Oklahoma Infant Sleep Safety

Curriculum for Nurses
Continuing Education Program

Risk Reduction and Prevention of Infant Sleep Related Deaths in Oklahoma

Preparing for a Lifetime
It's Everyone's Responsibility
Materials Acknowledgement

• The *Continuing Education Program on SIDS Risk Reduction: Curriculum for Nurses* (December 2006)
  
  – The National Institute of Child Health and Human Development (NICHD) in co-sponsorship with the Maternal and Child Health Bureau of the Health Resources and Services Administration
  
  – First Candle/SIDS Alliance
The Office of Perinatal Quality Improvement is an approved provider of continuing nursing education by the Colorado Nurses Association, and accredited approver by the American Nurses Credentialing Center’s Commission Accreditation.

This activity has been approved for 1.0 contact hours of continuing education for nurses.
Learning Objectives

Upon completion of the continuing education program, nurses will be able to:

• Define etiology and epidemiology of U.S. and Oklahoma infant mortality rates
  – Racial disparities
• Define etiology, epidemiology, and risk factors of
  – Sudden Infant Death Syndrome (SIDS); and
  – Preventable infant sleep related deaths
Learning Objectives (Cont.)

• List the critical risk-reduction and prevention messages for parents and caregivers
  – Common barriers to back sleeping
  – Describe nurses’ key role as educators to parents, caregivers, and peers about infant sleep safety
  – Describe ways that nurses can effectively communicate infant sleep safety messages to parents and caregivers
  – Identify elements of a hospital infant safe sleep policy
Why Infant Sleep Safety Education?
Infant Mortality Rate
U.S. and Oklahoma, 1999-2009

Deaths per 1,000 live births

OK Death Rate
U.S. Death Rate
HP Goal 2020

Data source: Centers for Disease Control and Prevention, CDC/National Center for Health Statistics
Infant Death Definition

- Infant death = death during 1st year of life
  - Neonatal death = < 28 days of life
  - Postneonatal death = between 28 days and 364 days of life

<table>
<thead>
<tr>
<th></th>
<th>OK</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Rate*</td>
</tr>
<tr>
<td>Infant</td>
<td>428</td>
<td>7.9</td>
</tr>
<tr>
<td>Neonatal</td>
<td>239</td>
<td>4.4</td>
</tr>
<tr>
<td>Postneonatal</td>
<td>189</td>
<td>3.5</td>
</tr>
</tbody>
</table>

*Rates are per 1,000 live births.

Data source: CDC Wonder, Centers for Disease Control and Prevention at http://wonder.cdc.gov
Racial Disparities

• Despite important reduction in the Oklahoma infant mortality rate over the last 3 decades, racial disparities still persist.
• African Americans consistently have an infant mortality rate twice that of whites.
• American Indian/Alaska Natives also have higher infant mortality rates than whites.
Infant Mortality by Race
Oklahoma, 1999-2009

Deaths per 1,000 live births

- White
- African American/Black
- American Indian/Alaska Native

# Leading Causes of Infant Death

<table>
<thead>
<tr>
<th>Oklahoma, 2009*</th>
<th>United States, 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Short gestation and low birth weight</td>
<td>2. Short gestation and low birth weight (4,538)</td>
</tr>
<tr>
<td>3. Sudden Infant Death Syndrome (SIDS)</td>
<td>3. Sudden Infant Death Syndrome (SIDS) (2,226)</td>
</tr>
<tr>
<td>4. Newborn affected by maternal conditions of pregnancy</td>
<td>4. Newborn affected by maternal complications of pregnancy (1,608)</td>
</tr>
<tr>
<td>5. Accidents (unintentional injuries)</td>
<td>5. Accidents (unintentional injuries) (1,181)</td>
</tr>
</tbody>
</table>

*Data for 2009 is provisional and subject to change

Data source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2009 on Oklahoma Statistics on Health Available for Everyone (OK2SHARE), www.health.ok.gov/ok2share

Data source: Centers for Disease Control and Prevention (CDC)/National Center for Health Statistics (NCHS), National Vital Statistics Reports, Vol. 61, No. 7
Neonatal and Postneonatal Causes of Infant Death: Oklahoma, 2005-2009*

<table>
<thead>
<tr>
<th>Neonatal</th>
<th>Postneonatal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Short gestation and low birth weight</td>
<td>2. Sudden Infant Death Syndrome (SIDS)</td>
</tr>
<tr>
<td>3. Bacterial sepsis of newborn</td>
<td>3. Accidents (unintentional injuries)</td>
</tr>
<tr>
<td>4. Newborn affected by maternal conditions of pregnancy</td>
<td>4. Diseases of the circulatory system</td>
</tr>
<tr>
<td>5. Respiratory distress of newborn</td>
<td>5. Assault (homicide)</td>
</tr>
</tbody>
</table>

*Data for 2009 is provisional and subject to change

3 Types of Sleep-Related Sudden Unexplained Infant Death (SUID)

- **Sudden Infant Death Syndrome (SIDS)**
  - Unknown cause
  - Not preventable, but risks can be reduced
  - Coded as “Natural” manner of death

- **Accidental Suffocation and Strangulation in Bed (ASSB)**
  - Caused by unsafe sleep environment
  - Preventable
  - Coded as “Accidental” manner of death

- **Undetermined**
  - Unknown cause
  - Cases often have evidence of unsafe sleep environment
  - Often preventable
  - Coded as “Unknown” manner of death

*Risk reduction guidelines remain the same for all 3 types of deaths.*
What is SIDS?
SIDS Defined

- **Sudden Infant Death Syndrome**
  - The sudden death of an infant younger than one year of age that remains unexplained after a complete investigation including:
    - Complete autopsy
    - Examination of the death scene
    - Review of infant’s and family’s clinical histories
## Important Distinctions

<table>
<thead>
<tr>
<th>SIDS IS…</th>
<th>SIDS IS NOT…</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading cause of death in infants 1 month to 1 year old</td>
<td>NOT preventable, but the risk CAN be reduced</td>
</tr>
<tr>
<td>Happens to seemingly healthy infants</td>
<td>NOT caused by aspiration</td>
</tr>
<tr>
<td>Associated with sleep</td>
<td>NOT suffocation</td>
</tr>
<tr>
<td>Little or no signs of suffering</td>
<td>NOT caused by immunizations</td>
</tr>
<tr>
<td>A diagnosis of exclusion</td>
<td>NOT a result of child abuse/ neglect</td>
</tr>
</tbody>
</table>
SIDS in Oklahoma

Sudden Infant Death Syndrome (SIDS) by Year
Oklahoma, 1999-2009

Data source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 1999 to 2009, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE), www.health.ok.gov/ok2share
# Gender and Age Disparities of SIDS Deaths in Oklahoma, 2005-2009*

124 total deaths attributed to SIDS in OK

## Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>77</td>
<td>62.6</td>
</tr>
<tr>
<td>Female</td>
<td>47</td>
<td>37.4</td>
</tr>
</tbody>
</table>

## Age

<table>
<thead>
<tr>
<th>Months</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 6</td>
<td>115</td>
<td>92.7</td>
</tr>
<tr>
<td>2 to 4</td>
<td>80</td>
<td>64.5</td>
</tr>
</tbody>
</table>

*Data for 2009 is provisional and subject to change

Data source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2005 to 2009, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE), www.health.ok.gov/ok2share
## Racial Disparities in SIDS Deaths in Oklahoma, 2005-2009**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Death rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>White</strong></td>
<td>86</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>African American</strong></td>
<td>18</td>
<td>0.7</td>
</tr>
<tr>
<td><strong>American Indian/Alaska Native</strong></td>
<td>18</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td><strong>Hispanics</strong></td>
<td>10</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Total (Oklahoma)</strong></td>
<td>124</td>
<td>0.5</td>
</tr>
</tbody>
</table>

*Rate is the number of deaths per 1,000 live births

. Calculations have been suppressed due to cell size

**Data for 2009 is provisional and subject to change

Data source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2005 to 2009, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE), www.health.ok.gov/ok2share
Preventable Infant Sleep Related Deaths
Accidental Suffocation or Strangulation in Bed

- Possible causes should be AVOIDED
  - Bed Sharing should be avoided
    - With siblings
    - With parents
    - With pets
  - Crib should only include baby and tightly fitted crib sheet
    - No loose bedding
    - No stuffed animals
    - No pillows
    - No bumper pads
Accidental Suffocation or Strangulation Deaths in Oklahoma, 1999-2009

- 1999-2004 there were 15 deaths classified as accidental suffocation or strangulation
- 2005-2009 there were 26 deaths classified as accidental suffocation or strangulation
- 2005-2009 deaths represent a 73% increase in deaths classified as accidental suffocation or strangulation compared to the deaths during years 1999-2004

Data source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 1999 to 2009, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE), www.health.ok.gov/ok2share
Gender and Age Disparities Attributed to Accidental Suffocation or Strangulation in Bed in Oklahoma, 2005-2009*

26 total deaths attributed to accidental suffocation or strangulation in bed in OK

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>13</td>
<td>50.0</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
<td>50.0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Months</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 6</td>
<td>19</td>
<td>73.0</td>
</tr>
<tr>
<td>2 to 4</td>
<td>13</td>
<td>50.0</td>
</tr>
</tbody>
</table>

*Data for 2009 is provisional and subject to change
Data source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2005 to 2009, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE), www.health.ok.gov/ok2share
Racial Disparities in Deaths Caused by Accidental Suffocation or Strangulation in Bed in Oklahoma, 2005-2009**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Death rate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>11</td>
<td>0.1</td>
</tr>
<tr>
<td>African American</td>
<td>9</td>
<td>0.4</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>6</td>
<td>0.2</td>
</tr>
<tr>
<td>Total (Oklahoma)</td>
<td>26</td>
<td>0.1</td>
</tr>
</tbody>
</table>

*Rate is the number of deaths per 1,000 live births

**Data for 2009 is provisional and subject to change
Data source: Oklahoma State Department of Health (OSDH), Center for Health Statistics, Health Care Information, Vital Statistics 2005 to 2009, on Oklahoma Statistics on Health Available for Everyone (OK2SHARE), www.health.ok.gov/ok2share
Other Sleep Related Deaths

• In addition to the Natural (SIDS) deaths and the Accidental (suffocation/strangulation) deaths, the deaths with evidence of unsafe sleep environment are often coded as Undetermined.
The Child Death Review Board reviewed and closed 79 deaths that were related to sleep environments. These included accidental asphyxiations, SIDS, and Undetermined manners of death where the pathologist noted the sleep environment was a possible contributor to the death.

Data Source: Oklahoma Child Death Review Board 2010 Annual Report
The Child Death Review Board reviewed and closed 79 deaths that were related to sleep environments. These included accidental asphyxiations, SIDS, and Undetermined manners of death where the pathologist noted the sleep environment was a possible contributor to the death.

* This information is unknown due to the lack of information collected by scene investigators.
What are the Risk Factors?
SIDS **Risk** Factors

- **Pregnancy**
  - Premature
    (less than 37 weeks)
  - Low Birth Weight
    (less than 5 pounds 8 ounces)

- **Environment**
  - Smoking
  - Overheating

- **Crib**
  - Bumper Pads
  - Soft bedding
    (comforters, pillows)
  - Toys and stuffed animals

- **Sleep Position**
  - Tummy
  - Side
Accidental Suffocation or Strangulation **Risk** Factors

- Loose or soft bedding
- Putting baby to sleep on a couch or armchair
- Bumper Pads
- Bed Sharing
- Cords (electrical cords, mini blind cords, monitor cords, etc.)
- Crib or Bed rails with slats > 2 3/8 inches apart
- Wedging
What can be done to Reduce Infant Sleep Related Deaths?

click to view Oklahoma's 30-second commercial
click to view commercial in Spanish
2011 American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome

• Updated recommendations include:
  – **Breastfeeding** is recommended and is associated with a reduced risk of SIDS.
  – Infants should be **immunized**. Evidence suggests that immunization reduces the risk of SIDS by 50 percent.
  – Bumper pads should not be used in cribs. There is no evidence that **bumper pads** prevent injuries, and there is a potential risk of suffocation, strangulation, or entrapment.
What else does AAP say?

• Policy Statement:
  – *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment*

• This article can be found at: http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2285
Exercise Safe Sleep Practices
Always Back to Sleep

• Why?
  – The AAP (since 2005) endorses the use of back-only sleep position
  – Since the “Back to Sleep” Campaign launched in 1994, SIDS related deaths have decreased by 50%

• Importance
  – Back sleep
    ❖ Keep baby’s mouth and nose unblocked
    ❖ Head uncovered
    ❖ Prevent overheating
  – Back Sleep EVERY sleep time
Crib Guidelines

• As of June 28, 2011, all cribs manufactured and sold must comply with new and improved safety standards

• The new rules prohibit the manufacture or sale of traditional drop-side rail cribs, strengthen crib slats and mattress supports, improve the quality of hardware, and require more rigorous testing. See http://www.cpsc.gov/onsafety/2011/06/the-new-crib-standard-questions-and-answers/
Crib Guidelines

• Baby needs a Safe Sleeping Area
  – Invest in a crib that meets the 2011 safety standards of the Consumer Product Safety Commission

• Firm sleep surface
  – Soft mattresses increase the risk of infant death
  – Do Not put baby to sleep on a couch or armchair
Crib Guidelines (Cont.)

- **NO** soft objects or loose bedding in the crib
  - Remove all items from baby’s sleep area:
    - Bumper pads
    - Blankets
    - Pillows
    - Quilts/Comforters
    - Sheepskins
    - Stuffed animals or toys
SIDS Risk Reduction

• **DO NOT** Smoke during or after Pregnancy
  – Never let anyone smoke around an infant
  – Tobacco use during pregnancy causes the passage of harmful substances from mom to baby (CDC National Vital Statistics)
  – These harmful substances:
    ❖ Restrict infant’s access to oxygen
    ❖ Can lead to low birth weight, preterm delivery, developmental delay, and infant mortality
Sleep Close but Separate

• A separate but close sleeping environment is recommended
• SIDS risk is reduced when infant sleeps in the same room
• Infants should **NOT** bed share with parents
• Infants may be brought to bed for breastfeeding but should be returned to own crib or bassinet when parent goes back to sleep
Safe Use of Pacifiers

Research shows that using a pacifier **EVERY** time you place baby down to sleep can help reduce the risk of SIDS

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DO NOT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Use when putting the baby down for sleep</td>
<td>Use before breastfeeding is established</td>
</tr>
<tr>
<td>Clean pacifiers with hot, soapy water</td>
<td>“Clean” pacifier with your own mouth</td>
</tr>
<tr>
<td>Use at nap and bedtime</td>
<td>Coat with anything sweet</td>
</tr>
<tr>
<td>Replace pacifiers often (as soon as you notice deterioration/wear)</td>
<td>Reinsert once the baby falls asleep or force the baby to take the pacifier</td>
</tr>
<tr>
<td>Remove clips/lanyards from pacifier before sleep</td>
<td>Prop with a pillow, blanket, or stuffed animal</td>
</tr>
</tbody>
</table>
Avoid Overheating

• **Do Not** overdress baby

• **Do Not** cover baby’s head with blanket

• Keep room temperature comfortable for a lightly clothed adult

• Using Sleep Sacks (appropriate to season) can help eliminate loose bedding in the crib
Avoid Relying on Commercial Devices Marketed to Reduce Risk of Infant Death

• Movement, breathing, and heart rate monitors have not been tested sufficiently to show safety and there is no evidence that use decreases the incidence of SIDS or Sudden Unexplained Infant Deaths (SUID)
Preventing Accidental Infant Deaths

• Follow the **same** risk reduction guidelines as SIDS
• Affordable childbirth classes should be available to mothers to address Safe Sleep prior to birth
• All hospitals in Oklahoma should adopt a policy regarding Safe Sleep
• Educational materials on Safe Sleep should be provided and explained to all families
Improving Data Collection

• Quality of death scene investigation in infant deaths
  – Inaccurate or inconsistent cause-of-death reporting hinder the ability of CDC, state and local health departments, and partners to monitor national trends, assess risk factors, and design and evaluate programs to prevent SIDS and SUID.
  – CDC is working with states to collect standardized information about the circumstances surrounding infant deaths.
Back-to-Sleep has been proven effective in reducing the Risk of Sudden Infant Death

Why Aren’t All Babies Sleeping on their Backs?
Common Reasons Why Nurses and Parents Do Not Use the Back Sleeping Position

1. Belief that baby could aspirate
2. Belief that side sleeping is equally safe
3. Belief that baby does not sleep as well
4. Belief that baby is uncomfortable
5. Belief that baby will get a flat head
6. Belief that propping baby will help with reflux or congestion.
1. Will the baby choke?

“...Data shows no evidence of an increased risk of death from aspiration as a result of the “Back to Sleep” program” ~Michael H. Malloy, M.D.

- Studies have shown that babies are NOT at risk of choking if they spit up when sleeping on the back
- Data show no evidence of an increased risk of death from aspiration as a result of sleeping on their backs
Anatomy of Swallowing

Trachea is above the esophagus when baby is on their back

It would be difficult for aspirate to travel against gravity

There are pharyngeal folds that direct aspirate back into esophagus
2. Side Sleep is NOT Safe Sleep

- Side sleepers have a two-fold greater risk of SIDS
- The side is an unstable position
- An infant sleeping on his side can easily roll onto his tummy
- The AAP says side sleeping is not as safe as back sleeping and is not advised
3. What if baby won’t sleep on his/her back?

- Try singing, humming, or playing soft music
- Learn the baby’s signals to understand why he/she is fussy
- Walk baby in arms
- Get advice from a friend or family member of ways to calm baby down so you can place baby on the back for sleep
- Place the crib/bassinet near your bed
4. Isn’t the baby uncomfortable on his/her back?

- Babies adapt
- Start placing baby on his/her back for EVERY sleep as soon as they are born
- There are other causes for a baby to be fussy
5. Belief that baby will get a flat head

- Positional plagiocephaly (flat head syndrome) is rarely a serious condition and can be avoided by following the tips below:
  - Cut down on the use of baby swings, carriers, and other objects used to keep baby on back while awake.
  - Offer plenty of tummy time for baby to play while awake.
  - Alternate the placement in the room, position in the crib, and arm used to hold baby.

- This condition is temporary, cosmetic, and typically resolves on its own, without any medical intervention necessary.
6. Belief that propping baby will help with reflux or congestion.

- Elevating the infant’s head is **ineffective** in reducing gastroesophageal reflux.
- Back sleeping is **not** associated with increased choking or aspiration, even in infants with reflux.
- Propping the baby’s head, raising the end of the crib, or using a car seat to elevate the baby’s head is not safe.
  - Elevating the head can result in the infant sliding down into a position that compromises breathing.
What is Tummy Time?

• Because babies spend so much time sleeping on their backs, it is important for them to spend time on their tummy while they are awake and being supervised.

• Tummy time exercises the muscles in the neck, arms, and chest, and reduces the chance of positional plagiocephaly (flat head).

• Start by placing your newborn across your lap for short periods of time, gradually working toward placing them on a quilt or play mat on the floor with toys, activities.
When is Tummy Time okay?

• When baby is awake

AND

• Caregiver is watching

• If the baby falls asleep during tummy time, immediately place him on his back in his crib for a nap.
Safe Sleep
Controversial Topics
Bed Sharing vs. Room Sharing

- **Bed Sharing**
  - Baby sleeping in adult bed with parents/caregivers

- **Room Sharing = Safe Sleeping**
  - Baby sleeping in the same room or in close proximity but in a separate sleep area
Bed Sharing on the Rise

• The National Infant Sleep Position Study, showed that the proportion of babies usually sharing an adult bed at night is increasing:

  ❖ Between 1993 and 2000, the bedsharing rates increased from 5.5% to 12.8%
  ❖ African American babies were four times more likely to bed share as white babies
  ❖ Asian/other babies were almost three times more likely to bed share than white babies
Bed Sharing on the Rise cont…

• A second study found nearly 50% of mothers in a predominantly low-income, inner city population reported their baby usually shared a bed with a parent or other adult during the baby’s first year of life.

• **PRAMS** data in Oklahoma from 2009 show that 21% of infants *always* shared a bed with someone else, and only 29% reported *never* sharing a bed.
Bed Sharing

• Dangers
  – Suffocation in soft bedding or pillows
  – Entrapment between the bed and wall, headboard, footboard, or other surface
  – Bed sharers rolling over onto the infants

• Alternatives
  – Place baby’s crib in the caregiver’s room near adult bed
  – Breastfeed in bed but then place baby back into crib for sleep
Discussion

• AAP 2011 Guidelines
  – Bed sharing is not recommended and may be dangerous.
  – Research has not shown that any bed-sharing situations are protective against SIDS or suffocation.
  – Even if the parents are non-smokers, bedsharing with infants under 3 months of age, is especially dangerous.
  – “…the safest place for a baby to sleep is in a crib in the parents’ room for the first 6 months of life.”

• “There are no specific studies demonstrating that bed sharing reduces SIDS risk. Conversely, there are studies suggesting that bed sharing, under certain conditions, may actually increase the risk of SIDS.”

~ John Kattwinkel, MD, Chairman of the AAP’s SIDS Task Force
Suggestions

• Room Sharing
  – Baby sleeps separate but nearby
  – Keep the crib in the parent’s room
    ❖ This facilitates more sleep for parents and convenience for breastfeeding
    ❖ Breastfeeding and bonding are important
  – NO bed sharing
    ❖ With parents, siblings, or pets
    ❖ Parents who are overweight, tired, or are using substances that impair alertness may not be aware they have rolled onto the baby
Your Role in Preventing SIDS and SUID
Model Behavior

• Be a Role Model:
  – New parents value your advice and will follow your example
  – Encourage parents to stick with Safe Sleep Guidelines at home
  – Demonstrate the back sleeping position to parents
  – Keep up-to-date with information regarding safe sleep practices
Advocate for Babies

• Educate:
  – Parents need to be educated about sleep position before and after birth
  – Talk to parents about safe sleeping practices
  – Send parents home with educational materials that remind them of how to reduce the risk of SIDS
Others Who Help Care for Baby

- Grandparents, siblings, aunts and uncles, friends, nurseries, child care facilities, and anyone who takes care of babies should be informed about safe sleep practices!
Infant Safe Sleep Policy

• Every hospital needs an Infant Safe Sleep Policy
  – The policy should follow current AAP recommendations
  – A policy statement, a purpose, and special instructions should be provided in the policy
  – OSDH will make an example policy available
  – To view sample policy, visit First Candle
In Summary

• In this training the following has been covered:
  – Infant mortality nationally and in Oklahoma
    ❖ Racial disparities
  – SIDS and preventable infant sleep related deaths
    ❖ Risk Factors
  – Critical risk-reduction and prevention messages for parents and caregivers.
  – Barriers to back sleeping
In Summary

• Other items discussed:
  – Described nurses’ key role as educators to parents, caregivers, and peers about infant sleep safety
  – Provided ideas of ways that nurses can effectively communicate infant sleep safety messages to parents and caregivers
  – Identified the need for and elements of a hospital infant safe sleep policy
Now that you have completed this presentation you will need to go back into your my learning and click on the "M" out to the right of the course you are needing to manage. It will bring up information below. Select "To Mark this course as completed please click ....and it will guide you through to the assessment.

DO NOT SELECT ARCHIVE OR WITHDRAW, CLICK ON THE BACK BUTTON ON THE BOTTOM RIGHT OF THE SCREEN TO EXIT THAT PAGE.

To access OK TRAIN click on link: https://ok.train.org/DesktopShell.aspx?tabid=1
Images courtesy of <images.google.com>
Photos used courtesy of NICHD
<www.firstcandle.org>
<www.cdc.gov/mmwr/preview/mmwrhtml/mm5508a7.htm>.
Works Cited

*Pediatrics; originally published online October 17, 2011; TASK FORCE ON SUDDEN INFANT DEATH SYNDROME* DOI: 10.1542/peds.2011-2285, SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment
This training was developed with funding provided by the Maternal and Child Health Services Title V Block Grant, Maternal and Child Health Bureau, Department of Health and Human Services.