

SPN NEWS



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Infant Safe Sleep: Efforts to Improve Education and Awareness¹

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According to the [Centers for Disease Control and Prevention \(2011\)](#), more than 4,500 infants die annually in the United States of no apparent cause of death. These deaths are defined as sudden unexplained infant deaths (SUID). Half of these SUIDs are because of sudden infant death syndrome (SIDS). SIDS is defined as the sudden death of an infant less than 1 year of age that remains unexplained after a thorough case investigation, autopsy, examination of the death scene, and review of clinical history ([Willinger, James, & Catz, 1991](#)). Despite national programs and public health education, SIDS remains one of the three leading causes of infant death accounting for 8% of all infant deaths ([Matthews & MacDorman, 2011](#)) and is the leading cause of deaths among infants 1–12 months of age ([Centers for Disease Control and Prevention, 2011](#)).

In an effort to decrease the risk and incidence of SIDS, in 1992, the American Academy of Pediatrics (AAP) Task Force on Infant Positioning and SIDS recommended that infants lay in a nonprone position for sleep ([AAP Task Force on Sudden Infant Death Syndrome, 2005](#)). Shortly after the issuance of the task force statement, the “Back to Sleep” campaign was launched in the United States in 1994. The goal of the campaign was to educate parents, caregivers, and health care providers about the ways to reduce the risk of SIDS. This campaign was successful in promoting infant back sleeping and other risk-reduction strategies as evidenced by a 50% reduction in SIDS rates ([Eunice Kennedy Shriver National Institute of Child Health & Human Development, 2011](#)).

Updates to the AAP policy statement on SIDS were released in 2000, 2005, and 2011. In the 2005 updates, the Task Force on Sudden Infant Death Syndrome addressed several issues including significant risk of side sleeping position and no longer recommended side sleep as an alternative to supine sleeping ([AAP, 2005](#)). The AAP also cited the belief that health care professionals should be more vigilant about endorsing and modeling SIDS reduction recommendations before the discharge of an infant from neonatal intensive care units. In one study by [Grazel, Phalen, and Polomano, 2010](#), there was evidence that 85% of neonatal intensive care unit (NICU) nurses throughout 19 NICUs across the region were able to identify the recommended strategies, but inconsistencies exist in the implementation of reduction strategies into NICU practice and inclusion of SIDS risk education for parents ([Grazel et al., 2010](#)).

The latest updates from the AAP were released in October 2011. It was noted that other causes of infant death, including suffocation, asphyxia, and entrapment, have increased in incidence, especially since the 2005 updates. Therefore, the new recommendations have an expanded focus on a safe sleep environment in an effort to reduce the risk of all sleep-related infant deaths, including SIDS ([AAP Task Force on Sudden Infant Death Syndrome, 2011](#)). These recommendations include the following:

- ❖ Infants should be placed on their back for every sleep. Preterm infants should be placed in the supine position as soon as the infant is medically stable and prior to infant’s discharge.
- ❖ A firm sleep surface should be used. Use a crib, bassinet, or portable crib/play yard that conforms to the safety standards of the Consumer Product Safety Commission and ASTM International (formerly known as American Society for Testing and Materials).

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- ❖ Placing infants in the parent's bedroom (room sharing) but without bed sharing is recommended.
- ❖ Keep all soft objects such as pillow, quilts, and comforters out of the crib to reduce the risk of SIDS, suffocation, entrapment, and strangulation. Bumper pads are not recommended.
- ❖ Avoid exposure to smoke during pregnancy and after birth.
- ❖ Avoid use of alcohol and illicit drugs during pregnancy and after birth.
- ❖ Breast-feeding is recommended, and mothers should exclusively breast-feed or feed with expressed milk if possible.
- ❖ Offer a pacifier at nap time or bedtime, but do not reinsert once the infant has fallen asleep.
- ❖ Avoid overheating by dressing infant appropriately, and avoid over bundling.
- ❖ Infants should be immunized according to the recommendations of the AAP and Centers for Disease Control and Prevention.
- ❖ Avoid commercial devices that are marketed to reduce the risk of SIDS such as wedges and positioners.
- ❖ Home cardio respiratory monitors should not be used as a strategy to reduce the risk of SIDS.
- ❖ Recommend supervised, awake, tummy time to minimize development of positional plagiocephaly and to facilitate development.
- ❖ Health care professionals and newborn/child care providers should endorse the SIDS risk reduction recommendations from birth and implement safe sleep practices.
- ❖ Media and manufacturers should follow safe sleep recommendations in advertising.
- ❖ Expand the national campaign to include a focus on safe sleep environment to reduce risk of all sleep-related infant deaths.
- ❖ Continue research and surveillance on the risk factors and causes of SIDS and other sleep-related deaths.²

Pediatric care providers need to take a more active role in the education of parents on safe sleep practices and to role model those practices. One of the opposing forces that health care providers have to contend with is poor advertising, including magazines, billboards, and marketing of toys or bedding depicting unsafe sleep environments. This type of advertising can often mislead parents about safe sleep practices. A study by Joyner, Gill-Bailey, and Moon (2009), analyzed 391 pictures of infants from 34 magazines to determine adherence to the AAP guidelines for infant safe sleep practices. Of the pictures showing sleeping infants, researchers found 36% were in the side or prone position, and almost two thirds of the pictures showing infant sleep environments were not consistent with the AAP guidelines.

With the lack of social modeling, it is more important than ever for health care providers to become knowledgeable of the recommendation set forth by the AAP and be consistent in the implementation of those practices. By consistently demonstrating safe sleep practices, the health care provider will serve as a role model to parents and caregivers. Parents are more likely to model the actions and behaviors demonstrated by the health care provider rather than modeling from verbal instruction (Carrier, 2009).

How can organizations begin to educate staff on safe sleep practices and promote role modeling? Organizations can start by developing a fundamental policy on infant safe sleep positioning and sleeping environment. The policy should be guided by the AAP recommendations and clearly outline safe sleep practices. By developing and implementing a policy, an organization demonstrates a commitment to the safety and welfare of infants. Implementation of a policy can increase compliance with safe infant positioning (Shaefer, Herman, Frank, Adkins, & Terhaar, 2010). Other recommendations and strategies that organizations can use to increase education and awareness include the following:

- ❖ Use of multiple teaching strategies including in-services, electronic learning modules, and low-fidelity simulation. Simulation scenarios are developed to provide an opportunity for staff to demonstrate safe sleep practices in a nonclinical environment.
- ❖ Incorporate safe sleep information into new hire orientation programs and other nursing curriculums.
- ❖ Implement an algorithm to facilitate the transition of critically ill neonates to a safe sleep environment prior to discharge.
- ❖ Develop a *Safe Sleep Fair*. A fair-like setting can provide a fun and interactive way of learning for patients, parents, families, and staff. Information centers, trivia games with safe sleep content, and interactive skills stations demonstrating proper bundling and positioning are some of the suggested learning opportunities.
- ❖ Establish a *Safe Sleep Committee*. The committee should be multidisciplinary and include nurses, physicians, respiratory therapist, social workers, and community members. The key purpose is to increase awareness of safe sleep recommendations and promote adherence to those recommendations.
- ❖ Partner with your local chapter of SIDS organizations or Cribs for Kids (www.cribsforkids.org) to support community initiatives promoting safe sleep and SIDS awareness.

The phenomenon of "crib death," now known as SIDS, has been in existence for centuries. Despite ongoing education and ever-changing recommendations, it is a phenomenon that continues. Increased compliance to the AAP recommendations on safe sleep practices is needed

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from health care providers, parents, families, and other caregivers to improve outcomes and to potentially reduce the incidence of SIDS and other sleep-related deaths.

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