Discussing Infant Sleep Safety

1. Basic infant sleep safety

What is a safe sleep environment for infants?

- Infant sleeps on his or her back, in a safety-approved crib, bassinet or pack and play for every sleep time (nap time and night time).
- The mattress is firm, fits snugly with no gaps and is covered only with a fitted crib sheet. Nothing (i.e. pillows, comforters, etc.) is inserted between the crib sheet and the mattress and nothing is placed under the baby.
- Pillows, quilts, blankets, bumper pads, stuffed toys, etc. are kept out of infant’s sleep area – only baby is in the sleep area.
- Infant is dressed in light sleep clothing, preferably a sleep sack or one-piece sleeper, with no blanket and nothing covering his or her head or face.
- The sleep environment is smoke-free.
- It is recommended that infants sleep in the parents’ room, close to the parents’ bed, but on a separate sleep surface designed for infants, ideally for the first year of life, but at least for the first six months.
What is an unsafe sleep environment for infants?

- If any of the above are not followed, baby is not sleeping in a safe environment.

Additionally,

- Infant should never be placed to sleep on a couch, chair, adult bed, cushion, the floor or any other surface that is not a safety-approved crib, bassinet or pack and play.
- Infant should never sleep with another adult, child, infant or twin.
- Infant should never be allowed to routinely sleep in a car seat, swing, bouncy seat, boppy or other sitting device.

➤ If baby falls asleep in one of these settings, or falls asleep while breastfeeding or having a bottle, he or she should be moved immediately to his or her crib, bassinet or pack and play and placed on his or her back for sleep.

Why is it important to create a safe sleep environment for infants?

- Because every two to three days in Michigan, an infant dies due to being put to sleep in an unsafe environment.
- An infant sleeping in an unsafe environment is at increased risk for death due to suffocation, strangulation or entrapment.
- Some babies are more at risk for dying in unsafe sleep environments than others – it is best for every baby to sleep in a safe environment every sleep time.

Where can I get more information about infant sleep safety or learn about possible resources for obtaining a crib or pack and play if I can’t afford one?

- Your MIHP worker
- Your local health department
- Online at: [www.michigan.gov/safesleep](http://www.michigan.gov/safesleep). Or visit the national “Safe to Sleep” campaign at: [https://www.nichd.nih.gov/sts/Pages/default.aspx](https://www.nichd.nih.gov/sts/Pages/default.aspx)

Remember:
• To protect your baby, always place him or her to sleep in a safe sleep environment.
• Let everyone who cares for your baby, including grandparents, siblings, friends, child care providers, etc., know how to keep baby safe while sleeping.

2. Infant safe sleep resources

MIHP staff should have infant safe sleep educational resources with them at all home visits to review with the infant’s primary caregiver and with others in the home. Parents have indicated that visuals of safe sleep environments are especially helpful. Several resources are available including:

• **Michigan Department of Health and Human Services (MDHHS) Clearinghouse**
  Use the link below or call 1-800-353-8227 to order free brochures, decals, DVDs and/or posters in English, Spanish and/or Arabic
  http://www.healthymichigan.com/

• **Consumer Product Safety Commission**
  Use the link below to access information and print hand-outs on crib, play yard and bassinet safety
  http://www.cpsc.gov/Safety-Education/Safety-Education-Centers/cribs/?amp;epslanguage=en%22%3eCrib+Information+Center%3c/a%3e

• **National Institute of Child Health & Human Development**
  Use the link below to print a one-page hand-out in English that depicts a safe sleep environment and guidelines to follow
  Use the link below to print a one-page hand-out in Spanish that depicts a safe sleep environment and guidelines to follow
3. Bringing Up Infant Sleep Safety at Every Visit

Infant sleep safety should be discussed at every visit, even if the primary caregiver has indicated that the infant has a crib, bassinet or pack and play. This is required because:

- Every two to three days a baby in Michigan dies due to being placed to sleep in an unsafe sleep environment.
- Sleep-related infant deaths are 100% preventable.
- In the majority of cases of sleep-related infant death, there is a crib, bassinet or pack and play in the home; at the time of death, it was either not being used correctly or not being used at all.
- Families often face barriers and challenges to creating and maintaining a safe sleep environment for baby and we want to support families in making safe choices for baby’s sleep.

Infant Sleep Safety during Prenatal Home Visits:

a) **Ask where baby will sleep.** If needed, assist mother in planning for how to obtain a crib, bassinet or pack and play prior to delivery. Assistance may be available through the local health department, the local Department of Human Services (DHS) office or other community organizations. A crib, bassinet or pack and play should be in place prior to delivery.

b) **Educate on how to create a safe sleep environment for infant and what to avoid in the sleep area.** This should be reviewed throughout pregnancy. Discuss myths and facts related to infant safe sleep and help parents discuss and explore potential challenges. The following information can be used to help dispel common myths about infant sleep:

**MYTH:** Cribs cause “crib death.”

**FACT:** Cribs don’t cause “crib death.” “Crib death” is an old term that was used when the deaths of babies were not well understood. Now, from research, autopsies, death scene investigations and more, we know better. *Cribs save lives.*

**MYTH:** Babies will choke if they spit up while lying on their backs.

**FACT:** This is not true – babies are actually safer on their backs. When a baby is on his or her back, the airway (trachea) is on top of the esophagus (the tube that carries food). If a baby spits up while on his or her back, the food and fluid run back into the stomach and not to the lungs. When a baby is on his or her stomach, the esophagus (or food tube) is on top of the trachea and any food or fluid that is regurgitated or refluxed can more easily pool at the opening of the trachea, making it possible for the baby to aspirate or choke. *When babies sleep on their backs, their airways are more protected.*

**MYTH:** Babies have slept on their stomachs for generations and they survived.

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FACT: Many babies have slept on their stomachs and survived, but that doesn’t mean that was the safest way for them to sleep. For reasons that doctors are still trying to understand, some babies who sleep on their stomachs become unable to take a breath when needed. This can cause them to suffocate because of their inability to change position and take a breath. It is also possible that stomach sleeping can increase an infant’s risk of “rebreathing” his or her own exhaled air, especially if the infant is in an environment with soft bedding near the face. As baby breathes the exhaled air, the oxygen level in the body can drop, carbon dioxide can accumulate and the baby can experience a lack of oxygen. Babies are safest sleeping on their back for every sleep – at nap time and at night time.

MYTH: Baby will get cold with no blankets and will be uncomfortable on a firm surface.

FACT: If you are worried that your baby may be cold, use a footed sleeper or a sleep sack. Babies don’t need blankets, pillows, comforters or stuffed animals, to feel comfortable. These items tend to get in the way and can cause suffocation if baby becomes entangled in them. If parents still want these items for baby’s nursery, stuffed animals can be decoration on a shelf, quilts can be hung on the wall and blankets can be used on the floor for supervised “tummy time.” Keep blankets, pillows and bumper pads out of the crib.

MYTH: Baby will get lonely in the crib.

FACT: It is possible to bond and develop strong attachments during “awake” time with baby. Cuddling, holding while feeding, making eye contact, and talking with baby are all ways to develop strong attachments. When baby goes to bed, those feelings don’t go away. If baby cries while in the crib, soothe baby and then lay him or her back to sleep in the crib. Baby will feel comfort and will develop ways to self-soothe and calm on his or her own, which is a critical skill. There are many techniques that parents can use to help when baby is crying. Resources such as the “Period of Purple Crying,” advice from a doctor, nurse or other health provider, and others are available to help teach parents skills to soothe baby. The safest place for baby after soothing is on his or her back in the crib.

MYTH: Baby is safe sleeping in an adult bed.

FACT: Unfortunately, baby is in danger sleeping in an adult bed, or on couches, armchairs or cushions. Studies show that at least half of all suffocation deaths among infants happen in an adult bed. Compared to sleeping in a crib, the overall death rate is 40 times higher for infants who sleep with a parent. An adult can roll over on baby or another person’s arm may cover baby’s head or neck, smothering the baby, making it impossible for the baby to breathe. Also, baby can roll or move on their own and end up in a dangerous place such as stuck between the mattress and the headboard or between the bed and the wall or pressed up against a sofa cushion or other loose bedding. Many parents think that they will hear the baby and wake if this happens, but tragically, this isn’t often the case. Many parents also think that bed-sharing is only risky if they have been drinking or taking drugs. Doing those behaviors does increase the risk, but bed-sharing is dangerous even if the parent is not impaired. Babies sleep safest when sleeping in their own crib, bassinet or pack and play – parents will sleep more soundly too!
MYTH: Breastfeeding can only be done successfully when the mother bed-shares with her infant.

FACT: This is not true. Breastfeeding does provide the best nutrition for baby, builds the immune system and promotes bonding, as well as many other health benefits. But breastfeeding can make mother sleepy, so care needs to be taken that baby is placed back in the crib once feeding is finished. Some mothers have found it helpful to set a timer or alarm to help wake them after feeding. Partners are also helpful in returning baby to the crib when feeding is done. Breastfeeding is encouraged and can be done safely.

Additional infant safe sleep resources, including videos, can be accessed at the Safe Sleep website www.michigan.gov/safesleep.

c) Anticipate challenges or barriers that mother may face in following infant safe sleep guidelines. Discuss common barriers, such as family members advising to sleep baby on the stomach, and how to overcome these barriers. Discuss methods for soothing crying baby that don’t include bringing baby into parent’s bed. Some safe methods for soothing infant include holding infant and gently patting back, gently rocking or swaying with infant, playing calm music or “white noise,” etc.

Infant Sleep Safety during Post-Partum Home Visits:

a) Assess where the baby sleeps and what is in the sleep setting. Ask to see where baby sleeps. Provide feedback to the primary caregiver on whether or not the baby is sleeping in safe environment according to the criteria for a safe sleep environment for infants that was presented earlier. Highlight and praise areas where safe sleep guidelines are being followed. Point out areas where primary caregiver is not following safe sleep guidelines and make suggestions on how to correct. Provide an explanation. For example, “It’s great that your baby always sleeps in her own crib, but to make sure that she is not in danger, you need to remove the pillows and blankets from her crib because she could get tangled up in them and possibly suffocate. The only thing that should be in the crib is baby.”

If upon visual examination of the crib, bassinet or pack and play, it is unsafe due to missing or broken pieces, or it has been recalled or banned, advise primary caregiver that the sleep environment is not safe and educate on how to create a safe sleep environment. Drop side cribs were banned in 2012 due to safety hazards and should not be used. Further information on crib, bassinet or pack and play safety can be accessed at the Consumer Product Safety Commission website www.cpsc.gov.

Review with primary caregiver that baby should not routinely sleep in carriers, car seats, swings, bouncy seats or other sitting devices. If baby falls asleep in any of these settings, he or she should be moved to the crib and placed on the back for sleep.

b) Assess baby’s sleep position. Ask how baby is placed for sleep. If baby is placed to sleep on stomach or side, educate primary caregiver on why back sleeping is the safest and how it does not increase the risk for choking. Infant should be placed to sleep on the back for the first 12 months. Reinforce the need for baby to sleep on the back for all sleep times – nap times and night time. In very rare cases, a health condition may require an infant to sleep in an alternate position. Once baby can roll over from back to stomach and stomach
to back, he or she can be allowed to remain in the sleep position that is assumed. Review the need for supervised “tummy time” when baby is awake to help prevent a flat head. If baby falls asleep during “tummy time,” he or she should be moved to the crib and placed on the back for sleep.

c) **Assess baby’s sleep clothing.** Ask what the baby wears for sleep. Baby should ideally wear a sleep sack or one piece sleeper. Loose clothing should be avoided as well as anything covering baby’s head or face. Baby should not be overheated with too many layers of clothing. Blankets should not be used in the crib, bassinet or pack and play when baby is sleeping.

d) **Assess baby’s home environment.** Ask if baby is exposed to smoke in the home environment. Educate parent on danger of smoke exposure and how it increases the risk for many health problems, including sudden infant death.