



Infant Safe Sleep Frequently Asked Questions



SIDS is the sudden death of an infant under 1 year of age, which remains unexplained after a thorough investigation. SUID includes all unexpected deaths; those from a known and unknown causes. An example of SUID is an infant suffocation during sleep.

Question: What if an infant needs to be placed in a different position than flat on their back for sleep?

- **Answer: All infants should be placed flat on their back for all sleep.**
 - If a parent asks for an alternate sleeping position, a signed order by the infant's primary health care provider (physician or physician assistant) with a medical diagnosis for the alternate position is required by DHS.
 - It is encouraged that the length of time (start and end date) for the alternate position is also included in the order.
 - This order should be kept in the infant's file and all staff should be notified of the infant's prescribed sleep position.
 - Posting a sign at the infant's crib about the alternate sleeping position without including identifying medical information is helpful as a reminder to staff and to other parents why the infant is sleeping in an alternate position. The sign should include the start and end date.

Question: How do I know if the sleep equipment/furniture meets the CPSC federal requirements?

- **Answer: The Consumer Products Safety Commission (CPSC) has information on their website about **crib** standards and **play yards** at <https://www.cpsc.gov/SafeSleep> There is also a Q&A specific to cribs at <https://onsafety.cpsc.gov/blog/2011/06/14/the-new-crib-standard-questions-and-answers/>**

Question: What is the concern for allowing an infant to sleep in a seated or semi-reclined position?

- **Answer: The AAP states that infants are at an increased risk of positional asphyxia, suffocation, and strangulation when in a seated or semi-reclined position.**
 - Positional asphyxia is when the infant cannot breathe because the position of their body blocks their airway.
 - Back is best even for infants with reflux (gastroesophageal reflux - GER). Research has shown that sleeping in a seated or semi-reclined position does not help alleviate reflux for infants.
 - AAP also states that devices designed to elevate the head of the crib (like a wedge) is not effective in reducing GER. It's also not safe as it increases the risk of the infant rolling to the foot of the bed or into a position that may cause serious or deadly breathing problems.
 - For more information go to: <https://www.healthychildren.org/English/tips-tools/ask-the-pediatrician/Pages/What-is-the-safest-sleep-solution-for-my-baby-with-reflux.aspx>

Question: Can an infant be put down for sleep with a bottle or allowed to have a bottle propped while they are awake in a seating device?

- **Answer: Infants should be held for all bottle feedings!**
 - Feeding while laying down (in a crib or play yard) can lead to cavities and ear infections.
 - Feeding infants in a more upright position helps the infant to control the flow of milk which helps to reduce the risk of the baby eating too much or too fast.

- Holding the baby in an upright position with the bottle parallel to the floor helps to pace the feeding.
- For a great video on paced bottle feeding go to:
<https://www.youtube.com/watch?v=OGPm5SpLxXY>

Question: Infants are to be alone for all sleep however what if the infant is being held by the child care provider?

- Answer: A provider may hold an infant for soothing and comfort prior to sleep, however once the infant falls asleep the provider should immediately place the infant alone in the crib flat on their back. This is important because of the following risks:
 - When an infant is being held overheating can occur.
 - The infant may have positional asphyxia (restricted airway) or re-breathing putting them at risk of suffocation. There are documented cases of infants' dying of SIDS/SUID while being held.
 - The provider is in ratio. If the provider is holding a sleeping infant the provider is unable to adequately care for other infants/children in care.
 - The provider may accidentally fall asleep putting the infant at risk for suffocation and/or wedging of the infant between the provider's body and the chair/couch/recliner/etc.

Question: Why does the AAP not recommend the use of home monitors or commercial devices marketed to reduce the risk of SIDS/SUID? What about the Owlet Smart Sock device?

- Answer: Providers should be frequently actively supervising infants by sight and sound. Also the lighting of the room should allow for good visualization of the infant.
 - Per AAP, monitors available on the market are not medical devices and give little or no protection from SIDS/SUID. They monitor for apnea and research has not shown a clear link between apnea and SIDS/SUID. Monitors also cause many false alarms and may give a false sense of safety.
 - The Owlet Smart Sock is not marketed as a medical monitor or other medical device and is not intended to prevent SIDS/SUID.

Question: Why is swaddling not necessary or recommended by AAP in the child care setting?

- Answer: Swaddling is for newborns within the first weeks of life. Per Rachel Moon, MD, FAAP, chair of the task force that authored the AAP's safe sleep recommendations, "Swaddling may decrease a baby's arousal, so that it's harder for the baby to wake up. That is why parents like swaddling – the baby sleeps longer and doesn't wake up as easily."
 - Research has shown that decreased arousal can be a problem and may be one of the main reasons that babies die of SIDS.
 - The other risks of swaddling include overheating and hip dysplasia.
 - AAP recommends that infants are phased out of swaddling before entering child care.

Question: What about swaddling sleep sacks, the "flying squirrel" wearable blanket and weighted blankets. Are they safe to use in child care?

- Answer: These types of products are a concern due to overheating and SIDS/SUID.
 - The sleep sack style without sleeves that are lightweight is a good choice.
 - The "swaddler" sleep sack style has been a concern because we have seen (in Iowa) the swaddler style used inappropriately with infants who are already starting to roll. The swaddler style is very specific that it is intended for younger infants. One company has

following disclaimer on their website "Discontinue swaddling when the baby shows signs of rolling over or breaking out of the swaddle wrap".

- HCCI (and DHS) has stated that "weighted" sleep clothing/wearable blankets should not be used in child care. There have been deaths in the US related to weighted blankets.

Question: When infants are able to roll back and forth from front to back, the infant is allowed to assume a preferred sleep position. This is sometimes a concern for staff, consultants, and for parents when they see an infant not on their back while sleeping. How do we address this concern?

- Answer: Signage can be so helpful for staff and parents as well as consultants! Placing a sign near the infants' crib stating something like "I'm growing up and can roll over from front to back...I start out sleeping on my back but like to roll over to my tummy" can help relay to everyone that the program and staff follows Safe Sleep guidelines!

Question: What are the guidelines for tummy time?

- Answer: For specific information on safety during tummy time go to: <https://www.idph.iowa.gov/hcci/products> and click on the "Tummy Time" Fact Sheet

Question: Where can I order brochures?

- Answer:
 - The *Safe Sleep: Reducing the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep Related Infant Death* brochure is available for free at www.iowasids.org phone: 515-965-7655 email: info@iowasids.org
 - Also contact your local CCNC for safe sleep brochures and posters available for programs.