Preamble: The safest sleeping position for an infant to sleep is on their back, on a separate, proximate sleep surface, in the mother's room.

1. **PURPOSE**

1.1 To promote safe sleeping practices for infants who are patients in 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 and entrapment.

2. **POLICY**

2.1 On admission, parents will be educated about the SHR policy on Safe Sleeping Practices for Infants, which is based on the Canadian Pediatric Society (CPS) recommendations. The teaching will be documented on the appropriate unit specific form.

2.2 Parents will be informed that infants will be positioned on their backs in the bassinet/crib. Only if the infant is continually supervised, will they be positioned prone or side lying. Parents will be taught about “tummy time” and prevention of positional plagiocephaly. See 3.5.

**Note:** Exceptions will be by practitioner order and for some infants, require that oxygen saturation monitoring be in place.

**Note:** Prone positioning may improve oxygenation in the premature infant.

2.3 Mothers should be informed about the risks of falling asleep if feeding the infant in the adult bed. The infant should be returned to crib between care/feeds. If the parent/family is unable to return the infant to the bassinet/crib, a health care provider will do so.

2.4 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 parent will be advised of the policy.

**Note:** If parents disagree with this policy and choose to have their infant in the adult bed/cot, couch or recliner, the health care provider is required to notify the MRP, document, and report to oncoming/relief staff regarding the same.
2.5 Infants will not be tightly swaddled or wrapped with blankets encasing their heads, due to the risk of suffocation, overheating, hip dysplasia and decreased ability to respond to their environment.

2.6 Infants should not be left to sleep in strollers, car seats, seating devices, playpens or swings, as they may be at risk for upper airway obstruction.

2.7 If the infant falls asleep in a positioning device or infant seat, they should be moved to a safe environment, crib or bassinette. If this is not possible, ensure safety belts and side rails are in place, as well as observation of the infant.

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

- benefits of room sharing for the first 6 months of life
- contraindications to bed-sharing
- benefits to breast feeding
- risks of SIDS during bed-sharing are highest with:
  - Parent(s) who smoke
  - use of alcohol, prescription or street drugs
  - parent(s) who are fatigued
  - infants who were/are preterm
  - infants who are small at birth
  - infants who have a high temperature or are ill
- use of a pacifier appears to provide a protective effect against SIDS

3. Procedure

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

3.2 Notify the MRP/designate of any changes in stability in the gavage-fed infant who is positioned supine. (For example, regurgitation and/or query aspiration, increased frequency of bradycardia or desaturation).

3.3 When positioning the infant prone, use positional aids.

  3.3.1 If using towels or foam for nesting purposes during developmentally supportive care, ensure that towels are rolled tightly, that foot support is immobile, and that side supports are no higher than the shoulders.

  3.3.2 Check the infant frequently to ensure maintenance of proper position of the towels and/or foam.

  3.3.3 Critically ill infants require midline positioning. Utilize gels, wedges, rolls, nesting and other containment devices with these infants to support the head in the midline position and redistribute mechanical forces on the occiput.

  3.3.4 Avoid unwanted premature postures such as retracted shoulders, hyper-extended neck and “frog legs” which can interfere with normal motor development.

3.4 Teach parents to understand the rationale behind positioning used at different stages of infant's stay.
3.5 **Use of bedding materials**

3.5.1 Dress infant for sleep to provide warmth but prevent overheating.

3.5.2 Loosely wrap a blanket around infant ensuring it comes no higher than infant’s shoulders and chest. Arms may be wrapped inside blanket or remain outside blanket.

3.5.3 Keep the crib or bassinette free of extra blankets, bumper pads, pillows, and soft toys.

    **Note:** Do not drape linen over the crib or bassinette.

3.6 **Prevention of positional plagiocephaly**

3.6.1 Plagiocephaly is the cranial asymmetry that may develop from prolonged supine positioning in infants. This can be prevented by:

- Alternating the side that baby is held on and head position during bottle-feeding.
- Alternating baby’s orientation in the bassinet/crib.
- Placing infants prone during supervised awake periods several times per day.
- Encouraging positional neck rotation to both sides during both supervised prone play and supine sleep.

3.7 **Exceptions to the “Safe Sleeping Practices for Infants” policy include**

3.7.1 Infants on mechanical ventilation

3.7.2 Infants with respiratory distress, for whom prone positioning is beneficial clinically.

3.7.3 Asymptomatic, preterm infants less than 1250 grams, for whom prone positioning provides a respiratory and developmental advantage.

3.7.4 Infants with congenital anomalies including choanal atresia, and those for whom supine positioning would be contraindicated (neural tube defects, Pierre Robin sequence).

3.7.5 Infants receiving palliative or end of life care.

3.7.6 Discretion of MRP/designate
4. REFERENCES


Canadian Pediatric Society, 2014. Safe sleep for your baby (pamphlet).


Hospital for Sick Children Policies and Procedures, 2013. Safe sleep environment for infants and toddlers under 2 years of age.


Saskatchewan Prevention Institute, 2005. Facts on sudden infant death syndrome (SIDS)