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Safe Sleep in Child Care Programs: Preventing SIDS and Other Sleep- Related Infant Deaths

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ICF Early Education Institute™

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Overview of the Session

- Define Sudden Infant Death Syndrome (SIDS) and sleep-related deaths
- Discuss research & statistics regarding SIDS
- Identify child care providers' role in the prevention of SIDS
- Share resources on SIDS prevention



2008 National Study of Child Care Providers

Study found, in providers after SIDS training:

- No change in provider attitudes about whether sleep position makes a difference.
- Stated Barriers - perceived parental objections, provider skepticism, lack of policies and training opportunities.
- Know the facts, be an expert and role model and champion for children.



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What is SIDS?

- SIDS is the sudden death of an child before the age of 1, usually in a previously healthy infant. The cause of death can not be explained after a thorough investigation; including autopsy, death scene investigation, and review of child's health history.

SIDS is not predictable!

SIDS is not 100% preventable – but you can reduce the risk!



What are SIDS-related deaths?

SIDS related deaths are known as:
Sudden and Unexpected Infant Death (SUID)

- Most occur during sleep
- Caused by:
 - Suffocation
 - Strangulation
 - Entrapment
 - Undetermined cause
 - SIDS



SIDS Statistics

In 2010:

There were **3,610** infant deaths
2,063 SIDS cases
918 were unexplained
629 to suffocation and/or strangulation

- Leading cause of death for babies from 1 to 12 months of age (2009)
 - 90% occur between 1 and 6 months of age
 - Highest risk is between 3-4 months
- More deaths in winter months



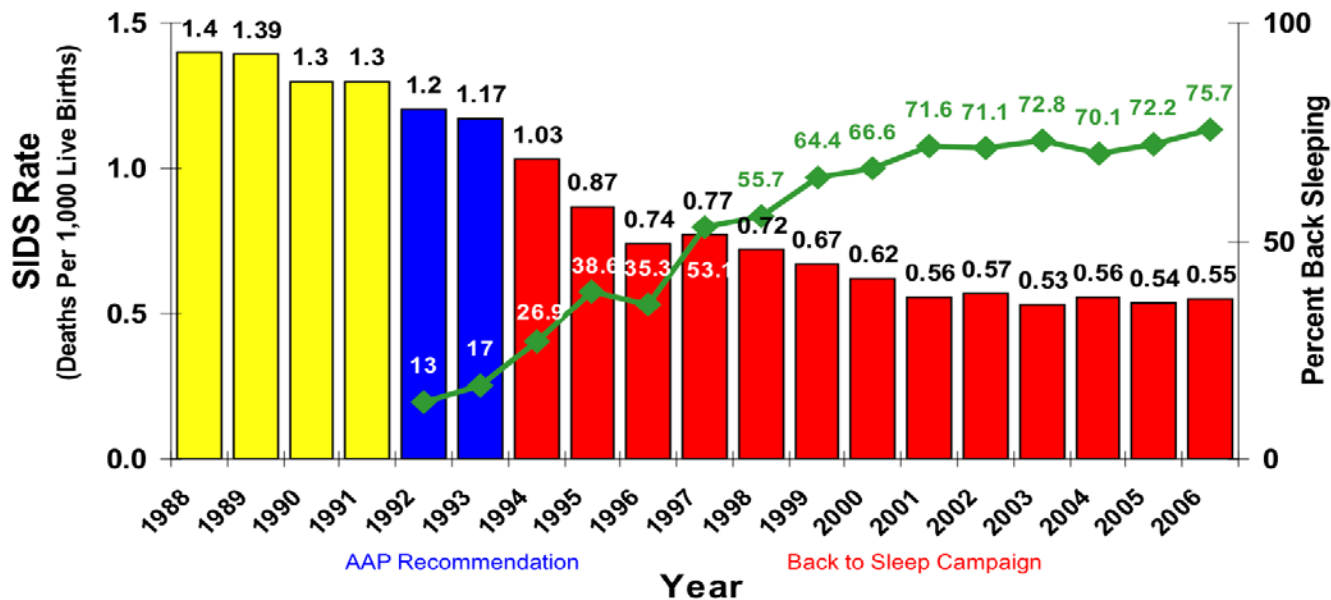
Through the years...

- In 1992, the AAP began to recommend that babies be placed on their backs or sides to sleep.
- In 1994, the Back to Sleep campaign was launched.
- In 1996, the AAP stated the recommended sleep position for babies up to 1 year is their back.
- In 2013, SIDS prevention efforts morphed and the Safe to Sleep campaign was launched.



SIDS Rates in the US

SIDS Rate and Back Sleeping (1988 – 2006)

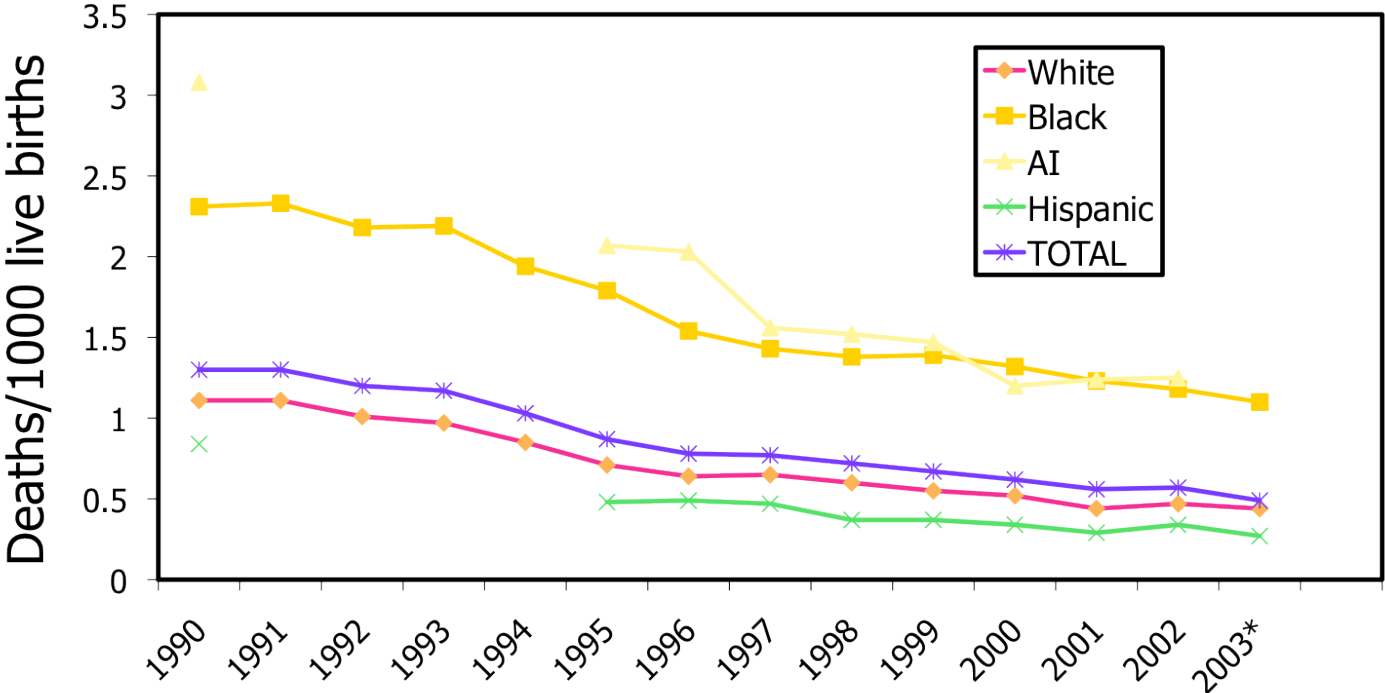


SIDS Rate Source: CDC, National Center for Health Statistics,
 Sleep Position Data: NICHD, National Infant Sleep Position Study.



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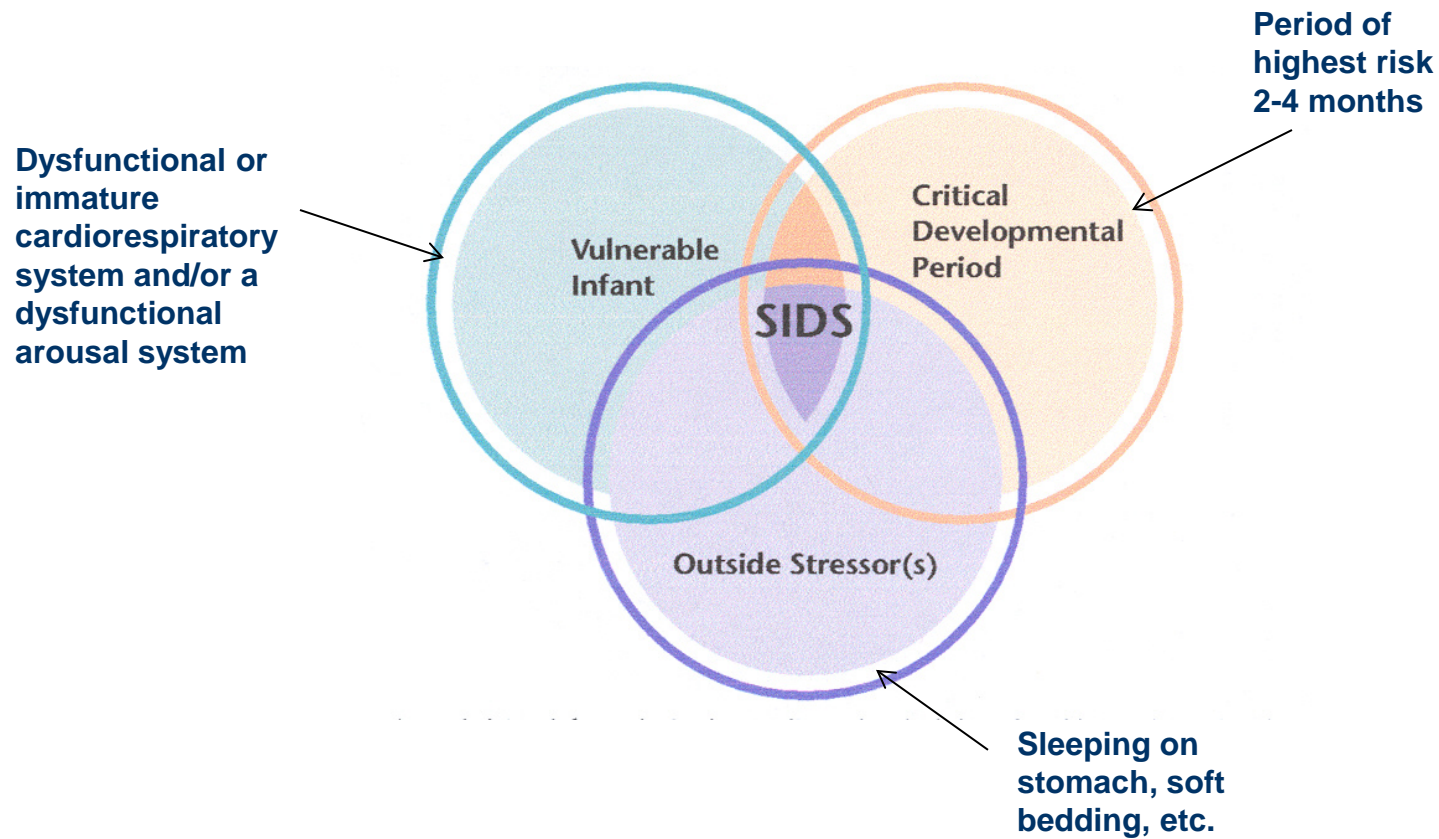
SIDS Rates in the US



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Triple Risk Model



Known Risk Factors:

- With the people at your table, find as many risks factors as you can!

Goal is to find 15!



Known Risk Factors:

- Late/no prenatal care
- Sleep Position (tummy or side)
- Prematurity and/or LBW
- Soft Sleep surface
- African American
- American Indian
- Overheating
- Co-Sleeping
- Mother's age (teen moms higher risk)
- Siblings with SIDS
- Environmental tobacco smoke (pre and post natal)
- Short time periods between pregnancies
- Male sex
- Multiple birth babies



Babies placed on their stomach or side to sleep, have 2-3 times higher risk for SIDS.

- Babies placed on their side to sleep are at a higher risk if the baby accidentally rolls to the stomach, which places the baby at **18x risk for SIDS**.
- Recent studies indicate side and tummy sleeping have the **same** amount of increase in SIDS risk.
- If a baby usually sleeps on the back or side and then is placed on the tummy, there is as much as an **18 times higher risk** for SIDS.



Child Care and SIDS in the 1990's

- 15-20% SIDS deaths occurred in child care
- Child care deaths were associated with unaccustomed tummy sleeping position
 - Child care providers were unaware of association of SIDS and sleep position
 - Misinformed about risks and benefits of various sleep positions



Child Care and SIDS - 21st Century

- Deaths are decreasing!
- High proportion of infants still die in child care:
 - 1/3 die in **first week**
 - Of those, 1/2 die on the **first day**
- Relatives and non-licensed caregivers may still be unaware of importance
- Infants in child care centers are in safer sleep environment (cribs rather than sofa)



Reasons families give for another sleeping position ...



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Babies sleep better on their stomach

- Babies sleeping on their stomach have higher arousal thresholds, sleep longer and deeper
- This increased arousal threshold may be dangerous, as arousal may be the issue surrounding SIDS
- Babies also startle more easily when on their back – this startle reflex is also protective
- A baby who wakes up frequently is not a “bad” sleeper



“I don’t want my child to have a flat head.”

Encourage “tummy time” when infant is awake and easily observed. This will also enhance motor development. This helps build the ability to lift his/her head and later build upper body strength.



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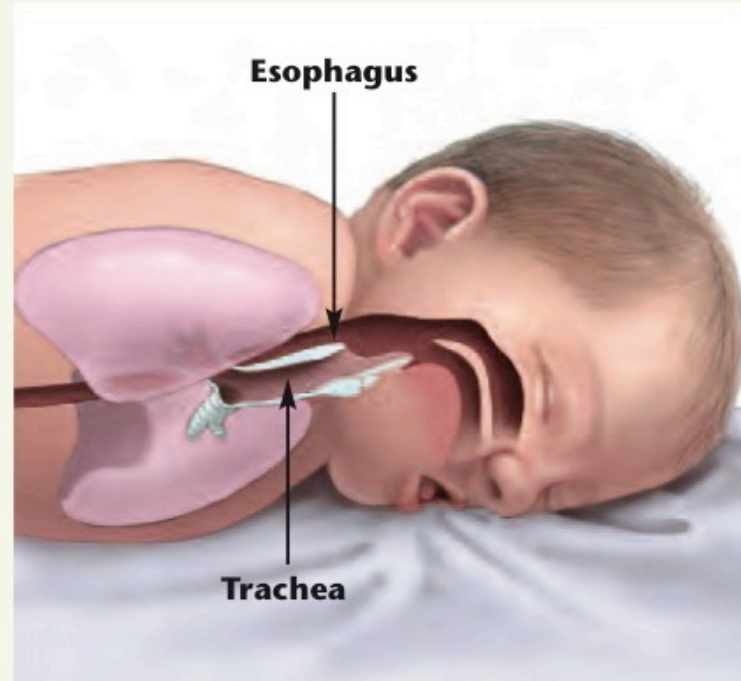
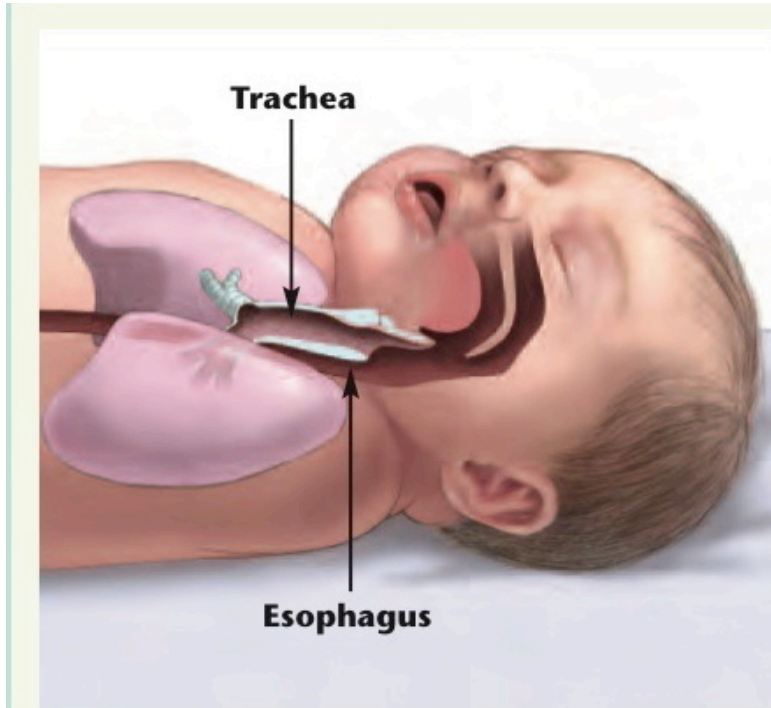
Fear of Choking

- Back Sleeping does **not** increase the risk of choking and aspiration in infants.
- Infants with reflux should be placed on their backs
 - **RARE exception**: infants for whom the risk of death from complications of reflux is greater than the risk of SIDS (i.e., those with upper airway disorders, for whom airway protective mechanisms are impaired)
- Elevating the head of the infant's crib while the infant is on their back is not recommended
 - Ineffective in reducing GE reflux
 - Infant may slide to the foot of the crib - may compromise respiration.



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Fear of Choking?



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Side Sleeping

- Side position is unstable – may lead to unaccustomed tummy sleeping
- Multiple studies have demonstrated that side position places infant at higher risk
- Recent studies show that risk with side and tummy placement are similar



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- There is no data showing when it is safe for an infant to sleep on his/her stomach or side
 - Studies all include infants up to 1 year of age
- Infants should continue to be placed on their back until 1 year of age
 - Once an infant can roll **from back to stomach and stomach to back**, the infant can be allowed to remain in the sleep position that he/she assumes after being placed on his/her back



Use a firm sleep surface

- To reduce SIDS and suffocation
- Firm crib mattress, covered by fitted sheet
 - A crib, bassinet, portable crib, or play yard that conforms to CPSC safety standards
 - Check for recalls
 - Do not use cribs with missing hardware; don't try to fix broken cribs
- Use mattress designed for specific product
 - Mattress should be firm and maintain shape even when fitted sheet is used



Sitting Devices for Sleep

Car seats, strollers, swings, infant carriers

- Not recommended for routine sleep in the hospital, home, or child care
- Infants younger than 4 months are particularly at risk
 - More likely to assume positions that can create risk of suffocation or airway obstruction
- If an infant falls asleep, move infant to a crib or other appropriate flat surface as soon as is practical
- Car safety seats and similar products are not stable on a crib mattress or other elevated surfaces



Avoid Overheating

- Increased risk of SIDS
 - Definition of overheating varies
 - Cannot provide specific room temperature guidelines
- Dress infants appropriately for the environment, with no greater than 1 layer more than an adult would wear to be comfortable
- There is currently insufficient evidence to recommend use of a fan as a SIDS risk-reduction strategy



Session in Review

- What is SIDS?
- List 5 risk factors for SIDS?
- What is your role in the prevention of SIDS?



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Questions?



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Resources

Healthy Child Care America

American Academy of
Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007-
1098

Phone: 888/227-5409 or
847/434-7951

Fax: 847/228-7320

E-mail: childcare@aap.org

Web site:
www.healthychildcare.org

National Resource Center for Health and Safety in Child Care

Phone: 800/598-KIDS (5437)

E-mail: info@nrc.org

Web site: <http://nrckids.org>



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Resources

National SIDS/SUIDS Resource Center

Provides information about SIDS and other forms of infant death and stillbirth

Georgetown University

1-866-866-7437

www.sidscenter.org

info@sidscenter.org

Safe to Sleep Campaign

1-800-505-CRIB

<http://www.nichd.nih.gov/SIDS/>



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