
Safe Sleep in Oregon: Guiding Conversations with Families

MIECHV Meeting

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Objectives

- By the end of today's training, you will be able to:
 - Explain safe sleep recommendations
 - Identify risk factors for sleep related deaths
 - Name 1 approach to use when talking with caregivers about a baby's sleep environment



Agenda

- Reflection Activity
- Definitions and Data
- Safe Sleep Recommendations
- Talking with Families
- Action Planning



Acknowledgement

Some parts of this presentation include materials borrowed with permission from the Children's Health Alliance of Wisconsin, Sleep Baby Sleep Initiative.

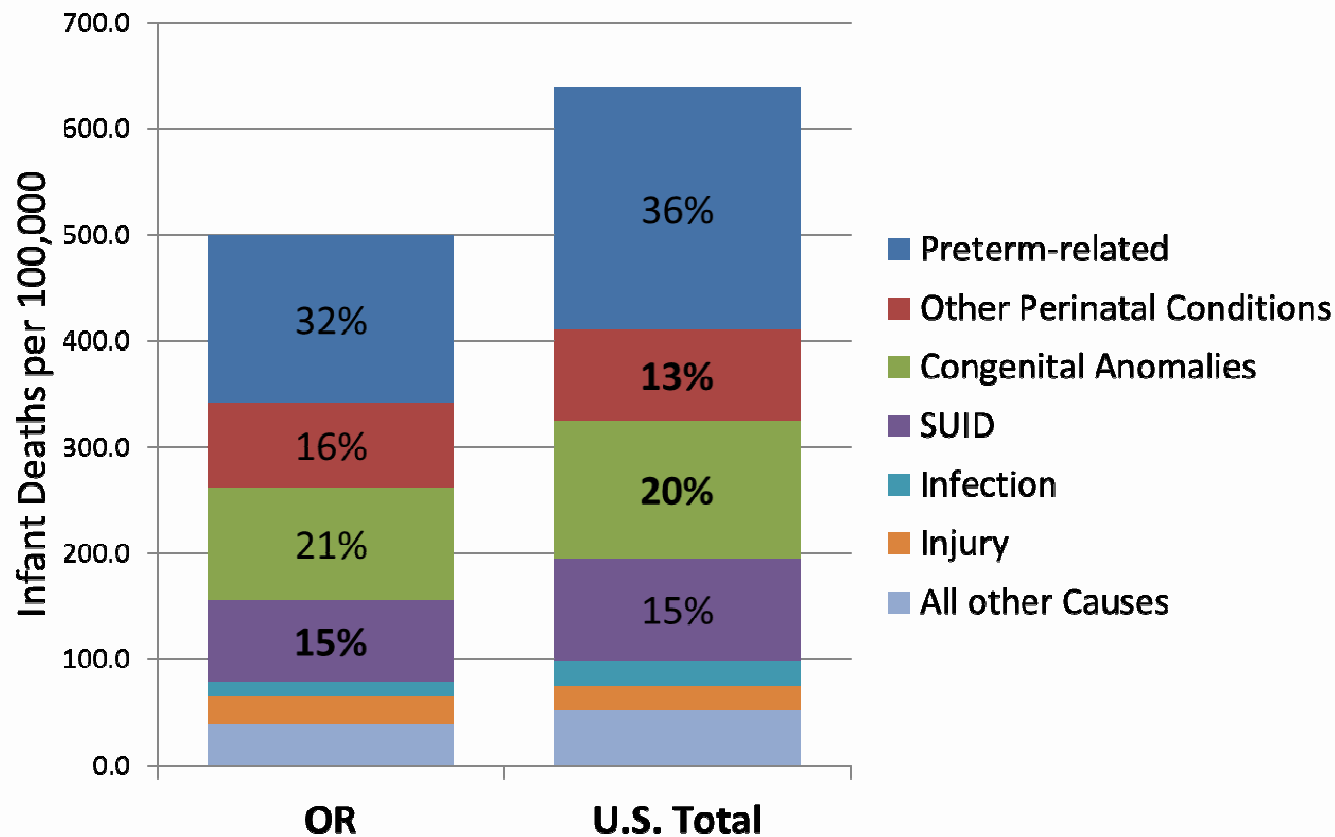


Reflection

How confident are you in your conversations with families about safe sleep recommendations?



Infant Mortality Rates by Cause, 2008-2010

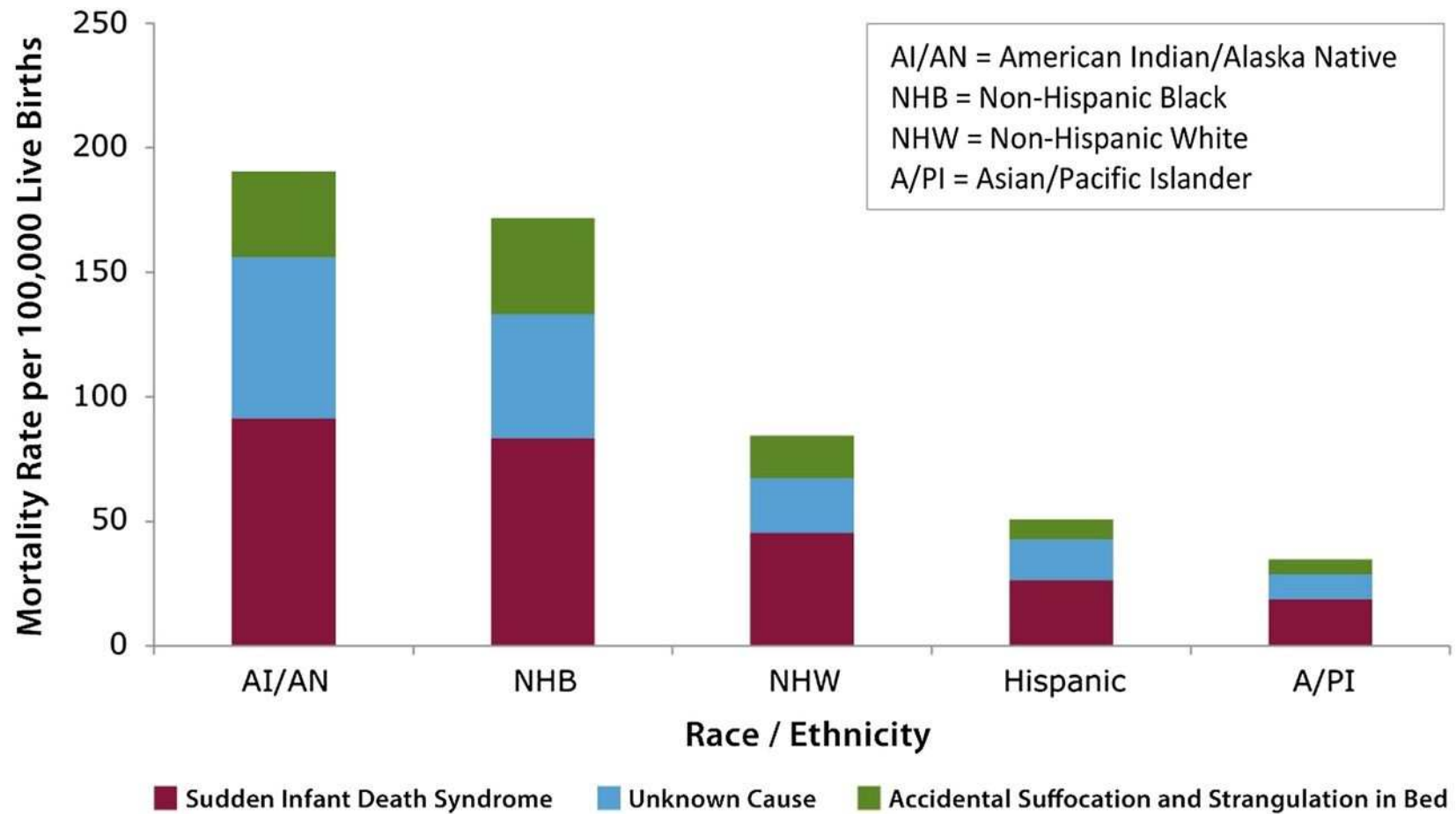


Definition: Sudden Unexpected Infant Deaths (SUID)

- A sudden and unexpected death, whether explained or unexplained occurring during infancy.
- The three commonly reported types of SUID are:
 - Sudden Infant Death Syndrome (SIDS)
 - Accidental suffocation and strangulation in bed (ASSB)
 - Other ill-defined or unspecified causes

Sleep-related infant death:
SUID that occurs during an
observed or unobserved
sleep period.

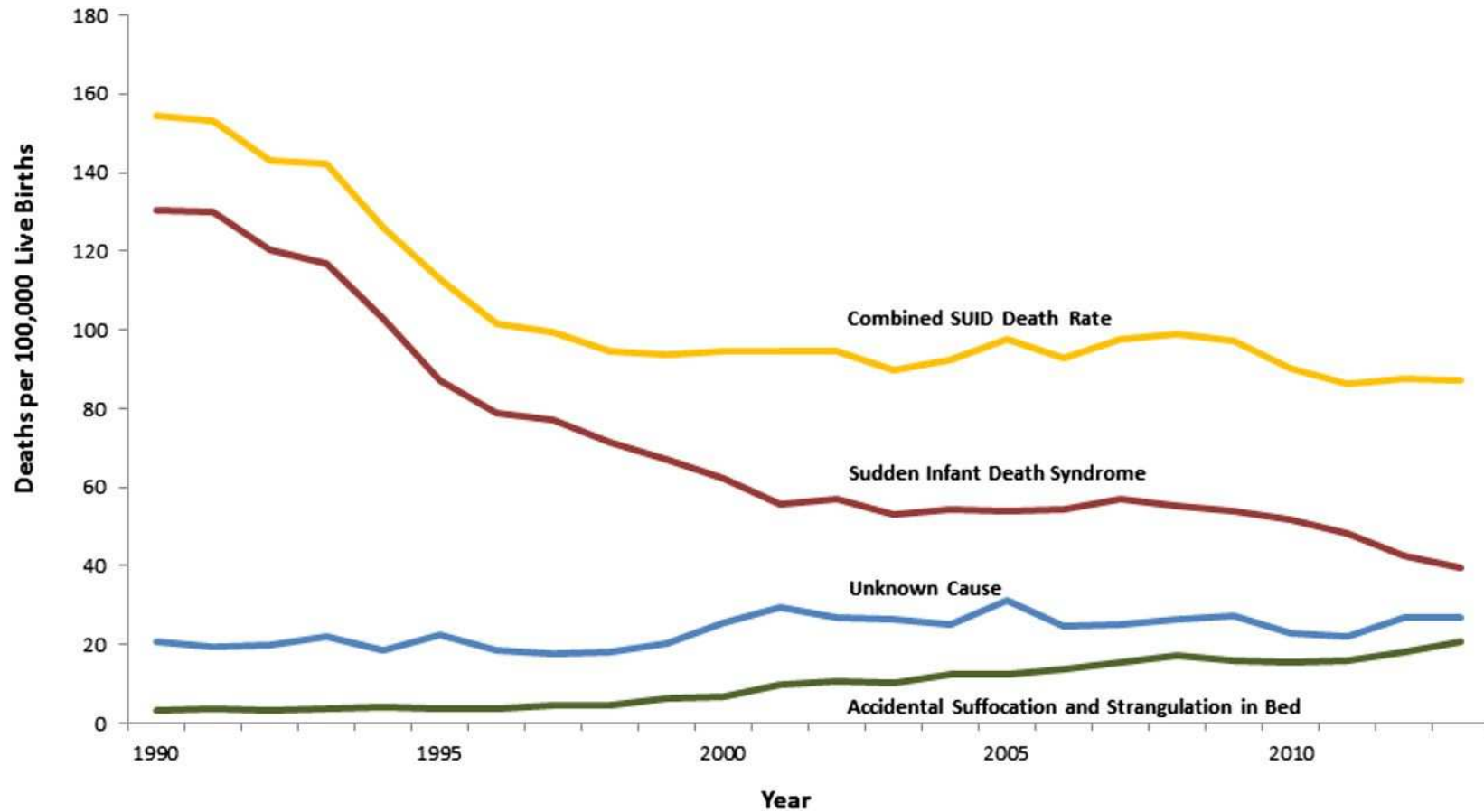
SUID by race/ethnicity, 2010–2013.



Rachel Y. Moon, and TASK FORCE ON SUDDEN INFANT DEATH SYNDROME *Pediatrics* 2016;138:e20162940

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Trends in SUID by cause, 1990–2013.



Rachel Y. Moon, and TASK FORCE ON SUDDEN INFANT DEATH SYNDROME *Pediatrics* 2016;138:e20162940

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SUID in Oregon

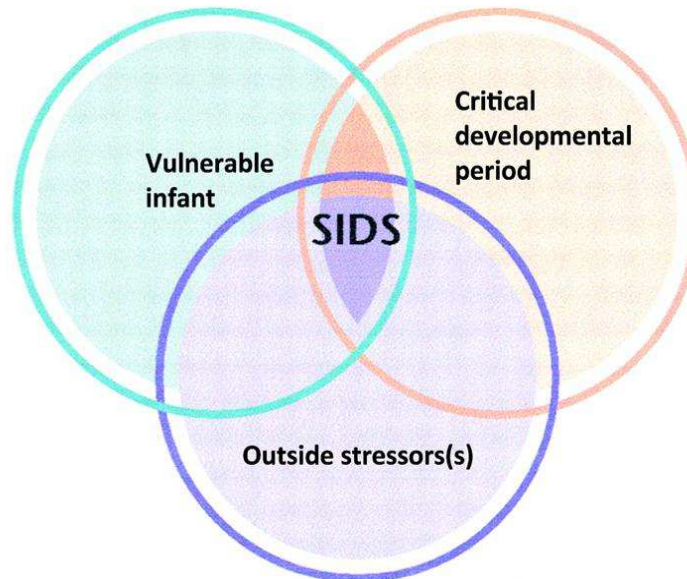
	2014	2015	2016
SIDS	25	23	21
ASSB	10	18	9
Other	3	3	3
Total (SUID)	38	44	33

Data source: Oregon Vital Statistics Annual Reports 2014-2016

Definition: Sudden Infant Death Syndrome (SIDS)

- Sudden death of an infant less than 1 year of age that cannot be explained.

Triple-risk model for SIDS.²⁶



Pediatrics 2011;128:e1341-e1367

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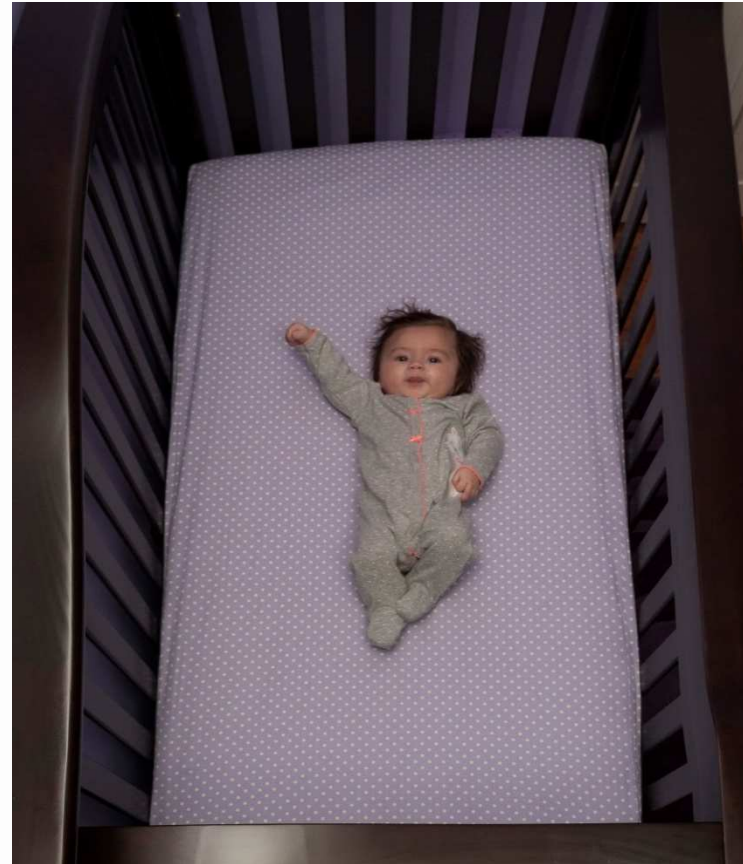
Definition: Accidental Suffocation and Strangulation in Bed (ASSB)

Mechanisms that lead to accidental suffocation include:

- Suffocation by soft bedding—for example, when a pillow or waterbed mattress covers an infant's nose and mouth.
- Overlay—for example, when another person rolls on top of or against the infant while sleeping.
- Wedging or entrapment—for example, when an infant is wedged between two objects such as a mattress and wall, bed frame, or furniture.
- Strangulation—for example, when an infant's head and neck become caught between crib railings.

Safe Sleep Recommendations: for all infants less than 1 year-old

1. Sleep Position
2. Sleep Surface
3. Sleep Location
4. Temperature during Sleep
5. Caregiver Behavior
6. Smoke-free Environment
7. Breastfeeding and Pacifier Use
8. Share the Message



1. Sleep Position

Decreased Risk

Baby is placed on their back to sleep.

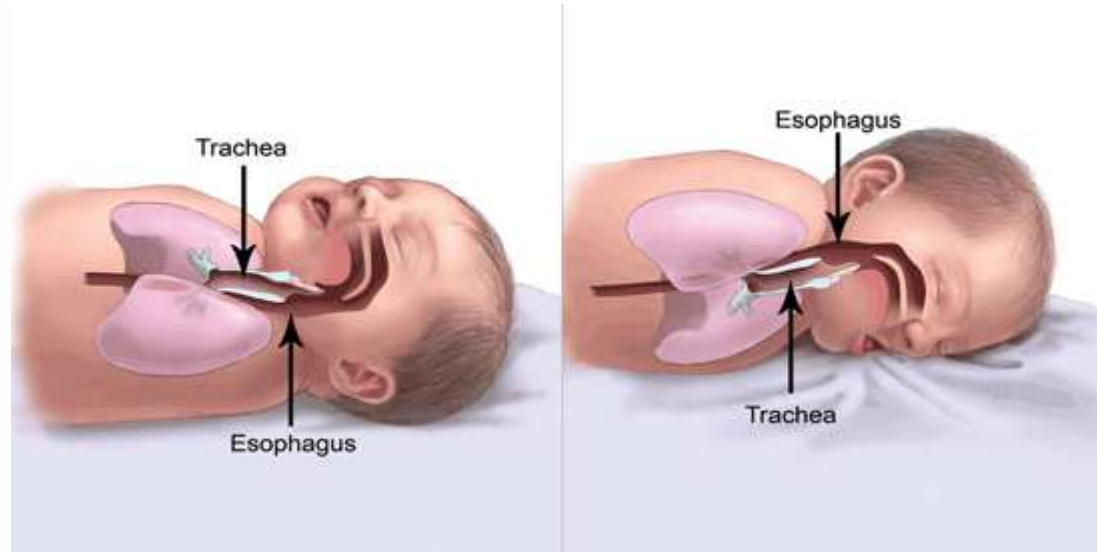
Increased Risk

Baby is placed on their tummy or side to sleep.

Discussion Points

- Placing a baby on their back is the most effective action parents can do to reduce SIDS
- The risk of SIDS is greater if the baby is usually a back sleeper and is placed to sleep on their tummy or side
- Tummy time when the baby is awake or playing is important
- Infants are less likely to choke on their backs

Sleep Position: Back-to-Sleep



Babies are less likely to choke on their backs

Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://safetosleep.nichd.nih.gov>; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.

Sleep Position: Back-to-Sleep, tummy to play

- Awake, tummy time allows baby to develop different muscles
- Tummy time helps avoid “flat head”
- Always supervise tummy time



Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://www.nichd.nih.gov/sids>; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.

2. Sleep Surface

Decreased Risk

Baby sleeps on a firm surface (e.g. safety approved bassinet or crib).
Surface is covered with a fitted sheet with no other bedding or soft objects.

Increased Risk

Baby sleeps on unsafe surface (couch, armchair, adult mattress, car seat).
There are hazards in the sleep area (pillows, toys/stuffed animals, blankets, bumper pads).

Discussion Points

- Babies that sleep on soft surfaces (couch, pillow, etc.) are at risk for SIDS or suffocation
- Sitting devices, such as car seats, strollers, swings, infant carriers, and infant slings, are not recommended for routine sleep, particularly for young infants
- Bumper pads are not recommended

Sleep Surface: Use a safe crib, bassinette or pack-n-play



Sleep Surface: Alternative Sleep Surfaces



Basket



Box or carton



Drawer



Washtub

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Put your baby to sleep in a box? A Finnish idea is winning converts here.



Finland



1937: infant mortality rate 65

1937: Maternity Grant Act: provided every newborn infant with the basics (blanket, onesies, cloth diapers, snowsuit) to give all babies an “equal start”

1940: box redesigned into a crib

1942: box available to all Finnish moms free if they obtain prenatal care by the fourth month of pregnancy

2010: infant mortality rate 2.3

Swaddling

- Can be an effective technique to help calm infants
- Infants who are swaddled have an increased risk of death if they are placed in or roll to the prone position. When an infant exhibits signs of attempting to roll, swaddling should no longer be used.
- If swaddling is used, infants should always be placed on the back.
- If swaddling is used, avoid head covering and overheating



3. Sleep Location

Decreased Risk

Room sharing; crib or bassinet is close to caregiver.

Increased Risk

Baby shares a sleep surface with caregiver, non-primary caregiver, siblings, other person or pets.
Baby's crib or sleep surface is located in a separate room.

Discussion Points

- Practicing room sharing is safer than bed sharing or solitary sleeping in a separate room
- Placing the crib or bassinet next to the caregiver's bed can make breastfeeding easier

Bed sharing: Parent(s) and infant sleeping together on any surface (bed, couch, chair)

- Bed sharing is common
- Bed sharing is associated with a number of conditions that are risk factors for SIDS, including soft bedding, head covering, and, for infants of smokers, increased exposure to tobacco smoke
- Couches and armchairs are extremely dangerous places for infants
- Bed sharing risk is increased
 - infants younger than 4 months
 - infants born preterm and/or with low birth weight
 - one or both parents are smokers
 - mother smoked during pregnancy
 - sharing a bed with someone who is not the primary caregiver
 - soft bedding accessories such as pillows or blankets are used
 - parent has consumed alcohol and/or illicit or sedating drug

Sleep Location: Baby Near



4. Temperature during Sleep

Decreased Risk

Room temperature is comfortable for an adult. Baby not dressed in more than one layer than adult would wear.

Increased Risk

Room temperature is too warm or uncomfortable for an adult.
Baby is overdressed or underdressed for the temperature of the room.

Discussion Points

- Overheated babies are more likely to go into a deep sleep that might be more difficult for them to arouse from

5. Caregiver Behavior

Decreased Risk

Baby does not sleep with an impaired caregiver.

Increased Risk

Baby sleeps with any caregiver who is very tired, smokes, or is under the influence of alcohol, drugs, or medications

Discussion Points

- Sharing a sleep surface with an impaired caregiver is dangerous because they have greater difficulty waking up and are less aware of the baby on a shared sleep surface

6. Smoke-free Environment

Decreased Risk

The baby is in a smoke-free environment.

Increased Risk

Baby is exposed to secondhand smoke.

Discussion Points

- Secondhand smoke increases the risk of SIDS
- Ask other caregivers and relatives not to smoke around the baby.

7. Breastfeeding and pacifier use

- Breastfeeding and pacifier use are protective factors against SIDS. Delay introduction of pacifier until breastfeeding is well-established.



8. Share the message

- Share where and how baby sleeps with baby sitters and other family members



Talking with Families



Why families might not embrace recommendations

- Comfort of baby or themselves
- Prior experience with other children or own childhood
- Advice from family members or friends
- Lack of space for a crib
- Lack of a crib (money or access)
- Don't believe the science
- Mixed messages from health care providers
- Information is not culturally competent
- Belief that SIDS is “fate” or “God’s will”
- Perception of what a good sleeper is

Talking with Families: Three Steps

1) Ask open-ended questions to explore

- *How is your sleep arrangement working for you?*
- *What do you already know about safe sleep?*

2) Affirm feelings (follow what the parent says)

3) Educate

- *I like to talk with all families with infants about safe sleep.*
- *Can I tell you about the things we know will help to keep your baby safe during sleep?*
- *Avoid the use of “shoulds”*

Helpful Tools

- Brochures available in English and Spanish
- [Oregon Prenatal and Newborn Resource Guide](#) (English/Spanish)
- [Public Health Safe Sleep Webpage](#)

Safe Sleep for Babies



Face up
Face clear
Smoke-free
Baby near!

Action planning

- What can you bring back to your work with families?
- What can you bring to your CQI activities?



Image from National Action Partnership to promote Safe Sleep (NAPPS): napps.org

Resources

- [AAP Recommendations](#)
- [AAP Recommendations Evidence Base](#)
- [Safe to Sleep Campaign](#)
- [CDC SIDS and SUID](#)
- [Conversation Modules](#)
- [Childcare Checklist](#)

Contact

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Workshop Evaluation



- Please complete an index card with the evaluation questions:



1. What is one key thing that you learned from this session?
2. What is one key action that you can apply to your work as a Home Visitor/Supervisor?
3. Any other comments, observations or suggestions you would like us to know?