

# Safe Sleep in the NICU and at Home

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NICU nurses have long been providing a developmentally appropriate environment for infants. This is because they realize that the healthcare team is responsible for modeling safe sleep while infants are in the hospital. Evidence has shown that parents copy what they see done in the hospital. The AAP put together a Task Force on Infant Positioning and SIDS in 2005, with the primary focus on Back to Sleep. There are multiple risk factors for SIDS that parents/caregivers are able to modify. These include “prone positioning, overheating, soft sleep surfaces and inappropriate sleep environments” (1).

## **Key principles for protecting infants against sleep-related death include:**

Eliminating secondhand smoke • preventing infants from becoming overheated • teaching the importance of breastfeeding • putting the baby to sleep alone (never cobedding) • eliminating soft and loose bedding and toys in the bed • always placing the infant on his or her back for every nap and at nighttime.

According to “more than 60 studies, it has been reviewed that there is a relationship between maternal smoking and SIDS risk” (2). These studies found that “maternal smoking doubled the risk of SIDS” (2).

It can be harmful for the infant to get too hot during sleep. The infant should be dressed in no more than one layer more of clothing than an adult would wear to be comfortable. Keep the room at a temperature that is comfortable for an adult. To help parents understand how to preventing infants from becoming overheated, nurses can explain to parents to “lightly clothe infants for sleep and avoid overbundling. The room temperature should feel comfortable for a lightly clothes adult, and the infant should not feel hot to the touch” (1).

Safe Sleep “ABC” is an easy way to remember how to make babies safe when they sleep. ABC stands for “alone, back, crib.”

## **Alone**

Babies should always sleep alone. That means they should never sleep in the same bed as an adult, another child, or a pet. They should not sleep with anything in their cribs like stuffed toys, pillows, bumper pads, loose blankets, quilts, hats, headbands, bibs, or pacifier holders. The only thing that should be in the bed is the baby.

However, experts say sleeping in the same room with a parent, as long as the parent and baby are

in their own separate beds, is safer than the baby sleeping in a room alone. Parents can bring their babies into their beds to feed or comfort, but when parents feel themselves getting sleepy, they need to put their babies back in their own beds.

### **Back**

Babies should sleep on their backs for every sleep, for all naps and at nighttime. They should be put on their backs to sleep at home, at day care, at church, or in any friend or family member's home.

### **Crib**

A crib can be a crib, bassinet, Pack-N-Play, play-yard, or playpen, but it should have a firm mattress and be covered with a well-fitted sheet only. It is very dangerous for babies to sleep on a sofa or armchair, because they can wiggle as they sleep and get trapped and be smothered.

Parents/caregivers should use a firm sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death. Firm sleep surfaces can include safety-approved cribs, bassinets, and portable play areas. Never place baby to sleep on soft surfaces, such as on a couch or sofa, pillows, quilts, or blankets.

Healthcare professionals are aware of the positive effects of nonnutritive sucking. In 2009 The American Academy of Pediatric Dentistry acknowledged that “nonnutritive sucking behaviors (finger or pacifier) are considered normal in infants and young children...” (4).

Parents/caregivers may give their infant a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS. But don't force the baby to use it. If the pacifier falls out of baby's mouth during sleep, there is no need to put the pacifier back in.

Healthcare members should encourage parents/caregivers to participate in supervised “tummy time”. This refers to the baby having plenty of Tummy Time when he or she is awake and when someone is watching. Supervised Tummy Time helps the infant's neck, shoulder, and arm muscles get stronger. It also helps to prevent flat spots on the back of the infant's head.

Room sharing—keeping babies in sleep area in the same room where parents sleep—reduces the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. If one brings the infant into the parent's bed to breastfeed, make sure the parent puts the infant back into a separate sleep area in your room when finished.

Nurses need to keep in mind that they have an impact on parental teaching and that they are “ideally positioned to role model and educate families about modifiable SIDS risk factors” (1). It is encouraged “for nurses to transition infants to a safe sleep position before discharge form the

NICU” (1). At a time when it is in the best interest of the infant, the nurses need to begin the “introduction to home sleep position and bedding practices” (1). This is key to providing developmentally supportive care.

*References:*

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