

Infant Safe Sleep FAQ: Ideas for conversations with families and co-workers

1. How do I talk about safe sleep on admission?

It is important to ask “Where does or will your baby sleep at home?” This question will help you decide if a social work consult and a Crib-for-Kids consult is needed.

2. How do I begin to have a conversation about safe sleep with families?

“What does safe sleep mean to you?” or “What have you heard about safe sleep for babies?”

“Safe sleep can decrease the risk of SIDS or crib death. We know babies need to sleep alone, on the back and in a crib both here and at home. Just remember A, B, C. Alone, on the back, in a crib. For safety reasons, we have a policy at Children’s about safe sleep. All side rails must be up on the cribs. Babies can’t sleep on the cot or in a recliner if you are sleeping. We will put your baby back in the crib, if we find your baby sleeping with you. It’s for your baby’s safety.”

- Give and review the “Safety in the Hospital and EDTC” sheet #1040.
- Review safe sleep one-pager with A, B, Cs. Document it on the ITS or teaching record.
- Other helpful sheets are listed on the Safe Sleep webpage on the Intranet. Search under “Safe Sleep” on the intranet search or under the teaching materials search.

3. What can I say and do when I find a parent sleeping with or while holding their baby?

Gently let the caregiver know, “I need to put your baby back in the crib so (child’s name) is safe. Would you like me to put (name) back in the crib to sleep or would you like to?”

- Review safety in the hospital and home for safe sleep when the caregiver is awake.

4. What do I need to say and do if a parent refuses to follow hospital safe sleep practices?

If parents or caregivers are not following the policy, re-educate about safety. “Your baby is at risk for falling or suffocating if you fall asleep with her/him on the cot or in the recliner. If we need to care for (baby’s name) quickly, it is hard for us to get to her/him. I know you want to do what you can for her/him to get well. If you are awake, you may hold your baby. If you feel sleepy, please put him/her in the crib to sleep.”

5. What is the next step and who else can help me when it still continues?

- Use your leadership team (APN, PCM, PCS) to help you. They can talk with Risk Management if needed.
- You can enter a Social Work consult in Sunrise.
- If after the social work consult, there is still a problem, let social work know to initiate the patient representative/behavioral contract consult.
- Remember de-escalation techniques if it gets into a difficult interaction.
- Always write a progress note with what you said and their response.

6. What do I need to do before discharging a family home?

Remember to ask the family to repeat-back or teach-back about safe sleep close to discharge especially if this is a newborn going home after an extended stay. “Just so I’m sure we did a good job talking about safe sleep at home, how will you keep (baby’s name) safe while sleeping at home? ...Don’t forget to share this with your family and sitters as well.”

- If needed, share other resources if needed on safe sleep listed on the ITS.
- Positioning devices used in the hospital need a medical order for use at home.

7. What is a good way to remember safe sleep every time when leaving a room after care?

Use a mental checklist:

- ✓ **A:** Alone with nothing in the crib; no extra linens, toys or care items in the crib.
- ✓ **B:** Baby on their back. Blankets tucked or bundled.
- ✓ **C:** Crib side-rails up.

8. How do I talk to a co-worker when I find their patient is in an unsafe sleep situation?

We know it is difficult to give feedback to a co-worker but try something like this:

"I just came from (name) room. I noticed the wipes and cream (or other objects) were in the crib. Since we've been working on safe sleep I took them out for you. You can help me out too. This is hard to change practice."

9. How do we properly bundle a baby? Do we need to bundle with the arms out?

Many people are used to bundling babies like mummies. We now know that for the best comfort and development of babies their hands need to be free to self soothe. Babies can self soothe when bundled with the arms midline and up, or by leaving the arms out. The blanket should be no higher than the shoulders for safety to prevent the blanket from shifting and covering the face. Once an infant can roll, bundling should not be used. Transition to a sleep sack or tucked in blanket.

10. What is allowed in the crib?

- Mobiles and music makers are fine as long as they are secured and baby can't reach them.
- Use Developmental supportive devices for babies whose corrected age is <than 37 weeks or if the infant needs more positioning support for lower tone or due to illness.
- Sheepskins can be used for babies weighing < than 1500 grams or if a baby is immobilized.
- Gel pillows and mattresses are used in the hospital for special cases when babies are monitored. They are not to be used at home.
- Any seizure pads need to be secured to the crib.
- Pacifiers are encouraged but nothing should be used to hold it in a baby's mouth.
- Comfort items are usually most important for an older infant after the 1 year mark.

13. Can we use home blankets or sleep sacks? What about fleece?

Explain to parents that while in the hospital they should use our linens for safety and comfort. Fleece bedding should not be used due to overheating and it is not breathable. It can be used during tummy time but should not be part of the bedding. Fleece is everywhere in the community. Cotton sleep sacks are best.

14. Can we make exceptions to safe sleep policy as long as babies are on a pox/monitor?

Exceptions for a position other than supine need to have an order for a medical reason. These babies must be monitored. It is not for parent or baby preference. The only exception for a baby sleeping in a bed or the cot with a parent even if they are monitored is end-of-life care.

15. Can babies sleep in a vibrating chair in the bed? Can babies sleep in the chair or swing?

Babies should not be sleeping in a swing or chair. Car seats or swings put babies at risk for airway obstruction and desatting. If babies fall asleep in the chair or swing they need to be put in the crib.

16. What do you do if you've set up everything the way you should and the baby still ends up in an unsafe position such as under a tucked in blanket?

Babies who can move under the blanket should not have the blanket tucked in. Use a sleep sack if available or layer with more clothing if they are cold. Adjust the heat in the room if needed. Hats are only recommended in the home if the heat in the home can't be adjusted.

17. How do we talk about alone so it doesn't sound so scary to parents?

- In the hospital, reassure parents they will be able to see and hear their baby from the cot.
- "Babies need to sleep alone with you nearby."
- "Share a room, not a bed at home."

18. Can you explain the reason that on the back is safer than prone or side-lying related to aspiration and choking?

Share with parents that "When a baby is on their back their airway for breathing is on top of the opening to the stomach. Anything the baby spits up is automatically going to go back down into the stomach rather than in the throat or lungs to cause choking. It helps to show this picture.

