Safe Sleep for Infants: The Role of Hospitals

Training for Hospital Staff Developed September 2013



Objectives

- After today's training, you should be able to:
 - Describe the latest recommendations for infant safe sleep
 - Know how to eliminate risk factors for infant sleep deaths
 - Understand your role in modeling safe sleep practices for infants



- In 2011, the American Academy of Pediatrics released updated guidelines for infant safe sleep¹
 - Update to "Back to Sleep"
- Specific recommendations included:
 - Infants should sleep alone (no bed-sharing)
 - Infants should sleep on their back
 - Infants should sleep in a crib or bassinette

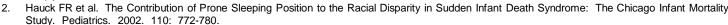


- Higher risk of death associated with bed sharing¹
 - Overall odds of dying: 2.89 times greater
 - Odds of dying if infant <3 months old:
 10.37 times greater
 - Odds of dying if mother smokes:6.72 times greater



- Higher risk of death associated with sleeping on side or stomach^{1,2}
 - Odds of dying if sleeping on side:
 2.0 times greater
 - Odds of dying if sleeping on stomach:2.6 times greater

Li D, et al. Infant Sleeping Position and the Risk of Sudden Infant Death Syndrome in California, 1997-2000. American Journal of Epidemiology. 2003; 157(5): 446-455.





- Other recommendations¹:
 - Use firm sleep surface
 - Keep soft objects and loose bedding out of crib
 - Pregnant women should receive regular prenatal care
 - Avoid smoke exposure, alcohol, and illicit drug use during pregnancy
 - Breastfeed
 - Offer pacifier at nap time and bedtime
 - Avoid overheating



Is This a Problem in Tennessee?

- Each year in Tennessee, nearly 600 infants die before reaching their first birthday
 - In 2011, 109 of those infants died from preventable sleep-related deaths¹
 - Twenty percent of infant deaths in Tennessee are attributable to <u>preventable</u> unsafe sleep practices¹
- Among sleep-related infant deaths in TN between 2009-2011¹:
 - 84% were not sleeping in a crib or bassinette
 - 68% were not sleeping alone
 - 46% were not sleeping on their back



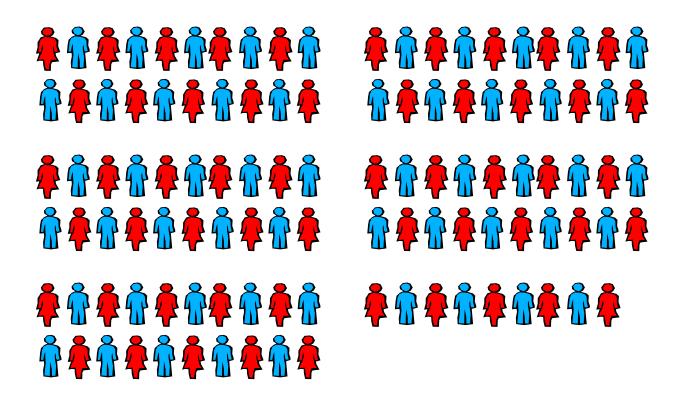
Why Focus on Safe Sleep?

If we could eliminate
these preventable sleep-related deaths,
we would move from the bottom five states
in infant mortality
to the national average!



Impact of Eliminating Sleep-Related Deaths

• 109 children = equivalent of <u>five</u> kindergarten classrooms





Always Remember the ABC's

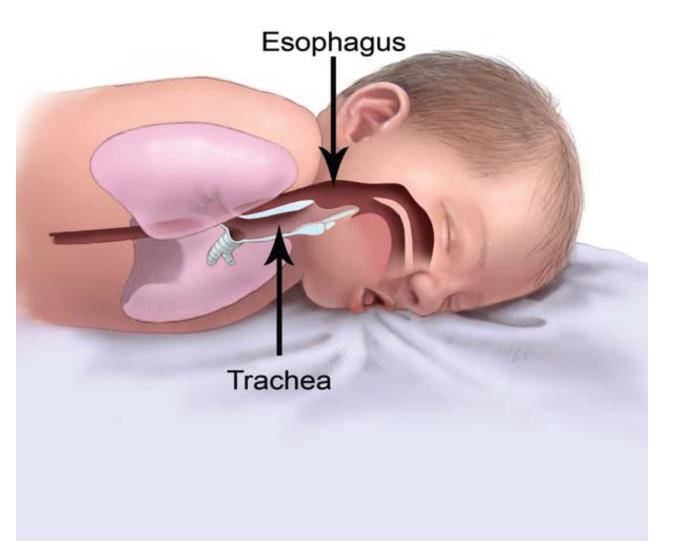
- Babies should sleep:
 - -ALONE
 - Not with adults, other children, or pets
 - Not with toys, stuffed animals, blankets
 - On their BACK
 - Not on their side
 - Not on their stomach
 - In a CRIB or bassinette
 - Not in the parent's bed or a sibling's bed
 - Not in a couch or chair
 - Not in a car seat or carrier



What About Reflux?

- All babies reflux
 - Babies have protective mechanisms to keep their airway safe
 - The back position is still the safest
- Elevating the head of the bed is not recommended¹
 - Does not help reflux
 - Baby may slide to foot of bed and compromise airway
- Rare exceptions: example—compromised airway protective mechanisms (such as grade 3-4 laryngeal cleft before surgical repair)

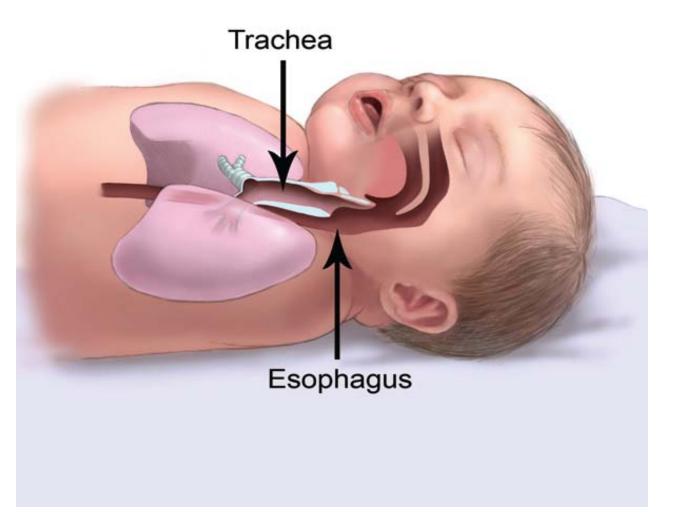
Sleep Position and Choking Risk



Baby on Stomach INCORRECT

If this baby vomits or spits up, gravity might pull food down into the wind pipe (trachea), causing the baby to aspirate or choke.

Sleep Position and Choking Risk



Baby on Back CORRECT

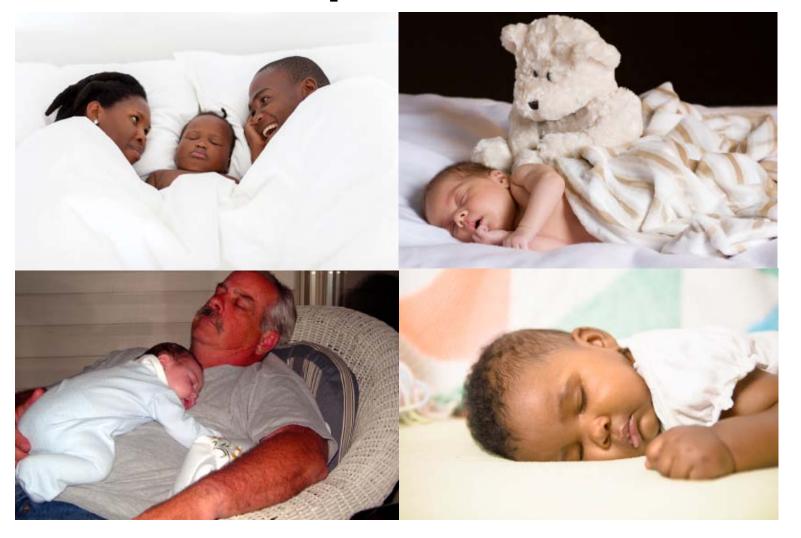
If this baby vomits or spits up, gravity might keep food from going into the wind pipe (trachea), making it less likely for the baby to aspirate or choke.

What About NICU Babies?

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



Unsafe and Potentially Deadly Sleep Scenarios



Safe Places for Baby to Sleep



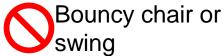
UNSAFE Places for Baby to Sleep















- Because the AAP says so!
 - AAP recommends that health care professionals endorse risk-reduction strategies
- Because we can impact the families of almost every baby born in Tennessee
 - Nearly all (98.7%) of Tennessee births occur in hospitals¹



- Health care providers may not always provide the most up-to-date information or model correct safe sleep practices
 - 2006 study: Only 52% of NICU nurses provided discharge instructions for exclusive back sleeping¹
 - 2007 study: Only 74% of pediatricians and 62% of family physicians recommended exclusive back sleeping²
 - 2009 study: 72% of nurses knew back sleeping protective for SIDS; only 30% regularly placed infants on back³

Moon RY, et al. Physician Recommendations Regarding SIDS Risk Reduction: A National Survey of Pediatricians and Family Physicians. Clinical Pediatrics. 2007; 46: 791-800.





Aris C, et al. NICU nurses knowledge and discharge teaching related to infant sleep position and risk of SIDS. Advances in Neonatal Care. 2006; 6(5): 281-294.

- What parents see matters!
 - 1998 study: Among parents who observed stomach sleeping in hospital, 93% intended to place infant on stomach at home¹
 - 2001 study: Parents who saw exclusive back sleeping in nursery more likely to put baby on back at home²



- Because hospital-based interventions can make a difference!
 - Large metropolitan level II nursery: NICU staff education and trigger tool and rapid-cycle change →increased use of appropriate bedding and parent education¹
 - Large TX NICU: Safe sleep algorithm, crib card, education for staff/parents, crib audit tool, and postdischarge telephone reminders >increased supine positioning; improved parental compliance
 - York, PA hospital: Educational DVD, face to face review with nurses, parental acknowledgement statement → improved parental intent for supine positioning and use of crib/bassinette; improved understanding of AAP guidelines



Carrier CT. Back to Sleep: A Culture Change to Improve Practice. Newborn and Infant Nursing Reviews. 2009; 9: 163-16

Gelfer P et al. Integrating "Back to Slee" Recommendations Into Neonatal ICU Practice. Pediatrics 2013;131:e1264-e1270

Goodstein M. Creating a Hospital and Community Based Infant Safe Sleep Education and Awareness Program: The York Hospital Experience. Presentation on Cribs for Kids website. Available at: http://cribsforkids.org/wp-content/uploads/2012/09/DrGoodstein_ISSProgram_SSS.pdf

 Perhaps most importantly, parents and caregivers trust health care providers

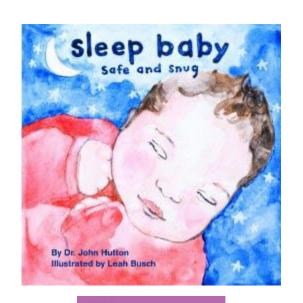








Hospital Partnership



 Our hospital has partnered with the Tennessee Department of Health to promote safe sleep

 Each baby born in our facility will receive a free copy of the "Sleep Baby, Safe and Snug" board book



 We also have access to free safe sleep promotional materials from the Tennessee Department of Health



More Details on the Partnership

- Our hospital has agreed that promoting safe sleep recommendations is important and is a priority
- In partnership with the Tennessee Department of Health, we have agreed to:
 - Develop a hospital safe sleep policy
 - Provide at least annual education to staff
 - Conduct at least quarterly compliance monitoring



- Explain the hospital policy on safe sleep to parents and caregivers
 - Make this a routine part of your interactions (just like you would talk with them about visiting hours, rooming-in policies, etc)
 - Include this as a part of routine infant care teaching and discharge teaching
- Inform parents and caregivers of the risks of unsafe sleep (bed-sharing, sleeping on side or stomach)
- Remind other colleagues of the safe sleep policy if you see them putting a baby at risk

- Model the correct safe sleep practices <u>every</u>
 <u>time</u> you put the baby down to sleep
 - Make a point to tell parents and caregivers why you are putting the baby down this way
 - If you find the baby sleeping in an unsafe position, correct the situation and use it as a teachable moment
 - Use hospital policy to back you up



- Things to keep out of the infant's crib:
 - Measuring tape
 - Blankets
 - Wash cloths and towels
 - Thermometers
 - Bumper pads
 - Charts



- The recommendations for infant safe sleep apply <u>throughout</u> the hospital. This includes:
 - Newborn nursery
 - Mother's room
 - Family rooms
 - NICU
 - Other inpatient floors
 - Emergency department
 - And anywhere else that infants might sleep



Keys To Success



Parents and caregivers:

- Hear same message from all providers
- Hear message multiple times
- Hear message in multiple ways

All staff:

- Put babies to sleep in the safest position
- Conform with hospital policy at all times
- Find "teachable moments" to correct unsafe behaviors

All together:

We will save babies!



Summary

- Sleep-related infant deaths are a serious problem in our state
 - And we know how to prevent them
- Our hospital policy supports the latest recommendations from the American Academy of Pediatrics
 - Babies should always sleep ALONE, on their BACK, and in a CRIB
- We should all work together to keep babies safe by spreading the same message and modeling the safest behaviors



For More Information

- Tennessee Department of Health Safe Sleep Website
 - http://safesleep.tn.gov
- Centers for Disease Control and Prevention (CDC)
 - http://www.cdc.gov/SIDS/
- First Candle Safe Sleep Campaign
 - http://www.firstcandle.org/new-expectantparents/bedtime-basics-for-babies/