

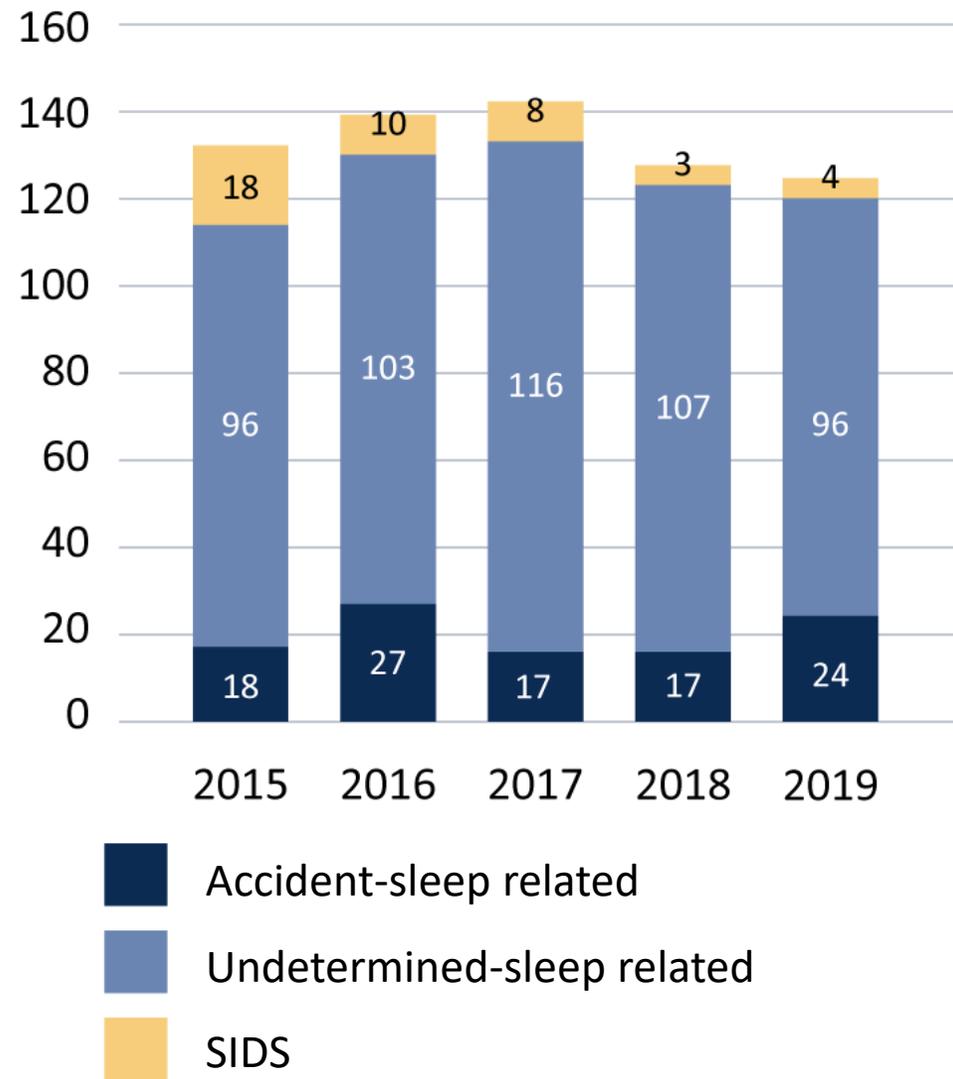


# Safe Sleep Update

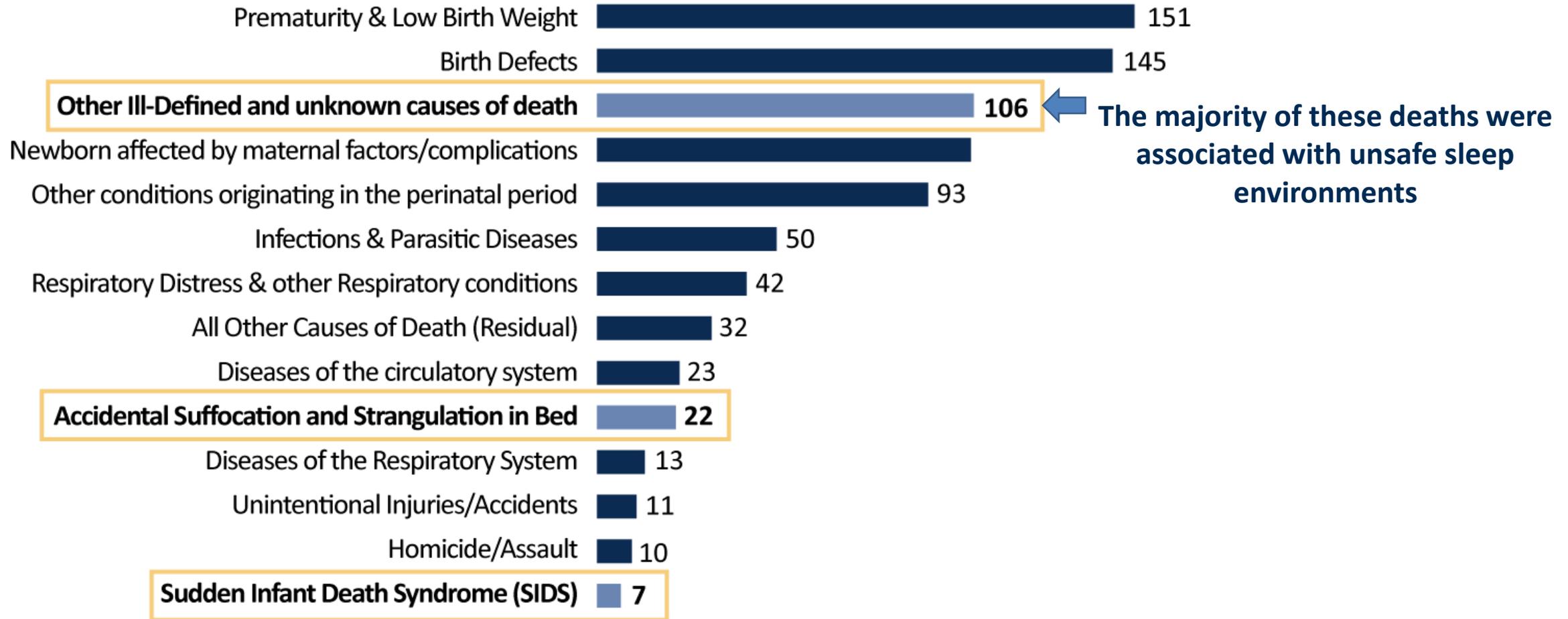
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# North Carolina Sudden Unexpected Infant Death (SUID) by Cause, 2015-2019



# Leading Causes of Death Among Infants, NC 2019





# Review of the NEW American Academy of Pediatrics (AAP) Recommendations and Consumer Product Safety Commission Standards

Source:

<https://publications.aap.org/pediatrics/article/150/1/e2022057990/188304/Sleep-Related-Infant-Deaths-Updated-2022?autologincheck=redirected>

# AAP Summary of Recommendations with Strength of Recommendation

## A level recommendations:

- Back to sleep for every sleep.
- Use a firm, flat, noninclined sleep surface to reduce the risk of suffocation or wedging/entrapment.
- Feeding of human milk is recommended because it is associated with a reduced risk of SIDS.
- It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first 6 mo.
- Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation.

# AAP Summary of Recommendations with Strength of Recommendation

## A level recommendations:

- Offering a pacifier at naptime and bedtime is recommended to reduce the risk of SIDS.
- Avoid smoke and nicotine exposure during pregnancy and after birth.
- Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth.
- Avoid overheating and head covering in infants.
- It is recommended that pregnant people obtain regular prenatal care.
- It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC.
- Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.

# AAP Summary of Recommendations with Strength of Recommendation

## A level recommendations:

- Supervised, awake tummy time is recommended to facilitate development and to minimize the risk of positional plagiocephaly.
- It is essential that physicians, nonphysician clinicians, hospital staff, and child care providers endorse and model safe infant sleep guidelines from the beginning of pregnancy.
- It is advised that media and manufacturers follow safe sleep guidelines in their messaging and advertising to promote safe sleep practices as the social norm.
- Continue the NICHD “Safe to Sleep” campaign, focusing on ways to reduce the risk of all sleep-related deaths. Pediatricians and other maternal and child health providers can serve as key promoters of the campaign messages.

# AAP Summary of Recommendations with Strength of Recommendation

## **B level recommendations:**

- Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.

## **C level recommendations:**

- There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
- Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of sleep-related deaths, with the ultimate goal of eliminating these deaths entirely

# Sleep Surface



Visit [cpsc.gov/cribs](https://www.cpsc.gov/cribs) for more information on safety standards

- Use a firm, flat, noninclined sleep surface.
- Sleep surfaces with inclines of >10 degrees are unsafe for infant sleep.
- Some American Indian/Alaska Native communities have promoted the use of cradleboards as an infant sleep surface. There are no data regarding the safety of cradleboards for sleep, but the NICHD suggests cradleboards as a culturally appropriate infant sleep surface. Care should be taken so that infants do not overheat (because of overbundling) in the cradleboard.
- At a minimum, to be considered a safe option, any alternative sleep surface should adhere to the June 2021 CPSC rule that any infant sleep product must meet existing federal safety standards for cribs, bassinets, play yards, and bedside sleepers. This includes inclined sleep products, hammocks, baby boxes, in-bed sleepers, baby nests and pods, compact bassinets without a stand or legs, travel bassinets, and baby tents. Products that do not meet the federal safety standard are likely not safe for infant sleep, and their use is not recommended.
- In an emergency, an alternative device with a firm, flat, noninclined surface (eg, box, basket, or dresser drawer) with thin, firm padding may be used temporarily. However, this alternative device should be replaced as soon as a CPSC-approved surface is available.

# Update on Consumer Product Safety Commission (CPSC) Safety Standard for Infant Sleep Products

Final ruling establishes a safety standard for “**infant sleep products**”: products marketed or intended to provide a sleeping accommodation for an infant up to 5 months of age

- One goal of the final rule is to make it clearer to consumers which products are certified as compliant with a CPSC sleep standard, regardless of the product name or advertising
- The [federal rule](#) takes effect on June 23, 2022
- Affects all products marketed or intended for infant sleeping



<https://www.govinfo.gov/content/pkg/FR-2021-06-23/pdf/2021-12723.pdf>

# CPSC Non-Approved Infant Sleep Products

## Inclined Sleep Products

- Hard-Frame Inclined Sleepers, Compact Foam Inclined Sleepers, and Play Yard Accessories (attached toys, fabric coverings, battery-operated sounds, and adjustable positions)
- Baby Hammocks



# CPSC Non-Approved Infant Sleep Products

## Flat Sleep Products

- Flat Sleep Surface, Soft-Sided Products
  - Baby pods and baby nests
  - Soft-sided “travel bassinets” or “travel beds”
  - Hand-held carriers marketed for sleep
  - In-bed sleepers
- Flat Sleep Surface, Rigid-Sided and Rigid-Framed Compact Bassinets, Travel Bassinets, and Similar Product (includes free-standing products that resemble a bassinet without a stand or legs)
  - Baby Boxes
  - Baby tents (small mesh or solid fabric products with a fabric floor)



# CPSC Approved Infant Sleep Products

The final rule specifies CPSC's sleep standards as:

- 16 CFR part 1218—Safety Standard for Bassinets and Cradles
- 16 CFR part 1219—Safety Standard for Full-Size Baby Cribs
- 16 CFR part 1220—Safety Standard for Non-Full-Size Baby Cribs
- 16 CFR part 1221—Safety Standard for Play Yards
- 16 CFR part 1222—Safety Standard for Bedside Sleepers.



# Breastfeeding



- Feeding of human milk is recommended because it is associated with a reduced risk of SIDS. Unless it is contraindicated or the parent is unable to do so, it is recommended that infants be fed with human milk (ie, not offered any formula or other nonhuman milkbased supplements) exclusively for 6 mo, with continuation of human milk feeding for 1 y or longer as mutually desired by parent and infant, in alignment with recommendations of the AAP.
- Because preterm and low birth weight infants are at higher risk of dying from SIDS, it is particularly important to emphasize the benefits of human milk, engage with families to understand the barriers and facilitators to provision of human milk, and provide more intensive assistance during prolonged NICU hospitalization for these groups.
- Some parents are unable to or choose not to feed human milk. When discussing breastfeeding, culturally appropriate, respectful, and nonjudgmental communication between health care professionals and parents is recommended. These families should still be counseled on the importance of following the other safe sleep recommendations

# Sleep Location



It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first 6 mo.

The AAP understands and respects that many parents choose to routinely bed share for a variety of reasons, including facilitation of breastfeeding, cultural preferences, and belief that it is better and safer for their infant. However, based on the evidence, we are unable to recommend bed sharing under any circumstances. Having the infant close by their bedside in a crib or bassinet will allow parents to feed, comfort, and respond to their infant's needs. It is also important for parents, pediatricians, other physicians, and nonphysician clinicians to know that the following factors increase the magnitude of risk when bed sharing or surface sharing:

More than 10 times the baseline risk of parent–infant bed sharing:

- Bed sharing with someone who is impaired in their alertness or ability to arouse because of fatigue or use of sedating medications (eg, certain antidepressants, pain medications) or substances (eg, alcohol, illicit drugs).
- Bed sharing with a current smoker (even if the smoker does not smoke in bed) or if the pregnant parent smoked during pregnancy.
- Bed sharing on a soft surface, such as a waterbed, old mattress, sofa, couch, or armchair.

5–10 times the baseline risk of parent–infant bed sharing:

- Term, normal weight infant aged <4 mo, even if neither parent smokes and even if the infant is breastfed. This is a particularly vulnerable time, so parents who choose to feed their infants aged <4 mo in bed need to be especially vigilant to avoid falling asleep.
- Bed sharing with anyone who is not the infant’s parent, including nonparental caregivers and other children.

2–5 times the baseline risk of parent–infant bed sharing:

- Preterm or low birth weight infant, even if neither parent smokes.
- Bed sharing with soft bedding accessories, such as pillows or blankets.
- Bed sharing can occur unintentionally if parents fall asleep while feeding their infant, or at times when parents are particularly tired or infants are fussy. Evidence suggests that it is relatively less hazardous (but still not recommended) to fall asleep with the infant in the adult bed than on a sofa or armchair, should the parent fall asleep.
- Any potential benefits of cobedding for twins and higher-order multiples are outweighed by the risk of cobedding.

# When Bed Sharing is Very Dangerous



Your Baby...



Was born more than 3 weeks early, or weighed less than 5lbs 8oz at birth



Is less than 4 months old



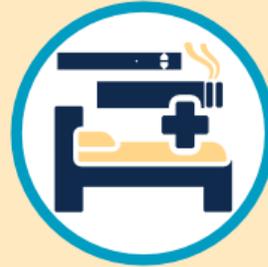
Was around tobacco smoke or vape during pregnancy



The Person Sleeping with Baby...



Consumed alcohol, medicines, or drugs that make it harder to wake up, or is overly tired.



Uses tobacco (smoke or vape)



Is not the baby's parent



The Sleep Space...



Has pillows, blankets, a pillow to prop up a baby, nursing pillow, or a very soft mattress



Is a couch, recliner, or chair



Includes other adults, children, and/or pets in the bed

# Soft Bedding



- It is recommended that weighted blankets, weighted sleepers, weighted swaddles, or other weighted objects not be placed on or near the sleeping infant.
- Dressing the infant with layers of clothing is preferable to blankets and other coverings to keep the infant warm while reducing the chance of head covering or entrapment that could result from blanket use. Wearable blankets can also be used.

# Pacifier Use



- For breastfed infants, delay pacifier introduction until breastfeeding is firmly established.
- This is defined as having sufficient milk supply; consistent, comfortable, and effective latch for milk transfer; and appropriate infant weight gain as defined by established normative growth curves. The time required to establish breastfeeding is variable.

# **Prenatal And Postnatal Exposure To Tobacco, Alcohol, & Other Substances**



- Avoid smoke and nicotine exposure during pregnancy and after birth
- Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth.

# Overheating and Head Covering in Infants



Given the questionable benefit of hat use for the prevention of hypothermia and the risk of overheating, it is advised not to place hats on infants when indoors except in the first hours of life or in the NICU.

# Use of Home Cardiorespiratory Monitors



Direct-to-consumer heart rate and pulse oximetry monitoring devices, including wearable monitors, are sold as consumer wellness devices. A consumer wellness device is defined by the FDA as one intended “for maintaining or encouraging a healthy lifestyle and is unrelated to the diagnosis, cure, mitigation, prevention, or treatment of a disease or condition.” Thus, these devices are not required to meet the same regulatory requirements as medical devices and, by the nature of their FDA designation, are not to be used to prevent sleep-related deaths. Although use of these monitors may give parents peace of mind, and there is no contraindication to using these monitors, data are lacking that would support their use to reduce the risk of these deaths.

There is also concern that use of these monitors will lead to parent complacency and decreased adherence to safe sleep guidelines. A family’s decision to use monitors at home should not be considered a substitute for following AAP safe sleep guidelines

# Tummy Time



Parents are encouraged to place the infant in tummy time while awake and supervised for short periods of time beginning soon after hospital discharge, increasing incrementally to at least 15–30 min total daily by age 7 wk.

# Swaddling



Weighted swaddle clothing or weighted objects within swaddles are not safe and therefore not recommended.

When an infant exhibits signs of attempting to roll (which usually occurs at 3–4 mo but may occur earlier), swaddling is no longer appropriate because it could increase the risk of suffocation if the swaddled infant rolls to the prone position

# Health Professionals And Child Care Providers



It is essential that physicians, nonphysician clinicians, hospital staff, and child care providers endorse and model safe infant sleep guidelines from the beginning of pregnancy.

# Education



- Culturally appropriate, respectful, and nonjudgmental communication between clinicians and parents is important when discussing safe infant sleep. Language interpreters should be used as needed. Education that is integrated with other health messaging, such as discussion of the risk of falls and potential skull fractures if infants fall from an adult's arms or a sleep surface, can be helpful. Strategies to avoid inadvertent bed sharing could include setting of alarms or alternative activities (books, television shows, etc) to avoid falling asleep.
- Education campaigns need to be well funded, strategically implemented, and evaluated, and innovative, socioculturally appropriate intervention methods need to be encouraged and funded.

# Research and Surveillance



- Research on the social determinants of health, health care delivery system inequalities, and the impact of structural racism and implicit bias as related to health care access, education, and outcomes that contribute to health disparities, and understanding how to best address these disparities in a socioculturally appropriate manner, should be continued and funded.
- It is important to provide training for hospital personnel in the evaluation and response when an infant who has been found unresponsive and has potentially died suddenly and unexpectedly is brought for medical attention in the emergency department or other medical facilities, as well as information about how to support families during this difficult time.

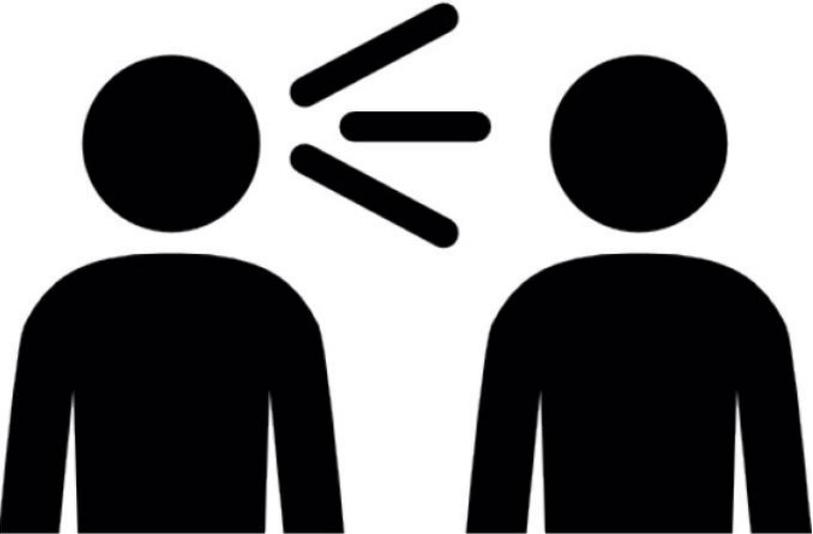


# Strategies for Engaging with Parents and Caregivers

# Why Families Might Not Embrace the AAP Guidelines

- Comfort of baby or adult
- Convenience
- Safety of home and neighborhood
- Prior experience with other children or own childhood
- Advice from family members or friends
- Lack of space for a crib
- Lack of a crib (money or access)
- Differing information or knowledge
- Mixed messages from health care providers
- Information is not culturally competent

# Conversation Approach for Safe Sleep



Shifting from:  
*Telling* parents what to do



To: Working with parents as a resource & partner in problem-solving

# The Conversation Approach



What makes the Conversation Approach different from what is currently the common approach in the field?

- Anticipates and elicits reluctance, resistance, challenges.
- Helps provide more information.
- Leads to a plan for the family to implement their choices.

Bronheim, S. (2017).



**Resources for Providers,  
Clinics, & Parents/Caregivers**

# FREE Resources: Handouts and Posters

(English and Spanish)

**Does Your Baby Sleep Safe?**

Reduce the risk of Sudden Infant Death Syndrome (SIDS) and other sleep related causes of death by creating a **safe sleep space for your baby.**

Safe Sleep NC.org

**How to make a Safe Sleep Space for Baby**

**Check on her back?** Usually less likely to choke when lying on their back.

**How am I going to breastfeed if my baby doesn't sleep with me?** Put your baby's crib near your bed so that you can easily pick her up for feedings during the night and then return her to her crib for sleeping.

**Common Safe Sleep Questions**

**Check on her back?** Usually less likely to choke when lying on their back.

**How am I going to breastfeed if my baby doesn't sleep with me?** Put your baby's crib near your bed so that you can easily pick her up for feedings during the night and then return her to her crib for sleeping.

Safe Sleep NC.org

**Help Your Baby Sleep Safer**

Reduce the Risk of Sleep-Related Causes of Death by Creating a Safe Sleep Place for Your Baby

**PLACE YOUR BABY ON THEIR BACK FOR ALL SLEEP TIMES - NAPS AND AT NIGHT**

**BABIES SHOULD SLEEP ON A FIRM MATTRESS IN A CRIB WITHOUT BLANKETS & TOYS**

**IT IS NOT RECOMMENDED TO SLEEP WITH YOUR BABY - SHARE THE ROOM, NOT THE BED**

**SOFAS & RECLINERS ARE NOT A SAFE PLACE TO CARE FOR YOUR BABY WHEN YOU'RE SLEEPY**

**PROTECT YOUR BABY FROM SMOKE & VAPES**

Safe Sleep NC.org

**Does Your Baby Sleep Safe?**

**Share the Room, Not the Bed.**

Your baby sleeps safest **on their back** and **in a crib or pack n play.**

Over 130 babies in NC die each year of sleep-related causes. Many of these deaths could be prevented.

Safe Sleep NC.org

**Does Your Baby Sleep Safe?**

Ms. Gwen Grandmother of 10

We now know babies sleep safest

**¿Duerme seguro tu bebé?**

Ahora sabemos que los bebés duermen más seguros **solos, sobre su espalda y en una cuna o corral.**

Más de 130 bebés en Carolina del Norte mueren cada año por causas relacionadas al sueño. Muchas de estas muertes pueden ser prevenidas.

Safe Sleep NC.org Aprende más en SafeSleepNC.org

Online Ordering:

<https://www.surveymonkey.com/r/WHBPublicationsOrderForm>



# Safe Sleep Website



Healthcare Professionals



Parents and Caregivers



Padres y Cuidadores

## Healthcare Professionals:



Safe Sleep Recommendations



Trainings



Patient Resources



Talking to Families About Safe Sleep



Key Terms and NC Data Trends



Safe Sleep Champions and E-Toolkit

## Parents and Caregivers



Safe Sleep Recommendations



Deciding Where Your Baby Sleeps



Bed Sharing: Understanding the Risks



Talking about Safe Sleep to Others Who Care for Your Baby



Keep Your Baby Safe From Tobacco



Common Questions and Concerns

# Safe Sleep NC Social Media Toolkit

## Help get the word out!

- Images
- Scripted text
- Videos
- Step-by-step video and information for posting
- English and Spanish

Available Online: <https://safesleepnc.org/healthcare-providers/social-media-toolkit/>



How To Use This toolkit



The Toolkit: Images and Messages



Safe Sleep Videos



Communications Strategies

# Thank you!



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**SafeSleepNC.org**