

	Policies and Procedures Title: SAFE SLEEPING PRACTICES FOR INFANTS Number: 1103
Authorization: <input checked="" type="checkbox"/> Former SHR Nursing Practice Committee	Source: Nursing Date Revised: March 28, 2018 Date Approved: January 2015 Scope: Former SKtnHR Acute Care

Any PRINTED version of this document is only accurate up to the date of printing 18-Apr-18. The former Saskatoon Health Region (SKtnHR) cannot guarantee the currency or accuracy of any printed policy. Always refer to the Policies and Procedures site for the most current versions of documents in effect. SKtnHR accepts no responsibility for use of this material by any person or organization not associated with SKtnHR. No part of this document may be reproduced in any form for publication without permission of SKtnHR.

PREAMBLE: “the safest place for infants to sleep or nap is on their back in a crib, cradle or bassinet that meets current Canadian Safety Regulations. Infants who room share for the first 6 months are at a lower risk of SIDS” (Canadian Pediatric Society, Safe Sleep for Babies, 2014)

DEFINITIONS

Bed sharing- a sleeping arrangement in which the infant shares a sleeping surface such as an adult bed, sofa or armchair with an adult or another child. In some literature bed sharing may also be referred to as co-sleeping.

Entrapment- refers to mechanical interference with respiration when the head and neck are caught in a constricting place or position

Infants – birth to age 1 year

MRHP- most responsible health practitioner

Positional Plagiocephaly- An asymmetrical misshapen head caused by constant pressure on one area of the skull, usually the occiput.

Preterm- infants born prior to 37 completed weeks of gestation

Room sharing- a sleeping arrangement where an infant’s crib, cradle or bassinet is placed in the same room and near the parent or caregivers bed. Room sharing facilitates breastfeeding and frequent contact with infant at night. In some literature room sharing may also be referred to as co-sleeping.

SIDS- Sudden Infant Death Syndrome

Suffocation- is obstruction of the airway by an external object that blocks the nose and mouth, such as a plastic bag, bedding, or mattress.

1. PURPOSE

- 1.1 To promote safe sleeping practices for infants who are inpatients in **all Former Saskatoon Health Region facilities**.
- 1.2 To prevent harm to infants from preventable incidents during sleep by educating staff, parents and other caregivers on SIDS, suffocation, falls, entanglement and entrapment.

2. POLICY

- 2.1 On admission, parents/caregivers will be educated about the SHR policy on Safe Sleeping Practices for Infants.
- 2.2 Parent/caregivers will be informed that the safest sleeping position for infants to sleep or nap is on their back in a crib, cradle or bassinet that meets current Canadian Safety Regulations. (Canadian Pediatric Society Caring for Kids Safe sleep for Babies 2014)

Note: There are very few exceptions to this position. Exceptions will be identified by the multidisciplinary team, documented and communicated to all care providers and parents/caregivers. Infants with health care issues requiring sleep arrangements not outlined in this policy will need education provided to parents/caregivers regarding their infant's unique needs.

- 2.3 Parent/caregivers will be informed about the risks of falling asleep while feeding the infant in the adult bed and the importance of returning the infant to the crib/bassinet between care/feeding.
- 2.4 Between care/feeding if the parent/caregiver is unable to return the infant to the bassinet/crib a health care provider will do this for them.
- 2.5 Mothers /Infants will be observed regularly when the infant is in bed for breastfeeding or skin to skin care.
- 2.6 If the infant is found sleeping in the adult bed/cot the health care provider will remove the infant and place them in the bassinet/crib. The health care provider will review the policy with the parents/caregiver.

Note: If parents/caregivers disagree with this policy and choose to have their infant bed share the health care provider is required to notify the MRP, document and report to oncoming staff regarding the same.

- 2.7 Infants will not be tightly swaddled or wrapped with blankets encasing their heads due to the risk of suffocation, overheating, and hip dysplasia. This also decreases their ability to respond to their environment.
- 2.8 Infants should not be left to sleep in car seats, seating devices or swings as they are at increased risk of upper airway obstruction.
- 2.9 If the infant falls asleep in a positioning device or infant seat, they will be moved to a crib or bassinet.

Note: If this is not possible ensure that safety belts are in place and that the infant is being closely observed.

2.10 The following teaching points will be discussed with parents to aid in the decision for infant sleeping at home.

Note refer to Appendix A for teaching resources for families

2.10.1 Benefits of room sharing for the first 6 months of life including:

- 2.10.1.1 Facilitates breastfeeding
- 2.10.1.2 Reduces the risk of SIDS
- 2.10.1.3 Increases contact with the infant at night

2.10.2 Contraindications to bed-sharing including:

- 2.10.2.1 Increased risk of entrapment and suffocation
- 2.10.2.2 Risk of infant falling from bed
- 2.10.2.3 Risk of entanglement in blankets and suffocation

2.10.3 Risks of SIDS during bed-sharing are highest with;

- 2.10.3.1 Parents who smoke
- 2.10.3.2 Use of alcohol, prescription or street drugs
- 2.10.3.3 Parents who are fatigued
- 2.10.3.4 Infants who were preterm
- 2.10.3.5 Infants who are small at birth
- 2.10.3.6 Infants who have a high temperature or are ill

2.10.4 Safe Sleep Environment

- 2.10.4.1 Smoke free environment
- 2.10.4.2 Back to sleep unless medically indicated
- 2.10.4.3 Firm sleep surface with no pillows, comforters, quilts, loose blankets, bumper pads or loose toys that the infant may become entangled in or that they could pull over their head.
- 2.10.4.4 Crib, cradle or bassinet that meets Canadian safety regulations next to their bed
- 2.10.4.5 Prevent overheating the infant.

2.10.5 Benefits of Breastfeeding

- 2.10.5.1 Breastfeeding helps protect infants from illness and SIDS
- 2.10.5.2 Room sharing facilitates night time feeding by keeping the infant close without the risks of bed sharing
- 2.10.5.3 The Canadian Pediatric Society recommends that infants should be exclusively breastfed for the first six months of life

3. PROCEDURES

3.1 Position all healthy infants who have reached 34 weeks corrected age, supine with the head of bed flat during sleep.

3.2 If positional aids are medically indicated, the MRP will document the rationale.

Note: Positioning aids include but are not limited to wedges, rolled up towels and heavy blankets.

3.2.1 Teach parents/caregivers the rationale behind positional aids used at different stages of the infant's stay.

3.3 Use of bedding materials:

3.3.1 Dress the infant for sleep to provide warmth but prevent overheating

3.3.2 Wrap a blanket around the infant ensuring that it is no higher than the infant's shoulders and chest.

3.3.3 Keep the crib or bassinet free of extra blankets, bumper pads, pillow and soft toys

Note do not drape linen over the crib or bassinet

3.4 Prevention of Positional Plagiocephaly

3.4.1 If the infant is bottle-feeding alternate the side that the infant is held on and the head position for each feeding.

3.4.2 Alternate the infants orientation in the bassinet/crib

3.4.3 Educate parents/caregivers to place infants prone during supervised awake periods several times per day.

3.4.4 Encourage positional neck rotation to both sides during both supervised prone play and supine sleep.

4 REFERENCES

Caring for Kids Safe Sleep for Babies, Canadian Pediatric Society, July 2016

Government of Canada Joint Statement on Safe Sleep, 2012-12-03

Interventions for the Prevention of Sudden Infant Death Syndrome (SIDS) in the Community: A Summary of Evidence Based Guidelines, Saskatchewan Prevention Institute, Dec. 2016

Positional Plagiocephaly, Canadian Pediatric Society Position Statement and Practice Points, Feb. 1, 2016

Perinatal Services BC Health Promotion Guideline 1 Safe Sleep Environment Guideline for Infants 0 to 12 Months of Age, Feb. 2011

Preventing Choking and Suffocation in Children, Canadian Pediatric Society, Feb. 1 2012

Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age, RNAO Clinical Best Practice Guidelines, Feb. 2014

Links to Available Education Resources for parents/Caregivers

Government of Canada: Safe Sleep for Babies (Brochure)

<https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep/safe-sleep-your-baby-brochure.html>

Saskatchewan Prevention Institute: Safe Sleep for Babies: Lower the Risk of SIDS (Brochure)

<http://skprevention.ca/resource-catalogue/child-development/safe-sleep-for-your-baby-lower-the-risk-of-sids/>

Caring for Kids: Information for Parents from Canada's Paediatricians (Brochure)

https://www.caringforkids.cps.ca/handouts/safe_sleep_for_babies