



# home visitor notebook



sleep baby safe



This book belongs to

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name

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phone

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email

# As a home visitor, your conversation matters

It's about

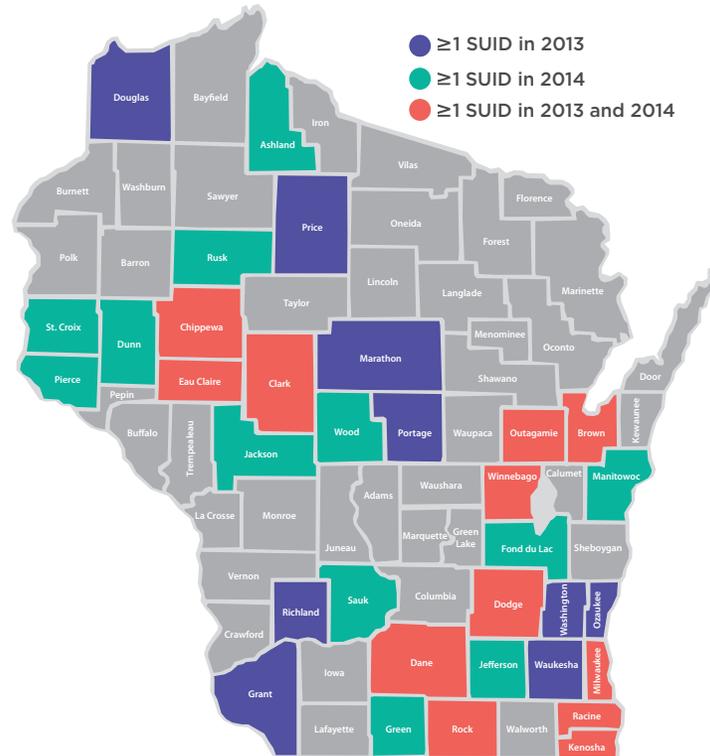
- Relationship
- Trust
- Respecting a family's **educated choice**
- Babies being **safe**

## Why it's important to talk about safe sleep

- Families should have factual information
- Families should be aware of what we have learned over the past 20 years
- Sleep-related deaths are preventable
- We want all babies to make it to their 1<sup>st</sup> birthday and beyond

# Why it matters (the facts)

## Wisconsin facts



## Wisconsin facts cont.

During 2013-2014, 118 Wisconsin infants died in unsafe sleep environments in 33 different Wisconsin counties. The following data is from the 55 infant deaths from 2013 only:

- 59% were male
- 89% were post neonates (older than one month)
- 76% were not placed on a firm surface to sleep
- 58% were sleeping in an adult bed
- 62% were sharing the same sleep surface with an adult
- 87% had soft objects or loose bedding in the sleep environment
- Infants were among families of all socio-economic categories and race

# Why it matters (the facts)

## Sudden Infant Death Syndrome (SIDS)

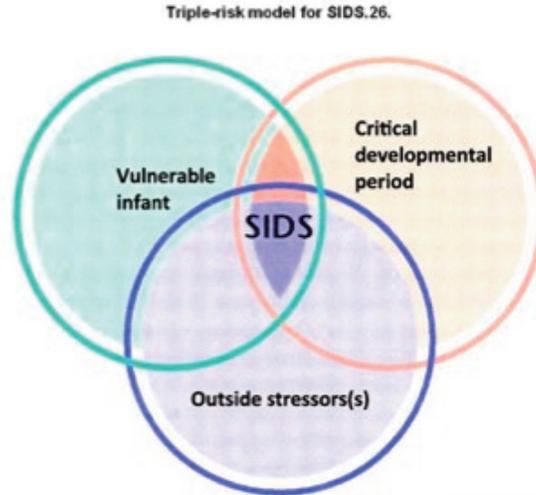
- SIDS is the sudden, unexpected death of a healthy baby younger than age 1.
- Some believe SIDS only happens in a crib because it used to be called “crib death.”
- SIDS can occur on any sleep surface.
- A SIDS death is only categorized as SIDS if a cause of death cannot be explained after a complete thorough investigation of the death scene, complete autopsy is performed, and a review occurs of the clinical history of the infant and parents.
- Some babies are at higher risk of SIDS than others.
- Experts believe SIDS babies have brain abnormalities that appear to affect the brain stem’s ability to regulate breathing, heart rate, temperature, blood pressure and arousal.

# Sudden Infant Death Syndrome (SIDS) cont.

- When a baby's breathing is blocked - by a stuffed animal or sleeping face down - the brain stem normally adjusts by sending a message to wake the baby or stimulate breathing. SIDS babies may have abnormal wiring that short circuits this alarm system.
- Sleeping your baby on his back allows baby to breathe more freely.

# Why it matters (the facts)

## Triple risk model



Pediatrics 2011;128:e1341-e1367

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**PEDIATRICS**

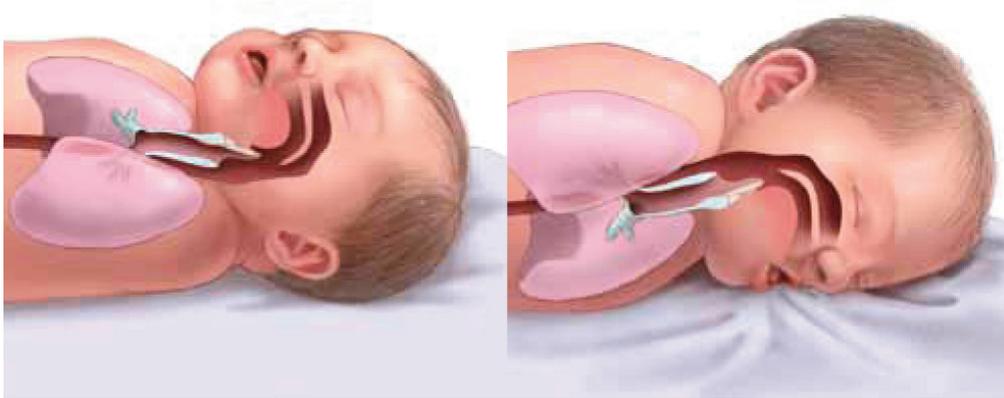
There is not one definitive cause of Sudden Infant Death Syndrome (SIDS). It is believed there are several factors called the triple risk model.

# Triple risk model cont.

- **Vulnerable** means there is an underlying defect or brain abnormality that makes the baby vulnerable. Certain factors, such as defects in the brain that control respiration or heart rate, or genetic mutations, increase vulnerability.
  - **Critical development** period refers to the infant's first 6 months of life when rapid growth occurs and changes in homeostatic controls occur (breathing, sleeping, heart rate, blood pressure etc.).
  - **Outside stressors** are things in the baby's environment, such as second hand smoke, overheating, sleep position or an upper respiratory condition. Although these stressors are not believed to single-handedly cause the infant death, they may tip the balance against the vulnerable infant's chances for survival.
- Analogy:** Some babies are born a dandelion (strong and thrive in any environment). Some are born an orchid (delicate and fragile – susceptible to any change).

# Why it matters (the facts)

## Baby's airway



A baby is less likely to choke while lying on his/her back.

# Baby's airway cont.

- After research and studies, we found babies sleeping on their backs are the safest.
- The trachea (airway) actually lies on top of the esophagus (tube that goes into the stomach). When a baby spits up, gravity will keep the spit-up in the esophagus, and it will either come out of the baby's mouth or he will swallow it. Either way his trachea (airway) is protected when the baby is on his back.
- Placing baby on his tummy **does not** allow him to breathe in fresh air.
- Since the back-to-sleep campaign began in 1992, we've seen a 50% reduction in infant deaths.

# Play it safe (safe sleep tips)

## ABCs

- Alone with mom nearby
- On the back
- In a crib or Pack 'n Play™
- In smoke-free air
- Room temperature should be comfortable to a lightly clothed adult

These are evidence-based recommendations from the American Academy of Pediatrics based on research from experts in the field of child safety and safe sleep.

# Share a room, not a bed

- Promotes breastfeeding, bonding and safety.
- Adult beds have a lot of risk factors: soft pillow-top mattresses, which do not support an infant's neck, or comforters and pillows that could easily suffocate an infant.
- Babies are not coordinated enough to move a blanket or pillow off their face.
- A baby on a soft surface is at an increased risk of cutting off their airway if their head rolls forward, sideways or is hyper extended.

# Play it safe (safe sleep tips)

## Back-to-sleep...tummy-to-play

- Babies need tummy time to develop different muscles, but it should only be when they are awake and supervised.
- Babies are not born with habits.
- Babies will learn to be comfortable if they start out sleeping on their backs and stay on their backs.
- Babies should sleep on their backs at every sleep time – naps and nighttime.
- Share these instructions with anyone who will care for the baby.

# Avoid overheating

- Set the temperature in the room to the same temperature for an adult.
- Use a sleep sack.
- Dress the baby in as little or as much clothing as you would dress in to be comfortable.

# Play it safe (safe sleep tips)

## Why families might co-bed with baby

- Comfort
- Convenience
- Safety
- Prior experience with other children
- Advice from family members or friends
- Lack of space for a crib
- Lack of a crib (money or access)
- Lack of information or knowledge
- Negative attitude of health care provider
- Information not culturally and competently presented



# Let's talk (conversation starters)

## Prenatal visits

“Can we talk about where baby will sleep when you bring him/her home? I know you want to do everything you can to make sure your baby is healthy and safe. Tell me about what you are thinking.”

“How do you feel about where your baby should sleep?”

“What has your mom or other family members told you about where your baby should sleep?”

Based on response, praise for embracing safe sleep practice or encourage further conversation.

### **Post baby visit**

“How is it working out where your baby is sleeping?”

# How to have conversation

## EXTEND

“What else have you heard about safe sleep? How do you feel about that?”

“Tell me more about ...”

“Tell me about a typical day at your house.”

## CLARIFY

“Do you think baby will not sleep as well on his back?”

“What do you think is most difficult about sleeping baby in his crib?”

“When you say baby is safe where he

sleeps do you mean he is .....? Are you concerned your baby will not be safe if sleeping apart from you?”

“Tell me why it is difficult for you to get baby to sleep.”

## REFLECT

“So you’re saying you feel where your baby sleeps is safe.”

“You think your mom won’t support you sleeping your baby differently than she slept you.”

“You feel you won’t bond with your baby if you’re not sleeping with him.”

# Let's talk (conversation starters)

## How to have conversation cont.

### REDIRECT

"I can see you're worried about your baby's safety and you want to protect him. I'm going to connect you with someone who can get you a Pack 'n Play™ that will fit right next to your bed so baby can be near you."

"Do you have other concerns about sleeping your baby safe?"

"I want to share what we've learned about the very best way to protect your baby. We know so much more now than we did when we were born.

I know it is hard to think about this, but babies are most vulnerable to a sudden death during the 0 to 4 month period."

If mom does not want to engage in conversation or is committed to a specific sleep environment:

"Would it be okay if I touch base with you on the subject again at a future visit."

Reassure her you only want to support her desire to see her baby grow up healthy and be safe.

# Baby does not like crib

What if mom says, “every time I put the baby down in the crib, he wakes up and cries.”

- Explain babies have a startle reflex and when they fall asleep in their parent's arms and are laid down on a firm surface, the startle reflex is triggered and the baby will wake up and cry.
- Suggest placing the baby to sleep in the crib before they are completely asleep and rub the baby's tummy to help soothe them to sleep.

# Let's talk (conversation starters)

## Bonding with baby

What if mom says, "I have heard I can bond better with my baby by sleeping with him."

Parents may believe co-bedding is a way to bond with their baby. Babies should be close to their parent/caregivers when sleeping, but not on same surface (bed, couch or chair).

Suggest ways to bond:

- Breastfeeding time.
- Holding baby while feeding if using bottle.
- Wearing the baby in a baby carrier while the parent is awake.
- Rubbing the baby's tummy while they are in their crib.
- Reassuring their baby by singing a lullaby and rubbing their tummy when the crib/bassinet is right next to the parent's bed.

# Convenience

What if mom says, “it is easier to take care of my baby during the night when she is in bed with me.”

- Acknowledge importance of being close to baby.
- Suggest putting crib, Pack ‘n Play™ next to bed.
- When breastfeeding, hold baby in bed to feed and then return to crib.

- Even if mom says she will sleep lightly, other person(s) in the bed could rollover.

While mom thinks she lies still, research shows significant body movement while sleeping.

# Let's talk (conversation starters)

## No room for a crib/Pack 'n Play™

What if mom says, "I do not have enough room for a crib."

- Suggest a Pack 'n Play™ to be placed next to a bed or couch.
- Offer information about Cribs for Kids or other free crib programs.
- Be creative and suggest alternative beds, such as a sturdy box or drawer etc.

# Family tradition or advice from others

What if mom says, “my mom slept with me and my sister, and we are both fine.”

Mothers always try to do what is best for their babies, and many mothers slept with their infants because they thought they were protecting baby. We now have new information:

- Learned a lot from our history and ancestors.
- Want to share what we have learned over time so they as a family can make decisions based on factual information.
- Other cultures may have shared a sleep surface that was flat and hard, such as the floor.
- Beds and couches today are soft, pillowy and very different than many years ago.
- Risk factors in a sleep environment affect all cultures and all socio-economic classes of people, rich and poor.
- As a home visitor you share the same information with all families.”

# Let's talk (conversation starters)

## Concern about flat head

What if mom says, "I do not want my baby to have a flat head."

- Promote supervised "tummy time" during the day when baby is awake. This enhances the shape of the head and strengthens the upper body muscles. It also allows for quality exercise or play time between mother, father, caregiver and baby.
- Move the mobile, mirror or other object

of interest to the opposite side of the baby's sleep and/or play area.

- Switch the arm with which baby is held, especially during feeding times.
- Place the car seat on opposite sides of the car.
- Hold baby upright for cuddles.

# Choosing to share a bed

What if mom says, “I have heard all the information, but I want to sleep with my baby.”

- Acknowledge appreciation for listening to information.
- State you respect their decision. Your goal is to make sure they have all the information.
- Ask if you can check in to see how it is going at the next visit or give a call in the future.

SHARE

“As your home visitor I cannot tell you how to sleep with your baby safely because there is truly no safe way. But I want to encourage you to reduce the risk of anything happening by remembering many of the points we talked about.”

# Let's talk (conversation starters)

## Agency position

"As your home visitor, it is my responsibility to make sure you have all the information to help you make the best possible choices for you and your family. I know you want what is best for your baby and I am here to help you. I know it is hard sometimes to change routines."

"Our home visiting program supports the American Academy of Pediatrics recommendations. We have learned so much over many years. So many fewer babies have died because we are following these recommendations."







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**For questions or comments:  
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