

## Safe Sleep Resources

First Candle/SIDS Alliance  
1314 Bedford Avenue, Suite 210  
Baltimore, MD 21208  
[www.firstcandle.org](http://www.firstcandle.org)  
1-800-221-7437

Indiana Perinatal Network  
[www.indianaperinatal.org](http://www.indianaperinatal.org)  
1-800-433-0746

National SIDS Infant Death Resource Center  
[www.sidscenter.org](http://www.sidscenter.org)  
1-866-866-7437

Healthy Child Care America  
<http://www.healthychildcare.org>

Back to Sleep Campaign  
PO Box 3006  
Rockville, MD 20847  
1-800-505-CRIB

CJ Foundation for SIDS  
30 Prospect Avenue  
Hackensack, NJ  
[www.cjsids.com](http://www.cjsids.com)  
1-888-8cj-sids x4

Indiana Department of Health Statistics  
[http://www.in.gov/isdh/dataandstats/mortality/mortality\\_index.htm](http://www.in.gov/isdh/dataandstats/mortality/mortality_index.htm)

Indiana Child Care Health Consultant Program  
<http://www.indiana.edu/~cchealth/>  
1-800-825-4733

# Safe Sleep and Breastfeeding Go Hand in Hand

Review of recent research studies shows that infants who were breastfed were about 60% less likely to die from SIDS than infants who didn't receive any breast milk. This protective effect increased the longer the baby was breastfed and if the baby was exclusively breastfed.<sup>i</sup>

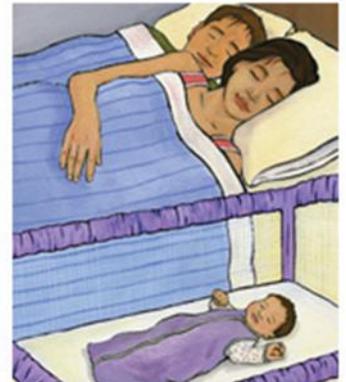
## How it works for families:

**The safest way to support nighttime breastfeeding and safe sleep is through room sharing.**

- To room share place a baby in her own separate space, but near the adult caregiver's bed.
- The benefits-
  - Reduces the risk of SIDS and the potential for accidents such as suffocation, falls from the bed and entrapment between the mattress and the wall, headboard, footboard or other piece of furniture.
  - Supports continued breastfeeding by allowing mom to respond more readily to infant cries throughout the night, thus supporting milk supply.
  - Mom and baby are each able to get more sleep.

## Benefits for Baby Translates into Child Care Provider Benefits

- Breastfeeding reduces Gastroesophageal Reflux because it empties from the stomach more quickly than formula, thus resulting in babies who sleep more comfortably both in child care and at home.<sup>ii</sup>
- Breastmilk fights against infection. Breastfeeding infants get fewer respiratory and gastrointestinal infections. Breastfeeding protects against RSV (respiratory syncytial virus) infections, and this virus has been implicated in causing inflammation of the lungs that could contribute to SIDS. In child care breastfed babies are less likely to get sick thus increasing overall health of children in care.<sup>iii</sup>



<sup>1</sup> M.M. Vennemann, MD, MPH, PD<sup>a</sup>, T. Bajanowski, MD, PD<sup>b</sup>, , DSC<sup>c</sup>, and the GeSID (2009) Study Group Does Breastfeeding reduce the risk of SIDS *Pediatrics* Vol. 123 No. 3 March 1, 2009 pp. e406 -e410 (doi: 10.1542/peds.2008-2145)

<sup>1</sup> U.S. Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program. Wisconsin Partnership for Activity and Nutrition Breastfeeding Committee. (2008). *Ten steps to breastfeeding friendly child care centers*. Retrieved from [http://www.dhs.wisconsin.gov/health/physicalactivity/pdf\\_files/BreastfeedingFriendlyChildCareCenters.pdf](http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/BreastfeedingFriendlyChildCareCenters.pdf).

<sup>1</sup> Ball, T. M., & Wright, A. L. (1999). Health care costs of formula-feeding in the first year of life. *Pediatrics* 103(4), 870-876. Retrieved from <http://pediatrics.aappublications.org/cgi/reprint/103/4/S1/870>.

## **Tips for Creating a Safe Sleep Environment for Infants in Child Care**

This checklist can serve as a basis for assessing the safe sleep environment for caregivers of infants. This information is based on American Academy of Pediatrics standards and the publication *Caring for Our Children* and applies to **infants under 1 year of age**. You are encouraged to attend the training, Safe Sleeping Practices and Reducing the Risk of SIDS in Child Care, offered through your local child care resource and referral agency (<http://iacrr.org>), to learn the most recent research-based practices.

### **Assess the sleep environment:**

- The Infant is always placed to sleep on a firm sleep surface, such as a safety-approved crib mattress, in a safety-approved crib, porta-crib, or play yard (check with what licensing allows)
- The mattress fits snugly in the crib
- The fitted crib sheet fits tightly around the mattress
- The infant is never placed to sleep on a sofa, chair, or adult bed
- There is no soft or loose bedding, such as a quilt, placed underneath the infant
- All blankets, pillows, quilts, and bumpers are kept out of the infant's sleep area
- Nothing covers the infant's face (i.e., bibs)
- Crib gyms, crib toys, mobiles, mirrors, and all objects/toys are prohibited in or attached to an infant's crib
- Stuffed animals, stuffed toys, and loose bedding are kept out of the sleep area
- There is no smoking in the program
- The infant is kept away from any area where smoking has occurred
- The sleeping infant is not overheated by a room temperature that is too high or by too many layers of clothing
- There is a medical waiver on file that is signed by a doctor and lists the medical reason for a sleep position other than on the back for all infants who require an alternate position

### **Be sure to follow these important rules of infant care:**

- ☐☐ Infants under one year of age are always **placed on their backs to sleep**, for naps and at night
- ☐☐ Instead of a blanket, the infant is placed to sleep in sleep clothing such as a one-piece sleeper
- ☐☐ When the infant is awake and **being watched by a caregiver**, it is desirable to place him or her on the stomach for "tummy time." (Tummy time helps infants achieve developmental milestones.)
- ☐☐ Shall not use products such as wedges etc. that are intended to control the position of the infant in sleep as these have not been sufficiently tested for effectiveness or safety).
- ☐☐ If the infant falls asleep in another surface (carrier, car seat, swing) they should be immediately removed and placed in a safety approved crib, porta-crib or pack and play
- ☐☐ Do not swaddle infants using blankets. Swaddling is not recommended in child care.
  - o If you do swaddle infants under 3 months then use a safe swaddler according to manufacturer specifications and not a blanket
- ☐☐ The infant is not placed to sleep with a bottle

### **In addition:**

- ☐☐ **Pacifier use:** Consider offering a clean dry pacifier when placing the infant down to sleep for naps or at night
  - o The pacifier does not need to be re-inserted if it falls out
  - o If infant refuses the pacifier, he or she should not be forced to take it

- o For breastfed infants delay pacifier use until 1 month of age to ensure good onset of breastfeeding
- o The pacifier should not be coated in any solution. Pacifier should be cleaned often and replaced regularly
- o The pacifier should not be clipped or attached to the infant or the crib (strangulation hazard)

Develop and follow a policy regarding sleep position in your child care setting

Discuss your policy with parents before enrollment

- o It is recommend that parents sign the policy
- o Provide safe-sleep-related educational resource materials for parents

Develop a schedule to check for recalls of infant products. *Consumer Product Safety Commission at: <http://www.cpsc.gov>*

### **Does your Crib Meet New Safety Standards?**

#### **From the Federal Rule:**

“[b] beginning June 28, 2011, all cribs manufactured and sold (including resale) must comply with new and improved federal safety standards. The new rules, which apply to full-size and non-full-size cribs, prohibit the manufacture or sale of traditional drop-side rail cribs, strengthen crib slats and mattress supports, improve the quality of hardware and require more rigorous testing.” CPSC’s crib rule includes a standard for full-size cribs (**16 CFR part 1219**) and a standard for non-full-size cribs (**16 CFR part 1220**).

#### **Some things you should know:**

- All family child care homes (licensed or license-exempt), child care centers, and unlicensed registered child care ministries must use compliant cribs.
- As of June 28, 2011 all cribs manufactured and/or distributed in the United States must comply with new standards.
- Cribs manufactured before July 23, 2010 are not likely to be compliant.
- Cribs manufactured between July 24, 2010 and June 27, 2011 are not guaranteed to be compliant either.
  - o A certificate of compliance must be kept on file for these cribs
- NO** drop-side crib will be compliant with the new standards, even if it has an “immobilizer” or “fix-it” kit.

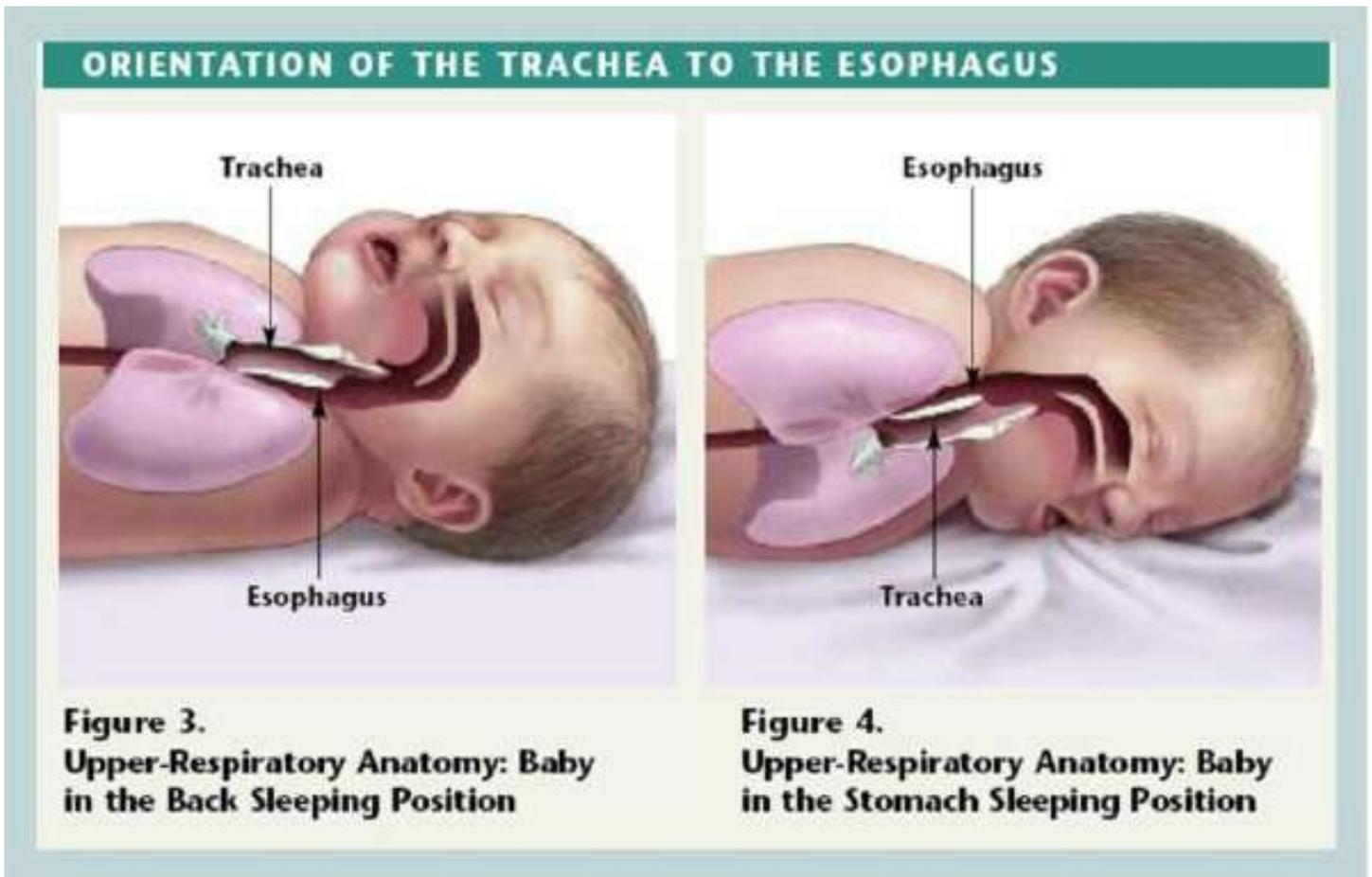
#### **New Play Yard standards:**

Effective Feb 28, 2013, play yards manufactured or imported for sale in the US must meet new and improved federal safety standards (16 CFR 1221).

#### **For Play Yards: (Check with what licensing allows)**

- Side rails should not form a sharp V when the product is folded. This prevents a child from strangling in the side rail.
- Corner brackets should be strong in order to prevent sharp-edged cracks and to prevent a side- rail collapse
- The mattress should be sturdy on the play yard floor to prevent children from getting trapped or hurt
- There should be no tears in mesh or fabric
- No missing, protruding, or loose screws, rivets, bolts, or hardware
- In good repair (if it is broken do not use it) and has not been recalled
- No cracks or stress whitening in plastic parts (especially corner brackets)

## The Back-Sleeping Myth about Choking



This image provides an explanation to clear any confusion about babies who sleep on their backs vs. their tummies and the risk of choking or aspiration.

Studies show that babies may actually clear secretions better when placed on their backs. Figures 3 and 4 show the orientation of the trachea to the esophagus in the back sleeping (figure 3) and in stomach sleeping (figure 4) positions. When a baby is in the back sleeping position the trachea lies on top of the esophagus. Anything regurgitated or refluxed from the esophagus must work against gravity to be aspirated into the trachea. Conversely, when a baby is in the stomach sleeping position, anything regurgitated or refluxed will pool at the opening of the trachea, making it easier for the baby to aspirate.

<http://www.becauseofcody.org/documents/InfantSleepPositionandRiskofAspiration.pdf>

## ***Safe Sleep Parent Letter***

Dear Parent:

Providing your infant with a safe environment in which to grow and learn is of extreme importance to us. To that end, our child care facility has implemented policies and procedures to create a safe sleep environment for your infant.

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

Our written policy is as follows:

- Infants less than 12 months of age shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib. Sheets should also be tight fitting.
- Swings, bouncy seats, car seats, rock-n-play sleepers, bassinets, waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
- Blankets are not used in the crib; Blankets, bibs, and burp cloths should not hang over the side of the crib.
- The infant’s head shall have no covering during sleep (i.e. blankets & bibs, etc.).
- Unless the child has a Medical Waiver on file completed & signed by their physician specifying otherwise, infants shall be placed flat on their back for sleeping to reduce the risks of Sudden Infant Death Syndrome (SIDS).
- When infants can easily turn over from the back to stomach position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep; an “I can roll” sign is suggested above or on the infants crib at this time.
- Unless a doctor specifies the need for a positioning device that restricts movement within the child’s crib, such devices shall not be used; this must be written on the Medical Waiver and completed/signed from the physician.
- There is no smoking allowed in the child care setting.
- Infants will not share a crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping. Sleep sacks can be used during sleep; however, swaddling sleep sacks may only be used until the child turns 3 months of age.
- Supervised “tummy time” will be observed while infant is awake.

Since the start of the 1994 national campaign that provided guidelines for parents, health professionals and other caregivers to place infants on their backs to sleep, the number of infants dying of SIDS has decreased by 42%.

Again, safety of your infant is paramount to us. By signing below, you, as the parent, understand and comply with the policies of the child care facility which your child will be attending.

\_\_\_\_\_  
*Signature of Child Care Provider*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent*

\_\_\_\_\_  
*Date*

*Safe Sleep is always followed in the child care setting, regardless of parent preference. A signed copy will be kept in each parent’s file at all times.*

## INFANT SLEEP POSITION POLICY

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### Reason this policy is important:

Providing infants with a safe environment in which to grow and learn is of extreme importance to us. Therefore, our child care facility has implemented policies and procedures to create a safe sleep environment for infants. We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is “the sudden death of an infant under 1 year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

### Procedure and Practices, including responsible person(s):

- Infants less than 12 months of age shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib. Sheets should also be tight fitting.
- Swings, bouncy seats, car seats, rock-n-play sleepers, bassinets, waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
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- Supervised “tummy time” will be observed while infant is awake.

***At the time of application, families of infants will be informed of the programs sleep position rules and given a copy of the policy. All staff will receive training on safe sleep practices before caring for infants and annually.***

### When the policy applies:

This policy applies to staff and families.

### Communication plan for staff and parents:

This policy will be reviewed with the parents at the time of application and a copy will be provided in the parent handbook. SIDS information will be published annually in the newsletter and available as a handout. This policy will be reviewed during annual training and new staff orientation. A copy will also be provided in the staff handbook.

**References:**

National SIDS & Infant Death Program Support Center, SIDS Alliance, Caring for Our Children, National Health and Safety Performance Standards

National Institute of Child Health and Human Development (NICHD): [www.nichd.nih.gov/SIDS](http://www.nichd.nih.gov/SIDS)

First Candles: [www.firstcandle.org/new-expectant-parents/bedtime-basics-for-babies](http://www.firstcandle.org/new-expectant-parents/bedtime-basics-for-babies)

Indiana Perinatal Network: [www.indianaperinatal.org](http://www.indianaperinatal.org) (brochures)

CJ foundation for SIDS: [www.cjsids.com](http://www.cjsids.com) (posters)

Reviewed by:

\_\_\_\_\_

*Director/Owner*

\_\_\_\_\_

*Health Professional (physician, nurse, health department, EMS, Health consultant)*

\_\_\_\_\_

*Staff Member/Parent/Advisory Member/Volunteer/Etc.*

**Effective Date and Review:**

This policy is effective \_\_\_\_/\_\_\_\_/\_\_\_\_ and will be reviewed annually by \_\_\_\_/\_\_\_\_/\_\_\_\_ or sooner if needed. Parents and staff will be notified of any upcoming policy review.

**For Staff/Volunteer Use Only:**

Date Policy Reviewed	Staff Initials	Original date Safe Sleep Training	Date of Safe Sleep Refresher	Date of Annual Policy Review with Staff	Check for Crib Recalls	Date of Annual Review Handling A Medical Emergency

# Medical Waiver

## For Alternate Sleeping Practice or Position

**All information must be completed**

It is Indiana's policy to follow American Academy of Pediatrics (AAP) recommendations regarding infant sleep in regulated child care programs. Infants under 12 months of age are always placed on their backs to sleep, in a crib or porta-crib (may use play yard in homes), without a blanket or any items with the exception of a pacifier in their sleep environment.

At the order of the infant's personal health care provider with prescriptive authority, a signed medical waiver with clear alternate directions will be on file for infants requiring alternate positions or accommodations that state the medical reason as to why the infant's position or the sleep environment deviates from AAP recommendations. In that case, a waiver notice will be posted in a conspicuous location on or at the infant's crib that does not block the infant from the caregivers view. The notice will only state the position in which the infant should sleep, the date the waiver was signed and the expiration date. The actual medical waiver should be placed in the infant's file since it contains confidential medical information.

Name of infant	Name of parent or guardian	Infant's birthdate
Name of Health Care Provider or Specialist		
Address of Health Care Provider or Specialist		
Address of Practice		
Phone	Fax(optional)	E-mail

### TO BE COMPLETED BY INFANT'S HEALTH CARE PROVIDER or SPECIALIST

The above named infant has the following health or medical condition that requires an alternate sleep position:

Describe the alternate position or accommodation using a medical device for the infant:

Additional instructions or equipment /device parent will provide to child care program:

The above instructions are effective from (fill in boxes to the right)	Date _____ to _____	Date _____
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***I believe that the medical benefit of this alternate directive outweighs the risk for SIDS or positional asphyxia***

***Physician signature \_\_\_\_\_ Date \_\_\_\_\_***

***As the parent or guardian of the above named infant, I acknowledge- the risks for SIDS and positional asphyxia associated with altering an infant's position or sleep environment. I authorize this facility/program to follow the medical advice as outlined by my infant's Health Care Provider. I will provide the medical device necessary.***

**Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_**

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<sup>i</sup> [M.M. Vennemann](#), MD, MPH, PD<sup>a</sup>, [T. Bajanowski](#), MD, PD<sup>b</sup>, , DSc<sup>c</sup>, and the GeSID (2009) *Study Group Does Breastfeeding reduce the risk of SIDS Pediatrics Vol. 123 No. 3 March 1, 2009 pp. e406 -e410 (doi: 10.1542/peds.2008-2145)*

<sup>ii</sup> U.S. Department of Health Services, Division of Public Health, Nutrition, Physical Activity and Obesity Program. Wisconsin Partnership for Activity and Nutrition Breastfeeding Committee. (2008). *Ten steps to breastfeeding friendly child care centers*. Retrieved from [http://www.dhs.wisconsin.gov/health/physicalactivity/pdf\\_files/BreastfeedingFriendlyChildCareCenters.pdf](http://www.dhs.wisconsin.gov/health/physicalactivity/pdf_files/BreastfeedingFriendlyChildCareCenters.pdf).

<sup>iii</sup> Ball, T. M., & Wright, A. L. (1999). Health care costs of formula-feeding in the first year of life. *Pediatrics* 103(4), 870-876. Retrieved from <http://pediatrics.aappublications.org/cgi/reprint/103/4/S1/870>.