



Safe Sleep for Infants in Child Care Programs: Reducing the Risk of SIDS and SUID

Sudden Infant Death Syndrome (SIDS) is the death of a seemingly healthy infant younger than one year that remains unexplained after a thorough scene investigation, autopsy and review of the clinical history. It is the most common cause of death in infants over one month of age. Since the American Academy of Pediatrics (AAP) “back-to-sleep” recommendations took effect in 1992, the SIDS rate has dropped more than 50 percent. But at the same time, other causes of sleep-related infant deaths including suffocation, asphyxia and entrapment have increased. Sudden Unexpected Infant Death (SUID) is a term used to describe any sudden and unexpected death, whether explained or unexplained, that happens during the first 12 months of life. The updated and expanded safe sleep recommendations from AAP aim to reduce the risk of all sleep-related infant deaths.

Sadly, the rate of SIDS is higher than would be expected in child care programs. About 1 in 5 SIDS deaths occur while an infant is cared for by someone other than a parent. Some of these deaths occur in child care programs when infants, who are used to sleeping on their backs at home, are placed to sleep on their tummies. It is important that child care providers follow safe infant sleep recommendations to reduce the risk of SIDS and SUID in child care programs.

Recommendations for child care programs:

Always place infants on their backs to sleep. Parents and caregivers are advised to place infants on their backs to sleep until they are 12 months old. When infants can turn from front to back and from back to front easily, place them to sleep on their backs but allow them to move to a position of comfort.

Place infants on a firm mattress, with a fitted sheet, in a crib that meets the current Consumer Product

Safety Commission (CPSC) standards. No toys, soft objects, stuffed animals, pillows, bumper pads, blankets, positioning devices or extra bedding should be in, attached to, or draped over the side of the crib.

Provide a sleeping area that is well ventilated and at a temperature that is comfortable for a lightly clothed adult. If additional warmth is needed, a one-piece blanket sleeper or sleep sack may be used. Infants should be dressed in no more than one layer more than an adult. Infants should not get overheated or sweaty when they sleep. Bibs and clothing with ties or hoods should be removed and an infant’s head should not be covered. Each infant should have their own assigned crib and only one infant should be placed in each crib. Space cribs three feet apart.

Do not allow infants to sleep on a couch, chair cushion, bed, pillow, or in a car seat, play pen, swing or bouncy chair. If an infant falls asleep anywhere other than a crib, move the infant to a crib right away. If an infant arrives at your program asleep in a car seat, move the infant to a crib.

Offer a pacifier for sleep, if provided by the parent. Pacifiers do not need to be reinserted if they fall out after an infant is asleep. Do not attach a pacifier to a string or ribbon to be worn around an infant’s neck or fasten to an infant’s clothing.

Actively observe sleeping infants. Provide adequate lighting so sleeping infants can be seen and heard. Check for breathing and skin color.

No smoking around infants at any time. Infants who are exposed to smoke have a higher risk of dying from SIDS. California’s Community Care Licensing regulations prohibit smoking in licensed child care centers at all times. In licensed family child care homes, smoking is prohibited during

the hours of operation and in the areas of the home where children receive care. California law prohibits smoking in a car when children are present.

No swaddling of infants in child care programs. Although some infants may be swaddled for sleep at home, the practice is not recommended for child care programs.

What else can child care programs do?

Create a safe sleep policy and educate staff

Written policies should describe the principles of safe sleep (see CCHP's Model Safe Sleep Policy for Infants in Child Care Programs). This is your promise to parents that you are doing everything possible to keep their infant safe. Give parents a copy of your safe sleep policy upon enrollment. Program staff must be trained in the principles of safe sleep. Closely monitor staff compliance with policies.

Educate families

Discuss safe sleep practices and the importance of SIDS and SUID prevention with parents. Include information about room sharing without bed sharing, not allowing infants to routinely sleep in car seats, and no smoking around infants. Distribute written handouts and put up posters on your walls or bulletin boards. Provide information about safe sleep to prospective parents, and when enrolling new families.

Provide supervised "Tummy Time" when infants are awake

Tummy time is important for infant growth and development. (See the CCHP Health & Safety Note, Tummy Time for Infants.) It builds muscles and coordination in the head, neck, shoulders, abdomen and back that are needed to reach important developmental milestones (such as how to push up, roll over, sit up, crawl, and pull to a stand). Infants must be awake and supervised for Tummy Time.

Encourage mothers to breastfeed

Breastfeeding is associated with a lower risk of SIDS. Support mothers to exclusively breastfeed (breastfeed or give expressed milk from a bottle) for at least 6 months, if possible.

Monitor the immunization status of infants

Recent evidence suggests that immunizations might protect against SIDS. The California School Immunization Law requires schools, child care

centers, and family child care homes to maintain immunization records of all children enrolled, and confirm that children are up-to-date with immunizations when they enroll.

Exceptions

Individual medical conditions might cause a physician to recommend other sleep positions, but this is rare and a doctor's signed waiver with specific instructions is required.

Federal Crib Standards

Beginning December, 2012, any crib provided by child care facilities and family child care homes must meet new and improved federal safety standards. The standards address life threatening hazards previously seen with traditional drop-side rails and require more durable hardware and parts. Immobilizing a drop side of a crib will not make it compliant. Do not resell, donate or give away a crib that does not meet the new crib standards. CPSC recommends disassembling an old crib before discarding it.

References and Resources

AAP, SIDS and Other Sleep Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment, Pediatrics, <http://pediatrics.aapublications.org/content/128/5/e1341.full>

AAP, APHA, NRC, Caring for Our Children, National Health and Safety Performance Standards 3rd Edition <http://nrckids.org/CFOC3/index.html>

CPSC Child Care Providers Guide to New Crib Standards <http://www.cpsc.gov/cpscpub/pubs/5023.pdf>

CCHP Tummy Time. http://www.ucsfchildcarehealth.org/pdfs/healthandsafety/tummy_time_0209.pdf

CCHP Safe Sleep Policy for Infants in Child Care Programs. http://ucsfchildcarehealth.org/pdfs/forms/SafeSleep_policy_en_1111.pdf

AAP, HealthyChildren.org. A Child Care Provider's Guide to Safe Sleep. <http://www.healthychildren.org/English/family-life/work-play/pages/A-Child-Care-Provider%27s-Guide-to-Safe-Sleep.aspx>