

## **South Carolina Infant Safe Sleep Update: Trends, Tragedies and Opportunities**

March 23, 2017

- 1. 20+ years ago the instructions were to put the baby to sleep on his/her tummy. Grandparents may not be aware that sleep recommendations have changed over the years. How can we empower parents to "teach" grandparents about the new sleep recommendations?**

Dr. Hudson: Include grandparents and extended family in safe sleep education whenever possible. Encourage parents to share changes in recommendations with anyone who might have learned different methods in another time, and take the time to talk about safe sleep issues with teenaged family members who might be babysitting infants in the community, too.

Michelle Greco: Education and repetition is key. Involve grandparents (and other caregivers) early on during pregnancy in discussions about planning for the nursery as well as what items to register for as gifts or to purchase. Often time's grandparents will think about what items they will also need to have for when the baby comes to visit. It is a great time to introduce current safe sleep recommendations (and new safety standards for products (Ex: drop side cribs no longer being manufactured or recommended for use after June 28, 2011, bassinet safety standards updated in September 2013 as well as Portable Cribs in February 2013). This is a good way to segway into why products were updated due to the amount of Infant Sleep Related Deaths and accidental injuries as well current research. Parents can then discuss the ABCs of safe sleep. This is also good time to discuss updated recommendations on car seats.

For more information on:

Updated crib/portable crib/bassinet safety standards for at home as well as in churches and childcare centers go to-

<https://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/>

Safe Sleep information for grandparents- "Safe Sleep for Your Grandbaby" (available in English and Spanish)

[https://www.nichd.nih.gov/publications/pubs/Documents/Safe\\_Sleep\\_Grandbaby\\_English.pdf](https://www.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Grandbaby_English.pdf)

[https://www.nichd.nih.gov/publications/pubs/Documents/SafeSleepforBaby\\_GP-Espanol.pdf](https://www.nichd.nih.gov/publications/pubs/Documents/SafeSleepforBaby_GP-Espanol.pdf)

For car seats –

[https://www.cdc.gov/motorvehiclesafety/child\\_passenger\\_safety/cps-factsheet.html](https://www.cdc.gov/motorvehiclesafety/child_passenger_safety/cps-factsheet.html)

- 2. What is your professional opinion on the use of "Rock-N-Plays" in the place of a traditional bassinet? How do you educate parents on the use of newer devices on the market now?**

Dr. Taylor: The most important advice regarding a sleep surface is to remember the ABC's- alone, on the back, and in the crib (or sleep environment) with nothing else in the crib. Safe Sleep can be achieved in multiple devices- crib, pack'n play, and bassinet. I will ask Michelle

Greco to share her information specific to the Rock-N-Plays, but I do want to mention the “Baby Box” which is a popular discussion currently. Questions persist regarding the Baby Box which include the potential for mold growth, the potential for the top to be put on the box with the baby in the box, and concern of where the baby will sleep when they outgrow the box but are not yet 1 year.

Dr. Hudson: I generally recommend against using any new devices on the market that don't conform to practicing the ABC's, and I emphasize that a majority of products advertised for infant sleep or play have not been effectively safety tested. Unfortunately, many products must be proven unsafe (with tragic consequences) before recall. In addition, anything that involves rocking or elevation (including swings, bouncy seats, car seats, etc.) may put an infant at risk of ending up in an unstable or compromised position. If parents have already purchased or received these devices, I encourage that they be used only with direct supervision by a capable and awake adult.

Michelle Greco: Having reviewed many infant death scenes and conducting safe sleep consults I advise parents and caregivers to follow the 2016 American Academy of Pediatrics Infant Safe Sleep Recommendations that an infant should sleep on a firm, flat mattress with only a tightly fitting sheet and nothing in the sleep area from birth. In keeping with those recommendations the most studied products that have been through rigorous safety testing with set standards are cribs, portable crib or bassinets. The newer products have not been tested as thoroughly and some have been recalled due to product design safety concerns, injuries, mold issues and infant deaths. I have had safe sleep consults and been on several websites where parents have stated they had used a device other than a crib, portable crib or bassinet and are having a difficult time getting their infant to sleep flat on their back, on a firm and flat mattress in a crib, portable crib or bassinet when they can no longer use the other device. Many times parents or caregivers have unintentionally put their infant in potentially dangerous situations that could result in injury or death, when they try to transition their infant from devices that were elevated, cushioned or padded and recreate that environment in a crib or portable crib. The best advice is to start healthy sleep habits from the start and be consistent at all times, nap time and bedtime following the ABCs in a safety approved safe sleep environment.

**3. How do you handle trying to educate stubborn parents who refuse safe sleep practices for older infants 8 months+?**

Dr. Hudson: In the inpatient setting, I recommend using a consistent and scripted educational approach at least once per shift. Document the education, and document the parent's responses and behaviors afterward. Assess for true safety issues, and if parents are practicing truly unsafe behaviors, it would be appropriate to report concerns to DSS. In the outpatient setting, practice the same approach, with documentation of education at each visit and reporting serious concerns, if identified.

Michelle Greco: I ask them to tell me about the environment and practices they use for their infant's sleep and why. Sometimes listening to a parent's or caregivers ideas, concerns and thoughts will lead to opportunities to educate and at times correct myths and misperceptions. I emphasize the safety concerns around not following safe sleep for infants at all ages and that there has been deaths due to accidental suffocation or strangulation in bed (or other sleep area)

by objects, pillows, blankets or overlay by another person. I also discuss risks of falls that can lead to serious injuries and or death. I also provide statistics for fatalities in our county and state. If the caregiver or parent is insistent upon not following the 2016 AAP Infant Safe Sleep Recommendations I also advise that if the infant is injured or dies that DSS and or Law Enforcement are contacted and an investigation and possible charges against that parent or caregiver can be made.

4. **What can be done to help parents make the right safe sleep decision in the middle of the night?**

Dr. Taylor: First, we have to have an honest conversation with the parents regarding the fatigue and exhaustion they will feel. I think it is similar to breastfeeding where we have to recognize that breastfeeding is difficult and, even though it is “natural”, it does not feel “natural” in our unnatural world. The same could be said for safe sleep. For the way that we live today (both parents working, nuclear families or even single caregiver households), parents are exhausted at night, and their exhaustion is outweighing safe sleep choices. Second, we need to be comfortable with crying as long as the infant is safe and nourished. This is easier said than done! Third, we need to help parents develop methods to not be so fatigued and exhausted. What can be changed in their lives to have better coping skills in the middle of the night? I have not seen an answer to this question yet, but we need to search for answers to this.

Dr. Hudson: Encourage consistency with a goal of achieving good “sleep hygiene” for the entire family. Use other examples so parents view safe sleeping as “sleep training,” much like offering fruits and vegetables at meals in order to promote healthy eating habits rather than catering to food preferences of children. Encourage parents or caregivers living in the same home to discuss a plan for dealing with night-time awakenings in advance.

Michelle Greco: Provide anticipatory guidance early on in pregnancy and at birth that parents and caregivers will be tired in the first months and up to a year and that they will need to learn to prioritize their energy and efforts on what is essential for them to do and what they can delegate to others to do so that they can rest more. Help them think about options that follow Safe Sleep recommendations and encourage room sharing, taking friends and family members up on offers to help by having them come over and help parents during the middle of the night with feedings and infant care. Encourage consistency in sleep routines and settings for the infant. Let parents and caregivers know that if an infant is fussy or crying and all of their needs have been met and they cannot be soothed it is ok for the parent/caregiver to place the infant on their back in a safe sleep environment, while the parent/caregiver rests. Educate on establishing healthy sleep habits and sleep training in which they place the infant down to sleep while they are still awake so that they learn to fall asleep on their own.