



# Sleep Baby Safe Field Guide

Alone, on their Back, in a Crib.

Every nap, every night, every time.



Indiana  
Department  
of  
Health



Indiana  
SAFE SLEEP PROGRAM

[www.in.gov/health/frp/safe-sleep/](http://www.in.gov/health/frp/safe-sleep/)



This book belongs to

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# Why it matters (the facts)

## Your conversation matters

It's about:

- ✦ Infant bonding
- ✦ Trust
- ✦ Respecting a family's cultural beliefs
- ✦ Babies being as safe as possible

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

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



# Why it matters (the facts)



## Sudden Unexpected Infant Death (SUID)

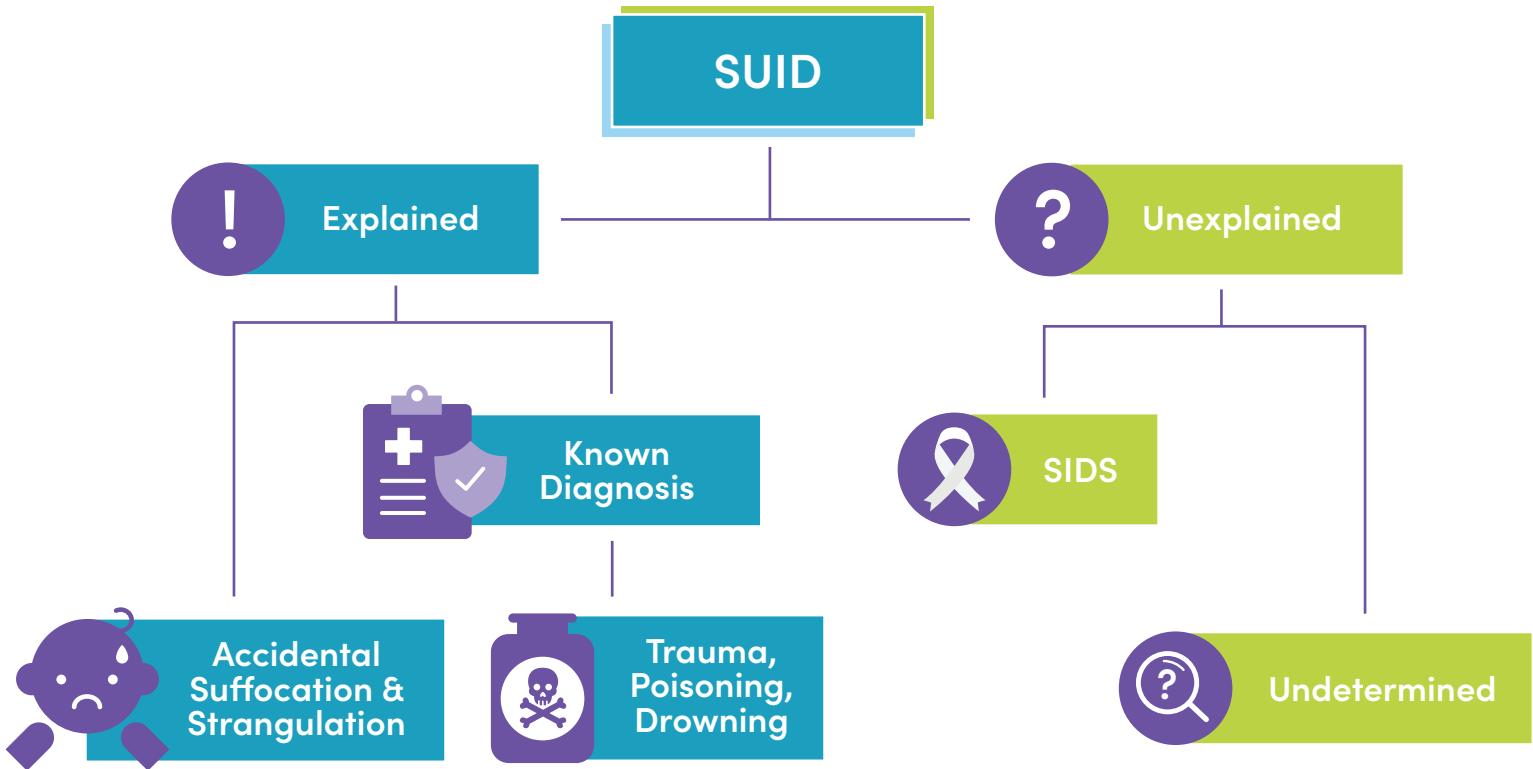
SUIDs are sudden, unexpected infant deaths that occur among infants **younger than one year old**, and whose cause of death is not immediately obvious prior to an investigation.

**There are several causes of SUIDs.**

- ✦ This includes sleep-related suffocation, SIDS, trauma, and undetermined causes.
- ✦ Sleep-related deaths often are caused by suffocation and are classified as accidental suffocation and strangulation in bed (ASSB). These deaths are preventable in most cases.
- ✦ Undetermined deaths are those where there is incomplete information and a cause and manner cannot be determined.

Part of educating families is to help them understand that sleep-related deaths are often **preventable and not caused by a mysterious phenomenon outside their control.**

# Sudden Unexpected Infant Death (SUID) causes



# Why it matters (the facts)

## Sudden Infant Death Syndrome (SIDS)

SIDS is a sudden unexpected infant death (SUID) that remains unexplained after:

- ✓ A complete clinical history review of both the infant and the parents,
- ✓ A complete autopsy that includes toxicology, and
- ✓ 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 may have abnormalities that affect the brain stem's ability to regulate breathing, heart rate, temperature, blood pressure, and arousal.

A death can only be classified as a SIDS if there are **no unsafe sleep factors present.**



# Sudden Infant Death Syndrome (SIDS) cont.

The brain stem normally sends a message to wake the baby or stimulate breathing. Babies who die of SIDS may have abnormal “wiring” that short circuits this alarm system.

Placing your baby on his back to sleep allows him to breathe more freely. It is possible that infants are not able to breathe enough oxygen while sleeping on their stomachs. They may re-breathe exhaled air more than infants who are placed on their backs.

When babies sleep on their backs, they can breathe more freely.



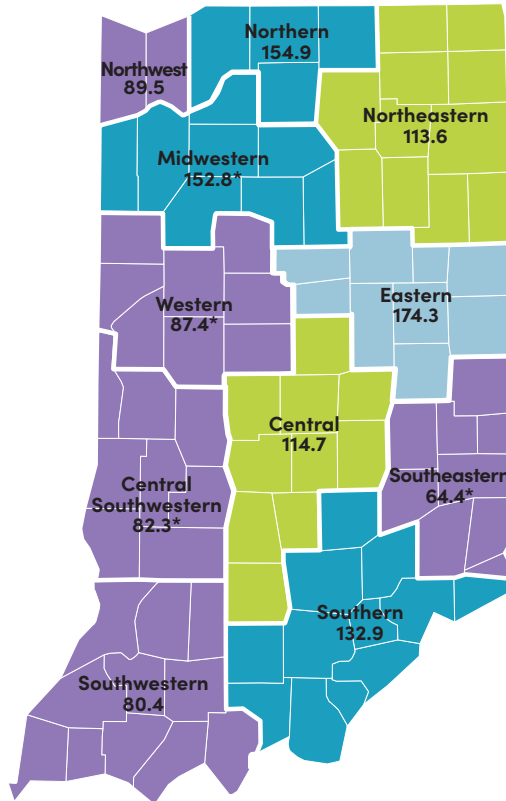
# Why it matters (the facts)

## Indiana

SUID Rates  
by Hospital  
Region

2018 - 2022

State: 116.1



Rate per 100,00 Live Births



\*Denotes unstable rate (<20 events)

Data Source: IDOH MCH, ODA DAT, VR | Map Author: IDOH ODA PHG, March 2024

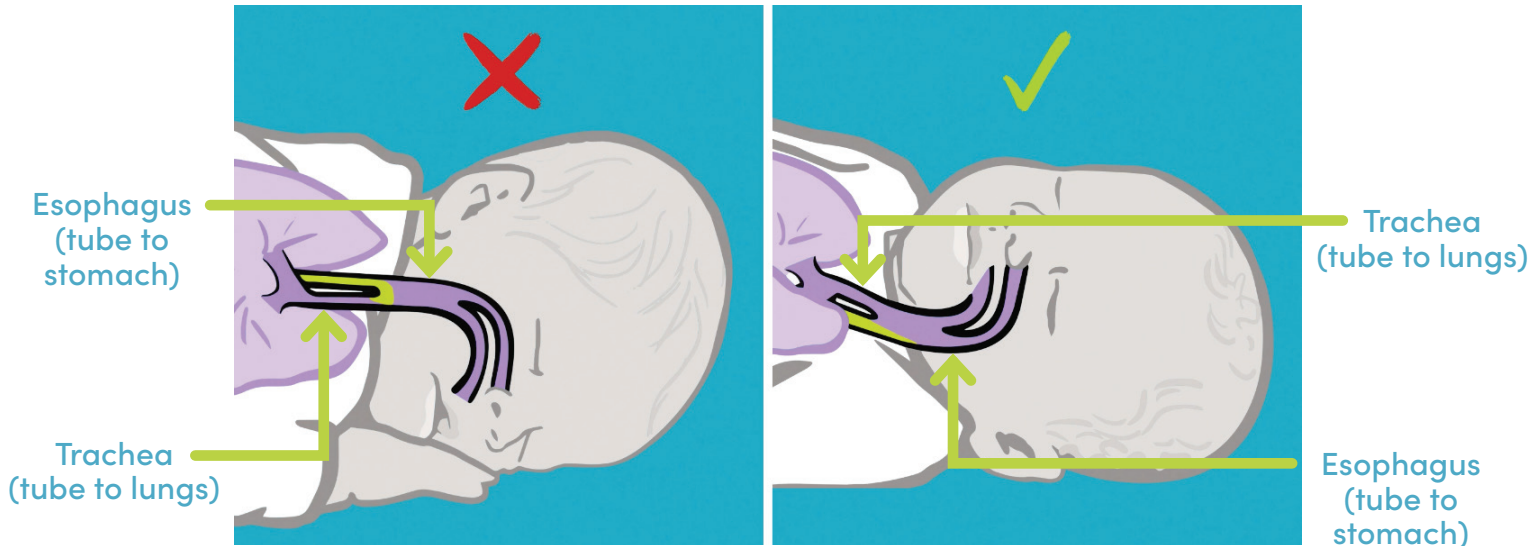


# Play it safe (safe sleep tips)

## Baby's airway

Baby in the stomach  
sleeping position

Baby in the back  
sleeping position



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

# Play it safe (safe sleep tips)



## Baby's airway cont.

**After several years of research, we know that babies sleeping on their backs are the safest.**

The trachea (airway) 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 best protected when he sleeps on his back.

**Placing baby on his tummy can make it more difficult to breathe.**

After the launch of the national Back-to-Sleep campaign in 1994, the rate of SIDS declined by more than 50 percent in the U.S.



# ABCs

Alone, on their Back, in a Crib.

*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.*

- ✓ Alone with caregiver nearby in the same room but not on the same sleeping surface.
- ✓ On the **B**ack.
- ✓ In a **C**rib (only a tight-fitting sheet – no bumper pads, pillows, blankets, stuffed animals).
- ✓ In smoke-free air wherever baby is (home, car, or other places).
- ✗ Never place a baby to sleep on a couch, chair, air mattress, or other soft surface.
- ✗ Do not let baby sleep in a baby swing or bouncer.
- ✗ Adults, siblings, and animals should not sleep with baby.

# Play it safe (safe sleep tips)

## Feeding your baby

**Infants under 3 months who are breastfed and share a bed with an adult are 5 times more likely to die of SUID than breastfed infants who sleep alone, safely in a crib.**

Breastfed babies are at reduced risk of SUID.

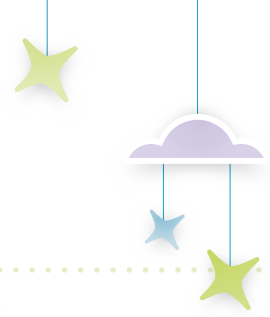
Breastfeeding exclusively for the first six months is recommended.

For babies who are bottle fed, bottles should never be propped up during feeding.





## Share a room, not a bed



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 having their airways blocked if their heads roll forward, sideways, or are hyper extended (backward).

**Just the weight of an adult's 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.**

The AAP recommends caregivers share a room with baby for the first year of life.

**Room sharing promotes breastfeeding, bonding, and safety.**

# Play it safe (safe sleep tips)

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

Babies are not born with sleep 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 the baby needs to be on their 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 that you feel comfortable.



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 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

For some babies, swaddling when it is done correctly is a good technique for calming baby and promoting sleep.

Swaddling should only be done using a sleep sack with “wings.” These “wings” prevent the sleep sack from sliding up over the baby’s face. An infant should **NEVER** be placed in a blanket to sleep.

Stop swaddling by 2 months or when baby starts trying to roll over by themselves.

# Play it safe (safe sleep tips)

## Dangers of Co-Sleeping/Bedsharing

### Why do some people co-sleep/bedshare with their babies?

- ✦ Comfort of baby or adult
- ✦ Believe it's safe for baby
- ✦ Prior experience with other children or own childhood
- ✦ Advice from family members or friends
- ✦ Differing information or knowledge
- ✦ Mixed messages from healthcare providers
- ✦ Seen as opportunity for physical bonding
- ✦ Breastfeeding convenience
- ✦ Accidentally fall asleep in bed with baby
- ✦ Part of cultural beliefs, traditions, or customs

Despite the safety risks, there are still reasons why some parents choose to co-sleep.





# Let's talk (conversation starters)

## Prenatal and postnatal baby visits

### PRENATAL VISITS

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"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 practices or ask their permission to share information about how to start bringing safe sleep into their routines.

### POSTNATAL BABY VISITS

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"How has your baby been sleeping? How is your safe sleep plan going?"

?

"Is he/she napping well?"

?

"I recognize babies come with lots of challenges. I would like to know how I can help."



# Let's talk (conversation starters)

## 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?”

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

“What do you think is most difficult about the baby sleeping 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 away from you?”

### REFLECT

“Do you think your mom won't support your baby sleeping differently than you did when you were a baby?”

“So, you're saying you feel where your baby sleeps is safe?”

“Do you feel you won't bond with your baby if you're not sleeping with him?”



# 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 safely in their crib?”

?

“Babies under 4 months are most at risk for a sudden death, which is why safe sleep is so important right now.”

?

“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 babies.”

?

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.

# Let's talk (conversation starters)

## 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 then 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).



# 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 babies. Babies should be in the same room as their parents/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.
- ✦ Using a baby carrier while the parent is awake.
- ✦ Reassuring the baby by singing a lullaby and rubbing their tummy when the crib/bassinet is right next to the bed.



# Let's talk (conversation starters)

## 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, then return her to the crib.
- New moms are tired and research shows you both sleep better when you share a room, not a bed.



While mom thinks she lies still, research shows significant body movement while sleeping. If mom or baby move too close to each other while sleeping, baby's airway could become blocked, making it difficult to breathe.



# 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 the adult bed.
- ✦ Ask about re-arranging a room or temporarily removing other furniture.
- ✦ Assist with finding bassinets or cribs with footprints that are smaller.



# Let's talk (conversation starters)

## 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 deaths over time. We've learned better ways to help keep babies safe as they sleep, and strategies to help reduce sleep-related accidents. As our world continues to change, so too must our understanding and acknowledgement of what's safest.

Share what we have learned over time so they as the family can make decisions based on current guidance.

Other cultures may have shared a sleep surface that was flat and hard, such as the floor. This is unlike many beds in the U.S., which tend to be softer.

Beds and couches today are soft, pillowy, and very different from beds in the past.

Factors that can increase the risk of infant sleep-related accidents apply to everyone, regardless of cultural or socioeconomic background.

It's important to provide all families with the same information.





# 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 rounds out the flat 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 used to hold the baby, especially during feeding times.

Place the car seat on opposite sides of the car.

Hold baby upright for cuddles.



# Let's talk (conversation starters)

## Car Seat Safety

**What if mom says, “When my baby falls asleep in the car seat, I don’t want to wake them up”.**

- ✦ Express your understanding of mom’s situation and decision.
- ✦ Help connect family with resources to find a crib or bassinet, if needed.
- ✦ Explain babies should be moved to a safe, flat surface to sleep. When baby falls asleep in the car seat, they should be moved to a safe sleep surface as soon as you get to the destination. When baby is dropped off at childcare they should not be left to sleep in a car seat.



# Agency Position

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“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. Fewer babies have died because we are following these recommendations.”



# Notes

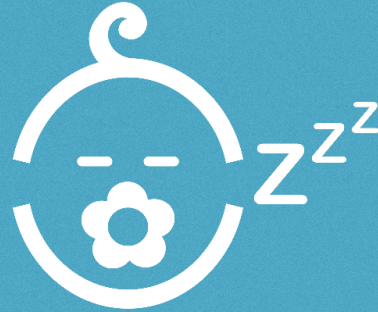


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# Notes



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Indiana  
**SAFE SLEEP PROGRAM**

[www.in.gov/health/frp/safe-sleep/](http://www.in.gov/health/frp/safe-sleep/)



**If you are in need of a safe place for your baby  
to sleep, visit [www.in.gov/health/frp/safe-sleep/](http://www.in.gov/health/frp/safe-sleep/)**

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