

# UMass Memorial Medical Center

## Department of Nursing

### POLICY

**Policy Name: Safe Sleep for Infants**

**Approved: March 2020**

**Effective: April 2020**

#### **I. POLICY STATEMENT:**

This policy was created to provide uniform guidelines related to an infant's safe sleep environment for healthcare providers in the neonatal intensive care unit (NICU), newborn nurseries and pediatric settings.

#### **II. SCOPE:**

This policy applies to all UMMMC nursing staff who care for inpatient infants under 1 year of age.

#### **III. RELATED DOCUMENTS:**

N/A

#### **IV. DEFINITIONS:**

**Sudden unexpected infant death (SUID)** is a term used to describe the sudden and unexpected death of a baby less than 1 year old in which the cause was not obvious before investigation. These deaths often happen during sleep or in the baby's sleep area. This includes Sudden Infant Death Syndrome (SIDS).

**Therapeutic Positioning** – sleep positioning used for medical reasons (prone, side-lying, elevated head of bed).

**Positioning Treatment** – positioning devices used to improve issues in relation to musculoskeletal and neuromotor issues.

#### **V. PROCEDURE:**

##### **Eligibility criteria for a safe sleep environment:**

1. Greater than or equal to 32 weeks corrected gestational age
2. Weight greater than or equal to 1500 grams
3. Open crib or isolette if the criteria above is met
4. Oxygen requirement less than 1-liter nasal cannula
5. Not receiving IV fluids
6. Not receiving phototherapy
7. Not during enteral feeds via naso/orogastric or naso duodenal tube feedings (place flat after feeding is complete)

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8. Clinically Stable (ie. therapeutic hypothermia, etc.)
9. Free of congenital or chromosomal abnormalities that prevent supine sleeping

### **Safe sleep environment while in the hospital:**

1. Supine position (on back)
2. Flat position (head of bed not inclined)
3. Crib empty of positioning devices
4. Crib is empty of soft objects such as dolls or other toys, fluffy blankets, clothing, and/or other extra blankets under face
5. Crib empty of medical devices (i.e.. bulb suction, diapers and diaper wipes, facecloths, etc.)
6. One thin sheet or blanket should be tucked around mattress
7. No hats once infant's temperature is stable
  - a. In newborn nursery, hats are worn until first bath
8. Low swaddle or in a sleep sack when available
9. Has a Safe Sleep Crib card on the crib/isolette

### **Therapeutic Positioning: requires a provider's order AND patient requires continuous pulse oximetry monitoring:**

1. **Sleep positioning for medical reasons may include:**
  - a. Stomach (prone)
  - b. Side-lying
  - c. Elevated Head of Bed
2. **Positioning aids that may be used ONLY during therapeutic positioning or positioning treatment include:**
  - a. Developmental Positioners
  - b. Blanket Rolls
  - c. Gel Pillows
  - d. Bean Bags
  - e. Fluff

### **Special population considerations for Therapeutic Positioning:**

1. **Neonatal Abstinence Syndrome (NAS):**
  - a. Infants with NAS who meet all eligibility criteria should be in a Safe Sleep environment.
  - b. If an infant is unable to tolerate supine sleeping, a provider's order for therapeutic positioning must be obtained and prone positioning may be utilized until the infant is close to final medication wean and able to tolerate supine positioning.
  - c. Infants in a MamaRoo should be on a pulse oximeter. Infant should not sleep in a MamaRoo.
  - d. Infants should be transitioned to a Safe Sleep environment at least 48 hours prior to discharge.
2. **Severe Reflux:**

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- a. Infants with severe reflux who meet all other eligibility criteria for Safe Sleep and unable to be held after feeding, may have their head of bed elevated for 30 minutes after feeding and then placed flat.
- b. If an infant requires prolonged head of bed elevation, the infant is not in a Safe Sleep environment and a provider's order for therapeutic positioning must be obtained. Therapeutic positioning order should be reviewed at least every 2 weeks.
- c. Transition to safe sleep practice:
  - a. Clinical improvement
  - b. When infant reach greater than 75% oral feeding or predicted to be discharged within 1 week, whichever is sooner

### **Positioning Treatment:**

Positioning devices are treatment plans designed to improve issues in relation to musculoskeletal and neuromotor issues. As an infant is getting ready to go home, the treatment will transition to therapy during care time.

- a. Indication:
  - a. Recommended by physical therapist/occupational therapist
  - b. Typically, 2 to 4 times a day with specific treatment schedule to be followed
- b. Frequency of reassessment of Indication:
  - a. Every 2 weeks

### **ALERT Infant Swings, Rockers and Seats:**

- a. Infants who meet eligibility criteria for Safe Sleep should not sleep in infant swings, car seats, vibrating chairs, MamaRoos, or any other device.
- b. It is essential that Safe Sleep Practice be modeled for families

### **General Rules:**

- a. All therapeutic positioning orders must be reviewed at least every 2 weeks
- b. All infants should be in safe sleep practice at least 48hrs prior to discharge. At least 1 week of safe sleep practice is ideal for infants who have a prolonged hospital stay.

### **Education:**

1. Educate caregivers on the use of therapeutic positioning for medical reasons and the importance of maintaining a safe sleep environment in the home.
2. Educate caregivers throughout admission on the principles and importance of safe sleep

### **Prior to discharge, the RN will provide family education regarding the Safe Sleep at least 48 hours prior to discharge using the following recommendations:**

1. Baby's sleep area should be in the same room, next to where the family sleeps.
2. Use a firm and flat sleep surface, such as a mattress in a safety-approved crib, covered by a fitted sheet.
3. Babies should not sleep in an adult bed, on a couch, or on a chair alone, with you, or anyone else.
4. Do not smoke or let anyone else smoke around your baby.

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5. Do not put anything in your baby's sleep area (pillows, crib bumpers, toys, loose bedding, etc.). Make sure nothing covers the baby's head.
6. Dress your baby in sleep clothing such as a wearable blanket (sleep sack). Do not use a loose blanket. If swaddled, allow arms to be free once infant can roll over.
7. Do not let your baby get too hot during sleep. Do not over bundle or use a hat during sleep.
8. Always place your baby on his/her back to sleep, for naps and at night.
9. Babies should sleep alone.
10. Breastfeeding and pacifier use are associated with reducing the risk of Sudden Unexpected Infant Death (SUID).

**VI. RESCISSION:**

This policy replaces “Safe Sleep for Infants” dated 3/2019.

**VII. REFERENCE:**

AAP (2016) Moon RY and AAP TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2016;138(5)

<https://www.cdc.gov/sids/data.htm> Retrieved 2/2020.

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Website: <http://safetosleep.nichd.nih.gov> retrieved 1/2020.

**VIII. MONITORING:**

The Nursing Policy Committee is responsible for monitoring this policy.

**Keywords:**

NICU, newborn, pediatrics, safe sleep, therapeutic positioning, SIDS, SUID

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