NICHQ National Institute for Children's Health Quality

Tactics and Examples to Support Safe Sleep Conversations

All questions are taken from the NICHQ Webinar, Improving Infant Safe Sleep Conversations: Strategies for Helping Families Adopt Safe Sleep Habits

Examples to Support Bedsharing Conversations

Q. When the mother is committed to co-sleeping, and then asks for how to do that as safely as possible, what do you say?
A. Acknowledge the risks, and the riskiest variables (age less than 3 months, soft bedding, loose blankets and pillows, bed up against a wall, tobacco, alcohol, bedsharing with a non-parent, and bedsharing in non-breastfeeding). Then, counsel the mother on how to reduce all other risks, and support exclusive breastfeeding.

Q. I work with a lot of immigrant families and co-sleeping is a cultural practice for many of them. How do we remain culturally sensitive and still convey information regarding safe sleep?
A. It's important to find the time to have an interactive conversation with parents, families and caregivers. During these conversations, we ask open ended questions about their plans and circumstances and acknowledge where families are in terms of their beliefs and plans. This provides an opportunity to share the evidence that we know, then discuss risk reduction for behaviors families are willing to adopt.

When we do this, we can support their understanding, provide an opportunity to discuss the advice or expectations coming from their family, and uncover questions they have around practices they may not be familiar with or are uncomfortable with. Using a strength based approach, we can identify the caregivers' practices and behaviors that will reduce the greatest risks.

***Stacy recommends the following conversational approach**: So, tell me where do you plan to put your baby to sleep? Does your baby normally sleep with you? Is that what many of your family members do? I see, well I would just like to share some information about some things we have discovered about babies and their sleep environment…*

Q. What do you say to a mom who says, my baby can't sleep by herself in her crib/bassinet but sleeps when she is with me in bed.
A. Acknowledge, as always, the frustration with not getting a good night's sleep; then explain that persistence pays off. Parents should continue to try to encourage a separate sleep surface and place the bassinet close to the bed, within arm's reach, so they can still comfort the baby

***Stacy recommends the following conversational approach**: I understand; what baby would not like to sleep close to their mother? I am sure you are right about her sleeping better with you, but the concern I have is for her safety. You may not know it, but an adult bed is not the safest place for a baby to be. Here's why…*
Trust me if you start putting her back in a safe sleep environment, she may be a little fussy at first but she will get used to it. And you won't have to fight with her when she gets older when you want her to sleep in her own bed ☺

Q. What do you suggest when we find parents sleeping with their babies in the hospital more than once, even when educated about safe sleep?
A. Ask the parent what prevents them from following the guidelines, then acknowledge their feelings and perceptions. Use teach and reteach and be persistent. Explain that learning how to sleep on a separate sleep surface and in supine position begins at the beginning. This is why it is important to practice from the start, in the delivery hospital. Remember to document all education and conversations.

***We have provided multiple possible conversation tactics below**:*

- *Consider asking, "Did you unintentionally fall asleep with the baby in your arms?"*
- *Before having conversations, consider compounding factors such as level of pain medication or whether they had many visitors and less time to rest. Sometimes a mother, parents or family member needs an opportunity for a conversation (not more education) that offers a lens of understanding and support instead of judgment. We can then help guide them toward what might be possible and help them understand how they might be able to follow the recommendations shared.*
- *Sharing your hospital policy around safe infant sleep position might be helpful. For example, tell them, "I will need to awaken both of you to ensure the baby is in a safe sleep position and environment while in the hospital. We hope this will be your plan once you are home."*
- *Find some true-life stories about the negative impact of bed-sharing, particularly the ones that have happened in the hospital setting. Search the headline online. It is a scare straight tactic, but it can save a baby's life.*

Q. What can you say to a parent who is adamant (even after discussing safe sleep education) about having the baby sleep with her in the bed because that is what she has done with her other children and she wants the baby close to her?
A. Acknowledge her desire to continue to do what she believes is best for her other children. Then explain that we get new research all the time and, each time we study bed-sharing, we find that there is a high odds (chance) of dying from SIDS or suffocation. This does not mean that every baby that shares a bed with their parent will die; it just means the chances are high and we are trying to prevent such tragedies.

***Stacy recommends the following conversational approach**: Okay, I know all your babies slept with you in the past and thank goodness they all survived. I respect your decision. So, the question is, why am I asking you to do something different with this one? Because I am concerned. I have seen situations, for instance, when siblings jump in the bed with the mom and baby. Then, during the night they have laid on top of the baby and the baby died. There have been situations when pillows or blankets on an adult bed have caused babies to suffocate. Let me go over some safe sleep practices for you to consider…*

Q. I have a parent that let her 18-month child sleep with her from birth. Now she cannot get him to sleep in his own crib. How can she help him to sleep in his own crib?
A. At 18-months he can sleep in a toddler bed. Let her child pick it out and pick out some things for his new room now that he is a big boy. At this age, sleep training is appropriate and good sleep hygiene is important for development and learning.

***The short answer from Stacy**: I recommend some tough love, positive reinforcement and some ear plugs.*

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Examples to Support Sleep Behavior Conversations

Q. What can I say to a parent that says the child only sleeps on their stomach?
A. First, acknowledge the frustration over lack of sleep. Then explain that, as with hunger, once the baby is tired enough they will fall asleep on their back. Other helpful strategies include keeping the infant within arm's reach to sooth-to-sleep and, if breastfeeding, to feed-to-sleep.

Q. Why do some pediatricians recommend babies be put either on the side or stomach due to GERD?
A. These pediatricians unfortunately have not read the most recent AAP policy statement. It explains the evidence that side sleep carries twice the risk of dying from SIDS than does supine sleep. GERD is not a reason to change sleep position.

Q. At what age can babies sleep on their stomachs?
A. When they roll over onto their stomach on their own; however, it is still a good idea to place supine to sleep. By 9-12 months, infants will generally choose the position that they sleep. For more information: https://www1.nichd.nih.gov/sts/about/pages/faq.aspx

Q. I recently saw a special pillow devised to prevent the increase in "flat heads" and the need for helmets in infants since Back2Sleep has been introduced. Do you know anything about this item?
A. There is no evidence behind the retail claims for this product that prevents "flat head." This is a clinical diagnosis and treatment should be sought by an experienced clinician. Similarly, any pillow placed with the infant during sleep and in the crib is unsafe.
Please refer to this AAP resource:
http://www.aappublications.org/news/2016/10/27/Plagiocephaly102016

Examples to Support Conversations that Address Social Determinants of Health
Q. How do you get past cultural barriers? What I often encounter in a largely Mexican community is the desire for comfort and warmth. Warm blankets always, pillows for baby, a soft mattress so the baby is comfortable. Many don't seem to buy what I'm saying.
A. It is important to engage the community leader that has moral authority. If provided with evidence, these leaders are often open to change and are invaluable in making alliances.

From Stacy: In this scenario I would suggest finding a safe sleep champion within the community. Community partnership is key. My personal experience is that the messenger needs to belong to the culture. I realize it is tough, especially if you are in charge with the responsibility to educate, but building alliances to assist you in doing your job is a step in the right direction.

Q. It doesn't seem like the races with higher rates of unsafe sleep habits matches with the higher rates on infant deaths by race. Are there other strategies (other than reducing these unsafe sleep habits) to reduce infant deaths from suffocation that may impact the racial/ethnic disparities?
A. Other sociodemographic factors that impact SUID/SIDS include poverty, substance and alcohol abuse, low breastfeeding rates, and lack of adequate medical care. We have also provided resources with more information below:

- *CDC SIDS data is free and accessible with detail explanations*: https://www.cdc.gov/sids/index.htm
- *Please reference this research article: Moon, R. Y., Hauck, F. R., & Colson, E. R. (2016). Safe Infant Sleep Interventions: What is the Evidence for Successful Behavior Change? Current Pediatric Reviews*, 12(1), 67–75. http://doi.org/10.2174/1573396311666151026110148

- *We have provided a link to the Infant Mortality CoIIN Prevention Toolkit. If you click on Social Determinants of Health, you will find more information about addressing disparities in IMR.* https://www.nichq.org/resource/infant-mortality-coiin-prevention-toolkit

Examples to Support Breastfeeding and Safe Sleep Conversations

Q. Why is breastfeeding helpful in reducing SIDS and SUID?

A. We don't actually know why breastfeeding reduces SUID/SIDS. Likely factors include:

- *Fewer SIDS-related respiratory infections such as RSV*
- *Different patterns of breathing, feeding and sleeping based on physiology and anatomy of the breastfeeding suckle*
- *Feeding patterns that are more frequent over the course of the day.*

It may also be related to improved neurodevelopment; the brain matures faster and this may overcome the period of vulnerability with regard to responses to apnea or increasing C02.

Here are two helpful articles on this topic

- *https://lactationlink.com/blog/how-can-breastfeeding-reduce-sids/*
- *https://www.ncbi.nlm.nih.gov/pubmed/19254976*

Q. Can you explain more about the use of the pacifier? I thought that, with breastfeeding, a pacifier was not recommended.

A. Pacifiers may interfere with the establishment of breastfeeding, which may take a few days to a few weeks. Once breastfeeding is established, pacifiers should be introduced to decrease the risk of SIDS.

Programs/Resources

Q. Is there a program on helping hospitals educate people about safe sleeping before moms are back at their homes, so we can inform and promote people to subscribe to those programs?

A. There are many national organizations and programs working together to increase awareness and reduce SUID:

- ***NICHD:*** *https://www1.nichd.nih.gov/sts/Pages/default.aspx*
- ***Cribs for Kids****:* https://cribsforkids.org/
- ***AAP****:* https://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Child-Death-Review/Pages/Safe-Sleep.aspx

Q. Do you have any handouts or videos to share with clients to teach them about safe sleep?

A. Below are a few resources you may find useful

- *NICHQ's How Safe Sleep Savvy Are You? A teaching tool for reducing infant sleep-related deaths: This short video can be used by health professionals to engage caregivers in conversations about safe sleep recommendations:* https://www.nichq.org/resource/how-safe-sleep-savvy-are-you
- *NICHQ's Infant Mortality CoIIN Prevention Toolkit (click on Safe Sleep):* https://www.nichq.org/resource/infant-mortality-coiin-prevention-toolkit
- *A helpful PDF from New York on the anatomical diaphragm is referenced in this article:* https://www.nichq.org/insight/ignoring-safe-sleep-progress-risks-increasing-safe-sleep-deaths
- *NICHD videos and handouts can complement staff education and conversations between health professionals and caregivers:* https://www1.nichd.nih.gov/sts/Pages/default.aspx

Additional Questions to Support Conversations:

Q. Do you have specific recommendations when there is parental substance use involved?

A. Safe sleep recommendations include developing a discharge plan of safe care with partners, including discharge planners and social/case workers, as well as establishing ongoing communication between the obstetric, neonatology and pediatric team. This should all be undertaken while leveraging resources through an updated referral system.

It is also good to acknowledge that substance abuse is a common problem but can be especially risky for newborn deaths that are due to SIDS/SUIDS. We should recommend breastfeeding if the mother is in a Methadone maintenance program or equivalent. In this situation, solitary sleep is even more important: baby should have his or her own sleep surface in a CPSC approved device, such as crib or Pack 'n Play.

Q. What is the recommendation for the amber teething necklaces in child care?

A. There is no evidence that these are effective or safe. The retail claims have not been substantiated. They are also a choking and strangulation risk. Please refer to:
https://www.healthychildren.org/English/ages-stages/baby/teething-tooth-care/Pages/Amber-Teething-Necklaces.aspx

Q. How can I best encourage a family of a 9-month-old with Down Syndrome to continue safe sleep practices?

A. *Having trisomy 21 should not change how to interpret safe sleep recommendations. We still recommend room sharing without bed sharing and supine sleep for every sleep. Breastfeeding may even be more important in this population given the increased risk in Down Syndrome in patients due to immune impairment.*