

Safe Sleep Practices in Infants

Applicability Limited to: Pediatrics

Version #: 1

Effective Date: 10/31/2013

Functional Area: Clinical Operations

Purpose: To outline the process for following the American Academy of Pediatrics recommendations for Safe Sleep Practices in infants less than one year of age.

Responsibility: All health care providers involved in the care of infants less than one year of age.

Policy Content

- I. For hospitalized infants less than one year of age, without preexisting health concerns
 - A. Place supine to sleep
 - B. Dress infant appropriately for his/her medical condition
 - C. Manage thermoregulation by:
 1. The addition of a hat (while in the hospital) and layering of clothing.
 2. Infants may be swaddled appropriately for thermoregulation and comfort.
 - Appropriate swaddling – Arms should be wrapped so the infant has some freedom of movement of arms to bring hands up to the face. The legs should be loosely swaddled to allow for flexion and abduction of the hips. Limit swaddling to one light blanket.
 - Use of heavy blankets and loose bedding is not recommended.
 - D. A pacifier may be in the crib with the infant. The crib should otherwise be free of all toys and equipment such as, extra blankets, clothing, diaper wipes, etc.
 - E. The head of bed should be flat unless otherwise ordered.
 - F. The infant should not be placed in a car seat or other type of infant seating device for sleep.
 - F. To promote breastfeeding and bonding, bed sharing may occur only while mother is awake. For bed-sharing practice related to children over one year of age, see Bed-sharing in Pediatrics
 - G. If infant is found with mom (or other person) who is sleeping, the staff member will remove the infant and place him/her in the crib.
 - Inform parents who are doing skin to skin that they will be gently aroused if they appear to be sleeping as a safety measure.
- II. Explanation will be given to mother/family regarding the reason for the exceptions to safe sleep practices. Exceptions to supine sleep include:
 - A. Prematurity where prone or side-lying position facilitates developmentally supportive care.
 - B. Congenital birth defects that may require positioning other than supine for safety, such as Myelomeningocele or Pierre Robin Syndrome.

- C. Respiratory conditions where positioning other than supine promotes a stable respiratory status.
- D. Gastroesophageal Reflux Disease where prone positioning reduces symptoms. An order from the provider is required.
- E. Any other medical condition where safe sleep positioning does not promote proper healing or wellness.

III. Prone positioning: When the baby is awake and can be observed, prone time (“Tummy Time”) is encouraged to facilitate motor development and decrease the incidence of positional plagiocephaly.

IV. All care providers are accountable for role modeling Safe Sleep Practices.

V. NICU Only: Transition to supine sleep at 32 to 34 weeks post menstrual age (PMA) if the infant is medically stable (example off ventilator or CPAP) and has successfully transitioned from the incubator.

- A. Do not cover or drape the bassinet or crib.
- B. Continue to provide physiologic needs with supportive boundaries and nesting. As the infant matures and becomes more stable, remove boundaries.

VI. Patient Education: Education for the family with appropriate rationale will include the provision of a Safe Sleep Brochure and the following recommendations (unless otherwise ordered):

- A. Infants are placed on their back for sleep.
- B. Infants are to sleep in their own crib or bassinet.
- C. The infant is to sleep on a firm mattress in a safety approved crib.
- D. The crib is to be free of stuffed animals, comforters, quilts, pillows, bumper pads, and toys.
- E. The infant’s head must be kept uncovered at all times during sleep.
- G. Never allow the infant to sleep on a sofa, adult or youth bed, or on a waterbed.
- H. The infant should be dressed suitably for the weather or temperature of the room.
- I. The temperature of the room should be no warmer than 75 degrees.
- J. Remove hat or decorative headband when putting the infant to sleep.
- K. Make sure that everyone who cares for the infant knows about safe sleep.
- L. Immunizations decrease the risk of SIDS
- M. Home monitors do not prevent SIDS.