


Cincinnati Children's

Wake Up: Our Babies Deserve Better! Time for Safe Sleep!!!

Cincinnati Children's Hospital Medical Center
Nursing Grand Rounds
December 9, 2015



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Objectives

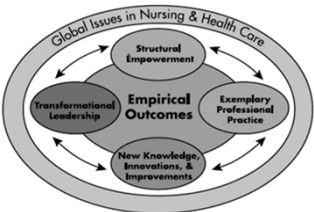
Discuss the significance of safe sleep for infants.

Describe the application of effective safe sleep initiatives in daily practice.

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Magnet Components

- Exemplary Professional Practice
- Structural Empowerment



Cincinnati Children's **Safe Sleep**

- Creates a safe environment for infants while sleeping
- Aims to reduce the number of sleep-associated deaths



(Ohio Department of Health, 2015)

Cincinnati Children's **Statistics**

3,500 infants die suddenly and unexpectedly each year in the U.S.

Most are sleep-related.

(Centers for Disease Control and Prevention, 2015)

Cincinnati Children's **Statistics**

522 babies died in Hamilton County from 2010 to 2014. This puts our infant mortality rate among the worst 10% in the nation.

Why is this?

- Community Factors
- Behavioral Factors
- Healthcare Factors


(Cradle Cincinnati, 2014)

Cincinnati Children's **History**

1969: SIDS (Sudden Infant Death Syndrome) first identified/named.

1974: Congress passed Sudden Infant Death Syndrome Act of 1974.

1988-1992: Research reveals that sleeping on stomach is significantly linked to SIDS.



(U.S. Department of Health and Human Services, 2013)


Cincinnati Children's **History**

1992: American Academy of Pediatrics (AAP) recommends babies on back or sides for safe sleep.

1996: AAP recommends infants only be placed on backs sleep

1997: Research shows that co-sleeping increases SIDS risks.

- Tipper Gore partners with Gerber to advertise Back to Sleep Campaign.




(U.S. Department of Health and Human Services, 2013)

Cincinnati Children's **History**


1998: AAP issues safety alert reminding parents of the need for firm bedding with no soft blankets or toys.

2000: AAP changes stance on safe sleep to safest **ALONE** on **BACK** and in a **CRIB**

Infant Safe Sleep

 Baby sleeps safest alone, on their back, in a crib.

2005: AAP revises policy: back sleeping position, firm sleep surface, no loose bedding/blankets, avoid overheating, adding a pacifier helps to reduce risk

(U.S. Department of Health and Human Services, 2013)


 **History**

2006: Continuing Education Program on SIDS Risk Reduction: Curriculum for Nurses released.


2010: Dr. Hannah Kinney discovered that SIDS is linked to low serotonin levels and low serotonin receptor cell in brain stems of babies affected by SIDS.

2012: Back to Sleep changed to "Safe to Sleep" to encompass safe sleep environments with back sleeping.

2013: Safe to Sleep website launched.



(U.S. Department of Health and Human Services, 2013)


 **Safe Sleep**

ABC's of Safe Sleep


ALONE

BACK

CRIB




(Ohio Department of Health, 2015)

 **Safe Sleep**

ALONE

The safest place is in the same room (within arms reach), **Not** the same bed




(Ohio Department of Health, 2015)

Cincinnati Children's **Safe Sleep**

BACK

- Babies sleep safest on their backs
- Less likely to choke than when on stomach
- Mouth and nose are not blocked
- Able to turn head
- Not rebreathing carbon dioxide




(Ohio Department of Health, 2015)

Cincinnati Children's **Safe Sleep**

CRIB

- Firm surface with fitted sheet only (No quilts/loose sheets)
- Eliminate bumper pads, positioners, stuffed animals, blankets, pillows

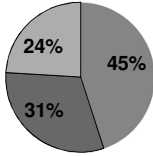


(Ohio Department of Health, 2015)

Cincinnati Children's **Sudden Unexpected Infant Death Syndrome (SUIDS)**

Any unexpected infant death that is initially unexplained requiring an investigation and autopsy to determine the cause.

Types of SUIDS




Type	Percentage
SIDS	45%
Unknown	31%
Suffocation or Strangulation	24%

(Centers for Disease Control and Prevention, 2015)

Cincinnati Children's **Accidental Suffocation/Strangulation**

Potential Causes:

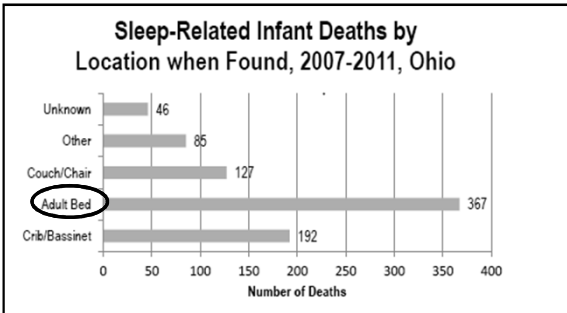
- Suffocation related to bumpers or blankets
- Person-rolls over or against baby
- Entrapment/Wedging-mattress and wall, positioners and furniture
- Strangulation-bumper ties, crib railings



(Centers for Disease Control and Prevention, 2015)

Cincinnati Children's **Accidental Suffocation/Strangulation**

Sleep-Related Infant Deaths by Location when Found, 2007-2011, Ohio



Location	Number of Deaths
Unknown	46
Other	85
Couch/Chair	127
Adult Bed	367
Crib/Bassinet	192

(Ohio Department of Health, 2014)

Cincinnati Children's **Sudden Infant Death Syndrome (SIDS)**

Leading cause of infant mortality in the U.S. from 1 month to 1 year of age

Primarily age 6 months and under (90% cases), however, it can occur up to 1 year of age.

Exact cause is unknown

Evidence suggests infant brain abnormalities increase vulnerability, but it is not lone cause

(Ohio Department of Health, 2015)

Cincinnati Children's **Sudden Infant Death Syndrome**

Not caused by apnea, immunizations, child abuse, or suffocation

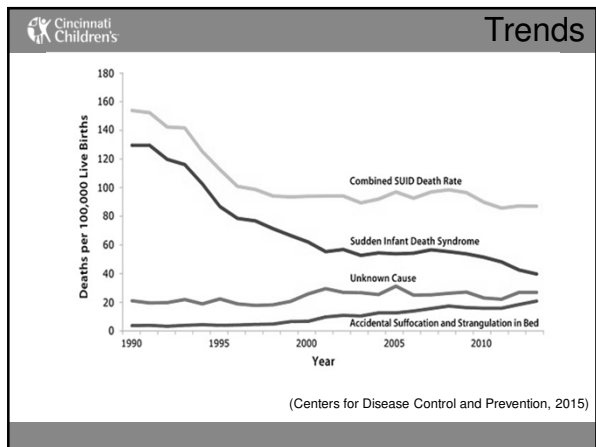
Not communicable

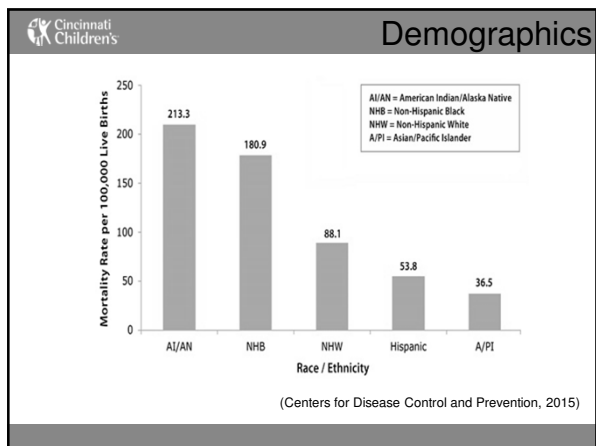
Cardiac and respiratory monitoring **does not** prevent SIDS

Not result from actions of parents/caregivers

Unpredictable

(Ohio Department of Health, 2015)





Cincinnati Children's **Risk Factors**

Maternal Risks


- Smoking during pregnancy (*triples risk*)
- Smoke exposure
- < 20 years old during first pregnancy
- Short interval between pregnancies
- Late or no prenatal care
- Placental abnormalities
- Low weight gain during pregnancy
- Anemia
- Alcohol and substance abuse
- Hx. of STI's or UTI's

(Ohio Department of Health, 2015)

Cincinnati Children's **Risk Factors**

Environmental Risk Factors

- Sleep positions
- Cigarette smoke exposure during pregnancy or infancy
- Soft bedding
- Objects in crib (toys/stuffed animals)
- Co-sleeping
- Sleep surfaces
- Fall and Winter months
- Overheating



(Ohio Department of Health, 2015)

Cincinnati Children's **Risk Factors**

Infant Risk Factors

- Male (almost twice as many in Ohio)
- Low birth weight
- Prematurity
- Multiple births
- African American (2-3x higher)
- Native American (2-3x higher)


(Ohio Department of Health, 2015)

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Triple Risk Model

Convergence of 3 Conditions Leads to SIDS

1. Vulnerability
2. Critical Development Period
3. Outside Stressors




(Department of Health and Human Services, 2006)

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Decreasing the Risk

- Eliminate co sleeping
- Use bare cribs
- Avoid sleep positioners/wedges
- Place infants to sleep on back
- Avoid overheating
- Receive vaccinations
- Decrease time spent in car seats, strollers, and swings



(Ohio Department of Health, 2014)

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Decreasing the Risk


- Breastfeeding (**decreases SIDS risk 60%**)
- Avoid smoke exposure
- Tummy time while awake
- Pacifier use (once breastfeeding is established)
- Regular prenatal care
- Avoid alcohol/drug use prenatal and after birth
- **Make sure every caregiver understands the ABC's of safe sleep**
- "Room" share

(Ohio Department of Health, 2014)

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How to Address Barriers

Address the Barriers when Teaching Caregivers about the **A B C's** of Safe Sleep




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Barriers

Will only sleeping on back cause flat spots to back of baby's head?

- Prolonged time on back
- Goes away on its own
- Tummy time when not sleeping



(U.S. Department of Health and Human Services, 2013)

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Barriers

Other caregivers place baby on stomach for sleep.

- Infants who normally sleep on their back and are placed on their stomach occasionally for naps are at a **very high** risk for SIDS.

Caregiver Considerations:


- Dads
- Grandparents
- Babysitters
- Daycare providers
- Healthcare providers
- Foster care

(U.S. Department of Health and Human Services, 2013)

Cincinnati Children's **Barriers**

Baby rolls over in sleep.

- If baby starts rolling over, ok to leave in that position
- Continue putting babies under 1 year to sleep on back



(U.S. Department of Health and Human Services, 2013)

Cincinnati Children's **Barriers**

“Baby sleeps better on stomach”


- Remember...Safety more important than comfort
- Most babies will adjust if repeated
- Stomach sleeping increases the rebreathing of CO₂
- Causes upper airway obstruction
- Leads to overheating
- Less reactive to noise
- Experience sudden **decreases** in blood pressure and heart rate
- Less arousable, sleep deeper, and move less.

(U.S. Department of Health and Human Services, 2013)

Cincinnati Children's **Barriers**

“Baby needs warmth and comfort from blankets, pillows, bumper pads”

- Can cause suffocation in a matter of seconds
- Crib safety standards with standard rail width
- Sleep sacks

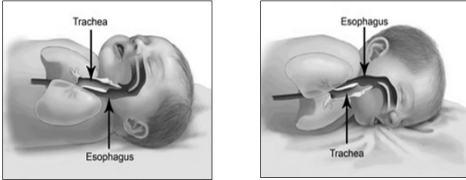


(U.S. Department of Health and Human Services, 2013)

Cincinnati Children's Barriers

“Fear of choking from spitting up/vomiting in sleep”

- Trachea over esophagus in back sleeping
- Regurgitated fluid must go against gravity to interfere with the airway



(U.S. Department of Health and Human Services, 2013)

Cincinnati Children's Barriers

Reflux

- 70% of infants <12 months have regurgitation
- Less with breastfed infants
- Increased by tobacco smoke exposure
- Elevating HOB **does not reduce** reflux and is NOT recommended
- Flat, back sleeping is best for airway protection (no side lying), according to AAP


(SIDS and Kids, 2013)

Cincinnati Children's Barriers

Vaccines

Multiple studies have been done proving there is no link between vaccinations and SIDS.

- Institute of Medicine
- Vaccine Adverse Event Reporting System (VAERS)




(Centers for Disease Control and Prevention, 2015)

Cincinnati Children's **Barriers**

Tummy Time Needed:

- While awake and supervised.
- Aids in muscle tone and development
- Improves motor skills
- Prevents flat spots from forming on back of baby's head
- Can be started in newborn stage for short periods of time, lengthen as baby tolerates over time



(U. S. Department of Health and Human Services, 2013)

Cincinnati Children's **Resources**

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People™

Charlie's Kids FOUNDATION

SAFE TO SLEEP

OHIO Department of Health

First Candle
Helping Babies Survive & Thrive

SAFE KIDS WORLDWIDE

cradle cincinnati
every baby, every day

N C E
M C H **National Center for Education in Maternal and Child Health**
Georgetown University

Cincinnati Children's **Ohio Safe Sleep Law**

- May 18, 2015
- Requires the ODH to provide educational resources for Safe Sleep Practices
- Requires facilities and locations that regularly have infants sleeping must have internal safe sleep policy

Growing Through Knowing Cincinnati Children's
ABC's of Safe Sleep

Always

- Baby should sleep alone in an infant bed or on the inside of a crib

Back

- Always place your baby on their back to sleep - **ABC** is the safest position to sleep

Crib


- Crib meets all standards with a fixed slat
- Slat gaps in the crib must be no more than 2 1/8 inches
- No pillows, stuffed animals, toys, blankets, padding, extra bedding or items in the infant's crib while they are sleeping
- Blankets for the feet, wings or ties to get your baby to sleep

Additional Tips:

- No smoking inside the home or outside of the home
- Use a firm sleep surface designed for infants
- Do not sleep with your baby
- Do not smother your baby
- Position baby to lie
- No double strollers, car seats, strollers, car seats, or cribs attached to strollers or beds when your child is asleep in them or the bed when your child is sleeping
- Do not place your child in a car seat or stroller when your child is asleep in them or the bed when your child is sleeping
- Teach all caregivers to follow safe sleep practices when taking care of your child
- If possible, use sleep sacks (instead of blankets) on the infant when asleep in the crib

CCHMC Clinical Practices Policy	Policy Number	CPC1-234
Safe Sleeping Strategies and Bed Placement	Effective Date	12/01/2014
	Page	1 of 3


(Ohio Department of Health, 2015)

 **Ohio Safe Sleep Law**

Specifies the distribution of safe sleep materials to:


- Childbirth educators
- OB offices
- Pediatric physicians' offices
- Freestanding birth centers and certain hospitals
- Help Me Grow program
- Child Care facilities in Ohio
- Public children services agency

(Ohio Department of Health, 2015)

 **Ohio Safe Sleep Law**

- Infant safe sleep screening procedure for hospitals with maternity license
- Resources when there is lack of safe sleep environment
- Hospitals are required annually to report data as specified in model screening form

(Ohio Department of Health, 2015)

 **What is CCHMC doing?**

CCHMC Nurse's Role:

- Nurses behavior serves as a model of how caregivers will care for infants.
- ***If we practice safe sleep, they will, too!***
- Online module education (Mosby)
- Audits (iRounds)
- Sleep sacks (***Coming Soon***)
- Decrease in the number of infant blankets and quilts on linen carts once sleep sacks available
- Knowing Notes: ABCs of Safe Sleep

Audits (iRounding) at CCHMC

Report generated on: 12/2/2015


Facility	Unit	Rounds	Overall Sleep Compliance - Yes	Location Compliance - Yes	Position Compliance - Yes	Items in Crib Compliance - Yes
Burnet	ADN	8	38 %	100 %	88 %	52 %
	AS5	1	0 %	100 %	100 %	0 %
	AGC	32	93 %	100 %	100 %	93 %
	ATC1	1	100 %	100 %	100 %	100 %
	ATC2	1	0 %	100 %	100 %	0 %
	BAH1	5	20 %	60 %	100 %	20 %
Total Burnet		48	72 %	96 %	98 %	74 %
Liberty	LAW	1	0 %	0 %	100 %	100 %
Total Liberty		1	0 %	0 %	100 %	100 %

November 2015 Overall Safe Sleep Compliance Report (46 Infants Audited):
Overall Sleep Compliance: 72% (59% in October)
Location Compliance: 96% (couch, recliner, swing/bouncy seat, held by parent/caregiver)
Position Compliance: 98% (stomach)
Items in Crib Compliance: 74% (61 % in October) (loose blankets, diapers/wipes, toys, pillows, cultural/religious items and misc.)

What is CCHMC doing?


Safe Sleeping Strategy and Bed Placement Policy


- Infants should sleep alone in appropriate sized bed.
- Infants under one year must be in a crib unless deemed medically necessary by patient's attending physician or designee.
- Follow AAP recommendations (**ABC's of Safe Sleep**)



What is CCHMC doing?

- Bed sharing only allowed in circumstances of a dying patient or an inconsolable patient (**who once is consoled, is to sleep alone**)
- No patients allowed to sleep in the parent/caregiver's bed





 **Policy: Opt Out**

Parental Opt Out:

- Staff should provide safe sleep recommendations (education/Knowing Note, etc.)
- Bed acknowledgement/safe sleeping recommendation signed and placed in chart
- Parents receive a copy
- **Documentation** of ongoing education
- Specific orders by provider for bed arrangement with explanation

CCHMC Clinical Practices Policy	Policy Number	CPC-1234
Safe Sleeping Strategies and Bed Placement	Effective Date	12/01/2014
	Page	1 of 1

 **Policy: Opt Out**

 **Bed Placement Acknowledgement Form**

Name: _____
DOB: _____
MOS: _____

I acknowledge that I have met with _____ to discuss bed safety issues.
(initials)


During the meeting we discussed a number of issues regarding bed safety, including the benefits of having patients sleep alone in an appropriately sized bed and the risks associated with the use of a non-CCHMC approved sleeping arrangement. I further acknowledge and agree that I was provided with a copy of the Bed Placement policy and all my questions and concerns were completely addressed at the meeting.

I know that some of the risks of using a non-CCHMC approved sleeping arrangement include:

- An increased risk of injury from falling out of a bed that is not age or size appropriate.
- Suffocation associated with bed sharing of an infant, child, or adult.
- Suffocation where an infant/child becomes entrapped or wedged between the mattress and another object.
- Strangulation in rails or openings on beds that allow an infant/child's body to pass through while entrapping the head.

I acknowledge receipt and review of the Bed Placement policy and the above information. I further know that by asking CCHMC to allow the sleeping arrangements I choose, I am going against the advice and recommendations of my child's health care professionals and understand the risks associated with a sleeping arrangement not approved by CCHMC.

J117
HCC 0613

 **Policy: Opt Out**

Medical Opt Out:

- Must have provider order for any condition **NOT** listed in the policy that excludes safe sleep
- Must **list exact sleeping arrangements** that are not in accordance with safe sleep

Policy: Opt Out

Safe Sleep Opt Out
Routine, CONT starting Today at 1417 (Unit Specified)

Priority: Routine STAT

Frequency: CONT Once Qshift Q1H Q4H Q12H

For: Hours Days Weeks

Starting: 10/17/2014 Today Tomorrow AT: 1417

Scheduled Times: Hide Schedule
 10/17/14 1417

Reference Links:
 1. Safe Sleeping Strategies and Bed Placement

Questions:
 1. Safe Sleep Opt Out Reason

Comments (F6) [Click to add text](#)

Unit Required Link Order

Policy: Opt Out

Order will look like this for Nursing:

Provider to Nurse

Start: 07/13/15 1521

Safe Sleep Opt Out CONT, Routine
Comment: OK to Elevate head of bed and 2 fo

Question: 1. Safe Sleep Opt Out Reason
 Answer: Medical Opt Out

Reason: cleft lip and palate, emesis

References: Bed Placement/Safe Sleeping Strategies-Acknowledgement Form J1147

Order specifies what is permitted.

Policy: Opt Out

Remember...the Opt-Out Order has 3 Components:

1. Medical or Parental Opt Out

2. Interventions

3. Rationale/Medical Reason

Provider to Nurse

Start: 07/13/15 1521

Safe Sleep Opt Out CONT, Routine
Comments: OK to Elevate head of bed and 2 fo

Duration: Unit Specified

References: Bed Placement/Safe Sleeping Strategies-Acknowledgement Form J1147

Question: 1. Safe Sleep Opt Out Reason
 Answer: Medical Opt Out

Reason: cleft lip and palate, emesis

Cincinnati Children's **Policy: Opt Out**

Safe Sleep exclusions that do not require an order:

- Invasive or noninvasive ventilatory support
- Infant <1500 grams
- Tracheostomy in place
- Post-op need for non-supine positioning
- Infants with gastroesophageal reflux with the risk of death **greater** than the risk of SIDS, specifically **upper airway disorders who have not undergone anti-reflux surgery**
- Additional concerns as outlined in ICU safe sleep guidelines/algorithms

Cincinnati Children's **Policy: Opt Out**

Transition to Safe Sleep

- Transition to safe sleep as medical needs decrease.

Transition Back to Sleep Manage My Version

Nursing

- Discontinue use of developmental aids or propping devices
Routine
- Discontinue use of blankets or other devices over infant's face and head
Routine
- Bedrest
Routine, COIT starting Today at 1316 Until Specified, HOB flat.
- Positioning
Routine, COIT starting Today at 1316 Until Specified
Positions: Supine
- Swaddle in Flexed Position for infants < 2 1/2 months old adjusted gestational age
Routine, With neck band orientation, keeping blanket at shoulder level or below.
- Use Hubs as Needed to Maintain Temp
Routine, To avoid over bundling.
- Provide Supine Turning Time for infants
Routine, As tolerated for 15 minutes when infant is awake and alert. Position prone. Encourage parent participation.
- Special Conditions Include
Routine

Cincinnati Children's **Safe Sleep Education**

Available Education Resources for Caregivers:

- Get Well Network-ODH Video
- ABC's of Safe Sleep Knowing Note

Growing Through Knowing **Cincinnati Children's**

ABC's of Safe Sleep

Alone

- Baby should sleep alone in an infant crib or in an adult bed.

Back

- Always place your baby on their back to sleep.

Crib

- Cover baby's soft surfaces with a fitted sheet.
- Sleep with the baby alone when they are sleeping.
- Do not use cribs with drop sides, mesh, or other openings.
- Do not use cribs with drop sides.
- Do not use cribs with drop sides.
- Do not use cribs with drop sides.

Additional Tips:

- No smoking inside the home or outside the home.
- Use a firm sleep surface designed for infants.
- Do not sleep with your baby.
- Do not smother your baby.
- Provide skin-to-skin.
- No drafts, fans, or heaters near the baby.
- No stuffed animals or toys in the crib.
- It is okay to have stuffed animals and toys in bed when your child is awake to allow the parent/guardian to see the child.
- Wash all caregivers to follow safe sleep practices when taking care of your child.
- If possible, use sleep sacks instead of blankets when the child is awake and supervised.

Cincinnati Children's Conclusion

Safe Sleep Matters...

We **CAN** Make a Difference!

Follow/Role Model the ABC's of Safe Sleep

EDUCATE Caregivers!

Cincinnati Children's Questions??

Every week in Ohio... 3 babies die in unsafe sleep environments.

Follow the ABCs of Safe Sleep
Alone. Back. Crib.
Every Baby. Every Sleep.
www.SafeSleepOhio.gov

Cincinnati Children's References

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