May 17, 2021

Infant Safe Sleep Protocols and Crib Audit Tools for Hospitals

These documents are provided as templates for hospitals implementing or updating a safe sleep policy. The protocols and crib audit tools are not meant to dictate how a hospital will develop and implement a policy. Hospitals may adopt these practices as is or modify them as they wish.

Disclaimer: The sample protocols below are not intended to be medical advice nor a substitute for professional medical judgment, diagnosis or treatment. The authors assume no liability or responsibility in connection with the content. Any protocols, policies or procedures should be developed with staff input and reviewed and approved by appropriate Hospital Administration. The protocols are primarily based on the American Academy of Pediatrics, "Updated Recommendations for a Safe Infant Sleeping Environment," (2016) and the National Association of Neonatal Nurses, "Guideline: Newborn Safe Sleep," (2019). Please see full references at the end of the documents.

Protocol Contents

Developed by Michigan Department of Health and Human Services Infant Safe Sleep Program. For questions, please email MDHHS-InfantSafeSleep@michigan.gov.

May 17, 2021

Infant Safe Sleep Protocol for Mother Baby Unit

This document is provided as a template for hospitals implementing or updating a safe sleep policy for the Mother Baby Unit. The protocol is not meant to dictate how a hospital will develop and implement a policy. Hospitals may adopt these practices as is or modify them as they wish.

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Units included in Policy: Mother Baby Unit (MBU). This sample also applies to other units that may have infants including Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU) and Emergency Room (ER). For those units, also reference "Infant Safe Sleep Protocol for Neonatal Intensive Care Unit and/or Special Care Nursery" and "Infant Safe Sleep Protocol for Emergency Room, Pediatric Units and Any Other Units Caring for Infants."

Purpose: To outline the practice for following American Academy of Pediatrics (AAP) recommendations for safe sleep with all hospitalized infants less than one year of age, without pre-existing health concerns and $\geq$ 32 weeks postmenstrual age and with stable respiratory status.

Responsibility: All health care providers and hospital staff involved in the care of infants less than one year of age.

Deviation from Safe Sleep Practice: Any deviation from a safe sleep practice requires a physician's order, along with explanation documented. In addition, the deviation must be explained to parents so they understand why it is being done in the hospital setting. Two-sided crib cards can be used to explain when therapeutic positioning and other deviations from the safe sleep guidelines are being implemented and when baby is eligible for safe sleep practices. Any deviation should be discontinued as soon as medically possible.

Infant Safe Sleep Protocol for Mother Baby Unit

Safe Sleep Practice	**Special Considerations**
1) Infant placed supine (on the back) for every sleep.	
2) Infant sleeps alone in hospital-provided crib or bassinet.	• Multiples are not co-bedded. • Outside equipment including car seats or other types of seating/sleeping devices brought in by parents are not allowed for infant sleep in the hospital.
3) Sleep surface firm and flat with head of crib or bassinet not elevated.	• Do not prop up the head of crib/bassinet. • Do not put folded blankets under the mattress to raise the head of crib or bassinet.
4) Crib or bassinet free of all items including toys, pillows, equipment, loose blankets, diapering supplies, burp cloths, etc.	• Bulb suction should be placed in easily accessible location such as attached to bassinet or in bassinet drawer or bin. • Nothing hanging from side or draped over crib including blankets, toys, etc. • Nothing placed under baby such as blanket or burp cloth. • Pacifier may be in the crib. Pacifier should not be clipped to or otherwise attached to infant's clothing and should not be attached to a stuffed animal or blanket. • If items are found in infant's crib or bassinet, staff should remove them and educate parent on why there should not be any items in the crib. • If family is insistent about an item being in the crib, problem solve with family on safer alternatives, such as putting item (i.e., religious medal, picture, etc.) under mattress or tape to outside of crib or bassinet.
5) Sheet is tight-fitting and sized for mattress.	• Nothing placed under baby such as blanket or burp cloth. • Make sure sheet isn't too tight causing the mattress to curl up. • Best practice is to use a fitted crib/bassinet sheet. If using a pillowcase or thin blanket, tuck all loose material under mattress and check periodically to insure it stays tucked. Advise parents to use tight fitting sheets at home.

Safe Sleep Practice	**Special Considerations**
6) Infant dressed appropriately for thermoregulation. Hat and/or one additional thin blanket may be used if needed for thermoregulation. Accessories such as hair bows, mittens, decorative hats, etc. removed when infant is in crib.	• Hat and/or additional thin blanket should be removed when no longer needed for thermoregulation. • Use sleep sacks during hospital stay and provide one to parent at discharge if funds allow. • Infants face not covered during sleep. • Educate family that hat is not needed at home while baby sleeps. • Skin-to-skin care (SSC) promoted as the primary means to prevent heat loss and maintain thermoregulation. Families should receive education on correct positioning and to only do SSC when they are awake and alert. Safe SSC practices include: 1) infant's face can be seen; 2) infant's head is in the "sniffing" position; 3) infant's nose and mouth are not covered; 4) infant's head is turned to one side; 5) infant's neck is straight, not bent; 6) infant's shoulders and chest face caregiver; 7) infant's legs are flexed; 8) infant's back is covered with blankets; 9) when caregiver wants to sleep, infant is placed in bassinet or with another support person who is awake and alert; 9) mother-infant dyad is monitored continuously by staff in the delivery environment and regularly by the postpartum unit. On the postpartum unit, SSC monitored by hospital staff or electronically if no hospital personnel are available or by an alert and awake family member that has been educated on safe SSC and the signs of infant distress. In all cases, call light should be in easy reach and mother instructed to use it if tired.
7) Infant may be swaddled in one thin blanket for thermoregulation and/or comfort.	• Heavy blankets should not be used for swaddling. • One extra thin blanket may be used if needed for thermoregulation and removed when no longer needed. • Blanket should be at or below the infant's shoulders. • Arms can be wrapped in flexion at the midline or with hands out to allow the infant to bring hands to face for comfort and feeding cues. • Legs should be loosely swaddled to allow for flexion and abduction of the hips. • Educate family on safe swaddling and when to discontinue (when baby shows signs of attempting to roll or when 2 months of age).

Safe Sleep Practice	**Special Considerations**
8) Infant will not sleep in caregiver's sleep space. A sleeping infant may be held in the arms of an **awake** caregiver only. If caregiver feels sleepy, infant is to be placed in crib or bassinet. If any caregiver is found asleep with the infant, RN is to move the infant to the crib or bassinet and educate parent on safety risk of falling asleep with infant in hospital bed.	• Infant can be brought into caregiver's sleep space to feed, comfort and/or to practice SSC with an awake and alert adult only. • Empower all staff (including housekeeping, techs, therapists, etc.) to notify RN immediately of unsafe sleep situation so infant can be moved. • Use a risk-assessment tool to identify mothers who are at increased risk of falling asleep with their infant. Assess mother periodically for risk factors (such as drowsiness, use of pain or sedative medications, lack of support person present, etc.) and implement interventions as needed as risk level indicates (i.e., more frequent rounding, nurse staying at bedside during feedings, etc.).
9) Provide education to family on infant safe sleep per the most recent AAP recommendations for infant safe sleep. Education should begin at admission and continue throughout the hospitalization. Education should be multi-modal and include opportunities for hands-on learning and modeling by providers. Additional supportive education provided by video and printed/posted educational materials. All family members and infant caregivers should be included in education during hospital stay as well as group education before the birth (i.e., prenatal/childbirth classes, hospital tours, etc.).	• Education should be provided in a conversational style that increases a family's comfort to be honest and open and to ask questions without judgment. Parents should be asked about their plans for their infant's sleep environment and if they have any concerns. • Education should include reasons for the recommended safe sleep practice. • Education should include information on how to reduce the risks of bed sharing (intentional and accidental). • Provide positive reinforcement to parents and caregivers when they follow the safe sleep recommendations. • Education should include promotion of breastfeeding as it is a major protective factor for sleep-related infant deaths. • Education should include importance of maintaining a smoke-free environment for infant as it is also a protective factor. • Specifics for education are noted in the "Infant Safe Sleep Act" of 2014 which requires birth hospitals to provide safe sleep education to families prior to discharge and requires a parent acknowledgment statement. For more information visit: Infant Safe Sleep Act of 2014 • All education should be documented in the medical record. • Refusal to follow safe sleep practices should be documented in the medical record.

Safe Sleep Practice	**Special Considerations**
10) Discuss breastfeeding with all families and support family's plan for feeding baby. Provide education and referrals for lactation consultation and peer support. Refer family to appropriate sources for additional safe sleep education and resources (i.e., pack and play). Also provide referrals to home visiting, WIC, smoking cessation, etc. as needed.	• Support breastfeeding by providing education on breastfeeding positioning and latch and positive reinforcement of breastfeeding efforts. • Provide education for families on breast pump use and proper milk storage. • When providing referrals to home visiting, WIC, and other programs, it is helpful to have a staff member (such as social work or discharge planner) be familiar with the programs and the eligibility requirements.
11) Family encouraged to position infant in "tummy time" as tolerated when infant is awake.	• Family should be educated on the benefits of "tummy time" for facilitating motor development and decreasing the incidence of positional plagiocephaly. • Safety should be stressed for "tummy time" including: adult supervision; adult and infant awake and alert; discontinue if infant begins to cry, is unable to hold head/arms up and/or falls asleep.
12) Audits of infant safe sleep environments conducted to assess progress towards 100% compliance of safe sleep policy.	• Sample audit forms are available for use and adaptation. • Recommended to complete audits monthly until 100% compliance is achieved for 6 months, after which quarterly audits can occur.
13) All staff (including nurses, doctors, techs, housekeeping, therapists, etc.) that have any interaction with families with infants should be trained in safe sleep upon hire and then annually. Staff should also be trained in hospital infant safe sleep policy.	• Completion of safe sleep training will be documented in the staff person's training record. • All care providers are accountable for educating families and role modeling safe sleep practices. • Identify a safe sleep champion(s) on the unit to routinely promote safe sleep on the unit and to initiate additional staff and patient education activities (i.e., putting up bulletin board on safe sleep and breastfeeding, coordinating events for Infant Safe Sleep Awareness Month, etc.).
14) Post educational material in patient rooms and in public areas of the unit (i.e., waiting room, snack room, etc.) to remind families of safe sleep.	• All images in hospital material and/or posted in the hospital depict a safe sleep environment. For more guidance, see checklist from the National Center for Education in Maternal and Child Health at the following link: https://www.ncemch.org/suid-sids/documents/NAPPSS-ImageVettingChecklist.pdf • Images support breastfeeding and represent diverse families.

References:

AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 2016; 139(5): e20162938.

Moon, RY. SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016; 138(5): e20162940.

Feldman-Winter, L., Goldsmith, J.P. , Committee on Fetus and Newborn Task Force on Sudden Infant Death Syndrome. Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns. *Pediatrics.* 2016; e20161889.

Baessler, C., Capper, B., McMullen, S. & Smotrich, L. *Guideline Newborn Safe Sleep*. 2019. National Association of Neonatal Nurses.

Infant Safe Sleep Protocol for Neonatal Intensive Care Unit and/or Special Care Nursery

This document is provided as a template for hospitals implementing or updating a safe sleep policy for the Neonatal Intensive Care Unit and/or Special Care Nursery. The protocol is not meant to dictate how a hospital will develop and implement a policy. Hospitals may adopt these practices as is or modify them as they wish.

Please reference "Infant Safe Sleep Protocol for Mother Baby Unit" for general information about recommended safe sleep practices for hospitalized infants. Those guidelines should be followed to the extent possible based on the infant's medical status. This document addresses the handling of any medically necessary deviations from safe sleep practices due to infant's medical status.

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Units to Include in Policy: Neonatal Intensive Care Unit (NICU) and Special Care Nursery (SCN).

Purpose: To address any medically necessary deviations from safe sleep practice due to infant's medical status.

Responsibility: All health care providers and hospital staff involved in the care of infants less than one year of age in the NICU and/or SCN.

Deviation from Safe Sleep Practice: Any deviation from a safe sleep practice requires a physician's order, along with explanation documented. In addition, the deviation must be explained to parents so they understand why it is being done in the hospital setting. Two-sided crib cards can be used to explain when therapeutic positioning and other deviations from the safe sleep guidelines are being implemented and when baby is eligible for safe sleep practices. Any deviation should be discontinued as soon as medically possible.

Infant Safe Sleep Protocol for Neonatal Intensive Care Unit and/or Special Care Nursery

Safe Sleep Practice	Special Considerations
1) All items in Mother Baby Unit protocol apply except when deviations are needed due to infant's medical status. Develop specific criteria for eligibility and protocols for safe sleep positioning to maintain consistency among providers.	• AAP recommends transitioning infant to safe sleep at $\geq$ 32 weeks postmenstrual age if infant is medically stable. Additional criteria to consider include: medical equipment in use; respiratory symptoms; oxygen requirements; apnea or bradycardia events; feeding status; thermoregulation status; congenital defects; muscle tone; Neonatal Abstinence Syndrome (NAS) and weight. • Any deviations should be implemented only for as long as medically necessary and discontinued as soon as medically appropriate. • Continue to provide physiologic needs with supportive boundaries and nesting as recommended by therapist(s). As infant matures and becomes more stable, remove boundaries and nesting per therapist recommendations. Infant should not be discharged with products for nesting/positioning devices. • Transitioning as early as possible allows for infant and family to become accustomed to safe sleep practices. • When explaining any deviations to a safe sleep practice to parents, include information on *the why*. Why: 1) the practice is being done (use of positioners, stomach sleeping, etc.), 2) the type of bed is being used (closed isolette, open bed, etc.), 3) the practice is necessary in the hospital setting, and 4) the practice would not be considered safe at home.
2) Infant may only sleep in a position other than supine only with a physician's order and cardiac monitoring and continuous pulse oximetry.	
3) Head of bed may be elevated only with a physician's order.	

Safe Sleep Practice	**Special Considerations**
4) Swings, bouncers and other sitting devices should only be used while infants are awake and supervised and with all straps correctly applied.	• One exception is the car seat tolerance screening. Parents should be advised that the infant should not routinely sleep in the car seat outside of the car.
5) Bassinet or crib should not be covered or draped with blanket.	
6) Infant dressed appropriately for thermoregulation. Hat and/or one additional thin blanket may be used if needed for thermoregulation. Accessories such as hair bows, mittens, decorative hats, etc. removed when infant is in crib.	• Hat and/or additional thin blanket should be removed when no longer needed for thermoregulation. • Use sleep sacks during hospital stay and provide one to parent at discharge if funds allow. If IV lines or other medical equipment lines/cords prevent use of a sleep sack, clothing should be adjusted so as not to obstruct infant's airway. • Infants face not covered during sleep. • Educate family that hat is not needed at home while baby sleeps. • Skin-to-skin care (SSC) promoted as the primary means to prevent heat loss and maintain thermoregulation. Families should receive education on correct positioning and to only do SSC when they are awake and alert. Safe SSC practices include: : 1) infant's face can be seen; 2) infant's head is in the "sniffing" position; 3) infant's nose and mouth are not covered; 4) infant's head is turned to one side; 5) infant's neck is straight, not bent; 6) infant's shoulders and chest face caregiver; 7) infant's legs are flexed; 8) infant's back is covered with blankets; 9) when caregiver wants to sleep, infant is placed in bassinet or with another support person who is awake and alert; 9) mother-infant dyad is monitored continuously by staff in the delivery environment and regularly by the postpartum unit. On the postpartum unit, SSC monitored by hospital staff or electronically if no hospital personnel are available or by an alert and awake family member that has been educated on safe SSC and the signs of infant distress. In all cases, call light should be in easy reach and mother instructed to use it if tired.

Safe Sleep Practice	**Special Considerations**
7) Discuss breastfeeding with all families and support family's plan for feeding baby. Provide education and referrals for lactation consultation and peer support. Refer family to appropriate sources for additional safe sleep education and resources (i.e., pack and play). Also provide referrals to home visiting, WIC, smoking cessation, etc. as needed.	• Support breastfeeding by providing education about and positive reinforcement of positioning and latch. • Provide education for families on breast pump use and proper milk storage.
8) When infant is transitioned to safe sleep, educate family that baby should now be slept according to safe sleep practices and emphasizing need to also follow safe sleep at home.	• Use crib card to indicate baby has transitioned to safe sleep. Can also present "graduation" certificate to parents to mark transition. • Ask parent where infant will sleep when at home and provide appropriate support and education and referral for resources if safe sleep environment is needed.
9) Safe sleep recommendations should be followed for non-patient infant siblings staying with parents in the hospital.	• A safe sleep environment should be provided for the non-hospitalized infant.

References:

AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 2016; 139(5): e20162938.

Moon, RY. SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016; 138(5): e20162940.

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Baessler, C., Capper, B., McMullen, S. & Smotrich, L. *Guideline Newborn Safe Sleep*. 2019. National Association of Neonatal Nurses.

Infant Safe Sleep Protocol for Emergency Room, Pediatric Units and Any Other Units Caring for Infants

This document is provided as a template for hospitals implementing or updating a safe sleep policy for the Emergency Room, Pediatric Units and any other units caring for infants. The protocol is not meant to dictate how a hospital will develop and implement a policy. Hospitals may adopt these practices as is or modify them as they wish.

Please reference "Infant Safe Sleep Protocol for Mother Baby Unit" for general information about recommended safe sleep practices for hospitalized infants. Those guidelines should be followed to the extent possible based on the infant's medical status. This document addresses the handling of any medically necessary deviations from safe sleep practices due to infant's medical status.

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Units Included in Policy: Emergency Room, Pediatric Units and any other units caring for infant.

Purpose: To address any medically necessary deviations from safe sleep practice due to infant's medical status.

Responsibility: All health care providers and hospital staff involved in the care of infants less than one year of age in Emergency Room, Pediatric Units, and any other units caring for infant.

Deviation from Safe Sleep Practice: Any deviation from a safe sleep practice requires a physician's order, along with explanation documented. In addition, the deviation must be explained to parents so they understand why it is being done in the hospital setting. Two-sided crib cards can be used to explain when therapeutic positioning and other deviations from the safe sleep guidelines are being implemented and when baby is eligible for safe sleep practices. Any deviation should be discontinued as soon as medically possible.

Infant Safe Sleep Protocol for Emergency Room, Pediatric Units and Any Other Units Caring for Infants

Safe Sleep Practice	**Special Considerations**
1) All items in Mother Baby Unit protocol apply except when deviations are needed due to infant's medical status. Develop specific criteria for eligibility and protocols for safe sleep positioning to maintain consistency among providers.	• Any deviations should be implemented only for as long as medically necessary and discontinued as soon as medically appropriate.
2) Infant may only sleep in a position other than supine with a physician's order and cardiac monitoring and continuous pulse oximetry.	
3) Head of bed may be elevated only with a physician's order.	
4) Swings, bouncers and other seating/sleeping devices should only be used while infants are awake and supervised and with all straps correctly applied.	
5) Crib should be provided for infant, if admitted, and in ER, if available. If family has other children, only hospitalized infant should be in crib. If another non-hospitalized infant is with family, provide an additional crib for the non-hospitalized infant if needed.	• Crib or bassinet should be free of all items including toys, pillows, equipment, loose blankets, diapering supplies, burp cloths, etc. • Nothing placed under baby such as blanket or burp cloth. • If items are found in infant's crib or bassinet, staff should remove them and educate parent on why there should not be any items in the crib. • Make sure sheet isn't too tight causing the mattress to curl up. • Best practice is to use a fitted crib/bassinet sheet. If using a pillowcase or thin blanket, tuck all loose material under mattress and check periodically to insure it stays tucked. Advise parents to use fitted sheets at home.

Safe Sleep Practice	**Special Considerations**
6) Family should be asked about how infant sleeps at home and safe sleep education and encouragement provided.	
7) Family should be asked about how infant is fed at home and if breastfed, should be supported in continuing during evaluation and hospital stay.	

References:

AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 2016; 139(5): e20162938.

Moon, RY. SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. *Pediatrics.* 2016; 138(5): e20162940.

Infant Safe Sleep Crib Audit Tool Instructions

Three versions of the audit tools are provided as options. The sample tools cover the same items; they are organized and formatted differently to accommodate preference of the auditor.

Purpose: To provide a tool for birth hospitals to assess level of compliance with the *Infant Safe Sleep Protocols for Hospitals*.

Instructions for Use: Complete audits monthly until 100% compliance is achieved for 6 months, after which quarterly audits can occur.

Prior to conducting audits, determine:

1. Who will do the audits.
2. How often they will occur.
3. What percentage of patient rooms will be audited.
4. How many will be done per shift.
5. What process will be implemented when items need to be corrected.
6. When and how results will be shared with staff.

Please note, if baby is found sleeping in the caregiver's bed or being held by a sleeping caregiver, immediately notify RN so the baby can be moved. If the baby is awake when conducting the audit, please stop and return to complete evaluation when the infant is asleep.

Infant Safe Sleep Crib Audit Tool #1

Date of Audit: _____Time of Audit: _____Room # _____

Infant's Postmenstrual Age: _____

Name of Individual Conducting the Audit: _____

If the baby is awake, **do not** proceed with the audit. Return when the baby is asleep to complete.

Is the parent present?		No		Yes

Sleep Position

	Back					
	Stomach	Doctor's order on file/ medically necessary?		Yes		No
	Side	Doctor's order on file/ medically necessary?		Yes		No

Sleep Location

	In crib/bassinet
	In another device
	Caregiver's bed*
	Held by awake caregiver
	Held by sleeping caregiver*
	Skin-to-skin with awake caregiver
	Skin-to-skin with sleeping caregiver*
	Other, please list

***Notify RN**

Are there items in the crib?

	No	
	Yes	Check all items found

Items Found

	Burp cloths		Stuffed toy
	Blanket (not including swaddle blanket)		Clothing
	Diapers		Pillow
	Bulb suction		Thermometer
	Medical supplies/equipment	In use	Not in use
	Other, please list		

Items Covering Crib

Is there a blanket covering or being draped over the crib?		No		Yes

Is the head of the crib elevated?

	No					
	Yes	Doctor's order on file/ medically necessary?		Yes		No

Is baby wearing a hat?

	Yes, bath has not occurred					
	No					
	Yes	Is a hat required for thermoregulation?		Yes		No

Is baby swaddled?

	No
	No, baby wearing sleep sack
	Yes, baby is wearing a sleep sack with swaddle attachment (swaddle sack), verify proper swaddle
	Yes, verify proper swaddle

Check that swaddle meets the following requirements:

	Thin blanket or swaddle sack used		Loose at hips
	Blanket or swaddle sack at shoulder level or below		
	Arms are wrapped in flexion at the midline or wrapped with the hands out		

Is baby double-swaddled?

	No					
	Yes	Doctor's order on file/ medically necessary?		Yes		No

Accessories

Is baby wearing any accessories such as hair bows, headbands, mittens, jewelry?		No		Yes

Are there any nesting or positioning devices in use?

	No					
	Yes	Doctor's order on file/ medically necessary?		Yes		No

Information for Parents

Is a crib card being used to remind parents of infant's safe sleep status? (Therapeutic positioning or safe sleep practice)		Yes		No		Not applicable
Are there safe sleep materials/visuals in the patient's room or on the ward?		Yes		No		Not applicable

Infant Safe Sleep Crib Audit Tool #2

Date:_____Time:_____Room:_____

Completed by:_____

If the baby is awake, DO NOT proceed with the audit, return when asleep to complete.

Sleep Location
□ Crib/Bassinet
□ Caregiver Bed*
□ Held by Awake caregiver
□ Held by Asleep caregiver*
□ Other:

*** Notify RN**

Sleep Position
□ Back
□ Stomach □ Side
Ordered
□Yes □ No

Head of Crib Elevated □ No
□ Yes
Ordered □Yes □ No

Baby wearing Hat □ No
□ Yes Needed for
Thermoregulation □ Yes □ No

Items in Crib □ No
□ Yes **Items Found**
□ Burp cloths □ Diapers
□ Extra blankets □ Clothing
□ Fluffy blankets □ Bulb suction
□ Pillow □ Stuffed toys
□ Other:
□ Medical supplies/equipment
□ in use □ not in use

Baby Swaddled □Yes □ No
Check that swaddle meets the following requirements:
□ Thin blanket used
□ Loose at hips
□ Blanket at shoulder level or below
□ Arms wrapped in flexion at the midline or wrapped with hands out

Nesting/Positioning Devices in use □ No
□ Yes Ordered □ Yes □ No

Baby Double Swaddled □ No
□ Yes Ordered □ Yes □ No

Blanket covering/draped over crib □Yes □ No

Accessories worn: hair bows, headbands, jewelry, mittens □ No □ Yes

Information for Parents
Is a crib card being used to remind parents of infant's safe sleep status? □ Yes □ No (therapeutic or safe sleep practice)
Are there safe sleep materials in the patient's room ? □ Yes □ No

Infant Safe Sleep Crib Audit Tool #3

Date of Audit: _____ **Time of Audit:** _____ **Room #** _____
Infant's Postmenstrual Age: _____
Name of Individual Conducting the Audit: _____

If the baby is awake, **do not** proceed with the audit. Return when the baby is asleep to complete.

Is the parent present?

☐ Yes ☐ No

Sleep Location

- ☐ In crib/bassinet
- ☐ Held by awake caregiver
- ☐ Skin-to-skin with awake caregiver
- ☐ Caregiver's bed*
- ☐ Held by a sleeping caregiver*
- ☐ Skin-to-skin with a sleeping caregiver*
- ☐ Other, please list _____

_____

Sleep Position

- ☐ Back
- ☐ Stomach
  - Medically necessary ☐ Yes ☐ No
  - Order on file ☐ Yes ☐ No
- ☐ Side
  - Medically necessary ☐ Yes ☐ No
  - Order on file ☐ Yes ☐ No

*** Notify RN**

Head of Crib Elevation

- ☐ Not elevated
- ☐ Elevated
  - Medically necessary ☐ Yes ☐ No
  - Order on file ☐ Yes ☐ No

Hat Use

- ☐ Baby wearing hat, bath has not occurred
- ☐ Baby not wearing hat
- ☐ Baby wearing a hat
  - Needed for thermoregulation ☐ Yes ☐ No

Items in the Crib

☐ No items in the crib

Check all items found in the crib:

- ☐ Burp cloths
- ☐ Blanket (not including swaddle blanket)
- ☐ Pillow
- ☐ Stuffed toy
- ☐ Diapers
- ☐ Clothing
- ☐ Bulb suction
- ☐ Other, list _____
- ☐ Medical supplies/equipment
  - ☐ In use ☐ Not in use

Is baby swaddled?

☐ No

☐ No, baby is wearing a sleep sack

☐ Yes, baby is wearing a sleep sack with swaddle attachment (swaddle sack)

☐ Yes, with blanket

If yes, check that the swaddle meets the following requirements:

☐ Thin blanket or swaddle sack used

☐ Blanket or swaddle sack at shoulder level or lower

☐ Loose at hips

☐ Arms are wrapped in flexion at the midline or wrapped with hands out

Is baby double-swaddled?

☐ No

☐ Yes

Medically necessary ☐ Yes ☐ No

Order on file ☐ Yes ☐ No

Are there any nesting or positioning devices in use?

☐ No

☐ Yes

Medically necessary ☐ Yes ☐ No

Order on file ☐ Yes ☐ No

Is there a blanket covering or being draped over the crib?

☐ No

☐ Yes

Is baby wearing any accessories such as hair bows, headbands, mittens, jewelry?

☐ No

☐ Yes

Information for Parents

Is a crib card being used to remind parents of infant's safe sleep status? ☐ Yes ☐ No
(Therapeutic positioning or safe sleep practice)

Are there safe sleep materials/visuals in the patient's room or on the ward? ☐ Yes ☐ No