

WHEELING HOSPITAL
Nursing Administrative Policy and Procedure Manual

MANUAL SECTION: Provision of Care, Treatment and Services: Nursery

POLICY NUMBER: 38

SUBJECT: Infant Positioning/Safe Sleeping Practice

REVISION/REVIEW

DATES: January 16, 2014, October 14, 2015, March 1, 2016, *July 7, 2016*

POLICY:

It is the policy of Wheeling Hospital to promote safe sleep practices including discouraging bed sharing. Wheeling Hospital recognizes that healthcare professionals are critical in communicating sleep related infant death reduction strategies to parents and families both through education and by practicing safe sleep practices while the infant is in the hospital.

PURPOSE:

- A. Establish guidelines and parameters for infant positioning.
- B. Establish appropriate and consistent parental education on safe sleep positions and environment.
- C. Establish consistent safe sleep practices by healthcare professionals for infants prior to discharge.

POLICY STATEMENT:

SIDS (Sudden Infant Death Syndrome) is considered to be the sudden death of an infant younger than one year of age that remains unexplained after a complete investigation. There has been a significant decrease in the number of infants who have died from SIDS due to healthcare providers and public health campaigns educating parents and caregivers of the risk factors related to SIDS. Healthcare professionals have a vital role in educating parents and families regarding the “Back to Sleep” campaign. The “Back to Sleep” campaign was started in 1994. In 1992 the SIDS rate was 1.2 deaths per 1000 live births. In 2001, the SIDS rate was 0.56 deaths per 1000 live births, which was a decrease of 53% over a ten-year period. The decreasing SIDS rate is occurring due to a reduction in prone positioning. In 1992, prone positioning was seen in 70%, compared to 13% in 2006. As important role models, healthcare professionals are critical in communicating SIDS risk reduction strategies to parents and families, and by practicing safe sleep practices while infants are still in the hospital.

There are factors that have been identified that place an infant at an increased risk of SIDS. They include: stomach sleeping, sleep surfaces that are soft (loose, fluffy bedding), overheating during sleep, maternal smoking (during pregnancy or in the infant's environment), and bed sharing.

EQUIPMENT:

Open cribs/bassinets, isolettes or infant warmers.

PROCEDURE:

A. Infants in the Newborn Nursery:

1. Place all infants on their backs to sleep and the head of the bed flat.
*Infants with a medical contraindication to supine sleep position (i.e. congenital malformations, upper airway compromise, severe symptomatic gastro esophageal reflux) should have a physician's order along with an explanation documented.
2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.
3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet and can be returned to the newborn nursery at the discretion of the nurse. The mother/parent should then be re-educated on safe sleep practices as soon as practical.
4. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "sleep sack" may be used. Sleep sacks may be used on infants < 38 pounds and 1 year of age.
*If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
5. The infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket.
6. Environmental temperature should be maintained at 72 to 78 degrees F.

B. Infants in the Pediatric Unit: (Infants less than 1 year of age)

1. Follow the guidelines for the Newborn Nursery.
2. If a blanket is needed for the infant, the infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket. If no blanket is needed, the infant may be positioned in the bed appropriately.
3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet or crib. The mother/parent should then be re-educated on safe sleep practices as soon as practical.

PATIENT EDUCATION:

- Sudden Infant Death Syndrome (SIDS) and Safe Sleep Practice education will be provided throughout the neonate's stay.
- Parent/guardian education will be given by any and/or all of the following means:
 - Verbal teaching
 - Demonstration and practice
 - Written reference materials
 - Viewing of instructive DVD
- SIDS and Safe Sleep Practices will be reinforced during the discharge process. The parent/guardian will be given the opportunity to voice concerns and have any questions answered by staff prior to discharge.

DOCUMENTATION:

- A. Document the infant's position on the Newborn Nursery or Pediatric Flow Sheets.
- Nurse will document the following in the newborn's discharge teaching summary:
 - Assessment of Safe Sleep Practices
 - Education given to parent/guardian
 - SIDS and Safe Sleep Practice guidelines will be included in the discharge instructions.
- B. Family/Parental teaching: All parents and caregivers (daycare workers, grandparents and babysitters) will be educated on SIDS and safe sleep environments and positioning.
1. All healthy infants should be placed on their backs to sleep.
 2. All infants should be placed in a separate but proximate sleeping environment (crib, infant bassinet, or Pac 'N' Play).
 3. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
 4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.
 5. Avoid bed sharing with the infant.

Risk of Bed Sharing:

- Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or edged between the bed and the wall/bed frame, injured by rolling off the bed, and infants have suffocated in bedding.
 - Infants have died from suffocation due to adults rolling over on them.
 - Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.
6. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level or use an appropriate size blanket that can be tucked in around the crib mattress and position the infant's feet at the bottom of the bed.

7. The use of a “sleep sack” may be used in place of a blanket.
8. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
9. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant’s sleeping environment.
10. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.
11. Avoid maternal and environmental smoking.
12. Breastfeeding is beneficial for infants.
13. Home monitors are not a strategy to reduce the risk of SIDS.
14. Encourage tummy time when the infant is awake to decrease positional plagiocephaly.

C. Document all parental teaching (including if the contract was signed and whether the Safe Sleep DVD was viewed) related to sleep safe practices on the parental teaching portion of the Plan of Care.

NAS and Prone Positioning

<p>Infant Irritable <u>Comfort Measures</u></p> <ul style="list-style-type: none"> • Rocking • Holding (volunteers) • Swaddling • Etc.
<p>IF irritability continues despite efforts to calm</p> <ul style="list-style-type: none"> • May position infant prone • Re-assess symptoms of withdrawal when infant awakens
<p>Irritability continues > 12 hours that necessitates prone positioning at times</p> <ul style="list-style-type: none"> • Consult with MD/NNP to review scores and meds
<p>Re-assess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!</p>

NAS and Prone Positioning (Continued)

<p>Getting ready for home—</p> <ul style="list-style-type: none"> • Discontinue prone positioning if used. • Discuss with MD/NNP
<p>Begin Home Sleep Environment (if not done earlier) when –</p> <ul style="list-style-type: none"> • Morphine dose 0.22 mg-0.16 mg every 3 hours • Average abstinence scores of < 6 over 24 hours • No scores > 10 in the last 24 hours • No PRN doses given in the previous 24 hours
<p>Implement the “home sleep environment” at least 1 week before discharge if not sooner.</p>

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| <ul style="list-style-type: none">• <u>KEY POINT – implement when infant is ready for “home sleep” and not earlier in the hospitalization</u>• Review information and safe sleep DVD with parents |
| Family Education <ul style="list-style-type: none">• Need extra education when prone• <u>DO NOT say</u>, “I couldn’t get him to sleep so I put him on his belly”. “She was very fussy last night and slept better being on her belly”, “belly sleeping is okay here in the Nursery because our babies are monitored – don’t do this at home”• <u>DO say</u>. “to help her calm I put her on her belly for a brief time. This special therapy is sometimes needed to help with withdrawal symptoms”.• <u>Be consistent</u> with messages |

References: American Academy of Pediatrics Policy Statement, Task Force on Sudden Infant Death Syndrome. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding Sleeping Environment, and New Variables to Consider in Reducing Risk. Pediatrics, November 2005; 16(5): 1245-1255.

National Institute of Child Health and Human Development (NICHD), Continuing Education Program on SIDS Risk Reduction.

**Individual Responsible for Revision/Review: Nurse Manager – Nursery
Vice President/Chief Nursing Officer**

Next Review Date: *July 7, 2019*