

Safe Sleep Practices and Sleep Related Infant Death Prevention Strategies in Child Care

A White Paper on Regulatory Recommendations submitted to
The California Department of Social Services Community Care Licensing Division by
The Health and Safety Regulatory Workgroup
Military Child Care Initiative
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Background:

A review of child care health and safety regulations in California was conducted as part of a Department of Defense Military Child Care Initiative administered by Child Care Aware® of America, formerly the National Association of Child Care Resource and Referral Agencies (NACCRRA). These standards were compared with national standards including the Department of Defense Effectiveness Rating and Improvement System (ERIS), the Department of Defense Instructions (DODI) and the NACCRRA health and safety benchmarks. A statewide Health and Safety Regulatory Workgroup was convened as a stakeholder group to: (1) support best practices and improve child care health and safety standards in California; and (2) make recommendations to the California Department of Social Services Community Care Licensing Division (Licensing) on regulatory reform for California's child care health and safety regulations.

Thirty-seven representatives from various State agencies and groups interested in contributing to improvements in health and safety in child care participated in the selection and prioritizing of health and safety focus areas for review. Subgroups were formed to address a specific focus area. Each subgroup was charged with the task of developing recommendations for the larger workgroup to review and approve.

A model for gathering and presenting the group's findings and recommendations to Licensing was developed by the entire Health and Safety Regulatory Workgroup and this process was vetted through Licensing. Each focus area with recommendations will be addressed by the Workgroup and presented to Licensing in the form of a white paper that will include the following: (1) Focus Area Title and Introduction; (2) Statement of the Problem/Rationale, including a list of related California licensing regulations; (3) Review of Regulations from other states; (4) Recommendations for Regulatory Reform; (5) Recommendations With Supporting Evidence-based Research; (6) Related Reports; (7) a list of Partners, Resources and References that support the regulatory change; and (8) the Appendix will include a discussion section on Myths, Misconceptions and Concerns that might be raised in the regulatory reform process, as well as any other relevant documents.

As they are developed and completed, the white papers for each focus area will be made available to Licensing, stakeholders and early education advocates. It is the hope of the Health and Safety Regulatory Workgroup that these recommendations will serve as the basis for regulatory reform to improve the health and safety standards that protect California's children in child care.

Questions about the Health and Safety Regulatory Workgroup can be made to Mary Beth Phillips, PhD, California Military Child Care Liaison, 703-489-5554; MaryBeth.Phillips@usa.childcareaware.org.

Safe Sleep Practices and Prevention Strategies for Sleep Associated Infant Deaths in Child Care

1. Introduction:

Nationally, deaths that occur during sleep are the leading cause of death among postneonatal infants under twelve months of age [1]. The most commonly described and studied form of infant death is Sudden Infant Death Syndrome or SIDS. SIDS occurs when a healthy infant dies while sleeping for no obvious reason as determined by a thorough case investigation, including complete autopsy, an examination of the death scene, and a review of the infant's health history. SIDS is actually a subset of sleep-associated infant deaths described broadly as Sudden Unexpected Infant Death or SUID. SUID occurs for a variety of reasons, including entrapment, suffocation, strangulation and asphyxia [1]. Half of the approximately 4,600 SUID deaths per year in the United States are attributed to SIDS [2].

Researchers estimate that child care settings account for 20% of all SIDS deaths in the United States [3, 4]. In its 2011 report on child care center licensing regulations, the National Association of Child Care Resource and Referral Agencies (NACCRRA) notes that in spite of extensive research and recommendations from organizations like the American Academy of Pediatrics (AAP) and the National Centers for Disease Control and Prevention (CDC), simple life-saving safe sleep strategies that act to eliminate the serious risk factors for SIDS and SUID are not universally required in child care regulations [5]. There are seven states, including California, that do not address safe sleep regulations in child care centers [6].

In California current licensing regulations for Child Care Centers and Family Child Care Homes (Title 22) do not address safe sleep practices and environments. A national study that reviewed infant death certificates in California found that 73 children died from SIDS in either a licensed family child care home or licensed child care center from 1995-1997. Additionally the study documented that there were 37 deaths in unlicensed child care and 468 children who died of SIDS outside of child care [4]. According to the Department of Social Services Community Care Licensing Division, from 2009-2011, 25 infant deaths in licensed child care facilities that were reported to Licensing were attributed to SIDS [7].

Infant deaths in California's licensed child care settings due to unsafe sleep practices and environments are preventable. Work on this issue is timely considering that the Academy of Pediatrics (AAP) issued new Safe Sleep Recommendations in the fall of 2011 [1]. In a meeting in which possible health and safety focus areas were identified and prioritized the Health and Safety Regulatory Workgroup designated "Safe Sleep Practices and SIDS/SUID Prevention" as its top priority. A smaller subgroup was formed to develop recommendations for safe sleep regulations. This subgroup consisted of staff from California Department of Public Health, parent advocates, representatives from nonprofits whose programs focus on SIDS/SUID prevention and education, members of Resource and Referral agencies, staff from the Emergency Medical Services Authority, and the Military Child Care Liaison for California. Additional input was sought from family child care providers and center directors.

Recommendations were presented by the subcommittee to the full Health and Safety Regulatory Workgroup and approved for release to the Department of Social Services California Community Care Licensing Division and to stakeholders on September 18, 2012.

2. Statement of Problem/Rationale:

SIDS and SUID continue to be the leading cause of death for infants from one month to twelve months of age [1]. In the United States, the rate of SIDS has dropped by more than 50 percent since the American Academy of Pediatrics (AAP) and the National Institutes of Health began the public campaign

to put infants on their backs for sleep (Back-to-Sleep campaign) in 1992 [1]. However, other causes of sleep-related infant deaths including accidental suffocation, asphyxia and entrapment, often diagnosed as SUID, have increased. In particular, accidental suffocation increased in the years from 1990-2007 [8]. Between 2000 and 2009, unintentional infant suffocation death rates increased a staggering 54%. While the educational campaigns have underscored that many sleep related infant deaths can be prevented, there are still approximately 2,250 SIDS-related deaths per year in the United States. A disproportionate amount of these deaths occur in the child care setting [2]. Deaths of infants in child care (whether attributable to SIDS, suffocation, or other causes) may be under-reported because of a lack of consistency in death scene investigations to determine and report cause of death. Few states require documentation that clarifies that an infant died while being cared for by someone other than a parent or guardian [8].

Infants who are cared for by adults other than parents, guardians or primary caregivers are more than twice as likely to die from SIDS [4]. Another study found that infants in child care specifically are at a greater risk of dying from SIDS [9]. One third of all SIDS deaths occurring in child care happen in the first week of care [4]. When the AAP conducted a study in 2005 to review state regulations for safe sleep practices, including back sleeping, elimination of soft bedding in sleep environments and training for providers, they discovered that very few states had mandated these simple, largely cost-neutral, risk-reduction practices [10]. According to Child Care Aware® of America, as of 2012, “there are few state child care licensing laws and no federal regulations for SIDS, in general, or...(for)...child care settings—no legislation which requires child care providers to learn about SIDS risk factors and how to reduce the risk of SIDS [6].

In spite of the Back-to-Sleep campaigns targeted to the general population and at least one major campaign focused directly on child care providers (Healthy Child Care America Back-to-Sleep Campaign, 2003), many child care providers continue to put children to sleep on their stomachs and put items such as pillows, blankets and soft bedding inside cribs. Some providers place infants on pillows, adult beds, couches and other unsafe sleep surfaces [10]. Research suggests child care providers place children in the prone position (i.e. on their stomachs) to sleep for three reasons:

- (1) They lack knowledge and training on safe sleep practices;
- (2) There are inadequate child care regulations and oversight regarding safe sleep practices;
- (3) Providers follow parents’ recommendations about the child’s sleep position [11-14].

State regulations for safe sleep practices have been found to help providers refrain from placing infants on their stomachs. [11-13]. In addition, provider training has been shown to increase healthy sleep practices and to increase the use of written sleep position policies in child care centers [11-13].

California has a responsibility to enact child care regulations that address safe sleep practices and environments to prevent unintentional but easily preventable sleep-related deaths of infants in child care.

Current California Regulations: An overview of California’s current regulations that apply to safe sleep practices noted the following:

- a. No bed sharing is allowed (101439.1(c))
- b. A standard crib or portable crib should be provided for each infant who is unable to climb out of a crib (101439.1(a)).
- c. Floor mats or cots that meet the requirements of Section 101239.1 (b) shall be provided for all infants who have the ability to climb out of a crib. (101239.1) Note: Authority cited Section 1596.81, Health and Safety Code. Reference sections 1596.72 and 1596.81.

- d. Educational materials on safe sleep must be provided free of charge to facilities by the State of California in accordance with the California Health and Safety Code 1596.847 (AB 757).

In addition, out of date and potentially harmful regulations were found.

- a. 101439.1 b5B discusses proper use of drop-down side cribs. (This regulation conflicts with the current federal safety standards for cribs as described in the Consumer Product Safety Commission safety standards.)
- b. 101439.1b5A discusses proper use of bumper pads. (This regulation conflicts with the current American Academy of Pediatrics Recommendations [1].)
- c. California Health and Safety Code 1596.847 requires the State Department of Social Services to provide information and instructional materials regarding sudden infant death syndrome upon licensure and, on a *one-time basis only*, at the time of a *regularly scheduled site visit*. (The adequacy of this distribution of instructional materials is questionable.) .

3. Review of Regulations from Other States:

As of March, 2012, 37 states require that infants be placed on their backs to sleep in centers and family child care homes [15]. Only 7 states (CA, HI, ID, LA, , MO, NE, ND) do not regulate sleep position in child care centers [6]. Fourteen states, including California, do not have safe sleep policies for small family child care homes [6].

Sample State Regulations: Several state regulations were reviewed and discussed. The following represent various regulations other states have identified to support safe sleep practices and environments.

Colorado - 12 CCR 2509-8: 7.702.64, 7.702.73:

- 1) In the infant nursery, individual cribs must be provided that allow sufficient space for the infant's length, size, and movement. Each crib must be sturdy, meet federal Consumer Product Safety Commission standards, and have a firm, comfortable mattress with safe, department approved plastic sheeting or other type of waterproof material.
- 2) Infants who fall asleep in a swing or infant seat must be placed in their cribs for the remainder of their nap.
- 3) In the infant nursery, soft bedding materials that could pose a suffocation hazard are not permitted in cribs or playpens.
- 4) Infants must be placed on their backs for sleeping.
- 5) Sleeping infants are physically monitored and periodically checked by a staff member.

Kansas - K.A.R. 28-4-440 Infant and toddler programs

(a) Each licensee shall develop and implement safe sleep policies and practices for infants and toddlers and shall ensure that the policies and practices are discussed with the parent or legal guardian of each child before the first day of care. The safe sleep policies and practices shall include the following requirements:

- (1) Each staff member who cares for children and each volunteer who cares for children shall follow the safe sleep policies and practices of the child care center.
- (2) Each staff member who cares for infants and each volunteer who cares for infants shall ensure that all of the following requirements are met:
 - (A) Each infant shall nap or sleep in a crib or a playpen.
 - (B) An infant shall not nap or sleep in the same crib or playpen as that occupied by another infant or child at the same time.
 - (C) If an infant falls asleep on a surface other than a crib or playpen, the infant shall be moved to a crib or playpen.
 - (D) Each infant shall be placed on the infant's back to nap or sleep.
 - (E) When an infant is able to turn over independently, the infant shall be placed on the infant's back but then shall be allowed to remain in a position preferred by the infant. Wedges or infant positioners shall not be used.
 - (F) Each infant shall sleep in a crib or a playpen that is free of any soft items, which may include pillows, quilts, heavy blankets, bumpers, and toys.
 - (G) If a lightweight blanket is used, the blanket shall be tucked along the sides and foot of the mattress. The blanket shall not be placed higher than the infant's chest. The head of the infant shall remain uncovered. Any infant may nap or sleep in sleep clothing, including sleepers and sleep sacks, in place of a lightweight blanket.

North Carolina - 10A NCAC 09 .1724 SAFE SLEEP POLICY

- (a) Each operator licensed to care for infants aged 12 months or younger shall develop and adopt a written safe sleep policy that:
- (1) specifies that the operator shall place infants aged 12 months or younger on their backs for sleeping, unless:
 - (A) for an infant aged six months or less, the operator receives a written waiver of this requirement from a health care professional; or
 - (B) for an infant older than six months, the operator receives a written waiver of this requirement from a health care professional, or a parent, or a legal guardian;
 - (2) specifies that infants aged 12 months or younger shall be placed in a crib, bassinet or play pen with a firm padded surface when sleeping;
 - (3) specifies whether pillows, blankets, toys, and other objects may be placed in a crib with a sleeping infant aged 12 months or younger, and if so, specifies the number and types of allowable objects;
 - (4) specifies that nothing shall be placed over the head or face of an infant aged 12 months or younger when the infant is laid down to sleep;
 - (5) specifies that the temperature in the room where infants aged 12 months or younger are sleeping does not exceed 75°F;
 - (6) specifies the means by which the operator shall visually check sleeping infants aged 12 months or younger;
 - (7) specifies the frequency with which the operator shall visually check sleeping infants aged 12 months or younger;
 - (8) specifies how the operator shall document compliance with visually checking on sleeping infants aged 12 months or younger, with such documents to be maintained for a minimum of one month; and
 - (9) specifies any other steps the operator shall take to provide a safe sleep environment for infants aged 12 months or younger.
- (b) The operator shall post a copy of the safe sleep policy or a poster about safe sleep practices in a prominent place in the infant sleeping room or area.
- (c) A copy of the operator's safe sleep policy shall be given and explained to the parents of an infant aged 12 months or younger on or before the first day the infant attends the home. The parent shall sign a statement acknowledging the receipt and explanation of the policy. The acknowledgement shall contain:
- (1) the infant's name;
 - (2) the date the infant first attended the home;
 - (3) the date the operator's safe sleep policy was given and explained to the parent; and
 - (4) the date the parent signed the acknowledgement.

The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home.

Effective August 1, 2010 74(d) If an operator amends a home's safe sleep policy, the operator shall give written notice of the amendment to the parents of all enrolled infants aged 12 months or younger at least 14 days before the amended policy is implemented. Each parent shall sign a statement acknowledging the receipt and explanation of the amendment. The operator shall retain the acknowledgement in the child's record as long as the child is enrolled at the home.

(e) A health care professional's or parent's waiver of the requirement that all infants aged 12 months or younger be placed on their backs for sleeping shall:

- (1) bear the infant's name and birth date;
- (2) be signed and dated by the infant's health care professional or parent; and
- (3) specify the infant's authorized sleep positions;

The operator shall retain the waiver in the child's record as long as the child is enrolled at the home.

(f) For each infant with a waiver on file at the home as specified in Paragraph (e) of this Rule, a notice shall be posted for quick reference near the infant's crib, bassinet, or play pen that shall include:

- (1) the infant's name;
- (2) the infant's authorized sleep position; and
- (3) the location of the signed waiver.

No confidential medical information, including an infant's medical diagnosis, shall be shown on the notice.

History Note: Authority G.S. 110-91; G.S. 110-91(13); Eff. July 1, 1998; Amended Eff. April 1, 2003.

4. Recommendations for California Regulatory Reform for All Licensed Family Child Care Homes and Child Care Centers:

1. Infants under the age of 12 months will be placed to sleep on their backs in a safe sleep environment that meets current standards and guidelines provided by the U. S. Consumer Product Safety Commission, unless a parent provides a signed waiver from the infant’s physician stating a medical need for another position or sleeping surface.

Examples of safe sleep environments that are currently approved for infants less than 12 months include: cribs, portable cribs, play yards, and bassinets. The firm sleep surface is covered by a tight-fitting sheet. Infants are always put down to sleep on their backs but when able to turn over independently, they are allowed to assume a different position, as long as they do not show signs of distress.

2. Infants who fall asleep in equipment or in a location that is not approved for infant safe sleep will be moved to a safe sleep environment and placed on their backs to sleep for the remainder of their nap.

Examples of equipment that may not be used for infant sleep include, but are not limited to car seats, infant carriers, high chairs, baby snugs and infant swings. Examples of locations that may not be used for infant sleep include, but are not limited to, couches, beds, pillows and bean bag chairs. Providers may hold infants in their arms while sleeping if needed but must ensure that soft objects that pose a risk of injury or can cause suffocation are not near the infant’s face.

3. Soft objects posing a safe sleeping hazard will not be placed under the infant or loose in the sleep environment.

Examples of objects that pose a risk to infants include pillows, bumper pads, sleep positioners, quilts and heavy blankets (including ones hanging over the crib railing), sheepskins, and soft toys.

4. Infants must be actively supervised while sleeping in a safe sleep environment.

“Actively supervised” means that the infant is observed and monitored by the caregiver while the infant is sleeping. The use of commercial monitoring equipment is not recommended by the AAP and is not a substitute for active supervision. Infants cared for during night-time hours should be placed on their backs to sleep in a safe sleep environment in close proximity (in the same room) to the provider.

5. Bed sharing is not allowed.

Examples of bed sharing include placing more than one infant at a time in the sleep environment.

6. Infants will not be overdressed when they sleep.

If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used. Bibs and clothing with strings near the infant’s neck should be removed to prevent strangulation. To prevent overheating, the infant’s head should not be covered during sleep.

7. Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult.

8. The Safe Sleep Policy, developed, adopted and distributed according to the Health and Safety Code Section 1596.847, shall be provided to licensed child care facilities and must be posted where infants are cared for. The Safe Sleep Policy shall be: 1.) reviewed with new staff and volunteers on their first day of work; 2.) reviewed with all staff on a quarterly basis; and 3.) reviewed with the infant’s parent or guardian at parent orientation, or on the child’s first day of child care.

The Health and Safety Code Section 1596.847 states that the State Department of Public Health provides information and instructional materials regarding sudden infant death syndrome, explaining the medical effects and emphasizing measures that reduce the risk. Section 1596.847 could support the development and distribution of the Safe Sleep Policy for all child care facilities.

5. Evidence-Based Research and Reports to Support Recommendations:

1. Infants under the age of 12 months will be placed to sleep on their backs in a safe sleep environment that meets current standards and guidelines provided by the U. S. Consumer Product Safety Commission, unless a parent provides a signed waiver from the infant’s physician stating a medical need for another position or sleeping surface.

Infants who are placed to sleep on their stomachs or sides have a two-fold risk of dying from SIDS over infants who sleep on their backs. Additionally, infants who normally sleep on their backs are at the greatest risk of SIDS when placed on their stomachs or side (7 to 19-fold increase) [16]. Likewise, the introduction of soft bedding, pillows and loose clothing present serious risks for SIDS and SUID; infants are five times as likely to die when soft bedding is used in the crib [1] (12).

The Academy of Pediatrics Task Force on Sudden Infant Death Syndrome for a Safe Infant Sleeping Environment summarized research related to infant sleep positioning [1]:

- An infant placed on her side or stomach can be at increased risk of rebreathing expired gases, resulting in respiratory failure.
- Stomach sleeping also increases the risk of overheating by decreasing the rate of heat loss and increasing body temperature compared with infants who sleep on their backs.
- New studies indicate that when infants sleep on their stomachs, the autonomic control of the infant cardiovascular system can be altered, especially at 2 to 3 months of age, and this can result in less oxygen going to the brain.
- Side sleeping is especially dangerous. The risk of SIDS is exceptionally high for infants who are placed on their sides and found on their stomachs.
- Infants who are unaccustomed to sleeping on their stomachs but are put down to sleep on their stomachs are at a greater risk of dying from SIDS.

2. Infants who fall asleep in a location or equipment that is not approved for infant safe sleep will be moved to a safe sleep environment and placed on their backs to sleep for the remainder of their nap.

Because they still have poor head control and their heads often flop down while in a sitting position, infants younger than one month or infants with poor head control sleeping in sitting devices might be at increased risk of upper airway obstruction and insufficient amounts of oxygen in the bloodstream [17]. Suffocation deaths resulting from car seats overturning after being placed on a bed, mattress, or couch have been documented as well as severe injuries from car seats tipping over from heights [18-21].

The Consumer Product Safety Commission also warns about the suffocation hazard to infants, particularly those who are younger than 4 months, who are carried in infant sling carriers [22].

3. Soft objects posing a safe sleeping hazard will not be placed under the infant or loose in the sleep environment.

Soft surfaces are hazardous when placed under the infant or left loose in the infant’s sleep environment [1]. Having soft bedding or objects in the sleep environment can increase the risk of SIDS up to five times, irrespective of how the infant is put to sleep [1]. Infants who are placed on their stomachs who also have soft objects or bedding in the sleep area are 21 times more likely to die from SIDS [23]. Soft and loose bedding have both been associated with accidental suffocation deaths. The Consumer Product Safety Commission has reported that the majority of sleep-related infant deaths in its database are attributable to suffocation involving pillows, quilts, and extra bedding [24].

In their Policy Guidelines for Safe Sleep, the American Academy of Pediatrics states:

b. Loose bedding, such as blankets and sheets, might be hazardous and should not be used in the infant's sleeping environment; and

c. Because there is no evidence that bumper pads or similar products that attach to crib slats or sides prevent injury in young infants and because there is the potential for suffocation, entrapment, and strangulation, these products are not recommended. [1]

4. Infants must be actively supervised while sleeping in a safe sleep environment.

Supervision means that the infant is observed and monitored by the child care provider while sleeping in accordance with CA Regulations 101429 and 102417.a.

A report written by Dr. Richard Fiene, entitled, *“Thirteen Indicators of Quality Child Care: Research Update”* for the Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration/Maternal and Child Health Bureau U.S. Department of Health and Human Services repeats the following standard from the American Academy of Pediatrics' *Caring for Our Children* (1992):

AD 009: Each facility's supervision policy shall specify a) That no child shall be left alone or unsupervised while under the care of the child care staff. Caregivers shall supervise children at all times, even when the children are sleeping (a) caregiver must be able to both see and hear infants while they are sleeping). Caregivers shall not be on one floor while children are on another floor. School-age children shall be permitted to participate in activities and visit friends off premises as approved by their parents and by the caregiver(s); (b) that developmentally appropriate child: staff ratios shall be met during all hours of operating, including field trips. The policy shall include specific procedures governing supervision of the indoor and outdoor play spaces that describe the child:staff ratio, precautions to be followed for specific areas and equipment, and staff assignments for high-risk areas. The supervision policies of centers and large family-child-care homes shall be written policies.

PR 028: Facilities shall maintain supervision of children at all times as specified in Supervision Policy (AD 009). [25]

5. Bed sharing is not allowed.

The American Academy of Pediatrics states: “No child should simultaneously share a crib, bed, or bedding with another child.” [26]

In a study of co-bedded twins in a hospital setting, risk of suffocation was higher with co-sleeping. It is thought that there is increased potential for overheating and rebreathing while co-bedding. If there is a child who is larger in size sleeping with the infant, this also may increase the risk of accidental suffocation. [27]

6. Infants will not be overdressed when they sleep.

Overheating has been studied as a risk factor for SIDS [28]. Infant sleep clothing specifically designed to keep an infant warm without the possible hazard of head covering or entrapment is recommended by the American Academy of Pediatrics (AAP) [1]. Bibs pose a strangulation risk for sleeping infants and should always be removed before the infant is placed for sleep. [12]

7. Sleeping areas will be ventilated and at a temperature that is comfortable for a lightly clothed adult.

One study found that bedroom heating, compared with no bedroom heating, increases SIDS risk and another study demonstrated a decreased risk of SIDS in a well-ventilated bedroom (windows and doors open). In one study, the use of a fan seemed to reduce the risk of SIDS. [29]

8. The Safe Sleep Policy, developed, adopted and distributed according to the Health and Safety Code Section 1596.847, shall be provided to licensed child care facilities and must be posted where infants are cared for. The Safe Sleep Policy shall be: 1) reviewed with new staff and volunteers on their first day of work; 2) reviewed with all staff on a quarterly basis; and 3) reviewed with the infant's parent or guardian at parent orientation, or on the child's first day of child care.

Providers have been found to be more likely to place infants on their backs to sleep when the providers believed that stomach sleeping increased the risk of SIDS, when the provider knew the position was recommended by the AAP and when the center had a written policy about sleep position [13].

In their *Policy Guidelines for Safe Sleep*, the AAP states: *All child care providers should receive education on safe infant sleep and implement safe sleep practices. It is preferable that they have written policies* [1]. Since infants who die of SIDS in child care often do so in the first week of care, the review of the safe sleep policy is timely on the first day [4].

In the American Academy of Pediatrics' *Caring for Our Children, Third Edition*, the following is stated as a national standard:

STANDARD 3.1.4.1: Safe Sleep Practices and SIDS/Suffocation Risk Reduction

Facilities should develop a written policy that describes the practices to be used to promote safe sleep when infants are napping or sleeping. The policy should explain that these practices aim to reduce the risk of sudden infant death syndrome (SIDS) or suffocation death and other infant deaths that could occur when an infant is in a crib or asleep.

All staff, parents/guardians, volunteers and others approved to enter rooms where infants are cared for should receive a copy of the Safe Sleep Policy and additional educational information and training on the importance of consistent use of safe sleep policies and practices before they are allowed to care for infants (i.e. first day of employment/volunteering/subbing). Documentation that training has occurred and that these individuals have received and reviewed the written policy should be kept on file [8].

6. Related Reports

Recommendations from the American Academy of Pediatrics

The American Academy of Pediatrics (AAP) released a Policy Statement, *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment* and an accompanying Technical Report on October 18, 2011 [1]. In these new guidelines, the AAP expanded its previous risk reduction recommendations by focusing on a safe sleep environment that can reduce the risk of all sleep-related infant deaths, including SIDS. These guidelines have been endorsed by the U.S. Department of Health and Human Services [5]. On October 27, 2011, the California State SIDS Advisory Council reviewed and unanimously endorsed the use of the 2011 AAP Recommendations for all educational activities in California. The updated and expanded 2011 AAP recommendations for safe sleep and the sleep environment supported by scientific studies, for infants up to one year of age, have been summarized by the California SIDS Program and are quoted below:

Always place infants on their backs to sleep for every sleep.

Parents and caregivers are advised to place infants on their backs for every sleep until they are 12 months old. Once an infant can turn from their back to front (supine to prone) and from front to back (prone to supine), providers should place the infant to sleep on their back, but allow the infant to sleep in the position he or she assumes.

Use a firm sleep surface for infants. A firm crib mattress covered by a fitted sheet is the recommended sleeping surface.

A crib, bassinet, or portable crib/play yard that meets the current Consumer Product Safety Commission standards is recommended. Do not allow infants to sleep on a couch, chair, cushion, bed, pillow, beanbag, or in a car seat, stroller, swing, infant carrier or bouncy chair. If an infant falls asleep any place that is not a safe sleep environment, move the infant to a firm sleep surface right away. Infant sling carriers are not recommended for babies younger than four months of age because of the risk of suffocation.

Keep soft objects and loose bedding out of the crib.

No toys, soft objects, stuffed animals, pillows, positioning devices or extra bedding should be in, attached to, or draped over the side of the crib. Bumper pads or similar products that attach to the cribs slats are not recommended. Instead of blankets, a one piece sleeper or wearable blanket can be used to keep a baby warm.

Keep your baby's sleep area separate but in the same room where you are sleeping.

Room sharing without bed sharing is recommended. A crib, bassinet, portable crib or play yard should be placed close to the parents' bed. Infants can be brought into bed for feeding or comforting but should be returned to their own crib/bassinet when they fall asleep. Babies should not sleep alone in an adult bed or with adults, other babies or children.

Do not let a baby get too hot or cover the infant's head when sleeping.

The area where the baby sleeps should be well ventilated and at a temperature that is comfortable for a lightly clothed adult. Bibs and clothing with ties or hoods should be removed and the infant's head should not be covered. An infant is too hot if they are sweaty or their chest is hot to the touch. Infants should be dressed in no more than one layer more than an adult is wearing.

Do not allow smoking around a baby.

There should be no smoking near pregnant women or infants. No one should ever smoke around a baby especially in the same room, in a car or in the room where an infant sleeps. Infants who are exposed to smoke have a higher risk of dying from SIDS. Mothers should not smoke during pregnancy or after the baby is born.

Breastfeeding is recommended and is protective against SIDS.

If possible, mothers should exclusively breastfeed or feed their infant expressed human milk, for the first six months. (No formula or non-human milk-based supplements.) Any breastfeeding, however, even for a short time, has been shown to be protective against SIDS.

Offer a pacifier at naptime and bedtime.

Use a pacifier when placing an infant for sleep, unless the baby refuses it. Do not attach a pacifier by a string around the infant's neck or to their clothing or other object. Once the infant is asleep, it is not necessary to reinsert the pacifier. For breastfed babies, wait until the infant is about one month old or is used to breastfeeding, before offering a pacifier.

Pregnant women should receive regular prenatal care.

Research studies show that regular medical care during pregnancy is associated with a lower risk of SIDS. Regular medical checkups are the best way to make sure a baby is growing properly and that there are no problems that will affect their health.

Avoid alcohol and the use of illicit drugs during pregnancy and after birth.

Mothers should not use alcohol or illicit drugs during pregnancy and after the baby is born. Infants are placed at high risk for SIDS when sharing a bed with adults who are using alcohol and/or illegal drugs.

Infants should have immunizations and regular check-ups.

Recent evidence suggests that immunizations might protect against SIDS. Infants should be immunized as recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention. It is also important that babies have regular well-child checks as recommended by the AAP.

Home monitors and devices that claim to reduce the risk of SIDS should not be used.

Home monitors that check a baby's breathing and/or heart rate are not advised as a way to prevent SIDS. Commercial devices such as wedges, positioners, special mattresses or other types of sleeping products should be avoided. There is no evidence that these devices or products protect against SIDS or suffocation or that they are safe.

Provide supervised "Tummy Time" when infants are awake.

Tummy time is important for infant growth and development. It builds muscles and coordination in the head, neck, shoulders, abdomen and back that are needed to reach important developmental milestones (such as rolling over, sitting up, and crawling). Supervised tummy time when an infant is awake takes pressure off the back of the baby's head so it is less likely to be flat.

Health care professionals, staff in newborn nurseries and neonatal intensive care (NIC) nurseries and child care providers should endorse the SIDS risk reduction recommendations from birth.

Hospital NICU/newborn nursery staff should model SIDS risk reduction recommendations and implement these guidelines from the time the baby is born through discharge. Childcare providers should receive education about safe sleep practices and develop written policies to reinforce the guidelines. Health care professionals, physicians and nurses should receive education about infant safe sleep measures.

Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising.

Be aware of media and advertising messages that provide misinformation about the best and safest ways for a baby to sleep. Educate parents about how they can make their infant's sleep area cozy, cute and comfortable but as safe as possible.

The National Campaign should be expanded to include a major focus on the safe sleep environment and ways to reduce the risks of SIDS and all sleep-related infant deaths.

Pediatricians, family physicians and other primary care providers should be educated about the AAP recommendations and discuss safe sleep practices and the importance of SIDS and SUID prevention with expectant parents and families of newborns. Room sharing without bed sharing, breastfeeding and no smoking around infants should be promoted. Everyone caring for a baby including grandparents, foster parents and babysitters should know how to protect a baby from suffocation, SIDS and other sleep-related infant deaths. Education efforts should be undertaken to outreach special populations at higher risk for SIDS such as African Americans and American Indians.

Research and surveillance should continue to have a special focus on the risk factors, causes and pathophysiological mechanisms of SIDS and other sleep-related infant deaths.

Education campaigns and interventions need to be evaluated, encouraged and funded. Investigative standards and reporting are needed to provide accurate data along with ongoing training courses.

7. Partners, Resources and References:

Partners:

California Sudden Infant Death Syndrome (SIDS) Program

Gwen Edelstein, RN, PNP, MPA

Program Director

800-369-7437 toll free in CA or 916-851-7437

info@californiasids.com

Website: www.californiasids.com (Access Safe Sleep/SIDS Risk Reduction resources by linking to: www.californiasids.com/Universal/MainPage.cfm?p=24)

As per California Health and Safety Code 123725-123745, the California Department of Public Health, (CDPH) Maternal, Child and Adolescent Health (MCAH) Division contracts with the California SIDS Program to provide ongoing SIDS education and training programs, technical assistance and consultation for specified individuals who interact with parents and caregivers following a SIDS death and improve public and professional awareness of SIDS. In addition the Program provides CDPH MCAH with data on SIDS deaths in California, monitors and documents compliance with the SIDS statutes.

California Department of Public Health

Safe and Active Communities (SAC) Branch

Stephen Wirtz, Ph.D., Chief, Violent Injury Surveillance Unit

916-552-9831

Steve.wirtz@cdph.ca.gov

www.cdhp.ca.gov

California Childcare Health Program UCSF

Bobbie Rose, RN, PHN, Child Care Health Consultant

510-204-0932

Website: <http://www.ucsfchildcarehealth.org> Access for Safe sleep policy for Infants in Child Care Programs; Safe Sleep Parent Fact Sheet; Safe Sleep for Infants in Child Care Programs; Reducing the Risk of SIDS and SUID Health and Safety Note; Tummy Time for Infants handout.

Los Angeles Infant Safe Sleeping Program - a partnership of the Inter-Agency Council on Child Abuse and Neglect, the Second Supervisorial District, and the First 5 LA Commission.

Deanne Tilton Durfee, ICAN Executive Director

626-455-4585

ICAN@lacounty.gov

Lidia Escobar, Children's Services Administrator

Manetla@dcfs.lacounty.gov

Jessica Spearman, Program Manager

ican.jspearman@gmail.com

Website: ICAN4kids.org

State of California Emergency Medical Services Authority (EMSA)

Lucy Chaidez, Child Care Training Program Coordinator

(916)-431-3678

www.emsa.ca.org

EMSA oversees the 15-hour child care provider training in First Aid, CPR, and Preventive Health and Safety Practices.

Resources:

Sample Safe Sleep Policy Statement: <http://www.ucsfchildcarehealth.org>.

American Academy of Pediatrics: www.aap.org

A Child Care Provider's Guide to Safe Sleep (handout)

A Parents' Guide to Safe Sleep (handout)

Back to Sleep, Tummy for Play (brochure)

Back to Sleep for Babies in Foster Care: Every Time, Every Caregiver

SIDS in Child Care Audio One Minute Reminder

Reducing the Risk of SIDS in Child Care Speaker's Kit, includes a one hour online course.

Additional AAP Recommended links on Safe Sleep:

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

<http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2285.full.pdf+html>

Consumer Product Safety Commission: www.cpsc.gov

Recommended Links to resources on crib safety and SIDS risk reduction including free video: *Safe Sleep (Environments) for Babies*

<http://www.cpsc.gov/cpsc/pub/pubs/cribsafe.html>

<http://www.healthychildcare.org/resourceResults.cfm>

Healthy Child Care America: www.healthychildcare.org

HCCA Safe Sleep Campaign:

Includes Free *Reducing the Risk of SIDS in Child Care* an Online Module

<http://www.healthychildcare.org/sids.html>

National Resource Center for Health and Safety in Child Care and Early Education: <http://nrckids.org>

Includes PDF downloadable versions of the following:

- *Caring for Our Children: National Health and Safety Performance Standards*
- *Guidelines for Early Care and Education Programs*, Third edition 2012
- *Safe Sleep Practices and SIDS/Suffocation Risk Reduction Applicable Standards* from *Caring for Our Children*. <http://nrckids.org/SPINOFF/index.html>

National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Resource Center

www.sidscenter.org

Resources include annotated bibliographies, archived webinars, booklets, videos, handouts, training tools, etc.

Specific link to Child Care and SIDS: <http://www.sidscenter.org/childcare.html>

This A-Z link lists resources on SIDS/SUIDS based on subject matter such as safe sleep, swaddling, bed sharing, bedding and so forth. <http://www.sidscenter.org/AZtopics.html>

National Back to Sleep Campaign: www.nichd.nih.gov/SIDS

Resources include safe sleep brochures, doorknob hangers, tear pads, and other educational /informational materials/publications. The Back to Sleep Campaign resources have been approved by the California Department of Public Health, Maternal, Child and Adolescent Health Division for educational outreach in California.

Resources from the National MCH Center for Child Death Review www.childdeathreview.org

This Center provides information on SIDS, SUID, suffocation and infant mortality data, prevention resources as well as links to experts and organizations.

- ["Help for Families When an Infant or Young Child Dies" Brochure](#)
- [International Society for the Study and Prevention of Infant Deaths](#)
- [Sudden Unexplained Death in Childhood Program website](#)
- [Sudden Unexplained Death in Childhood Fact Sheet - PDF](#)

National Institute of Health (NIH) expanded safe infant sleep outreach effort: Available at <http://www.nih.gov/news/health/sep2012/nichd-12.htm>.

One-page fact sheet, "What does a safe sleep environment look like", is available at:

http://nichd.nih.gov/publications/pubs_details.cfm?from=&pubs_id=5795

The National Institute of Child Health and Human Development's brochure, Safe Sleep for Your Baby, and the one-page fact sheet, are available at <http://www.nichd.nih.gov/SIDS>

New Consumer Product Safety Commission

Bare Is Best Campaign:

English resource: <http://www.cpsc.gov/nsn/bareisbest.pdf>

Spanish resource: <http://www.cpsc.gov/nsn/bareisbestsp.pdf>

References

1. Moon, R.Y., *SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment*. Pediatrics, 2011. **128**(5): p. e1341-67.
2. Child Care Aware of America, *Why Aren't We Outraged? Children Dying in Child Care Across America*. White Paper, 2012.
3. Moon, R.Y., B.M. Sprague, and K.M. Patel, *Stable prevalence but changing risk factors for sudden infant death syndrome in child care settings in 2001*. Pediatrics, 2005. **116**(4): p. 972-7.
4. Moon, R.Y., K.M. Patel, and S.J. Shaefer, *Sudden infant death syndrome in child care settings*. Pediatrics, 2000. **106**(2 Pt 1): p. 295-300.
5. U.S. Department of Health and Human Services, *HHS agencies express support for infant safe sleep recommendations*. 2011; Available from: <http://www.nih.gov/news/health/oct2011/nichd-19.htm>.
6. National Association of Child Care Resource and Referral Networks (NACCRRRA), *We Can Do Better: 2011 Update, NACCRRRA's Ranking of State Child Care Center Regulations and Oversight*. 2011; Available from: <http://www.naccrra.org/node/1769>.
7. Boyette, S., M. Phillips, Editor 2012. Professional communication.
8. Child Care Aware of America, *Health and Safety*: <http://www.naccrra.org/about-child-care/state-licensing/health-and-safety>. 2012.
9. Leonard, V. *Health and safety notes: Reducing the risk of SIDS for infants in our care*. 2009.
10. Moon, R.Y., L. Kotch, and L. Aird, *State child care regulations regarding infant sleep environment since the Healthy Child Care America-Back to Sleep campaign*. Pediatrics, 2006. **118**(1): p. 73-83.
11. Moon, R.Y. and W.M. Biliter, *Infant sleep position policies in licensed child care centers after back to sleep campaign*. Pediatrics, 2000. **106**(3): p. 576-80.
12. Moon, R.Y., T. Calabrese, and L. Aird, *Reducing the risk of sudden infant death syndrome in child care and changing provider practices: lessons learned from a demonstration project*. Pediatrics, 2008. **122**(4): p. 788-98.
13. Moon, R.Y. and R.P. Oden, *Back to sleep: can we influence child care providers?* Pediatrics, 2003. **112**(4): p. 878-82.
14. Centers for Disease Control and Prevention, *Morbidity Mortality Weekly Report - April 16, 2012*. 2012; Available from: <http://www.cdc.gov/mmwr/pdf/wk/mm61e0416.pdf>.
15. Moon, R.Y. *SIDS and Other Sleep-Related Infant Deaths: Keeping Your Babies Safe*. 2012; Available from: <http://www.healthychildcare.org/PDF/Safe%20Sleep%20Webinar.pdf>.
16. Li, D.K., et al., *Infant sleeping position and the risk of sudden infant death syndrome in California, 1997-2000*. American journal of epidemiology, 2003. **157**(5): p. 446-55.
17. Bass, J.L. and M. Bull, *Oxygen desaturation in term infants in car safety seats*. Pediatrics, 2002. **110**(2 Pt 1): p. 401-2.
18. Kornhauser Cerar, L., et al., *A comparison of respiratory patterns in healthy term infants placed in car safety seats and beds*. Pediatrics, 2009. **124**(3): p. e396-402.
19. Cote, A., et al., *Sudden infant deaths in sitting devices*. Archives of disease in childhood, 2008. **93**(5): p. 384-9.
20. Merchant, J.R., et al., *Respiratory instability of term and near-term healthy newborn infants in car safety seats*. Pediatrics, 2001. **108**(3): p. 647-52.
21. Willett, L.D., et al., *Risk of hypoventilation in premature infants in car seats*. The Journal of pediatrics, 1986. **109**(2): p. 245-8.

22. U.S. Consumer Product Safety Commission, *Infant Deaths Prompt CPSC Warning About Sling Carriers for Babies*. 2010; Available from: <http://www.cpsc.gov/cpsc/pub/prerel/prhtml10/10165.html>.
23. Hauck, F.R., et al., *Sleep environment and the risk of sudden infant death syndrome in an urban population: the Chicago Infant Mortality Study*. Pediatrics, 2003. **111**(5 Part 2): p. 1207-14.
24. RT, C., *Nursery Product-Related Injuries and Deaths Among Children Under Age Five*. 2009.
25. Fiene, R., *13 Indicators of Quality Child Care: Research Updated, Presented to the Office of the Assistant Secretary for Planning and Evaluation and Health Resources and Services Administration/Maternal and Child Health Bureau, US Department of Health and Human Services*. 2002; Available from: <http://aspe.hhs.gov/hsp/ccquality-ind02>.
26. A Joint Collaborative Project of the Academy of Pediatrics, the American Public Health Association, and the National Resource Center for Health and Safety in Child Care and Early Childhood Education, *Safe sleep practices and SIDS risk reduction: Applicable standards from: Caring for our children: national health and safety performance standards; Guidelines for early care and education programs*. 2012.
27. Tomashek, K.M. and C. Wallman, *Cobedding twins and higher-order multiples in a hospital setting*. Pediatrics, 2007. **120**(6): p. 1359-66.
28. Ponsonby, A.L., et al., *Thermal environment and sudden infant death syndrome: case-control study*. BMJ, 1992. **304**(6822): p. 277-82.
29. Martikainen, M.A., et al., *The neurological condition of the newborn infant with maternal hypertension, examined at term*. Early human development, 1988. **16**(2-3): p. 107-18.

Related Research on Safe Sleep Practices and Policy:

American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. (2009). Policy statement: The changing concept of SIDS: Diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. Pediatrics 123:188.

American Academy of Pediatrics. (2004). *Reducing the Risk of SIDS in Child Care*.

Moon R. Y., T. Calabrese, L. Aird. (2008). Reducing the risk of sudden infant death syndrome in child care and changing provider practices: Lessons learned from a demonstration project. Pediatrics 122:788-79.

American Academy of Pediatrics, Back to Sleep, Healthy Child Care America, First Candle. (2008). Reducing the risk of SIDS in child care. <http://www.healthychildcare.org/pdf/SIDSfinal.pdf>.

ECELS, Healthy Child Care Pennsylvania. (2007). Car seats and swings are not safe for sleeping. Health Link Online 18:1-2. <http://www.ecels-healthychildcarepa.org/content/3-27-07> April-May 2007 HL Online.pdf.

Leonard, V. (2009). Health and safety notes: Reducing the risk of SIDS for infants in our care. Berkeley, CA: California Childcare Health Program. http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/SIDS_en1009.pdf.

California Childcare Health Program (CCHP). (2008). Safe sleep policy for infants in child care. Berkeley, CA: CCHP. http://ucsfchildcarehealth.org/pdfs/forms/SafeSleep_policy1108.pdf.

Jenik, A. G., Vain N. E. , Gorestein, N.E., and Jacobi, N. E., Pacifier and Breastfeeding Trial Group. (2009). Does the recommendation to use a pacifier influence the prevalence of breastfeeding? *J Pediatrics* 155:350-54.

National MCH Center for Child Death Review. Sudden infant death syndrome (SIDS)/Sudden unexplained infant death (SUID): Fact sheet. <http://www.childdeathreview.org/causesSI.htm>.

Moon, Rachel Y., and Wendy M. Biliter. (2000). Infant Sleep Position after Back to Sleep Campaign. *Pediatrics* 106 (3): 576–80.

Moon, Rachel Y., and Rosalind P. Oden. (2003). Back to Sleep: Can We Influence Child Care Providers? *Pediatrics* 112 (4): 878–82.

Moon, Rachel Y., Wendy M. Biliter, and Sarah E. Croskell. (2001). Examination of State Regulations Regarding Infants and Sleep in Licensed Child Care Centers and Family Child Care Settings. *Pediatrics* 107:1029–36.

National Association of Child Care Resource and Referral Agencies. (2011) “We Can Do Better: 2011 Update—NACCRRRA’s Ranking of State Child Care Center Regulations and Oversight.” Arlington, VA: Author.

The National Child Care Information and Technical Assistance Center and the National Association for Regulatory Administration Center. (2010). *The 2008 Child Care Licensing Study*. Washington, DC: Author.

Moon, RY., Kotch L., and Aird, L. (2006). State Child Care Regulations regarding Infant Sleep Environments since the Healthy Child Care America Back to Sleep Campaign. *Pediatrics* July (118) 73-83.

Moon, RY., and Biliter, WM. (2000) Infant Sleep Position Policies in Licensed Child Care Centers after the Back to Sleep Campaign. *Pediatrics*, September 106(3) 576-80.

Moon, RY., Patel KM., and Shaefer, SJ. (2000) Sudden Infant Death Syndrome in Child Care Settings. *Pediatrics*. August (106): 295-300.

Doyle, RA., Aronson, SS., Jansen-McWilliams, L., and Kelleher, KJ. (2001) Use of a Statewide System to Improve Health and Safety in Child Care Facilities. *Ambulatory Pediatrics*, March- April (2) 73-78.

Moon, RY., Weese-Mayer, DE., and Silvestri, JM. (2003) Nighttime Child Care: Inadequate SIDS Risk Factor Knowledge, Practice and Policies. *Pediatrics*. April: 111 (4); 795-799.

Moon, RY., Sprague, BM and Patel, KM. (2005) Stable Prevalence but Changing Risk Factors for SIDS in Child Care Settings in 2001. *Pediatrics*. October: 116 (4) 972-977.

8. Appendix:

Addressing Myths, Misconceptions and Concerns Regarding Safe Sleep

The topic of safe sleep carries with it many misconceptions and pieces of outdated information that are often raised by citizens, lawmakers and health care professionals alike. In the following section we list a number of the most common issues raised, and provide evidence-based responses to those issues.

1) *Requiring infants to sleep on their backs will increase "flat-head" syndrome (positional plagiocephaly) and result in developmental delays.*

- Supine position, also known as lying on your back, does increase the chance of an infant developing positional plagiocephaly [1]. However, no long-term developmental delays are associated with this syndrome. It is most common among infants who sleep on their back and whose head is always placed in the same position. An infant's head is growing and forming its shape during the first 18 months of life. Having supervised tummy-time, in which infants lay on their stomachs while awake and practice lifting their necks and rolling can decrease the likelihood of developing positional plagiocephaly. (Source AAP).

2) *Some babies have medical conditions that make it unsafe for them to sleep on their backs.*

- In very rare cases, an infant's physician will recommend that the infant should sleep on his or her stomach or side. In such cases, the child care provider should be given a note from the child's physician with the prescribed sleep position and reason for not using the back position.

3) *Infants will often turn from their back to stomach, even when put on their backs.*

- As they develop, infants learn to turn over from stomach to back and back to stomach. Infants should *always* be placed to sleep on their backs to reduce the risk of SIDS, but once put to sleep on their backs, infants are free to assume another position on their own (e.g., stomach). However, if the infant appears to be in distress, the caregiver should intervene. When an infant is learning to turn from front-to-back and side-to-side, it is particularly important to monitor the sleeping infant's well-being since there may be an increased risk of SIDS.

4) *Back sleep increases the risk for accidental choking due to reflux (i.e. milk that flows back up to the back of the throat and out the mouth).*

- At one time, the belief that back sleep increased the risk for accidental choking was thought to be true. Currently, stomach sleep has been found to restrict an infant's ability to turn his or her head to vomit or spit up excess milk and increases the likelihood of choking once an infant vomits or when milk flows back out of the mouth. Some medical conditions, however, may require the infant to sleep in another position (Source AAP). There is a provision in the proposed new regulations for a physician to address the need for another sleep position.

5) *Can I use a sling or other carrier for an infant to sleep in?*

- The American Academy of Pediatrics recommends against the use of carriers and slings for routine sleep [1]. Several product recalls of such devices have occurred in recent years as well as a number of infant deaths associated with their use. If used when an infant is awake, ensure that the infant's face is positioned away from fabric and away from your body (Source AAP).

<http://www.cpsc.gov/cpscpub/prereel/prhtml10/10165.html>).

6) *Don't babies sleep best on their stomachs?*

- Infants tend to sleep more deeply on their stomachs and are more difficult to awake. However, current evidence suggests that this lower arousal state may contribute to SIDS, making the infant less likely to awake or breathe when challenged [1]. This challenge may be due to re-breathing carbon dioxide which in turn causes some babies to stop breathing (Source AAP).

7) *My mother put my brothers and me on our tummies to sleep and we didn't die.*

- Sleep-related infant deaths are the leading cause of infant mortality in the United States (for infants one month to twelve months of age) [1]. While most infants will be fine sleeping on their stomachs or with soft bedding, a small percentage of these infants will suffer a catastrophic and life-ending event. This evidence comes from studies examining how the infant was last placed to sleep and how the infant normally sleeps. These studies demonstrate that soft bedding by itself increases the risk of SIDS five-times, while both soft bedding and stomach sleeping increases the risk of death 21-times [2]. By implementing education campaigns aimed at reducing the use of soft bedding and stomach-sleep, a significant decrease in sleep-associated deaths has been confirmed (Source AAP).

8) *My baby was swaddled and placed on his side in the hospital, so why isn't that OK to do in child care?*

- While swaddling may be beneficial in calming newborns and assisting with sleep, this practice is not recommended for older infants once they are in child care. Infants who are swaddled and placed on their stomach or that find themselves in other compromised situations are at greater risk of SIDS and other sleep-related deaths. Swaddling is also associated with an increased risk of hip dysplasia and over-heating. To keep infants warm, the use of sleep sacks or appropriate fitting clothing is recommended. (See also "Safe Sleep Practices and SIDS/Suffocation Risk Reduction," *Caring for our Children*, p. 3, and CFOC Standard 3.1.4.2.)

9) *Some babies need a special soft toy or blanket to get to sleep.*

- Soft items can increase the risk of infant suffocation, entrapment and strangulation. Infants are five times more likely to die in their sleep when soft bedding is present in the crib. When soft bedding and stomach sleeping are combined, the risk of death is 21 times higher [2]. Caregivers may associate a soft toy with nurturing, but any soft item can directly interfere with an infant's ability to breathe and should not be present in the crib. Safe sleep practices mean that for infants under twelve months, the sleeping environment should contain a firm mattress and a fitted crib sheet. For warmth, the infant should wear a blanket sleeper when needed. (Source AAP).

10) *I use soft crib bumpers to keep my infant from getting his legs caught and head hurt in the crib slats.*

- There is an increased risk of suffocation, entrapment and strangulation with the use of bumper pads and similar products [1]. There is no evidence that bumper pads or similar products prevent injuries to young infants (Source AAP).

11) *I don't have the time to check on infants while sleeping. Do I have to keep checking once they are sleeping?*

- Just as infants are monitored while awake, it is important to monitor them while asleep. It only takes five to ten minutes for cells in the brain to begin to die without oxygen. Ensuring that infants are visually monitored while asleep can make the difference between life and death.
- Infants are at increased risk of sleep-associated deaths at child care, especially in the first day and week away from home [3]. Factors that contribute to this increased risk are thought to be a foreign sleep environment, being away from the infant's parents,

multiple providers caring for the infant and an increased chance for poor safe sleep practices in child care. For these reasons, active monitoring of sleeping infants is necessary

12) I use an infant monitor to make sure my infant is fine while sleeping.

- Commercial monitors cannot take the place of a caregiver actively supervising a sleeping infant, making frequent checks on an infant during sleep. Home monitors and devices that claim to reduce the risk of SIDS should not be used. Home monitors that check a baby's breathing and/or heart rate are not advised as a way to prevent SIDS. Commercial devices such as wedges, positioners, special mattresses or other types of sleeping products should be avoided. There is no evidence that these devices or products protect against SIDS or suffocation. (1) (For more information, see AAP Technical report: Pediatrics Vol 128 No 5, November, 2011, page 17. "Use of infant monitors will not prevent a SIDS death."

13) Is it safe for an infant to sleep outside a crib, like in a car seat? Everyone does it!

- The safest sleep environment for an infant aged less than 12 months old is in an infant safe crib [1]. Many other non-approved sleeping devices (see Consumer Product Safety Commission safety standards) substantially increase the infant's risk of death due to positional asphyxiation or SIDS [1]. Sleep related infant deaths outside of a crib are often associated with soft items near or in contact with an infant's face. It is advised that all caregivers minimize the time infants sleep outside of their cribs (Source AAP).

14) What do I do if an infant falls asleep in a car seat or stroller?

- When an infant falls asleep while riding in a car seat or in a stroller, the infant should be moved to a safe sleep environment as soon as possible. In most cases, this will be a crib without any soft bedding present. Infants should be wearing comfortable clothing to prevent over-heating and should be in a well-ventilated environment. When an infant is being transported, for example in a car seat or stroller, the provider should do their best to ensure that the transport environment conform as closely as possible to a safe sleep environment until that infant can be safely moved to an approved safe sleep environment. While in transit, active and frequent monitoring is still required to ensure the infant is safe and breathing.

15) Moving infants who fall asleep outside the crib will wake them up and make them cranky.

- This may be true for some infants; however, the safest sleep environment for an infant less than a year old is in an infant safe crib. Other non-approved sleeping devices (see Consumer Product Safety Commission safety standards) provide a substantially increased risk of death due to positional asphyxiation or SIDS. Sleep related infant deaths out of a crib are often associated with soft items near or in contact with an infant's face (Source AAP).

16) Active supervision of sleeping infants, especially in family child care homes, is not realistic.

- Providers will need to regularly and actively monitor all sleeping infants in licensed child care environments to reduce the risk of accidental suffocation, entrapment or respiratory failure. There may be times and specific situations in family child care, when a child care provider is unable to directly view a sleeping infant, for example, to attend to the needs of another child, however, such time should be infrequent and minimized.
- In the case where infant care occurs outside the more typical day-time hours, it is recommended that infants be placed to sleep on their backs in a safe sleep environment in close physical proximity to the provider. The AAP recommends the arrangement of room sharing without bed sharing - having the infant sleep in the caregiver's room but in a separate safe sleep environment close to the caregiver. There is evidence this arrangement decreases the risk of SIDS by as much as 50% and is safer than bed sharing or solitary sleeping when the infant is in a separate room. [8]

17) If we can't use blankets to keep an infant warm, what should we do when it is cold?

- Overheating and soft bedding pose a risk for some infants during sleep [1]. Blankets should not be used in a crib for infants, but rather babies should sleep in a sleep sack or blanket sleeper (provided by the parents or the caregiver) to keep the infant comfortably warm. Adjusting the temperature in the room is also advised. When the infant sleeping area is warm, a fan or air conditioning may be used to keep the infant from overheating. If a fan is used, ensure that the fan does not blow directly on the infant's face and that any cords are out of reach to any children as these can be a source of injury or strangulation.

18) Training of providers and following safe-sleep precautions makes no difference.

- Multiple studies have demonstrated that the more aware providers are of safe sleep measures, the more likely they are to follow these guidelines [4-6]. In particular, posting safe sleep guidelines, instituting required safe-sleep practices and mandated training have been shown to significantly improve compliance. Beyond safe sleep, child care provider training has been demonstrated to increase the knowledge, attitude and skill of providers (Source NACCRRRA/Child Care Aware® of America).

19) Infant deaths during sleep cannot be avoided since they are biologically pre-disposed.

- Multiple risk factors for SIDS, SUID and suffocation have been identified [1]. In particular, SIDS risk is associated with a vulnerable developmental period (highest at 2 to 4 months of age), a possible underlying biological predisposition such as augmented serotonin signaling in certain regions of the brain or infection, and the presence of external risk factors such as an unsafe sleeping environment. An infant with one or more of these risk factors is at higher risk of sudden death, however, SIDS and SUID can still occur in a small percentage of infants with none of these risk factors. Since SIDS, SUID and suffocation all share external risk factors such as sleep position, soft bedding in a crib, bed sharing and sleep outside an infant safe crib, these behaviors are considered potentially life-threatening to infants and should be avoided (Source AAP).

20) SIDS, SUID and suffocation rarely ever happen anymore.

- While the proportion of infant deaths after one-month of age have decreased over the last three decades by 40%, largely due to these deaths in the United States still occur at a level much higher than many other developed countries (Source CDC).

21) Infants cared for by experienced child-care providers are at less risk of death than relatively inexperienced parents.

- While child care providers may provide more uniform care for children, infants in particular are at significantly higher risk of SIDS, SUID and suffocation in child care settings, particularly in the first week of attendance. It is believed this increased risk is due to the introduction of a novel environment, being away from the infant's home caregiver and the use of different sleep protocols than at home. Infants who are placed to sleep on their stomach when previously always placed on their backs to sleep are at 7-19 times the risk of SIDS than other infants (Source AAP).

22) The rate of infant deaths during sleep has not really decreased, but rather reflects that there has been a shift in diagnosis from SIDS to SUID and suffocation.

- While there is some debate over whether there has been a diagnostic shift in SIDS deaths versus other diagnoses of infant deaths, the overall infant mortality rate has decreased by over 40% in the last 30 years in the US, with a 25% reduction since the beginning of the Back-to-Sleep campaign. (Source CDC <http://www.childdeathreview.org/Newsletter/AJPH-SUID-PAPER-2012>).

23) Regulations for safe-sleep are only needed in child-care centers and not family child care homes.

- The incidence of SIDS, SUID and suffocation are greater in family child care settings as opposed to child care centers [4]. This is due in large part to the fact that more than twice as many infants are cared for in family child care homes rather than child care centers. Sleeping outside the crib, such as on adult beds or couches, increases the risk of sleep related infant deaths; this is also more likely to occur in a family child care home as opposed to a child care center. Hence, education and risk-reduction are very important in family child care home settings.
- When a family child care home or center posts a safe-sleep policy, it shows parents that the infant's health and safety is a top priority. The review of a safe sleep policy with parents and staff on a regular basis can reinforce safe sleep practices. Further, these policies and practices may reduce a provider's risk of liability.

24) *Safe sleep training is an unnecessary burden for the provider given the additional time and low-likelihood of having a child who will die at their center or home.*

- While a family child care home or child care center may not have previously experienced an infant death, simple precautions can be implemented to reduce the likelihood of experiencing such tragedies. Only a few simple guidelines must be understood to reduce the likelihood of such deaths.

25) *I know of no children who have died from SIDS, SUID or suffocation.*

- Over 4,500 infants die suddenly with no immediate obvious cause every year in the United States (Source CDC). These deaths are not highly publicized by the various media outlets and families you know may have chosen not to disclose the previous death of an infant due to the social stigma associated with infant death in our culture. Indeed, a large percentage of child care providers are unaware of the risks of sleep associated infant deaths until they come face-to-face with a death of a child under their care.

26) *Can't we just apply these rules to infants who are most at risk?*

- While it is true that certain ethnic groups, such as African Americans, Native Americans, Hispanic Americans, boys and premature infants are at higher risk for SIDS, there is currently no way to really know which infants are at the greatest risk [1]. Furthermore, many more infants are now dying from suffocation, bed sharing and other forms of infant death that have no known innate risk factors [7].

27) *Implementing safe sleep requirements in all licensed child care settings will require additional inspectors and unreasonably complex training.*

- If approved, inspectors arriving at a family care home or child care center would look for the following : 1) Are infants sleeping outside of an approved sleep environment for any prolonged period?; 2) Are infants observed to be placed on their backs to sleep?; 3) Are there loose items or soft bedding near the child's face?; 4) Is a safe-sleep policy posted in the facility and are staff aware of where it is?; 5) Are the infants being visually monitored while asleep?; 6) Is the infant sleep area properly ventilated?; 7) Does the crib meet current Consumer Product Safety Standards? Checking to see if infants are sleeping in safe sleep environments should not be complex or time consuming.

28) *Requiring these safe sleep precautions increases the liability of the child care and increase the chance of lawsuits.*

- Having a consistently implemented safe-sleep policy that is understood by all staff and shared with the parents can reduce the provider's risk of liability. Posting of a written safe-sleep policy demonstrates that the staff knows the risks of unsafe sleep, encourages consistent care by the different providers, educates parents and empowers the provider [2].

29) *Family child care providers do not want their child care practices over-legislated.*

- In recent focus groups with family child care providers and center staff, stated that they would welcome more information on how to protect children from preventable injury and death in their care. A safe sleep policy supports providers by underscoring the steps they can take to protect infants in their care. Ultimately, such policies will save lives.

Appendix References

1. Moon, R.Y., *SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment*. Pediatrics, 2011. **128**(5): p. e1341-67.
2. Moon, R.Y. *SIDS and Other Sleep-Related Infant Deaths: Keeping Your Babies Safe*. 2012; Available from: <http://www.healthychildcare.org/PDF/Safe%20Sleep%20Webinar.pdf>.
3. Li, D.K., et al., *Infant sleeping position and the risk of sudden infant death syndrome in California, 1997-2000*. American journal of epidemiology, 2003. **157**(5): p. 446-55.
4. Moon, R.Y. and W.M. Biliter, *Infant sleep position policies in licensed child care centers after back to sleep campaign*. Pediatrics, 2000. **106**(3): p. 576-80.
5. Moon, R.Y., T. Calabrese, and L. Aird, *Reducing the risk of sudden infant death syndrome in child care and changing provider practices: lessons learned from a demonstration project*. Pediatrics, 2008. **122**(4): p. 788-98.
6. Moon, R.Y. and R.P. Oden, *Back to sleep: can we influence child care providers?* Pediatrics, 2003. **112**(4): p. 878-82.
7. Moon, R.Y., K.M. Patel, and S.J. Shaefer, *Sudden infant death syndrome in child care settings*. Pediatrics, 2000. **106**(2 Pt 1): p. 295-300.
8. Task Force on Sudden Infant Death Syndrome, *SIDS and other sleep related deaths*. Pediatrics, 2011. **128** (5): p. e1341-e1367.