



Activity

Safe Sleep Policy: _____



Stop: _____

Continue: _____

Start: _____

Safe With You

These materials were developed, in part, with federal Child Care and Development Fund resources. This was a collaborative project of the Nebraska Department of Education's Early Childhood Training Center and the Nebraska Department of Health and Human Services.



Sudden Infant Death Syndrome

Sudden Infant Death Syndrome

is defined as the sudden _____ of an infant less than ___ year of age that cannot be _____ after a thorough _____ is conducted, including a complete autopsy, examination of the death scene, and review of the clinical history.

Placing babies on their _____ to sleep reduces the risk for SIDS.

Sleep Associated Death Risk

Factors include:

- 1.
- 2.
- 3.
- 4.
- 5.

- To prevent a flat head babies should have _____.
- Smoking predisposes a baby to the risk of _____.
- Overheating increases the risk of _____.
- A pacifier may reduce the risk of _____.
- _____ must be used properly to avoid suffocation.

Do not use:

1. Used cribs
- 2.
- 3.

Child care programs should all have a _____ policy.

Nothin' but _____, on his _____, in a _____ place.

Safe With You

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Safe Sleep

Nebraska PRAMS

Fall 2013

What is SUID?

Sudden Unexpected Infant Death (SUID) is an overarching term used to define any death in infants:

- less than 1 year of age
- that occurs suddenly and unexpectedly
- whose cause of death are not immediately obvious before formal investigation.

After a thorough investigation, many SUID cases can be attributed to suffocation, infection, poisoning or overdose, metabolic diseases or trauma (accidental or non-accidental). Sudden Infant Death Syndrome (SIDS) is a subset of SUID, and should only be used to refer to the sudden death of an infant less than 1 year of age:

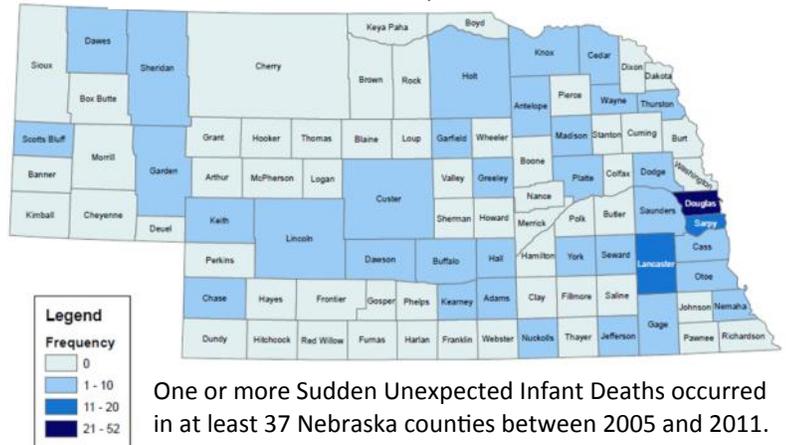
- in a safe sleep environment
- that cannot be explained after a thorough investigation including a complete autopsy, examination of the death scene, and review of clinical history.¹

Major Risk Factors for SUID⁴

- Side (2 times higher risk) or stomach (2.6 times higher risk) sleep positions
- Infants unaccustomed to stomach sleeping placed on stomach by other caregivers
- Infant bed sharing (sometimes referred to as co-sleeping; 2.9 times higher risk)
- Unsafe sleep surfaces (i.e., car seats, infant carriers, strollers, swings, and infant slings)
- Pillows, quilts, comforters, sheepskins, and other soft surfaces under infant or loose in sleep area (5 times higher risk)
- Bumper pads, wedges and other sleep positioning devices that increase the risk of suffocation
- Smoking during pregnancy and around infant after birth
- Caregivers' illicit drug use and/or alcohol use after infant's birth
- Overheating

Sudden Unexpected Infant Death (SUID), Including Known Suffocations, by County

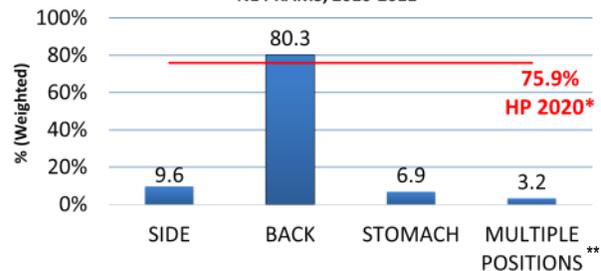
NE Vital Statistics, 2005-2011



One or more Sudden Unexpected Infant Deaths occurred in at least 37 Nebraska counties between 2005 and 2011.

Infant Sleep Position

NE PRAMS, 2010-2011

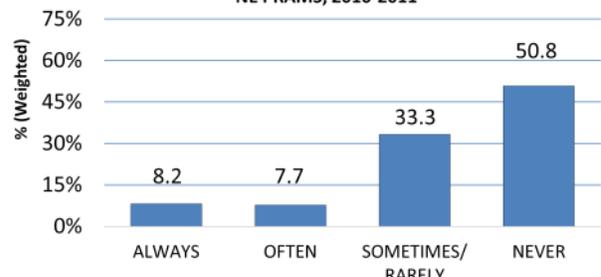


The overall Nebraska prevalence of babies laid to sleep on their backs is 80%, meeting the Healthy People 2020 target of 75.9%. Among infants laid to sleep in a non-back position, the side sleep position is the most common (9.6%).

**"Multiple positions" is defined on page 2.

Infant Bed Sharing

NE PRAMS, 2010-2011



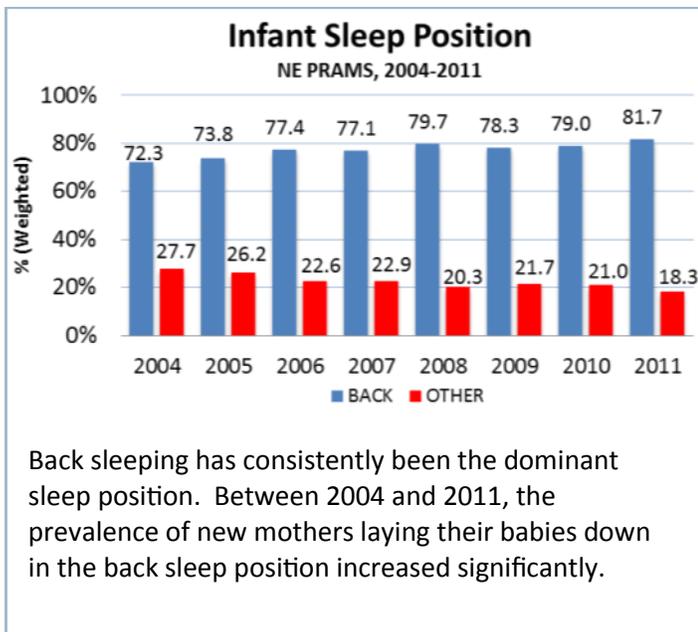
Almost half (49.2%) of babies in Nebraska ever share a bed while sleeping. This increases the risk of overheating, rebreathing or airway obstruction, head covering, and secondhand tobacco smoke exposure.⁴

*Healthy People provides science-based, 10-year national objectives for improving the health of all Americans.

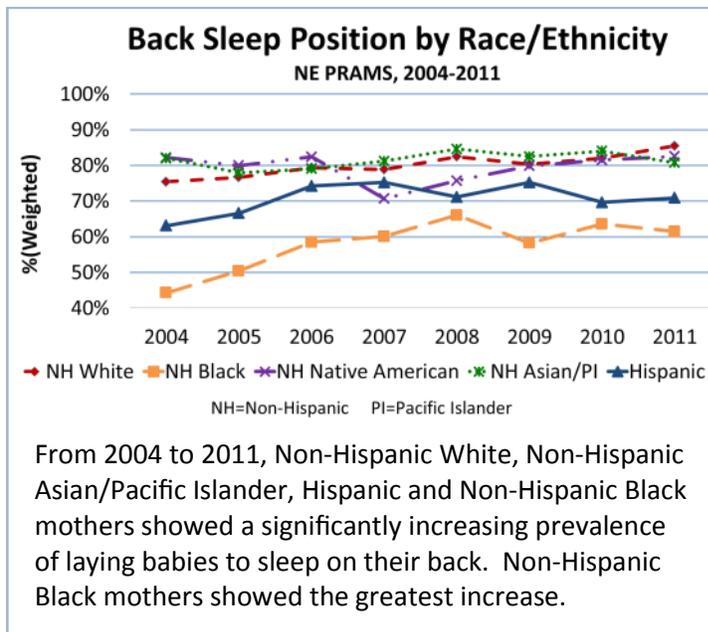
Infant Sleep Position Varies within Nebraska

How is sleep position measured in PRAMS?

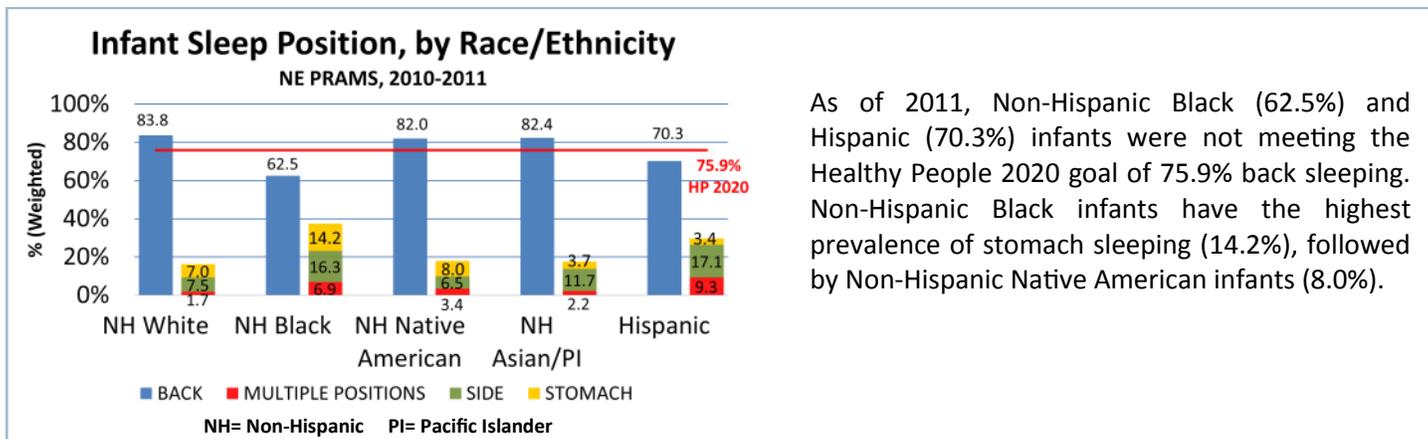
PRAMS asks: *In which one position do you most often lay your baby down to sleep now?* Mothers can answer: “on his or her side”, “on his or her back”, “on his or her stomach”. “**Multiple Positions**” refers to a small number of moms who select more than one answer indicating sleep position.



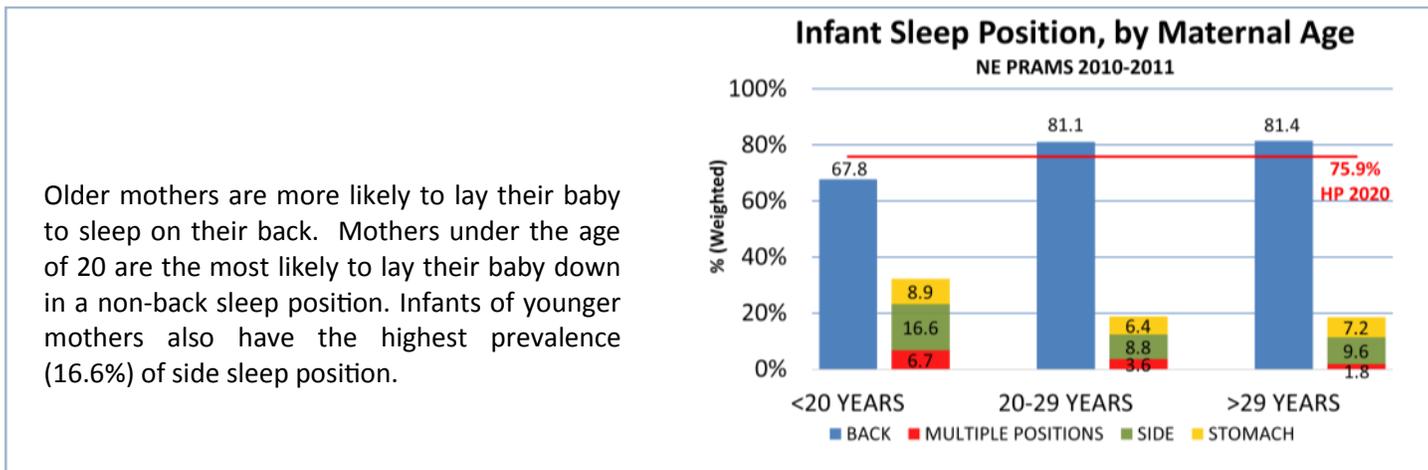
Back sleeping has consistently been the dominant sleep position. Between 2004 and 2011, the prevalence of new mothers laying their babies down in the back sleep position increased significantly.



From 2004 to 2011, Non-Hispanic White, Non-Hispanic Asian/Pacific Islander, Hispanic and Non-Hispanic Black mothers showed a significantly increasing prevalence of laying babies to sleep on their back. Non-Hispanic Black mothers showed the greatest increase.



As of 2011, Non-Hispanic Black (62.5%) and Hispanic (70.3%) infants were not meeting the Healthy People 2020 goal of 75.9% back sleeping. Non-Hispanic Black infants have the highest prevalence of stomach sleeping (14.2%), followed by Non-Hispanic Native American infants (8.0%).

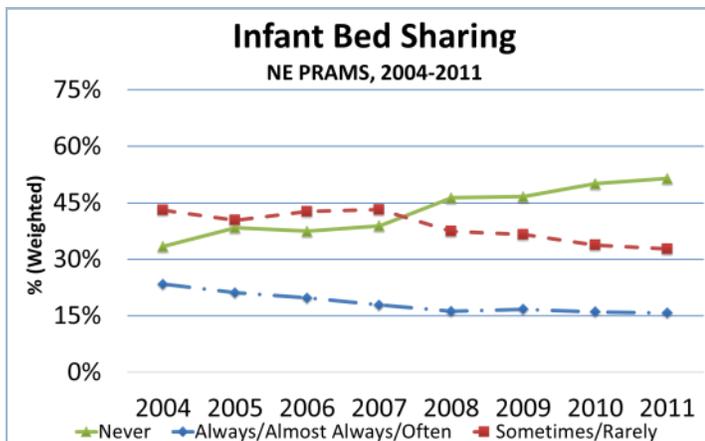


Older mothers are more likely to lay their baby to sleep on their back. Mothers under the age of 20 are the most likely to lay their baby down in a non-back sleep position. Infants of younger mothers also have the highest prevalence (16.6%) of side sleep position.

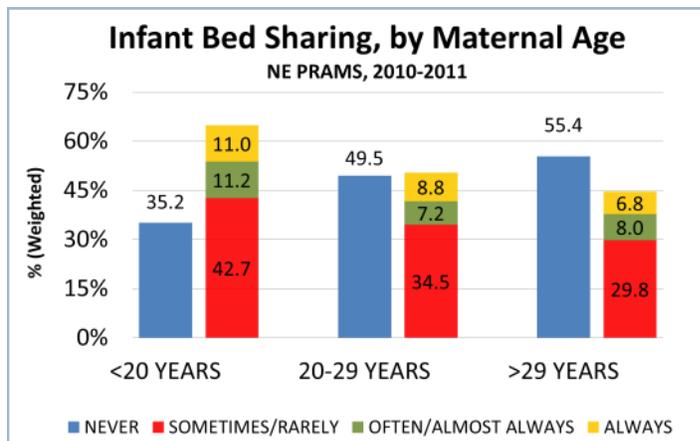
Infant Bed Sharing Varies within Nebraska

How is bed sharing measured in PRAMS?

PRAMS asks: *How often does your new baby sleep in the same bed with you or anyone else?* Mothers can answer: “Always”, “Often”, “Sometimes”, “Rarely”, “Never”.

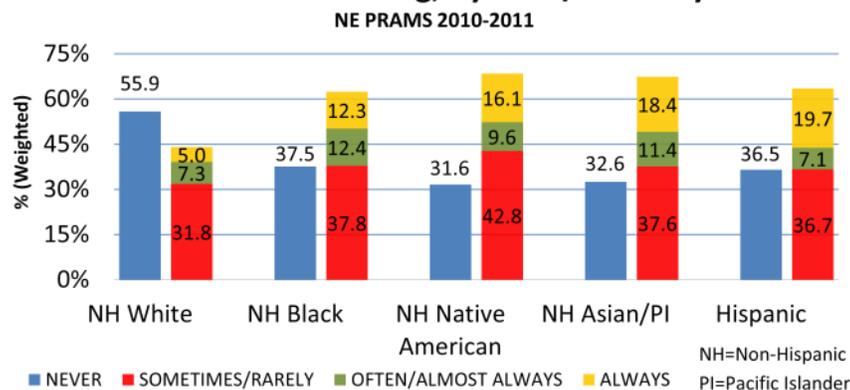


The prevalence of *never* bed sharing increased significantly between 2004 and 2011 (18.0% increase). The prevalences of sometimes or rarely having an infant share a bed, and always or often having an infant share a bed, decreased similarly between 2004-2011 (10.3% and 7.7% decreases, respectively).



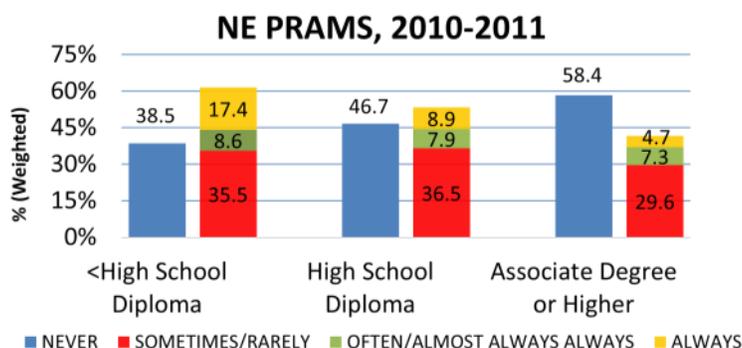
Older mothers are more likely to *never* have their infant share a bed. Mothers under the age of 20 are most likely to report that their infant ever shares a bed while sleeping. Among young mothers, 22.2% of infants bed share (always/often/almost always), compared to 16% of infants among mothers 20-29 years old and 14.8% of infants among mothers 29 years and older.

Infant Bed Sharing, by Race/Ethnicity



Hispanic infants have the highest prevalence of always bed sharing (19.7%) followed by Non-Hispanic Asian/Pacific Islander (18.4%), Non-Hispanic Native American (16.1%), and Non-Hispanic Black (12.3%). Non-Hispanic Native American infants have the highest prevalence of ever sharing a bed while sleeping (68.4%), followed by Non-Hispanic Asian/Pacific Islander (67.4%).

Bed Sharing, by Highest Maternal Education



Mothers with less than a high school diploma have the highest prevalence of having an infant always share a bed with them or someone else (17.4%). As maternal education level increased, the prevalence of an infant ever sharing a bed decreased.

National Attention to SUID

The Back to Sleep Campaign was launched in 1994, to address the importance of back (or “supine”) sleeping to reduce the risk of SIDS. Recently, the shift in classifying fewer SUID cases as SIDS, and more as unintentional suffocations, has generated a focus on broader infant safe sleep practices.² The Back to Sleep Campaign has re-launched as the Safe to Sleep Campaign, expanding to reduce sleep-related deaths from causes such as suffocation.^{1,3} The campaign website includes resources and brochures for reducing SUID. Visit the Safe to Sleep Website: <http://www.nichd.nih.gov/SIDS/Pages/sids.aspx>.

Reducing SUID: Recommendations and Resources

Comprehensive explanations of SUID

- <http://www.cdc.gov/sids/>
- http://dhhs.ne.gov/publichealth/Pages/sids_suid.aspx

Recommendations for reducing the risk of SUID

- <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html>

Continuing education opportunities

- For Nurses: <http://www.nichd.nih.gov/SIDS/Pages/sidsnursesce.aspx>
- For Pharmacists: <http://www.nichd.nih.gov/SIDS/pages/PharmacistCE.aspx>

Sleep surface recommendations

- Crib Safety: <http://www.cdc.gov/sids/Parents-Caregivers.htm>
- Mattress Firmness Testing: <http://www.wikihow.com/Assess-the-Safe-Firmness-of-an-Infant-Mattress-to-Prevent-Asphyxiation>

NE SIDS Foundation bereavement support

- <http://www.nebraskasidsfoundation.org/news/>

Free printable handouts

- What a Safe Sleep Environment looks like: http://www.nichd.nih.gov/publications/pubs/documents/bts_safe_environment.pdf
- http://dhhs.ne.gov/publichealth/Pages/sids_resources.aspx
- <http://babyblossomsomaha.org/resources/safe-sleep>

Child care providers information

- <http://www.healthychildren.org/English/family-life/work-play/pages/A-Child-Care-Provider's-Guide-to-Safe-Sleep.aspx>
- http://www.education.ne.gov/oec/train/safe_with_you.html

Safe Sleep Education for Parents & Caregivers

Talking with all parents can include: planning for safe sleep prior to the birth of a new infant; providing information, recommendations, and resources for safe sleep environments; and encouraging discussions with potential caregivers and family members about safe sleep.⁴

What is Nebraska PRAMS?

The Nebraska Pregnancy Risk Assessment Monitoring System is an ongoing population-based surveillance system of maternal behaviors and experiences before, during, and after pregnancy. Nebraska PRAMS is a joint research project between the Nebraska Department of Health and Human Services and the United States Centers for Disease Control and Prevention (CDC). The data presented in this publication are based on 3,543 completed surveys representing Nebraska mothers who gave birth to live infants during 2010 through 2011. Trend data presented in this publication are based on 13,878 completed surveys, representing Nebraska mothers who gave birth to live infants during 2004 through 2011.

www.dhhs.ne.gov/prams



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**Special acknowledgement to
Avanthi Jayasuriya**

References:

1. Sudden Unexpected Infant Death (2013, March 7). *Centers for Disease Control and Prevention*. www.cdc.gov/sids/.
2. Brixey S, Kopp B, Schlotthauer A, Collier A, & Corden T. (2011) Use of child death review to inform sudden unexplained infant death occurring in a large urban setting. *Injury Prevention*, 17(1), 23-27.
3. U.S. Department of Health and Human Services. (2013) Safe to Sleep Public Education Campaign. In *NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development*. www.nichd.nih.gov/SIDS/Pages/sids.aspx
4. Task Force on Sudden Infant Death Syndrome. (2011) SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics*, 128(1341).

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U.S. Consumer Product Safety Commission

A SAFER GENERATION OF CRIBS

New Federal Requirements

Improve
Slat
Strength

Make
Hardware
Stronger

Improve
Mattress
Support
Durability

Prohibit
Traditional
Drop Sides

Require
Tougher
Testing



5 New Federal Requirements:

- ☞ Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits not allowed
- ☞ Wood slats must be made of stronger woods to prevent breakage
- ☞ Crib hardware must have anti-loosening devices to keep it from coming loose or falling off
- ☞ Mattress supports must be more durable
- ☞ Safety testing must be more rigorous

Beginning June 28, 2011 all cribs sold in the United States must meet new federal requirements for overall crib safety.

☞ SafeSleep is a campaign of the U.S. Consumer Product Safety Commission.



www.cpsc.gov



NEIGHBORHOOD SAFETY NETWORK
A PROJECT OF THE U.S. CONSUMER PRODUCT SAFETY COMMISSION

NSN 11-2

KEEP BABY SAFE IN PLAY YARD SPACE

Starting February 28, 2013, testing for play yards will be more rigorous.
Play yards that meet new safety standards must have:

Side rails that resist forming a sharp V when folded to prevent strangulation



Stronger corner brackets to prevent sharp-edged cracks and side rail collapse

SAFE SLEEP TIPS:

- Always place baby on back to sleep.
- Only use the mattress sold with the play yard.
- Keep pillows, quilts, comforters, and cushions out of play yards, cribs, and bassinets.
- Dress baby in footed pajamas for warmth.

Sturdier mattress attachments to the play yard floor to prevent entrapments and injuries

A play yard is a framed enclosure with a floor and mesh or fabric side panels. It may be folded for storage or travel. It is primarily intended to provide a play or sleeping environment for children who are less than 35 inches tall who cannot climb out of the product.

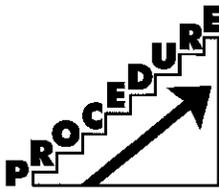


INFANT SLEEP SAFETY POLICY



POLICY

Staff will put infants under the age of 12 months on their back when placed in cribs unless there is a medical waiver stating the child should sleep in a different position. Infant care areas will be smoke free. All infant staff will follow the steps below to reduce the risk of sudden infant death syndrome (SIDS) and prevent other sleep related deaths such as suffocation.



1. All staff working with infants are trained in sudden infant death syndrome (SIDS) prevention, safe sleep practices and infant CPR.
2. Staff will:
 - a. Lay infants on their back to sleep in a safety approved crib/ baby bed.
 - b. Check room temperature daily to be 70° F, cool but comfortable.
 - c. Check infants for overheating during naps, as being too warm can contribute to SIDS.
 - d. Encourage parent/guardians to bring sleep clothing. Blankets, bumper pads, pillows, and toys will not be used in the crib.
 - e. Maintain infant care areas to be smoke free.
 - f. Offer infants a pacifier at sleeptime.
3. Prior to/or on enrollment, _____ will give all parent / guardians

staff title/name

of infants a "Nothin' but Baby" brochure. The brochure will be obtained from the Douglas County Health Department website: www.douglascountyhealth.com and printed by the childcare facility. Designated staff member will also encourage the parent/guardian to share this information with alternate care-givers such as grandparents, neighbors, etc. Give extra brochures to parents for alternative caregivers.

4. A written note from the infant's physician indicating that the child must sleep in a different position must be obtained, and kept on file. See WAIVER STATEMENT ON INFANT SLEEP POSITION (page C11.)
5. It is recommended that child care facilities provide parents/guardians a copy of their safe sleep policy. Parents/guardians should sign an acknowledgment that the policy has been received and reviewed. The acknowledgment should also be signed by a representative of the child care facility.

**Nothin'
but Baby!**



**Nothin'
but Baby!**
Safe Sleep Tips

INFANT SLEEP SAFETY POLICY

Nothin' but Baby!

Safe Sleep Tips • Frequently Asked Questions

What is the Nothin' but Baby Safe Sleep Message?

Nothin' but Baby...in a crib, on his back, in a smoke free place.

Who needs to know about the Nothin' but Baby Safe Sleep Message?

Everyone who takes care of babies needs to know how to put them to sleep safely. This includes family members, relatives, child care providers, babysitters and anyone else who may put a baby to sleep. Babies who are used to sleeping on their backs and then are placed to sleep on their tummies can be 6-9 times more likely to die from SIDS.

NOTHIN' BUT BABY

Why shouldn't anything extra be put in a baby's crib?

If a baby's face were to be covered by an object in the crib such as a blanket, a toy, a sleeping wedge, or bumper pads, the baby could suffocate. It's safer and easier to keep Nothin' but Baby in the crib.

How does a baby become overheated and why is it a problem?

When sleeping babies become too warm, they have an increased risk of Sudden Infant Death Syndrome (SIDS). A baby can overheat from too many blankets and being over-bundled. A baby should not feel hot or be sweaty while sleeping. To keep a baby from overheating, use sleep clothing rather than blankets.

What about using a pacifier?

Studies indicate the use of a pacifier may reduce a baby's risk for SIDS. The American Academy of Pediatrics recommends pacifier use after breastfeeding is established.

IN A CRIB

What makes a crib safe?

A safety approved crib is one with a firm mattress and a tight, fitted sheet. The space between your crib slats should be no more than 2 3/8 (about the size of a pop can). Contact the Consumer Product Safety Commission, <http://www.cpsc.gov/> or (800) 638-2772, for current information about product recalls and safety information.

Why shouldn't a baby sleep on a soft surface?

Adult beds, waterbeds, sofas, soft mattresses, and pillows are unsafe. The American Academy of Pediatrics (AAP) recommends that a baby not sleep on soft surfaces because if a baby's face became covered, the baby could suffocate.

Parents may ask:

Why is it safest for my baby to sleep in my room, but not in my bed?

According to the American Academy of Pediatrics (AAP), evidence suggests that having a baby sleep in the same bed as an adult or another child can put him at increased risk for suffocation. The AAP recommends that your baby sleep in your room for the first six months of his life. Placing your baby's crib, bassinet, or cradle near your bed will make it both safe and easy for you to feed and bond with your baby.

Is it okay to breastfeed my baby in my bed?

The American Academy of Pediatrics recommends breastfeeding as a protective mechanism against the risk of SIDS. It is safe for you to breastfeed anywhere that you are comfortable, but it is not safe if you and your baby fall asleep in an adult bed or any soft sleep surface after feeding. Be sure to put your baby back in her crib after feeding.

ON HIS BACK

Why should a baby sleep on her back?

A baby's lungs are not fully developed yet. When a baby sleeps on her stomach, she rebreathes her own air. This causes the baby to breathe carbon dioxide, which slows her breathing until it eventually stops.

Is a baby who sleeps on his back more likely to choke?

Babies who sleep on their backs are no more likely to choke than babies who sleep on their stomachs. In fact, research shows that babies who sleep on their backs are less likely to choke.

How do I prevent a baby from getting a flat head?

Alternate which way the baby's head faces each time the baby is put in his crib to sleep. Limit the amount of time the baby spends lying on his back in a car seat, stroller, or bouncy seat when he is awake. Tummy time is play time!

IN A SMOKE FREE PLACE

Why does cigarette smoke in a home or early childhood program pose a risk to a baby?

Smoke travels throughout the air. The toxins in cigarette smoke cause an increased risk for SIDS and other conditions such as respiratory infection, ear infection, and asthma. Secondhand smoke is just as dangerous. Cigarette smoke clings to clothes and a baby can breathe the toxins.

Even before a baby is born, smoking during pregnancy increases a babies' risk for prematurity, low birth weight and SIDS. A baby should be in a smoke free place.



For more information, call

Phone 1-800-801-1122

www.dhhs.ne.gov/sids

www.sidscenter.org

What is SIDS?

Sudden Infant Death Syndrome (SIDS) is the sudden unexpected death of a baby under a year old and the cause can't be explained. It may be difficult to tell the difference between SIDS and accidental suffocation.



Tell everyone who cares for your baby to follow these tips...

Resources

www.dhhs.ne.gov/sids

National Sudden Infant Death
Resource Center
www.sidscenter.org

For more information or additional
copies of this brochure, call

1-800-801-1122

ADA/EOE/AA



 printed on recycled paper

08-08

Safe Sleep for Your Baby



Safe Sleep Tips for your Baby:

1. Put baby on his/her back to sleep and be sure to tell other caregivers about a safe sleep place.



- Childcare providers
- Grandparents and other family members
- Babysitters

2. Use a firm mattress covered with a fitted sheet in a safety-approved crib.



3. There shouldn't be more than a soda can's width between bars.



4. Remove pillows, blankets, stuffed toys and other soft objects from the crib. Don't use devices to prop baby on side.



5. Consider using a "blanket sleeper" instead of blankets, which can get wrapped around baby's head.

6. Avoid overheating; baby shouldn't be sweating or hot to the touch. The ideal room temperature is one that's comfortable to a lightly clothed adult.

7. Consider offering a pacifier once breastfeeding is established.

8. Create a smoke-free zone around baby, particularly when sleeping.



NO SMOKING

9. Baby should have a separate sleeping space in the parent's room. Don't let baby sleep on an adult bed, waterbed, armchair, couch or other soft surface. Baby shouldn't share any sleep surface with another child or adult.

10. Remember to have supervised tummy time when baby's awake.



¿Qué es SIDS (Síndrome de Muerte Infantil Súbita)?

El síndrome de Muerte Infantil Súbita es la muerte súbita inesperada de un infante menor de un año de edad que no tiene causa que se puede explicar. Puede ser difícil distinguir entre SIDS o la asfixia accidental.



Dígale a cualquier persona que le cuide a su bebé que siga estas sugerencias...

Sueño Seguro Para Su Bebé

Recursos

www.dhhs.ne.gov/sids

National Sudden Infant Death
Resource Center
www.sidscenter.org

para más información o copias
adicionales de este folleto, llame al

1-800-801-1122

ADA/EOE/AA



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Sugerencias para Dormir con Seguridad para su Bebé:

1. Acueste a su bebé boca arriba para dormir y avísele a otros que lo cuidan de un lugar seguro para dormir.



- Proveedores de cuidado infantil
- Abuelos y otros miembros de la familia
- Niñeros

2. Utilice un colchón firme cubierto con una sábana ajustada en una cuna de seguridad aprobada.



3. El espacio entre las barras de una cuna no debe ser más grande que la anchura de un bote de soda.



4. Quite las almohadas, cobijas, juguetes de peluche y otros objetos de la cuna. No utilice ninguna cosa para apoyar al bebé para que esté acostado de lado.



5. Considere utilizar una pijamita para el bebé en forma de bolsa en vez de utilizar cobijas, las cuales se pueden enredar alrededor de la cabeza del bebé.

6. Evite que se sobrecaliente el bebé; el niño no debe estar sudando o demasiado caliente al tocarlo. La temperatura ideal de un cuarto es una que sea cómoda para una persona que esté ligeramente vestida.

7. Considere ofrecerle al bebé un chupete (chupón) ya una vez que esté amamantado.

8. Cree una zona libre de humo alrededor del bebé, especialmente cuando está durmiendo.



NO SMOKING

9. El bebé debe tener un espacio separado en el cuarto de los padres. No permita que el bebé duerma en la cama de un adulto, cama de agua, butaca, sillón u otra superficie suave. El bebé no debe compartir ninguna superficie de dormir con otro niño o adulto.

10. Recuerde de proveerle al bebé una oportunidad supervisada de estar acostado boca abajo cuando está despierto.

