

REDUCING THE RISK OF SIDS IN CHILD CARE

Presented by

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



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Thank you for participating in the Healthy Child Care America Back to Sleep campaign *Reducing the Risk of SIDS in Child Care* training. The purpose of this training is to help you protect the children for whom you care by creating a safer sleep environment to prevent sudden infant death syndrome (SIDS).

Notes:

- 1) *Invite participants to ask questions at any time during the presentation. Point out the "Parking Lot" flip-chart sheet or similar place where participants can post questions on sticky notes during breaks with their questions and names (to avoid interrupting) and where the instructor can post questions that come up during discussion that cannot be addressed at that moment. Be sure to provide time to return to the questions before the end of the session, even if only to promise a method of answering the questions individually outside of the session.*
- 2) *You can enter your name/organization on the slide after "Presented by"*

Healthy Child Care America Back to Sleep Campaign

- Launched in 2003
- Activities
 - Increase awareness.
 - Decrease incidence of SIDS in child care.
 - Educate policy makers to include back-to-sleep positioning in child care regulations.

Revised – 12/08

This presentation has been made available by the Healthy Child Care America Back to Sleep campaign, sponsored by the US Department of Health and Human Services Child Care Bureau and Maternal and Child Health Bureau. It is designed to build on the successes of the Healthy Child Care America and Back to Sleep campaigns.

Launched in 1995, the Back to Sleep campaign was a focused effort of several national organizations working to educate the public about the importance of putting babies to sleep on their backs to decrease the incidence of SIDS.

The Healthy Child Care America campaign, launched in 1995, is a collaborative effort of health care professionals, child care providers, and families of children in child care, working in partnership to improve the health and well-being of children in child care settings. The campaign is coordinated by the American Academy of Pediatrics (AAP).

Through this joint campaign, all partners will offer technical assistance and resources to

- Promote the Back to Sleep message in child care programs.
- Raise awareness and change practices in family child care homes and center-based child care programs.
- Encourage states to include safe sleep practices within state child care regulations.

“Better Safe Than Sorry”

“I am a family home child care provider who has cared for infants for 18 years. It is my profession...but [one day], something happened that turned my whole world upside down and me inside out. I had a sudden infant death occur in my home.”

– Sharon Russell, “SIDS and its Effect on Caregivers”

Revised – 12/08

This is a quote from a child care provider who experienced a SIDS death. We’re starting with this quote, because it is important for all of us to realize that SIDS does happen, and it does happen in child care.

The purpose of this workshop is to educate child care providers on what SIDS is and how to reduce the risk of SIDS-related deaths.

Do you know anyone who has lost a baby to SIDS?

- What experiences have you had with SIDS? Do you know any families who have lost a baby to SIDS?
- Describe the details of the situation if you feel comfortable.

Revised – 12/08



The group may share what experiences they have had with SIDS. Invite the group to share in a safe environment. You can do this in a larger group or break up into smaller groups.

Many people know of families who have lost a baby to SIDS. However, there may be nobody who has an experience that they would like to share (either personal or someone whom they know). As SIDS is becoming less common, fewer people will have had this experience.

Objectives for today

By the end of this session, you should be able to

1. Define SIDS.
2. Identify behaviors that increase the risk of SIDS.
3. Discuss common myths about SIDS.
4. Be familiar with resources to help you reduce the risk of SIDS for the infants in your care.

Revised – 12/08

(First read through the objectives.)

We are going to start by talking about what SIDS is and what SIDS isn't. There are a lot of myths about SIDS.

Eight of you have a SIDS fact. We're going to ask you to read these out loud, and briefly discuss each one.

SIDS Facts Exercise

- Are any of these facts new or different from what you've heard elsewhere?

Revised – 12/08

Please see SIDS FACTS sheet; cut out each fact and give one to each participant until all are given out. Have participant read slip out loud; ask if the fact was new for anyone or whether the fact runs counter to what participants may have heard elsewhere. Discuss any misconceptions in the group. Note that you will discuss each fact in more detail in a few minutes.

After all facts are discussed, say:

“We’re going to go into a little more detail on the next few slides. Some of these points we’ve already discussed, and we’ll skip over those.”

What is Sudden Infant Death Syndrome (SIDS)?

- SIDS is the unexpected death of seemingly healthy babies 12 months or younger.
- No cause of death is determined by
 - Death scene investigation and autopsy.
 - Review of baby's medical history.
- Experts cannot predict which babies will die from SIDS.

Revised – 12/08

Provide the definition of SIDS as defined by Willinger, James, and Catz in Pediatric Pathology to use as a basis for the rest of the presentation.

Definition: The sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

- SIDS is a diagnosis of exclusion. This means that all other possible causes of death are ruled out before you can call it SIDS.
- A SIDS diagnosis takes into account autopsy findings, results of the investigation of the place where the baby died, and a review of the baby's medical history. Sometimes the family's health history also is reviewed.
- Unfortunately, while there is a lot of research being done about what causes SIDS, researchers still do not know what exactly causes SIDS. Therefore, we are not able to predict which babies will die from SIDS.

(Willinger M, James LS, Catz C. Defining the sudden infant death syndrome (SIDS): deliberations of an expert panel convened by the National Institute of Child Health and Human Development. *Pediatr Pathol.* 1991;11:677–684)

SIDS in Child Care

- Two thirds of US infants younger than 1 year are in nonparental child care.
- Infants of employed mothers spend an average of 22 hours per week in child care.
- 32% of infants are in child care full time.
- Less than 9% of SIDS deaths should occur in child care.

– Ehrle et al, 2001

Revised – 12/08

Note child care statistics, then describe the calculation that predicts how many cases of SIDS should occur in child care if SIDS occurs proportionately in all settings.

Two thirds of US infants spend at least some time in child care. They spend an average of 22 hours per week in child care. If you assume that SIDS occurs equally around the clock, you can calculate the following:

$(67\% \text{ of all infants are in child care}) \times (22 \text{ hours/week spent in child care}) / (168 \text{ total hours/week}) = 8.8\% \text{ of SIDS deaths should occur in child care.}$

(Ehrle J, Adams G, Tout K. *Who's Caring for Our Youngest Children? Child Care Patterns of Infants and Toddlers*. Washington, DC: The Urban Institute; 2001)

SIDS in Child Care

- Approximately 20% of SIDS deaths occur while the infant is in the care of a nonparental caregiver.
 - 60% in family child care
 - 20% in child care centers
 - 20% in relative care
- Infants tend to be Caucasian, with older, more educated parents.
 - Moon et al, 2000

Revised – 12/08

The actual rate of SIDS deaths in child care is more than double the expected rate. Sixty percent of these infants die in family child care, 20% in child care centers, and the remaining 20% in relative care.

Infants who die in child care tend to be white with older, educated parents. This is noteworthy, as those characteristics are those of infants who would typically be categorized as low risk for SIDS. Just being in child care moves the infant from low to high risk.

(Moon RY, Patel KM, Shaefer SJ. Sudden infant death syndrome in child care settings. *Pediatrics*. 2000;106:295–300)

SIDS in Child Care

- Approximately $\frac{1}{3}$ of SIDS-related deaths in child care occur in the first week, and $\frac{1}{2}$ of these occur on the first day.
- Something intrinsic to child care? Not that we've found yet
 - Stress, sleep deprivation?
- Unaccustomed tummy sleeping? Yes

Revised – 12/08

Many of these infants will die in the first week of child care. What is it about child care that puts babies at risk? Are there unidentified risk factors intrinsic to child care (eg, psychological stress, reaction to change in environment)?

These questions are largely unanswered, but the only identifiable and preventable factor found in studies that is related to child care is unaccustomed tummy sleeping (ie, being placed or rolling into the tummy position when this is not a position in which the infant typically sleeps).

Unaccustomed Tummy Sleeping

- Increases risk of SIDS (as much as 18 times).
 - Mitchell et al, 1999
- Nonparental caregivers may use tummy sleeping.
- Less ability to lift head in tummy position.
- Later development of upper body strength.
 - Davis et al, 1998

Revised – 12/08

A baby is at the least risk for SIDS when placed supine (on the back) to sleep and is most at risk when s/he usually sleeps on the back but then is placed on the tummy or rolls onto the tummy for sleep.

Unaccustomed tummy sleep places infants in out-of-home settings at extremely high risk for SIDS (almost 18 times the risk of always supine sleepers). Mitchell et al found that many of the unaccustomed prone sleepers were placed on their tummies by nonparental caregivers (eg, grandparents, babysitters, child care providers). (Mitchell EA, Thach BT, Thompson JM, Williams S. Changing infants' sleep position increases risk of sudden infant death syndrome. *Arch Pediatr Adolesc Med.* 1999;153:1136–1141)

Part of the risk may be because babies who do not typically sleep on their tummies develop upper body strength later than babies who do typically sleep on their tummies. If these infants are placed on their tummies and they get into a suffocating or low-oxygen situation, they cannot lift or move their heads to get out of that situation. (Davis BE, Roon RY, Sach HC, Ottolini MC. Effects of sleep position on infant motor development. *Pediatrics* 1998; 102:1135-40.)

Common question: *What if babies sleep on their backs in child care and on their tummies at home? If they're accustomed to (or used to) sleeping on their tummies, as many of these babies are, placing them on their backs in child care does not increase the risk of SIDS.*

Ultimate Goal

- Reduce the number of infants dying of SIDS or suffocation while sleeping in child care settings.

Revised – 12/08

Child care providers perform an essential service in our society. More parents are enrolling infants in early education and child care programs. Child care providers need to have the most up-to-date information concerning the care of infants.

This workshop informs participants about SIDS. Using this information will reduce the number of SIDS deaths that occur in child care settings.

SIDS Facts

- In 2005, there were about 2,200 SIDS cases (US).
- It is the leading cause of death for babies from 1 to 12 months of age.
- Highest risk is at 2 to 4 months; 91% occur between 1 and 6 months of age.
- Seasonal trend: there are more SIDS deaths in winter months.
- More male babies die of SIDS.
- Unaccustomed tummy sleeping increases risk as much as 18-fold.

Revised – 12/08

These SIDS facts are based on years of national data that show which, when, where, at what age, and under what circumstance babies die suddenly and unexpectedly. Data are derived from the National Institute of Child Health and Human Development and SIDS researchers.

SIDS is

- The cause of death for approximately 2,200 babies in the US each year – that's approximately 6 babies every day. Remember that 20% of SIDS occurs in child care. This means that 1 baby in this country dies every day while in child care.
- The leading cause of infant death between 1 and 12 months of age.
- The third leading cause of infant death from birth to 1 month of age—before 1 month, babies are dying of other causes (# 1 is low birth weight and preterm birth; # 2 is birth defects). *(This fact is not on the slide but augments fact on infant death between 1 and 12 months of age.)*
- Highest risk is for infants who are 2 to 4 months old.
- More prevalent during the winter months (November–March). This may be because of overbundling or overheating the babies.
- More prevalent in male babies than female babies (60% of SIDS occurs in males)
- SIDS risk increases as much as 18-fold when an infant is accustomed to sleeping on the back and is then placed on the tummy to sleep in the care of a person that is not the primary caregiver.

SIDS Facts

- The exact causes of SIDS are unknown, but SIDS is NOT caused by
 - Immunizations
 - Vomiting or choking

Revised – 12/08

Information about SIDS has improved over time through research and data. Some commonly held beliefs about SIDS are not supported by scientific studies.

- The exact causes of SIDS remain unknown.
- It is important to emphasize that immunizations, or shots, do not cause SIDS. Even though the number of immunizations that children get has increased over the last decade, the SIDS rate has decreased.
- SIDS is not caused by vomiting or choking.

Reducing the Risk Exercise

- Are any of these risk reduction recommendations new to you?

Revised – 12/08

We're going to do a similar exercise to what we did a few minutes ago with the SIDS facts.

I'm passing out some papers. Eight of you have a way to reduce the risk of SIDS. We're going to ask you to read these out loud, and briefly discuss each one.

(For each point, ask for a show of hands of those who found the facts to be new information. For facts that are new to more than one participant, ask what was new about it.)

Great. We're going to go into more detail about some of the risks and how to reduce them next.

Modifying SIDS Risks

- Risks that can be modified
- Risks that cannot be modified

Revised – 12/08

It appears that babies who die from SIDS may have a problem with their brainstem development. Studies show that it may be related to serotonin, which is a chemical in the brain that helps to regulate heart rate, breathing, and arousal. Researchers think that babies who die from SIDS have problems with arousal – they can't wake up when they need to, for instance, when their oxygen level is too low.

Even though we don't know exactly what causes SIDS and cannot yet entirely prevent SIDS, we know a lot about what the risk factors for SIDS are.

- Researchers study SIDS risk factors by comparing populations of babies who died from SIDS with babies who didn't. They look at characteristics of each group and see which characteristics are associated with SIDS. This is called epidemiology. The good thing about epidemiology is that we can relatively quickly identify risk factors and how they may change with time. The bad thing about epidemiology is that we can't say that a risk factor *causes* SIDS, but just that it is associated with SIDS.
- Because we know more about circumstances that increase the likelihood of SIDS, we can take action to modify some of the SIDS risks.
- Some risk factors can't really be changed, while others can. We'll talk about some of the risk factors in both of these categories.

SIDS Risk Factors—Pregnancy

- Low birth weight (less than 5 pounds)
- Premature (less than 37 weeks)
- Maternal smoking during pregnancy
- Multiple births (eg, twins, triplets)
- Maternal age younger than 18 years
- Less than 18 months between births

Revised – 12/08

Research indicates that some infants are at a higher risk of SIDS because of certain risk factors that have been identified.

These risk factors are listed on this slide and may be read by the presenter.

D?

Which of these risk factors do you think are modifiable, or can be changed?
(Take suggestions from audience).

- Maternal smoking is the major modifiable risk factor on this slide
- The other ones can be modified with good prenatal care, counseling, birth control.
- Sometimes it's hard to say if a factor is modifiable or non-modifiable.

Babies at Risk for SIDS

- African Americans (2x greater risk)
 - Partly genetic
 - Partly behavioral (sleep position, bedsharing)
- American Indians (more than 2x greater risk)
 - Secondhand smoke exposure
 - Binge alcohol drinking during pregnancy
 - Overdressing of babies

Revised – 12/08

Understanding who is at greatest risk for SIDS and what behaviors increase the possibility of SIDS helps guide awareness, education, and training efforts to reduce the risks. With this knowledge, precautions can be taken to minimize SIDS risks for babies in child care, particularly those who may be exposed to several risk factors.

African Americans are at 2 times higher risk for SIDS compared with Caucasian, Asian, and Latino babies. This also is true for other instances of infant deaths, regardless of socioeconomic status. The African American infant death rate is double that of white infants.

- Some of this risk is probably genetic (so non-modifiable), but some of it is also behavioral (modifiable). For instance, we know that African Americans are more likely to place their babies on their tummies for sleep.
- The Back to Sleep campaign and other SIDS programs across the country are reaching out to educate and engage the African American community in combating SIDS.

Certain American Indian populations have more than 3 times higher risk for SIDS (non-modifiable risk factor). Nationally, American Indians as a whole are more than 2x more likely to die from SIDS. The Aberdeen Area Infant Mortality Study, released in December 2002, indicated that these 3 factors might be contributing to higher SIDS rates in some American Indian communities (modifiable). (Iyasu S, Randall LL, Welty TK, et al. Risk factors for sudden infant death syndrome among northern plains Indians. *JAMA*. 2002;288:2717–2723)

NOTE: Even though African Americans and American Indians are populations that are generally at higher risk for SIDS, it is important to note that Caucasian babies are the ones more likely to die in *child care settings*.

Babies at Risk for SIDS

- Mothers who smoke during pregnancy (3x greater risk)
- Babies who breathe secondhand smoke (2.5x greater risk)

Revised – 12/08

Mothers' smoking during pregnancy increases the baby's risk for SIDS 3 times.

- Besides sleep position, smoke exposure is the most important risk factor for SIDS.
- Maternal smoking also increases the chances of a baby being born too early (premature) and too small (low birth weight). Remember that prematurity and low birth weight also are risk factors for SIDS.
- Smoking cigarettes during pregnancy negatively affects the brain development of the developing fetus. Babies exposed to smoke don't arouse/wake up as easily as babies not exposed to smoke.

Common question: what if mother is exposed to smoke during pregnancy? There's not a lot of data, but there is some increase in SIDS risk. It's not as much as if the mother smoked, but there is some increased risk.

If baby breathes secondhand smoke, there is a 2.5 times higher risk for SIDS.

- Cigarette smoke contains nicotine (an addictive drug), toxic gases, and poisonous chemicals, as well as tiny particles that more than double a baby's chances of dying from SIDS.
- Creating smoke-free child care environments is a critical step to nurturing the health and well-being of infants and toddlers and reducing the risk of SIDS.
- The risk of SIDS from cigarette smoke is dose-dependent, meaning that the risk is higher with increasing exposure. So 2 parents who smoke increases risk more than if 1 parent smokes. Smoking in the same room increases risk more than smoking outside away from the baby.

(US Department of Health and Human Services, Centers for Disease Control and Prevention.

Women and Smoking: A Report of the Surgeon General—2001. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2001)

Babies at Risk for SIDS

- Babies who sleep prone (on their tummies) **or on their sides** (2-3x greater risk)
- Babies put on their tummies to sleep who usually sleep on their backs or babies who roll over onto their tummies (as much as 18x)

Revised – 12/08

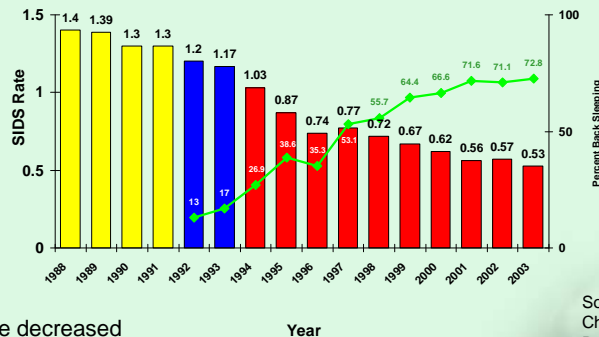
If baby is a stomach or side sleeper, there is a 2-3 times higher risk for SIDS.

- The relationship between a baby sleeping on the stomach and the higher occurrence of SIDS has been documented worldwide. In 1992, based on international research, the AAP began to recommend that babies be placed on their backs or sides to sleep. That message was updated in 1996 when the AAP stated that the back is the preferred and recommended sleep position for babies up to 12 months of age.
- The side position is not as safe as the back, as the baby can accidentally roll to the stomach, which places the baby at 18x risk for SIDS. In the most recent studies, side and tummy sleeping have the same amount of increase in SIDS risk. So side sleeping is as dangerous as tummy sleeping. The side position should not be used.
- If 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.
- Parents are getting the message to place babies on their backs to sleep as a way of reducing the chances of SIDS. Unfortunately, the back-to-sleep message has not reached everyone who cares for babies, including some child care providers, grandparents, babysitters, and other relatives. Babies should sleep on their backs at night and for every nap.

Common question: Do I need to flip the baby back over if s/he rolls onto the stomach? The AAP says that you don't have to. Remember that babies comfortably and consistently begin to roll between 4-6 months old, when the risk of SIDS starts to decrease. However, be aware that babies do occasionally still die after 6 months of age.

SIDS Rate and Sleep Position

SIDS Rate and Sleep Position, 1988-2003
(Deaths per 1,000 Live Births)



SIDS rates have decreased and percent of back sleeping has increased since the campaign began.

Year
 Yellow (1985–1991): Pre-AAP recommendation
 Blue (1992–1994): Post-AAP recommendation
 Red (1995–1999): Back to Sleep campaign

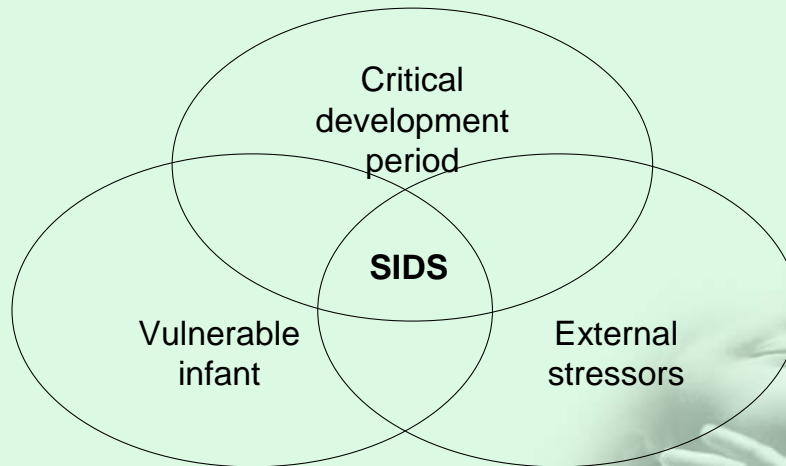
Source: National Institute of Child Health and Human Development Household Survey Final Data 2003, National Center for Health Statistics, Centers for Disease Control and Prevention

Revised – 12/08

This slide shows a graph. Important points:

- 1) As the percentage of back sleeping has increased, the rate of SIDS deaths have decreased.
- 2) The increase in back sleeping was a result of the AAP recommendation on sleep position published in 1992 and the success of the Back to Sleep campaign, which began in 1995.
- 3) In the past few years, there has been no further increase in back sleeping. The SIDS rate has also not gone down in the last few years.

Triple Risk Model



Revised – 12/08

The triple risk theory explains what we think is happening with SIDS. There are 3 interacting factors; when you have all 3 of these, SIDS is most likely:

The **vulnerable infant** is one with an intrinsic developmental defect that is undetectable. This could be a dysfunction in the brainstem, a problem where the baby doesn't arouse easily from sleep, or something else. This may be genetic.

The **critical development period** coincides with a period of rapid growth and development of the brain during the first 6 months of life. This period accounts for 90% of all SIDS-related deaths.

The third and only currently modifiable area is the **external stressors** or environmental factors such as sleeping on the stomach, loose bedding, inappropriate sleep surfaces (eg, couches, water beds), or smoking.

If you can remove one of the interacting factors, this theory predicts that SIDS will not occur. The only factor that we can impact is the **external stressors**. Researchers believe that no single risk factor is likely to cause a SIDS-related death. Rather, the convergence of several risk factors may contribute to what causes an infant to die from SIDS. Throughout this presentation, we will be discussing how we can limit the exogenous stressors.

(Guntheroth WG, Spiers PS. The triple risk hypotheses in sudden infant death syndrome. *Pediatrics*. 2002;110:e64)

Common Beliefs/Misconceptions

- Why don't people want to put babies on their backs for sleep?

Revised – 12/08

Encourage participants to provide answers to this question before providing the answers below. Record participants' ideas on a flip chart or other writing surface that the group can view, then draw an "X" over the ideas that you refute with the explanations below.

There are many people who don't want to place babies on their backs for sleep. We're going to talk about some of these in a minute. We're also going to talk about how you can help to address these concerns if parents or other child care providers bring them up.

Answers that are frequently provided:

- *Choking/Aspiration*
- *Babies sleep better on their tummies*
- *Babies will develop a flattened head*
- *Babies will develop a bald spot on their head*
- *Babies startle more easily on their backs*
- *Babies develop better if they sleep on their stomachs*
- *Parent request – want babies to sleep on their stomachs*

Reasons that people place babies on their tummies

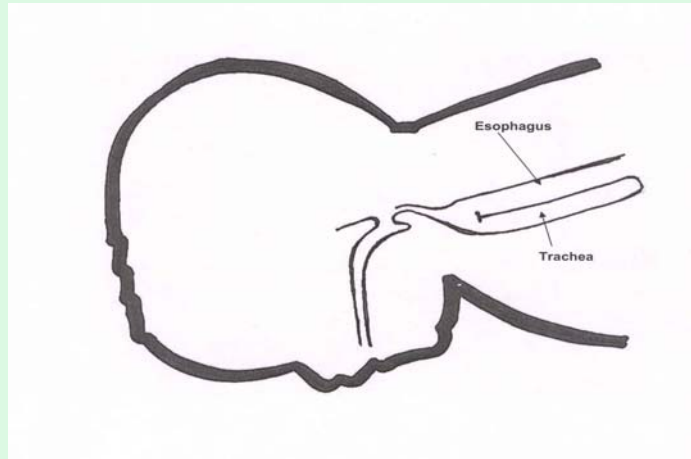
- They think that babies are more likely to choke or aspirate if they vomit or spit up
- They are worried that babies won't sleep as well
- Parental requests

Revised – 12/08

Choking—The most common concern is fear that the baby will choke if s/he spits up while sleeping on the back.

- Healthy babies will not choke if they spit up. Humans have evolved mechanisms that keep them from choking if they are lying on their backs. Millions of babies around the world sleep on their backs without choking when they spit up. Usually the spit-up rolls down the side of the baby's face or is re-swallowed. Research shows that there is no increased risk of aspiration when a baby sleeps on the backs.
- If a baby has a specific medical condition related to reflux or projectile vomiting, the baby's pediatrician should be consulted about sleep position, and the information should be shared with the child care provider by the child health professional. Child care providers should refuse to vary from back-to-sleep positioning unless they have documentation of a child health professional's specific instruction to do so.

Anatomy when sleeping on stomach

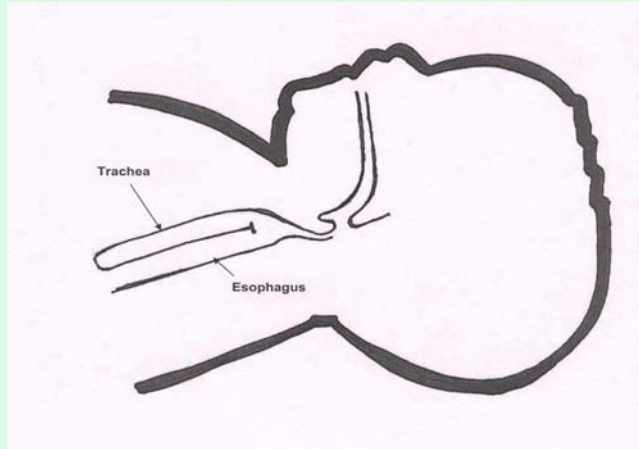


Revised - 0408

This is a simple illustration to help people understand that the risk of choking is not decreased when sleeping on the stomach. It is simplistic, but makes a lot of sense to people.

The esophagus is the “food tube.” The trachea is the “windpipe.” If you spit up when you’re on your stomach, the food will tend to collect at the opening of the trachea – just because of gravity – and may *increase* the risk of aspiration.

Anatomy when supine



Revised – 12/08

However, if you spit up when you're on your back, the spit up food has to go up *against gravity* to get to the trachea. It's actually harder to aspirate when you're on your back.

Another thing to remind participants:

All of us have a gag reflex – we gag or choke when food threatens our trachea. The epiglottis, or the flap at the top of the trachea, automatically closes to protect the trachea. When the baby “chokes,” it's a sign that this protective reflex is working. It's not a sign that the food is going down the trachea.

Reasons that people place babies on their tummies

- Babies sleep better/longer/more deeply when they're on their stomachs

Revised – 12/08

Comfort—Babies prefer sleeping on their tummies.

- What parents, grandparents, and child care providers say is true. Research studies have shown that babies who sleep on their tummies sleep longer and more deeply. However, this is actually a bad thing. The research tells us that SIDS often results because there is a problem with arousal – with waking up – when the baby gets into a dangerous situation, such as not having enough oxygen. If the baby is sleeping more deeply, that also means that the baby will have more difficulty arousing if there is a problem. Researchers think that this may be why sleeping on the tummy places babies at increased risk of SIDS.
- If a baby sleeps on the back from the very beginning, it usually isn't a problem. Babies can be taught to sleep on their backs at a very early age and will get used to this sleep position.

Reasons that people place babies on their tummies

- The baby will get a flat head if the baby sleeps on the back.
- The baby will get a bald spot from sleeping on the back.

Revised – 12/08

Flat head—Constant pressure on the back of the baby’s head can cause the skull to be less rounded and flat.

- Back sleeping can contribute to a flattening of the back of the head. This condition generally is temporary. As babies grow and become more active, their skulls will round out.
- American babies are spending more and more time in car seats, infant carriers, strollers, swings and bouncy seats, resulting in constant pressure on the back of the head, which contributes to a flat head. Supervised tummy time (when the baby is placed on the tummy while awake and supervised) and holding awake babies helps decrease pressure on the back of the head.
- Plagiocephaly is the medical term for flat head (*see Glossary*). There has been an increase in plagiocephaly that likely is attributable to parents following the Back to Sleep positioning recommendations. The AAP still recommends that healthy infants be placed on their backs to sleep, but also recommends tummy time when the baby is awake and supervised to decrease the chance of a flat head. If a baby’s head is misshapen, a child health professional should evaluate it.

Bald spot—The loss of hair on the back of a baby’s head can be unsightly.

- As the baby grows, becomes more mobile, and begins to sit up, the hair on the back of the baby’s head will have less wear and tear. A bald spot is temporary and the baby’s hair will grow, filling in the bald spot. Tummy time will also help to decrease the friction on the back of the head that leads to the temporary bald spot.
- We should consider a bald spot on the back of a baby’s head as a sign of a healthy baby, one whose risk for SIDS is lower because he or she is a back sleeper.

Reasons that people place babies on their tummies

- When the baby is on the back, s/he startles more easily and wakes up.

Revised – 12/08

The startle response might frighten the baby—Sometimes babies flinch or jerk in their sleep. If they are sleeping on their backs, their arms may flail.

- The startle response is a sudden movement that is sometimes interpreted as frightening for the baby. It is often accompanied by a gasp. This response actually may be protective for the baby, prompting an exchange of fresh air or a slight arousal from deep sleep. Wrapping the baby with a thin blanket so that the blanket is snug around the body and cannot come up over the baby's face may help with this, as long as the wrapping (swaddling) does not lead to overheating.

Reasons that people place babies on their tummies

- When babies sleep on the backs, they don't develop normally.

Revised – 12/08

Developmental lag to roll over or sit up—Some parents and providers are concerned about the slight developmental lag in rolling over or sitting up that has been reported in the literature and media among babies who sleep on their backs. This delay is still within the normal range for development. Tummy time helps babies to become more active and strengthen muscles that enable them to roll over or sit up.

Reasons that people place babies on their tummies

- The baby's parent(s) wants the baby to sleep on the tummy.

Revised – 12/08

This is a tremendous problem for many child care providers. Parents insist on a sleep position, and child care providers, for many reasons, may not feel comfortable refusing the parents' request.

We will talk about ways to talk with parents about this and to empower child care providers.

Why Child Care Providers Use Tummy Sleeping

- Lack of awareness
 - 25% of licensed child care providers say they never heard of the relationship between SIDS and sleep position.
- Misconceptions about risk of sleep position
 - Supine and aspiration, choking
 - Belief that tummy sleeping improves infant comfort
- Parental preference
 - Lack of information
 - Lack of education

Revised – 12/08

So if it is so dangerous to place babies on their tummies, why do child care providers do it?

There are 3 main reasons that child care providers place babies to sleep on their tummies:

- They are unaware of the relationship between SIDS and sleep position, or they don't think that this is important.
- They are misinformed. They believe that placing babies on their backs to sleep increases the risk of choking or aspiration. They also believe that sleeping deeply is a good thing for babies. If the baby sleeps longer, it makes it easier for the child care provider as well. What people believe or perceive to be reasons for tummy sleeping are not backed up by the scientific evidence.
- Parents ask that their babies be placed on their tummies. Many child care providers do not feel educated enough to tell parents that this is not appropriate. We need to make sure that child care providers have the information they need and the support necessary to enable them to talk to parents about this important issue and to refuse to perform what might be a life-threatening practice. This information/support may include handouts and written policies.

Caring for Our Children: National Health and Safety Performance Standards—2002

Standard 3.008: Scheduled Rest Periods and Sleep Arrangements

- Supine (back) sleep position for babies
- Physician's note if position other than back (that includes medical reason)
- Babies placed on back, but when able to turn over, "allowed to adopt whatever position they prefer to sleep"
- Positioning devices not to be used, unless specified by a physician

Revised – 12/08

When implementing a new practice in child care, *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition, should be consulted.

The national standard on sleep positioning is consistent with and incorporates the standards recommended by the AAP, SIDS Resource Center, and National Resource Center for Health and Safety in Child Care. A copy of the entire publication is available online at <http://nrckids.org/CFOC/index.html>.

There are also standards for cribs and bedding. The standards for sleep, cribs, and bedding are designed to reduce the risk of SIDS and promote children's health and safety while they are in child care. An abbreviated text addressing SIDS and sleep conditions is available online at <http://nrckids.org/SPINOFF/SIDS/SIDS.htm>.

Break

Revised – 12/08

At this time, if you would like, you can offer a 5 minute break for people to stand up, stretch, etc.

Do you need a break now, or should we just move on?

Implementing SIDS Risk Reduction

- Tummy to play and back to sleep.
- Use safe sleep practices.
- Provide a safe sleep environment.

Revised – 12/08

SIDS risk reduction can be implemented in child care facilities or in the baby's own home by incorporating the following 3 major strategies:

- Tummy to play and back to sleep
- Safe sleep practices – how the baby sleeps, so this means position
- Safe sleep environment – where the baby sleeps, so this means the crib and surrounding area.

We'll talk more about each of these in the next few minutes.

Tummy to Play and Back to Sleep

- Supervised tummy time when babies are awake
 - Promotes healthy physical and brain development
 - Strengthens neck, arm, and shoulder muscles
 - Decreases risk of head flattening and balding
 - Encourages bonding and play between the supervising adult and the baby
- Back to sleep
 - Reduces the risk of SIDS
 - Comfortable and safe

Revised – 12/08

It is important for an infant's development to have supervised tummy time. Tummy time is supervised playtime with the child while he or she is positioned on the tummy. By incorporating tummy time every day, we are able to address some of the barriers to placing babies to sleep on their backs, such as flat head and the ability to roll over and sit up.

By making sure that babies have supervised tummy time, you are promoting healthy physical development, the opportunity to learn to lift and turn their heads and exercise their bodies, and time to strengthen the neck, arm, and shoulder muscles. This will help to ensure that the baby will reach its developmental milestones of rolling over and sitting up at the recommended time.

Tummy time also promotes development by developing the baby's upper body muscles. This enables babies to be better able to lift and turn their heads in response to sound and other stimuli, thus increasing their ability to explore their world as they begin to connect sight and sound.

During tummy time, be sure to keep a watchful eye on babies. Remember, by placing babies on their backs to sleep, you are reducing the risk of SIDS.

Don't worry, back sleeping is comfortable and does not require any special equipment. Wedges to keep babies in place are not necessary and are not recommended, unless specified by a physician. Tummy time for awake babies and back to sleep promotes the infant's development and safety, including lowering the risk of SIDS.

Tummy Time

- Tummy time is for babies who are awake and being observed.
- It is needed to develop strong muscles.
- Have tummy time 2 to 3 times a day and increase the amount of tummy time per day as the baby gets stronger.
- There are lots of ways for babies to enjoy tummy time!

Revised – 12/08

Tummy time is for babies who are awake and being watched. Babies need this time to develop strong muscles for crawling and other movements. Babies should have tummy time right from their first day of life. Interact with the baby during tummy time for a short period 2 to 3 times each day, increasing the amount of time as the baby shows enjoyment of the activity. A great time to do this is following a diaper change or when the baby wakes up from a nap.

At first, some babies may not like the tummy time position. Place yourself or a toy in front of the baby to play with. Eventually babies will enjoy tummy time and play in this position.

There are lots of ways to play with a baby during tummy time.

1. Place yourself or a toy just out of the baby's reach during playtime to get the baby to reach for you or the toy.
2. Place toys in a circle around the baby. Reaching to different points in the circle allows the baby to develop appropriate muscles for rolling, scooting on the belly, and crawling.
3. Lie on your back and place the baby on your chest. The baby will lift his or her head and use his or her arms to try to see your face.
4. While being watched by an adult or caregiver, have a young child play with the baby during tummy time. Young children can get down on the floor easily. They generally have energy for playing with babies, really enjoy their role as "big kid," and are likely to have fun themselves.

Safe Sleep Practices

- Always put healthy babies to sleep on their backs for naps and at bedtime.

Revised – 12/08

Be consistent—Always put healthy babies to sleep on their backs for naps and at bedtime.

- It is important to consistently use the back sleep position for babies regardless of the caregiver. If a baby is accustomed to sleeping on the back at night, he or she should continue to be placed on the back for naps. The risk of SIDS dramatically increases when a baby, unaccustomed to sleeping on the tummy, is switched from the back to the tummy.
- Even if the baby sleeps on the tummy at home, it will be safest for the baby to sleep on the back while under your care.

Safe Sleep Practices

- Avoid overheating.
 - Do not overdress baby.
 - Never cover baby's head with a blanket.
 - Room temperature should be comfortable for a lightly clothed adult.

Revised – 12/08

Avoid overheating.

- There is an increased risk of SIDS associated with overheating. We're not sure why this is; it may be that overheating makes babies sleep more deeply. It may be that overheating is associated with increased blankets and soft bedding in the crib (which we'll talk about in a little bit).
- At an early age, babies are unable to regulate their own body temperature. Over time their ability to regulate body temperature and other internal comfort controls increases. Becoming too hot can diminish the baby's ability to maintain its core body temperature.
- Signs that the baby is too hot include sweating, damp hair, flushed cheeks, heat rash, and breathing rapidly. A good rule of thumb is to dress the baby in one more layer than you are dressed.
- Room temperature should be comfortable for a lightly clothed adult.

Do not cover baby's head with a blanket.

- Babies radiate heat primarily from their faces and heads. Covering a baby's head compromises his or her ability to keep from becoming too hot. There is also some concern for suffocation.

Do not over-bundle baby.

- If caregivers are concerned about the baby getting too cold, they should dress him or her in layers that can be removed if the baby becomes flushed and sweaty.
- Avoid wrapping babies in excess blankets. Cover the baby in a light blanket positioned across the chest, no higher than the armpits. Tucking the blanket in along the foot and sides of the crib helps the blanket stay in place.

Safe Sleep Practices

- Do not have more than one baby per crib.

Revised – 12/08

Do not have more than one baby per crib.

- In child care, each baby must sleep in a separate crib, designated for use only by that baby until the crib is sanitized for another baby's use.
- In addition to sanitation reasons, there is evidence that when there is more than one baby in a single crib, the risk for SIDS is higher.

Safe Sleep Practices

- Pacifiers may be offered to babies to reduce the risk of SIDS
 - If breastfed, wait until breastfeeding is well established (approximately 3 - 4 weeks of age), before offering a pacifier.
 - If the baby refuses the pacifier, don't force it.
 - If the pacifier falls out while the baby is asleep, you do not have to re-insert it.

Revised – 12/08

There is a lot of evidence that pacifiers can reduce the risk of SIDS. We don't know why. We do know that pacifiers reduce the risk of SIDS, even when they fall out of the baby's mouth after the baby falls asleep.

Guidelines for pacifiers:

- Offer the pacifier
- If the baby refuses the pacifier, don't force it
- If the baby is breastfed, wait until breastfeeding is going well before offering a pacifier. This is usually around 3 – 4 weeks of age.
- Clean the pacifier often
- If the pacifier falls out while the baby is asleep, you do not have to re-insert it.

Safe Sleep Environment

- Safe crib, firm mattress.
- Avoid chairs, sofas, air mattresses, water beds, and adult beds.

Revised – 12/08

The safest place for a sleeping baby is on his or her back in a safety-approved crib that is free of excess bedding and stuffed animals.

Safety-approved crib, firm mattress.

- The crib should be safety approved with slats spaced not more than $2\frac{3}{8}$ " apart. The firm mattress should be a snug fit for the crib, portable crib, or playpen frame. The space between the mattress edge and crib frame should not be more than the width of 2 adult-sized fingers, and the mattress should have a tight-fitting sheet.
- Do not ever use a mattress that does not snugly fit the crib or bassinet that you are using.
- The sheet should be tight-fitting. Do not ever use a different sized sheet for the crib or bassinet; it should be designed for that specific mattress.

Avoid chairs, sofas, air mattresses, water beds, and adult beds.

- It is best practice to not put babies to sleep anywhere but in a safety-approved crib.
- In family child care home settings, it is not uncommon to find babies sleeping on a variety of surfaces. Chairs, sofas, water beds, cushions, and standard or adult beds are NOT safe sleep surfaces because babies can fall or become entrapped in crevices in the furniture or between cushions.

Bed Sharing or Co-sleeping

- May be hazardous under certain conditions.
- The American Academy of Pediatrics recommends that babies not bed share.
- Bed sharing is especially dangerous when
 - Baby bed shares with someone other than the parents. Therefore, children or other adults should not bed sharing with an infant.
 - Bed sharing occurs on a waterbed, couch, or armchair.
 - The adult is a smoker.
 - The adult drinks alcohol or uses medications or drugs that can make it more difficult to arouse or wake up.

Revised – 12/08

Although bed sharing generally does not occur in child care settings, we want to mention this so that you know about it, in case a parent mentions it.

Bed sharing is when a baby sleeps with another person(s) on the same sleep surface. It may be hazardous under certain conditions, and is not recommended by the American Academy of Pediatrics because there is an increased risk of SIDS and other forms of unexpected infant death, such as suffocation, with bedsharing.

Parents can bring the baby into bed for feeding or snuggling, but should put the baby back in the crib when the parent is ready to go to sleep.

There are conditions that make bedsharing especially dangerous: sleeping with someone who is not the parent, bed sharing on couches/armchairs/waterbeds, when the parent smokes, drinks alcoholic beverages, or uses drugs or medications that impair arousal.

The safest place for a baby to sleep is in a separate sleep surface (eg, bassinet, crib, cradle) next to the parents' bed.

(American Academy of Pediatrics, Task Force on Infant Sleep Position and Sudden Infant Death Syndrome. Changing concepts of sudden infant death syndrome: implications for infant sleeping environment and sleep position. *Pediatrics*. 2000;105:650–656)

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Safe Sleep Environment

- No excess bedding, comforters, or pillows
 - Consider a blanket sleeper or sleep sack for the baby instead of a blanket if extra warmth is needed
 - No bib around the baby's neck
- Bumper pads are not needed
- Wedges or positioners are not recommended
- No toys or stuffed animals in the crib
- Be aware that parents like their baby to have things from home with them- help caregivers to identify other ways to allow this.

Revised – 12/08

Excess bedding and fluffy blankets, comforters, pillows, toys and stuffed animals can impair the baby's ability to breathe if these items cover the face. Keep all of those things out of the crib. The only thing that should be in the crib is the baby. Consider using blanket sleepers or sleep sacks for the baby instead of blankets if extra warmth is needed. Bibs should be removed before a baby is placed for sleep, because of risk of strangulation.

Bumper pads are not necessary. They keep you from being able to see the baby clearly. Babies can also get wedged underneath or against bumper pads and suffocate. Babies are not big enough to seriously injure themselves if they bump up against the crib.

Wedges or positioners are not recommended. There's no evidence that they help keep a baby in place, and they can be dangerous. If a baby moves, s/he can suffocate against a wedge, or the wedge/positioner can end up on top of the baby.

Baby in a Safe Crib



Revised – 12/08

This is a picture from the Consumer Product Safety Commission that shows how a baby should be placed in a crib when put to sleep at night or for a nap.

This is called “feet to foot.” The baby’s feet are against the foot of the crib. A single thin blanket is then tucked in under the arms along the side and foot of the crib, so that the baby cannot scoot under the blanket, and the blanket does not go up over the child’s head.

If you are going to use a thin blanket, you should use the “feet to foot” method.

Blanket sleepers and sleep sacks are a good alternative to blankets.

Safe Sleep Environment

- Maintain a smoke-free environment

Revised – 12/08

Avoid exposure to secondhand cigarette smoke. As we mentioned earlier, exposure to smoke increases a baby's risk for SIDS – as well as other diseases, such as asthma, the common cold, and other viruses.

Benefits of a Safe Sleep Policy

- May save lives of babies
- Shows parents baby's health and safety is your #1 priority
- Educates staff
 - Consistent care
 - Educate parents
 - Professional development

Revised – 12/08

We're now going to spend some time talking about developing a safe sleep policy for your center. Both the babies and child care providers benefit when a safe sleep policy is in place. A child care provider will feel relieved knowing that the practice of putting a baby on its back to sleep is supported by a written safe sleep policy, even if the parents do not perform this same practice at home.

There are many benefits to having a safe sleep policy.

- It has the potential to save baby's life.
- It shows parents that their baby's health and safety is your number one priority.
- It educates staff
 - By ensuring that all child care staff are following the same safe sleep policy.
 - Because having a safe sleep policy is an opportunity to educate parents about safe sleep practices—it opens the door to a discussion between the parents and child care provider about safe sleep.
 - By making sure that child care providers are taking part in professional development and that they are up-to-date on the best sleep practices.

Benefits of a Safe Sleep Policy

- It empowers child care providers
- If followed, helps reduce your risk of liability

Revised – 12/08

If there is a written policy to back up a child care provider, this empowers the child care provider to make the best decision for the baby. You can assure the parents that this is what you do for every baby.

It helps reduce your risk of liability. While we don't like to necessarily think about it, there are an increasing number of legal cases nationwide in which child care providers are being held liable for SIDS deaths. The following is an example of a jury award in a case in which a provider was held liable: In September 2002 in Georgia, a couple was awarded \$1 million in a wrongful death lawsuit for their 8-week-old son, who died in 1996 after being placed on his stomach for a nap by his child care provider. The attorney argued that a child care center that does not place an infant on its back has been negligent. The child care provider plans to appeal, arguing that placing the baby on the stomach does not breach a standard of care. In Georgia, the standard of care is judged by what a reasonable parent would do.

Thus far (as of January 2008), no child care provider with a written sleep policy and a medical waiver (i.e., physician's note if sleep position other than back is requested) has been sued.

Legal Considerations

- Litigation
 - Wrongful death
 - Loss to society
 - Neglect
 - Breach of contract between parents and provider
- Back to sleep and safe sleep practices
= STANDARD OF CARE

Revised – 12/08

Unfortunately, SIDS does happen in child care settings. In some situations, grief-stricken parents have sued their child care providers, holding them liable for the SIDS deaths of their babies. While the number of SIDS liability cases is extremely small, this number is growing across the country.

Litigation. There are several grounds on which the legal cases surrounding SIDS deaths in child care have been based.

- Wrongful death—A legal claim based on the assertion that an act of negligence caused a person's death.
- Loss to society—When a baby dies, the opportunity for society to benefit from his or her presence and contributions, had he or she lived and grown to adulthood, is lost. A monetary figure is determined as compensation for this loss to society.
- Neglect—Until recently, SIDS was not attributed to abuse or neglect. With the advent of SIDS-related lawsuits incorporating neglect charges, this has changed. Child care providers have been found to be negligent if they have not followed the safe sleep standards or the back-to-sleep recommendation and a baby succumbs to SIDS while in their care.
- Breach of contract between parents and provider—When a parent entrusts a child care provider with the care, safety, and well-being of his or her child and the provider assumes this responsibility and enrolls the child, a contract ensues. An infant death attributed to neglect or breach of contract is grounds for legal action.

As professionals and/or business owners/operators, child care providers must remember that back to sleep is now considered **standard of care**.

Elements of a Safe Sleep Policy

- Healthy babies always sleep on their backs.
- Obtain physician's note for non-back sleepers.
 - The note should include prescribed sleep position and the medical reason for not using the back position.
- Use safety-approved cribs and firm mattresses.
- Crib: free of toys, stuffed animals, and excess bedding.
- If blankets are to be used, practice feet-to-foot rule.
- Sleep only one baby per crib.

Revised – 12/08

The following 3 slides list the elements of an essential safe sleep policy and explain the idea of tummy to play and back to sleep.

The elements of a safe sleep policy include safe sleep practices and the creation of a safe sleep environment. We've already talked about all of these elements.

Please note that the sample sleep policy that we are providing is a sample only. You should check with your attorney/child care health consultant to assure that the wording is acceptable.

Elements of a Safe Sleep Policy

- Room temperature is comfortable for a lightly clothed adult.
- Monitor sleeping babies.
- Have supervised tummy time for awake babies.

Revised – 12/08

Room temperature should be comfortable for a lightly clothed adult.

Caring for our Children suggests a temperature range of 65 to 75 degrees in the winter, and 68 to 82 in the summer as being appropriate.

Monitor sleeping babies.

In child care, you must check on babies by listening to and observing them while they are sleeping. The National Association for the Education of Young Children (NAEYC) emphasizes that infants and toddlers/twos should be supervised by sight and sound at all times, including when infants are sleeping. You need an unobstructed view of each baby sleeping in a crib. Checking on babies periodically will not prevent them from dying of SIDS but will make sure that they are safe and sleeping comfortably. Parents do not check as closely on their sleeping babies as child care providers are expected to do. Parents usually are only monitoring 1 infant; caregivers have a responsibility for professional service that may exceed what some families do at home.

Have supervised tummy time for awake babies.

Allow awake babies to be on their tummies to play and exercise. Be sure to observe them during this activity. If a baby falls asleep during tummy time, gently turn him or her onto the back for sleeping unless the baby is able to roll over from front to back and back to front by himself or herself.

Elements of a Safe Sleep Policy

- Teach staff, substitutes and volunteers about safe sleep policy and practices.
- Provide parents with safe sleep policy.

Revised – 12/08

Teach child care staff about safe sleep practices and policy.

All caregivers, including volunteers and substitutes, should be informed about safe sleep practices and follow the child care facilities' policies and standards.

Provide parents with a safe sleep policy.

Tell parents about the steps you are taking to provide a safe sleep environment for their infant or toddler. Have a copy of the safe sleep policy in your handbook and always review it during parents' orientation.

Order free educational materials from credible organizations about safe sleep and SIDS risk reduction in child care. Make these materials available to parents and post them on bulletin boards and in parent information centers. At the end of this session, we will give you contact information for obtaining materials.

Alternate Sleep Position

- Require written and signed physician's note.
 - Identifies medical reason why baby sleeps in position other than on back

Revised – 12/08

Early on, child care providers should talk with parents about which sleep position is preferable for the baby. Anyone who is a parent and chooses to leave his or her baby in the care of another person should have a conversation with the caregiver about the baby's sleep position.

When reviewing the baby's application, child care directors or owner/operators should ask, "What position does the baby sleep in at home?" For babies that sleep on their tummies at home, they should ask, "Why?" If there is a valid health reason why a baby should not sleep on the back, the parents should inform the child care provider and discuss it with their child health professional. Requirements around sleep position should become part of the baby's care plan.

If the baby must sleep on his or her side or stomach, you should know the reason for this from the child's health professional, because this may have implications for other procedures in your child care. The reasons for a baby to not sleep on his/her back are extremely rare and should be discussed with the infant's pediatrician. You should therefore require a written, signed statement from the baby's pediatrician that states the medical reason why the baby is exempt from sleeping on his or her back. Remember: the physician's note protects the baby and also protects you.

Alternate Sleep Position

- Inform all child care providers and substitutes.
- Keep physician's note in baby's medical file and post notice on crib.

Revised – 12/08

Inform all child care staff and substitutes.

- Because back to sleep is a standard in your child care facility, it is important to inform all regular child care staff and substitutes about a baby that must be placed on his or her side or tummy to sleep because of a medical condition.
- Posting a note on the outside of the crib as a reminder about the baby's sleep position can help keep staff informed.

Keep pediatrician's note in the baby's medical file.

- The signed and dated note from the physician should be kept in the baby's files. It should be reviewed with parents periodically, every 6 to 8 weeks, to determine if there has been a change.
- Some parents are willing to write a note to allow the baby to sleep on the stomach or side. This may be an option depending on the child care regulations and legislation about safe sleep practices in your state, but a child care provider has less liability and is put more at ease if the reason for side or stomach sleep is documented by the child's pediatrician.
- It is best to use a sleep position for a baby that is based on his or her medical needs and to follow the safe sleep standard of care.

Handling Parents' Concerns

- Discuss SIDS and risk reduction strategies with parents.
- Discuss sleep position policies.
- Discuss medical waiver and implications.

Revised – 12/08

Some child care providers might be reluctant to tell parents what to do and find it easier to give in to the parents' preference. It may be a good idea to designate a couple of people in the child care facility or home to be the point people on back-to-sleep issues. When there is a parent that is concerned about the policy or difficult to handle, these point people can be responsible for speaking with them.

D?

Why would a child care provider be reluctant to discuss the situation with the parents of a child in your care?
Allow time for group to answer with their concerns.

D?

What are some things that can assist you in discussing safe sleeping practices with parents?

This is a good time to reinforce the idea of having a sleep position policy in place in each child care facility. It opens up the door to a discussion with the parents about sleep positioning. It also empowers the child care provider. "I'm sorry, but that's our policy" is a very powerful statement.

If some parents insist on placing their baby to sleep in a side or tummy position, require a note from the infant's pediatrician that states the medical reason why the baby needs to sleep in a position other than on the back. Be sure the note is dated and signed by the pediatrician. It may be necessary for you to have a telephone conversation with the baby's pediatrician about sleep position to make sure that you understand the medical reason why the baby must be placed on the side or tummy to sleep and the position the pediatrician thinks is best for this baby for sleeping.

GA

This activity is optional and may be done if time permits.

Using the "Sudden Infant Death Syndrome and the Child Care Provider: Setting Policy on Infant Sleep Position" example provided by the National SIDS and Infant Death Program Support Center, have your participants practice discussing the policy with parents. This can be done as a role-playing activity. The participants can divide into groups of 2. One person can play the parent and the other person the child care provider. The roles then can be switched to make sure everyone practices explaining the policy. An alternative is to have 2 volunteers role-play in front of the group. After the role-play, you can solicit feedback and comments from the group.

What We Need to Do

- Implement the *Caring for Our Children* standards.
- Have a safe sleep policy.
- Train all caregivers.
- Talk with a child care health consultant.
- Be able to handle an infant medical emergency.
- Be aware of bereavement resources.

Revised – 12/08

Though the main focus of this workshop is SIDS risk reduction, it also is important to be knowledgeable about how to handle an infant medical emergency, how to implement the *Caring for Our Children* standards, and what bereavement resources are available. Child care health consultants are trained to help you with health issues in your home or center. Consider talking with a child care health consultant to help you implement SIDS and other child care standards in your facility.

Handling a Medical Emergency

- Have a plan in place.
- Review the plan with all staff periodically.
- Be sure you have received training and have successfully practiced rescue breathing and skills for handling a blocked airway for infants in a first aid course.

Revised – 12/08

Ask: Have any of you written a medical emergency plan for your facility or home? (show of hands)

The group should be aware of the importance of having a medical emergency plan in place. Keep the plan in a visible spot such as on the wall by the cribs or at least in the room where the infants sleep.

Be sure to place emergency numbers on or by each telephone in the facility or home and to have a phone that is within easy reach to use in an emergency wherever children are in care. Cell and portable phones have made it possible to always have a phone within reach.

First Aid—Unresponsive Infant

- Teaching resuscitation skills is beyond the scope of this workshop. You must first practice resuscitation on a mannequin.
- Call 911.
- Get help to care for the other children.
- Call the child's parents or emergency contact.
- Call the parents of the other children.
- Do not disturb the scene (e.g., don't try to tidy up).
- Notify licensing agency and insurance agency.

Revised – 12/08

If a plan is in place at the facility or home, it should be reviewed to make sure that it follows the *Caring for Our Children* standards. Be sure it is up-to-date and easily accessible.

Ask the participants if any of them have had first aid training that included rescue breathing and management of a blocked airway for infants in which they successfully practiced these skills on a mannequin. Some may have done this in a cardiopulmonary resuscitation (CPR) course.

The standards in *Caring for Our Children* do not require CPR training for caregivers, unless the program includes swimming or wading or the caregiver is responsible for a child with a special medical condition that might lead to cessation of heartbeat (such conditions are very rare). *Caring for Our Children* does require first aid training that includes rescue breathing and management of a blocked airway. It is important to complete the first aid training for infants with practice of airway resuscitation skills on a mannequin and to keep up-to-date on this training. Many local sources provide this training. Contact your local ambulance company or hospital to find out where this training is available in your community.

Note: *The American Red Cross is no longer emphasizing community-level education for child care providers. The American Heart Association and the National Safety Council provide training materials for instructors, but the availability of trainers who can competently teach this material varies greatly from one community to another. The AAP is collaborating with other key organizations to develop a pediatric first aid curriculum and educational trainings and materials for child care providers.*

What to Expect if a Baby Dies

- Investigation
 - Several people will ask for the same information so they can help.
- Law enforcement
 - Note baby's health, behavior, etc.
 - Take photos.
 - Limit disturbance of the area.

Revised – 12/08

The place where an individual dies is considered to be the death scene. SIDS is a diagnosis of exclusion and so it is necessary to complete a death scene investigation. You need to understand that there will be a complete investigation. Law enforcement officers will also need to take photos.

Even though it is a natural response to “clean up” or “tidy up” after something bad happens, don't do it. The officers will need to see everything as it was.

What to Expect if a Baby Dies

- **Licensing agency**
 - Questions about licensing regulations.
 - SIDS death not a reason for revoking a license.
- **Coroner/medical examiner**
 - Conducts autopsy.
 - Determines cause of death.

Revised – 12/08

The licensing agency needs to be notified. They will likely do an investigation as well to assure that any failure to follow regulations did not contribute to the infant's death. Remember, however, that they cannot use a SIDS death as the only reason to revoke your license.

The coroner/medical examiner will determine the cause of death after the autopsy and death scene investigation.

Caring for Our Children National Standards

- Seek support and information from local, state, or national SIDS organizations.
- Provide SIDS information to the parents of the children in the facility.
- Provide age-appropriate information to the other children in the facility.
- Make resources for support available to families and children.

Revised – 12/08

If a baby dies, there are national standards for obtaining and providing resources and information to those working or with children in your facility. There are resources available to you and to the families.

Healthy Child Care America Back to Sleep Campaign

- American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
 - Phone: 888/227-5409
 - Fax: 847/228-7320
 - E-mail: childcare@aap.org
 - Web site: www.healthychildcare.org

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This is the contact information for the AAP Early Education and Child Care Initiatives. You can get a copy of this PowerPoint presentation and other resources from this Web site.

Partners and Resources

- Back to Sleep campaign
 - www.nichd.nih.gov/sids
 - Phone: 1-800-505-CRIB (2742)
 - You can receive informational brochures, posters to provide to families and child care providers

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Partners and Resources

- First Candle/SIDS Alliance
 - 1314 Bedford Ave, Suite 210, Baltimore, MD 21208
 - Phone: 800/221-7437 or 410/653-8226
 - Fax: 410/653-8709
 - E-mail: info@firstcandle.org
 - Web site: www.firstcandle.org
- National SIDS and Infant Death Program Support Center
 - 112 E Allegan, Suite 500, Lansing, MI 48933
 - Phone: 800/930-SIDS or 800/930-7437
 - E-mail: info@sidsprojectimpact.com
 - Web site: www.sidsprojectimpact.com

This is the contact information for First Candle/SIDS Alliance. They have information about support groups and bereavement resources for people of all ages.

These Web sites also offer information about SIDS that may be helpful.

Partners and Resources

- National SIDS/Infant Death Resource Center
 - 866/866-7437, www.sidscenter.org
- CJ Foundation for SIDS
 - 888/8CJ-SIDS (825-7437), www.cjsids.com

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These are other places where you can get resources and information about SIDS.

Licensing Requirements

- National Resource Center for Health and Safety in Child Care and Early Education (NRC)
 - www.nrckids.org
 - 800/598-KIDS (5437)
 - *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition (2002)
 - Individual state licensing information

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Before the training is complete, it is necessary to share licensing information about standards and organizations to contact if there are any questions about the material presented today or in general.

This slide provides contact information for the National Resource Center for Health and Safety in Child Care and Early Education. *Reducing the Risk of Sudden Infant Death Syndrome: Applicable Standards From Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care* is readily accessible and easy to use.

On this Web site, there is also information about the licensing regulations for each state. You can check the details of your state's regulations.

Summary

- What SIDS is and is NOT
- SIDS risk factors
- How to reduce the risk
- *Caring for Our Children: National Health and Safety Performance Standards*
- Developing a safe sleep policy for your program
- Handling a medical emergency
- Resources for more information

Revised – 12/08

This slide summarizes the facts learned today about SIDS risk reduction in child care.



Revised – 12/08

Supplemental info

- Tummy to Play brochure
- Child Care Provider's Guide to Safe Sleep
- Parent's Guide to Safe Sleep
- Sample sleep policy
- Exercise: SIDS facts
- Exercise: 8 Ways to Reduce the Risk

Revised – 12/08



Practice Scenarios

- 4 scenarios that child care providers may encounter in their workplace

Revised – 12/08

This is an optional, but very helpful activity for providers.

Divide people up into 4 groups.

Each group is given a scenario. Each group will brainstorm for 10 minutes about how they would handle the situation.

Afterwards, come back together. Each group will assign a representative to present their scenario and their ideas for handling the situation.

The rest of the group will comment and provide feedback to the groups.

Time (50 minutes total):

10 minutes: brainstorm in small groups

10 minutes for each group to present their ideas and get feedback x 4 groups

= 40 minutes

Scenario 1

You are a child care provider. A parent of a 2 month old baby requests that the child sleep on the side, propped by a pillow. This is how they do it at home. The mother says, “I don’t want to worry about my baby spitting up and it going down the wrong way.” What do you do?

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Possible suggestions:

- 1) There is no increased risk for choking/aspiration – can draw a picture of the anatomy
- 2) There is increased risk for SIDS with unaccustomed prone position
- 3) There is increased risk for suffocation with pillow
- 4) Review policy that parent has signed

Scenario 2

A parent has requested that his baby be placed on the stomach for naps. You showed him the policy that babies are to be placed on the back only unless there is a medical excuse. He takes the medical waiver form to the pediatrician. The pediatrician signs the waiver, but does not indicate a medical reason. In fact, the pediatrician has crossed through the section that asks for a medical reason. What do you do?

Revised – 12/08

Possible suggestions:

- 1) You can create your own policy; if you require a medical reason, then you need to stick with that.
- 2) You want to have high standards. You want to be the person that parents recommend because you have high standards.
- 3) You are the one who may be liable if something happens to the baby
- 4) Send form back to pediatrician, indicating to parent that it is incomplete; perhaps attach a copy of the child care center's sleep policy, so that there is no misunderstanding. You can volunteer to call the pediatrician yourself.
- 5) If the medical reason isn't an acceptable reason (spits up, congestion, sleeps better, etc.) insist on specific medical instructions from the pediatrician.

Scenario 3

You have just started as a new child care provider in the infant room of a large child care center. On your first day, you notice that all of the other providers are placing babies on their stomachs for naps. You know from your training that back is best. What do you do?

Revised – 12/08

Possible suggestions:

- 1) Talk with the director (does the director closely monitor infant room practices)?
- 2) Ask if there is a written policy
- 3) Back is the safest
- 4) Many people still do not believe that back is best
- 5) May have to overcome misconceptions
- 6) Request training for all providers
- 7) Call Child Care Health Consultant
- 8) You are the one who may be liable if something happens to the baby

Scenario 4

There is a new baby in the infant room. She is 2 months old. The mother tried to get the director to agree to put the baby on the stomach for sleep, since that is what they do at home. The director refused, and the mother finally said that was okay. You now place the baby on the back for a nap. The baby cries and refuses to go to sleep. What do you do?

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Possible suggestions:

- 1) Try a pacifier
- 2) Self soothing techniques (the 5 "S"): swaddling, side in adult's arms, shushing, swinging, sucking
- 3) Extra person during the transition
- 4) Soothing music
- 5) Encourage parent to use supine at home
- 6) Patience