

Illinois Governor's Office of Early Childhood Development's Maternal, Infant, and Early Childhood Home Visiting Program's Health Policy on Infant Safe Sleep

Purpose: The Illinois Governor's Office of Early Childhood Development's (OECD) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is committed to promoting optimal health and safety for all Illinois infants and to reducing infant mortality. Illinois MIECHV recognizes its leadership role in establishing standards for policies and practices that promote healthy behaviors among its programs, grantees, and other state agencies. The purpose of this policy is to establish a consistent infant safe sleep message across all MIECHV programs and activities.

Policy: In all activities and publications, Illinois MIECHV programs and subgrantees shall adhere to the infant safe sleep standards as endorsed by the American Academy of Pediatrics (AAP) in their Task Force on Sudden Infant Death Syndrome's report, *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*.^[1]

Procedures:

1. Illinois MIECHV programs, subgrantees and contractors must adopt this Infant Safe Sleep policy, which shall be routinely communicated to all staff.
2. All Home Visitors shall be trained on infant safe sleep policies within three months of hire. Contact Ounce and/or Infant Mental Health consultants to schedule the trainings.
3. While it is not possible to guarantee complete prevention of sleep-related deaths, Illinois MIECHV shall urge parents and caregivers to follow these recommendations as the most effective way to reduce the risk of sleep-related infant death **for infants birth to 12 months**
 - a. Place infants for sleep wholly on the back for every sleep, nap time, and night time.
 - b. Use a firm sleep surface. A firm crib mattress with a tight-fitting sheet in a safety-approved crib is the recommended surface.
 - c. Room-sharing without bed sharing is recommended. The infant's crib should be in the parents' bedroom, close to the parents' bed.
 - d. Keep soft objects, loose bedding and bumper pads out of the crib.
 - e. Offer a pacifier at sleep time after breastfeeding has been established.
 - f. Avoid overheating by excessive clothing, bundling or room temperature.
 - g. Avoid commercial devices such as wedges, positioners and monitors marketed to reduce the risk of SIDS. None have been proven safe or effective.
 - h. Encourage supervised "tummy time" when infant is awake to avoid flat spots on the back of the infant's head and to strengthen the upper torso and neck.
 - i. Breastfeeding is recommended. Illinois MIECHV and the AAP recommend exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.^[2] Illinois MIECHV recognizes that in individual circumstances breastfeeding may be contraindicated or must be limited. Mothers of children with special health care needs should follow recommendations of their health care provider.
 - j. All infants should be immunized in accordance with AAP and Centers for Disease Control and Prevention recommendations.
 - k. Pregnant women should receive regular prenatal care.
 - l. Do not smoke during pregnancy. Avoid exposure of infants and pregnant women to secondhand smoke.
 - m. Not a single drop of alcohol or illicit drugs should be consumed during pregnancy. Continue to avoid alcohol and illicit drugs after the infant's birth.

4. Illinois MIECHV recommends that safe sleep messages must be delivered in culturally appropriate methods to reach diverse populations; and that messages must be linguistically suitable for various literacy levels and sensitive to family history of infant death. The policy shall be that the method of delivery may vary, but the recommendations will remain the same. Under no circumstances shall Illinois MIECHV programs indicate that it is acceptable to share a sleep surface with an infant; to place an infant on his or her stomach or side to sleep; or to use any other sleep surface besides a safety-approved crib or bassinet. Mothers of children with special health care needs should follow recommendations of their health care providers.
5. Recommendations for Practice: Illinois MIECHV staff, especially Home Visitors, shall provide educational information to all soon-to-be parents as well as parents of infants (birth, foster, adoptive, etc.) regarding safe sleep environments, including the AAP's 2016 safe sleep recommendations. For all infants under 12 months, Home Visitors shall:
 - a. During each home visit for an infant, ask to observe the infant's sleep environment.
 - b. Engage caregivers of infants in problem solving regarding safe sleep barriers.
 - c. Discuss any concerns with the caregiver and make recommendations for resolution. If a risk factor is identified during a visit and cannot be resolved, the Home Visitor shall immediately consult with the Home Visitor Supervisor as well as the pediatrician for the infant and any home visiting or parents' support services in place.
 - d. If a caregiver is lacking safe sleeping furniture or equipment, assist the family in securing such items as soon as practicable with the support of SIDS of Illinois, **Inc.** and/or the Illinois Department of Children and Family Services.
 - e. Provide support to caregivers and families to make the sleep environment for infants as safe as possible by ensuring that families have a safe crib, portable crib or bassinet and, if not, ensure that the family is able to procure one.
 - f. Emphasize regularly to caregivers that the safest sleeping environment for infants is on their back, in a crib or bassinet with a firm mattress and without bedding, blankets, bumpers or pillows, in a position proximate to the caregiver, such as next to the caregiver's bed or in the same room as the caregiver, but not in bed or on a couch with a caregiver.
 - g. Share with the caregiver that when the baby begins to independently roll from back to tummy, that caregiver should continue to place the infant on his/her back when initially laying the child down for sleep. The caregiver does not need to remain at the bedside, turning the baby throughout the sleep event.
 - h. Remind caregivers that sitting devices such as car safety seats, strollers, swings, infant carriers and infant slings are not recommended for routine sleep in the home. If an infant falls asleep in a sitting device, he or she should be moved to a crib or other appropriate flat surface as soon as is practical.
 - i. Be sensitive to cultural child-rearing practices including bed-sharing and work with families to implement best practices and maximize safety.
 - j. If the caregiver does not provide ideal responses for all three safe sleep benchmarks, then the Home Visitor shall provide reasons for non-adherence in Visit Tracker and follow up with the caregiver during the next visit.
6. Documentation: Home Visitors shall document in Visit Tracker
 - a. Safe sleeping discussions with the caregivers
 - b. The infant's sleeping environment
 - c. All actions taken to resolve concerns with the infant's sleep environment.

References

1. *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*. *Pediatrics*, 2016. **138**(5).
2. *Breastfeeding and the Use of Human Milk*. *Pediatrics*, 2012. **129**(3): p. e827-41.