



*Good
night,
baby...
sleep
safely*

To reduce SIDS deaths, we need to ensure safe infant sleep positioning and a safe sleep environment.

By Angela Lane, DNP, RN, CPNP, IBCLC

FOR MORE THAN 20 YEARS, the American Academy of Pediatrics (AAP) has encouraged everyone to place infants on their backs to sleep to help prevent sudden infant death syndrome (SIDS). The National Institute of Child Health and Human Development's "Safe to Sleep®" campaign (launched as the "Back to Sleep" campaign in 1994) has had dramatic results: The number of infant deaths from SIDS and sudden unexpected infant death (SUID) has fallen a staggering 53% in 20 years.

In 2011, AAP expanded its 2005 recommendations to encompass the infant's entire sleep environment. First Candle, a not-for-profit organization dedicated to safe pregnancies and infant survival, took this message to the public as "Safe Sleep Saves Lives."

But despite decades of guidance from various organizations on what's best for infants, as well as campaigns to promote safe sleep,

as a pediatric nurse practitioner I find that safe sleep guidelines aren't followed consistently. This article revisits the AAP recommendations on safe sleep and debunks myths, with a special focus on implications for practicing nurses.

Expanding the scope of recommendations

1 Here are the 18 recommendations issued by the AAP in 2011.

Place infants to sleep on their back (supine). The slogan "Back to sleep" applies to all infants from 32 weeks postconceptual age in the neonatal intensive care unit to 12 months. When putting an infant down to sleep, place him or her on the back. Side sleeping isn't recommended. However, if the infant independently rolls onto the abdomen, don't roll him or her onto the back again; instead, allow the infant to stay in that position.

2 Use a firm sleep surface to decrease the risks of SIDS and suffocation. Use a crib, bassinette, or portable sleep environment that meets the safety standards of the U.S. Consumer Product Safety Commission and ASTM International (an organization that develops and delivers voluntary consensus standards). Make sure fitted sheets fit snugly on the mattress and the mattress fits snugly in the crib. Don't let an infant sleep in a car seat or a swing.

3 Caution parents not to share a bed with their infant while sleeping, but encourage them to share a room with the infant. Bed sharing isn't recommended with siblings, either (even with the infant's twin). If a breastfeeding mother chooses to bring her infant to bed for feeding, she should return the infant to the crib (or bassinette or portable

Survey reveals need for better education on infant sleep

When I worked as an advanced practice nurse in the step-down unit of a neonatal intensive care unit, my colleagues and I discussed safe sleep and the importance of modeling a safe sleep environment every day. The evidence shows that the two most common reasons why some parents and nurses don't place infants on their backs to sleep are fear that the infant might choke if he or she is supine and the notion that infants sleep better when placed in the prone position (on the stomach).

These misconceptions were borne out not only among my peers in the neonatal nursery, but also by a 2014 survey of senior nursing students I conducted in my class. I asked 72 senior baccalaureate students if they thought placing an infant prone for sleep is acceptable.

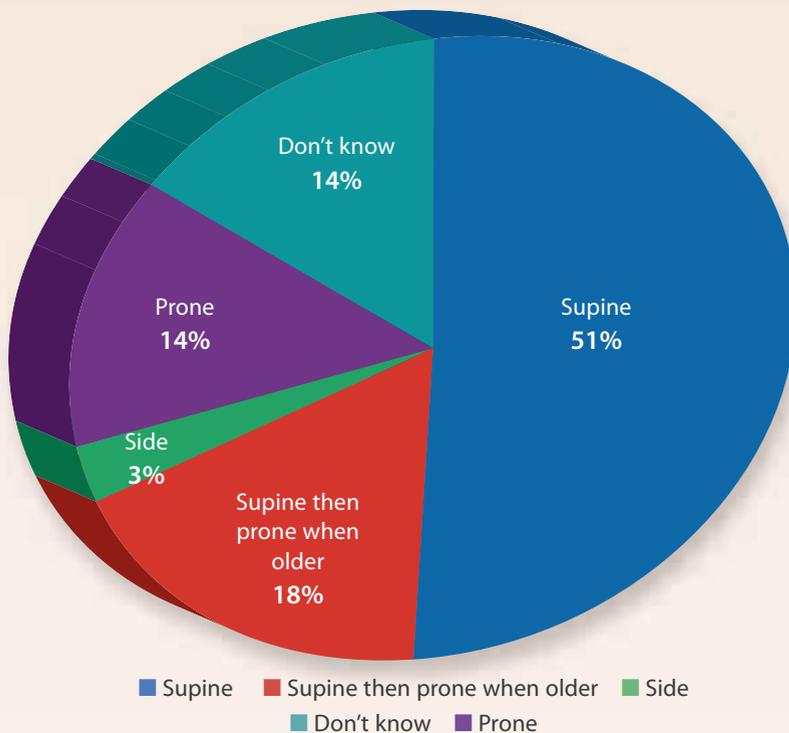
Disappointing findings

Fifty students (70%) responded that infants should be placed on their backs to sleep or allowed to remain prone only if they roll to that position independently. These responses align with recommendations from the American Academy of Pediatrics (AAP).

However, 10 students (14%) stated that placing infants on their stomach to sleep is acceptable. Four students identified aspiration risk as a concern and a reason for not placing infants on their back. Another 10 students (14%) didn't know how an infant should be positioned for sleep. The findings were disappointing but consistent with results of a 2013 study of nurses at all practice levels by Mason, Ahlers-Schmidt, and Schunn.

The students' average age was the mid-20s. AAP sleep recommendations have been in place for nearly their entire lives, and safe sleep recommendations are a component of their instruction. What's more, my class covered statistics on infant sleep-related death rates and common misconceptions about infant sleep practices.

Do you think it is acceptable to place an infant prone (on the abdomen) to sleep?



crib) once feeding is complete, before she goes to sleep. Any other person in the bed with the infant increases the SIDS risk. On the other

hand, studies show SIDS risk decreases by nearly half when the infant shares a room (not a bed) with parents.



4 Keep soft objects and loose items out of the crib. These include bumper pads, wedges, sleep positioners, blankets, and pillows. Even a sleep positioner designed to reduce SIDS is unsafe. Avoid putting anything in the crib except a mattress, fitted sheet, and the infant. To provide warmth, blanket sleepers and sleep sacks are permitted.



5 Give the infant a pacifier at nap time and bedtime. Studies show this provides a protective effect. For breastfeeding infants, delay pacifier initiation until breastfeeding is well-established (around age 3 to 4 weeks).



6 Avoid overheating the infant. I usually advise parents to dress the infant in one layer more than what the parent is comfortable wearing. For example, a parent who dresses in shorts and a top should dress the infant in a "onesie" and add a knit or cotton sleep sack.



7 Teach women that breastfeeding helps reduce SIDS risk.



8 Encourage supervised "tummy time" while the infant is awake and alert, to promote optimal growth and development. Recommended duration and frequency haven't been established. However, in my practice environment, the standard of care is to give the infant tummy time (when supervised and awake) with every diaper change for 5 to 10 minutes during the day. Tummy time promotes motor development and helps prevent positional plagiocephaly (head flattening).



9 Don't use sleep positioners, wedges, special mattresses or sleep surfaces, or other commercial devices marketed to decrease SIDS risk. No evidence suggests these products offer protection, reduce suffocation risk, or are safe.

Using consistent, accurate messaging

All healthcare professionals caring for mothers and infants should use consistent, accurate messaging about safe sleep for infants. Here are two examples of inconsistent and inaccurate messaging, which my nursing students reportedly heard from staff nurses during their rotation in a hospital nursery. They're followed by the facts that prove the messages are incorrect.

Message: "I've heard that the link between SIDS and prone positioning isn't as firm as what we've been told."

Fact: Both prone and side positioning put infants at significantly greater risk for SIDS.

Message: "I babysat for a 5-month-old who had acid reflux, and his mom, who's an ob-gyn, told me he sleeps on his stomach. So in his case, maybe it's okay because of his acid reflux."

Fact: Gastroesophageal reflux isn't a valid reason for putting an infant to sleep on the stomach. The sole exception is an infant with an anomaly that prevents airway protection, for whom the risk of death from reflux significantly outweighs the risk of SIDS.

10

Encourage pregnant patients to get regular prenatal care to decrease SIDS and SUID risk.

11

Instruct women to avoid smoke exposure during pregnancy and after delivery.

12

Caution women to avoid alcohol and illicit drug use during pregnancy and after delivery.

13

Advise parents not to use home cardiorespiratory monitors. These monitors haven't been found effective in reducing SIDS risk. If parents ask your advice on buying an apnea monitor, inform them that although these monitors have value for some infants, no evidence supports the claim that they decrease SIDS incidence.

14

Urge parents to immunize the infant according to AAP recommendations and to take him or her for regular well-child checks.

15

Healthcare professionals, parents, and child-care providers should follow SIDS risk-reduction recommendations from the time of the infant's birth.

16

Media and product manufacturers should follow safe sleep guidelines in their messaging and marketing materials. All media outlets and manufacturers should promote a safe infant sleep environment. Through a

All healthcare professionals must promote a safe sleep environment.

cooperative effort, safe sleep for infants can be modeled not just in the hospital and healthcare environment but also in print, television, and media messages.

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The national campaign to reduce SIDS risk should be expanded to focus on the infant's entire sleep environment—not just on sleep position. Family physicians and other primary care clinicians are encouraged to participate.

18

Ongoing SIDS research and surveillance are needed.

Implications for nurses

Safe infant sleep is a national priority. Healthy People 2020, a national health promotion and disease-prevention initiative, addresses safe infant sleep as a component of reducing SIDS and SUID incidence.

All healthcare professionals—especially those who provide direct patient care—must promote a safe infant sleep environment. We need to model safe, effective infant care; educate parents and caregivers;

and promote components of a safe sleep environment. As nurses, we also need to educate each other. (See *Survey reveals need for better education on infant sleep.*)

What's more, we need to provide consistent modeling and messages across all healthcare professions. Inconsistent caregiver modeling and messages causes confusion for parents, new nurses, and nursing students. As members of the most trusted profession, nurses are sought out by our communities for advice on health-related topics. We have a responsibility to give them evidence-based, consistent information. (See *Using consistent, accurate messaging.*)

Finally, nurses should contribute to standardized protocols and surveillance of SIDS and SUID and advocate for adequate funding of these efforts. Some researchers consider SIDS a completely preventable phenomenon. The urgency for action can't be overstated. ★

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