In that case, I'm elevating my personal goals!

Did you know that Sir Isaac Newton and Sir Winston Churchill were all premature?

Barbara M. Ostfeld, Ph.D.
Professor
Department of Pediatrics
Program Director, SIDS Center of New Jersey

Hollywood Moms, Grandma and the American Academy of Pediatrics: Who Knows What’s Best for Safe Infant Sleep?

Reducing the Risk of SIDS and Other Sleep-Related Deaths with the 2016 Evidence-based Safe Infant Sleep Guidelines of the AAP

2017
Sudden Unexpected Infant Death: SUID

• These deaths share many risk factors, and rates decline with safe sleep practices
• Although these deaths have declined significantly since the onset of safe sleep education, they still remain a leading cause of infant mortality
SUID* Infant Mortality Rate Trends in US and NJ

*SUID (Sudden Unexpected Infant Deaths)=SIDS+Accidental Suffocation+Unknown

Data derived from USDHS, CDC, NCHS, DVS, CDC WONDER and NJSHAD 2017

Rate per 1000 live births


US 0.87

NJ SUID 0.48*

*NJ SUID rate lowest in US for this period; equal only to one other state
Caregivers Heard the Advice: Growing Compliance with the Back to Sleep Position

Pre-discharge advice by physician or nurse and observation of the infant’s position has great influence but needs to be reinforced

NICHD/NISP study
Percentage of mothers who place infants usually supine for sleep increases with higher advice score (number of sources of advice for supine sleep minus the number of sources of advice for nonsupine sleep).

Figure Legend:

Note: Parent compliance with safe sleep is affected by advice, and 85% of NJ mothers reported being told of safe sleep by a physician, nurse or home visitor!
There is room for improvement in advice given.

From: **Influence of Prior Advice and Beliefs of Mothers on Infant Sleep Position**


---

Figure Legend:

Percentage of mothers who received exclusively supine, not exclusively supine, or no advice for infant sleep position from 5 sources.
The Educator’s Role:

• Inform

• Inspire
  – Invest the learner in the merit of the subject
  – Invest the learner in the merit of the information
  – Invest the learner in their power to make a difference

• Influence behavior
  – What do you do
  – Why do you do it? (The more important factor)
Impact

• 2012-2014 NJ SUID rates was lowest in US, equaled only by one other state

• In contrast to a rise nationally in bed sharing in the highest risk population (non-Hispanic Black infants) (Colson ER et al. JAMA, 2013), NJ experienced a 32% decline in the same era and group

• 85% in a 2013 PRAMS survey (Steering Committee, NJ PRAMS Update, Oct.9, 2014, NJ DOH), reported that a doctor, nurse, home visitor or other health care provider talked with them about safe sleep

• Policies embedded to promote safe sleep education
Sudden Unexpected Infant Deaths

3,477 US SUID Deaths in 2014

- SIDS
- Accidental Suffocation
- Ill-defined and Unknown Causes
Triple Risk Model Focus on Mutable Factors

- Critical Development Period
- Underlying Abnormality
- Environmental Factors

Risk Reduction: Avoiding the conditions that exacerbate the vulnerability
Note: Also benefits those who do not have such a vulnerability
Background

- Biological abnormalities are being identified in SIDS. These may include diminished serotonin levels in areas of the brainstem responsible for arousal to and recovery from hypoxic challenges – Duncan et al. JAMA 2010

Kinney et al. 2005
Neurotransmitter Abnormalities

• Compared to infants who died of other causes, more infants who died of SIDS were found to have abnormalities in the brainstem serotonergic system that protects against stresses to: Duncan et al. JAMA 2010
  – respiration
  – blood pressure control
  – airway patency
  – temperature regulation
  – Sensory input
  – Arousal

• Abnormalities would lead to:
  – Lower carbon dioxide sensitivity
  – Problems in arousal
  – Respiratory pattern abnormality
  – Altered blood pressure recovery
  – Altered temperature control
  – Altered airway reflexes

• Polymorphisms in the serotonin transporter protein (5-HTT) gene promoter region are more common in SIDS. (N. Okado et al. Medical Hypotheses, 2002)
Examples of Sources of Vulnerability with Prone Sleep

Reduced cerebral oxygenation in prone position in premature infant.¹

Greater overheating resulting in increased temperature dependent bacterial toxins.² Endotoxins increase sleep and brain “sedative” concentrations.³

1. Fyfe KL et al, Pediatrics 2014
NICU NURSES’ KNOWLEDGE AND DISCHARGE TEACHING RELATED TO INFANT SLEEP POSITION AND RISK OF SIDS.
ARIS, CHRISTINE; RN, CNNP; STEVENS, TIMOTHY; LEMURA, CATHERINE; RN, MS; LIPKE, BETHANN; RNC, MS; McMULLEN, SHERRI; RN, MS; COTE-ARSENAULT, DENISE; PHD, RNC; CONSENSTEIN, LARRY

Advances in Neonatal Care. 6(5):281-294, October 2006.
DOI: 10.1016/j.adnc.2006.06.009
Rationale for Prone or Side-Lying Sleep

---

Rationale for prone or side-lying positions.

* Nurses could select more than one response.

---

Grazel, Regina; MSN, RN; BC, APN-C; Phalen, Ann; Gibbons PhD, APRN; Polomano, Rosemary; PhD, RN

DOI: 10.1097/ANC.0b013e3181f36ea0
Some Barriers and Challenges: Stores are full of products that violate AAP safe sleep guidelines. Although these infants are on their backs, they are in settings that raise risk.
AAP 2016 Guidance about Bed Sharing

Sleep Location
• Infants should sleep in parent’s room, close to parent’s bed, but on a separate surface
• Room sharing recommended for the 1st year or at least the first 6 months.
• Room sharing on a separate sleep surface can reduce the risk of SIDS by 50%

• If parent brings baby into bed to nurse, play, bond, comfort, return her to CPSC-approved crib, bassinet, portable crib in parent’s room when parent ready to sleep.

• If parent is fatigued at night, better to nurse in bed than a chair; if parent falls asleep, partner can assist with return of baby to crib or parent can do so upon awakening. Be sure pillows and quilts are out of reach, just in case.

• There is insufficient evidence to recommend for or against the use of devices promoted to make bed sharing “safe.”

*AAP Guidelines, Pediatrics, 2016
The position of the AAP regarding a safe-sleep product:

"A crib, bassinet, portable crib, or play yard that conforms to the safety standards of the Consumer Product Safety Commission (CPSC), including those for slat spacing less than 2-3/8 inches, snugly fitting and firm mattresses, and no drop sides, is recommended. In addition, parents and providers should check to make sure that the product has not been recalled. This is particularly important for used cribs. Cribs with missing hardware should not be used, nor should the parent or provider attempt to fix broken components of a crib, because many deaths are associated with cribs that are broken or with missing parts (including those that have presumably been fixed). Local organizations throughout the United States can help to provide low-cost or free cribs or play yards for families with financial constraints. Bedside sleepers are attached to the side of the parental bed. The CPSC has published safety standards for these products, and they may be considered by some parents as an option. However, there are no CPSC safety standards for in-bed sleepers. The task force cannot make a recommendation for or against the use of either bedside sleepers or in-bed sleepers, because there have been no studies examining the association between these products and SIDS or unintentional injury and death, including suffocation."

Provisional Data for Sleep Location at Last Sleep in Sudden Unexpected Infant Death*

*Diagnoses are provisional at time of this presentation

Pillows and other adult bedding contribute to risk
Bed sharing is especially dangerous under the following conditions and should be avoided at all times when:

- Sleeping with term infant < 4 months
- Parent was or is a smoker
- Infant is preterm and/or LBW
- The surface is overly small or soft
- Soft bedding, such as pillows/blankets, is used
- Multiple people share the bed
- Parent has used alcohol or other sedating drugs
- Non-parent is in the bed

AAP Guidelines Pediatrics, 2016
Recommended Safe Setting:

• In the parent’s room
• Firm mattress that fits crib
• Crib meeting current standards
• Fitted sheet, nothing else
• No pillows, bumpers, or other soft bedding
• No “guests” in the crib
• Baby on back*
  • Initiate sleep in supine position. However, once baby can rotate from belly to back and back to belly, he can assume and remain in an alternative position
• If warmth needed, wearable blanket

*check with pediatrician in case of rare exception
“The sofa is an extremely hazardous sleep surface for infants. Deaths on sofas are associated with surface sharing….” *

*Rechtman LR, Colvin JD, Blair PS, Moon RY. Sofas and Infant Mortality. Pediatrics 2014;134:e1293-1300
Concurrent Unsafe Conditions
Compound Risk:
Be Comprehensive in Educating Families

“Soft and loose bedding increases the risk for SIDS approximately fivefold, and this hazard is increased when the infant is lying in the prone position (adjusted odds ratio: 21.0).” Hauck F et al. Pediatrics 2003, cited by Joyner BL et al., Pediatrics 2009. (p. e428)

99% of SIDS cases had at least 1 risk present; 31% had 4 or more

American Academy of Pediatrics Guidelines*

- Back to sleep is safest
  - Premature infants too*
  - Duration: for all sleeps in 1st year

- Safe bedding: no pillows or other loose soft bedding

- Reassurances
  - No aspiration

- Avoid commercial devices inconsistent
  - with safe sleep message

- Room sharing better than bed sharing

- NO SMOKING!

- Avoid overheating

- Inform all care-givers (risk of unaccustomed prone is highest)

- Educate; demonstrate; remind

*Unless otherwise directed by physician
Prematurity is a Major Risk Factor for SUID; Infants born between 24 and 27 weeks gestational age have more than a threefold greater risk of SUID compared to a full term infant.

<table>
<thead>
<tr>
<th>GA, wk</th>
<th>Unadjusted OR (95% CI)</th>
<th>Model 2</th>
<th>Model 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>24–27</td>
<td>5.03*** (3.84–6.57)</td>
<td>3.53*** (2.69–4.63)</td>
<td>3.55*** (2.70–4.66)</td>
</tr>
<tr>
<td>28–31</td>
<td>3.71*** (3.08–4.48)</td>
<td>2.71*** (2.24–3.28)</td>
<td>2.73*** (2.25–3.31)</td>
</tr>
<tr>
<td>32–33</td>
<td>2.66*** (2.19–3.23)</td>
<td>2.05*** (1.68–2.50)</td>
<td>2.05*** (1.68–2.51)</td>
</tr>
<tr>
<td>34–36</td>
<td>2.31*** (2.09–2.55)</td>
<td>1.90*** (1.72–2.11)</td>
<td>1.94*** (1.75–2.15)</td>
</tr>
<tr>
<td>37–38</td>
<td>1.41*** (1.30–1.52)</td>
<td>1.30*** (1.20–1.40)</td>
<td>1.34*** (1.23–1.45)</td>
</tr>
<tr>
<td>39–42</td>
<td>Ref</td>
<td>Ref</td>
<td>Ref</td>
</tr>
<tr>
<td>Observations</td>
<td>5681596</td>
<td>5681596</td>
<td>5681596</td>
</tr>
</tbody>
</table>

Model 1: unadjusted. Model 2: adjusted for maternal race/ethnicity, marital status, age, education, gravidity, infant sex, multiple birth, and vaginal birth. Model 3: adjusted for all characteristics in model 2 plus maternal prenatal smoking and prenatal care use. Full logistic regression results for models 2 and 3 are in Supplemental Table 5. Ref, reference.

*** P < .001.
Things to Keep in Mind: The Preterm Infant

The risk of prone sleep is even greater when the infant is premature

<table>
<thead>
<tr>
<th>Gestational Age</th>
<th>Sleep Position</th>
<th>Odds Ratio (95%CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Term</td>
<td>Supine</td>
<td>1 (referent)</td>
</tr>
<tr>
<td></td>
<td>Side</td>
<td>3.3 (1.9,5.9)</td>
</tr>
<tr>
<td></td>
<td>Prone</td>
<td>15.6 (8.7,28)</td>
</tr>
<tr>
<td>Preterm</td>
<td>Supine</td>
<td>2.9 (0.79,10)</td>
</tr>
<tr>
<td></td>
<td>Side</td>
<td>40.5 (14,115)</td>
</tr>
<tr>
<td></td>
<td>Prone</td>
<td>48.8 (19,128)</td>
</tr>
</tbody>
</table>

1Nordic Epidemiological SIDS Study; Oyen N et al. Pediatrics, 1997

• Multiplicative effect also noted by P. Blair et al. ADC, 2005 (OR=8.9 vs 23.4)

• Despite the increased risk, prone sleep is more common among very low birth weight infants (Vernacchio et al. Pediatrics, 2003)
American Academy of Pediatrics Guidelines*

- Back to sleep is safest
  - Premature infants too
  - Duration: for all sleeps in 1st year

- Safe bedding: no pillows or other loose soft bedding

- Reassurances
  - No aspiration

- Avoid commercial devices inconsistent
  - with safe sleep message

- Room sharing better than bed sharing

- **NO SMOKING!**

- Avoid overheating

- Inform all care-givers (risk of unaccustomed prone is highest)

- Educate; demonstrate; remind

*Unless otherwise directed by physician
Hypoxic Awakening Response Failures in Infants of Smokers vs Nonsmokers

Proportion of infants who fail to awaken

Lewis & Bosque, J. Peds, 1995
Effects of Prenatal Nicotine Treatment on c-fos* mRNA in Brain Regions of Neonatal Rats

*The expression of c-fos, a nuclear transcription factor, is persistently elevated by nicotine.

J Trauth et al. Pediatric Research, 1999
Sudden Unexpected Infant Death Rate in NJ Associated with Status of Maternal Tobacco Use in Pregnancy

Rate per 1000 live births

Yes: 2.5
No: 0.5

Six-fold increase in SUID rate for infants exposed to maternal tobacco use in utero.

NJ Department of Health, NJ State Health Assessment Data (NJSHAD), based on averaged period 2004-2014
American Academy of Pediatrics Guidelines*

- Back to sleep is safest
  - Premature infants too
  - Duration: for all sleeps in 1st year

- Safe bedding: no pillows or other loose soft bedding

- Reassurances
  - No aspiration

- Avoid commercial devices inconsistent
  - with safe sleep message

- Room sharing better than bed sharing

- NO SMOKING!

- Avoid overheating

- Inform all care-givers (risk of unaccustomed prone is highest)

- Educate; demonstrate; remind

*Unless otherwise directed by physician
The way grandparents were advised to place their infants to sleep many years ago, is no longer recommended. “Fewer than half (of grandparents)…reported both use of supine sleep position and an appropriate sleep environment…when they were caring for those infants in their own homes, and only 58 % did so in the homes of the infants’ mothers.” (p. 1468)


Include grandparents in your safe sleep education: When grandparents incorrectly believe that supine sleep is uncomfortable or increases choking risks, they are less likely to place infant supine.
American Academy of Pediatrics Guidelines*

- Back to sleep is safest
  - Premature infants too
  - Duration: for all sleeps in 1st year

- Safe bedding: no pillows or other loose soft bedding

- Reassurances
  - No aspiration

- Avoid commercial devices inconsistent
  - with safe sleep message

- Room sharing better than bed sharing

- NO SMOKING!

- Avoid overheating

- Inform all care-givers (risk of unaccustomed prone is highest)

- Educate; demonstrate; **remind**

*Unless otherwise directed by physician

Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver NICHD, [http://www.nichd.nih.gov/sids](http://www.nichd.nih.gov/sids); Safe to Sleep® is a registered trademark of the USDHHS
Frequency of recommendations at well-child visits.

Moon, Rachel; Kington, Marit; Oden, Rosalind; Iglesias, Joana; Hauck, Fern; MD, MS

Compliance with Supine Position Declines after Two Months: Importance of “Keep it Up”

Ostfeld BM et al. Pediatric Academic Societies-Society for Pediatric Research, 2013

“Keep it Up” Campaign: Pediatric safe sleep refreshers at each well-baby visit
Pacifiers

• Night and Nap (without attachment devices)
• Start four weeks after breastfeeding established
• Clean, dry, no coating, replace regularly
• Initiate but don’t force or reinsert if it falls out in sleep
• Mechanism for effectiveness not well understood; perhaps:
  • lowered arousal threshold
  • Enhanced airway patency
    • Sucking on a pacifier requires forward positioning of the tongue, thus decreasing risk of oropharyngeal obstruction
• Influences sleep position

Support for Vaccines

“Increased DPT immunization coverage is associated with decreased SIDS mortality”

Muller-Nordhorn J et al. BMC Pediatrics 2015
Breastfeeding Reduces Risk

Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, http://www.nichd.nih.gov/sids; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.
Swaddling

No evidence to support swaddling as a strategy to reduce the risk of SIDS.

Increased risk of death if swaddled infant placed or rolls to prone position

If swaddling, always place on the back

Stop before an attempt to roll is observed

Apply swaddle correctly

Avoid overheating; avoid covering of face

No evidence regarding inclusion of arms.

AAP 2016 Guidelines, Pediatrics 2016
Addressing Head Flattening

• To reduce any risk related to positioning, use tummy time when awake and supervised

• Avoid extended time in car seats, bouncy chairs, strollers, etc.
Poverty and Rate of SUID Highly Correlated

Data sources. Poverty: US Census ACS; SUID: NJSHAD
Black infants at highest risk

• Contributing Factors:
  • Higher prematurity rate
  • More poverty
  • More smoke exposure

• Modifiable risks:
  • Higher risk of bed-sharing
  • Less likely placed supine

New Jersey Current Cigarette Smoke, Age-adjusted, by Race and Gender

<table>
<thead>
<tr>
<th>Race</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic Black</td>
<td>24.8</td>
<td>13.1</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>15.8</td>
<td>14.0</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.2</td>
<td>7.2</td>
</tr>
</tbody>
</table>

1. NJSHAD Behavioral Risk Factor Survey Data, 2015

NJ’s smoke-ending program:
Mom’s Quit Connection (Southern NJ Perinatal Cooperative)
856-665-6000; 888-545-5191
Sudden Unexpected Infant Death Rate in NJ by Race and Smoking Status in Pregnancy

Rate per 1000 live births

- Smoking in pregnancy
- No smoking in pregnancy

NJ State Health Assessment Data (NJSHAD), averaged period 2004-2014
Nurses LEAD the Way*

- Learn
- Educate
- Affirm
- Document

^Parents copy what you do and follow what you say

Other initiatives: DCP&P Leads the Way; Neighborhoods Lead the Way
Conversations with Caregivers

- Where will your baby sleep?
- How will you position the baby to sleep?
- What are your thoughts about bed sharing?
- Have you seen tummy time in action?
- Who will provide care? Have you discussed with them how you want your baby to sleep?
- What bedding will you use?
- Does anyone in the home smoke?
TABLE 2 Summary of Recommendations With Strength of Recommendation

A-level recommendations
- Back to sleep for every sleep.
- Use a firm sleep surface.
- Breastfeeding is recommended.
- Room-sharing with the infant on a separate sleep surface is recommended.
- Keep soft objects and loose bedding away from the infant’s sleep area.
- Consider offering a pacifier at naptime and bedtime.
- Avoid smoke exposure during pregnancy and after birth.
- Avoid alcohol and illicit drug use during pregnancy and after birth.
- Avoid overheating.
- Pregnant women should seek and obtain regular prenatal care.
- Infants should be immunized in accordance with AAP and CDC recommendations.
- Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
- Health care providers, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk-reduction recommendations from birth.
- Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.
- Continue the “Safe to Sleep” campaign, focusing on ways to reduce the risk of all sleep-related infant deaths, including SIDS, suffocation, and other unintentional deaths. Pediatricians and other primary care providers should actively participate in this campaign.

B-level recommendations
- Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
- Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly.

C-level recommendations
- Continue research and surveillance on the risk factors, causes, and pathophysiologic mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely.

There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.

The following levels are based on the Strength-of-Recommendation Taxonomy (SORT) for the assignment of letter grades to each of its recommendations (A, B, or C). Level A: There is good-quality patient-oriented evidence. Level B: There is inconsistent or limited-quality patient-oriented evidence. Level C: The recommendation is based on consensus, disease-oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening. Note: “patient-oriented evidence” measures outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, and quality of life; “disease-oriented evidence” measures immediate, physiologic, or surrogate endpoints that may or may not reflect improvements in patient outcomes (e.g., blood pressure, blood chemistry, physiologic function, pathologic findings). CDC, Centers for Disease Control and Prevention.
RESOURCES
Access to Policies and Educational Resources

Policy statements and clinical report:

• 2016 AAP Policy Statement on safe infant sleep:
  http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938

• 2016 AAP Evidence Base for Policy Statement:
  http://pediatrics.aappublications.org/content/138/5/e20162940

• 2016 AAP Clinical report on Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns:
  http://pediatrics.aappublications.org/content/early/2016/08/18/peds.2016-1889

National resources for data and materials:
• NAPPSS National Action Partnership to Promote Safe Sleep (Funded by US Maternal Child Health Bureau)  www.NAPPSS.org
• Consumer Product Safety Commission: Crib Information Center
  https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/cribs
• NIH Safe to Sleep Public Education Campaign
  https://www.nichd.nih.gov/sts/Pages/default.aspx
Dear Mom, Dad, Grandma & Grandpa,

To keep me safe when I sleep, please*

• Put me to sleep on my back!
• Share the room, with me safe in my crib, bassinet or portable crib. I’ll be near your bed so you can still see, hear and touch me! Sleeping with me in bed or on a sofa can be unsafe. You can accidently roll over on me and I can suffocate in soft bedding or sofa cushions.
• Leave everything out of the crib except me! No bumpers, pillows, heavy blankets, quilts, stuffed animals! Make sure my mattress is firm. No sagging please! And cover it with a tightly fitted sheet that won’t get loose.
• Make sure nobody smokes in our home or wherever I am.
• Breastfeeding is best, but, when you are done feeding and cuddling me, it is safest to put me back into my nearby crib.
• Talk to my doctor about my requests! He or she will think I am a very smart baby!

With Love, From Your Baby!

For more information, contact the statewide hotline (800) 545-7437

*Based on guidelines from the American Academy of Pediatrics

Educational material on safe sleep: www.nichd.nih.gov/sids

Information about crib safety: www.cpsc.gov

The SIDS Center of New Jersey based at two sites is funded in part through a Health Service Grant from the NJ Department of Health to Rutgers Robert Wood Johnson Medical School and through a CJ Foundation grant to the Joseph M. Sanzari Children's Hospital at HackensackUMC.
SAFE SLEEP FOR YOUR BABY

TO REDUCE THE RISK OF SUDDEN INFANT DEATH SYNDROME AND OTHER SLEEP-RELATED DEATHS SUCH AS ACCIDENTAL SUFFOCATION AND STRANGULATION IN BED, THE AMERICAN ACADEMY OF PEDIATRICS HAS ISSUED THESE GUIDELINES FOR INFANTS UNDER ONE YEAR OF AGE

SHARE YOUR ROOM WITH YOUR BABY

Top Ten Safe Sleep Recommendations

- Place babies to sleep on their backs.
- Do not let anyone smoke near the baby.
- Do not put soft objects such as pillows, quilts, bumpers, loose bedding or stuffed animals in the crib.
- The safest place for the baby to sleep is in a crib in your room and not in your bed. It is safest to avoid having your baby share a sleep surface with a parent, a caregiver or another infant or child.
- If you bring your baby into your bed to breastfeed, it is safest to put your baby back in a safety-approved** crib, bassinet or portable crib in your room and near your bed when you are finished.
- Babies should not sleep on a couch or chair alone, with you, or with anyone else.
- Use a firm mattress in a safety approved** crib and cover the mattress with a fitted sheet and nothing else.
- Offer a clean, dry pacifier at sleep time. If you breastfeed wait until one month of age before offering a pacifier.
- Do not let your baby overheat.
- Be sure that nothing covers the baby’s face.

...and please remember:

- Breastfeeding reduces the risk of SIDS
- Keeping up with immunizations reduces the risk of SIDS
- Discuss these guidelines with your baby’s healthcare provider
- For information about **crib safety: www.cpsc.gov or 1-800-638-2772

QUESTIONS? Please contact:
The SIDS Center of New Jersey at (800) 545-7437

EDUCATIONAL MATERIAL? Please access:
www.nappss.org and www.nichd.nih.gov/sids

The SIDS Center of New Jersey is funded through a Health Service Grant from the NJ Department of Health to Rutgers Robert Wood Johnson Medical School and through a CJ Foundation grant to Hackensack University Medical Center.

This material is for infants from birth to 12 months and is based on the guidelines of the American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome: SIDS and Other Sleep-Related Infant Deaths: Expansion of the Recommendations for a Safe Infant Sleep Environment, published in 2011 in Pediatrics. This is intended for full term and preterm infants, with rare exception. Discuss these guidelines with baby’s healthcare provider.

(This flyer was prepared 7/13 and re-formatted 9/15)
The supine sleep position does not increase the risk of choking and aspiration in infants, even in those with gastroesophageal reflux.

"The AAP concurs with the North American Society for Pediatric Gastroenterology and Nutrition that “the risk of SIDS outweighs the benefit of prone or lateral sleep position on GER [gastroesophageal reflux]; therefore, in most infants from birth to 12 months of age, supine positioning during sleep is recommended…. Therefore, prone positioning is acceptable if the infant is observed and awake, particularly in the postprandial period, but prone positioning during sleep can only be considered in infants with certain upper airway disorders in which the risk of death from GERD [gastroesophageal reflux disease] may outweigh the risk of SIDS.”122 Examples of such upper airway disorders are those in which airway-protective mechanisms are impaired, including infants with anatomic abnormalities, such as type 3 or 4 laryngeal clefts, who have not undergone antireflux surgery. There is no evidence that infants receiving nasogastric or orogastric feedings are at increased risk of aspiration if placed in the supine position. Elevating the head of the infant’s crib while the infant is supine is not effective in reducing gastroesophageal reflux123,124; in addition, elevating the head of the crib may result in the infant sliding to the foot of the crib into a position that may compromise respiration and therefore is not recommended.” Moon RY. Pediatrics 138;2016: p. e8
Resources for Nurse Education

“Nurses play a critical role in communicating risk-reduction techniques, especially in hospital settings. To ensure that nurses have the most current and accurate information, the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) has revised its Continuing Education (CE) Activity on Risk Reduction for Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death: Curriculum for Nurses. This free continuing education activity for nurses was approved by the Maryland Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Nurses who successfully complete it will earn 1.1 contact hours of continuing education credit.”

Access course:
http://www.nichd.nih.gov/SIDS/Pages/sidsnursesce.aspx
SIDS Center of New Jersey

Hotline: (800) 545-7437
Website: www.rwjms.rutgers.edu/sids

Contact information for the presenter:

Barbara M. Ostfeld, PhD
Professor
Program Director, SIDS Center of New Jersey
Department of Pediatrics
Rutgers Robert Wood Johnson Medical School
New Brunswick, NJ
Office Phone: 732-235-6974
e-mail: ostfelba@rwjms.rutgers.edu

The SCNJ, based at two sites, is funded in part through a Health Service grant from the NJ Department of Health to Rutgers Robert Wood Johnson Medical School and a CJ Foundation for SIDS grant to Hackensack Meridian Health-Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center.