

# TEMPLATE

## Infant Positioning/Safe Sleeping Practice Policy

### Purpose

1. Establish guidelines and parameters for infant positioning
2. Establish appropriate and consistent parental education on safe sleep positions and environment
3. Establish consistent safe sleep practices by healthcare professionals for infants prior to discharge
4. Establish initial competency training/testing on employment and annually

### Policy Statement

SIDS (Sudden Infant Death Syndrome) is considered to be the sudden death of an infant younger than one year of age that remains unexplained after a complete investigation. There has been a significant decrease in the number of infants who have died from SIDS due to healthcare providers and public health campaigns educating parents and caregivers of the risk factors related to SIDS. Healthcare professionals have a vital role in educating parents and families regarding the “Back To Sleep” campaign. This campaign was started in 1994. In 1992, the SIDS rate was 1.2 deaths per 1000 live births. In 2001, the SIDS rate was 0.56 per 1000 live births, which was a decrease of 53% over a ten year period. The decreasing SIDS rate is occurring due to a reduction in prone positioning. In 1992, prone positioning was seen in 70%, compared to 13% in 2006. As important role models, healthcare professionals are critical in communicating SIDS risk reduction strategies to parents and families, and by practicing safe sleep practices while infants are still in the hospital.

There are factors that have been identified that place an infant at an increased risk of SIDS. They include: stomach sleeping, sleep surfaces that are soft (loose, fluffy bedding), overheating during sleep, maternal smoking (during pregnancy or in the infant’s environment), and bed sharing.

### Equipment

Open cribs/bassinets, isolettes, or infant warmers

### Procedure

#### **A. Infants in the Newborn Nursery/Rooming In with Mother**

1. Place all infants on their backs to sleep and the head of the bed flat.  
\*Infants with a medical contraindication to supine sleep position (i.e. congenital malformations, upper airway compromise, severe symptomatic gastroesophageal reflux, phototherapy) should have a physician’s order, along with an explanation documented.
2. A firm sleep surface should be used (firm mattress with a thin covering). Soft bedding, such as pillows, quilts, blanket rolls, and stuffed animals should not be used.
3. If an infant is found in the bed with a sleeping mother/parent, the infant should be placed in their crib and can be returned to the nursery, at the nurse’s discretion. The mother should be re-educated on safe sleep practices as soon as practical. Mother/parent should be informed to return infant to the crib if they become drowsy. If this continues to be a problem, an “Infant Safe Sleep Non-Compliance” release form should be signed by the

parent that he or she has been educated and understands that sleeping with an infant is dangerous with the most serious consequence being death.

4. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A “sleep sack” may be used. Sleep sacks may be used on infants < 38 pounds and 1 year of age.  
\*If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
5. The infant’s feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket.
6. Infant twins should be placed in separate cribs, using the same procedure as a singleton.

## **B. Infants in the Neonatal Intensive Care Unit (NICU)**

1. Place all infants on their backs to sleep and the head of the bed flat.  
\*Infants with upper airway compromise, life-threatening GE reflux (not mild to moderate apnea/bradycardia), respiratory distress, or a greater degree of prematurity may be placed prone or side lying until resolution of symptoms.  
\*Preterm infants and ill newborns may benefit developmentally and physiologically from prone or side-lying positioning and may be positioned in this manner when continuously monitored and observed.  
\*Infants with Neonatal Abstinence Syndrome (NAS) with difficult to control symptoms may be placed in a prone position for brief periods of time (see addendum for guidelines).  
\*NICU infants should be placed exclusively on their backs to sleep when stable and in the convalescent stage of their development (see number 6 for guidelines).  
\*Placement of NICU infants on their backs to sleep should be done well before discharge in order to model safe sleep practices to the families.
2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.  
\*Positioning devices (snugglies) may be used for developmentally sensitive care of the extremely premature.
3. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A “sleep sack” may be used.  
\*If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
4. The infant’s feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket
5. The following guidelines should be used to transition NICU patient to the Home Sleep Environment (HSE):
  - a. Babies with a gestational age of 34 weeks and beyond AND greater than 1500 gms without respiratory distress should be placed in HSE.
  - b. Babies with gestational age of 34 weeks and beyond with respiratory distress may be positioned prone until respiratory symptoms are resolving.
  - c. Babies with gestational age under 34 weeks should be assessed when reaching a post-conceptual age of 33 weeks and weight greater than 1500 gm:
    - 1) If the baby has respiratory distress, staff may continue with prone positioning until respiratory symptoms are resolving.
    - 2) If the baby has no respiratory symptoms, then the primary nursing team should

discuss the infant's neuromuscular status with Occupational Therapy. Once the baby no longer requires positioning devices, begin HSE protocol.

7. Once it is determined that an infant is ready for HSE, the following actions should be completed:
  - a. Apply the HSE card/safe sleep ticket to the baby's bedside
  - b. Fill out the graduation certificate with the baby's name.
  - c. At the parent's next visit, have them watch the safe sleep DVD and then provide modeling and review of the appropriate home sleep environment.
  - d. ASK the parent where the infant will sleep when it arrives home. If response is an unsafe area, re-educate and refer to social worker for assistance.
  - e. After completion of the training, present the family with the graduation certificate

**C. Infants in the Pediatric Unit or Emergency Department** (Infants less than 1 year of age)

1. Follow the guidelines for the Newborn Nursery/Rooming In
2. If a blanket is needed for the infant, the infant's feet should touch the bottom of the bed so that he/she cannot wiggle down below the blanket. If no blanket is needed, the infant may be positioned in the bed appropriately.
3. If an infant is found in bed with a sleeping parent, the infant should be placed in their crib. The mother/parent should then be re-educated on safe sleep practices, as soon as it is practical. If this continues to be a reoccurring problem, an "Infant Safe Sleep Non-Compliance" release form should be signed by the parent that he/she has been educated and understands that sleeping with an infant is dangerous, with the most serious consequence being death.

**Documentation**

- A. Document the infant's position on the NBN/Rooming In, NICU, or Pediatric flow sheets.
- B. Family/Parental teaching: All parents and caregivers present will be educated on SIDS and safe sleep environments and positioning. Brochures will be provided for parents to share with any caregiver (grandparent, daycare, church nursery, baby sitter)
  1. All healthy infants should be placed on their backs to sleep, including naps.
  2. All infants should be placed in a separate but proximate sleeping environment (crib, infant bassinet, or Pac 'N' Play).
  3. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals, and soft toys from sleeping area.
  4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.
  5. Room temp should be between 68-72 degrees. Infants should be dressed appropriately, in the same manner as others in the household.
  6. Avoid bed sharing with the infant.

**RISK OF BED SHARING**

\*Adult meds do not meet federal standards for infants. Infants have suffocated by becoming trapped or wedged between the bed and the wall/bed frame, injured by rolling off of the bed, and infants suffocated in the bedding.

\*Infants have died from suffocation due to adults rolling over on them.

\*Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.

7. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level or use an appropriate size blanket that can be tucked in around the crib mattress and position the infant's feet at the bottom of the bed.
  8. The use of a "sleep sack" may be used in place of a blanket.
  9. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
  10. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant's sleeping environment.
  11. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.
  12. Avoid maternal and environmental smoking.
  13. Breastfeeding is beneficial for infants
  14. Home monitors are not a strategy to reduce the risk of SIDS.
  15. Encourage tummy time when the infant is awake to decrease positional plagiocephaly.
- C. Document all parental teaching (include if the contract was signed and whether the Safe Sleep DVD was viewed) related to safe sleep practices on the parental teaching portion of the plan of care.

\*See attached addendum regarding NAS infants and safe sleep position

## NAS and Prone Positioning

Infant Irritable	<p>Comfort Measures</p> <ul style="list-style-type: none"> <li>• Rocking</li> <li>• Holding</li> <li>• Swaddling</li> <li>• Etc.</li> </ul>
IF irritability continues despite efforts to calm	<ul style="list-style-type: none"> <li>• May position infant prone</li> <li>• Reassess symptoms of withdrawal when infant awakes</li> </ul>
Irritability continues > 12 hours that necessitates prone positioning at times	<ul style="list-style-type: none"> <li>• Consult with MD/NNP to review scores and meds</li> </ul>
Reassess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!	
Getting ready for home	<ul style="list-style-type: none"> <li>• Discontinue prone positioning, if used</li> <li>• Discuss with primary nursing team, PT/OT, MD/NNP</li> </ul>
Begin home sleep environment (if not done earlier) when -	<ul style="list-style-type: none"> <li>• Morphine dose 0.22mg-0.16mg q 3 hrs</li> <li>• Average abstinence scores of &lt; 6 over 24 hours</li> <li>• No scores &gt; 10 in the last 24 hours</li> <li>• No PRN doses needed in the previous 24 hours</li> </ul>
Implement the home sleep environment <b><u>at least 1 week before discharge, if not sooner!</u></b>	<ul style="list-style-type: none"> <li>• KEY POINT – implement when infant is ready for home sleep and not earlier in the hospitalization</li> <li>• Post Safe Sleep ticket</li> <li>• Post graduation care – make this a special day for parents!</li> <li>• Review information and safe sleep DVD with parents.</li> </ul>
Family Education	<ul style="list-style-type: none"> <li>• Need extra education when prone</li> <li>• DO NOT say, “I couldn’t get him to sleep, so I put him on his belly”. “She was very fussy last night and slept better on her belly”, “belly sleeping in the NICU is okay because they are monitored but don’t do this at home!”</li> <li>• DO SAY, “to help her calm, I put her on her belly for a brief time. This special therapy if sometimes needed to help with withdrawal symptoms”.</li> </ul>

	<ul style="list-style-type: none"> <li>• Be consistent with messages!</li> </ul>
Considerations	<ul style="list-style-type: none"> <li>• Staffing – try to avoid clustering NAS babies in one area</li> <li>• Avoid triage assignments if at all possible</li> <li>• Consistent care givers are important</li> <li>• Maintain positivity</li> <li>• Communicate with charge nurse any concerns with assignments</li> </ul>

**References:**

Pediatrics, *Safe Sleep and Other Sleep Related Deaths*: October 17, 2011;  
 DOI:10.1542/peds.2011-2284

American Academy of Pediatrics – Policy on Safe Sleep – 10/11/2011

Wellspan Healthsystem: York Wellspan Hospital; York, Pa; Clinical Policy;  
<http://www.welspan.org>.

National Institute of Health: National Institute of Child Health and Human Development:  
<http://www.nichd.nih.gov.sts/pages.defect.aspx>

## Infant Safe Sleep Non-compliance Form

This is to certify that I \_\_\_\_\_,  
the mother/father/guardian of minor child, \_\_\_\_\_,  
has been educated on infant safe sleep practices, including specific SIDS  
(Sudden Infant Death Syndrome) risk reduction strategies, as set by the  
American Academy of Pediatrics.

I fully understand that it is never safe for an adult or child to sleep with an  
infant (less than one year of age) because this increases the risk of sudden  
infant death.

I acknowledge that I have been informed of the risks of unsafe sleep practices,  
including possible death, and hereby release the attending physician and the  
health system from all responsibility from any ill effects that may occur as a  
result of my decision to not comply with the safe sleep recommendations.

\_\_\_\_\_  
Signature of authorized individual

\_\_\_\_\_  
Relationship of authorized individual

\_\_\_\_\_  
Witness

Hospital Name  
Anywhere, Alabama

**Infant Safe Sleep Non-compliance Release Form**

**(Patient Label)**

**Form Nur-xxxx**