questioned. • Staff should consider using a wearable blanket as an alternative to loose blankets and model its use for the parents/caregivers.	• Parents/caregivers must be told that these are temporary conditions that will be stopped once the skin matures and that under no circumstances are they to do this at home. • Parents/caregivers need to be shown and told that no loose or soft items are to be in the crib, bassinet or isolette with the infant. • Parents/caregivers should be encouraged to display toys outside of the crib. • Parents/caregivers should be encouraged to bring in the various types of clothing they will use. • Parents/caregivers should be asked to compare the normal temperature of their home with that of the NICU and figure out, along with the nursing staff, how to adjust the home environment or the infant's clothing. Parents/ caregivers should be taught to look for signs of overheating such as fever and sweating and signs of being cold such as cold hands and skin mottling. • Parents/caregivers can be encouraged to consider using a wearable blanket or dressing the infant in layers as an alternative to loose blankets.

NICU Policies Support/Facilitate Safe Sleep Practices

First Candle – Sample Policy & Procedures Safe Sleep Practices for NICU

Intervention	NICU	NICU Parent Education
Crib/Bedsharing (Breastfeeding)	• During rooming, it must be made clear that the infant is to sleep in a crib, bassinet or isolette. Bedsharing should not take place in the NICU. • Parents should be carefully supervised during "kangaroo care," or if they are breasteeding	• Parents/caregivers must be made aware of the multiple dangers of an infant sleeping in an adult bed prior to discharge. In addition, the extreme danger of bedsharing on couches and with other children must be pointed out. • Parents should be informed that "kangaroo care" should be limited to the hospital setting. • Parents/caregivers should be informed to place their infant to sleep in a crib or bassinet that meets the U.S. Consumer Product Safety Commission's safety standards. Nurses should emphasize that the crib should be firm. • Parents should be encouraged to place the infant to sleep in the same room as the parents. • It should be stressed that after going home, parent/caregiver interactions with the infant need to occur under safe conditions when both are awake and alert. • The availability of bed-extenders and small cribs near the adult bed to facilitate breastfeeding should be addressed.
Swaddling/ Bundling	• Blankets used for swaddling should come no higher than the infant's shoulders.	• Parents/caregivers should be encouraged to speak with their physician about the need to swaddle. If the physician wants the infant swaddled, the nurse will need to demonstrate.

NICU Policies Support/Facilitate Safe Sleep Practices

First Candle – Sample Policy & Procedures Safe Sleep Practices for NICU

Intervention	NICU	NICU Parent Education
Smoking	• Smoking is not allowed in the NICU and should not be introduced into the infants' environment.	• Parents/caregivers need to be made aware of the dangers of anyone smoking around the infant. • Bedsharing may be more dangerous if the mother smokes and should be strongly warned against. • Parents/caregivers should be encouraged to stop smoking and create a smoke-free environment for the infant.
Pacifier Use		• Suggest to parents that they consider offering a pacifier at nap time and bedtime. Research shows that pacifier use during sleep is associated with a reduced risk of SIDS. Research also shows that the use of a pacifier does not interfere with breastfeeding nor cause dental problems. • Explain to parents why they should wait one month before offering a pacifier to a breastfeeding baby. The risk of SIDS is very low during the first month and it is important to ensure that the baby is nursing well before introducing a pacifier. • Tell parents not to use a pacifier as a substitute for nursing or feeding. Pacifiers should be offered after a feeding or when a baby is put down to sleep. • Tell parents not to put a pacifier back in a baby's mouth if it falls out after he or she falls asleep. Doctors say that babies who use a pacifier at naptime and nighttime are protected, even if the pacifier falls out of their mouth after they fall asleep. • Tell parents not to force their baby to take a pacifier if he or she does not want it. Encourage parents to try several times during a period of a few weeks before giving up.

NICU Policies Support/Facilitate Safe Sleep Practices

First Candle – Sample Policy & Procedures Safe Sleep Practices for NICU

Intervention	NICU	NICU Parent Education
Pacifier Use (cont.)		• Tell parents not to coat the pacifier with any sweet solutions. • Pacifiers should be cleaned often and replaced regularly. • Tell parents not to use a string or anything else to attach pacifiers around the baby's neck or to his or her clothing. • Tell parents to limit pacifier use to the baby's first year of life.

NICU Policies Support/Facilitate Safe Sleep Practices

First Candle – Sample Policy & Procedures Safe Sleep Practices for NICU

model behavior

The most important modeling job of your life.

For more information, please call 1.800.221.7437 or visit www.firstcandle.org

First Candle

HELPING BABIES SURVIVE & THRIVE

NSIDPSC

*June, 2006

NICU Policies Support/Facilitate Safe Sleep Practices

WellSpan Health York - Safe Sleep Policy (Section VB. Infants in the Neonatal Intensive Care Nursery)

WELLSPAN HEALTH- YORK HOSPITAL NURSING POLICY AND PROCEDURE

DATES:
Original Issue: **August, 1995**
Annual Review: **August, 2016**
Revised: **August, 2017**

Owner: **M. Goodstein**
Approved by: **WCSL Council**

TITLE: **INFANT SAFE SLEEP POLICY**

I. Purpose

A. Establish guidelines and parameters for infant positioning.
B. Establish appropriate and consistent parental education on safe sleep positions and environment.
C. Establish consistent safe sleep practices by healthcare professionals for infants prior to discharge.
D. To comply with Pennsylvania ACT 73 which mandates that provision of education for parents relating to sudden infant death syndrome and sudden unexpected death of infants.

II. Definitions

Infant Mortality Rate: Number of deaths in infants aged under 1 year of life per 1,000 live births in a given geographic location.

Neonatal Mortality Rate: Number of deaths in infants aged under 29 days of life per 1,000 live births in a given geographic location.

Post-neonatal Mortality Rate: Number of deaths in infants aged 29 to 364 days of life per 1,000 live births in a given geographic location.

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

SUID (Sudden Unexpected Infant Death): The death of an infant less than one year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before the investigation. Most SUIDs are reported as one of three types:

- SIDS
- Accidental suffocation or strangulation in bed
- Unknown Cause

SUPC (Sudden Unexpected Postnatal Collapse) Any condition resulting in temporary or permanent cessation of breathing or cardiorespiratory failure in a well-appearing, full-term newborn with Apgar scores of eight or more, occurring during the first week of life. Many, but not all, of these events are related to suffocation or entrapment.

NICU Policies Support/Facilitate Safe Sleep Practices

WellSpan Health York - Safe Sleep Policy (Section VB. Infants in the Neonatal Intensive Care Nursery)

NAS (Neonatal Abstinence Syndrome): Is a constellation of symptoms that occur in a **newborn** who has been exposed to addictive opiate drugs. This is most commonly due to prenatal or maternal use of substances that result in withdrawal symptoms in the newborn. It may also be due to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn (postnatal NAS).

III. Policy Statement

The infant mortality rate is a widely-used indicator of the nation's health. In 2010, the United States (U.S.) ranked 26th in infant mortality among industrialized nations, with an overall infant mortality rate of 6.1 deaths per 1,000 live births. [1] The leading causes of infant mortality in the U.S. are a) congenital malformations, b) short gestation/low birth weight, c) sudden infant death syndrome (SIDS), d) maternal complications, and e) unintentional injuries (mostly suffocations)[2]. Although the infant mortality rate in the U.S. decreased to 5.96 deaths per 1,000 live births in 2015, this still represents approximately 24,000 deaths per year, of which, **about 3,500 are sudden unexpected infant deaths (SUID).**

In 1992 the American Academy of Pediatrics (AAP) recommended that infants no longer sleep in the prone position. By 1994, the National Institutes of Health, introduced the Back to Sleep campaign. Over the next 10 years, the sudden infant death syndrome (SIDS) rate in the U.S. fell 53%, correlating with an increase in exclusive supine sleep.

Despite these advances, approximately 1,500 infant deaths occur due to SIDS each year. SIDS is the third-leading cause of infant mortality overall, and it is the leading cause of post-neonatal mortality. And although the incidence of SIDS continues to decline, other deaths (including accidental suffocation and strangulation in bed and undetermined deaths) have increased, suggesting a possible "diagnostic coding shift," resulting in little change in the incidence of SUID in recent years.

The AAP recommends "Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk reduction recommendations from birth. All physicians, nurses, and other health care providers should receive education on safe infant sleep. Hospitals should ensure that hospital policies are consistent with updated safe sleep recommendations and that infant sleep spaces (bassinets, cribs) meet safe sleep standards."

However, studies show that many hospitals do not currently provide consistent and accurate information or model appropriate behavior in the hospital. In one study, parents reported receiving instruction on sleep position from either nurses and doctors less than 50% of the time and only 37% of parents reported seeing their infant placed exclusively in the supine position in the nursery. Yet parents who reported both receiving instruction and observing their infant put to sleep in the supine position were most likely to keep their babies in the supine position for sleep at home (70%), while parents who received no instruction and did not see their babies' supine in the nursery were least likely to report using the supine position at home (22%). Parents are less likely to believe that infant safe sleep practices are important when the hospital staff is inconsistent with their message and behavior.

[1] (MacDorman, Matthews, Mohangoo, & Zeitlin, 2014).

[2] (MacDorman, Hoyert, & Matthews, 2013).

NICU Policies Support/Facilitate Safe Sleep Practices

WellSpan Health York - Safe Sleep Policy (Section VB. Infants in the Neonatal Intensive Care Nursery)

Healthcare professionals play a vital role by showing mothers/caregivers a positive model for safe sleep practices in the hospitals or office settings, and educating parents and caregivers on the importance of infant sleep safety. The challenge for hospitals is to provide education about reducing the potential for accidental injury or death while still promoting methods for mothers/caregivers to bond with their newborns. Healthcare providers should have open, frank, nonjudgmental conversations with families about their sleep practices. Healthcare facilities can make a difference by providing education for staff and families, and promoting and monitoring safe sleep behaviors that can reduce the risk of injury or infant death.

IV. Equipment

Open cribs/bassinets, isolettes or infant warmers

V. Procedure

A. Infants in the Newborn Nursery:

1. Place all infants on their backs to sleep and the head of the bed flat. Infants with a medical contraindication to supine sleep position -- i.e. congenital malformations, upper airway compromise, severe symptomatic gastroesophageal reflux -- should have a physician's order along with an explanation documented.

2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.

3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet and can be returned to the newborn nursery at the discretion of the nurse. The mother/parent should then be re-educated on safe sleep practices as soon as practical. If this continues to be a reoccurring problem an "Infant Safe Sleep Non-Compliance" release form should be signed by the parent that he or she has been educated and understands that sleeping with an infant is dangerous with the most serious consequence being death.

4. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "wearable blanket" may be used. If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable.

The following measures are to be discouraged, since they are not consistent with the AAP Guidelines:

i. Use of extra blankets should be discouraged. If a baby cannot maintain temperature with normal clothing and swaddling materials, it is preferable to place the infant in an incubator or under a radiant warmer. Alternatively, the baby may be covered transiently with an extra blanket tucked in under the mattress. If this is required, please remove prior to discharge and re-educate the mother/caregiver on the importance of "no loose" or "bulky blankets" in the crib or bassinet.

ii. If a hat is still needed for thermoregulation at discharge, educate the parents/caregivers to monitor baby's temperature, and to attempt to discontinue using the hat after 2-3 days of stable temperatures at home. If the baby maintains a normal temperature without the hat, then it can be permanently discontinued. Generally, a hat should not be needed after a few days in home environment.

5. Environmental temperature should be maintained at 72-78 degrees Fahrenheit.

NICU Policies Support/Facilitate Safe Sleep Practices

WellSpan Health York - Safe Sleep Policy (Section VB. Infants in the Neonatal Intensive Care Nursery)

6. The following recommendations for **skin to skin** bonding, when the mother is awake and fully alert, will decrease the risks of **SUPC** (see page 1 for definition.)
    - Infant's face can be seen
    - Infant's head is in "sniffing" position
    - Infant's nose and mouth is not covered
    - Infant's head is turned to one side
    - Infant's neck is straight, not bent
    - Infant's shoulders and chest face mother's
    - Infant's legs are flexed
    - Infant's back is covered with blanket
    - Mother-infant dyad is monitored continuously by the staff in the delivery environment and regularly on the postpartum unit
    - When mother want to sleep, infant is placed in bassinet or with another support person who is awake and alert.

B. Infants in the Neonatal Intensive Care Nursery (NICU):
Please see home safe sleep environment algorithm

1. Infants who are ill and do not meet the criteria for the home safe sleep environment should have the Therapeutic Positioning Card at their bedside stating: "Infant is not ready for the Home Sleep Environment (HSE)"

2. Place all infants on their backs to sleep and the head of the bed flat, using the Home Sleep Environment guidelines (HSE). NICU infants should be placed exclusively on their backs to sleep when stable and in the convalescent stage of their development (see #5 for guidelines). The placement of NICU infants on their back to sleep should be done well before discharge, to model safe sleep practices to their families.

The following exceptions should be noted:

i. Infants with upper airway compromise, life-threatening GE reflux (not mild to moderate apnea/bradycardia), respiratory distress, or a greater degree of prematurity may be placed prone or side lying until resolution of symptoms.

ii. Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner when continuously monitored and observed.

iii. Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms may be placed in a prone position for brief periods of time (see addendum for guidelines).

3. The following recommendations for skin to skin when mother is fully awake, and alert will decrease the risks of SUPC (see page 1 for definition):
    - Infant's face can be seen
    - Infant's head is in "sniffing" position
    - Infant's nose and mouth is not covered
    - Infant's head is turned to one side
    - Infant's neck is straight, not bent
    - Infant's shoulders and chest face parent's

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- Infant's legs are flexed
- Infant's back is covered with blanket
- Parent-infant dyad is monitored continuously by the staff in the NICU
- If the parent becomes drowsy, infant is placed back in the incubator, warmer or bassinet, or with another support person who is awake and alert.

iv. A firm sleep surface should be used (firm mattress with a thin covering). Soft bedding and objects such as pillows, quilts, blanket rolls, bumpers and stuffed animals should not be present. Positioning devices (such as snugglies) may be used for developmentally sensitive care of any infant in the NICU (premature infant, infant with neurologic or orthopedic abnormalities) as determined by the team (including occupational and physical therapy).

v. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "wearable blanket" may be used. If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable.

The following measures are to be discouraged, since they are not consistent with the AAP Guidelines:

i. **Use of extra blankets should be discouraged. If a baby cannot maintain temperature with normal clothing and swaddling materials, it is preferable to place the infant in an incubator or under a radiant warmer. Alternatively, the baby may be covered transiently with an extra blanket tucked in under the mattress. If this is required, please remove prior to discharge and re-educate the mother/caregiver on the importance of "no loose" or "bulky blankets" in the crib or bassinet.**

ii. **If a hat is still needed for thermoregulation at discharge, educate the parents/caregivers to monitor baby's temperature, and to attempt to discontinue using the hat after 2-3 days of stable temperatures at home. If the baby maintains a normal temperature without the hat, then it can be permanently discontinued. Generally, a hat should not be needed after a few days in home environment.**

4. Environmental temperature should be maintained at 72-78 degrees Fahrenheit.

5. The following guidelines should be used to transition NICU patients to the Home Sleep Environment (HSE):

i. Babies with a gestational age of 33 weeks and beyond AND greater than 1500 grams without respiratory distress should be placed in HSE.

ii. Babies with gestational age 34 weeks and beyond with respiratory distress may be positioned prone until respiratory symptoms are resolving.

iii. Babies with gestational age under 34 weeks should be assessed when reaching a post-conceptional age of 33 weeks and weight greater than 1500 grams:

iv. If the baby has respiratory distress, staff may continue with prone positioning until respiratory symptoms are resolving. Safe sleep modeling can be performed with an infant on Low flow nasal cannula or High Flow Nasal Cannula <2. LPM.

v. If the baby has no respiratory symptoms, then the primary nursing team should

NICU Policies Support/Facilitate Safe Sleep Practices

WellSpan Health York - Safe Sleep Policy (Section VB. Infants in the Neonatal Intensive Care Nursery)

discuss the infant's neuromuscular status with Occupational Therapy. Once the baby no longer requires positioning devices, begin HSE protocol.

6. Once it is determined that an infant is ready for home sleep environment, the following actions should be completed:

   i. Apply the HSE card/safe sleep ticket to the baby's bedside.
   ii. Fill out the graduation certificate with the baby's name.
   iii. At the parent's next visit, have them watch the safe sleep DVD and then provide modeling and review of the appropriate home sleep environment.
   iv. After completion of the training, present the family with the graduation certificate.

Also educate the mother/caregiver on the following:

   i. No burp cloth under infant.
   ii. No sleeping in swing or car seats. It is acceptable to place a fussy baby in a swing to calm down, then transfer to the bassinet for sleeping.
   iii. Prior to discharge the MD/NNP to give the "Sleep Baby Safe and Snug" book to family and review education.

C. Infants in the Pediatric Unit (Infants less than 1 year of age):

1. Follow the guidelines for the Newborn Nursery
2. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet or crib. The mother/parent should then be re- educated on safe sleep practices as soon as practical. If this continues to be a reoccurring problem an "Infant Safe Sleep Non-Compliance" release form should be signed by the parent that he or she has been educated and understands that sleeping with an infant is dangerous, with the most serious consequence being death.

VI. Documentation

A. Document the infant's position on the Newborn Nursery, or Pediatric Flow sheets.

B. Family/Parental teaching: All parents will be educated on SIDS and safe sleep environments and positioning. Additionally, other caregivers (daycare workers, grandparents, and babysitters) should be encouraged to participate in this education.

1. All healthy infants should be placed on their backs to sleep.
2. All infants should be placed in a separate but proximate sleeping environment (in a safety approved crib, infant bassinet, or Pack 'n Play/play yard).
3. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.
5. Avoid bed sharing with the infant.

   Note the risk of bed sharing:

   - Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling of the bed, and infants have suffocated in bedding.
   - Infants have died from suffocation due to adults rolling over on them.
   - Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs

NICU Policies Support/Facilitate Safe Sleep Practices

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(legal or illegal) is extremely dangerous and may lead to the death of an infant.

6. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level.
   - **Swaddling should be discontinued when the infant shows signs of rolling over.**
7. The use of a "wearable blanket" may be used in place of a blanket.
8. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
9. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant's sleeping environment.
10. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.
11. Avoid maternal and environmental smoking.
12. Avoid alcohol and drug use.
13. Breastfeeding is beneficial for infants.
14. Home monitors are not a strategy to reduce the risk of SIDS, this includes both Medical grade and direct to consumer devices/monitors.
15. Encourage tummy time when the infant is awake, to decrease positional plagiocephaly.

C. Document all parental teaching (note if the contract was signed and whether the Safe Sleep DVD was viewed) related to sleep safe practices on the parental teaching portion of the plan of care.

D. For additional information please refer to the Cribs for Kids® tool kit on Safe Sleep Practices.

NAS & Prone Positioning

Infant Irritable
Comfort Measures
- Rocking (including use of swings/Mamaroo)
- Holding (volunteers)
- Swaddling
- White noise
- Appropriate Skin-to-skin care
- Infant massage

Irritability continues > 12 hours that necessitates prone positioning at times
Consult with MD/NNP to review scores and meds

Re-assess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!

Getting ready for home--
- Discontinue prone positioning if used.
- Discuss with primary nursing team, PT/OT, MD/NNP

Begin Home Sleep Environment (if not done earlier) when-
- Morphine dose 0.16mg every 3 hours
- Average abstinence scores of < 6 over 24 hours
- No scores > 10 in the last 24 hours

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- No prn doses needed in the previous 24 hours

Implement the "home sleep environment" <u>at least 1 week before discharge if not sooner.</u>
<u>KEY POINT -implement when infant is ready for "home sleep" and not earlier in the hospitalization</u>

- View video
- Post Safe sleep ticket
- Post-Graduation card - <u>make this a "special" day for parents!</u>
- Review information and safe sleep DVD with parents
- Swing time limited to awake/fussy times.
- Safe Sleep baby book given to parents by MD, NNP

Family Education

- Need extra education when prone
- <u>DO NOT say</u>, "I couldn't get him to sleep so I put him on his belly". "She was very fussy last night and slept better being on her belly", "belly sleeping is okay here in the NICU because our babies are monitored – don't do this at home"
- <u>DO say</u>, "to help her calm I put her on her belly for a brief time. This special therapy is sometimes needed to help with withdrawal symptoms".
- <u>Be consistent</u> with messages.

Considerations

- Staffing – try to avoid clustering NAS babies in 1 area
- Avoid triage assignments if possible
- Consistent care givers are important
- Maintain positivity
- Communicate with charge nurse any concerns with assignments
- Safe Sleep Notes
- May begin in isolette, bassinet, or open crib
- No washcloths under infant

<u>References</u>: *"Portions of the following resources may have been consulted as part of the development of this policy. These resources are not authoritative."*

Moon RY and AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016;138(5): e20162940

AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016;138(5): e20162938

Feldman-Winter L, Goldsmith JP, AAP COMMITTEE ON FETUS AND NEWBORN, AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns. *Pediatrics.*2016;138(3): e20161889

NICU Policies Support/Facilitate Safe Sleep Practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

BRONXCARE HEALTH SYSTEM
PATIENT CARE SERVICES DEPARTMENT

		Manual Code No: PCS-L&D-S-001 **Page No:** 1 of 6
Title: Safe Sleep (SIDS/SUDS)		
Issued By: Patient Care Services Department		
Effective Date: 2/2016	**Last Review Date:** 9/18, 7/19	**Last Revised Date:** 9/18, 7/19
Distribution: Patient Care Services Manual, NICU, Maternity, Labor and Delivery, Pediatric, Pediatric Ed & Ambulatory Clinics		

PURPOSE:

1. To establish and model consistent safe sleep practices for all Healthcare Professionals as recommended by the American Academy of Pediatrics (AAP)

2. To provide parents and all infant caregivers with consistent education recommended by the American Academy of Pediatrics on safe sleep positions and environment.

POLICY:

1. All healthcare professionals and personnel will adhere to safe sleep practices in all Maternal Child Health units and the Pediatric ED. Education for parents/caregivers will be initiated in the prenatal period (Prenatal ambulatory clinics), continued during the mother's maternal hospitalization and throughout the infants first year of life and reinforced at each pediatric outpatient visit for Bronx Care Health System patients.
2. All education must be documented with validation of understanding from parent/caregiver.
3. All Nursing staff hired to work in the Maternal Child Health departments will be educated on the AAP recommendations of Safe Sleep and the Safe Sleep education that will be provided to all parents/caregivers on orientation and annually.
4. Nurse rounding on in-patient units; Maternity, NICU and Pediatrics will include ensuring nothing but baby is in bassinet/crib.

DEFINITION:

Sudden Infant Death Syndrome (SIDS) - infant death up to 1 year of age, that cannot be explained after a thorough case investigation, including autopsy

Sudden Unexpected Infant Death (SUID) - term used to describe any sudden and unexpected death, whether explained or unexplained (including SIDS) during infancy. Explained cases includes, suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, cardiac channelopathies and trauma.

NICU Policies Support/Facilitate Safe Sleep Practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

Safe Sleep (SIDS/SUDS)

PROCEDURE:

Labor & Delivery and Maternity:

1. All infants > 32 weeks will be placed on their "back to sleep" with head of the bed flat.
   Note: Exception: Physician order with documented explanation.
2. Nothing should be in the bassinet except baby.
3. Rooming- in is recommended without bed sharing.
4. If a baby is found in bed with a sleeping mother/parent, the baby should be placed in the bassinet, or brought to the Nursery and safe sleep reeducation should be done and documented.
5. Encourage exclusive breastfeeding.
6. Promote skin to skin bonding while mother/parent is awake, but ensure the following
   - Baby's face can be seen
   - Head is in "sniffing" position
   - Nose and mouth is not covered head is turned to one side
   - Neck is straight, not bent
   - Shoulder's and chest face mother's
   - Legs are flexed
   - Baby's back is covered with a blanket
   - While in delivery room, mother/baby is continuously monitored and regularly on post-partum
7. Pacifier use is recommended throughout infancy during sleep time.
   Note: For Breastfed Infants, avoid pacifier until breastfeeding is firmly established.
8. Infant swaddling should be no higher than shoulder level.
9. Infants should be placed as close to the foot (feet to foot) of the bassinette as possible to prevent the blanket from covering the infants face.
10. Hats should not be placed on infant's head, unless needed for temperature instability.
11. All healthcare professionals must emulate safe sleep practices.
12. All mother's/parents/caregivers must receive verbal and written safe sleep education and must view the safe sleep video prior to discharge.

NICU Policies Support/Facilitate Safe Sleep Practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

Safe Sleep (SIDS/SUDS)

Safe Sleep Practices Specific to NICU

1. All NICU babies that are medically stable (in bassinet) should be placed "back to sleep" as soon as possible, as they are at increased risk of SIDS.
2. Education for "Safe Sleep" practices will be initiated and documented at the time of admission for all NICU parents/caregivers. Preterm parents must be counseled about the importance of supine sleeping in preventing SIDS.
3. Some NICU babies may require special positioning due to medical/neurological/ congenital anomalies. Parents/caregivers should be told why the infant is not on their back. Infant position should be documented in the EMR.

Documentation

1. Document the infant's sleep position every shift on the Newborn Nursery, NICU and Pediatric Flow sheet.
2. Any position other than "back to sleep" must be accompanied by a documented rationale.
3. Document all parental/caregiver education, including Safe Sleep video was viewed.
4. Document parental/caregiver understanding of Safe Sleep practices.

Parent/Caregiver Education: The following recommendations must be provided to all parents/caregivers with its rationale as to how it affects safe sleep. All Safe sleep education provided to parents/caregivers must be documented in the EMR with parent/caregivers acknowledgement of understanding or lack of understanding.

1. Back to sleep for every sleep until 1 year of birth. While infants will always be placed on their backs to sleep, when an infant can easily turn over from back to front and front to back, they can remain in whatever position they prefer to sleep
2. Inform parents that the supine position, "back to sleep" does not increase the risk of choking and aspiration.
3. Side lying is not safe, as the risk of rolling to the prone position is increased.
4. Use a firm sleep surface, no gaps between mattress and side of bassinet/crib.
5. Keep soft objects and loose bedding away from the infant's sleep area; reduces SIDS, suffocation and entrapment, enforce nothing but baby in sleep area.

NICU Policies Support/Facilitate Safe Sleep Practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

Safe Sleep (SIDS/SUDS)

8. Sitting devices, such as car seats, strollers, swings, infant carriers and infant slings should not be used for routine sleep, particularly for infants younger than 4 months.
9. When infant slings or cloth carriers are used, ensure that the infant's head is visible, and the nose and mouth are clear of obstructions.
10. Avoid smoke exposure during pregnancy and after birth; smoking is the second most frequent cause of SIDS/SUIDS.
11. Avoid alcohol and illicit drug use during pregnancy and after birth.
12. Encourage exclusive breastfeeding for 6 months; breastfeeding has been shown to reduce the risk of SIDS.
13. Inform parents to offer a pacifier at nap time and bedtime; however do not force on infant. For breastfed infants, pacifier introduction should be delayed until breastfeeding is firmly established.
14. Avoid overheating, no more than one extra layer than an adult.
15. Instruct mother/parent to swaddle baby no higher than axillary and to stop swaddling once baby can roll over.
16. Awake Tummy time is recommended, but must be supervised at all times.
17. Only one infant will be placed to sleep in each crib/bassinet.
18. Bibs and pacifiers should not be tied around an infant's neck or clipped to clothing when sleeping.
19. Infants should be immunized in accordance with AAP and CDC recommendations.
20. Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.

REFERENCES:

The American Academy of Pediatrics Policy Statement, October 2016

SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment

Task Force on Sudden Infant Death Syndrome

NICU Policies Support/Facilitate Safe Sleep Practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

Safe Sleep (SIDS/SUDS)

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NICU Policies Support/Facilitate Safe Sleep Practices

BronxCare Health System – Safe Sleep (SIDS/SUDS) Policy

Safe Sleep (SIDS/SUDS)

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NICU Policies Support/Facilitate Safe Sleep Practices

Crouse Hospital – Safe Sleep for Newborns Policy

General Information

Policy Name: Safe Sleep for Newborns

PPPG Category: Area Specific: Women's and Children's Services

Applies To: Units where infants reside

Key Words: Safe Sleep, Bed Sharing, Co-Bedding

Associated Forms & PPPGs: Breastfeeding Policy

Original Effective Date: 02/22/16

Current Version's Effective Date: 1/4/2017

Review & Revision Dates: 01/04/17

Policy

Safe sleeping practices will be implemented, role modeled and educated to while the infant is hospitalized.

Procedure

The American Academy of Pediatrics recommends for prevention of death from sleep related causes including Sudden Infant Death Syndrome (SIDS) that an infant sleeps in his/her own crib, as close to parent as possible, but not in the parent's bed.

All infants will be placed supine, with the head of the crib flat for all naps and night time sleep, unless there is a specific provider order to do otherwise.

Infants need to sleep on firm surface with a tightly fitted sheet.

Avoid overheating infants; recommendations include one layer more than adult is comfortable in. Sleep Sacks are recommended. We model safe sleep in the hospital, by utilizing the Sleep Sack when able. If infant is not maintaining temperature you may swaddle baby in receiving blanket and then in place sleep sack.

Multiples will not be allowed to co-bed.

If primary care giver has used medications impairing their ability to arouse, the baby can either stay in the room with another adult or may go to the nursery so the primary caregiver can rest.

Pacifiers have been proven to help with prevention of SIDS. Breastfeeding infants are only given pacifiers in the newborn period to decrease pain during procedures, for specific medical reasons or upon specific request of the mother. The NICU also uses pacifiers for non nutritive sucking see breastfeeding policy for specifics.

If breastfeeding, pacifiers should not be introduced until breastfeeding is established roughly 2-4 weeks of age.

Parents of all infants discharged from the newborn nursery or NICU are educated on safe sleep and given information on safe sleep, and will be given an opportunity to ask questions about safe sleep during their stay and at discharge. Parents will be given information on interventions that may reduce the risk of SIDS, such as immunizations and breast feeding.

NICU Policies Support/Facilitate Safe Sleep Practices

Crouse Hospital – Safe Sleep for Newborns Policy

Tenants for Home:

Environment should be non smoking.

An infant should not share a bed or sleeper chair with another adult, child or animal.

Infants less than one year old should sleep alone, on their back, and in a crib with firm mattress and fitted sheet in the parents room.

Remove all blankets, comforters, and toys from your baby's sleep area (this includes but is not limited to loose blankets, bumpers, pillows and positioners).

The American Academy of Pediatrics states importance of using wearable blanket (sleep sack) instead of loose blankets.

Offer pacifier when putting baby to sleep. If breastfeeding introduce pacifier after one month, when breastfeeding is established.

After feedings put baby back to sleep in separate safe sleep area.

Parents will be educated on the benefits of "tummy time" to promote motor development, facilitate upper body muscles and avoid positional plagiocephaly. The infant should be observed at all times during "tummy time".

Area should be free of hazards such as dangling cords, wires, or window coverings to prevent strangulation risk. Infants should NOT sleep in infant swings, car seats, infant seats due to the risk of positional obstruction of their airways.

NICU Specific Guidelines:

Begin transitioning infants to a supine sleep position at 32 weeks, when medically appropriate. Transition includes:

- Head of the bed flat
- Safe sleep clothing (onesie, and/or sleeper and swaddled with 1 receiving blankets and/or a sleep sack)
- Weaned from all developmental care products PRIOR to being placed in an open crib, unless medically indicated.

Primary Sources

AAP Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016; 138(5):e20162938.

Moon, R., Darnell, R., Goodstein, M., & Hauck, F. (2011). SIDS and other Sleep-related Infant Deaths: Expansion of the recommendations for a safe infant sleeping environment. Pediatrics, 128 (5), e1341-e1367.

Varghese, S., Gasalberti, D., Ahern, K., & Chang, J. (2015). An analysis of attitude toward infant sleep safety and SIDS risk reduction behavior among caregivers of newborns and infants. *Journal of Perinatology,* 1-4.

Definitions

- **SIDS (Sudden Infant Death Syndrome):** the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including an autopsy.
- **Tummy Time:** the practice of placing an infant prone during awake periods in order to promote upper body strength and development of core muscles.

Diagrams & Illustrations

Not Applicable

NICU Policies Support/Facilitate Safe Sleep Practices

Good Samaritan Hospital Medical Center - Safe Sleep/Crib Safety Policy

GOOD SAMARITAN HOSPITAL MEDICAL CENTER
NURSING DEPARTMENT
POLICY AND PROCEDURE MANUAL

TITLE: Safe Sleep/ Crib Safety

ORIGINAL DATE OF ISSUE: 0 9/15 **PAGE** 1 of 3
Presented at Clinical Practice Council: 09/15
Approved by Executive Council: 01/16

Physician Order: Yes ☐ No X

Consent: Yes ☐ No X

Purpose: To expand the Recommendations from the American Academy of Pediatrics safe sleep environment and to reduce the risk of all sleep related infant deaths to include SIDS. To provide a uniform model hospital policy for healthcare providers that serves the newborn and pediatric population under 1 year old

Policy Statements: A major decrease in the incidence of SIDS occurred when the American Academy of Pediatrics released its initial recommendation in 1992 that infants be placed in a non-prone position for sleep. The AAP has expanded its recommendations to include a safe sleep environment, which reduces the risk of all sleep-related infant deaths, including SIDS. GSHMC supports the safe infant sleep environment by training the staff caring for infants under 1 year old and educating the parents as recommended by the New York State DOH and the AAP/

SAFE SLEEP

PROCEDURE	KEY POINT
Sleep Position: The nurse will access all infants > 32 weeks for placing the infant on his/her back for the first year unless otherwise ordered by the physician. The nurse will educate the caretaker of this sleep position.	• Side sleeping is no longer advised and should be used only if there is a physician order. • The flat supine sleeping position does not increase the risk of choking and aspiration in infants, even those with GE reflux.
Sleep Surface: The nurse will make sure Mattress is firm and maintained its shape and fits snuggly in the crib. Nurse will educate the caregiver that any gaps around crib mattress will provide areas that a baby can become trapped in and/or suffocate	• Mattresses should be firm. Soft mattresses will change shape or conform to the weight of the baby's head and body and become an obstruction to the airway. Infant should not sleep on waterbed, sofa or pillow.

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NICU Policies Support/Facilitate Safe Sleep Practices

Good Samaritan Hospital Medical Center - Safe Sleep/Crib Safety Policy

Bedding: The nurse will maintain the bassinette/crib free of all soft objects and loose bedding. No stuffed animals, blankets, quilts, sheepskins, pillows, blanket rolls. The nurse will educate the care giver to keep infants crib free of clutter.	• Soft objects can easily change position in a crib and become an obstruction to the airway. Without proper neck control and maturity of the airway, an infant is not able to change position away from these obstructions while asleep.
Overheating/Over-bundling Healthcare providers will avoid overheating or over-bundling infant. Infants should be dressed appropriately for the hospital environment, with no more than one additional layer than an adult would wear to be comfortable If swaddling is needed for comfort or thermoregulation, swaddle below the axilla. Kangaroo Care or skin –to-skin is another method of thermoregulation but should be used only when mother is awake. Infant's head should be uncovered during sleep. The healthcare provider will educate caretakers on overheating/ over bundling methods.	• Infants are sensitive to extremes in body temperature and cannot easily regulate body temperatures well • . Infants who are overheated with heavy clothes, blankets have increased risk of SIDS • Teach parents to evaluate infants for signs of overheating, such as sweating or the chest feeling hot to touch. • Hats and bonnets can promote heat retention and CO2 accumulation around the face from increased breath rate while asleep.
Sleeping Environment: Nurses will ensure room sharing without bed sharing is maintained. (Rooming In) Nurses will encourage the infant's sleep area close to, but separate from, where patient sleeps and that the Infant is be placed in bassinette to sleep. Nurses will educate the caregivers the importance of sleep environment.	• Bed sharing with anyone, including parents, other children and particularly multiples is not safe. Pets also pose a threat to sleeping infants. • Adult beds are not designed to meet federal safety standards for infants
.	
NICU: Healthcare providers should model and implement all SIDS risk reduction recommendations as soon as the infant is clinically stable and significantly before anticipated discharge. Remove developmental aids as appropriate. Avoid commercial devices marketed to reduce the risk of SIDS .i.e. wedges, positioners, special mattresses.	• Inform parents that there is no evidence or that these devices reduce the risk of SIDS or suffocation, or that they are safe.
Back to Sleep Healthcare providers will educate caregivers/parents on the importance of following all recommendations for Safe Sleep	• Sleeping on the back carries the lowest risk for SIDS. • Ensure all recommendations are understood by caregivers/parents with

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Good Samaritan Hospital Medical Center - Safe Sleep/Crib Safety Policy

well before discharge will ensure that prior to discharge, all parents/caregivers are provided with educational material approved by hospital. Nurses will document in EMR all verbal and written instruction to parents/caregivers.	consistent instructions given prior to discharge.

Reference:

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THE UNIVERSITY HOSPITAL FOR ALBERT EINSTEIN COLLEGE OF MEDICINE

S-13

PATIENT CARE MANUAL
Newborn Services

MANUAL CODE: S-13
SUBJECT: Safe Sleep Guideline
DATE ISSUED: 7/09 **DATE REVISED: 10/16**
SUPERSEDES:
CROSS REFERENCES: D-03; D-08; F-02; P-12

PURPOSE:

1. To establish consistent safe sleep practices for health care professionals to provide to all infants prior to discharge.
2. To ensure that American Academy of Pediatrics (AAP) safe sleep recommendations are modeled for and understood by parents and caregivers with consistent instructions given prior to discharge.

BACKGROUND:
Nearly 4,000 US infants die suddenly and unexpectedly each year. We often refer to these deaths as sudden unexpected infant death (SUID). Although the causes of death in many of these children can't be explained, most occur while the infant is sleeping in an unsafe sleeping environment. Most SUIDs are reported as one of three types of infant deaths.

1. Sudden Infant Death Syndrome (SIDS)
   SIDS is defined as the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted. Although the incidence of SIDS has declined since 1992, it remains the leading cause of death in infants 1 to 12 months old.
2. Unknown Cause
   The sudden death of an infant less than 1 year of age that cannot be explained because a thorough investigation was not conducted and cause of death could not be determined.
3. Accidental Suffocation and Strangulation in Bed
   Mechanisms that lead to accidental suffocation include:
   i. Suffocation by soft bedding—such as a pillow or waterbed mattress.
   ii. Overlay—when another person rolls on top of or against the infant while sleeping.

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iii. Wedging or entrapment—when an infant is wedged between two objects such as a mattress and wall, bed frame, or furniture.
iv. Strangulation—such as when an infant's head and neck become caught between crib railings.

Health care professionals provide a vital role in modeling and educating safe sleep practices for neonates.

Special considerations for NICU:

Premature, low birth weight and ill infants have an increased risk of SIDS after discharge from the NICU. The AAP recommends infants in the NICU to be placed predominantly supine, at least from 32 weeks onward, so that they may become acclimated to supine sleeping prior to discharge.

POLICY

1. **Hospitalized infants, who meet criteria, must be placed on their backs to sleep, in a safe sleep environment.**

2. **A Safe Sleep Environment consists of:**
   - Head of bed flat
   - Infant supine at all times
   - A firm sleep surface
   - Remove soft objects such as stuffed animals, extra bedding, and pillows.
   - Remove developmental positioning devices: Zflo pillow, blanket rolls, wedges.
   - Use of sleep sack is preferable to using a blanket
   - If the infant is swaddled, swaddle below the shoulders. Positioning of the arms when swaddled should be as following:
     - If infant is <32 weeks GA or postmenstrual age (PMA), then he/she should be swaddled with the arms in the blanket and arms should be in a neutral position favoring flexion (i.e. as if the baby is hugging himself/herself). Avoid straightening or extending the arms as that counteracts the natural and more developmental-appropriate newborn tone, which favors flexion.
     - If the infant is >32 weeks GA or PMA, then he/she should be assessed on their ability to be swaddled with the arms out. If arms-out swaddling can be tolerated, then it should be done in order to allow the infant to advance their development through varying sensory experiences with their hands. However, if the infant is not developmentally ready (i.e. – problems with overstimulation, unable to self-soothe, etc.), then continue swaddling with arms in and reassess again as the infant matures.
   - Avoid overheating, Assess infant as to the need for additional blankets or hat for warmth, a sleep sack can be used in place of blankets. In general, infants should be dressed with no greater than 1 layer more than an adult would wear to be comfortable in that environment.

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Continue to assess infant and intervene as appropriate so that infant remains comfortable and in safe sleep milieu. Tuck blanket into mattress and place blanket below shoulder level. If using sleep sack, extra blankets are not needed.

- Avoid hats and headbands for sleep, unless necessary for thermoregulation.
- Do not cover infant's head or face with blanket.
- Avoid pacifiers that attach to infant's clothing.
- Infant should be placed as close to the foot ("feet to foot") of the basinette/crib as possible, to prevent the blanket, if used, from covering the face or head.

3. **Criteria for Safe Sleep Initiation for NICU patients:**
   - Greater than 32 weeks' gestation postmenstrual age
   - In an open crib/bassinette
   - On room air or nasal cannulae (< 1.5 LPM flow)
   - Taking a minimum of 50% of feedings by mouth for three consecutive days
   - If infant has not been weaned to a crib/bassinette, then baby must meet all other criteria and be >1600 grams.

4. **Exceptions to Safe Sleep guidelines as noted above may include:**
   - Infants with continued respiratory distress, airway issues requiring prone positioning or who require respiratory support (any type of positive pressure)
   - Infants with congenital anomalies such as myelomeningocele, micrognathia, spina bifida, and skeletal anomalies and/or neurologic impairment requiring specialized positioning

5. **Conditional Safe Sleep guidance for infants with severe (symptomatic) gastroesophageal reflux** as evidenced by the presence of all of the following:
   - Apnea, bradycardia, desaturation associated with nipple and/or enteral feeding
   - Greater than 4 emesis events in a 24 hour period or more than 1 emesis event that is at least 20% of the feeding volume
   - Back arching, crying, and/or poor weight gain (less than 20g/day or less than 10g/kg/day in a week) plus at least one of the symptoms mentioned above

   Recommendations for infants with symptomatic GE reflux:
   - Elevate crib 30 degrees for 20 to 30 minutes after a feeding or have parent/caregiver hold infant upright if possible, then place the baby supine with the crib head of the bed flat (safe sleep mode).
   - Guidelines will be provided by the medical providers for the appropriate sleep positioning at home for infants with symptomatic GE reflux
   - Infants with severe reflux who require alternative sleep positioning require home monitoring.

6. **Healthcare professionals (nurses, nurse's aides, medical professionals, respiratory therapists, physiatry staff [speech, OT, PT]), parents and volunteers should:**

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- Model safe sleep practices
- Educate the infant's parent(s)/caregivers about safe sleep practices throughout the infant's hospitalization

7. **Parental/Caregiver Education includes:**
   - Always place the infant on his or her back to sleep for every sleep.
   - Infants should sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, at least for the first 6 months of life (up to a year).
   - Do not place your child in a location besides a crib or bassinet for sleep (i.e. do not place your child in a car seat or stroller). There is a concern for an increased risk of sleep-related death.
   - Communicate the "safe to sleep" message to everyone who cares for the infant.
   - Place the infant on a firm sleep surface, such as a safety-approved mattress, covered by a fitted sheet in a crib. Provide current crib safety standards web: www.jpma.org. There is no in using mattresses that prevent/minimize rebreathing as long as they meet standard safety requirements; However, there is no evidence that they reduce the risk of SIDS. Any commercial devices that are inconsistent with safe sleep recommendations should be avoided. For more information, please see: www.cpsc.gov.
   - Ensure that there are no gaps between the mattress and crib.
   - Never place the infant to sleep on pillows, quilts, sheepskins, or other soft surfaces, such as a couch or water bed.
   - Keep soft objects, toys, pillows, and loose bedding away from the infant's sleep area.
   - Do not use crib bumpers.
   - Do not use heavy or loose blankets.
   - Avoid overheating the infant- dress the infant in light sleep clothing and keep the room at a temperature that is comfortable for an adult. The infant should be in no greater than 1 layer more than an adult would wear to be confortable in that environment.
   - Avoid hats and headbands for sleeping.
   - If a blanket is used in the crib, the blanket is to be tucked under the mattress and placed only as high as the infant's chest.
   - The baby should never sleep in the same bed or on a couch with another child or adult.
   - Breastfeeding is associated with a decreased risk of SIDS. Therefore, breastfeeding or giving expressed breastmilk is recommended for 6 months.
   - If your baby has significant reflux, hold your baby upright for 20-30 after feeding before placing on his/her back for sleeping. If the infant is placed in an infant seat immediately after feeding then the infant seat should be partially reclined to 45° elevation. Having the infant sitting fully upright (60-90°) increases pressure on the baby's abdomen and increases the chances of reflux and vomiting.

8. **Additional information for family:**
   - Breastfeeding reduces the risk of SUID/SIDS.
   - Avoid smoking around the infant; this is the second most frequent cause of SUID/SIDS

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besides positioning.

- Avoid alcohol and illicit drug use around the infant. This causes a particularly high risk of SIDS when used in combination with bed-sharing.
- Provide frequent tummy time for the infant-only when the infant is awake and the caregiver is watching.
- Once an infant can roll from supine to prone and from prone to supine the infant can be allowed to remain in the sleep position that he or she assumes.
- Immunizations may have a protective effect against SUID/SIDS.
- Avoid attaching pacifiers to the infant's clothing during sleep.
- Supervised, awake tummy time is recommended to facilitate development and minimize positional plagiocephaly.

Document safe sleep practice and education in infant medical record.

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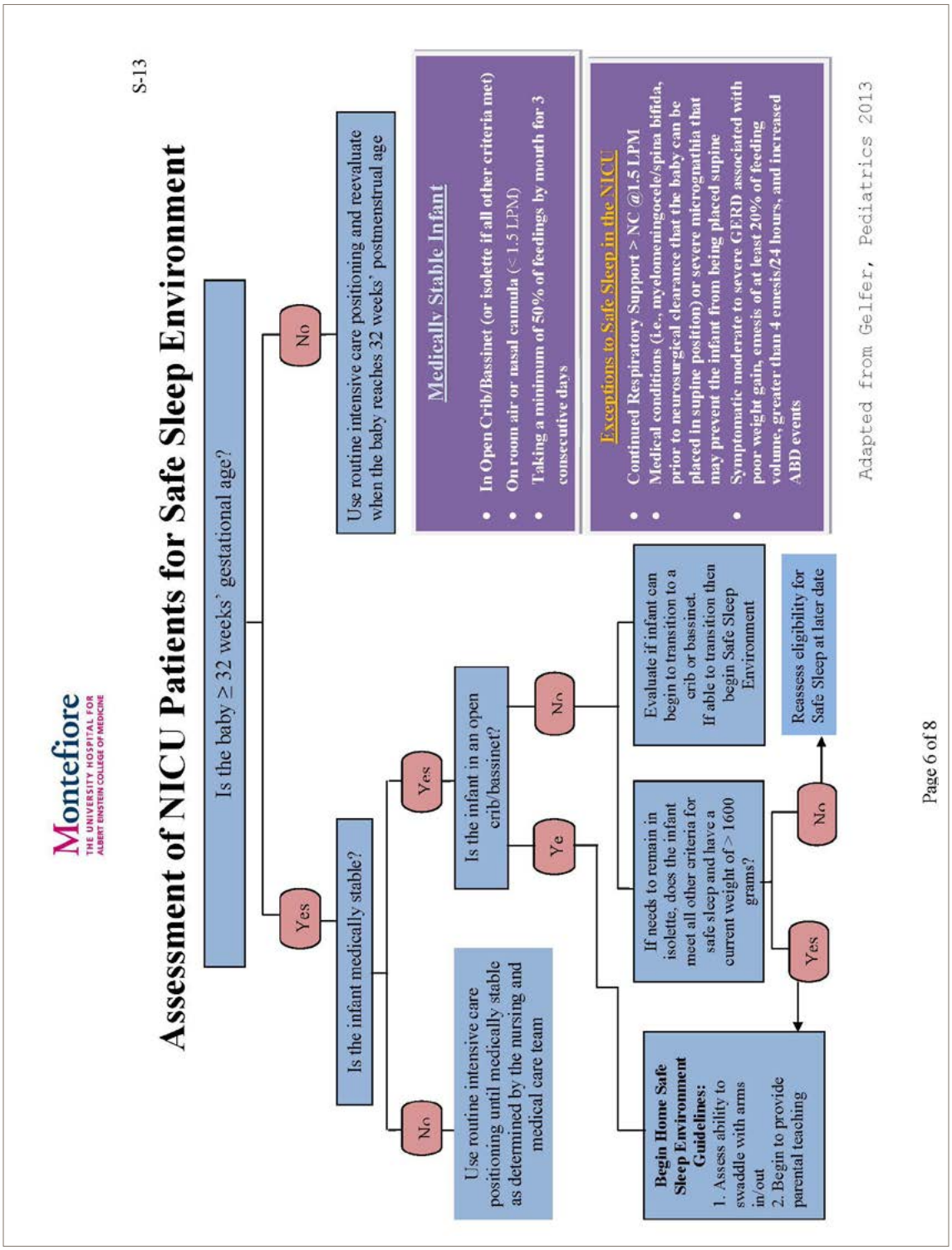

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S-13

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Nassau University Medical Center - Back to Sleep NICU Policy

NuHealth System
NICU
POLICY/PROCEDURE

TITLE: BACK TO SLEEP
Approved: Approved: Laura Kyrillidis R.N., Director of Nursing Perinatal and Pediatrics Services, Patricia Leggio R.N., Nurse Manager Neonatal ICU
Cross References: AAP retrieved on December 10th, 2011 from http://www.healthychildcare.org/sids.html

1.0 POLICY:

1.1 All full term babies in the NICU will be placed on their backs as per the American Academy of Pediatrics.

1.2 A baby who is spitting-up or vomiting can be placed on their side at the discretion of the RN. When stable, the baby should be returned to its back as per NICU policy.

ADDENDUM: Smaller infants on monitors may be placed on abdomen for periods at a time, as to change position, and aid in their development. Infants on phototherapy may also be placed on their abdomen, to expose that area to the lights. For these occasions, the infant must be on a cardiac monitor.

Approved date:11/10/2014
Effective date:11/10/2014

Next Review date:11/10/2016

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Northwell Health – Safe Sleep Practices Clinical Practice Guideline

Northwell Health
Neonatal Service Line

CLINICAL PRACTICE GUIDELINE
Safe Sleep Practices

GENERAL STATEMENT of PURPOSE

General information: Sudden infant death (SIDS) is the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation is conducted including an autopsy, assessment of the place and circumstances of death, and review of the clinical history. Sudden unexpected infant death (SUID) is a term used to describe any sudden and unexpected death regardless of whether or not it is caused by SIDS. SUID can be caused by potentially preventable causes including suffocation, asphyxia and entrapment. Since initiation of the "Back to Sleep" program by the AAP for full term babies in 1994, the incidence of SIDS has decreased. The recommendation has since been extended to premature infants as well. In 2011, the program was further expanded to include recommendations for a safe sleep environment.

Purpose: To ensure that staff caring for infants promote safe sleep practices through implementation, role modeling, and patient education for the hospital stay. Parent education regarding continued adherence to safe sleep guidelines is required for safe discharge. These guidelines outline the AAP 2011 safe infant sleep environment recommendations that should be implemented by all staff that provide care to infants.

SCOPE

This policy applies to all staff of the Northwell Health System, including but not limited to medical staff, nursing staff, respiratory therapists, physical, occupational and speech therapists, child life specialists and other persons performing work for or at Northwell Health System.

GUIDELINE STATEMENT

I. Guidelines for healthy term infants in the hospital

A. Place infants in the supine position with the bed flat for sleep for all naps and at night.
B. Infant bassinettes should have a firm sleep surface covered by a tightly fitted secure sheet.
    1. Infants should not sleep in swings, car seats or infant seats as they might assume a position which could lead to airway obstruction.
    2. There should be no gaps between the mattress and the side of the crib.
    3. There should be no toys, blankets, bumpers or pillows in the crib.
C. Infant should be dressed in light sleep clothing such as a one-piece sleeper (eg: stretchie or sleep sac) without a head covering or other possible hazard of entrapment.
        1. Infants who require a hat for warmth in the first 24 hours, may use a properly fitted hat which cannot become dislodged and does not cover the mouth or nose.
D. Infants may be swaddled in the supine position based on AAP recommended swaddling techniques so the hips remain flexed.

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E. Infant should not share a bed, sleeper chair, or chair with another person while asleep. Avoid co-bedding for twins and higher order multiples.
F. If an infant sling or soft carrier is used, ensure that the head is up and above the fabric, the face is visible and the nose and mouth are free of obstruction.
G. Skin to skin care should be encouraged to facilitate breast feeding, but only when the caregiver is awake. The mother should be properly positioned with the HOB elevated, and the infant's head should be on the mother's chest and the infant's nose and mouth should be free and unobstructed. Caregivers should be taught to stay attuned to the infant's breathing pattern and advised to place the infant back in the crib if the caregiver becomes fatigued.

II. Guideline for NICU infants who are ill or preterm

A. Begin transitioning the infant to supine sleep position at 32 weeks gestation or as soon as clinical status warrants, ideally at least 2 weeks prior to discharge. Infants who have medical contraindications to being placed supine for sleep require an order in the medical record. Discussion should be held during rounds until such time as the infant meets criteria for safe sleep positioning.
1. Supine sleep with head of bed flat.
    a. Infant should not sleep in car seats or swings
    b. There should be no toys, pillows or bumpers in the crib.
2. Halo sleeper or swaddle, and a well-fitting hat which does not slip off or cover the nose or mouth may be used to maintain temperature.
3. If an additional blanket is needed, the infant should be placed with the feet at the end of the crib and the blanket should be placed with the edge between the nipples and shoulders and tucked in on the sides and the bottom of the crib.
4. Remove developmental care supports one item at a time when transitioning to open crib unless there is a medical indication.

III. Special circumstances

A. Infants who are diagnosed with gastro-esophageal reflux should be evaluated on a case by case basis for the need to keep the head of the bed elevated. They should be placed with the head of the bed elevated only if the risk of GER is greater than the risk of SIDS (eg: those infants in whom airway protective mechanisms are impaired).

B. Infants with airway malformations may require prone or side-lying positioning and home apnea and pulse oximetry monitoring should be considered for these infants.

IV. Guidelines for discharge teaching

A. Place infants in a crib in the supine position with the bed flat for sleep for all naps and at night.
B. Use a firm sleep surface covered by a tightly fitted secure sheet.
1. The area should be free of cords, dangling objects including balloons, window coverings and electrical cords that might create strangulation or suffocation.
2. Infants should not sleep in swings, car seats or infant seats as they might assume a position which could lead to airway obstruction.
3. There should be no gaps between the mattress and the side of the crib.
4. Keep soft objects such as pillows, bumpers, blankets, quilts and stuffed toys out of the crib.

C. Avoid overheating. Infant should be dressed in light sleep clothing such as a one-piece sleeper (eg: stretchie or sleep sac) without a head covering or other possible hazard of entrapment. The infant should have no more than one layer of extra clothing than that used by an adult to be comfortable in the environment.
1. Hats should not be used during sleep.

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2. Infants up to 2 months of age may be swaddled and placed on their back.

D. Room sharing without bed sharing. A separate infant crib with 4 side rails in the same room as the caregiver is recommended. An infant should not share a bed or sleeper chair, with another child or adult while asleep. Avoid co-bedding for twins and higher order multiples.

E. Avoid commercial devices marketed to reduce the risk of SIDS such as wedges, positioners, special mattresses and sleep surfaces or home monitors. There is no evidence that these devices reduce the risk of SIDS or suffocation or that they are safe.

F. Consider offering a pacifier at naptime and at bed time if bottle feeding or once breastfeeding is well-established (usually 3-4 weeks of age). The pacifier should not be hung around the infant's neck. Detach the pacifier from the infant's clothing for sleep.

G. Avoid smoking around the infant and avoid use of alcohol and illicit drugs.

H. Encourage tummy time to promote motor development, facilitate development of upper body strength and avoid plagiocephaly. The infant should be awake and supervised at all times during tummy time.

I. If an infant sling or soft carrier is used, ensure that the head is up and above the fabric, the face is visible and the nose and mouth are free of obstruction

J. Encourage good prenatal care for subsequent pregnancies

V. Parent education and documentation:

A. Prior to discharge from the NICU or regular nursery, parents must be provided with education about safe sleep practices as outlined above, as well as about interventions such as breastfeeding and immunizations which may reduce the risk of SIDS.

1. Distribute safe sleep materials to parents

B. Document parent teaching regarding safe sleep practices in the medical record.

C. Encourage parents to view a video such as "SIDS and safe sleep" or other videos available from NYS Office of Child and Family Services (Safe sleep as simple as A,B,C)

D. Document in the medical record when parents have watched the video.

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FORMS/APPENDIX

Order set	New	Modified	Existing	Date

FOCUS GROUP LEAD:

Role	Team Member
Content Experts	Regina Spinazzola MD, Nancy Pupke RN, DNP
Nursing (1 from each hospital area)	Neonatal ICU/Newborn nursery

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Pediatric Chief Resident	
Pharmacy & Therapeutics	
Radiology	
Laboratory	
Voluntary Pediatrician	
Family Advisory Council	

APPROVALS: (as applicable)	Date Presented	Date Approved
Pediatric Clinical Effectiveness Committee		10/10/2015
Performance Improvement Coordinating Group (PICG), Medical/Surgical		
PICG, Emergency Medicine		
PICG, Pediatric Critical Care		
PICG, Neonatology		
PICG, Perioperative/Surgical		
Pediatric Service Line		
Neonatal Service Line		

NICU Policies Support/Facilitate Safe Sleep Practices

NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

NYC HEALTH+ HOSPITALS | Kings County POLICY AND PROCEDURE MANUAL		HOSPITAL MANUAL (HM) Page 1 of 11
DEPT/SERVICE: PATIENT CARE SERVICES		KEY WORDS: Safe Sleep (SIDS)
CATEGORY: Provision of Care, Treatment and Services		
SUBJECT: Safe Infant Sleeping Environment		
DATE FIRST ISSUED: 6/17/2013	DATE LAST REVISED: 1/14, 1/15, 5/15, 5/18	
DATE EFFECTIVE: 6/8/15	SUPERCEDES: 5/15	

POLICY STATEMENT:

According to the (CDC, 2017), "In 2015, there were about 3,700 sudden unexpected infant death (SUID) in the United States. These deaths occur among infants less than 1 year old and have no immediate obvious cause". Since the 1990's data has shown, an unsafe sleeping environment is a contributing factor for SUIDS/SIDS. Accidental suffocation and strangulation in bed, SIDS, and unknown causes, were the common reported types of sudden unexpected infant death.

A major decrease in the incidence of sudden infant death syndrome (SIDS) occurred when the American Academy of Pediatrics (AAP) released its initial recommendation in 1992 that infants be placed in a non-prone position for sleep. The incidence of SIDS has leveled off in recent years, while the incidence of other causes of sudden unexpected infant death (SUID) that occur during sleep (including suffocation, asphyxia and entrapment) has increased.

As healthcare providers, practicing and educating parents and caregivers on maintaining safe sleep environments, is integral in reducing risk factors related to SIDS/SUIDS.

PURPOSE:

- To help maintain a safe sleep environment and reduce the risk of SIDS and other sleep-related causes of infant death.
- Establish guidelines and parameters for infant positioning.
- To provide parents and caregivers with standard evidence-based guidelines to promote safe sleep practices prior to discharge.

SCOPE: **M.D's, CNM's, NP's, PA's, RN's, LPN's, PCA's/PCT's**

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NICU Policies Support/Facilitate Safe Sleep Practices

NYCHHC Kings County Hospital Center - Safe Infant Sleep Environment Policy

KINGS COUNTY HOSPITAL CENTER POLICY AND PROCEDURE MANUAL	HOSPITAL MANUAL (HM) Page 2 of 11
DEPT/SERVICE: PATIENT CARE SERVICES	KEY WORDS: Safe Sleep (SIDS)
CATEGORY: Provision of Care, Treatment and Services	
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GUIDELINES

SIDS- is the sudden death of an infant less than one year of age. SIDS cannot be explained with thorough investigation which includes autopsy, review of the clinical history, and examination of the crime scene.

SUID- is the sudden and unexpected death of an infant less than one year of age in which the manner and cause of death are not immediately obvious prior to investigation. Causes of sudden unexpected infant death include, but are not limited to, metabolic disorders, hypothermia or hyperthermia, neglect or homicide, poisoning, and accidental suffocation. (CDC, 2017)

SUPC (Sudden Unexpected Postnatal Collapse) any condition resulting in temporary or permanent cessation of breathing or cardiorespiratory failure in a well-appearing, full-term newborn with Apgar scores of eight or more, occurring during the first week of life. Many, but not all, of these events are related to suffocation or entrapment.

NAS (Neonatal Abstinence Syndrome): Is a constellation of symptoms that occur in a newborn who has been exposed to addictive opiate drugs. This is most commonly due to prenatal or maternal use of substances that result in withdrawal symptoms in the newborn. It may also be due to discontinuation of medications such as fentanyl or morphine used for pain therapy in the newborn (postnatal NAS).

POLICY:

I. Staff Education:

1. All staff will be educated on safe-sleep practices as the standard of care for intrapartum, and postpartum management of the newborn. Safe sleep practices and patient education is included in the orientation of new staff to the Maternal Child Health Services.

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II. **Prenatal**:

1. Safe sleep education will be provided and reinforced throughout the prenatal period, for all OB patients. Education is provided in trimester classes given by the Women's' Health Staff.

2. Education on infant safety, is also provided at the Childbirth Education classes.

3. The American Academy of Pediatrics recommends that infants are placed on their back to sleep, but when infants can easily turn over from their back to their stomach, they may adopt whatever position they prefer for sleep. This recommendation by the American Academy of Pediatrics will be included in all our Safe Sleep education and teaching..

4. Safe sleep education provided to the patient will be documented in the EMR

III. Intrapartum:

1. On admission the patient will be assessed on their awareness and understanding of safe sleep practices.

2. After delivery, the newborn will be placed skin-to-skin immediately after birth, and will remain skin-to-skin uninterrupted through the first breastfeeding, or for at least an hour if exclusively formula-feeding. The infants will be placed on their backs during transitional care in the radiant warmer, and in the bassinet. Safe sleep practices will be demonstrated and reinforced to the patient and family.

(The following recommendations for skin to skin bonding, when the mother is awake and fully alert, will decrease the risks of SUPC (see page 1 for definition.)

- Infant's face can be seen
- Infant's head is in "sniffing" position
- Infant's nose and mouth is not covered
- Infant's head is turned to one side
- Infant's neck is straight, not bent
- Infant's shoulders and chest face mother's
- Infant's legs are flexed
- Infant's back is covered with blanket
- Mother-infant dyad is monitored continuously by the staff in the delivery environment and regularly on the postpartum unit
- When mother want to sleep, infant is placed in bassinet or with another support person who is awake and alert.

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III. Intrapartum: (Cont.)

3. Education provided to the patient is to be documented in the EMR.

4. On transfer to the Mother/Baby unit the nurse will report to mother/baby nurse the safe sleep education provided to the patient. Mother will hold infant in her arms securely during transfer to the mother/baby unit.

IV. Postpartum:

1. All infants > 32weeks will be placed on their back to sleep during every nap and nighttime for the first year unless otherwise ordered by the physician. Side sleeping is no longer advised and should be used only if there is a physician order.

2. If determined by the newborn health care provider, an infant requires alternative sleep positions or special sleeping arrangements, the provider must document in the EMR the indications and detail the alternative sleep positions or special sleeping arrangements (i.e. infants on phototherapy) . Caregivers will put the infant to sleep as specified in the written instructions.

3. On admission patient will be provided admission packet which includes information on safe sleep.

4. Patient education on safe sleep begins on delivery day and consistently reinforced until day of discharge. Safe sleep education will be included in the rooming-in admission process for the newborn.

5. Infants should receive all recommended vaccinations at birth. Evidence suggests that immunization reduces the risk of SIDS by 50 percent (CDC, 2017).

6. Patient education on safe sleep will be documented in the nurse postpartum care note daily.

V. Breastfeeding:

1. Breastfeeding is recommended.

2. Breastfeeding is associated with a reduced risk of SIDS. If possible, mothers should exclusively breastfeed or feed with expressed human milk (i.e., not offer any formula or other non-human milk-based supplements) for six months, in alignment with AAP recommendations.

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VI. Neonatal Intensive Care Unit (NICU)

1. Infants should be placed in the supine position for sleep as soon as medically stable and significantly before anticipated discharge.

2. If determined by the newborn health care provider, an infant requires alternative sleep positions or special sleeping arrangements, the provider must document in the EMR the indications and detail the alternative sleep positions or special sleeping arrangements. Caregivers will put the infant to sleep as specified in the written instructions.

3. Place all infants on their backs to sleep and the head of the bed flat.

4. Infants with upper airway compromise, life-threatening GE reflux (not mild to moderate apnea/bradycardia), respiratory distress, or a greater degree of prematurity may be placed prone or side lying until resolution of symptoms.

5. Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner when continuously monitored and observed.

6. Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms may be placed in a prone position for brief periods of time.

NAS & Prone Positioning

Infant Irritable
Comfort Measures
- Rocking (including use of swings/Mamaroo)
- Holding (volunteers)
- Swaddling
- White noise
- Appropriate Skin-to-skin care
- Infant massage

Irritability continues > 12 hours that necessitates prone positioning at times
Consult with MD/NNP to review scores and meds

Re-assess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!

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VI. Neonatal Intensive Care Unit (NICU) (Cont.)

7. NICU infants should be placed exclusively on their backs to sleep when stable and in the convalescent stage of their development.

8. Placement of NICU infants on their backs to sleep should be done well before discharge in order to model safe-sleep practices to their families.

I. **Begin Home Sleep Environment (if not done earlier) when-**
   a. Morphine dose 0.16mg every 3 hours
   b. Average abstinence scores of < 6 over 24 hours
   c. No scores > 10 in the last 24 hours
   d. No prn doses needed in the previous 24 hours

ii. **Implement the "home sleep environment" at least 1 week before discharge if not sooner.**
   a. **KEY POINT** -implement when infant is ready for "home sleep" and not earlier in the hospitalization
   b. *Swing time should be limited to awake/fussy times.

iii. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used. Positioning devices (snugglies) may be used for developmentally sensitive care of the extremely premature.

iv. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "sleep sack" may be used. Kangaroo Care is encouraged, mother and baby will be closely supervised during Kangaroo Care.

The following recommendations for skin to skin bonding, when the mother is awake and fully alert, will decrease the risks of SUPC (see page 1 for definition.)

- Infant's face can be seen
- Infant's head is in "sniffing" position
- Infant's nose and mouth is not covered
- Infant's head is turned to one side
- Infant's neck is straight, not bent
- Infant's shoulders and chest face mother's
- Infant's legs are flexed
- Infant's back is covered with blanket
- Mother-infant dyad is monitored continuously by the staff in the delivery environment and regularly on the postpartum unit
- When mother want to sleep, infant is placed in bassinet or with another support person who is awake and alert.

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VI. Neonatal Intensive Care Unit (NICU) (Cont.)

***If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable**

9. Environmental temperature should be maintained at 72 to 78 degrees F.

10. The following guidelines should be used to transition NICU patients to the Home Sleep Environment (HSE):
    a. Babies with a gestational age of 34 weeks and beyond AND greater than 1500 grams without respiratory distress should be placed in HSE.
    b. Babies with gestational age 34 weeks and beyond with respiratory distress may be positioned prone until respiratory symptoms are resolving.

    Babies with gestational age under 34 weeks should be assessed when reaching a post-conceptional age of 33 weeks and weight greater than 1500 grams: (Wellspan Health-York, 2011)

    1. If the baby has respiratory distress, staff may continue with prone positioning until respiratory symptoms are resolving.

    2. If the baby has no respiratory symptoms, then the primary nursing team should discuss the infant's neuromuscular status with Occupational Therapy. Once the baby no longer requires positioning devices, begin to follow HSE guidelines.

VIII. Safe Sleep Practices

The following instructions will be included in the safe sleep education:

- Mattresses should be firm and maintain their shape. There should be no gaps between the mattress and the side of the crib, bassinet, portable crib or play-yard.
- Only mattresses and tightly-fitted sheets designed for the specific type of product should be used.
- All soft objects and loose bedding should be kept out of the crib; this includes fluid protective chux's.
- Infants should be dressed appropriately for the environment, with no more than one additional layer than an adult would wear to be comfortable. Infants must be supervised to ensure they are not overheated or chilled.

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VIII. Safe Sleep Practices (Cont.)

- Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "wearable blanket" may be used. If temperature instabiility occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is also acceptable.
- The patient will be instructed to physically check on the infant frequently during napping or sleeping and shall remain in close proximity to the infant in order to hear and see them if they have difficulty during napping/sleeping or when they awaken.
- Bed-Sharing is not recommended.
    * Parents will be instructed and educated on admission as to the risks of bed sharing. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet. The mother/parent should then be re-educated on safe sleep practices as soon as practical.
- Toys and stuffed animals will be removed from the crib when the infant is sleeping.
- Only one infant may occupy a crib at one time.
- While at home, car safety seats, strollers, swings, infant carriers, infant slings, boppy pillows,and other sitting devices should not be used for sleep/nap time.
- Neonatal rounding is to continue as per policy (See Neonatal Fall Prevention Policy). Newborn safety practices during rooming-in should be monitored regularly and documented.
- Quiet time will take place between the hours of 2-4pm. This will provide the patient with quiet time for herself and her newborn. During this time safe sleep practices should be reinforced.
- Each patient is required to view safe sleep video before discharge. Viewing of the video by the patient/family will be documented in the EMR.
- Environmental temperature should be maintained at 72 to 78 degrees F.

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IX. Pediatric OPD

If temperature instability occurs, an additional layer of clothing can be used. Swaddling the baby with an additional blanket or wearable blanket is acceptable.

- ☐ Parents are educated on safe sleep practices during the well-baby follow-up by the provider.
- ☐ Education is provided to the parents on all pediatric patients up to 6 months of age.
- ☐ Education on safe sleep is documented by the provider in the EMR.
- ☐ Literature is available for the parent/parents in the pediatric clinic and is provided by the pediatric nurse.

X. Home Sleep Environment (HSE) Guidelines

The following information for the mother/ family will be included in the education for safe sleep on discharge:

1. All healthy infants should be placed on their backs to sleep.
2. All infants should be placed in a separate but proximate sleeping environment (crib, infant bassinet, play-yard, portable crib, or portable play-yard).
3. All infants should be placed on a firm sleep mattress. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.

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X. Home Sleep Environment (HSE) Guidelines (cont.)

1. Avoid bed sharing with the infant.

   * Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling off the bed, and infants have suffocated in bedding.

   * Infants have died from suffocation due to adults rolling over on them.

   * Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.

2. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level.
   - **Swaddling should be discontinued when the infant shows signs of rolling over.**

3. The use of a "wearable blanket" may be used in place of a blanket.

4. Avoid the use of commercial devices marketed to reduce the risk of SIDS.

5. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant's sleeping environment.

6. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.

7. Avoid maternal and environmental smoking.

8. Breastfeeding is beneficial for infants.

9. Home monitors are not a strategy to reduce the risk of SIDS.

10. Encourage tummy time when the infant is awake to decrease positional plagiocephaly.

11. All mothers should be shown the safe sleep DVD before discharge, and review the appropriate home sleep environment.

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❖ **SIGNATURE PAGE:** See Procedure Manual Review Certification

11

NICU Policies Support/Facilitate Safe Sleep Practices

Olean General Hospital – Safe Sleep Practice/Infant Positioning Policy

Olean General Hospital — Policy and Procedure Manual

TITLE:	**Safe Sleep Practice/ Infant Positioning**		POLICY #:		
Department or Hospital-Wide Section Name:	**Nursing Division-OB/Pediatrics**	Revision Date:		Revision #:	
Committee approvals – see meta data information		Original Effective Date:			

1) **STATEMENT OF POLICY:**
SIDS (Sudden Infant Death Syndrome) is considered to be the sudden death of an infant younger than one year of age that remains unexplained after a complete investigation. There has been a significant decrease in the number of infants who have died from SIDS due to healthcare providers and public health campaigns educating parents and caregivers of the risk factors related to SIDS. Healthcare professionals have a vital role in educating parents and families regarding the "Back to Sleep" campaign. The "Back to Sleep" campaign was started in 1994. In 1992 the SIDS rate was 1.2 deaths per 1000 live births. In 2001, the SIDS rate was 0.56 deaths per 1000 live births, which was a decrease of 53% over a ten-year period. The decreasing SIDS rate is occurring due to a reduction in prone positioning. In 1992, prone positioning was seen in 70%, compared to 13% in 2006. As important role models, healthcare professionals are critical in communicating SIDS risk reduction strategies to parents and families, and by practicing safe sleep practices while infants are still in the hospital.
There are factors that have been identified that place an infant at an increased risk of SIDS. They include: stomach sleeping, sleep surfaces that are soft (loose, fluffy bedding), overheating during sleep, maternal smoking (during pregnancy or in the infant's environment), and bed sharing.
PURPOSE:
a. Establish guidelines and parameters for infant positioning.
b. Establish appropriate and consistent parental education on safe sleep positions and environment.
c. Establish consistent safe sleep practices by healthcare professionals for infants prior to discharge.

2) **EQUIPMENT:** Bassinettes, Open Cribs, Isolettes, Infant Warmers

3) **DESIGNATED PERSONNEL**: OB Nurses, Pediatric Nurses, Pediatricians

4) **PROCEDURE**:
a) **Infants in the Newborn Nursery:**
1. Place all infants on their backs to sleep and the head of the bed flat.
*Infants with a medical contraindication to supine sleep position (i.e. congenital malformations, upper airway compromise, and severe symptomatic gastroesophageal reflux) should have a physician's order along with an explanation documented.
2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.
3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet and can be returned to the newborn nursery at the discretion of the nurse. The mother/parent should then be re-educated on safe sleep practices as soon as practical.
4. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "sleep sack" may be used. Sleep sacks may be used on infants < 38 pounds and I year of age.
*If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
5. The infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket.
6. Environmental temperature should be maintained at 72 to 78 degrees F.

b) **Infants in the Neonatal Intensive Care Nursery (NICU):**
1. Place all infants on their backs to sleep and the head of the bed flat.
* Infants with upper airway compromise, life-threatening GE reflux (not mild to moderate apnea/bradycardia), respiratory distress, or a greater degree of prematurity may be placed prone or side lying until resolution of symptoms.
* Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side lying positioning and may be positioned in this manner when continuously monitored and observed.
* Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms may be placed in a prone position for brief periods of time
* NICU infants should be placed exclusively on their backs to sleep when stable and in the convalescent stage of their development. (see number 6 for guidelines)

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Olean General Hospital – Safe Sleep Practice/Infant Positioning Policy

* Placement of NICU infants on their backs to sleep should be done well before discharge in order to model safe-sleep practices to their families.

2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls; and stuffed animals should not be used.
3. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "sleep sack" may be used.

   If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
4. The infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket.
5. Environmental temperature should be maintained at 72 to 78 degrees F.
6. The following guidelines should be used to transition NICU patients to the Home Sleep Environment (HSE):
   a. Babies with a gestational age of 34 weeks and beyond AND greater than 1500 grams without respiratory distress should be placed in HSE.
   b. Babies with gestational age 34 weeks and beyond with respiratory distress may be positioned prone until respiratory symptoms are resolving.
   c. Babies with gestational age under 34 weeks should be assessed when reaching a post-conception age of 33 weeks and weight greater than 1500 grams:
      1. If the baby has respiratory distress, staff may continue with prone positioning until respiratory symptoms are resolving.
7. Once it is determined that an infant is ready for home sleep environment, the following actions should be completed:
   a. Have parents watch the safe sleep DVD and then provide modeling and review of the appropriate home sleep environment.

c) **Infants in the Pediatric Unit: (Infants less than 1 year of age)**

1. Follow the guidelines for the Newborn Nursery.
2. If a blanket is needed for the infant, the infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket. If no blanket is needed, the infant may be positioned in the bed appropriately.
3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet or crib. The mother/parent should then be re-educated on safe sleep practices as soon as practical.

d) **DOCUMENTATION:**

A. Document the infant's position on the Newborn Nursery, NICU, or Pediatric EMR.
B. Family/Parental teaching: All parents and caregivers will be educated on SIDS and safe sleep environments and positioning.
   1. All healthy infants should be placed on their backs to sleep.
   2. All infants should be placed in a separate but proximate sleeping environment (crib, infant bassinette, or Pac 'N' Play).
   3. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
   4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.
   5. Avoid bed sharing with the infant.

      Risk of bed sharing:

      * Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling off the bed, and infants have suffocated in bedding.
      * Infants have died from suffocation due to adults rolling over on them.
      * Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.
   6. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level or use an appropriate size blanket that can be tucked in mound the crib mattress and position the infant's feet at the bottom of the bed.
   7. The use of a "sleep sack" may be used in place of a blanket.
   8. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
   9. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant's sleeping environment.
   10. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the

NICU Policies Support/Facilitate Safe Sleep Practices

Olean General Hospital – Safe Sleep Practice/Infant Positioning Policy

first year of life. Do not force an infant to take a pacifier if he/she refuses.

11. Avoid maternal and environmental smoking.
12. Breastfeeding is beneficial for infants.
13. Home monitors are not a strategy to reduce the risk of SIDS.
14. Encourage tummy time when the infant is awake to decrease positional plagiocephaly.

C. Document all parental teaching (include if the contract was signed and whether the Safe Sleep DVD was viewed) related to sleep safe practices in the mothers EMR.

NAS (Newborn Abstinence Syndrome) & Prone Positioning

Infant Irritable
Comfort Measures

- Rocking
- Holding (volunteers)
- Swaddling
- Etc.

IF irritability continues despite efforts to calm

- May position infant prone
- Re-assess symptoms of withdrawal when infant wakens
- Consult with Pediatrician

Irritability continues> 12 hours that necessitates prone positioning at times

- Consult with Pediatrician

Re-assess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!

Getting ready for home--

- Discontinue prone positioning if used.
- Discuss with primary nursing team, Pediatrician

Begin Home Sleep Environment (if not done earlier) when-

- Average abstinence scores of< 6 over 24 hours
- No scores> 10 in the last 24 hours

When implementing the "home sleep environment" prior to discharge:

- KEY POINT -implement when infant is ready for "home sleep" and not earlier in the hospitalization.
- Review information and safe sleep DVD with parents if not already completed

Family Education

- Need extra education when prone
- DO NOT say.. "I couldn't get him to sleep so I put him on his belly", or "She was very fussy last night and slept better being on her belly", or "belly sleeping is okay here in the NICU because our babies are monitored- don't do this at home"
- DO say.."To help her calm I put her on her belly for a brief time. This position is sometimes needed to help with withdrawal symptoms".
- Be consistent with messages

GOOD SAMARITAN HOSPITAL MEDICAL CENTER (NICU)

The biggest change within the organization is the increase in awareness amongst the staff on the NICU/MBU about safe sleep practices; the staff now has additional knowledge to aid in safe sleep education and how they can help to continue to make the NYSPQC Safe Sleep Project successful.

To read more about Good Samaritan Hospital Medical Center (NICU), see ***Section 10.***

Driver: Spread bright spots

Cribs for Kids National Safe Sleep Certification NYS Hospitals

Cribs for Kids® National Safe Sleep Hospital Certification Program

As of June 2019, 28 New York State birthing hospitals have achieved the initiative's Safe Sleep Certification! The list of certified NYS hospitals at each level (Gold, Silver, or Bronze) is shown below. In 2016, only five hospitals in NYS had the certification. This rapid growth demonstrates an impressive commitment to infant safe sleep among birthing hospitals across the state.

About: The National Safe Sleep Hospital Certification Program was created by Cribs for Kids and is endorsed by leading health and safety organizations. Its goal is to award recognition to hospitals that demonstrate a commitment to community leadership for best practices and education in infant sleep safety. By becoming certified, a hospital is demonstrating that it is committed to the mission of making babies as safe as possible in their sleep environments and eliminating as many sleep related deaths as possible.

Level	Hospital Name	City
GOLD	Albany Medical Center Hospital	Albany
GOLD	Faxton St. Luke's Healthcare	New Hartford
GOLD	HealthAlliance - Westchester Medical Center Health Network	Kingston
GOLD	Highland Hospital	Rochester
GOLD	Newark Wayne Community Hospital	Newark
GOLD	NYC Health & Hospitals - Queens	Jamaica
GOLD	NYC Health + Hospitals/ Coney Island Hospital	Brooklyn
GOLD	NYC Health + Hospitals/ Metropolitan Hospital	New York City
GOLD	NYC Health + Hospitals/ North Central Bronx	Bronx
GOLD	NYC Health + Hospitals/Elmhurst	Elmhurst
GOLD	Olean General Hospital	Olean
GOLD	Rochester General Hospital	Rochester
GOLD	Unity Hospital	Rochester
GOLD	UPMC Chautauqua WCA	Jamestown
GOLD	Upstate University Hospital	Syracuse
GOLD	UR Medicine Golisano Children's Hospital	Rochester
SILVER	Saint Joseph's Health	Syracuse
SILVER	St. Mary's Healthcare	Amsterdam
SILVER	Stony Brooks Children's Hospital	Stony Brook
SILVER	United Memorial Medical Center	Batavia

Updated June 2019

Driver: Spread bright spots

Cribs for Kids National Safe Sleep Certification NYS Hospitals

SILVER University of Vermont Health Network Champlain Valley Physician Hospital	*Plattsburgh*
BRONZE Bellevue Hospital Center	*New York City*
BRONZE Flushing Hospital Medical Center	*Flushing*
BRONZE New York Presbyterian Hudson Valley Hospital	*Cortlandt Manor*
BRONZE NYC Health + Hospitals/ Woodhull Medical Health	*Brooklyn*
BRONZE NYC Health + Hospitals-Kings County Hospital	*Brooklyn*
BRONZE NYC Health + Hospitals-Lincoln Hospital	*Bronx*
BRONZE NYC Health +Hospital/ Harlem	*New York City*

Updated June 2019

Driver: Spread bright spots

Cribs for Kids National Safe Sleep Certification NYS Hospitals

Level	Hospital Name	City
GOLD	Albany Medical Center Hospital	Albany
GOLD	Faxton St. Luke's Healthcare	New Hartford
GOLD	HealthAlliance - Westchester Medical Center Health Network	Kingston
GOLD	Highland Hospital	Rochester
GOLD	Newark Wayne Community Hospital	Newark
GOLD	NYC Health & Hospitals - Queens	Jamaica
GOLD	NYC Health + Hospitals/ Coney Island Hospital	Brooklyn
GOLD	NYC Health + Hospitals/ Metropolitan Hospital	New York City
GOLD	NYC Health + Hospitals/ North Central Bronx	Bronx
GOLD	NYC Health + Hospitals/Elmhurst	Elmhurst
GOLD	Olean General Hospital	Olean
GOLD	Rochester General Hospital	Rochester
GOLD	Unity Hospital	Rochester
GOLD	UPMC Chautauqua WCA	Jamestown
GOLD	Upstate University Hospital	Syracuse
GOLD	UR Medicine Golisano Children's Hospital	Rochester
SILVER	Saint Joseph's Health	Syracuse
SILVER	St. Mary's Healthcare	Amsterdam
SILVER	Stony Brooks Children's Hospital	Stony Brook
SILVER	United Memorial Medical Center	Batavia
SILVER	University of Vermont Health Network Champlain Valley Physician Hospital	Plattsburgh
BRONZE	Bellevue Hospital Center	NYC
BRONZE	Flushing Hospital Medical Center	Flushing
BRONZE	New York Presbyterian Hudson Valley Hospital	Cortlandt Manor
BRONZE	NYC Health + Hospitals/ Woodhull Medical Health	Brooklyn
BRONZE	NYC Health + Hospitals-Kings County Hospital	Brooklyn
BRONZE	NYC Health + Hospitals-Lincoln Hospital	Bronx
BRONZE	NYC Health +Hospital/ Harlem	New York City

6

Infant Safe Sleep in the Community

Contents

Click on titles/page numbers to go to directly to each section

Community Resources

Cribs for Kids® National Infant Safe Sleep Initiative

Since 1998, Cribs for Kids® has been providing safe-sleep education and providing a safe, portable crib to families who cannot otherwise afford a safe place for their babies to sleep. If you are interested in becoming a Cribs for Kids® partner, or finding a partner near you, visit https://cribsforkids.org/our-partners/.

New York State's Family Support Programs for Pregnant and Parenting Families

New York State has family support programs for pregnant and parenting families. The programs are available throughout New York State and are provided at no cost to the families. These programs have been proven to improve outcomes for mothers, babies and families. Families can get a family support provider who comes to their home to give support and guidance on their journey through parenting.

To learn more, or to find a family support provider in your area, visit: https://www.health.ny.gov/community/pregnancy/home_visiting_programs/.

IM CoIIN and NAPPSS IIN Driver Diagram

Year 1 Post Discharge

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network

IM CoIIN and NAPPSS IIN Driver Diagram: Year 1 Post Discharge

Common SMART Aim: By 2020, the IM CoIIN Team will decrease SUID rates by ≥10% across four states by increasing adoption of the ABCs of safe sleep (alone, on back, in crib). States reporting racial disparities among sleep-related deaths at baseline will reduce disparities by ≥5%.

Primary Driver 1: Active endorsement of American Academy of Pediatrics (AAP) guidelines for infant safe sleep, including promoting breastfeeding in a safe sleep environment

Secondary Drivers	Strategies & Change Ideas
SD1: Knowledgeable and activated healthcare professionals	• Provide training to ancillary staff on safe sleep practices and breastfeeding assessment and management • Train and support healthcare professionals in using engagement techniques (e.g., motivational interviewing, teach back) • Train all staff and ensure competencies in infant sleep safety/SIDS risk reduction and management of breastfeeding using program developed by the National Institute of Child Health and Human Development
SD2. Safe sleep modeling including evidence based infant practices	• Illustrate safe infant sleep and breastfeeding with appropriate images and educational materials in the office

Primary Driver 2: Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep

Secondary Driver	Strategies & Change Ideas
SD 1. Individualized education and assessment of belief,	• Deliver key messages on safe sleep and breastfeeding at key times--standardized messages for every appointment. Key messages can include: Back to sleep every sleep Use of firm sleep mattress Benefits and management of breastfeeding

Revised 12/19/2017

IM CoIIN and NAPPSS IIN Driver Diagram

Year 1 Post Discharge

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network

Primary Driver 2: Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep	
Secondary Driver	**Strategies & Change Ideas**
knowledge and intent, sharing evidence behind best practices	Rooming sharing but no bed sharing Skin to skin Soft objects away from sleep area Pacifier at nap and bedtime after breastfeeding is firmly established Avoid smoke exposure Avoid alcohol & illicit drugs Importance of receiving regular prenatal care Importance of immunizations • Create a plan for sleeping and feeding the infant using Georgetown Universities Module 7 Plan
SD2. Reduction of barriers for supporting caregivers to keep infants' safe within the context of day-to-day needs	• Promote access to supports that encourage shared conversations with mothers, fathers and other infant caregivers to identify their concerns and resistance to safe sleep and breastfeeding behaviors, and work together to seek solutions to these challenges • Identify families who are unable to provide a safe sleep environment for their infant and refer them to a program that can provide safe sleep materials and education • Refer eligible patients for WIC and other community-based support systems • Create systematic referral patterns to identified community based support partners
SD3. Reinforcement of safe sleep and breastfeeding messaging	• Provide access to training and supports to help mothers, fathers, and other family caregivers learn how best to comfort and settle their infants in ways that are consistent with safe sleep and supportive of breastfeeding • Create and distribute safe sleep and breastfeeding bassinet cards, door hangers, and bibs as visual reminders for families at home • Provide consistent, accurate, and culturally sensitive information about smoking cessation and refer for additional support such as drug and/or alcohol treatment programs as needed • Advocate breastfeeding as an integral part of safe sleep • Ensure that mothers who choose to breastfeed know the options for successfully maintaining breastfeeding that are consistent with safe sleep practices • Include culturally sensitive safe sleep strategies in the agenda of breastfeeding and discharge educational classes for parents • Support national leaders who are exploring ways in partnership with the Joint Commission to increase and standardize the delivery of safe infant sleep and breastfeeding education to new parents before they leave the hospital with their newborns • Confirm that all distributed materials are consistent with safe sleep messages, free of formula marketing

Revised 12/19/2017

IM CoIIN and NAPPSS IIN Driver Diagram

Year 1 Post Discharge

Primary Driver 2: Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep	
Secondary Driver	**Strategies & Change Ideas**
SD4. Development and implementation of culturally congruent education materials, social marketing messages and communication strategies on safe sleep in partnership with caregivers	• Use media messages and training materials with a focused on a multigenerational approach: grandmothers (North Carolina Healthy Start Foundation, Safe to Sleep Campaign materials, Cribs for Kids Safe Sleep Education for Your Grandbaby) • Use existing educational materials such as those from NICHD and from Georgetown University Building on Campaigns with Conversations learning modules to help families develop a plan for sleep and feeding • Use National Center for Cultural Competence Engaging Ethnic Media to Inform Communities about Safe Infant Sleep • Partner with the state's Office of Health Equity/ Office of Minority Health to ensure that disparity reduction is included in the framing of the work and alliances with key community groups are forged • Use social media outlets such as Text4Baby and TodaysBaby • Provide mothers and caregivers with social media app to use for continued text messaging after discharge (modeled after research by Eve Colson et al)
SD5. Targeted outreach and strategies for historically underserved and/or high-risk populations	• Partner with the state's Office of Health Equity/ Office of Minority Health to ensure that disparity reduction is included in the work and that alliances with key community groups are forged • Use existing harm reductions messages to avoid alienating vulnerable populations (Alaska Brochure, Alaska Poster) • Use existing educational materials for American Indian and Alaska Native families i.e., The Coming of the Blessing and Healthy Native Babies Project Facilitator's Packet

Primary Driver 3: Activated community champions	
Secondary Drivers	**Strategies & Change Ideas**
SD1. Safe sleep and breastfeeding behavior is understood and championed by trusted individuals and	• Engage respected sources of information and opinions about child care and health in system-wide efforts to promote safe sleep and breastfeeding • Partner with faith communities, tribal elders, community elders, African American sororities/fraternities (Arkansas' Sisters United) as a way to engage respected and influential community members • Partner with AARP to reach grandparents with safe sleep and breastfeeding messages

Revised 12/19/2017

IM CoIIN and NAPPSS IIN Driver Diagram

Year 1 Post Discharge

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

National Action Partnership to Promote Safe Sleep

Primary Driver 3: Activated community champions	
Secondary Drivers	**Strategies & Change Ideas**
groups who are influential in the lives of mothers, fathers, grandparents, and other infant caregivers	
SD2. Reinforced safe sleep and breastfeeding messaging in community settings	• Work with retailers such as grocery and baby stores to promote safe sleep and breastfeeding messages in baby aisles • Model and promote Safe Sleep Image Guidelines and eliminate the use of baby bottle images in messaging
SD3. Utilize local data to identify bright spots	• Use analytic techniques such as GIS mapping and perinatal periods of risk (PPOR) to identify bright spots or areas of positive deviance • Use SUID case registry to find teams with success stories • Build on bright spots, positive deviance theory and approaches

Revised 12/19/2017

IM CoIIN and NAPPSS IIN Driver Diagram

Year 1 Post Discharge

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network

CHANGE PACKAGE

Primary Driver 1: Active endorsement of American Academy of Pediatrics (AAP) guidelines for infant safe sleep, including promoting breastfeeding in a safe sleep environment		
Secondary Driver 1: Knowledgeable and activated healthcare professionals		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Provide training to ancillary staff on safe sleep practices and breastfeeding assessment and management • Train and support healthcare professionals in using engagement techniques (e.g., motivational interviewing, teach back) • Train all staff and ensure competencies in infant sleep safety/SIDS risk reduction and management of breastfeeding using program developed by the National Institute of Child Health and Human Development		
Secondary Driver 2: Safe sleep modeling including evidence based infant practices		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Illustrate safe infant sleep and breastfeeding with appropriate images and educational materials in the office		
Primary Driver 2: Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep		
Secondary Driver 1: Individualized education and assessment of belief, knowledge and intent, sharing evidence behind best practices		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Deliver key messages on safe sleep and breastfeeding at key times--standardized messages for every appointment. Key messages can include: Back to sleep every sleep Use of firm sleep mattress Benefits and management of breastfeeding Rooming sharing but no bed sharing	Presentation of book "sleep baby safe and snug" from Charlie's Kids	

Revised 12/19/2017

IM CoIIN and NAPPSS IIN Driver Diagram

Year 1 Post Discharge

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network

Skin to skin Soft objects away from sleep area Pacifier at nap and bedtime after breastfeeding is firmly established Avoid smoke exposure Avoid alcohol & illicit drugs Importance of receiving regular prenatal care Importance of immunizations • Create a plan for sleeping and feeding the infant using Georgetown Universities Module 7 Plan		
Secondary Driver 2: Reduction of barriers for supporting caregivers to keep infants' safe within the context of day-to-day needs		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Promote access to supports that encourage shared conversations with mothers, fathers and other infant caregivers to identify their concerns and resistance to safe sleep and breastfeeding behaviors, and work together to seek solutions to these challenges • Identify families who are unable to provide a safe sleep environment for their infant and refer them to a program that can provide safe sleep materials and education • Refer eligible patients for WIC and other community-based support systems • Create systematic referral patterns to identified community based support partners		
Secondary Driver 3: Reinforcement of safe sleep and breastfeeding messaging		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Provide access to training and supports to help mothers, fathers, and other family caregivers learn how best to comfort and settle their infants in ways that are consistent with safe sleep and supportive of breastfeeding • Create and distribute safe sleep and breastfeeding bassinet cards, door hangers, and bibs as visual reminders for families at home • Provide consistent, accurate, and culturally sensitive information about smoking cessation and refer for additional support such as drug and/or alcohol treatment programs as needed • Advocate breastfeeding as an integral part of safe sleep • Ensure that mothers who choose to breastfeed know the options for successfully maintaining breastfeeding that are consistent with safe sleep practices • Include culturally sensitive safe sleep strategies in the agenda of breastfeeding and discharge educational classes for parents		

Revised 12/19/2017

IM CoIIN and NAPPSS IIN Driver Diagram

Year 1 Post Discharge

• Support national leaders who are exploring ways in partnership with the Joint Commission to increase and standardize the delivery of safe infant sleep and breastfeeding education to new parents before they leave the hospital with their newborns • Confirm that all distributed materials are consistent with safe sleep messages, free of formula marketing		
Secondary Driver 4: Development and implementation of culturally congruent education materials, social marketing messages and communication strategies on safe sleep and breastfeeding partnership with caregivers		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Use media messages and training materials with a focused on a multigenerational approach: grandmothers (North Carolina Healthy Start Foundation, Safe to Sleep Campaign materials, Cribs for Kids Safe Sleep Education for Your Grandbaby) • Use existing educational materials such as those from NICHD and from Georgetown University Building on Campaigns with Conversations learning modules to help families develop a plan for sleep and feeding • Use National Center for Cultural Competence Engaging Ethnic Media to Inform Communities about Safe Infant Sleep • Partner with the state's Office of Health Equity/ Office of Minority Health to ensure that disparity reduction is included in the framing of the work and alliances with key community groups are forged • Use social media outlets	Safe Infant App (e.g., Eve-Colson et al) Pacify Coffective https://www.fns.usda.gov/wic/fathers-supporting-breastfeeding for dads and https://wicworks.fns.usda.gov/publication-order-form for grandparents Text4Baby TodaysBaby	1
Secondary Driver 5: Targeted outreach and strategies for historically underserved and/or high-risk populations		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Partner with the state's Office of Health Equity/ Office of Minority Health to ensure that disparity reduction is included in the work and that alliances with key community groups are forged • Use existing harm reductions messages to avoid alienating vulnerable populations (Alaska Brochure, Alaska Poster) • Use existing educational materials for American Indian and Alaska Native families i.e., The Coming of the Blessing and Healthy Native Babies Project Facilitator's Packet		

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IM CoIIN and NAPPSS IIN Driver Diagram

Year 1 Post Discharge

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

National Action Partnership to Promote Safe Sleep

Primary Driver 3: Activated community champions		
Secondary Driver 1: Safe sleep and breastfeeding behavior is understood and championed by trusted individuals and groups who are influential in the lives of mothers, fathers, grandparents, and other infant caregivers		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Engage respected sources of information and opinions about child care and health in system-wide efforts to promote safe sleep and breastfeeding • Partner with faith communities, tribal elders, community elders, African American sororities/fraternities (Arkansas' Sisters United) as a way to engage respected and influential community members • Partner with AARP to reach grandparents with safe sleep and breastfeeding messages		
Secondary Driver 2: Reinforced safe sleep and breastfeeding messaging in community settings		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Work with retailers such as grocery and baby stores to promote safe sleep and breastfeeding messages in baby aisles • Model and promote Safe Sleep Image Guidelines and eliminate the use of baby bottle images in messaging		
Secondary Driver 3: Utilize local data to identify bright spots		
Strategies & Key Change Ideas	References/Resources	Evidence Category
• Use analytic techniques such as GIS mapping and perinatal periods of risk (PPOR) to identify bright spots or areas of positive deviance • Use SUID case registry to find teams with success stories • Build on bright spots, positive deviance theory and approaches		

Revised 12/19/2017

IM CoIIN 2.0 Safe Sleep Change Package

NICHQ National Institute for Children's Health Quality

National Action Partnership to Promote Safe Sleep

IM CoIIN 2.0 Safe Sleep CHANGE PACKAGE

Primary Driver 1: Active endorsement of American Academy of Pediatrics (AAP) guidelines for infant safe sleep, including promoting breastfeeding in a safe sleep environment	
Secondary Driver 1: Knowledgeable and activated healthcare professionals	
Strategies & Key Change Ideas	References/Resources
• Provide training to ancillary staff on safe sleep practices and breastfeeding assessment and management • Train and support healthcare professionals in using engagement techniques (e.g., motivational interviewing, teach back) • Train all staff and ensure competencies in infant sleep safety/SIDS risk reduction and management of breastfeeding using program developed by the National Institute of Child Health and Human Development	National Institute for Child Health and Human Development – SIDS Risk Reduction Teachback Training Motivational Interviewing Training Stages of Change & Motivational Interviewing 2016 AAP Guidelines Patient Education: Breastfeeding Guide (Beyond the Basics) ACOG CO 658 Optimizing Support for Breastfeeding as Part of Obstetric Practice Alaska Department of Health Breastfeeding Resources Does Breastfeeding Reduce the Risk of SIDS?
Secondary Driver 2: Safe sleep modeling including evidence based infant practices	
Strategies & Key Change Ideas	References/Resources
• Illustrate safe infant sleep and breastfeeding with appropriate images and educational materials in the office	Safe Sleep and Breastfeeding Image Gallery

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IM CoIIN 2.0 Safe Sleep Change Package

NICHQ National Institute for Children's Health Quality

National Action Partnership to Promote Safe Sleep

	NYSDOH's Infant Safe Sleep Materials Order Form Cribs for Kids educational materials WIC Fathers Supporting Breastfeeding
Primary Driver 2: Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep	
Secondary Driver 1: Individualized education and assessment of belief, knowledge and intent, sharing evidence behind best practices	
Strategies & Key Change Ideas	References/Resources
• Deliver key messages on safe sleep and breastfeeding at key times--standardized messages for every appointment. Key messages can include: Back to sleep for every sleep Use of firm sleep mattress Benefits and management of breastfeeding Rooming sharing but no bed sharing Skin to skin Soft objects away from sleep area Pacifier at nap and bedtime after breastfeeding is firmly established Avoid smoke exposure Avoid alcohol & illicit drugs Importance of receiving regular prenatal care Importance of immunizations • Create a plan for sleeping and feeding the infant using Georgetown Universities Module 7 Plan	2016 AAP Guidelines Charlies Kids board book "Sleep baby safe and snug" DeThrives - Safe Sleeping Environment Flipbook Randomized Trial of a Children's Book Versus Brochures for Safe Sleep Knowledge and Adherence in a High-Risk Population Baltimore B'More Babies Safe Sleep Campaign Video Cribs for Kids educational materials Georgetown University's Building on Campaigns with Conversations learning modules Safe Infant Sleep Interventions: What is the Evidence for Successful Behavior Change?

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IM CoIIN 2.0 Safe Sleep Change Package

NICHQ National Institute for Children's Health Quality

National Action Partnership to Promote Safe Sleep

Secondary Driver 2: Reduction of barriers for supporting caregivers to keep infants' safe within the context of day-to-day needs	
Strategies & Key Change Ideas	References/Resources
• Promote access to supports that encourage shared conversations with mothers, fathers and other infant caregivers to identify their concerns and resistance to safe sleep and breastfeeding behaviors, and work together to seek solutions to these challenges • Identify families who are unable to provide a safe sleep environment for their infant and refer them to a program that can provide safe sleep materials and education • Refer eligible patients for WIC and other community-based support systems • Create systematic referral patterns to identified community based support partners	Georgetown University's Building on Campaigns with Conversations learning modules Cribs for Kids New York State WIC Program Improving Safe Sleep Conversations: Strategies for Helping Families Adopt Safe Sleep Habits - Recorded Webinar
Secondary Driver 3: Reinforcement of safe sleep and breastfeeding messaging	
Strategies & Key Change Ideas	References/Resources
• Provide access to training and supports to help mothers, fathers, and other family caregivers learn how best to comfort and settle their infants in ways that are consistent with safe sleep and supportive of breastfeeding • Create and distribute safe sleep and breastfeeding bassinet cards, door hangers, and bibs as visual reminders for families at home • Provide consistent, accurate, and culturally sensitive information about smoking cessation and refer for additional support such as drug and/or alcohol treatment programs as needed • Advocate breastfeeding as an integral part of safe sleep • Ensure that mothers who choose to breastfeed know the options for successfully maintaining breastfeeding that are consistent with safe sleep practices • Include culturally sensitive safe sleep strategies in the agenda of breastfeeding and discharge educational classes for parents	Baltimore B'more Babies Safe Sleep Campaign Videos Baltimore B'more for Healthy Babies – Safe Sleep PSA for Fathers NYSDOH's Infant Safe Sleep Materials Order Form New York State Smoker's Quitline Safe Sleep and Breastfeeding Image Gallery Safer Sleep Image Guidelines Additional Resources: Say Yes to Safe Sleep – Hospital and Home Visiting Education Training Module Tobacco, Alcohol and Substance Abuse

Revised 9/18/2018

IM CoIIN 2.0 Safe Sleep Change Package

NICHQ National Institute for Children's Health Quality

National Action Partnership to Promote Safe Sleep

• Support national leaders who are exploring ways in partnership with the Joint Commission to increase and standardize the delivery of safe infant sleep and breastfeeding education to new parents before they leave the hospital with their newborns • Confirm that all distributed materials are consistent with safe sleep messages, free of formula marketing	
Secondary Driver 4: Development and implementation of culturally congruent education materials, social marketing messages and communication strategies on safe sleep and breastfeeding partnership with caregivers	
Strategies & Key Change Ideas	References/Resources
• Use media messages and training materials with a focused on a multigenerational approach: grandmothers (Safe to Sleep Campaign materials, Cribs for Kids Safe Sleep Education for Your Grandbaby) • Use existing educational materials such as those from NICHD, North Carolina Healthy Start Foundation and Georgetown University, Building on Campaigns with Conversations learning modules to help families develop a plan for sleep and feeding • Use National Center for Cultural Competence Engaging Ethnic Media to Inform Communities about Safe Infant Sleep • Partner with the state's Office of Minority Health and Health Disparities Prevention to ensure that disparity reduction is included in the framing of the work and alliances with key community groups are forged • Use social media outlets	Engaging Ethnic Media to Inform Communities about Safe Sleep Toolkit Safe Infant App (e.g., Eve-Colson et al) Safe Sleep Sweep App Today's Baby App Baltimore B'more for Healthy Babies – Safe Sleep PSA for Fathers WIC Fathers Supporting Breastfeeding North Carolina Healthy Start Foundation NICHD | Safe Sleep Campaign Cribs for Kids | Safe Sleep Education for Grandbaby WIC Grandparents Play an Important Role Brochure NICHD SIDS Risk Reduction Program and Georgetown University's Building on Campaigns with Conversations learning modules Charlies Kids board book "Sleep baby safe and snug" NYS Office of Minority Health and Health Disparities Prevention (OMH-HDP) Additional Resources: Los Angeles | Safe Sleep for Baby Campaign

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IM CoIIN 2.0 Safe Sleep Change Package

NICHQ National Institute for Children's Health Quality

National Action Partnership to Promote Safe Sleep

	Delaware | Long Live Dreams Ohio | ABC's of Safe Sleep Campaign
Secondary Driver 5: Targeted outreach and strategies for historically underserved and/or high-risk populations	
Strategies & Key Change Ideas	References/Resources
• Partner with the state's Office of Minority Health and Health Disparities Prevention to ensure that disparity reduction is included in the work and that alliances with key community groups are forged • Use existing harm reductions messages to avoid alienating vulnerable populations (Alaska Brochure, Alaska Poster) • Use existing educational materials for American Indian and Alaska Native families i.e., The Coming of the Blessing and Healthy Native Babies Project Facilitator's Packet	NYS Office of Minority Health and Health Disparities Prevention (OMH-HDP) Alaska Department of Health Safe Sleep Resources Healthy Native Babies Project Facilitator's Packet The Coming of the Blessing (March of Dimes)
Primary Driver 3: Activated community champions	
Secondary Driver 1: Safe sleep and breastfeeding behavior is understood and championed by trusted individuals and groups who are influential in the lives of mothers, fathers, grandparents, and other infant caregivers	
Strategies & Key Change Ideas	References/Resources
• Engage respected sources of information and opinions about child care and health in system-wide efforts to promote safe sleep and breastfeeding • Partner with faith communities, tribal elders, community elders, African American sororities/fraternities (Arkansas' Sisters United) as a way to engage respected and influential community members • Partner with AARP to reach grandparents with safe sleep and breastfeeding messages	ASTHO | Grassroots Efforts to Reduce Infant Mortality Among African Americans (Sisters United) Cribs for Kids | Safe Sleep Education for your Grandbaby WIC Grandparents Play an Important Role Brochure AARP

Revised 9/18/2018

IM CoIIN 2.0 Safe Sleep Change Package

NICHQ National Institute for Children's Health Quality

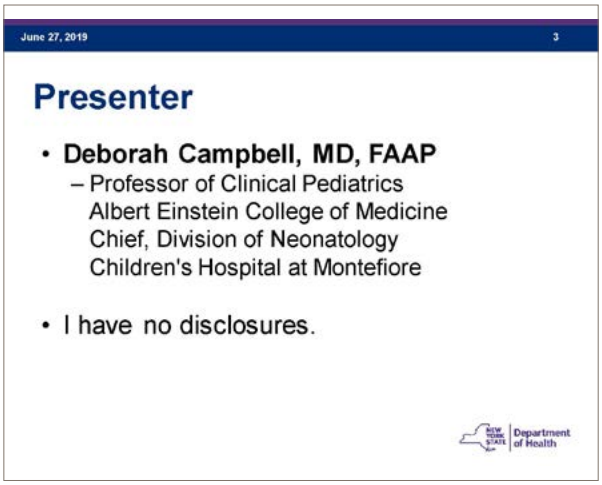
National Action Partnership to Promote Safe Sleep

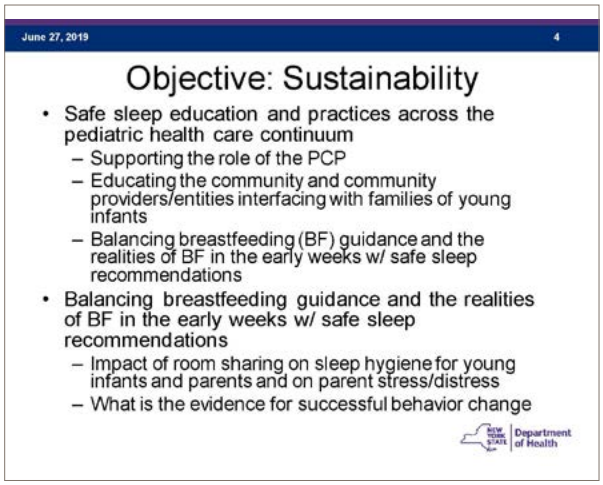
Secondary Driver 2: Reinforced safe sleep and breastfeeding messaging in community settings	
Strategies & Key Change Ideas	References/Resources
• Work with retailers such as grocery and baby stores to promote safe sleep and breastfeeding messages in baby aisles • Model and promote Safe Sleep Image Guidelines and eliminate the use of baby bottle images in messaging	Cribs for Kids | Safe Sleep Image Guidelines Safe Sleep and Breastfeeding Image Gallery Additional Resources: Georgetown | Keeping the Faith, Alameda County, CA American Association of Advertising Agencies | Safe Sleep Advertising Direct On Scene Education (DOSE) Program – First Responders Washington State Criminal Justice Training Program Safer Sleep Image Guidelines
Secondary Driver 3: Utilize local data to identify bright spots	
Strategies & Key Change Ideas	References/Resources
• Use analytic techniques such as GIS mapping and perinatal periods of risk (PPOR) to identify bright spots or areas of positive deviance* • Use SUID case registry to find teams with success stories • Build on bright spots, positive deviance theory* and approaches ***Positive deviance** is an approach to behavioral and social change based on the observation that in any community there are people whose uncommon but successful behaviors or strategies enable them to find better solutions to a problem than their peers, despite facing similar challenges and having no extra resources or knowledge than their peers. These individuals are referred to as positive deviants.	

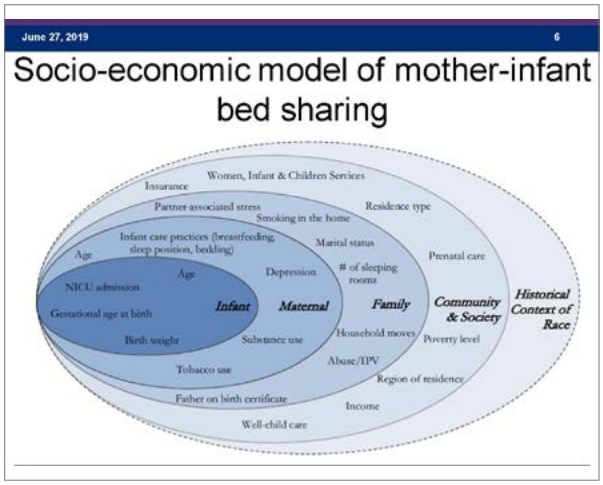
Revised 9/18/2018

Campbell D.

Safe Sleep After Discharge Home – Life According to Baby: Challenges & Opportunities NYSPQC Safe Sleep Project Learning Session. June 2017. Intended audience: Public health and health care professionals.

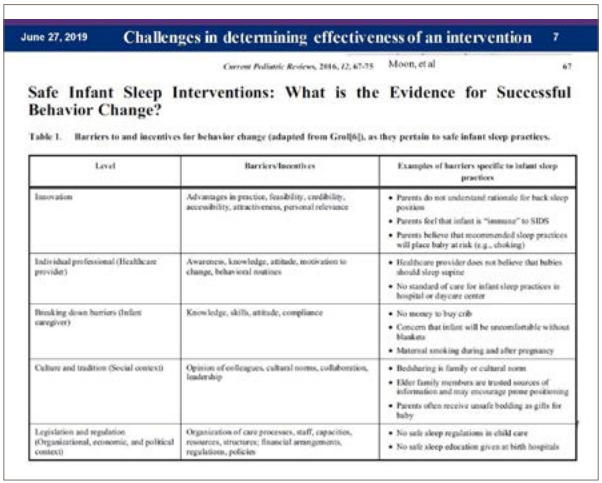


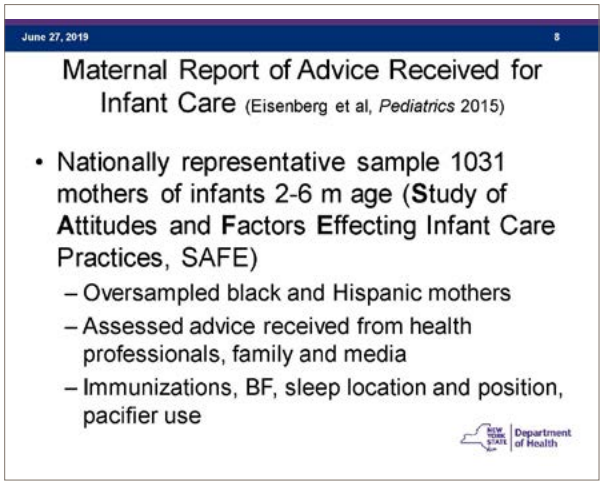


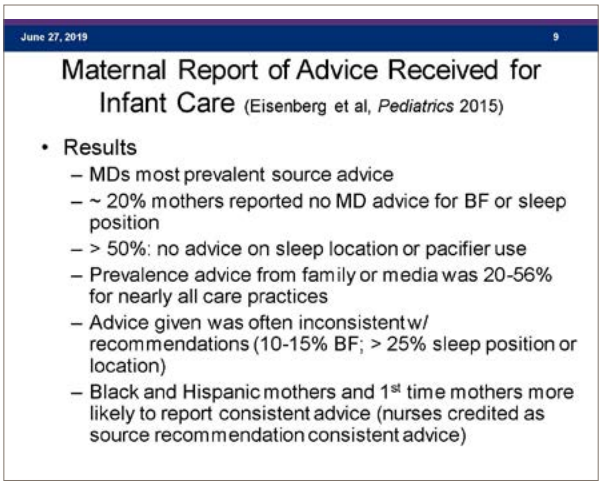


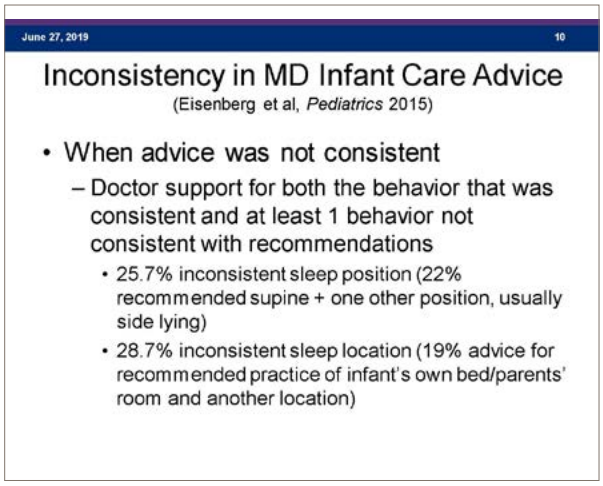
Campbell D.

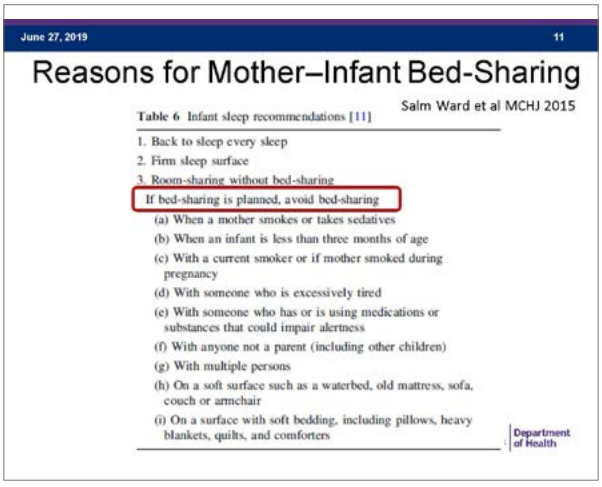
Safe Sleep After Discharge Home – Life According to Baby: Challenges & Opportunities NYSPQC Safe Sleep Project Learning Session. June 2017. Intended audience: Public health and health care professionals.

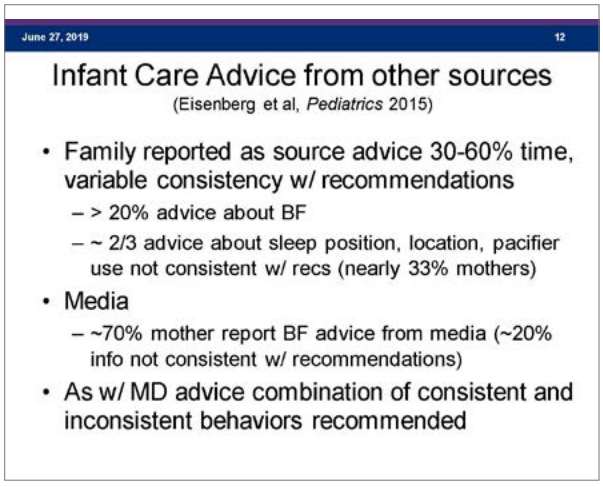












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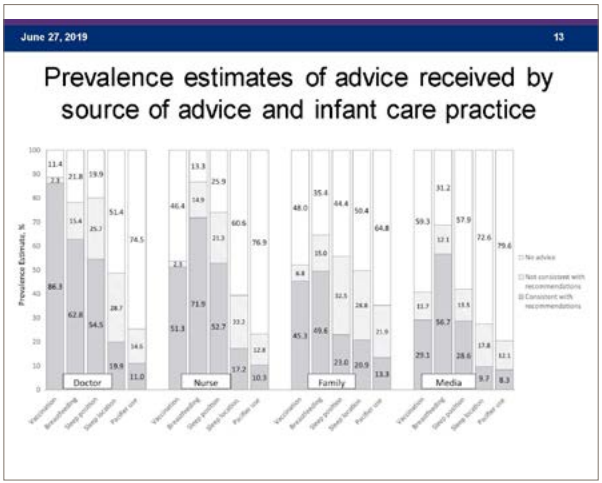

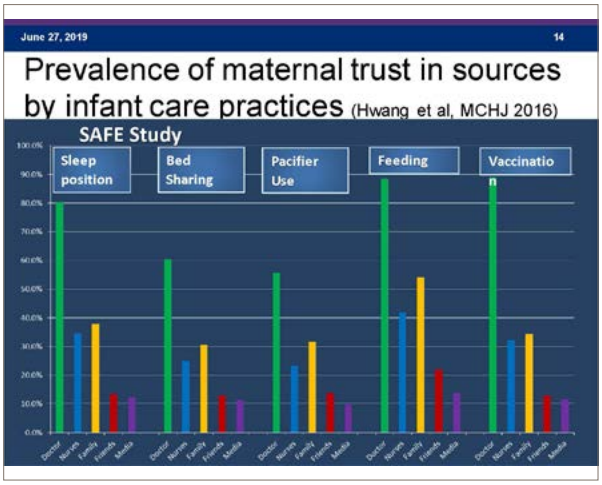

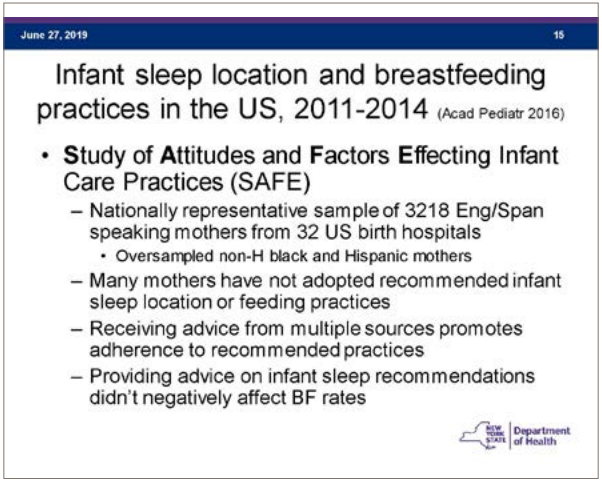

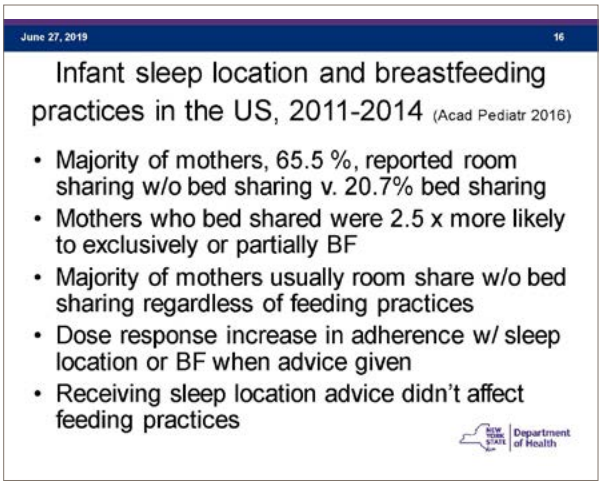

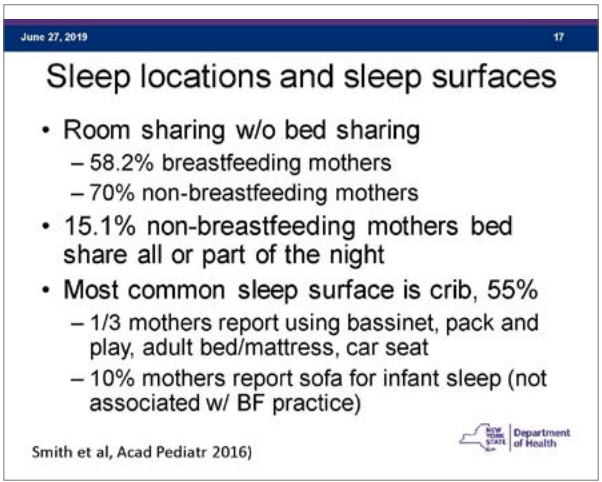

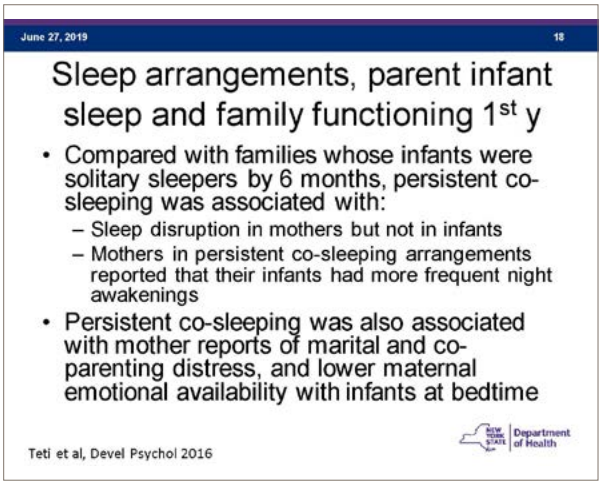

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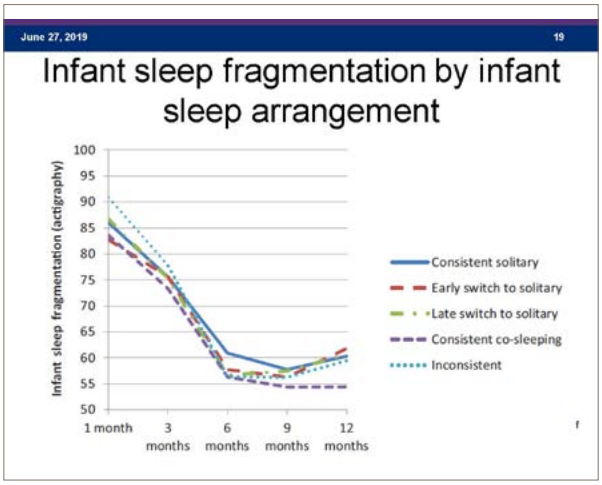

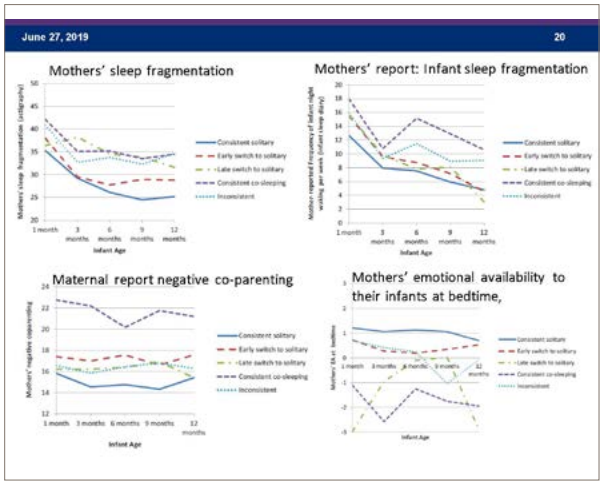

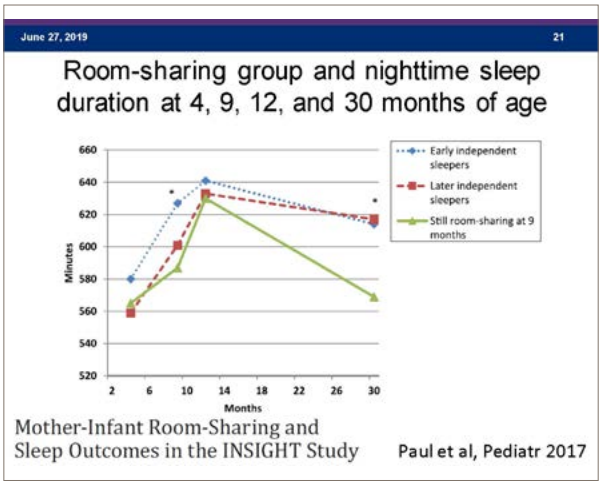

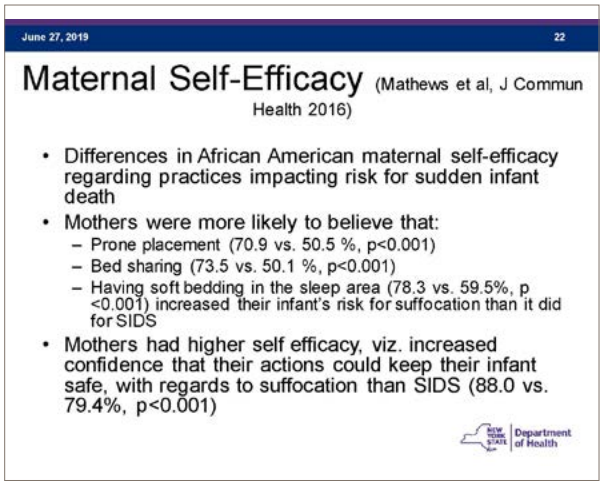

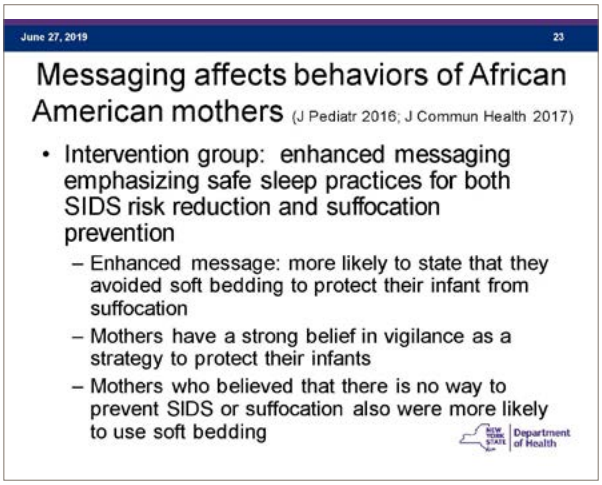

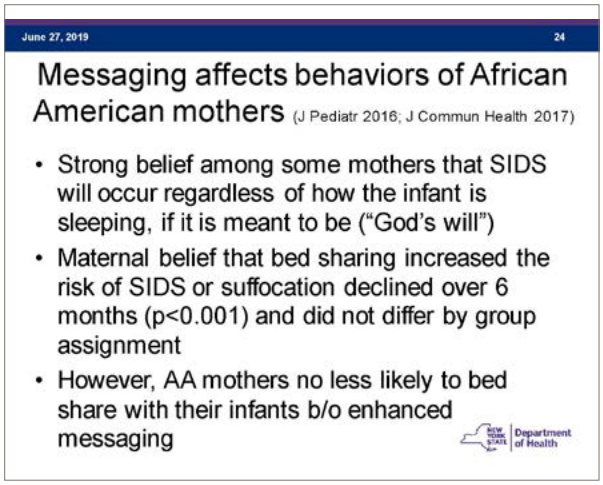

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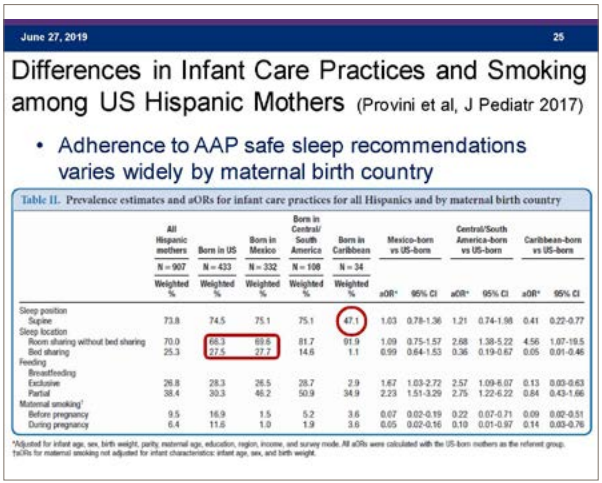

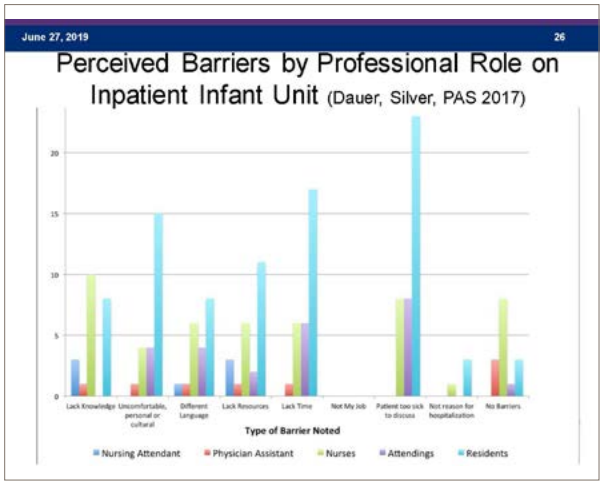

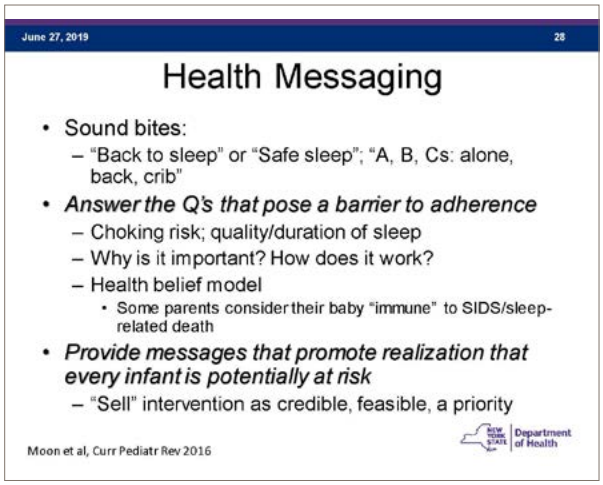

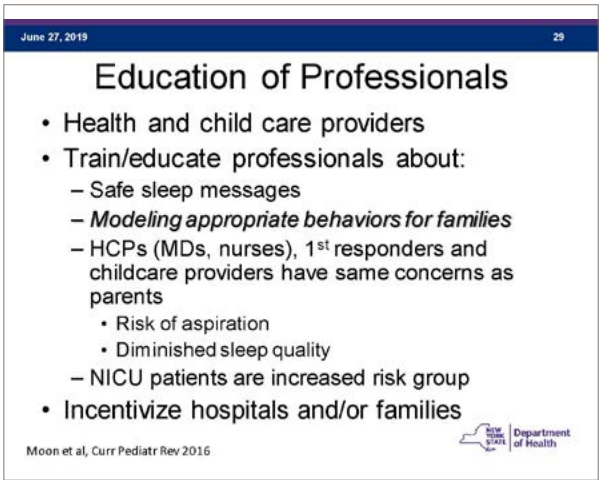

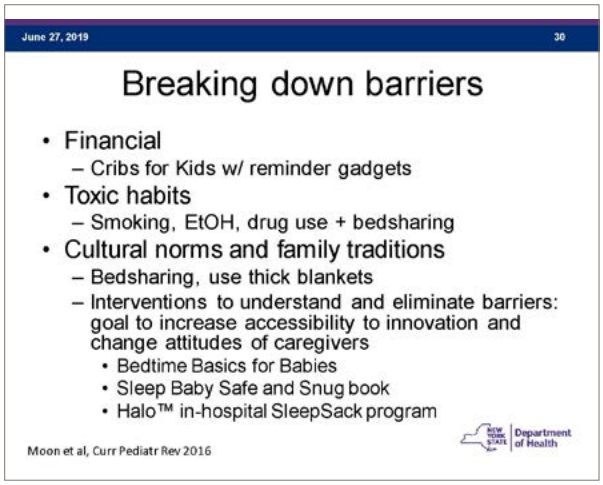

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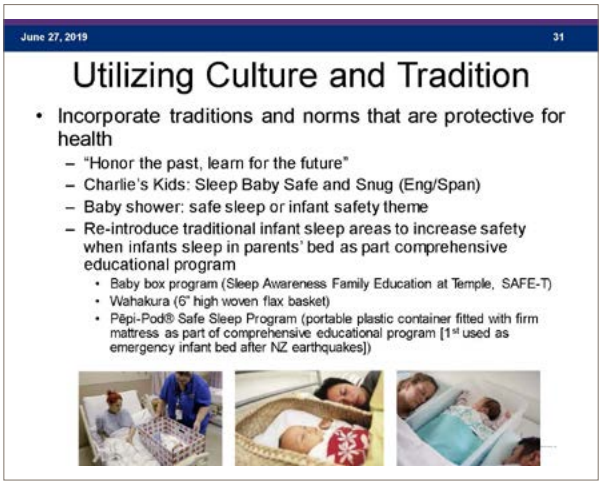

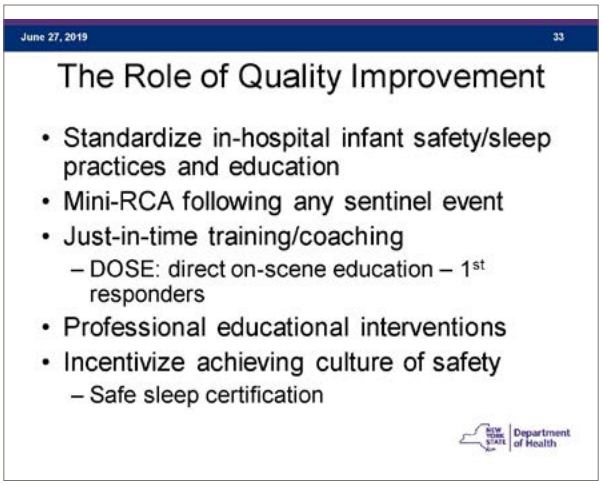

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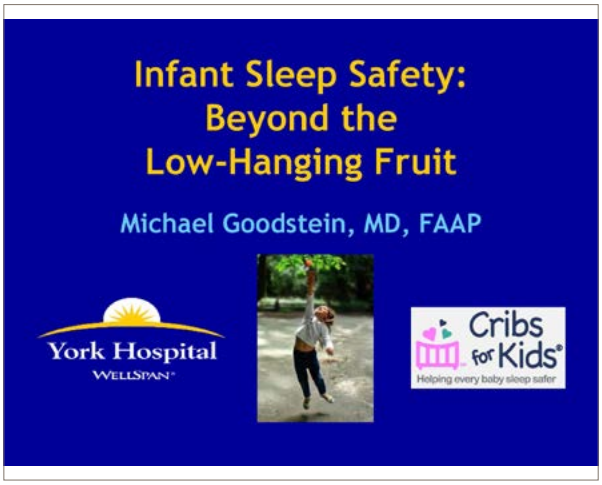

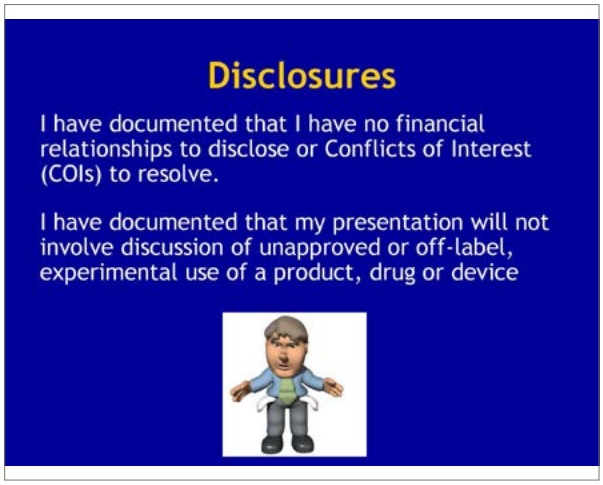

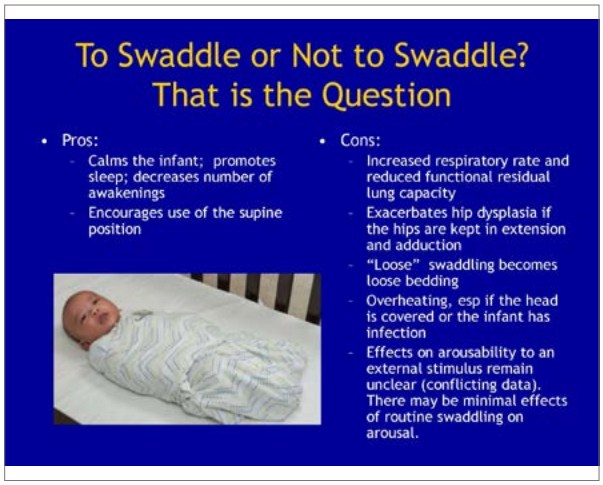

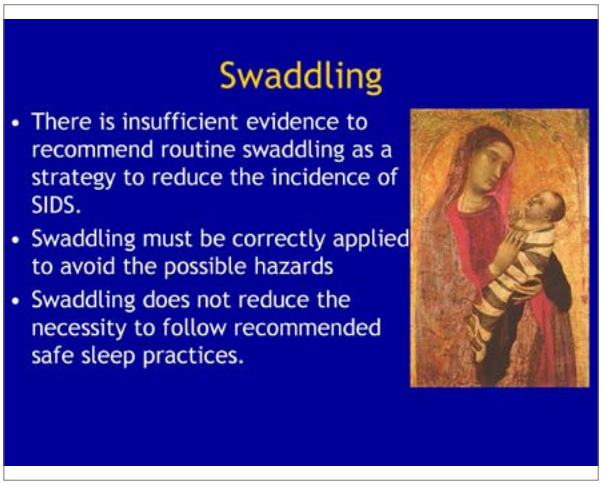

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Swaddling- More Questions...

- Pease 2016, Pediatrics
- Pooled OR = 1.38
  - Prone = 12.99
  - Side = 3.16
  - Supine = 1.93
- Increased risk with age
- Limitations:
  - Heterogeneity, definitions, other risk factors

Swaddling and the Risk of Sudden Infant Death Syndrome: A Meta-analysis. Pease. Pediatrics. PEDIATRICS Volume 137, number 6 , June 2016: e20153

www.healthychildren.org

- Swaddling (wrapping a light blanket snuggly around a baby) may help calm a crying baby. If you swaddle your baby, be sure to place him on his back to sleep. Stop swaddling your baby when he starts to roll.

How should a baby be swaddled?

Swaddling in the US: A National Survey

- 1500 mothers
- Weighted replication of US birth population
- 97% swaddle
- 67% swaddle every day
- 86% start first week of life
- Swaddling techniques:
  - Arms in flexed: 30%
  - Arms in at sides: 53%
  - Arms out: 17%

Swaddling in the US: A National Survey

Swaddling in Hospital

Provider	Discussed	Demonstrated
Nurse	73%	71%
Doctor	26%	14%
Lactation counselor	11%	8%
Midwife	14%	10%
Nobody	19%	19%

Swaddling in the US: A National Survey

- Receiving blankets: 88.5%
- Swaddling devices: 82.9%
- Reasons for swaddling:
  - Better sleep: 71%
  - Decreased fussiness: 57%
  - Warmth: 54%
  - More comfortable for baby: 45%
  - They did it in the hospital: 31%
  - Help keep baby on back for sleep: 30%
  - Family tradition: 8%

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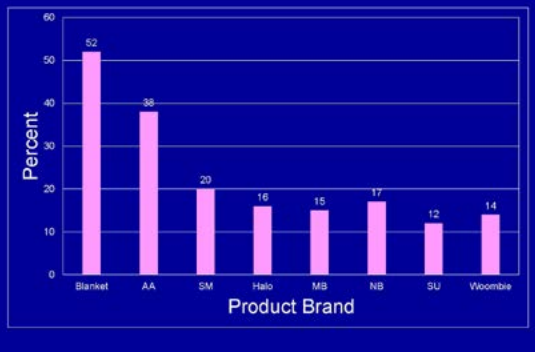
Swaddling in the US: A National Survey

- 60% of babies get out of their swaddle
  - –42% escaped frequently
  - –Most commonly with blankets: 52%

Rates of Swaddling Failure

- Receiving blankets: 52% (749/1446)
- aden + anais®: 38% (69/182)
- SwaddleMe®: 20% (141/689)
- Halo®: 16% (50/322)
- Miracle Blanket®: 15% (32/215)
- Nested Bean®: 17% (18/105)
- Swaddle Up®: 12% (33/271)
- Woombie®: 14% (24/168)

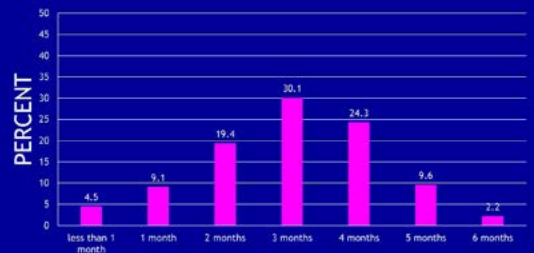
Rates of Swaddling Failure



Swaddling in the US: A National Survey

- Mean age rolling over: 12.2 +/- 5 weeks
- Mean age rolling over in swaddle: 10.5 +/- 5 weeks
- 7% of babies roll over in the swaddle

Age for Rolling Over (N = 861)



Age When Swaddling Was Discontinued (n= 705)

Mean Length of Time Swaddling: 8 ± 5 weeks

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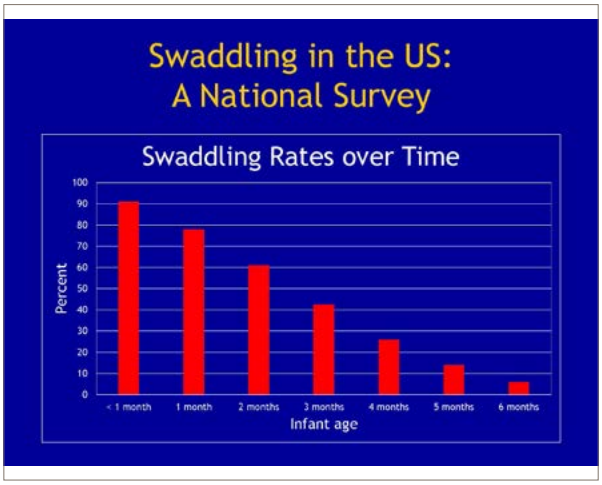

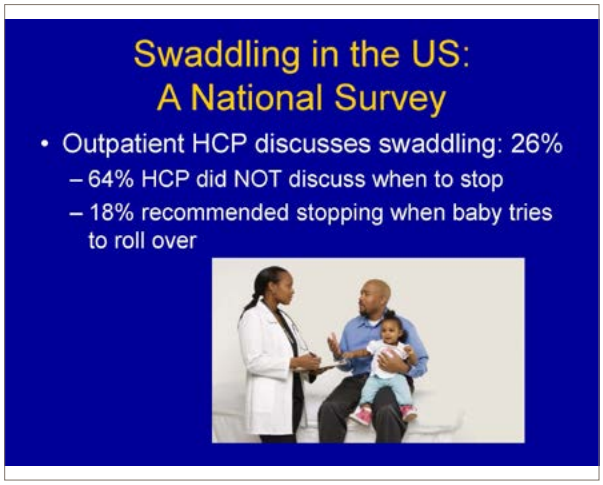

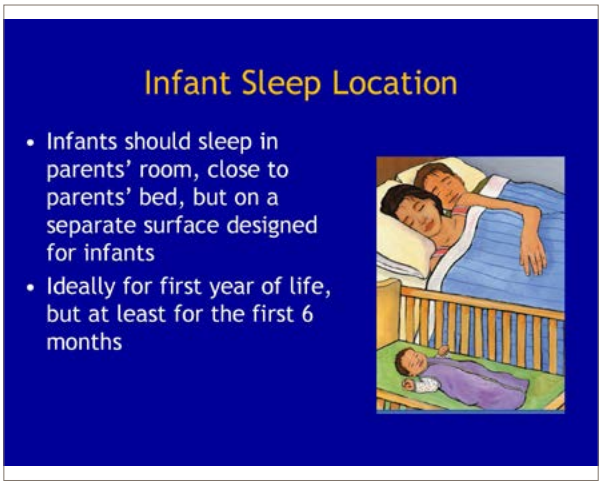

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Bedsharing in Low-Risk Breastfed Infants

- Blair et al: AOR 1.6 (95% CI 0.96-2.7)
  - Age <14 weeks
  - Parents: No cigarettes or alcohol
  - Independent of feeding method (more BF in bedsharing group)
  - Controls: separate room sleeping, smoking, alcohol
- Carpenter et al: AOR 5.1 (95% CI 2.3-11.4)
  - Age <3 months
  - Parents did not smoke
  - Mother: No alcohol or drugs
  - Breastfed infants

Independent Review
Dr. Robert Platt

- Very small numbers of low-risk babies
  - 24 in Blair's study
  - 12 in Carpenter's study
- Does not believe that data support definitive differences in 2 studies
- Some evidence of increased risk in the youngest group, but cannot say how large the increased risk is
- Cannot conclude that bed sharing in this group is safe

Infant Sleep Location and Breastfeeding Practices in the US, 2011-2014

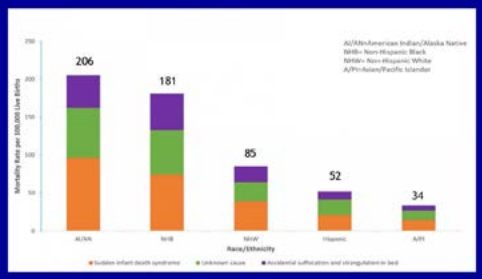
- N = 3218 studied at DOL 60
- Exclusive BF = 30.5%, partial BF = 29.5%
- Usually room share = 65.5%, Bed sharing = 20.7%
- Mothers who bed shared were more likely to report exclusive breastfeeding (**AOR 2.46, 1.76-3.45**) or partial breastfeeding (**AOR 1.75, 1.33-2.31**).
- **Receiving advice to room share or breastfeed increased adherence to recommendations in a dose response manner, and did not DECREASE BREASTFEEDING RATES!**

Smith. Academic Pediatrics 2016

Health Disparities

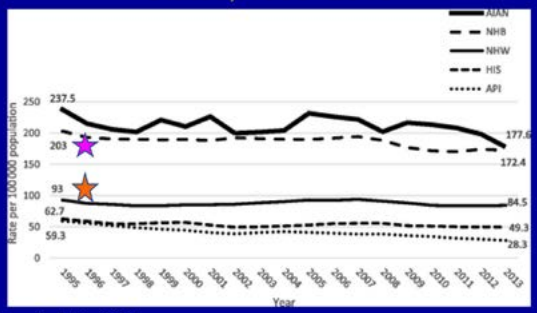
- Black Infants More Likely Than White Infants To **Receive Care In A Lower-Scoring NICU, Research Suggests.**
  - Reuters (3/25) reports, "In a large national study that included nearly 90 percent of all preterm and low-birth-weight babies born in the U.S. in a recent three-year period," investigators "found that black infants were more likely than white infants to receive care in a lower-scoring neonatal intensive care unit (NICU)."

SUID Rates by Race/Ethnicity: 2013-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Period Linked Birth/Infant Death Data.

Racial and Ethnic Trends in Sudden Unexpected Infant Deaths: United States, 1995–2013



Parks, Pediatrics 2017

Goodstein, M.

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State-Level Progress in Reducing the Black–White Infant Mortality Gap United States, 1999–2013

- State-level variations:
  - Black IMRs (range = 6.6–13.8)
  - Black–White rate ratios (1.5–2.7)
  - Percentage relative improvement in IMR (range = 2.7% to 36.5% improvement)
  - Black–White rate ratios (from 11.7% relative worsening to 24.0% improvement).
  - 13 states: statistically significant reductions in Black–White IMR disparities.

Speights. Am J Public Health. 2017

SUID Rates: State Variations

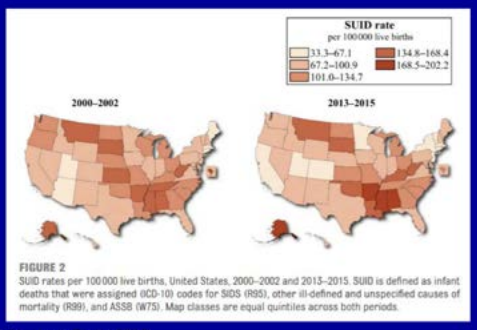
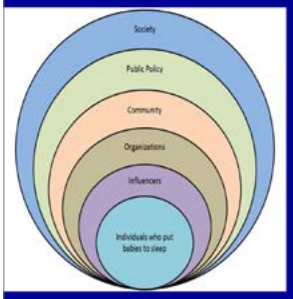


FIGURE 2
SUID rates per 100 000 live births, United States, 2000–2002 and 2013–2015. SUID is defined as infant deaths that were assigned (ICD-10) codes for SIDS (R95), other ill-defined and unspecified causes of mortality (R99), and ASSB (W75). Map classes are equal quintiles across both periods.

Erck Lambert. Peds. 2018

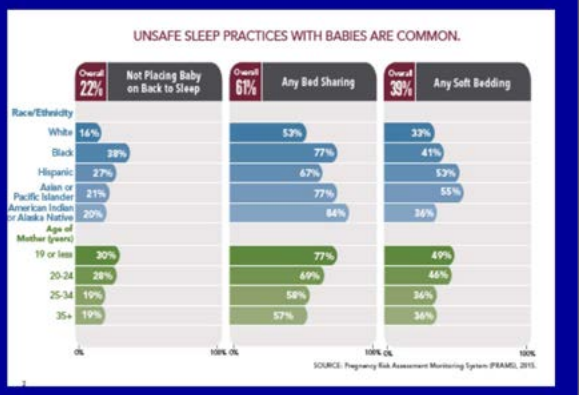
Social-Ecological Model for Infant Safe Sleep



- Structural/Systemic Factors:
  - segregation
  - Education opportunities
  - Structural racism
  - Intergenerational poverty
- Lu: life course approach
  - Epigenetic changes
  - In utero effects
  - multigenerational
- Holistic approach
  - Social, economic disparities
  - Healthcare
  - Communities and families
  - Improve pre-pregnancy and prenatal care
  - HOME VISITATION PROGRAMS

Issues with Health Equity

- Black mothers are more likely to:
  - Not use supine positioning
  - Formula feed
  - Bed share
  - Place soft bedding in sleep area



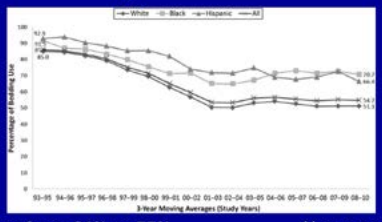
Keep Soft Objects and Loose Bedding Out

- Risk of SIDS, suffocation, entrapment, strangulation
- Pillows, pillow-like toys, quilts, comforters, sheepskins, bumpers
- Loose bedding (blankets, sheets)
- Infant sleep clothing can be used instead

Goodstein, M.

Infant Sleep Safety: Beyond the Low-Hanging Fruit. NYS Safe Sleep IM CoIIN Coaching Call. May 2019. Intended audience: community-based organizations.

Unsafe Bedding: NISP Trends 1993-2102



- Decrease from 86% to 55%
- Rate of decline decreases 2001-10
- 83.5% for teen mothers
- Predictors of adjusted OR > 1.5
  - Young mothers
  - Non-white race, ethnicity
  - Less than college education

Trends in Infant Bedding Use: National Infant Sleep Position Study, 1993–2010. Shapiro-Mendoza, Peds. 2015

Soft Bedding for Older Infants

- Many parents recognize soft bedding is risk
- Increased complacency as baby gets older
- **Soft bedding is THE most important risk factor for infants 4-12 months old** (Colvin 2015)
- Infants roll into bedding and cannot extract themselves

Why Use Soft Bedding?

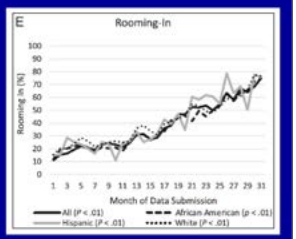
- Comfort/Warmth
  - Extrapolation of own feelings
  - Misinterpret firm with taut
    - Soft + taut ≠ firm
- Safety
  - Blankets, pillows, rolls to prevent falls

Addressing Racial Inequities in Breastfeeding in the Southern US

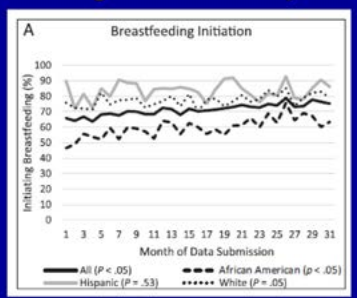
- Intensive QI intervention to improve compliance with the Ten Steps
- CHAMPS: MS, TN, TX, LA
- BF initiation increased:
  - All: 66% to 75%
  - AA: 46% to 63%
- Exclusive BF increased:
  - All: 34% to 39%
  - AA: 19% to 31%

Merewood A, Bugg K, Burnham L, et al. Addressing Racial Inequities in Breastfeeding in the Southern United States. Pediatrics. 2019; 143(2):e20181897

Merewood, et al.



Reducing Racial Disparities



Disparity fell by 9.6% (95% CI,1.6–19.5)!

Goodstein, M.

Infant Sleep Safety: Beyond the Low-Hanging Fruit. NYS Safe Sleep IM CoIIN Coaching Call. May 2019. Intended audience: community-based organizations.

Decreasing Racial Disparities: Stacy Scott

- helping families understand the existing recommendations and why they matter.
- …means having conversation built on mutual trust
- …isn't something that just exists naturally
- "There is underlying tension, which stems from historic trauma and implicit bias."

Shifting the Power

- Advice of family and fellow community members
  - those that share and understand their lived experience.
  - Familiar voices with shared experience = TRUST
    - Community health workers
    - Home visitors
    - doulas

Sensitivity to Existing Barriers

- Unique experiences
  - Gun violence
  - Animal and bug bites
  - Can't afford a crib or PNP
  - Non-traditional relationships

Communication

- "Health care providers are encouraged to have open and non-judgmental conversations with families"
- Motivational Interviewing
- Listen. Observe. Validate. Educate

Counseling Strategies

Follow the Recommendations

- "Red Rules"
- Car seats: sometimes?
- Accepting deviations undermines the rules
- Better for establishing policies

Risk Reduction

- Some is better than none
- Decreasing barriers
- More reality based: parent-focused
- Partnership
- Better at individual level

Thank You!

"Red Rules" - rules that should always be followed.

From the Hospitals and CBOs

From the Hospitals

NEWARK WAYNE COMMUNITY HOSPITAL

The Road to Becoming a Gold Safe Sleep Champion

Before Newark Wayne Community Hospital became a Gold Champion, we first had to prove the use of an up-to-date policy, complete staff education on safe sleep and ensure our hospital website had safe sleep information on it. We then attended two community outreach programs to educate the public on safe sleep. This included attendance at the Wayne County Fair and teaching safe sleep practices at a babysitting class. Both activities were well received by the public.

Question: What were lessons learned from community-based organization partners?

STONY BROOK MEDICINE

· Commercialized baby products continue to be a challenge.

· Social media can influence parents' infant safe sleep practices positively or negatively. We worked with our hospital-based social media team to promote evidence-based safe sleep practices during Baby Safety Month in September. We created an "Ask the Experts" webpage that highlights the key steps to keep infants safe while they sleep: https://www.stonybrookchildrens.org/babysafety.

From the Hospitals and CBOs

From the CBOs

CBOs share lessons learned, successes, and tips for sustaining improvement.

REACH CNY, INC., ONONDAGA COUNTY HEALTH DEPT.

We learned from our partners that parents may initially place their babies down to sleep in a safe place at night, but the baby may not remain there for the duration of the night.

- Nightly feedings (breastfeeding and/or formula feeding)
- Difficulty soothing the baby back to sleep in the crib
- Cultural reasons
- Personal reasons, including fatigue

MOTHERS & BABIES PERINATAL NETWORK

Tips for Sustaining Improvements:

- Collaboration with hospitals & local CBOs to provide awareness & education on safe sleep practices
- Media campaigns to provide education and information to the public
- Fundraising efforts to obtain cribs & safe sleep kits for families in need

For more successes and lessons learned, as well as team storyboards from the NYS Safe Sleep IM CoIIN, see Section 10 - Success Stories & Lessons Learned.

First Candle – Child Caregiver Breastfeeding Checklist

first candle
Saving babies. Supporting families.

Child Caregiver Breastfeeding Checklist

As you explore child care outside your home, bring this checklist with you. This guide will help you assess a caregiver's support regarding breastfeeding as you decide who will care for your baby. Your child's "caregiver" is anyone who will be caring for your baby: child care centers, home child care, faith-based providers, friends, neighbors and family members.

QUESTIONS TO ASK BEFORE DECIDING WHO WILL CARE FOR YOUR BABY:

These questions are designed to help you identify a caregiver's support regarding breastfeeding. It is important to discuss mutual expectations with potential caregivers, who should respect and follow your baby's feeding practices.

- ☐ Do you have a breastfeeding policy in place?
- ☐ Do you welcome and encourage mothers and staff to breastfeed their own infants onsite at any time?
- ☐ Will you feed my baby when he/she is hungry by recognizing hunger and fullness (feeding cues), rather than on a strict schedule?
- ☐ Will my baby be held while being fed?
- ☐ Are you willing to hold off feeding right before I pick up my baby so I may breastfeed at home?
- ☐ Do you create/make a feeding plan for each infant with information from parents and are these plans adjusted to accommodate baby's needs?
- ☐ Will you keep a feeding log with times and amount of feedings and share it with me each day?
- ☐ Have all child care staff, volunteers, floaters and substitutes received training and follow proper handling and storing to meet breast milk requirements?

LOOK FOR THESE SIGNS OF AN ENVIRONMENT THAT SUPPORTS BREASTFEEDING:

- ☐ Breast milk handling and storing instructions are posted in the kitchen area.
- ☐ Breastfeeding space is comfortable, quiet and clean with a nearby outlet for pumping if needed.
- ☐ Ample refrigerator space is provided for your milk.
- ☐ Caregivers wash their hands before preparing and feeding infants and children.
- ☐ Posters & signs create a welcoming place for breastfeeding.

MORE RESOURCES

Supporting Breastfeeding in Child Care Training:
https://www.carecourses.com/Ecommerce/CourseDetail.aspx?ItemID=381

CDC Model Breastfeeding Policy:
https://www.cdc.gov/breastfeeding/pdf/strategy6-support-breastfeeding-early-care.pdf

Office on Women's Health:
https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/#3

Firstcandle.org
First Candle is a 501(c)3 committed to eliminating Sudden Infant Death Syndrome and other sleep-related infant deaths while providing bereavement support for families who have experienced a loss.

American Legion Child Welfare Foundation

Printing sponsored by American Legion Child Welfare Foundation

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QUESTIONS TO ASK BEFORE DECIDING WHO WILL CARE FOR YOUR BABY:

These questions are designed to identify safe sleep "best practices." All potential caregivers should be willing and able to respect and follow your parenting practices and routines you follow at home.

- ☐ Will the sleep space be an approved crib, play yard or other approved sleep surface?
- ☐ Will my child have his/her own sleep space that is the same each day?
- ☐ If my baby falls asleep in a swing, car seat or bouncy seat, since it is NOT a recommended sleep space, will he/she be moved to an approved sleep surface?
- ☐ Is the caregiver within sight and sound of my baby during sleep?
- ☐ Is the sleep area inspected before each sleep session and clear of toys and unnecessary blankets?
- ☐ Does the child caregiver have safe infant sleep policy/practices in place?
- ☐ Are all caregivers, including regular staff, volunteers, floaters and substitutes trained in and following safe infant sleep guidelines?

ALWAYS ASK TO SEE THE SLEEP AREA

Confirm that every sleep area follows these American Academy of Pediatrics (AAP) recommendations:

- ☐ Babies are always placed on their backs to sleep.
- ☐ Firm sleep surface, such as a mattress in a safety approved crib, play yard other sleep surface is covered by a fitted sheet with no other bedding.
- ☐ EMPTY CRIB - No soft objects, pillows, blankets, toys, bumper pads, bottles or any other items are in baby's sleep area.
- ☐ Babies are dressed appropriately for the room temperature, and not in clothes that could cause overheating.
- ☐ Nothing with ties such as bibs, pacifiers, cords or other attachments is on infants while sleeping.
- ☐ No products claiming to reduce the risk or prevent SIDS (such as wedges, positioners, or other products that claim to keep infants in a specific position) are in the sleep space.
- ☐ Posted safe sleep guidelines to remind all staff, volunteers, floaters and substitutes of these important practices.
- ☐ No electrical cords or window blind cords are near the crib where they can create a safety hazard.

MORE RESOURCES:

Find a child care provider by zip code: http://www.childcareaware.org/ccrr-search-form/

Consumer Product Safety Commission Recall List: https://www.cpsc.gov/Recalls

Firstcandle.org:

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- ☐ Do you have a breastfeeding policy in place?
- ☐ Do you welcome and encourage mothers and staff to breastfeed their own infants onsite at any time?
- ☐ Will you feed my baby when he/she is hungry by recognizing hunger and fullness (feeding cues), rather than on a strict schedule?
- ☐ Will my baby be held while being fed?
- ☐ Are you willing to hold off feeding right before I pick up my baby so I may breastfeed at home?
- ☐ Do you create/make a feeding plan for each infant with information from parents and are these plans adjusted to accommodate baby's needs?
- ☐ Will you keep a feeding log with times and amount of feedings and share it with me each day?
- ☐ Have all child care staff, volunteers, floaters and substitutes received training and follow proper handling and storing to meet breast milk requirements?

LOOK FOR THESE SIGNS OF AN ENVIRONMENT THAT SUPPORTS BREASTFEEDING:

- ☐ Breast milk handling and storing instructions are posted in the kitchen area.
- ☐ Breastfeeding space is comfortable, quiet and clean with a nearby outlet for pumping if needed.
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- ☐ Posters & signs create a welcoming place for breastfeeding.

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Office on Women's Health:
https://www.womenshealth.gov/breastfeeding/breastfeeding-home-work-and-public/breastfeeding-and-going-back-work/#3

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First Candle – Child Caregiver Safe Sleep Checklist

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Child Caregiver Safe Sleep Checklist

As you explore child care outside your home, bring this checklist with you. This guide will help you assess infant safe sleep as you decide who will care for your baby. Your child's "caregiver" is anyone who will be caring for your baby: child care centers, home child care, faith-based providers, friends, neighbors and family members.

QUESTIONS TO ASK BEFORE DECIDING WHO WILL CARE FOR YOUR BABY:

These questions are designed to identify safe sleep "best practices." All potential caregivers should be willing and able to respect and follow your parenting practices and routines you follow at home.

- ☐ Will the sleep space be an approved crib, play yard or other approved sleep surface?
- ☐ Will my child have his/her own sleep space that is the same each day?
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- ☐ Is the caregiver within sight and sound of my baby during sleep?
- ☐ Is the sleep area inspected before each sleep session and clear of toys and unnecessary blankets?
- ☐ Does the child caregiver have safe infant sleep policy/practices in place?
- ☐ Are all caregivers, including regular staff, volunteers, floaters and substitutes trained in and following safe infant sleep guidelines?

ALWAYS ASK TO SEE THE SLEEP AREA

Confirm that every sleep area follows these American Academy of Pediatrics (AAP) recommendations:

- ☐ Babies are always placed on their backs to sleep.
- ☐ Firm sleep surface, such as a mattress in a safety approved crib, play yard other sleep surface is covered by a fitted sheet with no other bedding.
- ☐ EMPTY CRIB - No soft objects, pillows, blankets, toys, bumper pads, bottles or any other items are in baby's sleep area.
- ☐ Babies are dressed appropriately for the room temperature, and not in clothes that could cause overheating.
- ☐ Nothing with ties such as bibs, pacifiers, cords or other attachments is on infants while sleeping.
- ☐ No products claiming to reduce the risk or prevent SIDS (such as wedges, positioners, or other products that claim to keep infants in a specific position) are in the sleep space.
- ☐ Posted safe sleep guidelines to remind all staff, volunteers, floaters and substitutes of these important practices.
- ☐ No electrical cords or window blind cords are near the crib where they can create a safety hazard.

MORE RESOURCES:

Find a child care provider by zip code: http://www.childcareaware.org/ccrr-search-form/

Consumer Product Safety Commission Recall List: https://www.cpsc.gov/Recalls

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American Legion Child Welfare Foundation

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First Candle – Safe Sleep Guidelines Infographic

First Candle – Sample Child Care Facility Policy

Our Safe Sleep Policy

Our policy follows the American Academy of Pediatrics (AAP) recommendations.

Our babies are placed on their backs to sleep for all sleep times in a safety approved crib, play yard or other approved sleep surface with a firm mattress covered by a tight-fitted sheet with no other bedding.

NOTHING BUT BABY will be in the crib, no soft objects, toys, pillows, blankets, bumper pads, or bottles.

Separate sleep surfaces will be provided and no co-bedding for twins and higher-order multiples.

To avoid overheating, babies are dressed appropriately for the sleep area temperature.

Nothing with ties such as bibs, pacifiers, cords or other attachments on infants while sleeping.

We do NOT allow babies to sleep in swings, bouncy seats or car seats, and they will be moved to approved sleep surface when they arrive.

Cribs will be placed away from window blind cords and electrical cords to avoid safety hazard.

We are a smoke free facility.

To learn more about reducing the risk of SIDS visit firstcandle.org

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American Legion Child Welfare Foundation

Missouri – Sample Infant Safe Sleep Policy for Child Care Facilities

SAMPLE
INFANT SAFE SLEEP POLICY

Facility Name: Facility DVN:

Date Adopted:

Purpose: The purpose of the Safe Sleep Policy is to maintain a safe sleep environment that reduces the risk of sudden infant death syndrome (SIDS) and sudden unexpected infant deaths (SUIDS) in children less than one year of age. Missouri law (§ 210.223.1, RSMo.) requires all licensed child care facilities that provide care for children less than one year of age to implement and maintain a written safe sleep policy in accordance with the most recent safe sleep recommendations of the American Academy of Pediatrics (AAP). Missouri child care licensing rules require licensed child care facilities to provide parent(s) and/or guardians(s) who have infants in care be provided a copy of the facility's safe sleep policy.

Sudden infant death syndrome is the sudden death of an infant less than one year of age that cannot be explained after a thorough investigation has been conducted, including a complete autopsy, an examination of the death scene, and a review of the clinical history.

Sudden unexpected infant death is the sudden and unexpected death of an infant less than one year of age in which the manner and cause of death are not immediately obvious prior to investigation. Causes of sudden unexpected infant death include, but are not limited to, metabolic disorders, hypothermia or hyperthermia, neglect or homicide, poisoning, and accidental suffocation.

Child care providers can maintain safer sleep environments for infants that help lower the chances of SIDS. Our goal is to take proactive steps to reduce the risk of SIDS in child care and to work with parents to keep infants safer while they sleep. To do so, this facility will practice the following safe sleep policy:

Safe Sleep Practices

1. Infants, less than one (1) year age, will always be placed on their backs to sleep. When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements. Caregivers will put the infant to sleep as specified in the written instructions.

2. When infants can easily turn from their stomachs to their backs and from their backs to their stomachs, they shall be initially placed on their backs, but shall be allowed to adopt whatever positions they prefer for sleep. The American Academy of Pediatrics recommends that infants are placed on their back to sleep, but when infants can easily turn over from their back to their stomach, they may adopt whatever position they prefer for sleep. We will follow this recommendation by the American Academy of Pediatrics.

3. Sleeping infants shall have a supervised nap/sleep period. The caregiver shall be positioned where he or she can hear and see the infant. The caregiver shall physically check on the infant frequently during napping or sleeping and shall remain in close proximity to the infant in order to hear and see them if they have difficulty during napping/sleeping or when they awaken.

4. Equipment such as a sound machine, that may interfere with the caregiver's ability to see or hear a child who may be distressed, is prohibited.

Rev (4/16)

Missouri – Sample Infant Safe Sleep Policy for Child Care Facilities

5. Steps will be taken to keep infants from overheating by regulating the room temperature, avoiding excess bedding, and not over-dressing or over-wrapping the infant. Infants should be dressed appropriately for the environment, with no more than one (1) layer more than an adult would wear to be comfortable in that environment. Caregivers will conduct physical checks of the infant to ensure the infant is not overheated or distressed.

6. The lighting in the room must allow the caregiver/teacher to see each infant's face, to view the color of the infant's skin, and to check on the infant's breathing and placement of the pacifier (if used).

7. All caregivers will receive in-person or online training on infant safe sleep based on AAP safe sleep recommendations. This training must be completed within 30 days of employment or volunteering and will be completed every three years.

Safe Sleep Environment

1. Room temperature will be kept at no less than 68°F and no more than 85°F when measured two feet from the floor. Infants are supervised to ensure they are not overheated or chilled.

2. Infants' heads and face will not be covered during sleep. Infants' cribs will not have blankets or bedding hanging on the sides of the crib. **We may use sleep clothing (i.e. sleep sack, sleepers) that is designed to keep an infant warm without the possible hazard of covering the head or face during sleep/nap time.**

3. No blankets, loose bedding, comforters, pillows, bumper pads, or any object that can increase the risk of entrapment, suffocation or strangulation will be used in cribs, playpens or other sleeping equipment.

4. Toys and stuffed animals will be removed from the crib when the infant is sleeping. **When indicated on the *Infant and Toddler Feeding and Care Plan* or with written parent consent, pacifiers will be allowed in infants' cribs while they sleep. The pacifier cannot have cords or attaching mechanisms.**

5. Only an individually-assigned safety-approved crib, portable crib, or playpen with a firm mattress and tight-fitting sheet will be used for infant napping or sleeping.

6. Only one infant may occupy a crib or playpen at one time.

7. Sitting devices such as car safety seats, strollers, swings, infant carriers, infant slings, and other sitting devices will not be used for sleep/nap time. Infants who fall asleep anywhere other than a crib, portable crib, or playpen must be placed in the crib or playpen for the remainder of their sleep or nap time.

8. No person shall smoke or otherwise use tobacco products in any area of the child care facility during the period of time when children cared for under the license are present.

9. Home monitors or commercial devices marketed to reduce the risk of Sudden Infant Death Syndrome (SIDS) shall not be used in place of supervision while children are napping and sleeping.

10. All parents/guardians of infants shall be informed of and given the facility's written Safe Sleep Policy at enrollment.

11. To promote healthy development, infants who are awake will be given supervised "tummy time" for exercise and for play.

Mothers & Babies Perinatal Network Cribs for Kids® Program – Registration Form

Mothers & Babies PERINATAL NETWORK

Cribs for Kids® Helping every baby sleep safer

Cribs for Kids® Program – Registration Form

Parent/Guardian's Name:_____ **DOB** _____

Other responsible adult's Name:_____ **DOB**_____

Baby's Name:_____ **Date of Birth:**_____ or **Baby's Due Date:**_____

Address: _____
Street City State Zip

Home Phone : _____ **Cell Phone :** _____

Health Insurance:_____

Partner Agency:_____ **Date:**_____

Contact Person:_____ **Telephone:**_____

Please CIRCLE the appropriate responses:

Mother's Race/Ethnicity Asian Black White Hispanic/Latina Other_____

Current Sleep Location: Adult Bed Car Seat Sofa Unsafe crib Bassinet
Other significant sleep risk? (Describe): _____

Current Sleep Position: Tummy Side Back

Environmental Smoke: None Mother smoked: During pregnancy After pregnancy
Identify location: inside home outside in car/truck
Others smoke: inside home outside in car/truck

Childcare: None Home-based Center-based Relatives/Friends

Infant Feeding: Breast milk breast & formula formula solids

Parent/Caregiver Request:

I_____ am asking for a Graco "Pack-N-Play" portable crib to use for my baby. I agree to attend the Safe Sleep education program. I will use the safe sleep tips to help keep my baby safe.

I understand that the information on this form will be kept confidential and will not be shared with any agency. The information will be used to plan education and programs to reduce risks to infants.

_____ _____
Parent/Guardian Signature Date

Mothers & Babies Perinatal Network
Cribs for Kids® Program – Registration Form

Mothers & Babies PERINATAL NETWORK

Cribs for Kids® Helping every baby sleep safer

Cribs for Kids ® Safe Sleep Education CHECKLIST

Parent/guardian's Name:_____

Other responsible person's Name: _____

Infant's Name: _____ **Birth/Due Date** _____

Address _____ **City**_____ **St.**____ **Zip:**_____

Partner Agency Name:_____

Home Vistor/Educator:_____

Phone:_____ **E-mail:**_____

Outline of safe sleep education: please check as you discuss each topic.	√
Explanation of SUDI/SIDs – leading cause of death among infants 2-4 months of age. Risks we cannot change. Risk we can change. Responsibility of parents in reducing risks. Safe Sleep makes a difference!	
Place baby on the back for sleep, face up, nothing covering the face. Explain why SIDS risk is higher when infant placed on stomach	
Room Share – Don't Bed Share	
Don't Sleep with baby on sofa, recliner, waterbed, bean bag, air mattress or soft mattress. Beware of accidentally falling asleep while holding the baby. (risks of wedging, rolling off, becoming trapped, blankets, adult/child roll over infant	
No pillows, soft toys, stuffed animals, bumpers in crib – use only firm mattress w/ tightly fitted crib sheet. Decorate the room, not the crib!	
Use of sleep sack or layer clothing. Do not overheat baby: best if room temperature is less than 70 degrees	
Explain the importance of discontinued use once the child reaches **30lbs., 35 inches or can climb out of the unit.**	
Emphasize the importance of supervised tummy time	
No smoking around infant or in infant's environment during pregnancy and after.	
Educate how to set up and use portable crib – emphasize locking crib.	
Breastfeeding education and support – good for mom and baby.	
Childcare away from home requires same safety as at home.	
Completion of Warranty Card	

_____ _____

Parent/Caregiver Date

_____ _____

Educator Date

Mothers & Babies Perinatal Network
Cribs for Kids® Program – Registration Form

Mothers & Babies
PERINATAL NETWORK

Cribs for Kids®
Helping every baby sleep safer

'Cribs for Kids'® Hold Harmless Agreement

The person whose name appears at the bottom of this Release as "Parent/Caregiver" has received a new portable crib provided through the the 'Cribs for Kids' program of M&BPN.

Parent/Caregiver acknowledges that it is her/his sole responsibility to complete and register the warranty and/or other material provided with the crib and to use the crib in accordance with the instructions provided by the manufacturer.

Parent/Caregiver hereby releases MOTHERS & BABIES PERINATAL NETWORK, Inc and ANY PARTNER AGENCIES. from any responsibility, claim or obligation with respect to the use of the portable crib by affirming: "In exchange for a Pack-N-Play portable baby crib, I agree to indemnify, defend and hold harmless MOTHERS & BABIES PERINATAL NETWORK, Inc. and, the Cribs for Kids program, and community partner agencies, as well as officers, agents and employees of the above from all claims or losses accruing or resulting to any person or organization who may claim to be injured or damaged as a result of acts or omissions involving the placement and/or use of the portable cribs provided within this 'Cribs for Kids' program."

_____ _____
Parent/Caregiver (print) Parent/Caregiver (signature)

_____ _____
Agency/Witness (print) Agency/ Witness (signature)

_____
Date

Mothers & Babies Perinatal Network
Cribs for Kids® Program – Registration Form

Mothers & Babies PERINATAL NETWORK

Cribs for Kids®
Helping every baby sleep safer

Safe Sleep Pledge

My baby is precious and depends on me for safe care day & night.

These are the things I will do to take special care of my baby:

I will always put my baby down to sleep or for a nap on her back, with his/ her face up.

I will keep soft things out of and away from her sleeping place...this means no blankets, quilts, pillows, soft toys, or bumper pads in the place where she sleeps.

I will never lay my baby down or sleep with my baby on a couch, soft mattress, waterbed, bean bag chair, or recliner.

I will be sure that my baby is safe from cigarette smoke in the house and the car.

I will tell others who take care of my baby about these safe ways to take care of my baby.

I so pledge _____
(parent/guardian signature)

Safe Keeper of _____
(name of infant)

Mothers & Babies Perinatal Network Cribs for Kids® Program – Registration Form

Mothers & Babies PERINATAL NETWORK

Cribs for Kids® Helping every baby sleep safer

Cribs for Kids® *Program Evaluation*
To be completed 90 days post crib distribution or upon discharge from program.

Please discuss with the caregiver and CIRCLE the response:

1 Are you using the Pack-N-Play every time your baby sleeps or naps?
Yes No Why? _____

2. Which way are you laying your baby down when he/she sleeps?
Back Side Stomach Other

3. Do you keep blankets, stuffed animals, and pillows, bumper pads **out** of the crib when baby is sleeping? Yes No

4. Do you ever put your baby on the sofa or bed **alone** (even for a few minutes)? Yes No

5. Do you ever sleep with your baby on a sofa, recliner, waterbed, beanbag chair, air mattress, or soft mattress? Yes No

6. Do you and/or other family/household members smoke while holding the baby or in the same room or car with the baby? Yes No

7. Have you discussed with your child care provider about putting your baby on his/her back for naps? Yes No N/A

8. Does your day care provider have a safe bed for your baby? Yes No N/A

9. Do you supervise you baby during "tummy time"? Yes No N/A

10. Was it helpful for your family to receive the portable crib for your baby? Do you have any comments about the Cribs for Kids program and safe sleep tips from your home visitor?

Date: _____

Parent/Caregiver: _____

Crib Received: _____

Evaluation Completed: _____

Reach CNY, Inc. – Cribs for Kids® Referral Form

REACH CNY

Cribs for Kids® Program Referral Form

****Please FAX this form to (315) 424-0190****
or email to cribsforkids@reachcny.org

Parent's/Guardian's Name: _____ **Mother's DOB**_____

Address: _____
Street City State ZIP

Home Phone Number: _____ **Cell Phone Number:** _____

Mother's Race: Caucasian African American/Black Other _____

Mother's Ethnicity: Hispanic Not Hispanic

Health Insurance: Medicaid Private Uninsured Ineligible Other_____

Primary Care Physician: Yes No

Infant DOB: _____ or **Estimated Due Date:** _____

Risk Factors

Current Sleep Location: Adult Bed Car Seat Sofa Unsafe crib Other_____ N/A

Current Sleep Position: Tummy Back Side N/A

Mother smoked: during pregnancy after pregnancy does not smoke

Others smoke in household: No Yes

If yes, identify location: inside home outside in car/truck

Other significant sleep risk: _____

Referring Agency: _____ **Date of Referral:** _____

Contact Person: _____ **Phone:** _____

Email: _____

Person other than parent(s) designated for crib pick-up _____

Referral sent via: Fax Email

Parent/Caregiver Consent: I agree to allow REACH CNY Inc. or a partner agency staff to contact me to deliver safe sleep education, determine eligibility and demonstrate how to set up a portable crib. I understand that the information on this form will be kept confidential.

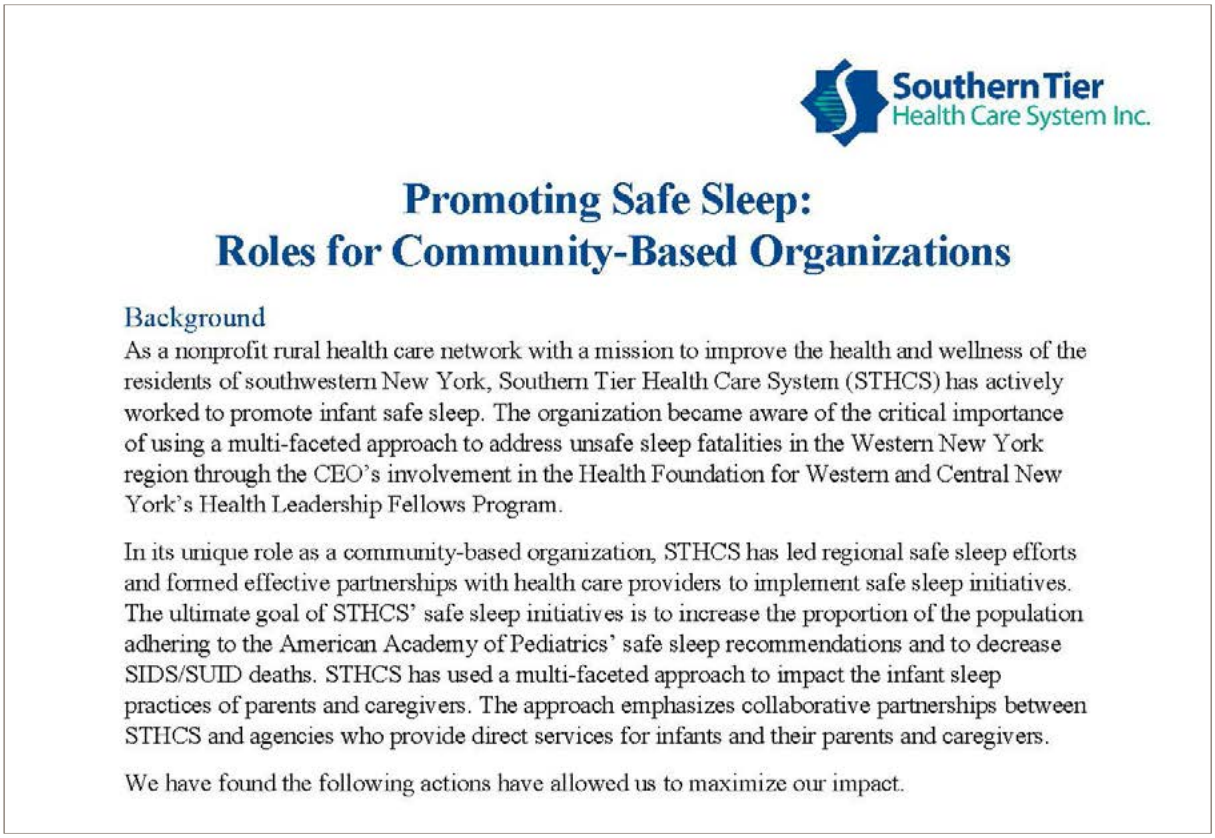
Parent/Guardian Signature_____ Date_____

Cribs for Kids®
Helping every baby sleep safer

Southern Tier Health Care System, Inc. – Promoting Safe Sleep: Roles for Community-based Organizations

SOUTHERN TIER HEALTH CARE SYSTEM

Our agency has done a lot of work to promote safe sleep in our region. The first document included here is an overview of the steps that our organization has taken as a community-based organization to lead safe sleep efforts in the region. The second is a copy of the safe sleep policy that was adopted by Olean General Hospital following their participation in the OCFS Hospital Safe Sleep Project as they worked to achieve Cribs for Kids Safe Sleep Hospital Certification at the gold level. The last document is a set of visuals that our agency uses when educating parents about the ABCs of safe sleep. Especially when we are having conversations about recommendations such as room sharing or use of sleep sacks to reduce the risk of loose blankets, we find it helpful to have clear visuals to refer to.



Southern Tier Health Care System Inc.

Promoting Safe Sleep:
Roles for Community-Based Organizations

Background

As a nonprofit rural health care network with a mission to improve the health and wellness of the residents of southwestern New York, Southern Tier Health Care System (STHCS) has actively worked to promote infant safe sleep. The organization became aware of the critical importance of using a multi-faceted approach to address unsafe sleep fatalities in the Western New York region through the CEO's involvement in the Health Foundation for Western and Central New York's Health Leadership Fellows Program.

In its unique role as a community-based organization, STHCS has led regional safe sleep efforts and formed effective partnerships with health care providers to implement safe sleep initiatives. The ultimate goal of STHCS' safe sleep initiatives is to increase the proportion of the population adhering to the American Academy of Pediatrics' safe sleep recommendations and to decrease SIDS/SUID deaths. STHCS has used a multi-faceted approach to impact the infant sleep practices of parents and caregivers. The approach emphasizes collaborative partnerships between STHCS and agencies who provide direct services for infants and their parents and caregivers.

We have found the following actions have allowed us to maximize our impact.

Southern Tier Health Care System, Inc. – Promoting Safe Sleep: Roles for Community-based Organizations

Southern Tier Health Care System Inc.

Become a Cribs for Kids Partner

- To help low-income parents without the means to create a safe sleep environment for their newborns, Southern Tier Health Care System became a Cribs for Kids Partner in February of 2016. Cribs for Kids, a national organization dedicated to safe sleep, works to prevent infant deaths by educating parents and caregivers on the importance of practicing safe sleep and by providing portable cribs to families who cannot afford to create a safe place for their babies to sleep. Since the Cribs for Kids program at STHCS began, the program has trained over 400 parents and caregivers in the ABCs of safe sleep and provided over 300 portable cribs to low income families. This is a keystone of STHCS' safe sleep initiatives. It allows STHCS as a community-based organization to stay actively involved in providing solutions and engaging in concrete action to support its partners.
- Provide robust, individualized training to families that receive a free portable crib through the Cribs for Kids program. Staff who provide cribs to parents and caregivers must engage the recipients in conversation-based education in a non-judgmental manner. Parents should have ample time and opportunity to ask questions, express concerns and learn how they can control the risk factors for SIDS and SUID.

Involve providers of prenatal and postnatal care and other organizations

- Train professionals such as pediatricians, OB/GYNs, nurses, community health workers to provide both a consistent safe sleep message and appropriate role modeling for parents and caregivers.
- Build a team of safe sleep ambassadors including agencies such as the county Departments of Social Services, WIC programs, crisis pregnancy centers, pediatricians, maternal infant health programs and others to ensure consistent multi-level messaging. Safe sleep ambassadors commit to providing safe sleep education, asking parents and caregivers about infant sleep practices and ensuring that parents and caregivers have a plan to keep their babies safe during sleep. This is an essential piece of the program. Having a broad base of safe sleep ambassadors who serve as champions ensures that safe sleep messaging has a broad reach. The use of ambassadors also acknowledges that parents and caregivers are more receptive to recommendations and guidance in the context of a trusting relationship. Individual conversations with safe sleep ambassadors are often much more effective than broad advertising or marketing campaigns.
- Connect agencies with a Cribs for Kids program to empower workers who are interfacing with parents and caregivers to ask about safe sleep. Sometimes a worker may be hesitant to ask about safe sleep if they will be unable to assist the parent or caregiver if they disclose unsafe sleep plans. When the worker is confident that a local Cribs for Kids partner will be able to assist by providing a free portable crib, the worker can ask about safe sleep, knowing they can help solve the problem if the parents do not have an established plan or place for infant sleep.
- Recruit agencies who provide care at different times during the prenatal and postnatal period to be safe sleep ambassadors. This ensures that parents have multiple opportunities to hear a consistent safe sleep message. It also recognizes the fact that parents may not have specific safe sleep questions until after the baby is born and they are faced with a particular challenge or situation.

Southern Tier Health Care System, Inc. – Promoting Safe Sleep: Roles for Community-based Organizations

Southern Tier Health Care System Inc.

Involve hospitals in a leadership role

- Provide technical assistance to help hospitals achieve Cribs for Kids Safe Sleep Hospital Certification, which requires the hospitals to implement a safe sleep policy, provide education for staff and new parents, model no loose blankets in the crib, conduct safe sleep audits in the nursery and provide community outreach. This voluntary certification establishes a strong commitment on the part of the hospital to actively promote safe sleep. Additional information about Cribs for Kids Hospital Certification is available from Cribs for Kids.
- Assist hospitals to utilize the Halo® In-Hospital SleepSack Program, which provides free SleepSack wearable blankets so hospitals can replace traditional blankets and model no loose blankets in the crib. A community-based organization can also assist by covering nominal shipping costs to ensure that the program is truly at no cost to the hospital.
- Partner with nurses in maternity and pediatric units in hospitals, who are already providing education about abusive head trauma, to provide safe sleep education. Work with nurses to make sure the information is comprehensive, but also easily communicated given the limited time and complex demands placed on nurses providing care.

Evaluate the results of the safe sleep initiatives

- STHCS conducts follow-up surveys with participants of the Cribs for Kids program in which respondents report their knowledge, attitudes, intentions, and behaviors regarding infant safe sleep. The follow-up surveys also allow an opportunity for reeducation, if needed.
- Monitor and evaluate local SUID/SIDS death data to determine which aspects of the intervention are helpful and what risk factors need increased emphasis in subsequent education efforts with parents.
- Despite the challenges and limitations of evaluating prevention efforts, if an intervention is effective at increasing the proportion of the population adhering to safe sleep recommendations and decreasing in SIDS/SUID deaths, there is a greater likelihood of sustainability.

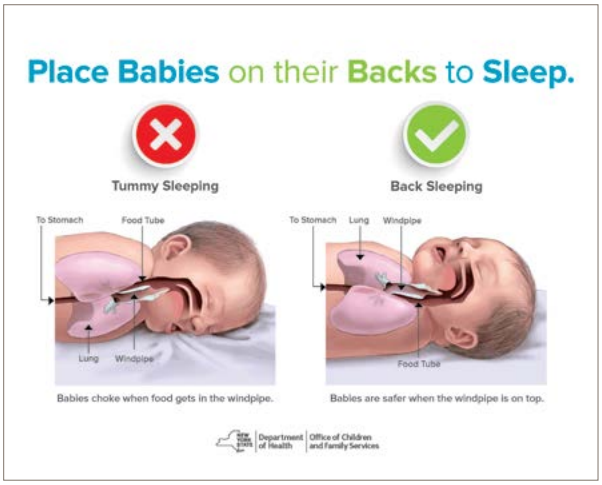
Maintain ongoing safe sleep messaging

- Social media and marketing campaigns help keep images of safe sleep environments fresh in the minds of parents and caregivers. By placing safe sleep messaging in strategic places, marketing can combat some of the misconceptions held by the public about infant sleep. Safe sleep ambassadors should be included as partners in messaging campaigns.

Conclusion

None of STHCS' safe sleep initiatives stand alone and the success of the initiatives are wholly dependent on partnerships between agencies who all share the goal of preventing infant fatalities due to unsafe sleep. These partnerships create layers of intervention and help ensure that few, if any, parents are unaware of the ABCs of safe sleep and the risks of surface sharing. As a community-based organization, we have been able to lead and coordinate safe sleep efforts in the region and create a consistent message for our partners to effectively promote safe sleep.

Southern Tier Health Care System, Inc. – Training Visuals



Tobacco Cessation

Caregiver Educational Messages

If you're pregnant and you smoke, your baby shares every cigarette with you. One cigarette a day while you're pregnant doubles your baby's risk of dying from sudden unexpected infant death (SUID). Quitting smoking is one of the best things you can do for your baby.

NYSDOH Smoking Cessation and Pregnancy Campaign:
https://www.health.ny.gov/community/pregnancy/smoking_cessation_campaign/

If you are pregnant or plan on getting pregnant, and you smoke, talk to your healthcare provider about quitting. Get the facts about smoking and pregnancy. Get prepared to quit for two.

https://women.smokefree.gov/pregnancy-motherhood/quitting-while-pregnant

Never smoke in a home with babies, young children, or pregnant women. Smoke in the home makes it harder for babies to breathe well. Smoking also increases a baby's risk of dying from sudden unexpected infant death (SUID).

www.health.ny.gov/safesleep

Quitting can be hard - but if you're pregnant, quitting all forms of tobacco products, including e-cigarettes, is best for you and your baby. Get the facts about e-cigarettes and pregnancy.

CDC E-Cigarettes and Pregnancy:
https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/e-cigarettes-pregnancy.htm

One cigarette a day while you're pregnant doubles your baby's risk of dying from sudden unexpected infant death (SUID). Being smoke free can help your child reach his or her first birthday.

www.health.ny.gov/safesleep

To get more help, call the New York State Smokers' Quitline at 1-866-NY-QUITS (1-866-697-8487) or visit www.nysmokefree.com. It's free and confidential.

NEW YORK STATE Department of Health

New York State nyspQc Perinatal Quality Collaborative

BACK TO START OF TOOLKIT
BACK TO START OF SECTION

Tobacco Cessation

Related Links:

· NYS Smokers' Quitline: https://www.nysmokefree.com/

· NIH website specifically addressing women's experiences as they become smokefree: https://women.smokefree.gov/

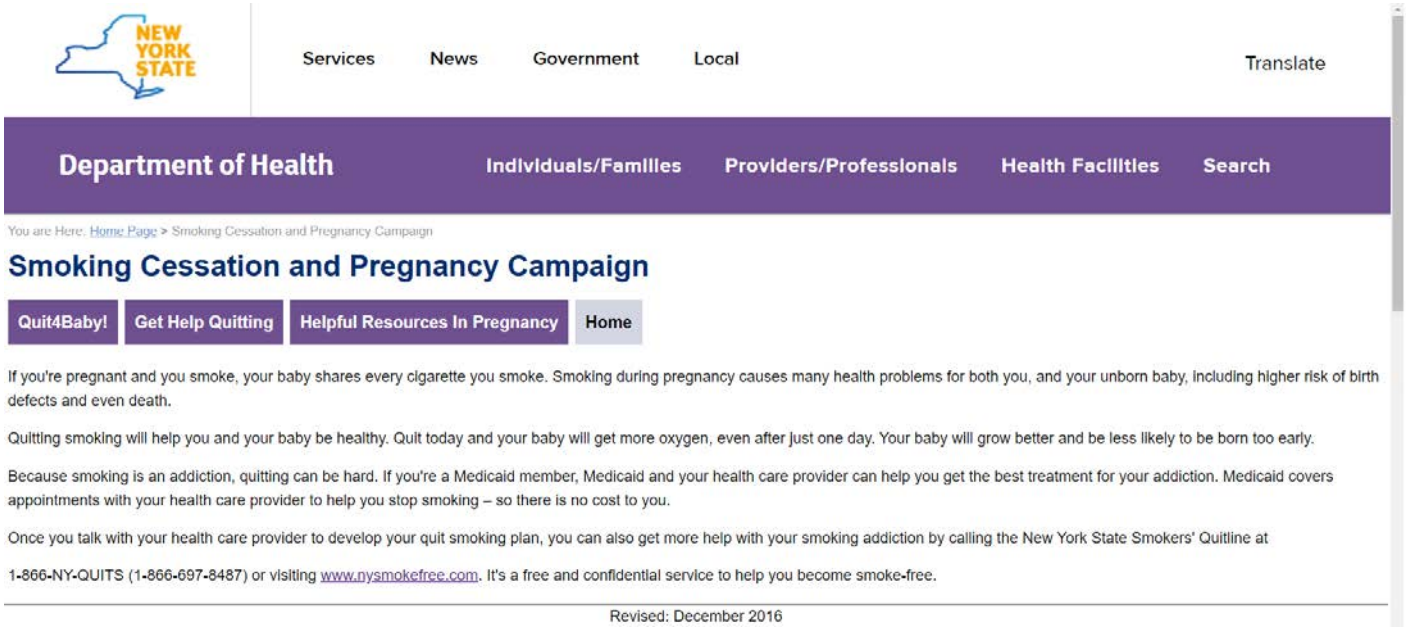
· Smoke-free MOM text message program: https://women.smokefree.gov/tools-tips-women/text-programs/smokefreemom

· NYSDOH Smoking Cessation and Pregnancy Campaign: https://www.health.ny.gov/community/pregnancy/smoking_cessation_campaign/

· CDC E-Cigarettes and Pregnancy: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/e-cigarettes-pregnancy.htm

Tobacco Cessation

NYSDOH Smoking Cessation and Pregnancy Campaign



NEW YORK STATE

Services News Government Local Translate

Department of Health Individuals/Families Providers/Professionals Health Facilities Search

You are Here: Home Page > Smoking Cessation and Pregnancy Campaign

Smoking Cessation and Pregnancy Campaign

Quit4Baby! | Get Help Quitting | Helpful Resources In Pregnancy | Home

If you're pregnant and you smoke, your baby shares every cigarette you smoke. Smoking during pregnancy causes many health problems for both you, and your unborn baby, including higher risk of birth defects and even death.

Quitting smoking will help you and your baby be healthy. Quit today and your baby will get more oxygen, even after just one day. Your baby will grow better and be less likely to be born too early.

Because smoking is an addiction, quitting can be hard. If you're a Medicaid member, Medicaid and your health care provider can help you get the best treatment for your addiction. Medicaid covers appointments with your health care provider to help you stop smoking – so there is no cost to you.

Once you talk with your health care provider to develop your quit smoking plan, you can also get more help with your smoking addiction by calling the New York State Smokers' Quitline at 1-866-NY-QUITS (1-866-697-8487) or visiting www.nysmokefree.com. It's a free and confidential service to help you become smoke-free.

Revised: December 2016

https://www.health.ny.gov/community/pregnancy/smoking_cessation_campaign/

7

Data Collection Tools

Contents Click on titles/page numbers to go to directly to each section

Introduction from the NYSPQC Data Team

Data and quality improvement tools are important components of the NYSPQC model. The tools provided in this section and Section 3: Quality Improvement Tools allow data to be consistently collected and analyzed across hospitals and organizations to facilitate your team's learning. Using monthly data to evaluate the improvements your team makes on processes and outcomes is important to know if the changes your team tests and implements result in progress towards your aim.

The data collection tools for the NYSPQC Safe Sleep Project were developed with the help of the NYSPQC Neonatal Clinical Expert Workgroup. The measures and caregiver survey for the community-based NYS Safe Sleep IM CoIIN were developed in collaboration with the national Safe Sleep IM CoIIN led by NICHQ. These tools have been vetted and updated throughout the project and modified as facilities expressed the need for changes. The data tools in this section were used by participating hospitals and organizations to achieve desired goals. Additional data collection and quality improvement tools can be found on the NYSPQC website: www.nyspqc.org.

NYSPQC Safe Sleep Project Data Tools

Data Collection and Overview Tools

New York State Perinatal Quality Collaborative

Safe Sleep Project

Data Collection Overview and Tools

Revised October 28, 2015

Division of Family Health
New York State Department of Health

New York State nyspQc Perinatal Quality Collaborative

NYSPQC Safe Sleep Project Data Tools

Project Measures

New York State nyspQc Perinatal Quality Collaborative

NYSPQC Safe Sleep Project Measures

Sampling is allowed for all measures, with a required minimum sample size of at least 20. Hospitals with fewer than 20 births per month are required to submit data on 100% of their population.

1. Percent of medical records with documentation of safe sleep education (from data collected on Form 1. Documentation of Safe Sleep Education)

Measure 1 = $\frac{\text{Number of medical records with documentation of safe sleep education}}{\text{Number of medical records reviewed}}$

2. Percent of infants, sleeping or awake and unattended in crib, in a safe sleep environment (from data collected on Form 2. Crib Check Tool)

Measure 2 = $\frac{\text{Number of infants, sleeping or awake and unattended in crib, positioned supine, in safe clothing, with head of crib flat and crib free of objects}}{\text{Number of cribs audited}}$

Measure 2a = $\frac{\text{Number of infants, sleeping or awake and unattended in crib, positioned supine}}{\text{Number of cribs audited}}$

Measure 2b = $\frac{\text{Number of infants, sleeping or awake and unattended in crib, in a sleep sack, swaddled, or in safe clothing}}{\text{Number of cribs audited}}$

Measure 2c = $\frac{\text{Number of infants, sleeping or awake and unattended in crib, with the head of crib flat}}{\text{Number of cribs audited}}$

Measure 2d = $\frac{\text{Number of infants, sleeping or awake and unattended in crib, with the crib free of objects}}{\text{Number of cribs audited}}$

3. Percent of caregivers who reported they received information on how to put their baby to sleep safely (from data collected on Form 3. Caregiver Survey)

Measure 3 = $\frac{\text{Number of caregivers who responded "Yes" when asked if they received information on how to put their baby to sleep safely}}{\text{Number of completed surveys}}$

Revised: December 9, 2015

NYSPQC Safe Sleep Project Data Tools

Project Measures

New York State nyspQc Perinatal Quality Collaborative

4. Percent of primary caregivers indicating they understand safe sleep practices (from data collected on Form 3. Caregiver Survey)

Measure 4 = $\frac{\text{Number of primary caregivers indicating they understand safe sleep practices (indicating infant should be alone, on back, in crib, without items in the crib)}}{\text{Number of caregivers who reported they received information on how to put their baby to sleep safely}}$

Measure 4a = $\frac{\text{Number of primary caregivers indicating baby should be put to sleep alone (not in bed with adults or other children)}}{\text{Number of caregivers who reported they received information on how to put their baby to sleep safely}}$

Measure 4b = $\frac{\text{Number of primary caregivers indicating baby should be put to sleep on his/her back}}{\text{Number of caregivers who reported they received information on how to put their baby to sleep safely}}$

Measure 4c = $\frac{\text{Number of primary caregivers indicating baby should be put to sleep in a crib, bassinet or portable crib}}{\text{Number of caregivers who reported they received information on how to put their baby to sleep safely}}$

Measure 4d = $\frac{\text{Number of primary caregivers indicating baby should be put to sleep without items in the crib (i.e., blankets, toys, bumpers, pillows, sleep positioners, etc.)}}{\text{Number of caregivers who reported they received information on how to put their baby to sleep safely}}$

Measure 4e = $\frac{\text{Number of primary caregivers indicating they do not understand safe sleep practices}}{\text{Number of caregivers who reported they received information on how to put their baby to sleep safely}}$

5. Percent of caregivers indicating they plan to practice safe sleep (from data collected on Form 3. Caregiver Survey)

Measure 5 = $\frac{\text{Number of primary caregivers indicating they are "very likely" or "somewhat likely" to practice safe sleep with their infant}}{\text{Number of completed surveys}}$

Revised: December 9, 2015

NYSPQC Safe Sleep Project Data Tools

Documentation of Safe Sleep Education - Form

New York State nyspQc Perinatal Quality Collaborative

NYSPQC Safe Sleep Project
Form 1. Documentation of Safe Sleep Education Form

Instructions: Each month, review medical records of mothers or infants for documentation of safe sleep education for those discharged home during the month.		
Month and Year of Discharge:		
Numerator	Number of medical records reviewed for either mothers or infants discharged home following birth hospitalization **with** documentation of safe sleep education	
Denominator	Number of medical records reviewed for either mothers or infants discharged home following birth hospitalization	

Questions can be directed to NYSPQC@health.ny.gov.

For more information, visit www.NYSPQC.org.

Revised: 9/14/2015

NYSPQC Safe Sleep Project Data Tools

Documentation of Safe Sleep Education - Log

NYSPQC Safe Sleep Project

Form 1a. Documentation of Safe Sleep Education Log

Instructions: Each month, review medical records of mothers or infants for documentation of safe sleep education for those discharged home during the month.

For each month of data collection, enter below the medical record number, mark if the record reviewed was from the mother or infant, and if there was documentation of safe sleep education in the medical record.

Once all data is completed, enter the aggregate total into the aggregate data collection tool and submit aggregate totals to the NYSPQC. This data collection tool is optional for internal purposes only, and will not be submitted to the NYSPQC.

Month and Year of Discharge:

Medical Record Number	Medical Record of:		Was there documentation of safe sleep education in the medical record? (Y/N)	Reviewer Initials
	Mother	Infant		
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

Questions can be directed to NYSPQC@health.ny.gov.

For more information, visit www.NYSPQC.org.

Revised: 9/14/2015

NYSPQC Safe Sleep Project Data Tools

Crib Check Tool

NYSPQC Safe Sleep Project
Form 2. Crib Check Tool

Instructions: Each month, review the cribs of at least 20 infants without medical contraindications for safe sleep. **Only check infants who are in their crib and either asleep, or awake-and-unattended*.**

1. Year:_____ 2. Month:_____

Sequence Number	3. Unit (e.g., Rooming-in, Well Baby Nursery, Step Down Unit, NICU, etc.)	4. Infant Positioned Supine Y or N	5. Infant in Sleep Sack / Swaddled / Safe Clothing Y or N	6. Head of Crib Flat Y or N	7. Crib Free of Objects Y or N	Initials of Reviewer†
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

*Infants should be counted as awake-and-unattended if the parent/caregiver is not actively engaged with the infant.

†This field is for internal purposes only, information will not be collected by the NYSPQC.

For more information, visit www.NYSPQC.org.

Revised: 9/14/15

NYSPQC Safe Sleep Project Data Tools

Caregiver Surveys

Caregiver Survey (English)

Medical Record Number (for facility use only): _____

Sequence Number: _____
System ID: _____

New York State nyspQc Perinatal Quality Collaborative

NYSPQC Safe Sleep Project
Form 3. Caregiver Survey

Instructions: This is an anonymous, voluntary survey that is intended to help us improve our hospital's education for caregivers (parents, guardians, etc.). Please complete to the best of your ability.

For hospitals where the caregiver is completing the survey independently, it may be helpful for a staff member to complete questions 1 through 4.

1. **Where is the baby being discharged from (select one):**
   - ☐ Rooming-in mother's room
   - ☐ Well Baby Nursery
   - ☐ Step Down Unit
   - ☐ Neonatal Intensive Care (NICU)
   - ☐ Other, please specify: _____

2. **Who is completing the survey (select one):**
   - ☐ A parent/caregiver is completing this survey independently
   - ☐ A staff member is administering this survey to the parent/caregiver

3. **Date of Safe Sleep Education (MM/DD/YYYY):** _____

4. **Date of Survey (MM/DD/YYYY):** _____

5. **Caregiver's Race (select all that apply):**
   - ☐ White/Caucasian
   - ☐ Black or African American
   - ☐ American Indian or Alaska Native
   - ☐ Asian or Pacific Islander
   - ☐ Not reported
   - ☐ Other

6. **Caregiver's Ethnicity (select one):**
   - ☐ Hispanic
   - ☐ Not Hispanic
   - ☐ Not reported

7. **Caregiver's Insurance Status (select all that apply):**
   - ☐ Private health insurance
   - ☐ Medicaid or other public insurance
   - ☐ TRICARE or other military health care
   - ☐ No health insurance
   - ☐ Not reported
   - ☐ Other, please specify: _____

Revised: 10/27/2015

NYSPQC Safe Sleep Project Data Tools

Caregiver Surveys

Caregiver Survey (English)

Medical Record Number (for facility use only): _____

Sequence Number: _____
System ID: _____

8. Who is the person taking the survey? (select one)

- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Aunt/Uncle
- ☐ Foster Parent
- ☐ Other, please specify: _____

9. Caregiver's Age: _____years

10. Caregiver's Highest Level of Education (select one):

- ☐ Less than high school
- ☐ High school graduate
- ☐ More than high school

11. During the infant's hospital stay, did you receive information on how to put your baby to sleep safely? (select one)

- ☐ Yes
- ☐ No
- ☐ I don't know

12. If you answered "Yes" to question 11, how should you put your baby to sleep safely? (select all that apply). If you did not answer "Yes" to question 11, please skip this question.

- ☐ Alone (not in bed with adults or other children)
- ☐ On his/her back
- ☐ In a crib, bassinet or portable crib (pack and play)
- ☐ Without items in the crib (i.e., blanket, toys, bumpers, pillows, sleep positioners, etc.)
- ☐ I don't know

13. How likely are you to practice safe sleep with your infant? (select one)

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Neutral
- ☐ Not very likely
- ☐ Not at all likely

14. Are there things that would keep you from practicing safe sleep? (select all that apply)

- ☐ No
- ☐ I don't have a crib, bassinet or portable crib (pack and play)
- ☐ I don't have space in the home for a crib, bassinet or portable crib
- ☐ I don't think that it is important
- ☐ I don't believe in it
- ☐ I believe in a family bed
- ☐ I need more information
- ☐ Other, please specify: _____

ST. MARY'S HEALTHCARE AMSTERDAM

Safe sleep Caregiver Survey:The surveys help us to recognize when a parent is in need of additional education prior to discharge. We have a 95% rate of parents who understand safe sleep. 5% are parents that are unwilling to adopt the practices.

NYSPQC Safe Sleep Project Data Tools

Caregiver Surveys

Caregiver Survey (Spanish)

Sequence Number: _____
System ID: _____

New York State nyspQc Perinatal Quality Collaborative

Proyecto Sueño sin riesgos del NYSPQC
Formulario 3. Encuesta a cuidadores

Instrucciones:
Esta es una encuesta anónima y voluntaria cuyo objetivo es ayudarnos a mejorar la educación que nuestro hospital brinda a quienes tienen a su cargo el cuidado de un bebé (padres, tutores, etc.). Complétela lo mejor que pueda.

1. **¿Dónde estuvo el bebé antes de que le dieran el alta?**
   - ☐ La misma habitación que la madre
   - ☐ Unidad de Recién Nacidos Sanos
   - ☐ Unidad de Terapia Intermedia
   - ☐ Unidad de Cuidados Intensivos Neonatalas (Neonatal Intensive Care Unit, NICU)
   - ☐ Otro lugar (especifique): _____

2. **¿Quién completa la encuesta?**
   - ☐ Uno de los padres/un cuidador completa esta encuesta por su cuenta
   - ☐ Un miembro del personal la completa por los padres/el cuidador

3. **Fecha de la capacitación sobre sueño sin riesgos:** _____

4. **Fecha de la encuesta:** _____

5. **Raza del cuidador (elija todas las opciones que correspondan):**
   - ☐ Blanco/caucásico
   - ☐ Negro o afroamericano
   - ☐ Indígena de los EE. UU. o nativo de Alaska
   - ☐ Asiático o habitante de las islas del Pacífico
   - ☐ No contesta
   - ☐ Otra

6. **Origen étnico del cuidador:**
   - ☐ Hispano
   - ☐ No hispano
   - ☐ No contesta

7. **Seguro del cuidador:**
   - ☐ Seguro médico privado
   - ☐ Medicaid u otro seguro público
   - ☐ TRICARE u otro programa de atención médica para militares
   - ☐ No tiene seguro médico
   - ☐ No contesta
   - ☐ Otro (especifique): _____

Revised: 9/14/2015

NYSPQC Safe Sleep Project Data Tools

Caregiver Surveys

Caregiver Survey (Spanish)

Sequence Number: _____
System ID: _____

8. Relación del cuidador con el bebé:

- ☐ Madre
- ☐ Padre
- ☐ Abuelo/a
- ☐ Tía/tío
- ☐ Padre/madre de acogida
- ☐ Otro (especifique): _____

9. Edad del cuidador: _____

10. Máximo nivel de educación del cuidador:

- ☐ Educación inferior a la secundaria
- ☐ Educación secundaria completa
- ☐ Educación superior a la secundaria

11. Durante la permanencia del bebé en el hospital, ¿usted recibió información sobre cómo dormir a su bebé?

- ☐ Sí
- ☐ No
- ☐ No sé

12. Si respondió "Sí" a la pregunta 11, ¿cómo debe dormir a su bebé? (Marque todas las opciones que correspondan). Si no respondió "Sí" a la pregunta 11, saltee esta pregunta.

- ☐ Solo (no en la cama con adultos ni otros niños)
- ☐ Boca arriba
- ☐ En su cuna, moisés o en una cuna portátil (practicuna)
- ☐ Sin ningún objeto en la cuna (p. ej., mantas, juguetes, protectores, almohadas, cojines posicionadores, etc.)
- ☐ No sé

13. ¿Qué tan probable es que usted implemente las pautas de sueño sin riesgos con su bebé?

- ☐ Muy probable
- ☐ Probable
- ☐ Ni probable ni improbable
- ☐ No muy probable
- ☐ Improbable

14. ¿Hay algo que le impida implementar las pautas de sueño sin riesgos? (Marque todas las opciones que correspondan).

- ☐ No
- ☐ No tengo cuna, moisés ni cuna portátil (practicuna)
- ☐ En mi casa no tengo espacio para una cuna, un moisés ni una cuna portátil
- ☐ No creo que eso sea importante
- ☐ No creo en eso
- ☐ Creo en la cama familiar
- ☐ Necesito más información
- ☐ Otro (especifique): _____

Revised: 9/14/2015

NYSPQC Safe Sleep Project Data Tools

Sustain Measure Tools

Sustain Tool

Description: Modeling infant safe sleep during the birth hospitalization is essential to educating parents on the behaviors that should be practiced in the home environment. As a means of assessing ongoing improvement and sustainment of infant safe sleep practices, the NYSPQC continued data collection for one project measure beyond the project period, from August 2017 to October 2018. This project measure was related to the Crib Check Tool, and was the percent of infants, sleeping or awake-and-unattended in crib, in a safe sleep environment.

ALICE HYDE MEDICAL CENTER

Over the course of the NYSPQC Safe Sleep Project, our safe sleep data results have improved. We learned that many parents were not aware that safe sleep is more than putting the baby on their back to sleep. **The data we collected showed us where we needed to improve to ensure that safe sleep practices were a priority in parent education.** Using the NYSDOH **s**afe **s**leep resources to educate parents through this project has improved understanding of safe sleep practices.

WHITE PLAINS HOSPITAL

Our nursing staff as well as support staff are hardwired in educating their patients about safe sleep practices. The safety handout, as well as the safety poster, are part of the admission process and used during rounds. We have added a safe sleep education check box in the teaching record to ensure consistent documentation is taking place daily as well as on discharge. **During staff meetings, staff are informed about our monthly safe sleep data results and it is posted on our unit display board.**

NYSPQC Safe Sleep Project Data Tools

Sustain Measure Tools

Sustain Measure Aggregate Data Collection Tool

New York State Perinatal Quality Collaborative Safe Sleep Project
ATTACHMENT 1 - Safe Sleep Sustain Measure Aggregate Data Collection Tool

Instructions: Each month, review the cribs of at least 20 infants without medical contraindications for safe sleep. **Only audit the sleeping environment of infants who are in their cribs, and either asleep or awake-and-unattended*.** Please provide aggregate numbers, as applicable, for each unit where an audit occurred, as shown below (well-baby, rooming-in, stepdown, NICU). The number of audits should total to at least 20 cribs audited per month. This form is used to collect aggregate data to be submitted via the NYSDOH Health Commerce System.

Year: _____ Month:_____

Total

Total Number of Cribs Audited in ALL UNITS	

Well-baby Unit

Total Number of Cribs Audited	
Total Number of Infants in a Safe Sleep Environment**	
Number of Infants Positioned Supine	
Number of Infants in Sleep Sack / Swaddled / Safe Clothing	
Number of Infants with the Head of Crib Flat	
Number of Infants with the Crib Free of Objects	

Rooming-in

Total Number of Cribs Audited	
Total Number of Infants in a Safe Sleep Environment**	
Number of Infants Positioned Supine	
Number of Infants in Sleep Sack / Swaddled / Safe Clothing	
Number of Infants with the Head of Crib Flat	
Number of Infants with the Crib Free of Objects	

Stepdown Unit

Total Number of Cribs Audited	
Total Number of Infants in a Safe Sleep Environment**	
Number of Infants Positioned Supine	
Number of Infants in Sleep Sack / Swaddled / Safe Clothing	
Number of Infants with the Head of Crib Flat	
Number of Infants with the Crib Free of Objects	

Neonatal Intensive Care Unit (NICU)

Total Number of Cribs Audited	
Total Number of Infants in a Safe Sleep Environment**	
Number of Infants Positioned Supine	
Number of Infants in Sleep Sack / Swaddled / Safe Clothing	
Number of Infants with the Head of Crib Flat	
Number of Infants with the Crib Free of Objects	

*Infants should be counted as awake-and-unattended if the parent/caregiver is not actively engaged with the infant.
**Safe sleep environment is defined as meeting all four components of safe sleep (supine, safe clothing, head of crib flat, crib free of objects).

Revised: August 31, 2017

NYSPQC Safe Sleep Project Data Tools

Sustain Measure Tools

Sustain Measure Individual Data Collection Worksheet

New York State Perinatal Quality Collaborative Safe Sleep Project
ATTACHMENT 2 - Safe Sleep Sustain Measure Individual Data Collection Excel Worksheet

Instructions: Each month, review the cribs of at least 20 infants without medical contraindications for safe sleep. **Only audit the sleeping environment of infants who are in their cribs, and either asleep or awake-and-unattended*.** Enter the information below for each infant audited. For the unit type, select the unit where the audit occurred from the dropdown list of options (well-baby, rooming-in, stepdown, NICU). For each component of safe sleep, either select from the dropdown box or enter "Y" or "N". The total number of infants in a safe sleep environment will automatically populate with a "Y" if all four components of safe sleep occurred. If one or more of the safe sleep components did not occur, the "In a Safe Sleep Environment" column will remain blank. Please note, the totals by unit will automatically populate at the bottom. Once data collection for the month is complete, report the totals in the "NYSPQC Safe Sleep Sustain Measure Form" on the NYSDOH Health Commerce System.

Year: Month:

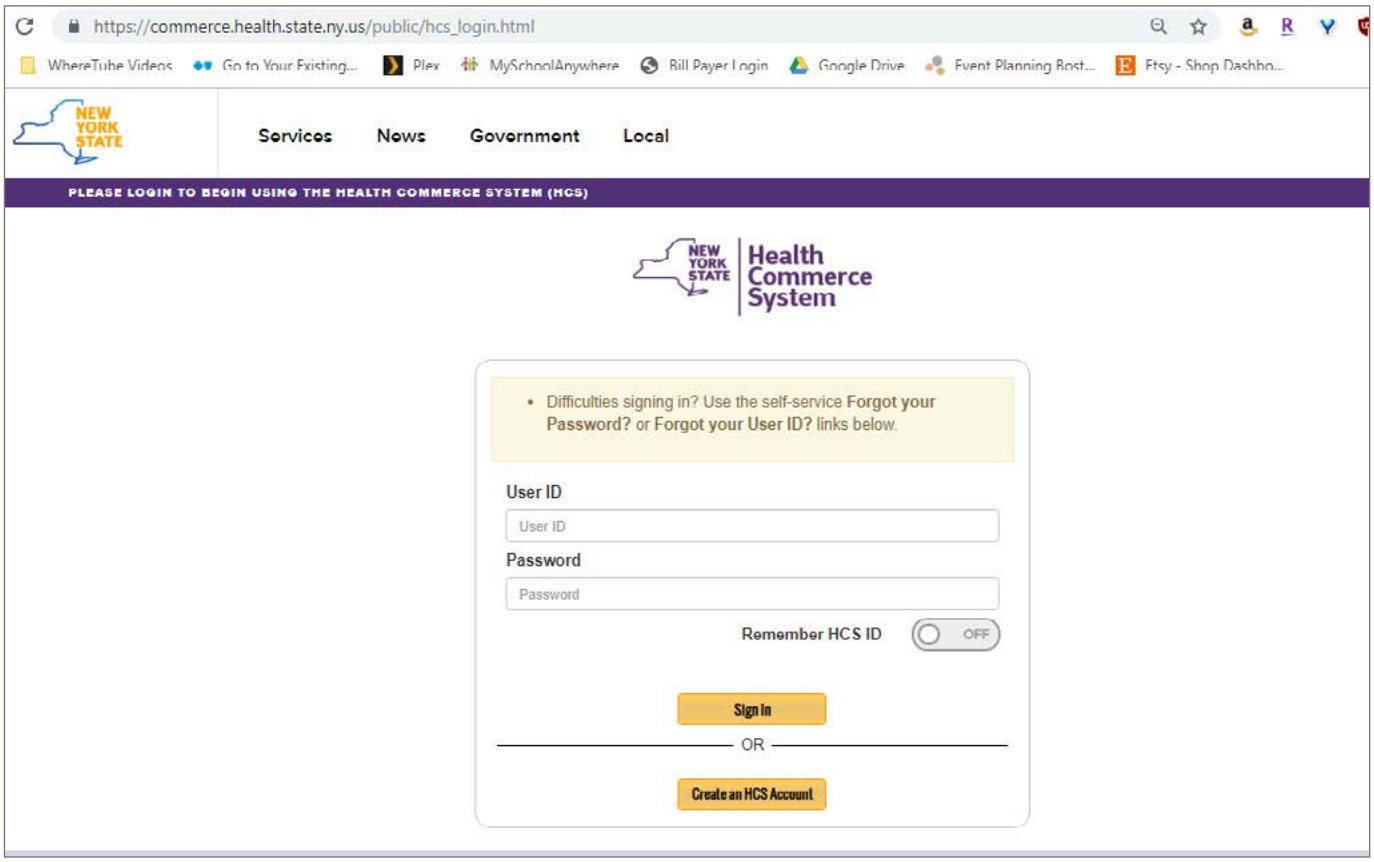
Unit Type (Select from dropdown in cells below)	Infant Positioned Supine Y or N	Infant in Safe Clothing Y or N	Head of Crib Flat Y or N	Crib Free of Objects Y or N	In a Safe Sleep Environment** Y or N
TOTAL – Well baby nursery	0	0	0	0	0
TOTAL – Rooming-in	0	0	0	0	0
TOTAL – Step Down	0	0	0	0	0
TOTAL – NICU	0	0	0	0	0

*Infants should be counted as awake-and-unattended if the parent/caregiver is not actively engaged with the infant.
**Safe sleep environment is defined as meeting all four components of safe sleep (supine, safe clothing, head of crib flat, crib free of objects).
Use of this form is optional to assist with aggregating data for the Sustain Measure Aggregate Data Collection Form.

Revised: 8/31/2017

NYSPQC Safe Sleep Project Data Tools

NYSDOH Health Commerce System (HCS)



https://commerce.health.state.ny.us/public/hcs_login.html

NYS Safe Sleep IM CoIIN Data Tools

Measures

NYS Safe Sleep IM CoIIN Community-based Organization Project Measures

NYS IM-CoIIN Safe Sleep Project Community Caregiver Survey Measures

Measure Name	Numerator	Denominator	Data Collection
Infant Sleeps on Back	Number of primary infant caregivers that respond that their baby is "most often" laid to sleep on his or her back	Number of primary infant caregivers answering the question	**1. In which *one* position do you *most often* lay your new baby down to sleep *now*?** Check ONE answer. ☐ On his or her side ☐ On his or her back ☐ On his or her stomach
Infant Sleeps Alone-Always	Number of primary infant caregivers that respond that in the last 2 weeks their baby "always" slept alone in his or her own crib or bed	Number of primary infant caregivers answering the question	**2. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib, bassinet, or pack and play?** ☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
Infant Sleeps Alone-Always or Often	Number of primary infant caregivers that respond that in the last 2 weeks their baby "always" or "often" slept alone in his or her own crib or bed	Number of primary infant caregivers answering the question	**2. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib, bassinet, or pack and play?** ☐ Always ☐ Often ☐ Sometimes ☐ Rarely ☐ Never
Infant Room Sharing	Number of primary infant caregivers that respond "yes" to the question: when your new baby sleeps alone, is his or her crib or bed in the same room where you	Number of primary infant caregivers answering the question	**3. When your new baby sleeps alone at night, is his or her crib, bassinet, or pack and play in the same room where *you* sleep?** ☐ No ☐ Yes

NYS Safe Sleep IM CoIIN Data Tools

Measures

NYS Safe Sleep IM CoIIN Community-based Organization Project Measures

	sleep?		
Infant Sleeps in Crib (Infant sleeps in crib, bassinet, or pack and play)	Number of primary infant caregivers that respond "yes" to the question choice of "in a crib, bassinet or pack and play"	Number of primary infant caregivers answering the question	**4a. Please tell us which things describe how your new baby *usually* slept during the *past 2 weeks*.** For each item, check **No** if it didn't apply to your baby in the past 2 weeks or **Yes** if it did. □ In a crib, bassinette, or pack and play: No, Yes
Infant does not Sleep in places other than Crib	Number of "no" responses to each of the three safe sleep location questions	Total number of safe sleep location opportunities among the total sample	**4b,c,d. Please tell us which things describe how your new baby *usually* slept during the *past 2 weeks*.** For each item, check **No** if it didn't apply to your baby in the past 2 weeks or **Yes** if it did. □ On a twin or larger mattress or bed: No, Yes □ On a couch, sofa, futon, or armchair: No, Yes □ In an infant car seat or swing: No, Yes
Crib/Bassinet Sleep Environment	Number of "no" responses to each of the four safe sleep crib/bassinette environment questions	Total number of safe sleep crib/bassinet environment opportunities among the total sample	**4e, f, g, h, i. Please tell us which things describe how your new baby *usually* slept during the *past 2 weeks*.** For each item, check **No** if it didn't apply to your baby in the past 2 weeks or **Yes** if it did. □ With a thick blanket, like a quilt or comforter: No, Yes □ With a thin blanket, like a receiving blanket: No, Yes □ In a sleeper sack or wearable blanket □ With toys, pillows or cushions, including nursing pillows: No, Yes □ With bumper pads (mesh or non-mesh): No, Yes

NYS Safe Sleep IM CoIIN Data Tools

Measures

NYS Safe Sleep IM CoIIN Community-based Organization Project Measures

Provider Safe Sleep Recommendations	Total number of "yes" responses to each of the four provider recommendations on safe sleep	Total number of provider recommendation opportunities among the total sample	**5. Which of the following things did a *doctor, nurse or other health care worker* recommend about how your new baby should sleep?** Check ALL that apply. ☐ Place your baby on his or her back to sleep ☐ Place your baby to sleep in a crib, bassinet, or pack and play ☐ Place your baby's crib or bed in your room ☐ What things should and should not go in bed with your baby ☐ Health care provider did not make recommendations
Infant is not Bed Sharing	Number of primary infant caregivers that respond "no" to the question: does your new baby ever share a sleep surface with a sibling, adult or pet?	Number of primary infant caregivers answering the question	**6. Does your new baby ever share a sleep surface with a sibling, adult or pet?** ☐ No ☐ Yes
Infant does not Sleep in places other than Crib	Number of primary infant caregivers that respond "no" to the question: does your new baby ever sleep in a bed, couch, recliner or other?	Number of primary infant caregivers answering the question	**7. Does your new baby ever sleep in a bed, couch, recliner or other?** ☐ No ☐ Yes

NYS Safe Sleep IM CoIIN Data Tools

Phase One Survey

NYS Safe Sleep IM CoIIN Caregiver Survey (Nov. 2015)

NYS IM-CoIIN Safe Sleep Project
Community Caregiver Survey

Organization Information:

1. Organization Name: _____

2. Name of staff conducting survey: _____

3. Date of survey: _____

4. Date of first post-partum safe sleep education: _____

5. How was first post-partum safe sleep education performed?
   - ☐ Individual session
   - ☐ Group session

6. Has the caregiver received post-partum safe sleep education in addition to the initial session dated above?
   - ☐ Yes
   - ☐ No
   - ☐ Unknown

   6a. If Yes, how many? _____

Caregiver/Infant Information:

7. Infant Date of Birth (Month/Day/Year): _____

8. Caregiver Insurance Status:
   - ☐ Private health insurance
   - ☐ Medicaid or other public insurance
   - ☐ TRICARE or other military health care
   - ☐ No Health Insurance
   - ☐ Other, please specify: _____

9. Caregiver Race (Please Select All that Apply):
   - ☐ White/Caucasian
   - ☐ Black or African American
   - ☐ American Indian or Alaska Native
   - ☐ Asian or Pacific Islander
   - ☐ None identified
   - ☐ Other

10. Caregiver Ethnicity:
    - ☐ Hispanic
    - ☐ Not Hispanic
    - ☐ Not Identified

1 Revised 11/24/2015

NYS Safe Sleep IM CoIIN Data Tools

Phase One Survey

NYS Safe Sleep IM CoIIN Caregiver Survey (Nov. 2015)

NYS IM-CoIIN Safe Sleep Project
Community Caregiver Survey

11. Caregiver's Relation to Infant:

- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Aunt/Uncle
- ☐ Foster Parent
- ☐ Other, please specify: _____

12. Age of Caregiver: _____

13. Education of Caregiver:

- ☐ Less than High school
- ☐ High School Graduate
- ☐ More than High School

Sleep Questions:

14. In which *one* position do you *most often* lay your new baby down to sleep *now*? Check ONE answer.

- ☐ On his or her side
- ☐ On his or her back
- ☐ On his or her stomach

15. In the *past 2 weeks*, how often has your new baby slept alone in his or her own crib, bassinet, or pack and play?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

16. When your new baby sleeps alone, is his or her crib, bassinet or pack and play in the same room where *you* sleep?

- ☐ No
- ☐ Yes

2 Revised 11/24/2015

NYS Safe Sleep IM CoIIN Data Tools

Phase One Survey

NYS Safe Sleep IM CoIIN Caregiver Survey (Nov. 2015)

NYS IM-CoIIN Safe Sleep Project
Community Caregiver Survey

17. Please tell us which things describe how your new baby *usually* slept during the *past 2 weeks*. For each item, check **No** if it didn't apply to your baby in the past 2 weeks or **Yes** if it did.

		No	Yes
a)	In a crib, bassinet, or pack and play	☐	☐
	b1) In a box, empty drawer or laundry basket	☐	☐
	b2) If the answer to (b1) is "Yes": Does the drawer or laundry basket have a tightly-fitting mattress?	☐	☐
c)	On a twin or larger mattress or bed	☐	☐
d)	On a couch, sofa, futon, or armchair	☐	☐
e)	In an infant car seat, stroller or swing	☐	☐
f)	With a thick blanket, like a quilt or comforter	☐	☐
g)	With a thin blanket, like a receiving blanket	☐	☐
h)	In a sleeping sack, wearable blanket or one piece sleeper	☐	☐
i)	With toys, pillows or cushions, including nursing pillows	☐	☐
j)	With bumper pads (mesh or non-mesh)	☐	☐

18. Does your new baby ever share a sleep surface with a sibling, adult or pet?

☐ No
☐ Yes

19. Does your new baby ever sleep in a bed, couch, recliner or other surface*?

☐ No
☐ Yes
* other surface refers to another non-safe sleep space

20. Which of the following things did a *doctor, nurse or other health care worker* recommend about how your new baby should sleep? Check ALL that apply.

☐ Place your baby on his or her back to sleep
☐ Place your baby to sleep in a crib, bassinet, or pack and play
☐ Place your baby's crib or bed in your room
☐ What things should and should not go in bed with your baby
☐ A health care worker did not make any recommendations
☐ Other, please specify: _____

3 Revised 11/24/2015

NYS Safe Sleep IM CoIIN Data Tools

Phase Two

Safe Sleep IM CoIIN Aim and Measurement Strategy

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

IM CoIIN Safe Sleep SMART Aim:

By 2020, the IM CoIIN Team will decrease SUID rates by ≥10% across four states by increasing adoption of the ABCs of safe sleep (alone, on back, in crib). States reporting racial disparities among sleep-related deaths at baseline will reduce disparities by ≥5%.

Outcome Measures:

A. Annual CoIIN Wide Measures by Race/Ethnicity

1. Infant Mortality Rate
2. Neonatal Mortality Rate
3. Post neonatal Mortality Rate
4. SUID Mortality Rate
5. Preterm-related Mortality rate
6. Preterm Birth Rate

B. Quarterly (Provisional) SUID Mortality Rate by Race/Ethnicity

Process Measures:

C. Quality Improvement Measures

1. Percentage of infants sleeping on back
2. Percentage of infants sleeping alone-always
3. Percentage of infants sleeping in crib

D. Optional measures

1. Percentage of infants sleeping in a safe crib/bassinet environment
2. Percentage of infants room sharing
3. Provider recommendations
4. Hospital safe sleep practices
5. Safe sleep discussions
6. Intention to practice safe sleep
7. Breastfeeding (Balancing Measure)

NYS Safe Sleep IM CoIIN Data Tools

Phase Two

Safe Sleep IM CoIIN Aim and Measurement Strategy

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

Measure Definitions, Data Collection/submission Plan:

Outcome Measures:

IM CoIIN Wide Measures					
Measures	**Measure Name**	**Numerator**	**Denominator**	**Data Source**	**Data Collection/ Submission**
1. Infant Mortality Rate	CW1	Total number of resident infant deaths in first year of life	Total number of resident live births in same period (reported per 1,000 births)	State Vital Statistics Birth and Death Files	Annual by Race/ethnicity
2. Neonatal Mortality Rate	CW2	Total number of resident deaths among neonates between 0 and 27 days old	Total number of resident live births in same period (reported per 1,000 births)	State Vital Statistics Birth and Death Files	Annual by Race/ethnicity
3. Postneonatal Mortality Rate	CW3	Total number of resident deaths among infants between 28 days up to one year of age	Total number of resident live births in same period (reported per 1,000 births)	State Vital Statistics Birth and Death Files	Annual by Race/ethnicity
4. SUID Mortality Rate	CW4	Total number of resident infant deaths before one year of age with underlying cause of SUID (R95, R99, W75)	Total number of resident live births in same period (reported per 100,000 births)	State Vital Statistics Birth and Death Files	Annual by Race/ethnicity
5. Preterm-Related Mortality Rate	CW5	Total number of resident infant deaths before one year of age with underlying cause of a preterm-related condition	Total number of resident live births in same period (reported per 100,000 births)	State Vital Statistics Birth and Death Files	Annual by Race/ethnicity
6. Preterm Birth Rate	CW6	Number of resident infants born prior to 37 weeks gestational age	Total number of resident live births in same period	State Vital Statistics Birth Files	Annual by Race/ethnicity

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NYS Safe Sleep IM CoIIN Data Tools

Phase Two

Safe Sleep IM CoIIN Aim and Measurement Strategy

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

State level Outcome Measure					
Measure	**Measure Name**	**Numerator**	**Denominator**	**Data Source**	**Data Collection/ Submission**
SUID Mortality Rate	**Provisional SUID Mortality Rate**	Total number of resident infant deaths before one year of age with underlying cause of SUID (R95, R99, W75)	Total number of resident live births in same period (reported per 100,000 births)	State Vital Statistics Birth and Death Files	Quarterly by Race/ethnicity Q1: Jan-Mar Q2: Apr-Jun Q3:Jul-Sep Q4:Oct-Dec Recommended submission date for 20th day of each Quarter, Q1: June 20th, Q2: Sep 20th, Q3: Dec 20th, Q4: Mar 20th

Process Measures:

State Wide Measures					
Measures	**Measure Name**	**Numerator**	**Denominator**	**Data Source**	**Data Collection/submission**
1. Percentage of infants sleeping on back	SS-PQI1	Number of primary infant caregivers that respond that their baby is "most often" laid to sleep on his or her back	Number of primary infant caregivers answering the question	Each month ask the survey question below to a sample of 20 primary infant caregivers (or a 100% of caregivers if population is less than 20) with a child less than one year of age within pilot sites. OBs or pediatricians would sample from their clients with a child less than one year of age who had a visit in the previous month. Hospitals sample from mothers discharged the previous month. Conduct the survey via telephone or during a client encounter. **Survey question:** In which *one* position do you *most often* lay your baby down to sleep *now*? Check one answer □ On his or her side □ On his or her back □ On his or her stomach	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month

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NYS Safe Sleep IM CoIIN Data Tools

Phase Two

Safe Sleep IM CoIIN Aim and Measurement Strategy

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

2. **Percentage of infants sleeping alone-always**	SS- PQI1	Number of primary infant caregivers that respond that in the last 2 weeks their baby "always" slept alone in his or her own crib or bed	Number of primary infant caregivers answering the question	Each month ask the survey question below to a sample of 20 primary infant caregivers (or a 100% of primary infant caregivers if population is less than 20) with a child less than one year of age within pilot sites. OBs or pediatricians would sample from their clients with a child less than one year of age who had a visit in the previous month. Hospitals sample from mothers discharged the previous month. Conduct the survey via telephone or during a client encounter. **Survey question:** In the past 2 weeks, how often has your new baby slept alone in his or her own crib or bed? Check one answer. □ Always □ Often □ Sometimes □ Rarely □ Never	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month
3. **Percentage of infants sleeping in crib**	SS- PQI1	Number of primary infant caregivers that respond "yes" to the question choice of "in a crib, bassinette or pack 'n play'	Number of primary infant caregivers answering the question	Each month ask the survey question below to a sample of 20 primary infant caregivers (or a 100% of primary infant caregivers if population is less than 20) with a child less than one year of age within pilot sites. OBs or pediatricians would sample from their clients with a child less than one year of age who had a visit in the previous month. Hospitals sample from mothers discharged the previous month. Conduct the survey via telephone or during a client encounter. **Survey question: Please tell us how your new baby *most often* slept in the *past 2 weeks*.** For each item, check **No** if it doesn't *usually* apply to your baby or **Yes** if it does. □ In a crib, bassinette, or pack 'n play: No, Yes □ On a twin or larger mattress or bed : No, Yes □ On a couch, sofa, or armchair : No, Yes □ In an infant car seat or swing : No, Yes	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month

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NYS Safe Sleep IM CoIIN Data Tools

Phase Two

Safe Sleep IM CoIIN Aim and Measurement Strategy

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

				□ In a sleeping sack or wearable blanket : No, Yes □ With a blanket : No, Yes □ With toys, cushions, or pillows, including nursing pillows: No, Yes □ With crib bumper pads (mesh or non -mesh) : No, Yes *This list might vary by state.*	

Optional Measures:

Measures	Measure Name	Numerator	Denominator	Data Source	Data Collection/submission
1. Percentage of infants sleeping in a safe crib/bassinet environment	SS-PO1	Number of "no" responses to each of the 3 safe sleep crib/bassinette environment questions *Example numerator for sample of 20: 12 caregivers report 3 "no"=36 6 caregivers report 2 "no"= 12 2 caregivers report 0 "no"= 0 Total for numerator = 48	Total number of safe sleep crib/bassinet environment opportunities among the total sample *Example denominator for sample of 20 = 60 (3 opportunities X 20 caregivers = 60)	Each month ask the survey question below to a sample of 20 primary infant caregivers (or a 100% of primary infant caregivers if population is less than 20) with a child less than one year of age within pilot sites. OBs or pediatricians would sample from their clients with a child less than one year of age who had a visit in the previous month. Hospitals sample from mothers discharged the previous month. Conduct the survey via telephone or during a client encounter **Survey question: Please tell us how your new baby *most often* slept in the *past 2 weeks*.** For each item, check **No** if it doesn't *usually* apply to your baby or **Yes** if it does. □With a blanket: No, Yes □With toys, cushions, or pillows, including nursing pillows: No, Yes □With crib bumper pads (mesh or non-mesh): No, Yes	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month

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NYS Safe Sleep IM CoIIN Data Tools

Phase Two

Safe Sleep IM CoIIN Aim and Measurement Strategy

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

2. Percentage of infants room sharing	SS-PO2:	Number of primary infant caregivers that respond "yes" to the question: when your new baby sleeps alone, is his or her crib or bed in the same room where you sleep?	Total of primary infant caregivers answering the question	Each month ask the survey question below to a sample of 20 primary infant caregivers (or a 100% of primary infant caregivers if population is less than 20) with a child less than one year of age within pilot sites. OBs or pediatricians would sample from their clients with a child less than one year of age who had a visit in the previous month. Hospitals sample from mothers discharged the previous month. Conduct the survey via telephone or during a client encounter. **Survey question: When your new baby sleeps alone, is his or her crib or bed in the same room where *you* sleep?** □ No □ Yes	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month
3. Provider Safe Sleep Recommendations	SS-PO3:	Total number of "yes" responses to each of the 4 provider recommendations on safe sleep *Example numerator for sample of 20: 10 caregivers report 4 "yes" responses = 40 4 caregivers report 2 "yes" responses =8 6 caregivers report 0 "yes" responses = 0 Total for numerator = 48	Total number of provider recommendation opportunities among the total sample *Example denominator for sample of 20 = 80 (4 opportunities X 20 patients = 80)	Each month ask the survey question below to a sample of 20 primary infant caregivers (or a 100% of parents if population is less than 20) with a child less than one year of age within pilot sites. OBs or pediatricians would sample from their clients with a child less than one year of age who had a visit in the previous month. Hospitals sample from mothers discharged the previous month. Conduct the survey via telephone or during a client encounter. **Survey question: Did a *doctor, nurse, or other health care worker* tell you any of the following things?** For each thing, check **No** if they did not tell you, or **Yes** if they did. □ Place my baby on his or her back to sleep □ Place my baby to sleep in a crib, bassinet or pack 'n play □ Place my baby's crib or bed in my room	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month

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NYS Safe Sleep IM CoIIN Data Tools

Phase Two

Safe Sleep IM CoIIN Aim and Measurement Strategy

NICHQ National Institute for Children's Health Quality

SAFE SLEEP Collaborative Improvement and Innovation Network to Reduce Infant Mortality

				□ What things should and should not go in bed with my baby	
4. Hospital Safe Sleep Practices	SS-PO4:	Number of infants without medical contraindication sleeping on their back and in a crib or bassinet without extra bedding	Total number of infants sampled	Each month sample 20 infants in NICU, nursery and/or rooming-in using a crib audit tool and check if the infant is: (1) sleeping on back (2) in a crib/bassinet without extra bedding	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month
5. Safe Sleep Discussion	SS-PO5:	Number of infants/primary caregivers/clients that have a documented safe sleep discussion in their record	Total number of infants/primary caregivers/clients sampled	Hospitals: Each month sample the medical records of 20 mothers that were discharged in the previous month and check if a safe sleep discussion was documented in medical record Clinics: Each month sample the medical records of 20 patients under one year of age (pediatricians) or who are primary caregivers of infants under one year of age (OBs/PCPs) who had a visit in the previous month and check if a safe sleep discussion was documented in the medical record Home visiting or other state agency: Each month sample the records of 20 clients who are primary caregivers of infants under one year of age and check if a safe sleep discussion was documented in the record	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month
6. Intention to Practice Safe Sleep	SS-PO6:	Number of primary caregivers of infants who answer 7 or higher to both questions: "how confident are you that you will practice safe sleep with your infant and how important is it	Total number of primary caregiver of infants answering both questions	Hospitals: Each month sample 20 mothers being discharged and ask them: (1)On a scale from 0-10, how important is it for you to practice safe sleep with your infant? (2)On a scale from 0-10, how confident are you that you will practice safe sleep with your infant? Clinics: Each month sample 20 primary caregivers of patients under one year of age (pediatricians) or who are primary caregivers of	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month
		for you to practice safe sleep with your infant"		infants under one year of age (OBs/PCPs) who had a visit in the previous month and ask them: (1)On a scale from 0-10, how important is it for you to practice safe sleep with your infant? (2)On a scale from 0-10, how confident are you that you will practice safe sleep with your infant?	
7. Breastfeeding (Balancing Measure)	SS-PO7:	Number of primary infant caregivers who report that their infants are currently breastfed	Total number of primary infant caregivers responding	Survey of infant primary caregivers during the 6 month visit Each month ask the survey question below to a sample of 20 primary infant caregivers (or a 100% of infant primary caregivers if population is less than 20) whose child has their 6 month visit during the current month. Conduct the survey via telephone or during a client encounter. **Survey question:** Are you currently breastfeeding or feeding pumped milk to your new baby?	Monthly Baseline data starting March 2018 Recommended submission date for 20th day of each month

NYS Safe Sleep IM CoIIN Data Tools

Phase Two

NYS Safe Sleep IM CoIIN Caregiver Survey effective (October 2019)

NYS Safe Sleep IM-CoIIN
Community Caregiver Survey

Organization Information:

1. Organization Name: _____

2. Name of staff conducting survey: _____

3. Date of survey: _____

4. When was safe sleep education delivered by this agency (check all that apply):
- ☐ Prenatally
- ☐ Postpartum

5. How was the education delivered by this agency (check all that apply):
- ☐ Individually
- ☐ Group setting

Primary Caregiver/Infant Information Demographics		
Infant Date of Birth (Month/Day/Year):	**Age of Primary Caregiver:**	
Primary Caregiver's Relation to Infant: ☐ Mother ☐ Father ☐ Grandparent ☐ Aunt/Uncle ☐ Foster Parent ☐ Other, please specify:	**Primary Caregiver's Language:** ☐ English ☐ Other, please specify:	**Primary Caregiver's Insurance Status:** ☐ Private health insurance ☐ Medicaid or other public insurance ☐ TRICARE or other military health care ☐ No Health Insurance ☐ Other, please specify:
Primary Caregiver's Race (Please Select All that Apply): ☐ White/Caucasian ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian or Pacific Islander ☐ None identified ☐ Other, please specify:	**Primary Caregiver's Ethnicity:** ☐ Hispanic ☐ Not Hispanic ☐ None identified	**Education of Primary Caregiver:** ☐ 8th grade or less ☐ 9th-12th grade: no diploma ☐ High School or GED ☐ Some college credit, but no degree ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Doctorate degree ☐ Unknown

1 Revised: 10/31/2019

NYS Safe Sleep IM CoIIN Data Tools

Phase Two Survey

NYS Safe Sleep IM CoIIN Caregiver Survey (October 2019)

NYS Safe Sleep IM-CoIIN
Community Caregiver Survey

Sleep Questions: To be answered by primary caregiver

1. **Did you receive education on the ABCs of Safe Sleep in the hospital when you had your baby?**
   - ☐ Yes
   - ☐ No
   - ☐ N/A

2. **Did you receive any of the following safe sleep resources from our organization?**
   - ☐ Pack and play
   - ☐ Sleeping sack, wearable blanket or one-piece sleeper
   - ☐ Sleep Baby Safe and Snug board book
   - ☐ NYSDOH safe sleep materials (i.e. brochure, magnet, mirror cling)
   - ☐ Other: _____
   - ☐ None

3. **Which of the following things did a *doctor, nurse, home visitor or other health care worker* recommend about how your new baby should sleep?** Check ALL that apply.
   - ☐ Place your baby on his or her back to sleep
   - ☐ Place your baby to sleep in a crib, bassinet, or pack and play
   - ☐ Place your baby's crib or bed in your room
   - ☐ What things should and should not go in bed with your baby
   - ☐ A health care worker did not make any recommendations
   - ☐ Other, please specify: _____

4. **Who do you trust <u>most</u> for information on how to care for your baby? (Please select one answer choice)**
   - ☐ Doctor
   - ☐ Nurse
   - ☐ Home Visitor
   - ☐ Grandparent
   - ☐ Other family member
   - ☐ Friend
   - ☐ Other, please specify: _____

5. **In which *one* position do you <u>*most often*</u> lay your new baby down to sleep *now*?** Check ONE answer.
   - ☐ On his or her side
   - ☐ On his or her back
   - ☐ On his or her stomach

6. **Why do you place your baby in this position to sleep?** (Check all that apply)
   - ☐ Reduces the risk of Sudden Infant Death Syndrome (SIDS)
   - ☐ Afraid of baby vomiting, choking or spitting up
   - ☐ Baby comforts and stops crying
   - ☐ Taught to do that
   - ☐ Other, please specify (for choices other than back): _____

2 Revised: 10/31/2019

NYS Safe Sleep IM CoIIN Data Tools

Phase Two Survey

NYS Safe Sleep IM CoIIN Caregiver Survey (October 2019)

NYS Safe Sleep IM-CoIIN
Community Caregiver Survey

7. **In the *past two weeks*, how often has your new baby slept alone (without people or loose items) in his or her own crib, bassinet, or pack and play?**
   - ☐ Always (100%)
   - ☐ Often (50%-99%)
   - ☐ Sometimes (25%-49%)
   - ☐ Rarely (1%-24%)
   - ☐ Never (0%)

8. **When your new baby sleeps alone, is he or she in the same room as you?**
   - ☐ Yes
   - ☐ No
   - ☐ N/A

9. **Does your new baby ever sleep with an adult *who is sleeping* (this includes napping, falling asleep with baby, or nighttime sleep)?**
   - ☐ Yes
   - ☐ No

10. **Please tell us which of these options describe how your new baby was *laid down to sleep during the past two weeks*.** For each item, check **Yes** if it applied to your baby in **the past two weeks** or **No** if it did not.

		Yes	No
a)	In a crib, bassinet, or pack and play	☐	☐
b)	In a box, empty drawer or laundry basket	☐	☐
	b1) If the answer to b is "Yes": Does the box, drawer or laundry basket have a tightly-fitting mattress?	☐	☐
c)	On a twin or larger mattress or bed	☐	☐
d)	On a couch, sofa, futon, armchair, or recliner	☐	☐
e)	In an infant car seat, stroller or swing	☐	☐
f)	With a thick blanket, like a quilt or comforter	☐	☐
g)	With a thin blanket, like a receiving blanket	☐	☐
h)	In a sleeping sack, wearable blanket or one-piece sleeper	☐	☐
i)	With toys, pillows or cushions, including nursing pillows	☐	☐
j)	With bumper pads (mesh or non-mesh)	☐	☐
k)	With sibling or pet	☐	☐

11. **Do you believe that following the ABCs of Safe Sleep will reduce the risk of Sudden Infant Death Syndrome (SIDS)?**
   - ☐ Yes
   - ☐ No
   - ☐ Not sure

3 Revised: 10/31/2019

NYS Safe Sleep IM CoIIN Data Tools

Phase Two Survey

NYS Safe Sleep IM CoIIN Caregiver Survey (October 2019)

NYS Safe Sleep IM-CoIIN
Community Caregiver Survey

12. Is the baby currently being breastfed?
- ☐ Yes, exclusively
- ☐ Yes, sometimes
- ☐ No

13. Do you smoke tobacco or use vaping products?
- ☐ Yes
- ☐ No

13a. If yes, are you interested in information about quitting?
- ☐ Yes, share information now
- ☐ No, already have the information
- ☐ No, not now but might want more information at our next visit
- ☐ No, not interested

14. Do others in your household smoke tobacco or use vaping products?
- ☐ Yes
- ☐ No

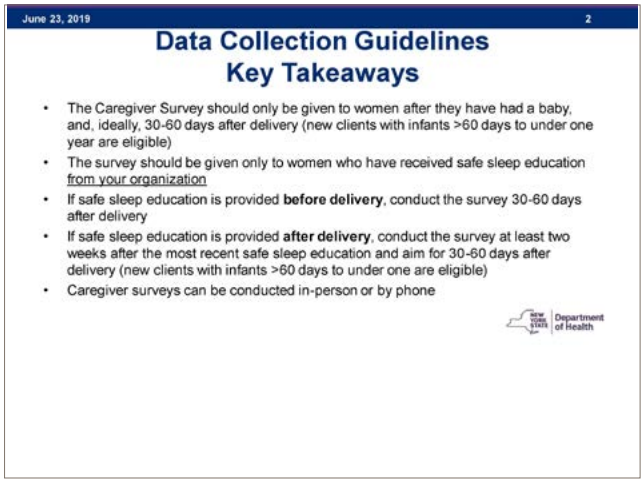
14a. If yes, are others in the household interested in information about quitting?
- ☐ Yes, share information now
- ☐ No, already have the information
- ☐ No, not now but might want more information at our next visit
- ☐ No, not interested

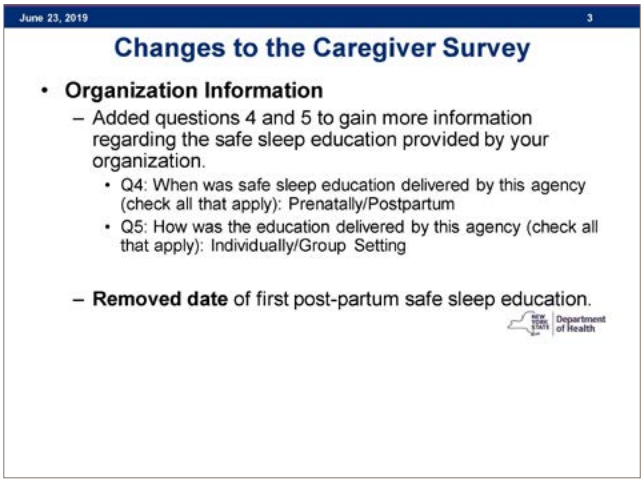
4 Revised: 10/31/2019

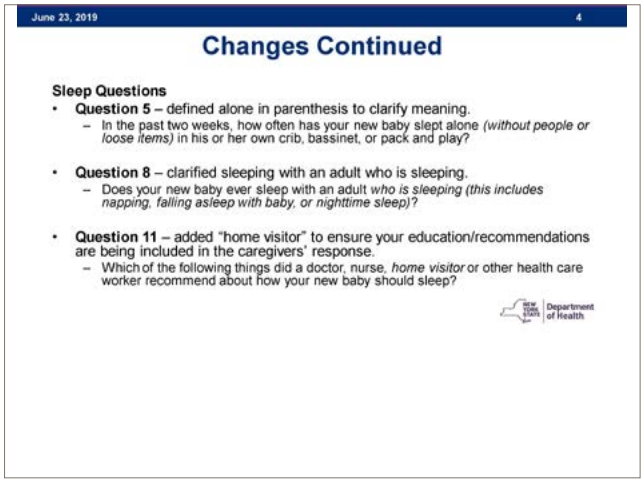
NYS Safe Sleep IM CoIIN Data Tools

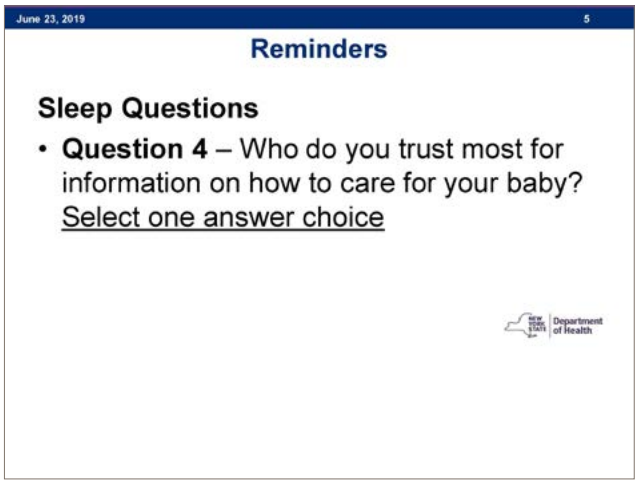
Phase Two Survey

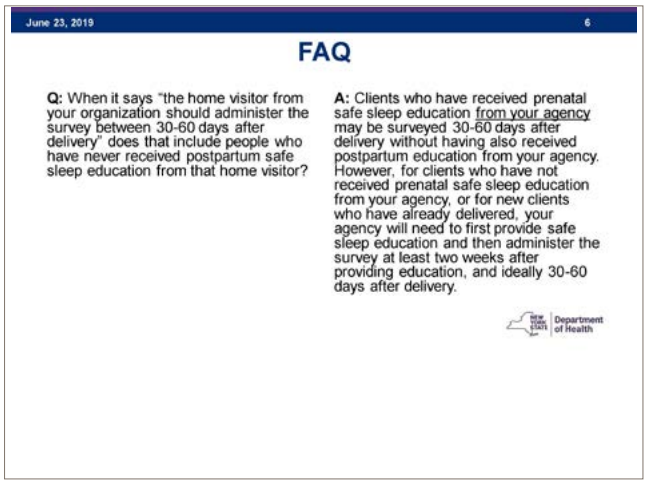
Roy, A. Data Collection: *Caregiver Survey Updates. NYS Safe Sleep IM CoIIN Coaching Call. January 2019. Intended audience: community-based organizations.*











NYS Safe Sleep IM CoIIN Data Tools

Phase Two Survey

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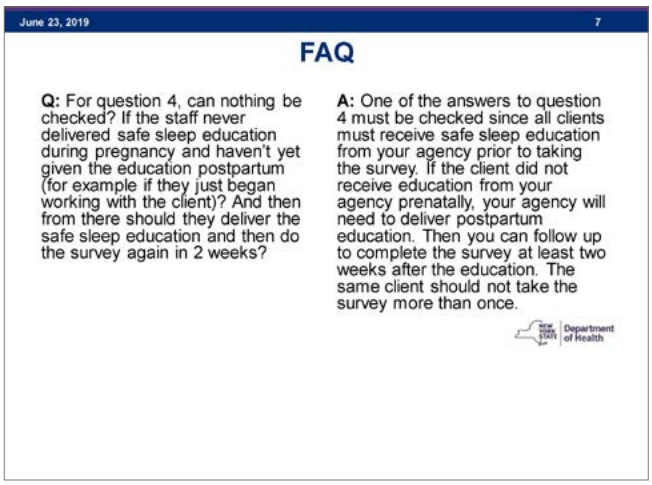

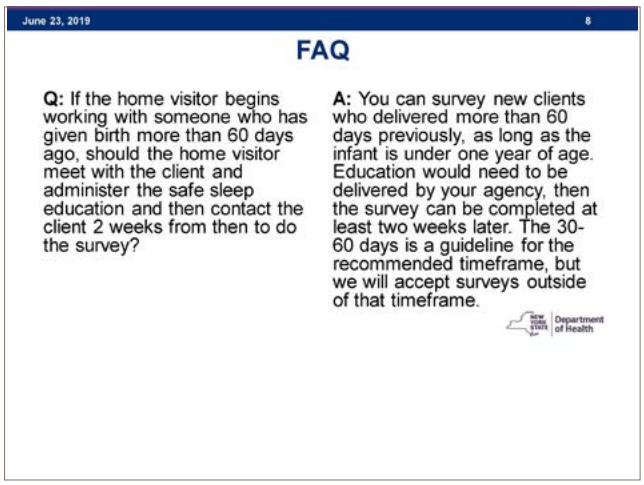

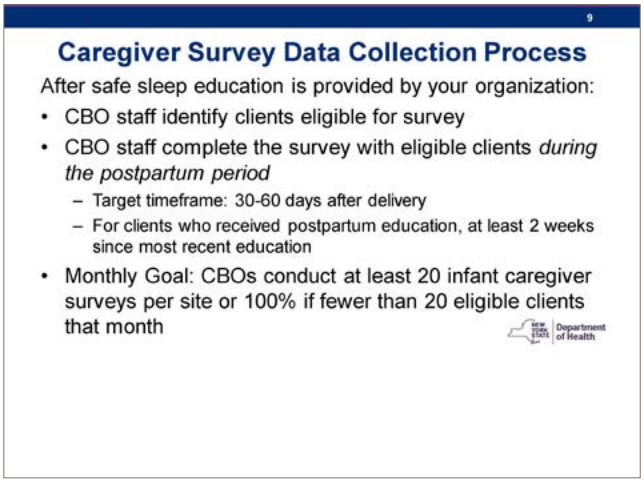

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Maternity Information Law § 2803-j, Information for Maternity Patients
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National Center on Early Childhood and Wellness - Caring for Our Children 3rd Ed., Section 3.1.4 Safe Sleep.

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Web Links & Media

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Web Links

a. Breastfeeding and Safe Sleep Resources

i. Eunice Kennedy Shriver National Institute of Child health and Human Development (NICHD) Safe Infant Sleep and Breastfeeding Videos/Handout https://safetosleep.nichd.nih.gov/resources/other

ii. National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN) http://www.nappss.org/

b. Community Resources

i. American Academy of Pediatrics (AAP) Safe Sleep Campaign Materials https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/Safe-Sleep/Pages/default.aspx

ii. Baltimore B'More for Healthy Babies Safe Sleep Initiative http://www.healthybabiesbaltimore.com/our-initiatives/safe-sleep iii. Cribs for Kids® Safe Sleep Ambassador Program https://cribsforkids.org/safe-sleep-ambassador/

iii. Georgetown University National Center for Cultural Competence

1. Toolkit for Community Health Providers: Engaging Ethnic Media to Inform Communities about Safe Infant Sleep https://nccc.georgetown.edu/engaging-ethnic-media/index.php

2. Promising Practices for Cultural and Linguistic Competence: With Always Right, Teens Get the Message https://nccc.georgetown.edu/documents/SIDS_newyork.pdf v. Healthy Child Care America http://www.healthychildcare.org

iv. National Resource Center for Health and Safety in Child Care and Early Education https://nrckids.org/CFOC/Database/3.1.4.1

v. NYC Administration for Children's Services www.nyc.gov/safesleep

1. Breath of Life: The How and Why of Safe Sleep Video (English and Spanish) https://www.youtube.com/watch?time_continue=5&v=ZLeL_LqieMI

vi. Pennsylvania Safe Sleep Campaign https://www.pasafesleep.org/

vii. Georgia Department of Public Health Safe to Sleep Campaign https://dph.georgia.gov/safetosleep

vii. Texas Department of State Health Services – Safe Sleep for Babies Community Training Guide https://www.dshs.texas.gov/mch/#safesleep2

c. Health Equity

i. Harvard Implicit Bias Tests https://implicit.harvard.edu/implicit/takeatest.html

ii. NICHQ Webinar Series: Pursuing Health Equity: Start Where You Are https://www.nichq.org/health-equity-start-where-you-are

Web Links

c. Health Equity (cont.)

iii. NICHQ Webinar: Improving Safe Sleep Conversations: Strategies for Helping Families Adopt Safe Sleep Habits https://www.nichq.org/resources/nichq-webinars#infanthealth

d. Hospital Resources

i. Cribs for Kids® National Safe Sleep Hospital Certification Program https://cribsforkids.org/hospitalcertification/

ii. Georgia Department of Public Health Hospital-Based Safe to Sleep Program https://dph.georgia.gov/hospital-based-safe-sleep-program

iii. Section 4: NYSDOH Safe Sleep Materials & Section 5: Infant Safe Sleep in the Birthing Hospital

e. National Initiatives to Reduce SIDS/SUID

i. Cribs for Kids® www.cribsforkids.org

ii. First Candle https://firstcandle.org

iii. National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN) http://www.nappss.org/

iv. National Institute for Children's Health Quality (NICHQ) Infant Mortality CoIIN Prevention Toolkit www.nichq.org/resource/infant-mortality-coiin-prevention-toolkit

v. Safe Sleep Collaborative Improvement and Innovation Network to reduce Infant Mortality (Safe Sleep IM-CoIIN) https://www.nichq.org/project/safe-sleep-collaborative-improvement-and-innovation-network-coiin-reduce-infant-mortality

f. New York State Department of Health

i. New York State Perinatal Quality Collaborative (NYSPQC) www.nyspqc.org

ii. Safe Sleep for Your Baby www.health.ny.gov/safesleep

g. New York State Office of Children and Family Services

i. Back to Sleep and Safe to Sleep https://ocfs.ny.gov/main/prevention/infant_sleeping.asp

ii. Safe Sleep https://ocfs.ny.gov/main/cps/safe-sleep.asp (videos and materials)

h. Mobile e-health Apps

i. Safe Sleep Sweep© App https://www.healthsolutions.org/community-work/family-health/safe-sleep/

ii. SIDS Info App https://itunes.apple.com/us/app/sids-info/id1355933710?mt=8

Web Links

i. Patient and Provider Education Resources

i. American Academy of Pediatrics healthychildren.org/safesleep

ii. Cribs for Kids® Safe Sleep Academy www.safesleepacademy.org

iii. Eunice Kennedy Shriver National Institute of Child health and Human Development (NICHD) Safe to Sleep Campaign www.nichd.nih.gov/sts

iv. National Center for Education in Maternal and Child Health - Building on campaigns with conversations: An individualized approach to helping families embrace safe sleep and breastfeeding www.ncemch.org/learning/building/

v.NICHQ Infant Mortality CoIIN Prevention Toolkit https://www.nichq.org/resource/infant-mortality-coiin-prevention-toolkit

ii. Professional Organizations

i. American Academy of Pediatrics www.aap.org

ii. American Congress of Obstetricians and Gynecologists (ACOG) www.acog.org

iii. Centers for Disease Control and Prevention (CDC) SUID and SIDS www.cdc.gov/sids

1. CDC Public Health Grand Rounds Safe Sleep for Infants www.cdc.gov/grand-rounds/pp/2018/20181023-sudden-infant-death.html

2. CDC Vital Signs Safe Sleep for Babies www.cdc.gov/vitalsigns/safesleep/index.html

iii. Quality Improvement

i. Institute for Healthcare Improvement www.ihi.org

ii. National Institute for Children's Healthcare Quality (NICHQ) www.nichq.org

1. Quality Improvement 101 Training

2. Quality Improvement 102 Training

iv. Tobacco Cessation

i. NYS Quitline https://www.nysmokefree.com/

ii. National Institutes of Health Smokefree Women Women.smokefree.gov

iii. Smoke free MOM text message program https://women.smokefree.gov/tools-tips-women/text-programs/smokefreemom

iv. NYSDOH Smoking Cessation and Pregnancy Campaign https://www.health.ny.gov/community/pregnancy/smoking_cessation_campaign/

v.CDC E-Cigarettes and Pregnancy https://www.cdc.gov/reproductivehealth/maternalinfanthealth/substance-abuse/e-cigarettes-pregnancy.htm

Promoting Positive Images of Safe Sleep

Do all images used in your organization's resources model safe infant sleep practices?

In its 2016 safe sleep guidelines, the American Academy of Pediatrics recommended that organizations follow safe sleep guidelines in their messaging and advertising.[4] The NYSDOH encourages you to review images of sleeping infants to ensure they model safe sleep environments. Images to review may be located on walls, websites, educational materials, promotional materials, presentations or elsewhere. As part of the NYSDOH's continuing effort to support NYS birthing hospitals, healthcare practices and community-based organizations with promoting infant safe sleep practices to reduce infant mortality, see the resources below to assist your organization in promoting positive images of infant safe sleep.

Below is a list of resources to obtain safe sleep images. You may utilize these resources and should consider sharing them with your communications department or other colleagues as appropriate.

Resources for Positive Infant Safe Sleep Images

a. First Candle Safe Sleep Image Guidelines
http://firstcandle.org/safe-sleep-image-guidelines/

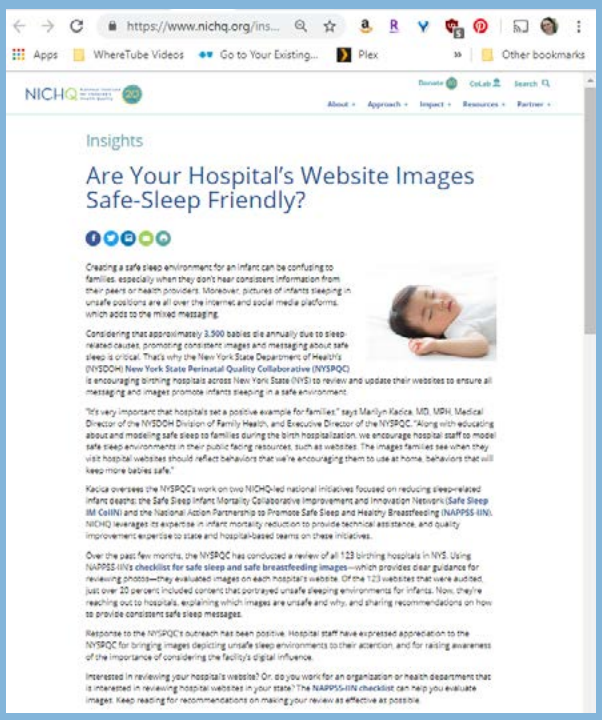
b. National Action Partnership to Promote Safe Sleep's Modeling Safe Practices: A Checklist for Infant Sleep & Breastfeeding Images www.ncemch.org/suid-sids/documents/NAPPSS-ImageVettingChecklist.pdf

c. NICHQ Safe Sleep Social Media Graphics
www.nichq.org/safe-sleep-social-media-graphics

d. NICHQ Safe Sleep and Breastfeeding Image Gallery https://www.nichq.org/resource/safe-sleep-and-breastfeeding-image-gallery

e. NICHD's Web-Ready Photos of Safe Sleep https://safetosleep.nichd.nih.gov/resources/providers/downloadable

f. Safe Infant Sleep Photo Repository
https://www.flickr.com/photos/131057828@N07/sets/72157654071312421



To read more about the NYSDOH's efforts to encourage birthing hospitals across NYS to review and update their websites to ensure all messages and images promote infants sleeping in a safe environment, check out this from NICHQ:
www.nichq.org/insight/are-your-hospitals-website-images-safe-sleep-friendly

[4] AAP Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2016;138(5):e20162938.

Social Media Tools and Resources

a. American Academy of Pediatrics Safe Sleep Campaign Tips https://www.aap.org/en-us/about-the-aap/aap-press-room/campaigns/Safe-Sleep/Pages/communications-strategy.aspx

b. Forbes, C. *Social Media Savvy*. Safe Sleep IM CoIIN AP Call. December 2018. Intended audience: Hospitals, healthcare practices, community-based organizations, and public health agencies. (See page following page 511).

c. Eunice Kennedy Shriver National Institute of Child health and Human Development (NICHD) SIDS Awareness Month Toolkit 2018 https://safetosleep.nichd.nih.gov/resources/sids-toolkit-2018

d. NICHD Safe to Sleep® Campaign Promotional E-Toolkit https://safetosleep.nichd.nih.gov/materials

#SafeSleepSnap Challenge

The CDC and NICHD have teamed up to encourage people to share photos of babies (up to 12 months of age) in a safe sleep environment to help educate others about safe infant sleep. Consider tagging CDC and NICHD, so they can like and repost. Use the #SafeSleepSnap tag.

CDC

· Twitter: @CDCChronic: https://twitter.com/CDCChronic

NICHD

· Twitter: @nichd_nih - https://twitter.com/nichd_nih
· Facebook: @nichdgov - www.facebook.com/nichdgov/
· Instagram: @nichd_nih - https://www.instagram.com/nichd_nih/

To sign up for the NICHD Safe to Sleep® monthly newsletter, which contains safe infant sleep tips, answers frequently asked questions about SUID/SIDS, and provides safe sleep resources to service providers, follow this link: https://nih.us11.list-manage.com/subscribe?u=f79cbe81f114e31aaac0cdd2c&id=276fcaa911.

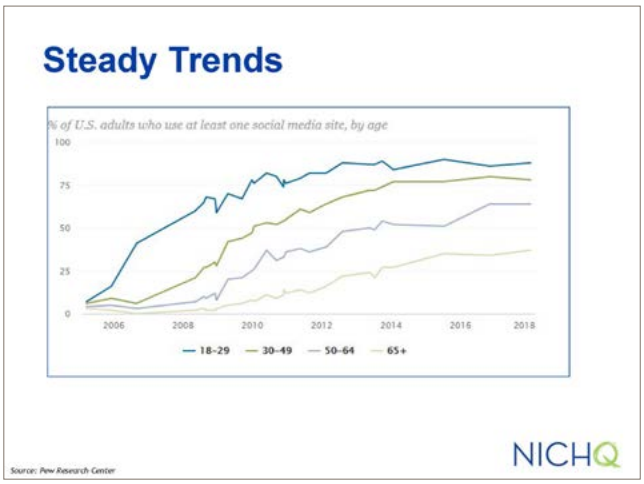
STONY BROOK MEDICINE

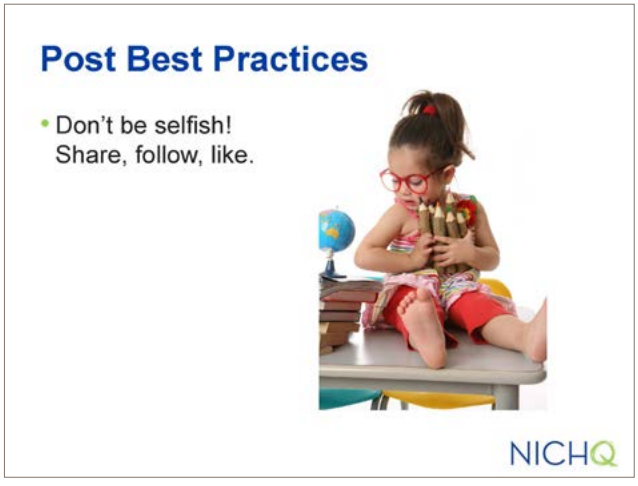
Social media can influence parents' infant safe sleep practices positively or negatively. We worked with our hospital-based social media team to promote evidence-based safe sleep practices during Baby Safety Month in September. We created an "Ask the Experts" webpage that highlights the key steps to keep infants safe while they sleep: https://www.stonybrookmedicine.edu/patientcare/babysafetymonth.

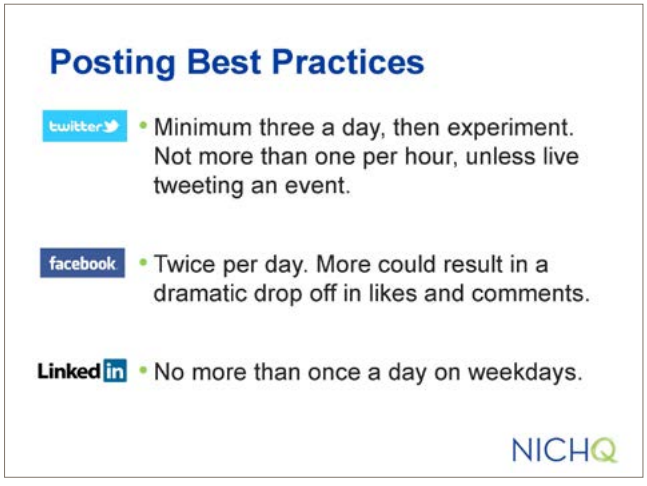
Social Media Tools and Resources

Forbes, C. *Getting Savvy With Social*

Safe Sleep IM CoIIN AP Call. December 2018. Intended audience: Hospitals, healthcare practices, community-based organizations, and public health agencies.







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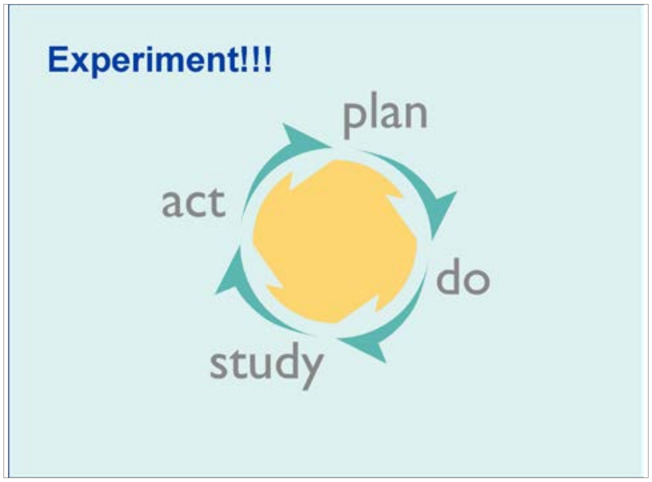

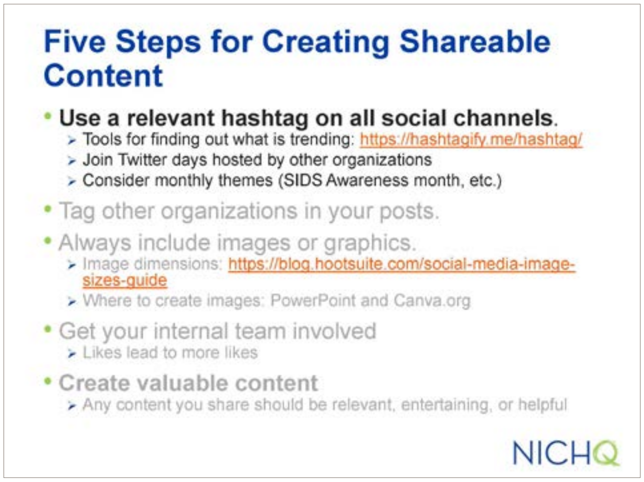

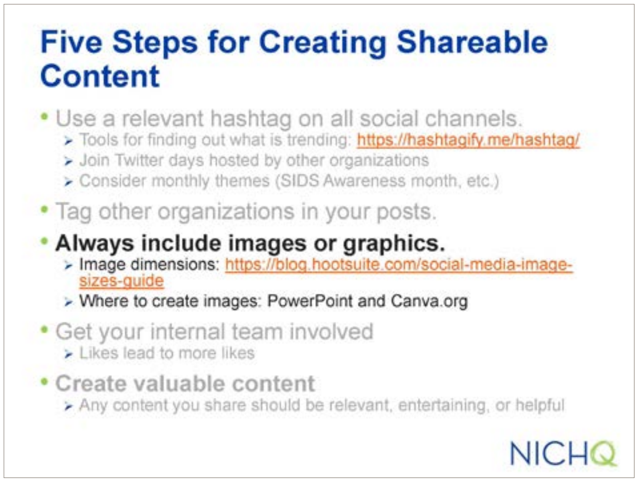

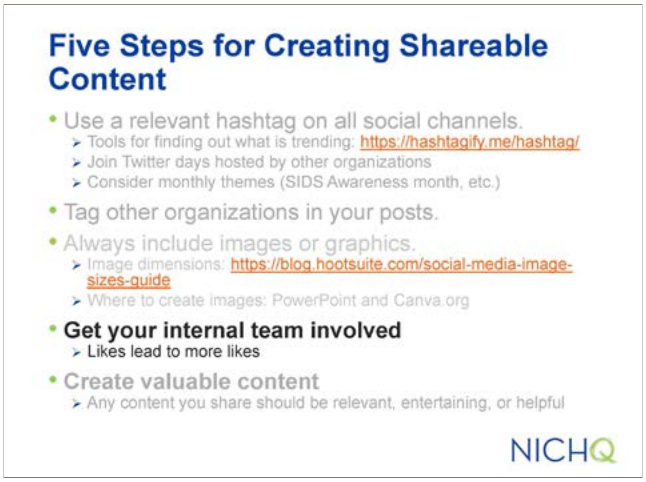

Social Media Tools and Resources

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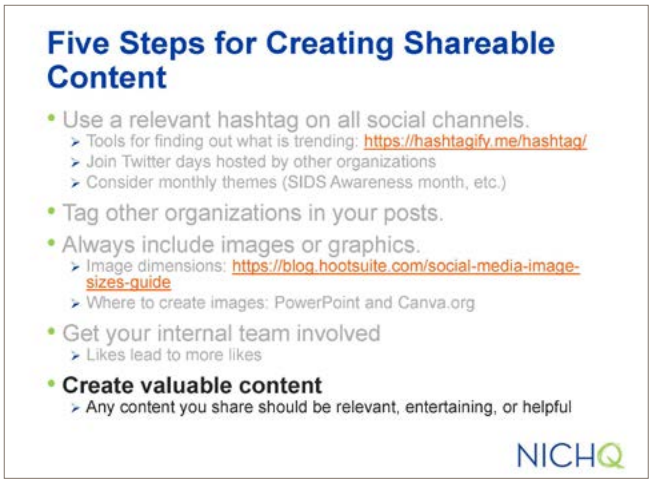

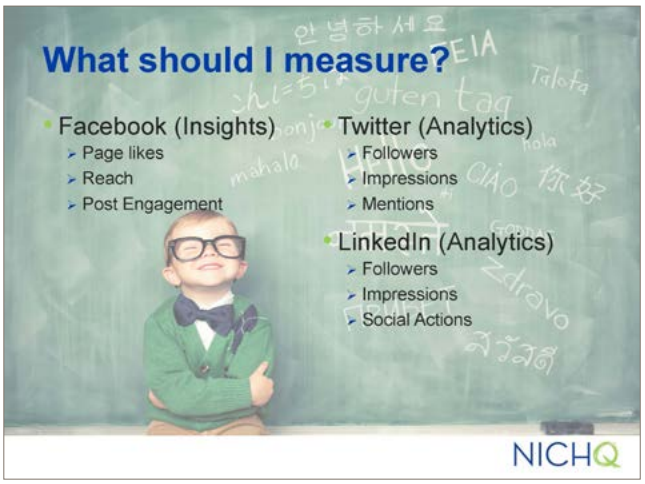

10

Success Stories & Lessons Learned

From the Birthing Hospitals & Community-based Organizations

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Click on titles/page numbers to go to directly to each section

Primary Drivers

DRIVER
Health care professionals understand, actively endorse and model safe sleep practices.

DRIVER
Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep.

DRIVER
Engage and activate infant caregivers, community to support safe sleep.

DRIVER
Engage and activate infant caregivers, community to support safe sleep.

DRIVER
Spread bright spots within facility and to other facilities.

Introduction

This section features reflections from NYS birthing hospitals' and community-based organizations' (CBO) journeys to improve infant safe sleep. The information is provided by hospitals and CBOs that have participated in the following NYSDOH infant safe sleep improvement projects:

- NYSPQC Safe Sleep Project;
- NYS Safe Sleep Collaborative Improvement & Innovation Network to Reduce Infant Mortality (IM CoIIN); and
- National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN).

The successes, challenges, lessons learned and recommendations featured in this section were shared by participating teams during project Learning Sessions and Coaching Calls, most often in the form of storyboards. The hospital and CBO perspectives provide the "story" behind many of the tools featured in this toolkit.

NYSDOH Infant Safe Sleep Successes

> **Enhanced collaborations** among participating hospitals and stakeholder organizations. From new collaborations, NYSDOH shared and co-branded media with partner organizations such as the Office of Children and Family Services (NYS OCFS).

> **Sustainability of infant safe sleep practices in the birth hospital setting** through the establishment or updating of hospital policies and procedures, and building safe sleep education and documentation into birthing hospitals' electronic medical record (EMR) systems.

> **Statewide hospital recognition for safe sleep practices.** In January 2019, 72 hospitals received the NYSPQC Safe Sleep Project's Quality Improvement Award. The award was given in recognition of the hard work and dedication of the hospitals' staff to improve safe infant sleep practices.

> **Engagement of prenatal care providers** through a NYSDOH Commissioner's letter (section 4) to obstetricians and nurse midwives statewide to educate and reinforce safe sleep messages prior to delivery.

> **Engagement of healthcare providers before and after birth** through a Commissioner's letter to reinforce safe sleep messages. Letters were sent to a range of perinatal care and primary care providers including pediatricians, pediatric and obstetric nurse practitioners, pediatric and obstetric physician assistants, family practitioners and nurses.

> **New York State Public Health Law was amended** in July 2016, to include language that requires birthing hospitals and birthing centers to distribute infant safe sleep information to all maternity patients, including information on crib safety. In August 2019, NYS legislation included a ban on the sale of crib bumper pads.

> **Development of a NYSDOH Infant Safe Sleep Toolkit** to spread the lessons learned, successes, and tools from the hospital and community-based safe sleep projects across the state.

MAY 2019 WAS INFANT SAFE SLEEP MONTH IN NYS

In May 2019, Governor Cuomo signed a proclamation stating that May 2019 was Infant Safe Sleep Month. The proclamation and a press release regarding the proclamation are provided in section 1.

NYSPQC Safe Sleep Project

University of Vermont Health Network Alice Hyde Medical Center

Reinforcement is the key to success. Continuity from shift to shift further enforces the importance of safe sleep. Education for families and caregivers starts in the prenatal office and continues through the entire stay. Re-education is done whenever needed for patients and care givers. We have our hospital policy that outlines the expectations of the nurse in the teaching and reinforcement of the safe sleep practices. Every parent is discharged with a teaching folder that includes safe sleep practices as a reference to use when at home. Our local community-based partners are very good at enforcing the teaching that we review while the patients are with us. Our team recognizes the importance of safe sleep practices, it is ingrained in the routine and teaching that the nurses do with the patients. It is also part of the shift assessment of the baby. We will continue to document the safe sleep teaching and reinforcement within the babies' medical record.

Over the course of the NYSPQC Safe Sleep Project, our safe sleep data results have improved. We learned that many parents were not aware that safe sleep is more than putting the baby on their back to sleep. The data we collected showed us where we needed to improve to ensure that safe sleep practices were a priority in the education we provide to parents. Using the NYSDOH safe sleep resources to educate parents through this project has aided in the improvement of understanding of all safe sleep practices.

University of Vermont Health Network Champlain Valley Physicians Hospital

This has been a wonderful initiative to be part of because there is nothing more rewarding than saving the life of baby using these simple and easy steps. Because we feel that education for staff and caregivers is the most important key to success, we will continue to provide education based on current best practices. What we have learned from our data is that education and modeling safe practices have been the keys to our successes. We will continue to collect data using the crib audits and monitor caregiver education being provided.

NYSPQC Safe Sleep Project

New York-Presbyterian Columbia University Medical Center

Highlight of Project Accomplishments:

System Changes

- Multidisciplinary team developed cross-campus Safe Sleep Policy
  - Includes an algorithm for NICU patients
- Safe Sleep education added to patient education ribbon in EMR

Mother Baby Unit

- Rooming–in increased to above 85% - allowed for reinforcement of safe sleep practices and education to caregivers
- Documentation on safe sleep improved

NICU

- Staff completed NIH Safe Sleep provider education module and submitted certificate of completion
- Sleep sacks were purchased for use on the unit
- Presentations were made during faculty meetings to make MDs aware of the safe sleep implementation as part of discharge process
- Day and night shift reminders are made during tier 1 huddles
- Our discharge packet now includes a NYSDOH safe sleep brochure
- Our discharge RN now reinforces practices during patient education classes

Good Samaritan Hospital of Suffern

Lessons Learned:

Reinforce safe sleep with frequent education for staff every two months. In collecting the data via the crib check tool for the NYSPQC Safe Sleep Project, we noticed that after using the crib cards for awhile we would then revert to our old habits. After we added bimonthly education for staff it helped staff to stay more consistent. Posting the data collected in a place where staff could see it also opened discussions about safe sleep and practice. The most essential improvements we accomplished with the NYSPQC Safe Sleep Project were to keep the head of the bed flat. That was one practice we maintained and plan to maintain by using a visual reminder.

White Plains Hospital

Our nursing staff as well as support staff are hardwired in educating their patients about safe sleep practices. The safety handout as well as the safety poster are part of their admission process and used during their rounds. We have added a safe sleep education check box in their teaching record to ensure consistent documentation is taking place daily as well as on discharge. During staff meetings, staff are informed about our monthly safe sleep data results and it is posted on our unit display board.

NYS Safe Sleep IM CoIIN

In this section, CBOs share lessons learned, successes, and tips for sustaining improvement.

REACH CNY, Inc.

We learned from our partners that parents may initially place their babies down to sleep in a safe place at night, but the baby may not remain there for the duration of the night due to:

- Nightly feedings (breastfeeding and/or formula feeding);
- Difficulty soothing the baby back to sleep in the crib;
- Cultural reasons; and/or
- Personal reasons, including fatigue.

Mothers & Babies Perinatal Network

Tips for Sustaining Improvements:

- Collaboration with hospitals and local CBOs to provide awareness and education on safe sleep practices;
- Media campaigns may assist with education and information to the public; and
- Fundraising efforts are effective for providing cribs and safe sleep kits for families in need.

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN)

New York Presbyterian-Lawrence Hospital

Storyboard. NAPPSS-IIN Cohort A Harvest Meeting. May 2019.

New York Presbyterian Lawrence Hospital

Harvest Meeting 2019

NICHQ

Team Profile: New York Presbyterian Lawrence Hospital

AIM STATEMENT:

By May 2019, we will improve our exclusive breast feeding rate in our mother-baby unit throughout the hospital stay by 5%. We will especially aim to increase the rates of excusive breast feeding in our Hispanic and non-Hispanic Black populations.

Additionally, we will increase the percent of care givers able to teach back the key elements of safe sleep at discharge to 80% and those indicating having a safe sleep plan and intent to carry through to 90%. We will achieve this by implementing evidence based practices to provide better care to mothers and their infants who deliver at our hospital

100% of staff caring for mothers and infants will receive training on safe sleep and breastfeeding and lactation support

90% of care givers will attest to having had a conversation and/or received information about the key elements of safe sleep by discharge

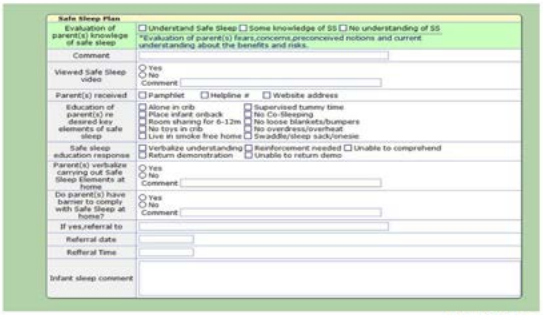
NICHQ

Proud Moments

- Since joining the NICHQ project we have seen an overall improvement of the general status of infant cribs.
- Parents have also shown increased understanding of infant safe sleep through discharge and breastfeeding classes as verbalized through improved discharge interview comprehension and recall.
- Creation of safe sleep posters that have been placed in every patient room to reinforce safe sleep education, provide a reference for parents, as well as provide a teaching tool for nurses.
- We have recently created a safe sleep intervention to document our patient's understanding of safe sleep practices as well as plan to carry through at home.

NICHQ

Proud Moments



Safe Sleep Plan	
Evaluation of parent(s) knowledge of safe sleep	☐ Understand Safe Sleep ☐ Some knowledge of SS ☐ No understanding of SS *Evaluation of parent(s) fears,concerns,preconceived notions and current understanding about the benefits and risks.
Comment	
Viewed Safe Sleep video	○ Yes ○ No Comment:
Parent(s) received	☐ Pamphlet ☐ Helpline # ☐ Website address
Education of parent(s) re desired key elements of safe sleep	☐ Alone in crib ☐ Supervised tummy time ☐ Place infant onback ☐ No Co-Sleeping ☐ Room sharing for 6-12m ☐ No loose blankets/bumpers ☐ No toys in crib ☐ No overdress/overheat ☐ Live in smoke free home ☐ Swaddle/sleep sack/onesie
Safe sleep education response	☐ Verbalize understanding ☐ Reinforcement needed ☐ Unable to comprehend ☐ Return demonstration ☐ Unable to return demo
Parent(s) verbalize carrying out Safe Sleep Elements at home	○ Yes ○ No Comment:
Do parent(s) have barrier to comply with Safe Sleep at home?	○ Yes ○ No Comment:
If yes,referral to	
Referral date	
Refferal Time	
Infant sleep comment	

NICHQ

Teaching Tools

Baby sleep safety is as easy as ...

Safe Sleep for Baby

1. Always Sleeps **A**lone, on **B**ack, in **C**rib
2. Nothing in Sleep Area:
   No Toys, Bumpers, Blankets, Hats, Pillows
3. Firm Mattress With Fitted Sheet
4. Crib in Same Room as Parents For 6 to 12 Months
5. Do Not Share Bed or Sleep on Couch/Chair
6. Dress Infant in Sleep Sack or Onesie
7. Do Not Overheat or Overdress
8. No Smoking Around Baby

NICHQ

Teaching Tools con't.

Breastfeeding Benefits

- Breast Milk Contains Antibodies
- Aids in Development of Baby's Immune System
- Reduced Allergies & Asthma in Babies
- Protects Against Chrohn's Disease/Diabetes
- Provides Perfect Infant Nutrition
- Higher IQ Levels
- Decreased Risk of SIDS
- Nursing Your Baby Burns Calories
- Reduced Risk Of Cancer For Mom
- Breast Milk is More Digestible for Baby
- Less Risk of Childhood Obesity
- Special Bonding Between Mom & Baby

NICHQ

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN)

New York Presbyterian-Lawrence Hospital

Storyboard. NAPPSS-IIN Cohort A Harvest Meeting. May 2019.

Addressing Disparities

- We have noted that we have a predominantly working to middle class clientele that is equally distributed between Whites, Blacks, and Hispanics.
- We do have a large immigrant population, with patients from all over Europe, Africa, Asia, and the Middle East. We struggle with language barriers and utilize language lines to address these barriers and communicate with patients effectively
- Across all cultures, infants of immigrant parents often over-swaddle, use extra fluffy blankets and pillow props in the crib compared to the infants of the American parents regardless of race or culture.
- American parents are also more receptive to safe sleep teaching compared to the immigrant parents who feel that the teaching is not always necessary and find the concepts foreign
- We continue to educate all patients the same way about safe sleep and breastfeeding but we make an extra effort to educate all family members to safe sleep practices that would be involved in infant care to attempt to change the previously held beliefs about unsafe infant sleeping.

NICHQ

Policy

- We found it was useful for staffing purposes to as it helped to provide clear cut guidelines and even scripting though teach back about patient education regarding safe sleep.
- We are attempting to modify our current policy to include safe sleep documentation about parent plan for safe sleep at home.

- We used online learning modules to educate staff as well as nurse educators conduct teaching about safe sleep inpatient. We found this to be helpful to ensure everyone was educated about current safe sleep practices.
- We used many approaches as discussed above and found that not just one, but rather using them together worked to ensure that safe sleep education was understood by all staff.
- As part of the NICHQ project we frequently update staff members on the importance of safe sleep as well as current practice and policies that we discuss and find on the CoLab.

NICHQ

Partners in the Work

- Our goal is to reach out to our local WIC program as well as the prenatal offices of our OB-GYN and our pediatric offices post discharge to ensure that this information is consistent and available throughout all stages of pregnancy and postpartum.
- We are working closely with the department of health who has provided us with many safe sleep education tools and resources.

NEW YORK STATE OF OPPORTUNITY. | Department of Health

- We would suggest forming partnerships early on with various groups (OB-GYN, pediatrics, community) to make sure there is continuity and consistency in patient education.

NICHQ

Talking with Moms and Caregivers…

- The interviewing process helped spark interactive conversations that involve the patient in learning about the best practices for safe sleep. We have found that open ended questions on the interview are helpful in learning what their beliefs are. We could then share the evidence that we know, answer their questions, and council as needed.

- Vignette:
  - One of the most memorable interviews our team has done was with a new mother who immigrated from Albania. She stated that she had a wonderful hospital experience and learned so much through the discharge and breast feeding class. She stated that she was unaware of SUID risk factors, as this was not really promoted in her country. She was so grateful for our guidance, education, and encouragement and stated that she will be very conscious of her infant safety when putting the baby to sleep, something that she would not have consciously done before.
  - Occasionally a mom will state that no one spoke with her about safe sleep but indicate she received just the right amount of information. When asked about this, they reply that the posters, reading materials in their welcome packet and video gave them enough information to reinforce safe sleep practices.

NICHQ

Talking with Moms and Caregivers cont'd.

1. Posters on safe sleep practices and the benefits of breastfeeding
2. Daily Discharge Classes
3. Monday-Friday Breastfeeding Classes

- The questions that prompt the parents to recall key safe sleep practices (A,B,Cs) are helpful when doing teach back on their plan for safe sleep at home.

Mother Baby RNs who teach Discharge Class for parents.

NICHQ

Breastfeeding P-D-S-As to Ascertain the Affect of Breastfeeding Programs

- **Breastfeeding Program**
  - Inpatient Breastfeeding class
  - NICU pumping kits to promote breastfeeding for NICU moms
  - 1-1 breastfeeding consults
  - Breastfeeding support group
  - Post discharge phone calls
  - Immediate skin-to-skin and breastfeeding within minutes of delivery for vaginal birth and within 2 hours for C-section births
  - Enforcing Couplet Care/ Rooming in
  - Delay bathing for 24 hours to promote breastfeeding
  - Prenatal Breastfeeding Class
  - Collection of Breastfeeding Statistics
  - Late preterm infant feeding protocol that promotes breastfeeding
  - Working on breastfeeding curriculum for nurses
  - Currently have RN's who are certified lactation consultants (CLC) and others who are working towards achieving this certification.
- What changes were the easiest?
  - NICU pumping kits
- What changes were the hardest?
  - Breastfeeding class → can be challenging to get moms to attend class

NICHQ

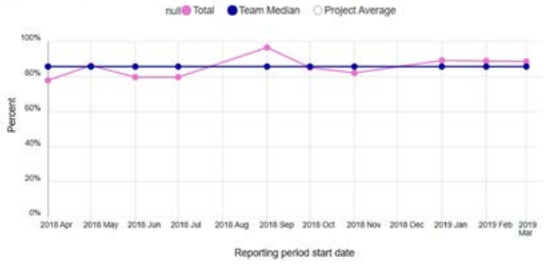
National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN)

New York Presbyterian-Lawrence Hospital

Storyboard. NAPPSS-IIN Cohort A Harvest Meeting. May 2019.

Exclusive Breastfeeding and Breastfeeding Initiation Graphs

IHO3: Overall Breastfeeding Initiation Rate



NICHQ

Exclusive Breastfeeding and Breastfeeding Initiation Graphs

IHO2: Exclusive Breastfeeding Rates

NICHQ

Safe Sleep P-D-S-As

Safe Sleep Initiatives

- Discharge Class
- Safe Sleep Education Posters in Each Patient Room
- Safe Sleep Video mandated for every patient prior to discharge
- Safe Sleep Brochures (Safe Babies New York)
- ABC of Safe Sleep Crib Clings on every baby crib
- Welcome folder when admitted to postpartum with copious amounts of information for infant care, mother care, and breastfeeding.
- Safe sleep posters provided by the department of health are placed in Labor and Delivery.
- Prenatal course offered by labor and delivery for patients covers safe sleep and breastfeeding topics.
- Newborn Chanel for Infant education provided through the hospital television

- What changes were the easiest?
  - Create and hanging safe sleep education posters
  - Introducing safe sleep video to patient education
- What changes were the hardest?
  - Discharge classes have been challenging to consistently offer as it requires a nurse to step away for an hour and conduct it.
  - Implementing safe sleep plan at home intervention in nursing documentation. It has taken time to finalized and is currently being modified and will require approval from upper management and staff education prior to initiation.

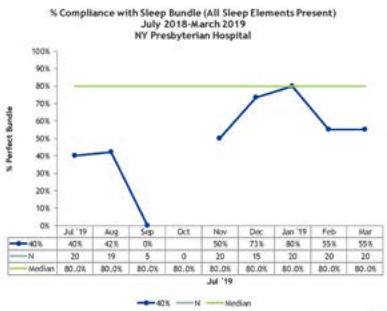
NICHQ

Room Audit

- Room audits have enhanced staff awareness of infant safe sleep and the dangers of unsafe sleep practices. All staff has participated in some form of data collection and crib audits so they are aware of unsafe practices as well as scripting to correct unsafe practices without shaming parents for sleeping issue.
- Example:
  - Mrs. Jones, I noticed your infant is sleeping on her belly. Though she may be comfortable in this position, this is not a safe sleep practice as this position increases her risk for SUID.
  - When questions arise we educate about infant anatomy related to suffocation and choking as well as rebreathing CO2, changes in research and understanding of SUID, and SUID rates reduction through actively practicing safe sleep guidelines.
  - When cultural practice and differences arise we acknowledge their unique backgrounds but continue to promote current safe sleep practices with all family members present in the inpatient setting.

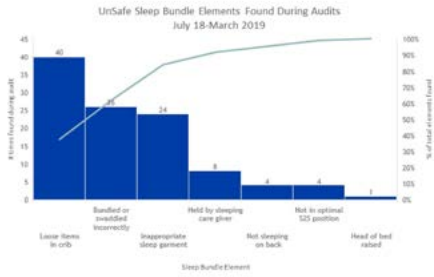
NICHQ

Perfect Sleep Bundle-Room Audits



NICHQ

Room Audit Graph



NICHQ

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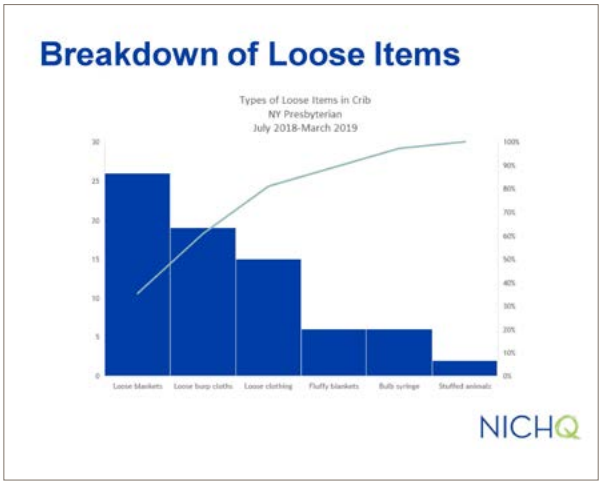
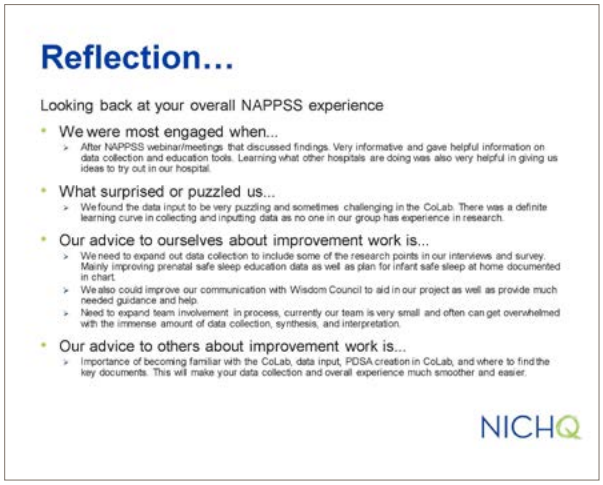
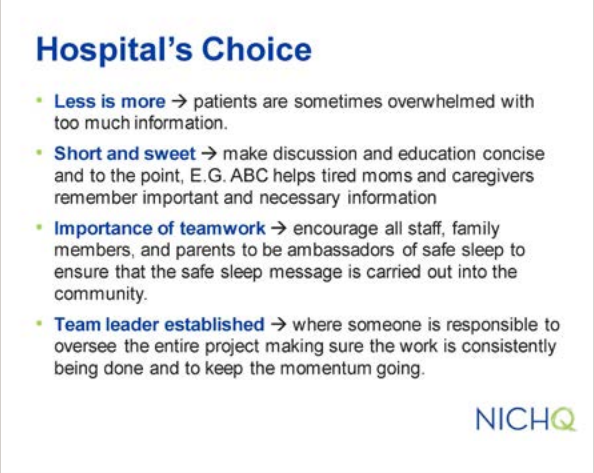


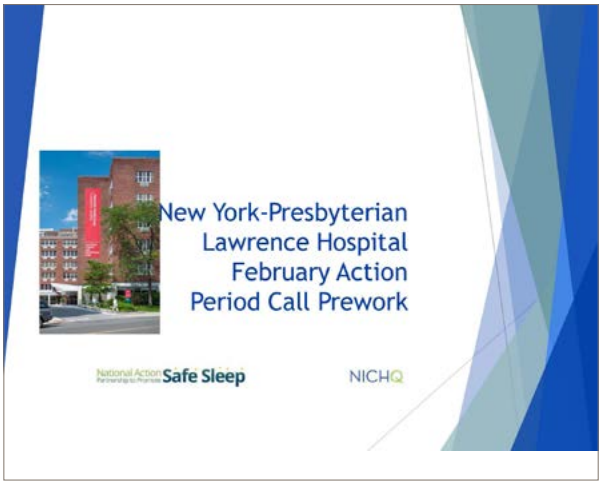


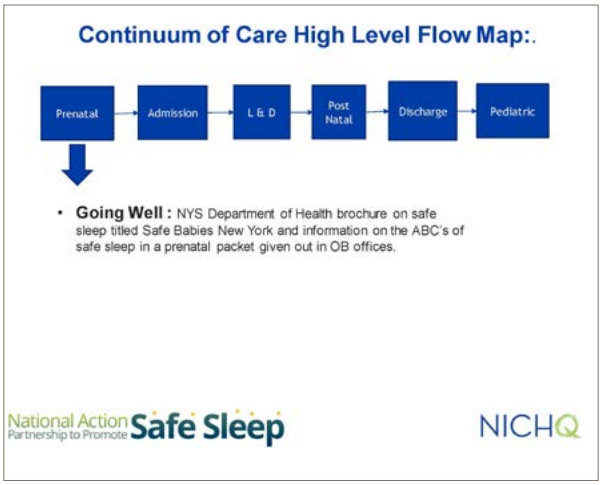


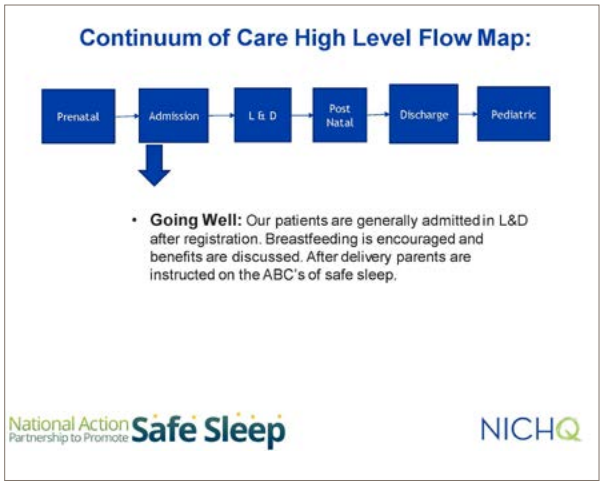
National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN)

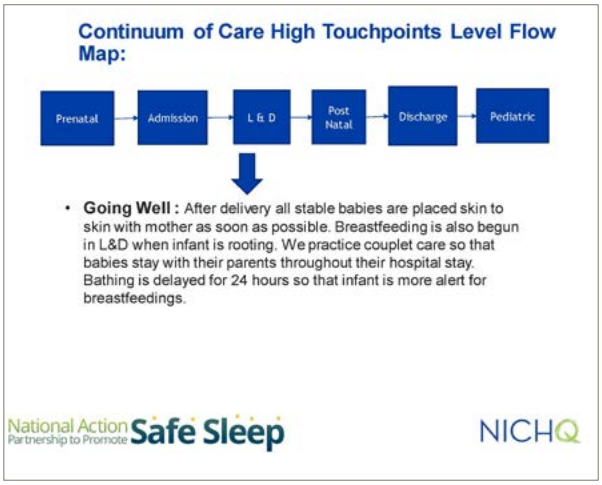
New York Presbyterian-Lawrence Hospital

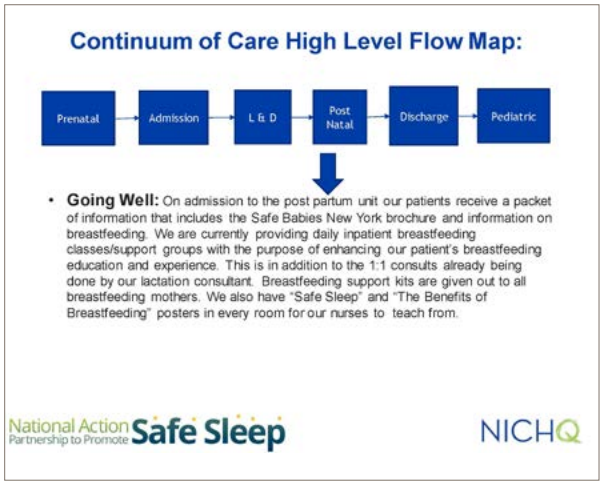
Continuum of Care High Level Flow Map Successes. NAPPSS-IIN Cohort A Action Period Call. Feb. 2019.











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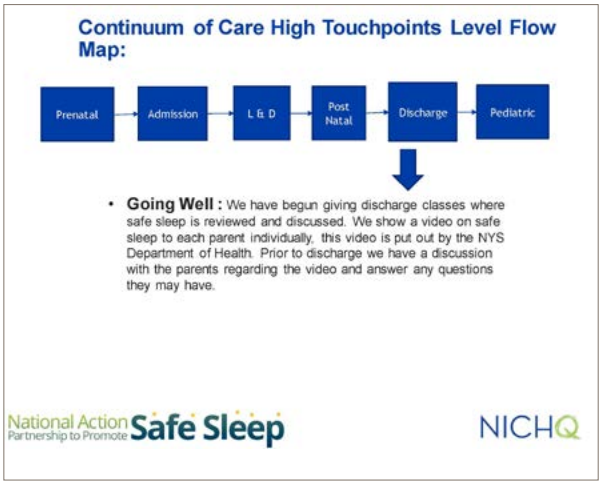

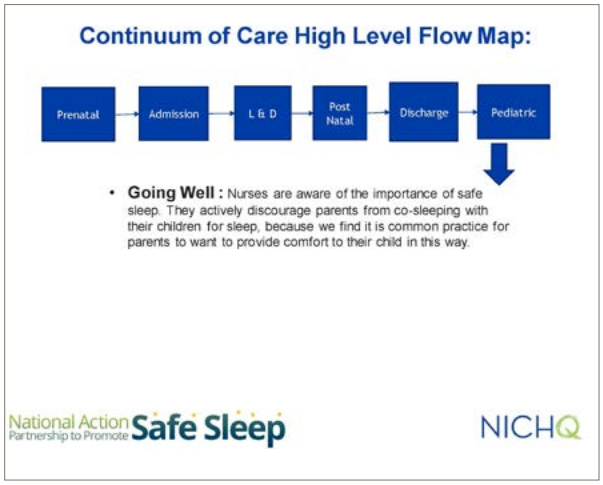

Primary Drivers

DRIVER
Health care professionals understand, actively endorse and model safe sleep practices.

University of Vermont Health Network Champlain Valley Physicians Hospital

When we began the NYSPQC Safe Sleep Project, our initial PDSAs held few surprises. We knew the staff was aware of the importance of back to sleep, we were initiating the use of swaddles, and we were aware that most of the cribs had many objects in them. However, we learned several valuable lessons through this project:

- Education done on even a limited basis can have a huge impact. After educating just two nurses to provide education to infant caregivers about infant safe sleep practices, we saw immediate improvement in all the ABCs of infant safe sleep.
- The obvious is not always the issue. We started using the NYSDOH Safe Sleep DVD to provide the right information to the infant caregivers, but part of the issue was the need for safe sleep education among extended family and friends as well. We learned that we needed to provide the infant caregivers the tools to help them deal with everyone who interacts with their infant.
- Consistent information from everyone increases compliance. Reeducation of the pediatricians showed that it is important to give information in more than one form and from more than one source. The mesh bag that we attached to the cribs also included an informational card developed by the hospital which reinforced existing education. The bag gives infant caregivers a way to keep the crib free of objects while still being able to display gifts for the infant that have been brought to the hospital.

Story behind the Data

- The staff was aware of the importance of "Back to Sleep" but there was room for improvement since our initial data showed 80-90% compliance. Reinforcing staff education and initiating consistent caregiver education helped to improve the data to 95- 100%.
- With the initiation of swaddle use and educating the staff about appropriate swaddling (with or without a sleep sack) this data has improved from 30 to 90%.
- Keeping the head of the crib flat has been an area with which staff has done well since the start of the initiative (95-100%). Education about newborn reflux helped convince some of the staff that "back" and "flat" were safe.
- No items in the crib has been our biggest challenge. Multiple education venues with staff, providers and caregivers brought some improvement. When a caregiver expressed not wanting to offend grandparents by not displaying gifts in the crib we realized this was what we needed to focus on. We eventually decided on a mesh bag that would attach to the crib as a way to display gifts but keep them out of the crib. A card was attached to the bag explaining its purpose and also includes the ABCs of safe infant sleep. Since the bags initiation in February 2017, our data has improved from 50% to 98-100%.
  What we have learned from our data is that education and modeling safe practices have been the keys to our successes.

Primary Drivers

DRIVER
Health care professionals understand, actively endorse and model safe sleep practices.

Good Samaritan Hospital Medical Center (NICU)

The observation of safe sleep in the NICU was a challenge for the novice to expert nurses. The learned behavior of staff in a step-down unit with a growing preemie needs to change. For years, the position has been to have the head of bed elevated. After speaking with the neonatologists and staff, we will implement the need for a MD order for newborns who need to have head of bed elevated. Also, there was a need to re-enforce education to staff on swaddling and if more blankets and/or hat are needed to maintain thermoregulation, the infant needs to be back in a thermal controlled isolette.

Nurses are the front line to healthcare and are in a unique position to educate parents and caregivers about risk reduction of SIDS and other sleep-related causes of infant death.

The biggest change within the organization is the increase in awareness amongst the staff on the NICU/MBU; the staff now has additional knowledge to aid in safe sleep education and how they can help to continue to make this project successful.

The NYSPQC Safe Sleep Project was successful in that awareness of the importance of safe sleep was brought to the attention of the MBU/NICU units and the implementation of education poster will continue to serve as a friendly reminder to staff on how they can continue to promote the cause. Even small changes have and will continue to improve patient experiences. The current and continued success of the Safe Sleep project plays largely to the support received from our neonatologists, leadership team and the nursing staff.

Primary Drivers

DRIVER
Health care professionals understand, actively endorse and model safe sleep practices.

Rochester General Hospital

Challenges:

Our biggest challenge is keeping objects out of cribs. Although greatly improved from our initial months of data collection, keeping burp cloths, bulb syringes and loose clothing out of cribs remains a challenge. We now have a Safe Sleep bulletin board where we post data updates that show improvement and areas to work on. This helps to keep goals for safe sleep in mind. Other challenges include:

- Immigrant population with language barrier and cultural differences: co-sleeping, bundling with thick blankets, lack of crib
- Transitioning premature infants from incubators to open cribs with a safe sleep environment
- Family members' influence on safe sleep environment
- Parental fatigue and bed-sharing
- Parental fatigue and attentiveness to education
- Replacing photographs on unit walls in which infants depicted in unsafe sleep environments

Lessons Learned:

Our lessons learned included 1) nurse champions are key to spread and adoption of safe sleep messaging and 2) having staff assist with data collection (Crib Checks) increases buy-in.

The essential improvements we have made include: annual nurse education; distribution of sleep sacks with education; easier method of documentation of parent education in EMR, and development of Hospital Safe Sleep Policy. We will keep Nurse Champions involved in crib checks and messaging to sustain improvements.

Primary Drivers

DRIVER
Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep.

Good Samaritan Hospital of Suffern

Lessons Learned:

· **Know your patient population and how they learn best.** We learned from community-based partners that the Hasidic culture utilizes extended family to care for newborn infants so the mothers may rest. So we extended our safe sleep education to grandmothers as well as the mothers. We also learned that many of our patients do not watch DVDs or television. In the hospital our patients preferred to be taught 1:1 by their nurse rather than watch the safe sleep DVD.

Primary Drivers

DRIVER
Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep.

White Plains Hospital

Lessons Learned:

· Our Model of Care at White Plains Hospital includes infant oversight by multiple layers of clinical staff.

· This Model includes the Nursery Nurse, Postpartum Nurse, the Lactation team as well as Management all responsible for Safe Sleep education for each infant and their caregiver.

· Having multiple layers of oversight significantly increases the opportunities for safe sleep education. Although education will take place prior to discharge, we care for a diverse population with varied cultural beliefs and customs.

· Educating about the importance of current evidenced-based practices, while remaining culturally sensitive to family practices often passed down through generations.

· It is crucial that Safe Sleep Education begin on Admission. By starting on admission and through daily repetition we can ensure all patients go home receiving Safe Sleep Education consistently.

· It is important to provide different methods of education based on different learning styles and cultural background. Don't assume an experienced mother is aware of Safe Sleep practices. Taking time to educate not only the parents but extended family as well.

Successes:

· Our Nursing Staff as well as Support Staff are hardwired in Educating their patients about Safe Sleep practices. The Safety Handout as well as the Safety Poster are part of their Admission Process and used during their rounds.

· We have added a Safe Sleep Education Check Box in their Teaching Record to ensure consistent documentation is taking place daily as well as on Discharge.

· During Staff Meetings, staff are informed about our monthly Safe Sleep Data results and it is posted on our unit display board.

Primary Drivers

DRIVER
Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep.

NYU Winthrop University Hospital

Safe sleep is part of the patient education program. The staff reviews and reinforces the safe sleep materials in the mother's admission packet. It is then documented on the mother's electronic medical record as part of the infant safety program.

The following materials are included in the mother's admission packet:

· NYSDOH "Follow the ABCs of Safe Sleep" brochure. Also included: ABCs of Safe Sleep magnet, cling, crib card;

· American Academy of Pediatrics leaflet "A Parent's Guide to Safe Sleep"; and

· Halo (Sleep Sack Swaddle) brochure "Safe Sleep for Your Baby".

Primary Drivers

DRIVER
Engage and activate infant caregivers, community to support safe sleep.

Albany Medical Center

Albany Medical Center's grandparent update: A childbirth education class offering for grandparents designed for grandparents-to-be, this class is taught by an experienced childbirth educator and includes a discussion of current obstetrical practices as well as changes in infant care, feeding and safety that have occurred over the past several years.

Question: What were lessons learned from community-based organization partners?

Responses:

Stony Brook Medicine

- Commercialized baby products continue to be a challenge.
- Social media can influence parents' infant safe sleep practices positively or negatively. We worked with our hospital-based social media team to promote evidence-based safe sleep practices during Baby Safety Month in September. We created an "Ask the Experts" webpage that highlights the key steps to keep infants safe while they sleep: https://www.stonybrookmedicine.edu/patientcare/babysafetymonth.

Primary Drivers

DRIVER
Policies support/facilitate safe sleep practices.

Strong Memorial Hospital

One challenge was elevated head of bed (HOB). An elevated HOB puts infants at risk for suffocating (obstructs airway) by sliding down in the bed or rolling over to prone position. To improve staff compliance, we created a row in the electronic medical record which required staff to document HOB position.
The following discharge checklist is placed in the patient's room at 32 weeks gestation:

- My patient education has been updated, including parents have watched: Shaken Baby, Safe Sleep, Car Seat
- I have passed a ___day countdown with the HOB flat - or -
- I have passed a ___day countdown with HOB up because that is how I will be at home
- My parents have the HOB Up handout and know how to do this at home

We piloted an algorithm we modified with infants on the step-down team. The safe sleep algorithm was given to Attending and Advanced Practice Providers. It was also placed in their patient care binders and posted in nursing break areas.

To sustain improvements, we plan to:

1. Send weekly audit results to the team attending.
2. Be consistent in performing audits.
3. Find bedside nursing champions to help with the effort.
4. We are considering having an order set "Ready for Safe Sleep". Would include HOB Flat, Supine, in Sleep Sack. Require a conversation during rounds before elevating HOB.
5. Created a row in the electronic medical record which requires staff to document HOB position.

Primary Drivers

DRIVER
Policies support/facilitate safe sleep practices.

The University of Vermont Health Network Alice Hyde Medical Center

Reinforcement is the key to success. Continuity from shift to shift further enforces the importance of safe sleep. Education for families and caregivers starts in the prenatal office and continues through the entire stay. Re-education is done whenever needed for patients and care givers. We have our hospital policy that outlines the expectations of the nurse in the teaching and reinforcement of the safe sleep practices. Every parent is discharged with a teaching folder that includes safe sleep practices as a reference to use when at home. Our local community based partners are very good at enforcing the teaching that we review while the patients are with us. Our team recognizes the importance of safe sleep practices, it is ingrained in the routine and teaching that the nurses do with the patients. It is also part of the shift assessment of the baby. We will continue to document the safe sleep teaching and reinforcement within the babies' medical record.

Primary Drivers

DRIVER
Policies support/facilitate safe sleep practices.

St. Mary's Healthcare Amsterdam

Policy:

The policy has helped our organization model safe sleep practices for infants throughout the hospital including in our maternity unit and ICU. It also is a great resource for supporting teaching points for parents.

Now our community has a better understanding of the importance of safe sleep. We were also able to apply for Cribs for Kids® silver status to signify safe sleep practices within our hospital.

Advice for other hospitals:

A safe sleep policy provides the structure for consistent safe sleep education for all parents and families.

Room signs

a. Signs in rooms are another visual approach to safe sleep for infants. The pictures are hung within each patient room.

b. Parents notice the signs and are able to visualize how their infants sleep environment should look.

c. Be sure to hang pictures that accurately represent what a safe sleep environment should look like.

White boards

a. The white boards serve as a checklist to ensure that the education regarding safe sleep is complete.

b. We are able to educate and 95% of our patients respond that they understand safe sleep in our survey.

c. My advice would be to get a whiteboard for every maternity room.

Safe sleep survey

a. The surveys help us to recognize when a parent is in need of additional education prior to discharge.

b. We have a 95% rate of parents who understand safe sleep. 5% are parents that are unwilling to adopt the practices.

Primary Drivers

DRIVER
Spread bright spots within facility and to other facilities.

Newark Wayne Community Hospital

The Road to Becoming a Gold Safe Sleep Champion

Before Newark Wayne Community Hospital became a Gold Champion in the Cribs for Kids® National Safe Sleep Hospital Certification Program, we first had to prove the use of an up-to-date policy, complete staff education on safe sleep and ensure our hospital website included safe sleep information. We then attended two community outreach programs, the Wayne County Fair and babysitting classes, to educate the public on safe sleep. Both activities were well received by the public.

End of Toolkit

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