

Safe Sleep

Get a group of brand new parents together and the main topic of conversation is likely to be sleep – the disruption of it, how to get it, and friendly competition over who got more consecutive hours the night before. There is sure to be talk about how the babies sleep as well. Do they drift off on their own? Do they need a bottle or breast in order to fall asleep? Are they easy to transfer from arms to crib?

Some nights it seems like we should be grateful for any sleep that comes our way, but not all sleep is created equal. At our last staff meeting, family educator and nurse, Kelly French, gave a presentation on the recommendations for sleep for babies from the American Academy of Pediatrics. Many of us were amazed at how many of the guidelines we failed to follow as parents – but every day is a new chance to learn!

On top of the list of sleep concerns is SIDS – Sudden Infant Death Syndrome. “Risk factors are greatest for the the first six months, but encompass the whole first year,” says French. “These are largely potentially asphyxiating environments. Asphyxia accounts for 86% of sudden unexpected infant deaths.” She goes on to list these risk factors: prone or side sleeping, soft or loose bedding (including cushions, waterbeds, pillows), bed sharing (which can also happen on a couch or chair, not just the bed), overbundling (overheating), smoking (both prenatally, postnatally and any second hand exposure), prematurity, and substance abuse.

Bed sharing, or the family bed, is becoming increasingly popular in the U.S. “Understandably, some families really value bed sharing,” says French. “It's important that they talk with their pediatrician about this and that they understand the risks.” Some behaviors to avoid are: sharing the bed if the infant is younger than three months; if there is a current smoker in the bed or if Mom smoked during pregnancy; bed sharing with someone who is excessively fatigued or using any substances, including pain or antidepressant medications; sharing the bed with someone who is not the parent; with multiples; on a soft surface or with loose bedding.

To create the safest sleep environment possible for you baby, follow these recommendations:

1. Back to sleep for every sleep, even for babies with reflux issues. A baby who is used to sleeping on her back who is once placed on her tummy for sleep is eighteen times more likely to die of SIDS. Talk to your caregivers.
2. Babies should sleep on firm surfaces and not in any sitting devices, such as car seats, swings, bouncy seats, etcetera.
3. No soft or loose bedding or other objects such as stuffed animals in the crib or bassinet.
4. Prenatal care is important and decreases the risk of SIDS
5. Breastfeed. Any breastfeeding has a protective effect, but ideally breastfeed exclusively for the first six months.
6. Avoid alcohol and drug use during pregnancy and after birth.
7. Practice room sharing, not bed sharing. Room sharing facilitates comfort, feeding and monitoring.
8. Consider the use of a pacifier at bedtime and naptime.
9. Avoid over bundling and overheating. Infants should be correctly swaddled so that they are not so restricted that they experience decreased residual lung capacity or increased respiratory rate and hip dysplasia. Bundling should also not be so loose that the bundle becomes loose bedding.
10. Avoid commercial devices marketed to reduce SIDS. There is no evidence to support these.
11. Home cardiorespiratory monitors should be avoided; there is no evidence that these reduce the risk of SIDS.

12. Infants should be up to date with immunizations.