

SAFER INFANT SLEEP

A practice support tool for healthcare professionals

To be used in combination with PSBC's "Safe Sleep Environment Guideline for Infants 0-12 months of Age" and the companion parent resource "Safer Sleep for my Baby"

About this resource

This resource is intended to facilitate and encourage an open discussion around safer infant sleep starting in the prenatal period. Before you begin, consider asking families the following questions to open the conversation:

- Where will your baby sleep?
- What have you heard about keeping your baby safe while they sleep?
- What would you like to know about keeping your baby safe while they sleep?

Safe sleep principles | Safer sleep for every sleep, day or night



• **BACK TO SLEEP.** Putting your baby to sleep on his/her back in a crib or bassinet in the same room as you is the safest way for your baby to sleep.

• **FIRM MATTRESS FREE OF HAZARDS.** To reduce the risk of suffocation, put your baby on a firm mattress with a tight-fitting sheet and no bumper pads, pillows, heavy blankets or toys in the sleep space.



• **CRIB OR BASSINET.** The safest place for a baby to sleep is in a Health Canada approved crib or bassinet. (If you're unsure about yours, talk to your health care provider). It is important to supervise your baby if he/she falls asleep in a car seat, stroller, or baby carrier. Once you have arrived at your destination, it is best to move your baby to a crib.

• **SHARING YOUR ROOM.** Having your baby sleep on a separate sleep surface in the same room as you for the first six months helps keep your baby safe.



• **SMOKE-FREE.** Avoiding smoking during pregnancy and keeping your home smoke-free before and after the birth helps prevent sleep-related infant death.

• **BREASTFEEDING.** Breastfeeding helps prevent sleep-related infant death. Any amount of breast milk will give your baby's immune system a boost and help keep him/her healthy.

• **AVOID OVERHEATING.** Babies like to be warm but not hot, so for sleeping it is best to keep the room temperature comfortable (around 18° C) and use a light blanket, 'sleep sack', or blanket-weight sleeper. There's no need to swaddle or put a hat on indoors.

BC Statistics

Every year in BC more than
43,000
babies are born.¹

From 2013-2015,
57 babies
younger than one
year died during
sleep in BC²

Many of these deaths are preventable and differ from "SIDS", which are infant deaths during sleep where the cause of death remains unknown after a thorough case investigation.

68% (49) of the infants who died had more than one of the following risk factors (2013-15)²



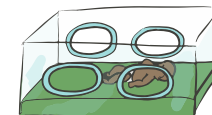
59% of infants
were bedsharing



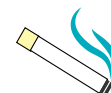
35% Placed or
found prone



23% Parent incapacitation
due to medication, alcohol or
substances



19%
Baby was premature



14% exposure to
second hand smoke

Safer Infant Sleep | Bedsharing

Opening a discussion about bedsharing

Bedsharing: A sleeping arrangement in which the baby shares the same sleep surface as a parent/caregiver.

Some families may choose to bedshare with their baby. Others might not plan to, yet the realities of caring for an infant might lead to unplanned or reactive bedsharing. Bedsharing can pose a serious risk to babies if done unsafely.

If a parent has an intent to bedshare, read on for some important points to consider to support safer infant sleep.

Parent/Caregiver Questionnaire

Encourage parents/caregivers to use this tool to help create a safer sleep plan for their baby as circumstances or sleep arrangements change.



Do you or anyone in your household ever smoke?

If YES:

Smoking increases your baby's risk of sleep-related death, especially while bedsharing. For support in quitting smoking, visit www.quitnow.ca.



Have you or your partner recently drunk any alcohol?

If YES:

Heavier sleep after drinking alcohol increases the risk that you will roll over onto your baby, which can cause suffocation. It's best to have another adult on hand to help with your baby if you have drunk any alcohol.



Did you smoke while you were pregnant?

If YES:

Smoking during pregnancy increases your baby's risk of sleep-related death, especially while bedsharing.



Have you or your partner recently used any drugs or taken any medicine that might make you sleep heavily?

If YES:

Heavier sleep increases the risk that you will roll over onto your baby which can cause suffocation. It's best to have another adult on hand to help with your baby if you have taken any drugs or medicines that make you less alert.



Was your baby born premature (before 37 weeks) or small-at-birth (weighing less than 2.5 kg or 5.5 lbs when born)?

If YES:

Premature and small-at-birth babies have an increased risk of sleep-related death when sharing a bed, even with parents who don't smoke.

About vaping, e-cigarettes and cannabis (marijuana):

There is not enough research to provide any guidance around these substances as they relate to safer infant sleep. Using a precautionary principle, avoiding tobacco, vaping, e-cigarettes and cannabis use around infants is recommended. Infants' smaller bodies and quicker rate of breathing makes exposure to these substances more risky. Chemicals from the vapour and smoke can rest on bedding, toys, furniture and floors, increasing the infant's exposure.

Bedsharing and Breastfeeding



Most breastfeeding mothers naturally sleep facing their baby with their knees drawn up under the baby's feet and arm above the baby's head (the "C" position). This protects the baby from moving down under the covers or up under the pillow.

If you have never breastfed and/or do not naturally sleep in this position with your baby, it is safer for your baby to sleep on his/her own sleep surface in your room.

If parents answered YES to any of these questions then bedsharing is NOT advisable as it may increase a baby's risk of sleep related death.

Safer Infant Sleep | Guidance on Reducing Risks of Bedsharing

If families have an intent to or think they might bedshare unexpectedly, the following steps should be considered, along with the safe sleep principles on page 1, to support a safer sleep environment.



Adapted with permission from: Maximizing the chances of Safe Infant Sleep in the Solitary and Cosleeping (Specifically, Bedsharing) Contexts, by James J. McKenna, Ph.D. Professor of Biological Anthropology, Director, Mother-Baby Sleep Laboratory, University of Notre Dame

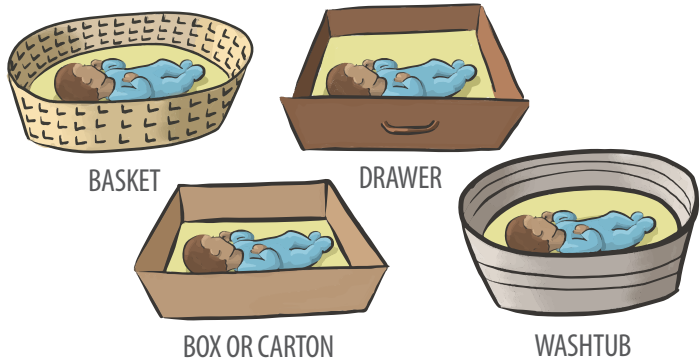
It is NEVER safe for a baby to sleep on a couch or chair (alone or with a parent).

- Baby is far away from any pillows and duvets/blankets.
- Baby sleeps on his/her back.
- Baby is not swaddled.
- The mattress is on the floor to reduce the risk of falls. The mattress is firm and clean (no waterbeds, pillow tops, feather beds, or sagging mattresses).
- Baby sleeps on the outside of the bed, not between parents.
- There is space around the bed so baby cannot get trapped between the mattress and the wall or bedside table.
- Both parents are aware that baby is in the bed and are comfortable with this decision.
- If either parent has long hair they tie it back, so it can't get tangled around the baby's neck.
- Other children or pets aren't sharing the bed with the baby.

Remember... NEVER leave your baby alone in an adult bed; adult beds are not designed to keep babies safe.

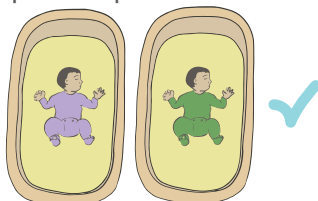
Alternative Safe Sleep Surfaces

The bottom of these sleep surfaces needs minimal covering. You can use a light blanket wrapped around and taped to the bottom of a sturdy piece of cardboard. Ensure the surface is firm and flat and placed on the floor.

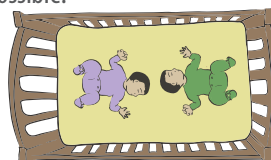


Where should multiple babies sleep?

Separate sleep surfaces are best.



If separate sleep surfaces are not possible:



Cultural Considerations

Where a baby sleeps is strongly influenced by the family's cultural practices. It is important to consider these factors when discussing safer infant sleep. Encourage parents to discuss current safer infant sleep principles with alternate care providers, such as grandparents, aunts and uncles, who may have their own cultural practices related to sleep and/or may not be aware that the scientific evidence and knowledge about infant sleep has evolved.

The conventional "adult bed" is not a safe sleeping surface for babies. The mattress is often too soft and with added bedding such as quilts and pillows, creates a significant suffocation risk. Babies are also at risk of entrapment if there are gaps between the mattress and headboard or the wall. Many cultures that bed-share do so on a firm surface (a thin mat on the ground for example) which reduces many of the risks that the westernized adult bed poses.

Safer Infant Sleep | Frequently Asked Questions

Should I give my baby a pacifier/soother/dummy?

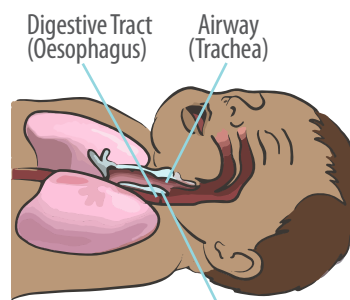
Note: Successful breastfeeding and pacifier use can occur together³. However, it is important to assess breastfeeding effectiveness and ensure adequate support is provided in the early postpartum period.

- The Canadian Pediatric Society and Perinatal Services BC both state that due to the lack of strong evidence for or against the use of pacifiers and the risk of sleep related death, no recommendation can be made at this time^{4,5}.
- Some evidence suggests that the consistent use of a pacifier may reduce a baby's risk of sleep related death, although the exact mechanism remains to be understood⁶.
- The American Academy of Pediatrics encourages parents/caregivers to consider offering a pacifier for every sleep⁷.
- Health care professionals are encouraged to have health focussed conversations with families emphasizing the safe and selective use of pacifiers to support informed decision making⁴.

Refer to Baby's Best Chance for the Soother Safety Checklist.

What is the best sleeping position to prevent choking?

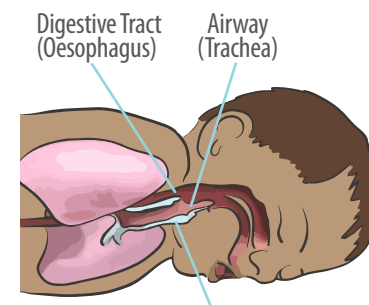
✓ Supine (on back)



In the SUPINE position, regurgitated milk is less likely to enter the trachea

It is safest for a baby to sleep FLAT on his/her back. Never prop a baby's sleep surface at an angle as he/she could roll to one side and compromise his/her airway.

✗ Prone (on tummy)



In the PRONE position, regurgitated milk can more easily enter the trachea

Adapted from the NICHD Safe to Sleep® campaign.

Should I swaddle my baby?

- Swaddling is not recommended as it may increase a baby's risk of sleep related death. If a swaddled infant is placed in or rolls to the prone position, he/she may not be able to maintain a clear airway and is at risk of asphyxiation/suffocation⁸. Swaddling can also lead to overheating⁹.
- Swaddling may also increase a baby's risk of chest infections due to the tightness of the wrapping, as well as the development/exacerbation of hip dysplasia^{9,10}.
- Swaddling is often used in the hospital environment to keep babies warm when not skin-to-skin with parents. Instead, parents should be encouraged to dress their baby when not skin-to-skin and cover the baby with a tucked in blanket – no higher than armpits – for sleep. If parents observe their baby being swaddled in hospital, they may continue this practice at home.
- A wearable sleep sack that is the appropriate size for the baby's weight, with a fitted neck and armholes may be a safer alternative to swaddling.

Decisions about swaddling should be made in consultation with a health care professional on an individual basis, depending on the physiologic needs of the baby.

Resources & References

- [Safer Sleep for my Baby](#) - Ministry of Health
 - Healthy Families BC: [Baby's Best Chance and Safe Sleeping](#)
 - Healthlink BC [Safe Sleeping for Babies](#)
 - [Honouring our Babies](#)
 - [PSBC Safe Sleep Environment Guideline for Infants 0 to 12 Months of Age](#)
 - BC Coroners Service Child Death Review Panel [A Review of Unexpected Infant Deaths 2008-2012](#)
1. Perinatal Services BC (June 2016). Perinatal Health Report: Deliveries in British Columbia 2014/15. Vancouver, BC.
 2. BC Coroners Service (2013-2015). Unpublished Data.
 3. O'Connor NR, Tanabe KO, Siadaty MS, Hauck FR. Pacifiers and breastfeeding: a systematic review. Arch Pediatr Adolesc Med. 2009; 163(4): 378-382.
 4. Community Paediatrics Community. Recommendations for the use of pacifiers. Paediatr Child Health. 2003; 8(8): 515-9. <http://www.cps.ca/documents/position/pacifiers>
 5. Perinatal Services BC. Health promotion guideline 1 safe sleep environment guideline for infants 0 to 12 months of age. 2011 Feb. <http://www.perinatalservicesbc.ca/Documents/Guidelines-Standards/HealthPromotion/SafeSleepGuideline.pdf>
 6. Hauck FR, Omojokun OO, Siadaty MS. Do pacifiers reduce the risk of sudden infant death syndrome? A meta-analysis. Pediatr. 2005; 116(5): e716-e723.
 7. Task force on sudden infant death syndrome. SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. Pediatr. 2016 Nov; 138(5): e20162938.
 8. Pease AS, Fleming PJ, Hauck FR, Moon RY, Horne RSC, L'Hoir MP, Ponsonby AL, Blair PS. Swaddling and the Risk of Sudden Infant Death Syndrome: A Meta-analysis. Pediatr. 2016 May; 137(5): e20153275.
 9. van Sleuwen BE, Engelberts AC, Boere-Boonekamp MM, Kuis W, Schulpen TW, L'Hoir MP. Swaddling: a systematic review. Pediatr. 2007; 120(4).
 10. Clarke NM. Swaddling and hip dysplasia: an orthopaedic perspective. Arch Dis Child. 2014; 99(1):5-6.