

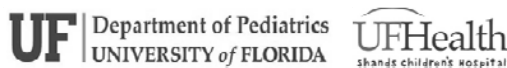
Safe Sleep: You Can Do It, We Can Help!

Satellite Conference and Live Webcast
Wednesday, April 30, 2014
12:00 – 2:00 p.m. Central Time

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

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Safe Sleep- AAP Recommendations

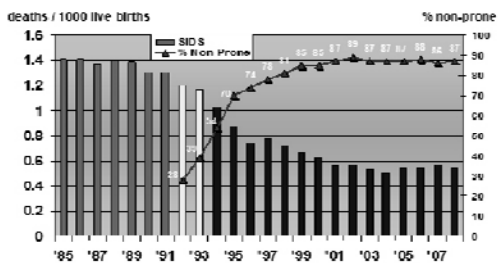
- 2011 expansion of 2005 SIDS document
- SUID = sudden unexpected infant death
- SIDS has decreased
- SUID during sleep has increased

Safe Sleep- AAP Recommendations

- Similar risk factors for SIDS
- SUID during sleep
 - Suffocation, asphyxia, entrapment
 - Poorly defined/non-specific causes



SIDS Rate and Sleep Position U.S. Infants 1985 - 2008



Sleep Position Source: NICHD
NSIP Household Survey
SIDS Rate Source: National
Center for Health Statistics, CDC
Updated 08/02/11

AAP SIDS Statement 1992

Back to Sleep Campaign 1994

PEDIATRICS

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

SIDS and Other Sleep-Related Infant Deaths:
Expansion of Recommendations for a Safe
Infant Sleeping Environment
Task Force on Sudden Infant Death Syndrome
Pediatrics 2011;128;1030; originally published
online October 17, 2011;
DOI: 10.1542/peds.2011-2284

The online version along with updated
information and services, is located at:
<http://pediatrics.aappublications.org/content/128/5/1030.full.html>

SIDS vs SUID

- SIDS-unexplained infant deaths after case investigation including death scene, autopsy and history review
 - While infant unobserved and assumed asleep
- SUID-sudden unexpected death of an infant explained or unexplained, includes SIDS
 - Also requires case investigation



SIDS vs SUID

- Investigation focuses on potential causes
 - Distinction between 2 may be difficult
- Similar risk factors
 - Modifiable and non
- SUID attributed to some etiology after investigation

SIDS vs SUID

- Suffocation, asphyxia, entrapment
- Ingestion, infection, metabolic disorder
- Arrhythmia, trauma
 - Accidental and non

Safe Sleep- AAP Recommendations

- Revisited to reduce risk of SIDS and sleep related SUID
- Aimed at stakeholders
 - Parents, caregivers
 - Future parents
 - Health care providers, infant advocates

Safe Sleep- AAP Recommendations

- Health policy makers, researchers



Safe Sleep- AAP Recommendations

- Apply to children up to 1 year of age
- Based on epidemiologic studies and case control studies (no RCTs!)
 - Strength varies
 - Highest level – good / consistent evidence, high certainty of “net benefit” - Level A

Safe Sleep- AAP Recommendations

- Next level – limited / inconsistent evidence, which suggests net benefit on outcomes, may change with additional information - Level B
- Lowest level – consensus / expert opinion - C



Level A Recommendations Back to Sleep for Every Sleep Period

- Placed to sleep supine through age 1 year
- No increase risk of choking / aspiration
- Even if child has GER unless physician has determined risk of GER due to impaired UA protection outweighs SIDS risk



Level A Recommendations Back to Sleep for Every Sleep Period

- Laryngeal cleft without anti-reflux surgery
- Applies to preterm infants when stable
- Supine position for sleep long before leave NICU



Back to Sleep for Every Sleep Period

- Do not elevate HOB
 - Does not work, kids slide to foot of crib
- No side positioning
 - Does not help clear amniotic fluid
 - When in bassinet, should be supine

Back to Sleep for Every Sleep Period

- When infant can roll, allowed to maintain chosen sleep position



Safe Sleep - Level A Recommendations: Sleep Surface

- Firm mattress, fitted sheet
- Crib, bassinet, pack and play must meet safety standards
 - No recalls, no missing parts or broken cribs

**Safe Sleep -
Level A Recommendations:
Sleep Surface**

- Local groups can help provide for those with limited resources
- **Mattress - firm, fits well, no gaps, cover should fit tightly**



**Safe Sleep -
Level A Recommendations
Sleep Environment**

- **No pillows or cushions - as mattress or in crib**
- **No quilts, sheepskins, comforters under kid**
- **No sleeping in regular bed**
 - Portable bed rails risk entrapment, strangulation

**Safe Sleep -
Level A Recommendations
Sleep Environment**

- **“Hazard” free local environment**
 - **Dangling cords, wires, window cords**



**Safe Sleep-
Level A Recommendations
Sleep Environment**

- **No use of sitting devices for sleep**
 - **Strollers, car seats, infant carriers, slings**
 - **No car seats on top of crib**
 - **Do not substitute for crib, etc at home or hospital**

**Safe Sleep-
Level A Recommendations
Sleep Environment**

- **Especially for < 4 months of age**
 - **Poor head control → UAO, suffocation**
- **When in sling head above material, face visible, no obstruction to nose, mouth**

**Safe Sleep-
Level A Recommendations
Sleep Environment**

- **Remove to crib when possible if falls asleep in sitting device**



Sleep Environment

- Room sharing yes, bed sharing NO!
- Crib, bassinet in parents room
 - Parents can monitor infant
- Bed co - sleep devices are not recommended
- If infant brought to parents bed for feeding, etc

Sleep Environment

- Returned to separate space after feed
- Before parent falls asleep!



Sleep Environment

- Couches, arm chairs a big risk if adult holding child at risk for falling asleep
 - High risk of suffocation
- No demonstrated bed sharing situations that protect from SIDS or SUID



Sleep Environment

- Increased risk:
 - Infant < 3 months, sharing with a current smoker
 - Mother smoked during pregnancy, tired adult
 - Adult on ETOH, somnogenic medications



Sleep Environment

- Particular bed sharing risks
 - Non parent, including sibling
 - Multiple people in bed
 - Soft bed surface
 - Waterbed, old couch
 - Soft materials in bed
 - Pillows, blankets, quilts, etc

Sleep Environment

- Separate bed space for twins, triplets, etc



Sleep Environment

- No soft objects, loose bedding in crib, etc
 - Pillows, comforters, toys, quilts, sheepskin
- No crib bumpers
- Infant bed clothes
 - Warmth without overheating or head covering

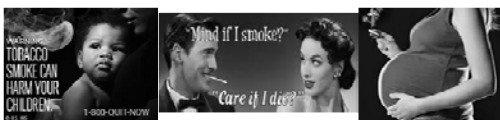


Safe Sleep – Level A Recommendations Maternal Health Issues

- Regular prenatal care
- Avoid smoke exposure pre and post birth
 - No maternal smoking during pregnancy and after

Safe Sleep – Level A Recommendations Maternal Health Issues

- No smoking by others in mother and infants environment - house, car, etc
- High risk if bed sharing with smoker



Maternal Health Issues

- Illicit drug and alcohol use should be avoided
 - Prior to pregnancy
 - During pregnancy
- Bed sharing + ETOH / illicit drugs
 - HIGH SIDS risk



Safe Sleep – Level A Recommendations Infant Care Issues

- Breastfeeding decreases SIDS risk
 - Exclusive breast milk for 6 months most protective
 - Any breastfeeding better than none
- Pacifier offered during all sleep periods



Safe Sleep – Level A Recommendations Infant Care Issues

- Protective effect on SIDS incidence
- Offered at sleep onset
- Replacement after sleep onset not necessary
- Infant should not be “forced” to take paci



Infant Care Issues

- Pacifiers
 - Do not hang around neck
 - Do not attach to clothing during sleep
 - No soft items attached to paci
 - Delay introduction in breast fed infants
 - Until breastfeeding well established : ie 3 - 4 weeks

Infant Care Issues

- No protective effect known for sucking fingers



Infant Care Issues

- Overheating → ↑ SIDS risk
 - Dress infants for environment
 - No more than 1 extra layer compared to adults
 - Monitor infant for overheating
 - Hot to touch, sweating
 - Avoid covering face / head
 - Lack of evidence to suggest fan use ↓ SIDS risk

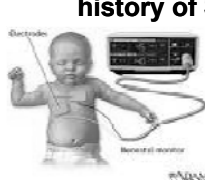



Safe Sleep - Level A Recommendations

- No use of home cardio respiratory monitors to reduce SIDS risk
 - Routine use does not reduce risk
 - In hospital use does not identify newborns at risk
 - Used for selected infants
 - Proven apnea, bradycardia

Safe Sleep - Level A Recommendations

- In infants with chronic lung disease requiring oxygen
- Option for those with family history of SIDS

Safe Sleep - Level A Recommendations

- National campaign to reduce SUID / SIDS risk
- Emphasis on safe sleep environment
- Reduce risks of sleep related SUID
 - Suffocation, accidental deaths
- Engage professional stakeholders

Safe Sleep - Level A Recommendations

- Pediatricians, family physicians, other PCP
- Engage all who provide infant care
 - Parents, babysitters, grandparents, daycare



Safe Sleep - Level A Recommendations National Campaign

- Overcome barriers for behavioral change
 - All care providers
- Focus on groups with higher SIDS/SUID risk



Safe Sleep - Level A Recommendations National Campaign

- Blacks, American Indians, Alaskan natives
- Particular issues
 - Increasing breastfeeding
 - Decreasing bed - sharing
 - Elimination of tobacco smoke exposure



Safe Sleep National Campaign

- Education of how to avoid risk factors
 - Prenatal education
 - Include in secondary school curricula
- Topics include
 - Importance of prenatal care



Safe Sleep National Campaign

- Avoidance of alcohol, tobacco and drugs
- Safe sleep environments
- Review, revise and reissue messages every 5 years



Safe Sleep - Level B Recommendations

- Infant health
 - Regular WCC per AAP recommendations
 - Appropriate immunizations per AAP and CDC
- Immunizations



Safe Sleep - Level B Recommendations

- No evidence of causal relationship between immunizations and SIDS
- Immunization felt to have protective effect

Safe Sleep – Level B Recommendations

- Avoid devices marketed to reduce SIDS
 - Wedges, positioners
 - Special mattresses or sleep surfaces
 - Positions linked to suffocation deaths



Safe Sleep – Level B Recommendations

- No evidence of effectiveness in SIDS
- Supervised tummy time awake
 - To facilitate development
 - To avoid positional plagiocephaly



Infant Sleep Positioners

- MMWR Morb Mortal Wkly Rep. 2012 Nov 23;61(46):933-7
- Suffocation deaths associated with use of infant sleep positioners- United States, 1997-2011
- Centers for Disease Control and Prevention (CDC)



Suffocation Deaths Associated with Use of Infant Sleep Positioners- United States, 1997-2011

- 13 deaths in report from Nov 2012
- Ages 21 days to 4 months
- 8:4 male to female
- 4 with history URI, including RSV
- 3 families using to prevent SIDS
- Do not forget to ask about these



Safe Sleep - Level C Recommendations

- Endorsement of SIDS reduction suggestions
 - Healthcare providers, nursery/NICU staff, child care providers
 - Educate these stakeholder about recommendations



Safe Sleep - Level C Recommendations

- Safe sleep practices should start at birth
- Model behavior in nursery / NICU
- Child care providers should have safe sleep protocols



Safe Sleep – Level C Recommendations

- Media and manufacturing groups
 - Follow safe sleep guidelines in messaging and ads
 - Movies, TV, TV ads, magazine materials
 - Display safe sleep behaviors
 - Avoid messages, behavior contrary to safe sleep recommendations



Safe Sleep Level C Recommendations

- Continued SIDS / SUID research / surveillance
 - Risk factors, causes, pathophysiology
 - Evaluation / innovation for educational campaigns



Safe Sleep Level C Recommendations

- Standardized protocols for death scene investigations
- Comprehensive post mortem evaluation
 - Autopsies, lab tests, radiographs

