

REDUCING THE RISK OF SIDS IN CHILD CARE

Presented by

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



Healthy Child Care America Back to Sleep Campaign

- Launched in 2003
- Activities
 - Increase awareness.
 - Decrease incidence of SIDS in child care.
 - Educate policy makers to include back-to-sleep positioning in child care regulations.



“Better Safe Than Sorry”

“I am a family home child care provider who has cared for infants for 18 years. It is my profession...but [one day], something happened that turned my whole world upside down and me inside out. I had a sudden infant death occur in my home.”

– Sharon Russell, “SIDS and its Effect on Caregivers”

Do you know anyone who has lost a baby to SIDS?

- What experiences have you had with SIDS? Do you know any families who have lost a baby to SIDS?
- Describe the details of the situation if you feel comfortable.



Objectives for today

By the end of this session, you should be able to

1. Define SIDS.
2. Identify behaviors that increase the risk of SIDS.
3. Discuss common myths about SIDS.
4. Be familiar with resources to help you reduce the risk of SIDS for the infants in your care.

SIDS Facts Exercise

- Are any of these facts new or different from what you've heard elsewhere?



What is Sudden Infant Death Syndrome (SIDS)?

- SIDS is the unexpected death of seemingly healthy babies 12 months or younger.
- No cause of death is determined by
 - Death scene investigation and autopsy.
 - Review of baby's medical history.
- Experts cannot predict which babies will die from SIDS.



SIDS in Child Care

- Two thirds of US infants younger than 1 year are in nonparental child care.
- Infants of employed mothers spend an average of 22 hours per week in child care.
- 32% of infants are in child care full time.
- Less than 9% of SIDS deaths should occur in child care.

– Ehrle et al, 2001



SIDS in Child Care

- Approximately 20% of SIDS deaths occur while the infant is in the care of a nonparental caregiver.
 - 60% in family child care
 - 20% in child care centers
 - 20% in relative care
- Infants tend to be Caucasian, with older, more educated parents.
 - Moon et al, 2000



SIDS in Child Care

- Approximately $\frac{1}{3}$ of SIDS-related deaths in child care occur in the first week, and $\frac{1}{2}$ of these occur on the first day.
- Something intrinsic to child care? Not that we've found yet
 - Stress, sleep deprivation?
- Unaccustomed tummy sleeping? Yes



Unaccustomed Tummy Sleeping

- Increases risk of SIDS (as much as 18 times).
 - Mitchell et al, 1999
- Nonparental caregivers may use tummy sleeping.
- Less ability to lift head in tummy position.
- Later development of upper body strength.
 - Davis et al, 1998



Ultimate Goal

- Reduce the number of infants dying of SIDS or suffocation while sleeping in child care settings.



SIDS Facts

- In 2005, there were about 2,200 SIDS cases (US).
- It is the leading cause of death for babies from 1 to 12 months of age.
- Highest risk is at 2 to 4 months; 91% occur between 1 and 6 months of age.
- Seasonal trend: there are more SIDS deaths in winter months.
- More male babies die of SIDS.
- Unaccustomed tummy sleeping increases risk as much as 18-fold.



SIDS Facts

- The exact causes of SIDS are unknown, but SIDS is NOT caused by
 - Immunizations
 - Vomiting or choking



Reducing the Risk Exercise

- Are any of these risk reduction recommendations new to you?



Modifying SIDS Risks

- Risks that can be modified
- Risks that cannot be modified



SIDS Risk Factors—Pregnancy

- Low birth weight (less than 5 pounds)
- Premature (less than 37 weeks)
- Maternal smoking during pregnancy
- Multiple births (eg, twins, triplets)
- Maternal age younger than 18 years
- Less than 18 months between births

Babies at Risk for SIDS

- African Americans (2x greater risk)
 - Partly genetic
 - Partly behavioral (sleep position, bedsharing)
- American Indians (more than 2x greater risk)
 - Secondhand smoke exposure
 - Binge alcohol drinking during pregnancy
 - Overdressing of babies



Babies at Risk for SIDS

- Mothers who smoke during pregnancy (3x greater risk)
- Babies who breathe secondhand smoke (2.5x greater risk)



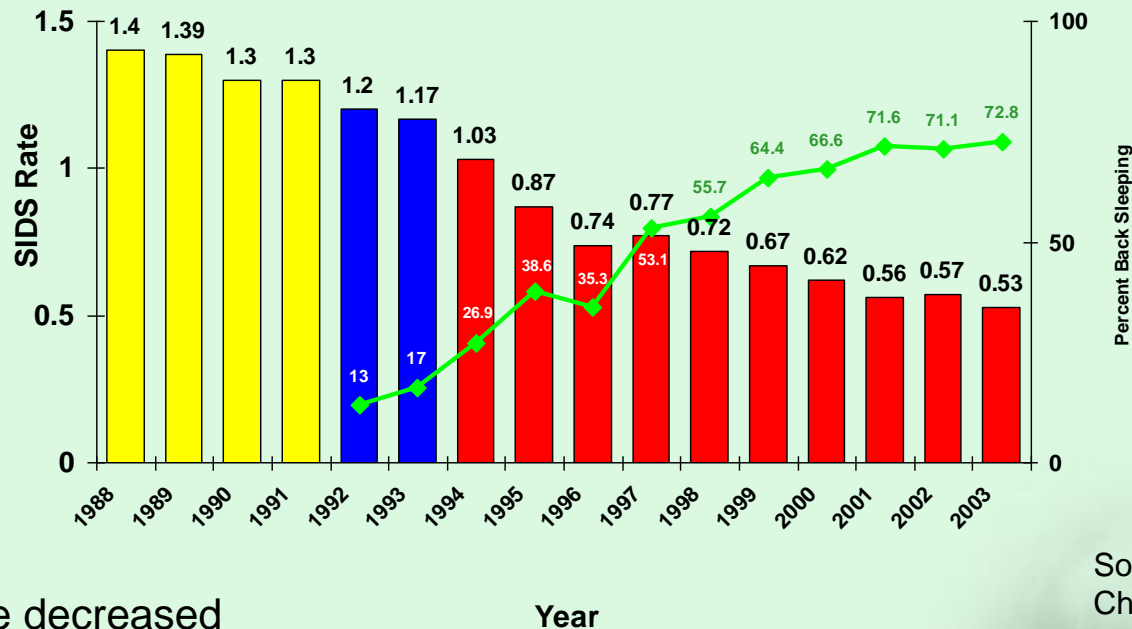
Babies at Risk for SIDS

- Babies who sleep prone (on their tummies) **or on their sides** (2-3x greater risk)
- Babies put on their tummies to sleep who usually sleep on their backs or babies who roll over onto their tummies (as much as 18x)



SIDS Rate and Sleep Position

SIDS Rate and Sleep Position, 1988-2003
(Deaths per 1,000 Live Births)

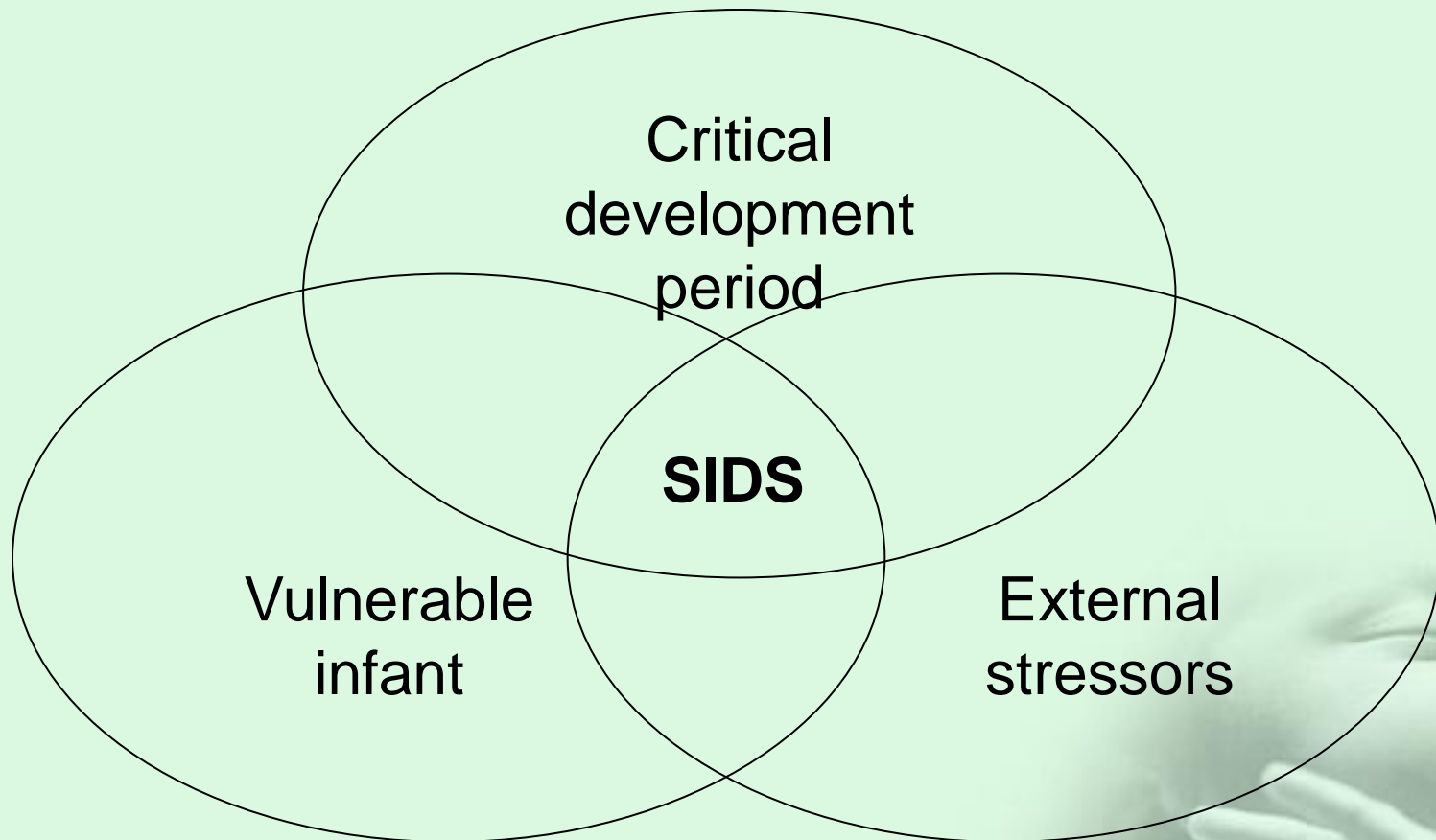


SIDS rates have decreased and percent of back sleeping has increased since the campaign began.

Yellow (1985–1991): Pre-AAP recommendation
 Blue (1992–1994): Post-AAP recommendation
 Red (1995–1999): Back to Sleep campaign

Source: National Institute of Child Health and Human Development Household Survey Final Data 2003, National Center for Health Statistics, Centers for Disease Control and Prevention

Triple Risk Model



Common Beliefs/Misconceptions

- Why don't people want to put babies on their backs for sleep?

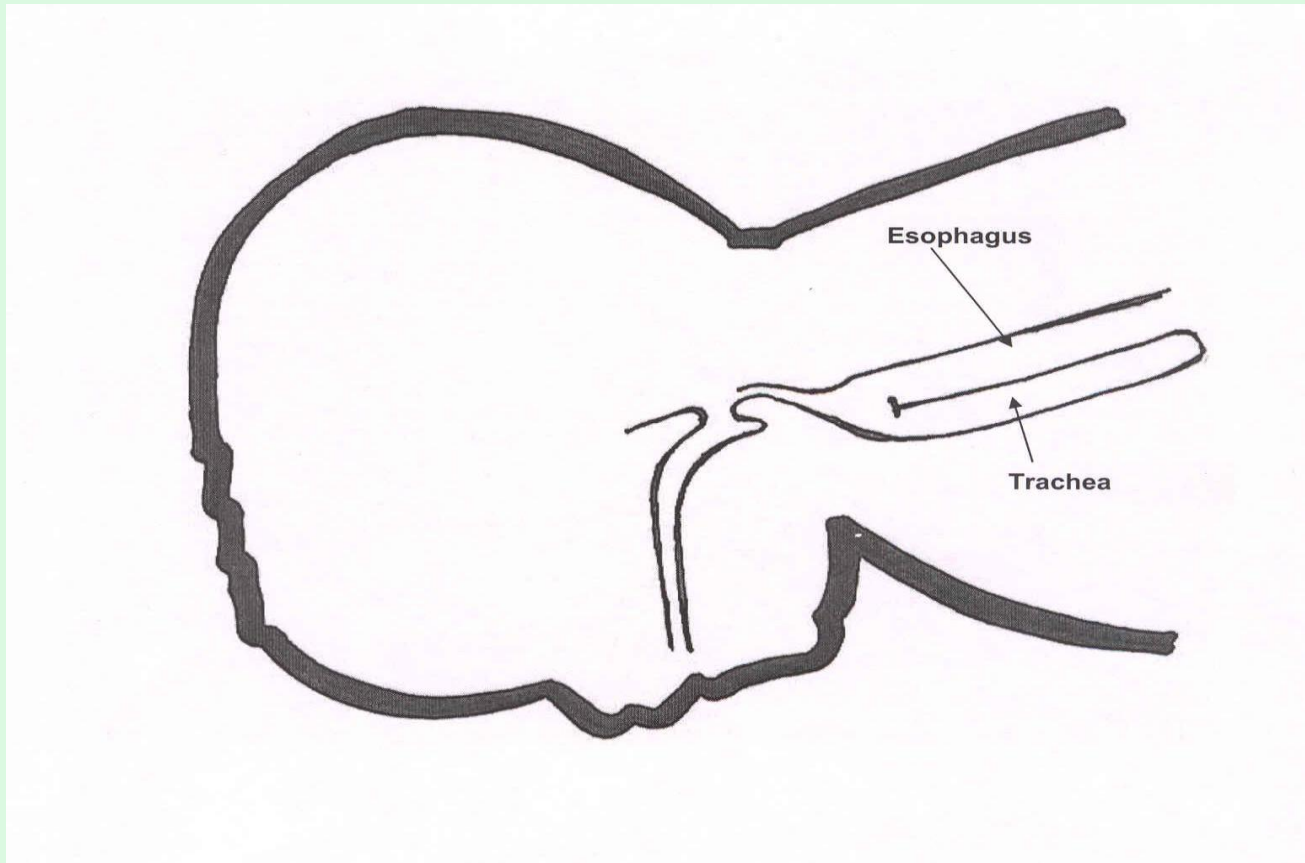


Reasons that people place babies on their tummies

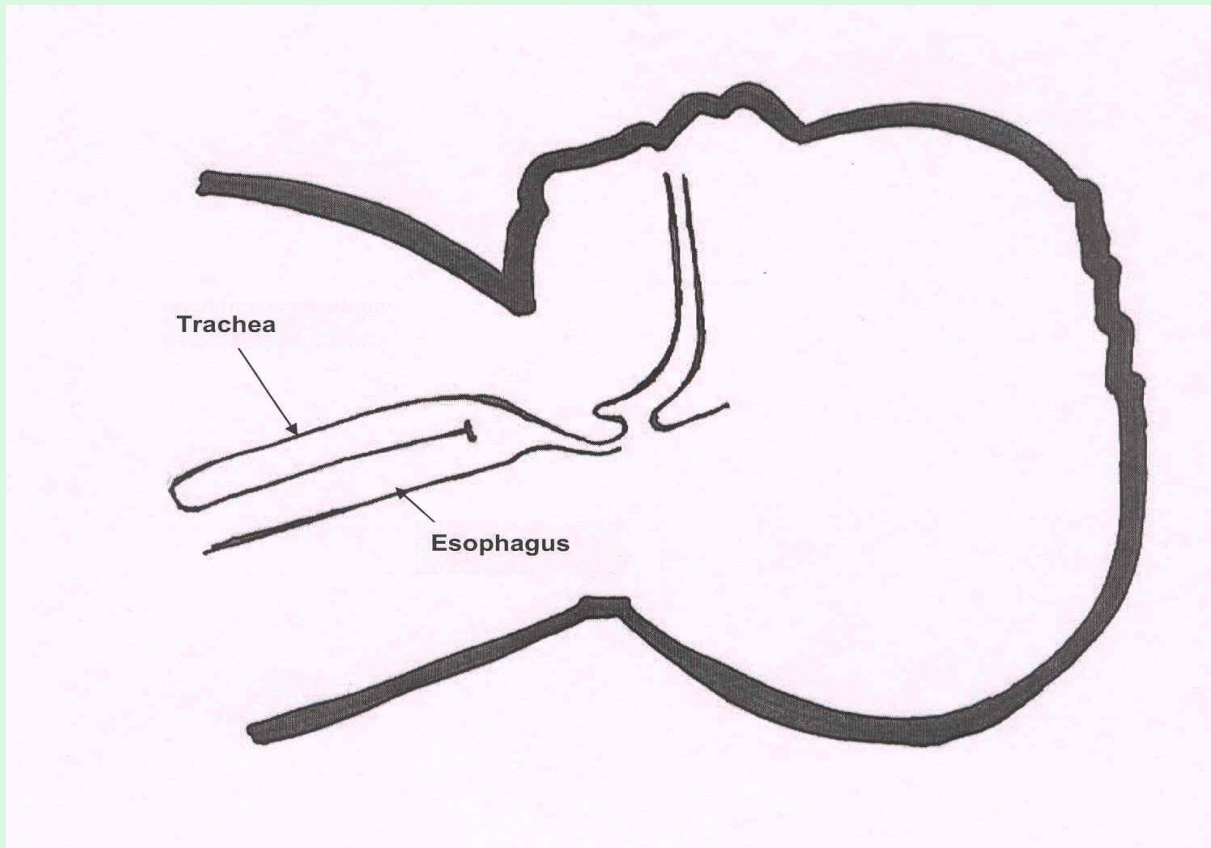
- They think that babies are more likely to choke or aspirate if they vomit or spit up
- They are worried that babies won't sleep as well
- Parental requests



Anatomy when sleeping on stomach



Anatomy when supine



Reasons that people place babies on their tummies

- Babies sleep better/longer/more deeply when they're on their stomachs



Reasons that people place babies on their tummies

- The baby will get a flat head if the baby sleeps on the back.
- The baby will get a bald spot from sleeping on the back.



Reasons that people place babies on their tummies

- When the baby is on the back, s/he startles more easily and wakes up.



Reasons that people place babies on their tummies

- When babies sleep on the backs, they don't develop normally.



Reasons that people place babies on their tummies

- The baby's parent(s) wants the baby to sleep on the tummy.



Why Child Care Providers Use Tummy Sleeping

- Lack of awareness
 - 25% of licensed child care providers say they never heard of the relationship between SIDS and sleep position.
- Misconceptions about risk of sleep position
 - Supine and aspiration, choking
 - Belief that tummy sleeping improves infant comfort
- Parental preference
 - Lack of information
 - Lack of education



Caring for Our Children: National Health and Safety Performance Standards—2002

Standard 3.008: Scheduled Rest Periods and Sleep Arrangements

- Supine (back) sleep position for babies
- Physician's note if position other than back (that includes medical reason)
- Babies placed on back, but when able to turn over, “allowed to adopt whatever position they prefer to sleep”
- Positioning devices not to be used, unless specified by a physician



Break



Implementing SIDS Risk Reduction

- Tummy to play and back to sleep.
- Use safe sleep practices.
- Provide a safe sleep environment.



Tummy to Play and Back to Sleep

- Supervised tummy time when babies are awake
 - Promotes healthy physical and brain development
 - Strengthens neck, arm, and shoulder muscles
 - Decreases risk of head flattening and balding
 - Encourages bonding and play between the supervising adult and the baby
- Back to sleep
 - Reduces the risk of SIDS
 - Comfortable and safe



Tummy Time

- Tummy time is for babies who are awake and being observed.
- It is needed to develop strong muscles.
- Have tummy time 2 to 3 times a day and increase the amount of tummy time per day as the baby gets stronger.
- There are lots of ways for babies to enjoy tummy time!



Safe Sleep Practices

- Always put healthy babies to sleep on their backs for naps and at bedtime.



Safe Sleep Practices

- Avoid overheating.
 - Do not overdress baby.
 - Never cover baby's head with a blanket.
 - Room temperature should be comfortable for a lightly clothed adult.



Safe Sleep Practices

- Do not have more than one baby per crib.



Safe Sleep Practices

- Pacifiers may be offered to babies to reduce the risk of SIDS
 - If breastfed, wait until breastfeeding is well established (approximately 3 - 4 weeks of age), before offering a pacifier.
 - If the baby refuses the pacifier, don't force it.
 - If the pacifier falls out while the baby is asleep, you do not have to re-insert it.



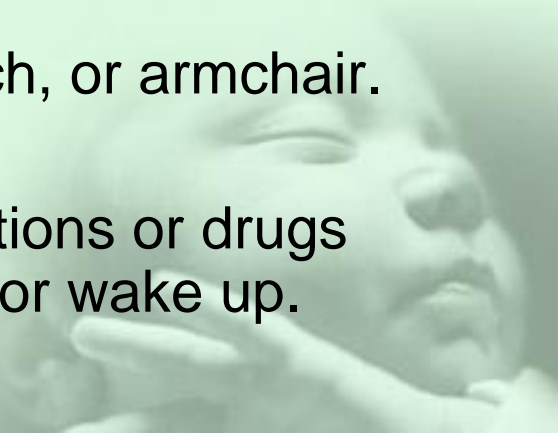
Safe Sleep Environment

- Safe crib, firm mattress.
- Avoid chairs, sofas, air mattresses, water beds, and adult beds.



Bed Sharing or Co-sleeping

- May be hazardous under certain conditions.
- The American Academy of Pediatrics recommends that babies not bed share.
- Bed sharing is especially dangerous when
 - Baby bed shares with someone other than the parents. Therefore, children or other adults should not bed sharing with an infant.
 - Bed sharing occurs on a waterbed, couch, or armchair.
 - The adult is a smoker.
 - The adult drinks alcohol or uses medications or drugs that can make it more difficult to arouse or wake up.



Bed Sharing or Co-sleeping

- The safest place for a baby to sleep is in a separate sleep surface (eg, bassinet, crib, cradle) next to the parents' bed.



Safe Sleep Environment

- No excess bedding, comforters, or pillows
 - Consider a blanket sleeper or sleep sack for the baby instead of a blanket if extra warmth is needed
 - No bib around the baby's neck
- Bumper pads are not needed
- Wedges or positioners are not recommended
- No toys or stuffed animals in the crib
- Be aware that parents like their baby to have things from home with them- help caregivers to identify other ways to allow this.

Baby in a Safe Crib



Safe Sleep Environment

- Maintain a smoke-free environment



Benefits of a Safe Sleep Policy

- May save lives of babies
- Shows parents baby's health and safety is your #1 priority
- Educates staff
 - Consistent care
 - Educate parents
 - Professional development



Benefits of a Safe Sleep Policy

- It empowers child care providers
- If followed, helps reduce your risk of liability



Legal Considerations

- Litigation
 - Wrongful death
 - Loss to society
 - Neglect
 - Breach of contract between parents and provider
- Back to sleep and safe sleep practices
= STANDARD OF CARE



Elements of a Safe Sleep Policy

- Healthy babies always sleep on their backs.
- Obtain physician's note for non-back sleepers.
 - The note should include prescribed sleep position and the medical reason for not using the back position.
- Use safety-approved cribs and firm mattresses.
- Crib: free of toys, stuffed animals, and excess bedding.
- If blankets are to be used, practice feet-to-foot rule.
- Sleep only one baby per crib.



Elements of a Safe Sleep Policy

- Room temperature is comfortable for a lightly clothed adult.
- Monitor sleeping babies.
- Have supervised tummy time for awake babies.



Elements of a Safe Sleep Policy

- Teach staff, substitutes and volunteers about safe sleep policy and practices.
- Provide parents with safe sleep policy.



Alternate Sleep Position

- Require written and signed physician's note.
 - Identifies medical reason why baby sleeps in position other than on back



Alternate Sleep Position

- Inform all child care providers and substitutes.
- Keep physician's note in baby's medical file and post notice on crib.



Handling Parents' Concerns

- Discuss SIDS and risk reduction strategies with parents.
- Discuss sleep position policies.
- Discuss medical waiver and implications.



What We Need to Do

- Implement the *Caring for Our Children* standards.
- Have a safe sleep policy.
- Train all caregivers.
- Talk with a child care health consultant.
- Be able to handle an infant medical emergency.
- Be aware of bereavement resources.



Handling a Medical Emergency

- Have a plan in place.
- Review the plan with all staff periodically.
- Be sure you have received training and have successfully practiced rescue breathing and skills for handling a blocked airway for infants in a first aid course.



First Aid—Unresponsive Infant

- Teaching resuscitation skills is beyond the scope of this workshop. You must first practice resuscitation on a mannequin.
- Call 911.
- Get help to care for the other children.
- Call the child's parents or emergency contact.
- Call the parents of the other children.
- Do not disturb the scene (e.g., don't try to tidy up).
- Notify licensing agency and insurance agency.



What to Expect if a Baby Dies

- Investigation
 - Several people will ask for the same information so they can help.
- Law enforcement
 - Note baby's health, behavior, etc.
 - Take photos.
 - Limit disturbance of the area.



What to Expect if a Baby Dies

- Licensing agency
 - Questions about licensing regulations.
 - SIDS death not a reason for revoking a license.
- Coroner/medical examiner
 - Conducts autopsy.
 - Determines cause of death.



Caring for Our Children National Standards

- Seek support and information from local, state, or national SIDS organizations.
- Provide SIDS information to the parents of the children in the facility.
- Provide age-appropriate information to the other children in the facility.
- Make resources for support available to families and children.



Healthy Child Care America Back to Sleep Campaign

- American Academy of Pediatrics
141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098
 - Phone: 888/227-5409
 - Fax: 847/228-7320
 - E-mail: childcare@aap.org
 - Web site: www.healthychildcare.org



Partners and Resources

- Back to Sleep campaign
 - www.nichd.nih.gov/sids
 - Phone: 1-800-505-CRIB (2742)
 - You can receive informational brochures, posters to provide to families and child care providers



Partners and Resources

- First Candle/SIDS Alliance
 - 1314 Bedford Ave, Suite 210, Baltimore, MD 21208
 - Phone: 800/221-7437 or 410/653-8226
 - Fax: 410/653-8709
 - E-mail: info@firstcandle.org
 - Web site: www.firstcandle.org
- National SIDS and Infant Death Program Support Center
 - 112 E Allegan, Suite 500, Lansing, MI 48933
 - Phone: 800/930-SIDS or 800/930-7437
 - E-mail: info@sidsprojectimpact.com
 - Web site: www.sidsprojectimpact.com



Partners and Resources

- National SIDS/Infant Death Resource Center
 - 866/866-7437, www.sidscenter.org
- CJ Foundation for SIDS
 - 888/8CJ-SIDS (825-7437), www.cjsids.com



Licensing Requirements

- National Resource Center for Health and Safety in Child Care and Early Education (NRC)
 - www.nrckids.org
 - 800/598-KIDS (5437)
 - *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition (2002)*
 - Individual state licensing information



Summary

- What SIDS is and is NOT
- SIDS risk factors
- How to reduce the risk
- *Caring for Our Children: National Health and Safety Performance Standards*
- Developing a safe sleep policy for your program
- Handling a medical emergency
- Resources for more information





Supplemental info

- Tummy to Play brochure
- Child Care Provider's Guide to Safe Sleep
- Parent's Guide to Safe Sleep
- Sample sleep policy
- Exercise: SIDS facts
- Exercise: 8 Ways to Reduce the Risk



Practice Scenarios

- 4 scenarios that child care providers may encounter in their workplace



Scenario 1

You are a child care provider. A parent of a 2 month old baby requests that the child sleep on the side, propped by a pillow. This is how they do it at home. The mother says, “I don’t want to worry about my baby spitting up and it going down the wrong way.” What do you do?



Scenario 2

A parent has requested that his baby be placed on the stomach for naps. You showed him the policy that babies are to be placed on the back only unless there is a medical excuse. He takes the medical waiver form to the pediatrician. The pediatrician signs the waiver, but does not indicate a medical reason. In fact, the pediatrician has crossed through the section that asks for a medical reason. What do you do?

Scenario 3

You have just started as a new child care provider in the infant room of a large child care center. On your first day, you notice that all of the other providers are placing babies on their stomachs for naps. You know from your training that back is best. What do you do?



Scenario 4

There is a new baby in the infant room. She is 2 months old. The mother tried to get the director to agree to put the baby on the stomach for sleep, since that is what they do at home. The director refused, and the mother finally said that was okay. You now place the baby on the back for a nap. The baby cries and refuses to go to sleep. What do you do?