



sleep baby safe field guide



This book belongs to

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# Your conversation matters

It's about

- Relationship
- Trust
- Respecting a family's **educated choice**
- Babies being **safe**

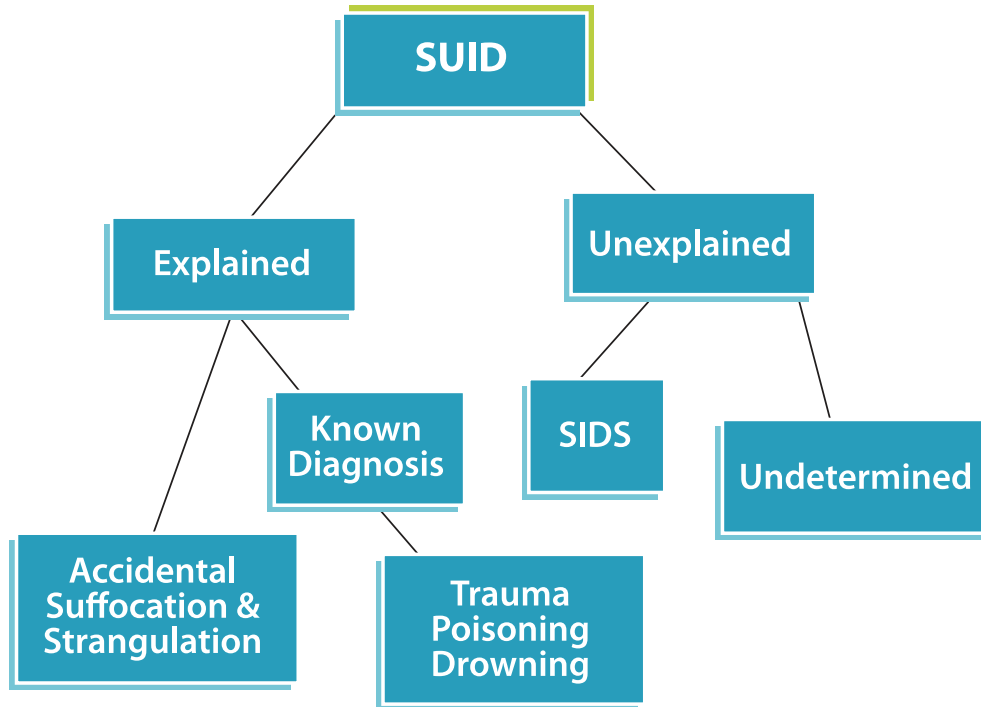
## Why it's important to talk about safe sleep

- Families should have factual information
- Families should be aware of what we have learned over the past 20 years
- Sleep-related deaths are preventable
- We want all babies to make it to their first birthdays and beyond

# Sudden Unexpected Infant Deaths (SUID)

- SUIDs are “sudden, unexpected infant deaths” that occur in infants younger than age 1, and whose cause of death is not immediately obvious prior to an investigation.
- There are several causes of SUID. This includes sleep-related suffocation, SIDS, trauma and undetermined causes.
- Sleep-related deaths often are suffocation and fall under accidental suffocation & strangulation in bed (ASSB). These deaths are preventable in most cases.
- Part of educating families is to help them view sleep-related deaths as preventable and not a mysterious phenomenon outside their control.
- Unknown deaths are those where there is incomplete information and a cause and manner cannot be determined.

# Sudden Unexpected Infant Deaths (SUID) causes



# Why it matters (the facts)

## Sudden Infant Death Syndrome (SIDS)

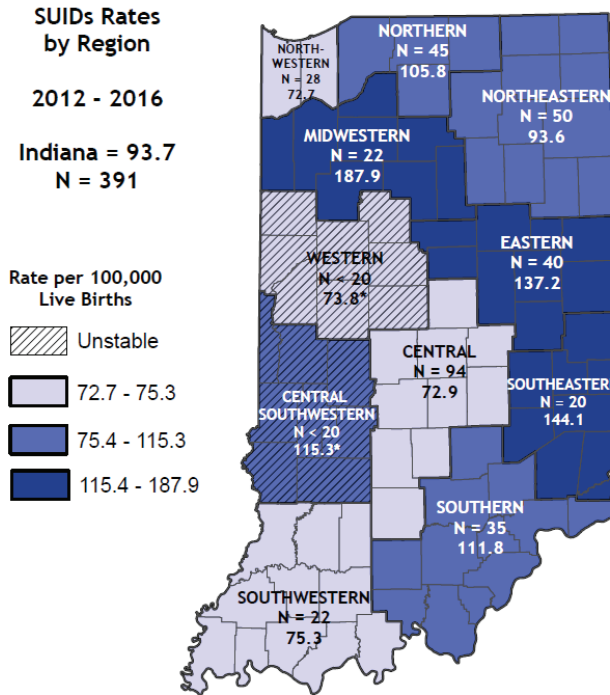
- SIDS is any sudden unexpected infant death (SUID) that remains unsolved after:
  - A complete clinical history review of both the infant and the parents
  - A complete autopsy that includes toxicology
  - A complete scene investigation with interviews and scene reenactment
- Some babies are at higher risk of SIDS than others.
- Experts believe babies who die from SIDS have abnormalities that appear to affect the brain stem's ability to regulate breathing, heart rate, temperature, blood pressure and arousal.

## Sudden Infant Death Syndrome (SIDS) cont.

- The brain stem normally adjusts by sending a message to wake the baby or stimulate breathing. Babies that die of SIDS may have abnormal wiring that short circuits this alarm system.
- Placing your baby on his back to sleep allows baby to breathe more freely. It is possible that infants are not able to breathe enough oxygen while sleeping on their stomach. They may re-breathe more exhaled air than infants that are placed on their back.

# Why it matters (the facts)

## Indiana facts

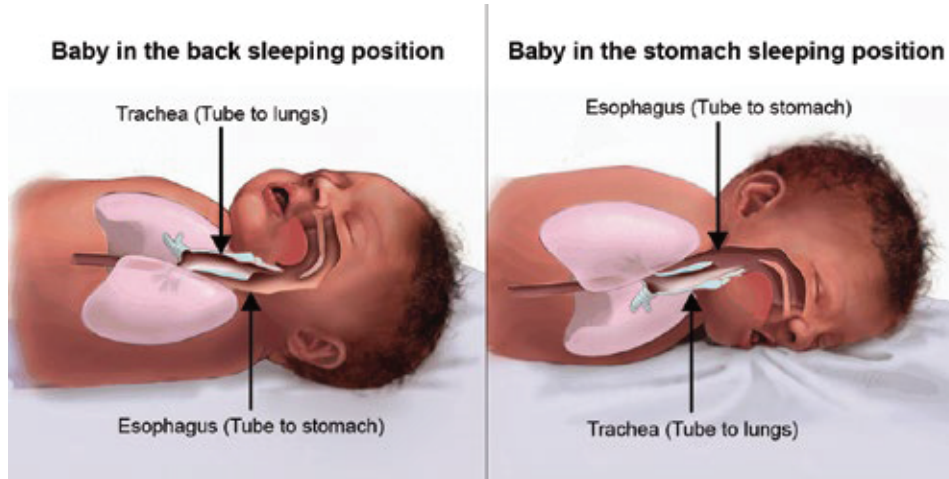


\*Numerator less than 20, the rate is unstable. We do not recommend comparing unstable rates.  
Source: Indiana State Department of Health, Division of Maternal and Child Health. Created January 8, 2018



# Play it safe (safe sleep tips)

## Baby's airway



A baby is less likely to choke while lying on his/her back.

Image courtesy of the Safe to Sleep® campaign. Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://www.nichd.nih.gov/sids>. Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.

## Baby's airway cont.

- After research and studies, we found babies sleeping on their backs are the safest.
- The trachea (airway) actually lies on top of the esophagus (tube that goes into the stomach). When a baby spits up, gravity will keep the spit-up in the esophagus, and it will either come out of the baby's mouth or he will swallow it. Either way, his trachea (airway) is protected when the baby is on his back.
- Placing baby on his tummy **does not** allow him to breathe in fresh air.
- After the launch of the Back-to-Sleep campaign in 1994, the rate of SIDS declined by more than 50 percent, and then plateaued.

# Play it safe (safe sleep tips)

## ABCs

- **A**lone with caregiver nearby.
- On the **B**ack.
- In a **C**rib (Only a tight-fitting sheet - no bumper pads, blankets, stuffed animals).
- In smoke-free air wherever baby is (home, car or other place).
- Never sleep baby on a couch, chair, air mattress or other soft surface.
- Do not sleep baby in a car seat, baby swing or bouncer.
- Adults, siblings and animals should not sleep with baby.

*These are evidence-based recommendations from the American Academy of Pediatrics (AAP) based on research from experts in the field of child safety and safe sleep.*

# Breastfeed

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***A breastfed baby that bedshares is 5x more likely to die of a SUID related cause than a breastfed baby that sleeps alone in their own sleep environment, like a crib, if the baby is less than 3 months old.***

- Breastfed babies are at reduced risk of SUID.
- Breastfeeding exclusively for the first six months is recommended.

## Share a room, not a bed

- The AAP recommends caregivers share a room with baby for the first year of life.
- Room-sharing promotes breastfeeding, bonding and safety.
- Adult beds have a lot of risk factors: soft pillow-top mattresses that do not support an infant's neck, or comforters and pillows that could easily suffocate an infant.
- Babies are not coordinated enough to move a blanket or pillow off their faces.
- Babies on soft surfaces are at an increased risk of cutting off their airways if their heads roll forward, sideways or are hyperextended. (backward)
- Just the weight of an adult arm on an infant's chest is enough to cause suffocation. The lungs cannot expand to take in as much oxygen as the infant needs to sustain life.

# Play it safe (safe sleep tips)

## Back-to-sleep...tummy-to-play

- Babies are not born with habits.
- Babies will learn to be comfortable if they start out sleeping on their backs and stay on their backs
- Babies should sleep on their backs at every sleep time – naps and nighttime.
- **Make sure everyone who will be caring for the baby knows he needs to be on his back for every sleep.**
- Babies need tummy time to develop different muscles and prevent a flat head.
- Tummy time should only be when baby is awake and supervised.
- Spend time holding baby in your arms as well as watching baby on tummy.

## Avoid overheating

- Set the temperature in the room to the same temperature an adult would be comfortable in
- Dress the baby in as little or as much clothing as you would dress yourself
- Use a sleep sack, if you think baby needs an extra layer to stay warm. No blankets!

## Use of a pacifier

- Research has shown that the use of a pacifier may help prevent SUID. However, if mom is breastfeeding, pacifiers should only be used after breastfeeding is established - generally after one month.

## Swaddling

- Swaddling is a good technique for calming baby and promoting sleep if done correctly.
- Swaddling should only be done using a sleep sack with “wings.” An infant should NEVER be placed in a blanket to sleep.
- Stop swaddling around age 2 months, before baby can roll.

# Play it safe (safe sleep tips)

## Co-sleeping myths

- Comfort of baby or adult
- Convenience
- Safety for baby
- 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 appropriate
- Seen as opportunity for physical bonding
- Makes breastfeeding easier



# Let's talk (conversation starters)

## Prenatal and post baby visits

“Can we talk about where baby will sleep when you bring him/her home? I know you want to do everything you can to make sure your baby is healthy and safe. Tell me about what you are thinking.”

“How do you feel about where your baby should sleep?”

“What has your mom or other family members told you about where your baby should sleep?”

Based on response, praise for embracing safe sleep practice or ask permission to share information about what we have learned.

### **Post baby visit**

“How is it working out where your baby is sleeping?”

“Is she napping well?”

“I recognize babies come with lots of challenges. I would like to know how I can be helpful.”

# How to have a conversation

## EXTEND

“What else have you heard about safe sleep? How do you feel about that?”

“Tell me more about how things are working for you.”

“Tell me about a typical day at your house.”

## CLARIFY

“Do you think baby will not sleep as well on his back?”

“What do you think is most difficult about sleeping baby in his crib?”

“When you say baby is safe where he sleeps do you mean he is ...? Are you concerned your baby will not be safe if sleeping apart from you?”

“Tell me why it is difficult for you to get baby to sleep.”

## REFLECT

“So you’re saying you feel where your baby sleeps is safe.”

“You think your mom won’t support you sleeping your baby differently than she slept you.”

“You feel you won’t bond with your baby if you’re not sleeping with him.”

# Let's talk (conversation starters)

## How to have a conversation cont.

### REDIRECT

"I can see you're worried about your baby's safety, and you want to protect him. I'm going to connect you with someone who can get you a portable crib that will fit right next to your bed so baby can be near you."

"Do you have other concerns about putting your baby in bed safely?"

"I want to share what we've learned about the very best way to protect your baby. We know so much more now than we did when we were born."

"I know it is hard to think about this, but babies are most at risk for a sudden death during the 0 to 4 month period."

If mom or caregiver does not want to engage in conversation or is committed to a specific sleep environment:

"Would it be ok if I touch base with you about this at our next visit?"

Reassure her you only want to support her desire to see her baby grow up healthy and be safe.

## Baby does not like crib or portable crib

What if caregiver says, “Every time I put the baby down in the crib, he wakes up and cries?”

- Explain babies have a startle reflex and when they fall asleep in their parent's arms and are laid down on a firm surface, the startle reflex is triggered and the baby will wake up and cry.
- Suggest placing the baby to sleep in the crib before they are completely asleep and rub the baby's tummy to help soothe him to sleep.
- Check for physical needs (hungry, diaper change, thirsty, needs to burp, too hot or cold).

# Let's talk (conversation starters)

## Bonding with baby

What if mom says, "I have heard I can bond better with my baby by sleeping with him?"

Parents may believe bed-sharing is a way to bond with their baby. Babies should be close to their parent/caregivers when sleeping, but not on the same surface (bed, couch or chair). **Best bonding happens during awake time.**

Suggest ways to bond:

- Breastfeeding time
- Holding baby while feeding with bottle

- Playing with baby during tummy time on the floor
- Cuddling baby with eye contact
- Wearing the baby in a baby carrier while the parent is awake
- Rubbing the baby's tummy while they are in their crib
- Reassuring the baby by singing a lullaby and rubbing their tummy when the crib/bassinet is right next to the bed

# Convenience

What if mom says, “It is easier to take care of my baby during the night when she is in bed with me?”

- Acknowledge importance of being close to baby.
- Suggest putting crib, portable crib next to bed.
- When breastfeeding, hold baby in bed to feed and then return to crib.

- Even if mom says she will sleep lightly, other person(s) in the bed could rollover.

While mom thinks she lies still, research shows significant body movement while sleeping.

# Let's talk (conversation starters)

## No room for a crib/portable crib

What if the caregiver says, "I do not have enough room for a crib?"

- Suggest a portable crib to be placed next to a bed or couch.
- Ask about re-arranging room.

- Be creative and suggest alternatives, such as an empty laundry basket or drawer, etc.

## Family tradition or advice from others

What if mom says, “My mom slept with my sister and me, and we are both fine?”

Mothers always try to do what is best for their babies, and many mothers slept with their infants because they thought they were protecting baby. We now have new information:

- Recommendations change because we have learned more about sleep-related death over time. Just like phones have been updated over time, so have health recommendations. Compare an iPhone to a rotary phone. Our world is always changing and our understanding changes also.

- Share what we have learned over time so they as a family can make decisions based on factual information.
- Other cultures may have shared a sleep surface that was flat and hard, such as the floor.
- Beds and couches today are soft, pillowy and very different than many years go.
- Risk factors in a sleep environment affect all cultures and all socioeconomic classes of people, rich and poor.
- All families are given the same information.



# Let's talk (conversation starters)

## Concern about flat head

What if caregiver says, "I do not want baby to have a flat head so I sleep him on his stomach?"

- Promote supervised "tummy time" during the day when baby is awake. This enhances the shape of the head and strengthens the upper body muscles. It also allows for quality exercise or play time between mother, father, caregiver and baby.
- Move the mobile, mirror or other object of interest to the opposite side of the baby's sleep and/or play area.
- Switch the arm with which baby is held, especially during feeding times.
- Place the car seat on opposite sides of the car.
- Hold baby upright for cuddles.

# Safety

What if mom says, “I am going to sleep with my baby because there are roaches and rats in my home?”

What if mom says, “I sleep with my baby because we live in an unsafe neighborhood?”

- Express your understanding of mom’s concern and decision.

- Help connect family with resources:
  - City health inspection
  - Housing services or rent assistance

- Re-arrange furniture with crib/portable crib close to mom and away from outer walls and windows.

# Let's talk (conversation starters)

## Choosing to share a bed

What if mom says, "I have heard all the information, but I want to sleep with my baby?"

- Express appreciation for listening to information.
- State you respect their decision and your goal is to make sure parents have all the information.
- Ask if you can check in to see how it is going at the next visit or give a call in the future.

SHARE

"I cannot tell you how to sleep with your baby safely because there is truly no safe way. But I want to encourage you to reduce the risk of suffocation by remembering many of the points we talked about." (Provide examples: no pillows or blankets, firm surface, free from smoke, drugs or alcohol, etc.)

## Agency position

“As someone who cares about you and your family, it is my responsibility to make sure you have all the information to help you make the best possible choices for you and your family. I know you want what is best for your baby, and I am here to help you. I know it is hard sometimes to change routines.”

“Our program supports the American Academy of Pediatrics recommendations. We have learned so much over many years. So many fewer babies have died because we are following these recommendations.”







sleep baby safe

Indiana State Department of Health  
Safe Sleep Program\*



Indiana State  
Department of Health

**If you are in need of a safe place for your baby  
to sleep, visit [SafeSleep.isdh.in.gov](https://www.SafeSleep.isdh.in.gov)**

\*Modified from materials provided by Children's Health Alliance of Wisconsin  
and the Wisconsin Safe Sleep Collaborative Improvement and Innovation Network (CollIN)

