Prevention of Sudden Infant Death Syndrome (SIDS) and Use of Safe Sleeping Practices

PAGE 1—PREVENTION OF SUDDEN INFANT DEATH SYNDROME
Here we have the prevention of sudden infant death syndrome or SIDS and use of safe sleeping practices room of the museum.

By the end of your visit in this room you will be able to:

- define the terms SUID and SIDS;
- describe important facts associated with SIDS; and
- implement safe sleep practices that will reduce the risk of SIDS in your program.

PAGE 2—SUDDEN UNEXPECTED INFANT DEATH (SUID)
SUID, or Sudden Unexpected Infant Death is the death of an infant younger than one year of age that occurs suddenly and unexpectedly. About 4,000 sudden unexpected infant deaths occur each year. After a full investigation, about half of these deaths are diagnosed as Sudden Infant Death Syndrome, or SIDS, and the other half are diagnosed as due to other causes. Although the other causes of death can’t be explained, most occur while the infant is sleeping in unsafe sleeping environments.

There are three types of SUID:

- Sudden Infant Death Syndrome, or SIDS;
- Unknown; and
- Accidental suffocation and strangulation in bed.

SIDS, or Sudden Infant Death Syndrome, is the leading cause of death in infants 1 to 12 months of age. Researchers have concluded that SIDS is not contagious and it is not caused by vomiting or spitting up, choking, or minor illness such as a cold or an ear infection. Most SIDS deaths occur during the fall, winter and early spring months, and more boys than girls are victims.

The type of SUID that is classified as unknown cannot be explained even after a thorough investigation has been conducted.

Accidental suffocation and strangulation in bed can happen in several ways, including:

- suffocation by soft bedding when a pillow or bedding covers an infant’s nose and mouth;
- overlay, which is when a person rolls on top of or against a sleeping infant;
- strangulation when an infant’s head and neck become caught between crib railings; or
• wedging and entrapment. This happens when a baby gets trapped between two objects such as a mattress and wall.

PAGE 3–REDUCE OCCURRENCE OF SIDS

Here is some information about things you can do to help reduce the occurrence of SIDS:

• Put the baby to sleep on his or her back in a crib that conforms to the current safety standards of the US Consumer Product Safety Commission or CPSC, and the ASTM.
• The crib slats should be secure and equal to or less than 2 and 3/8 inches apart.
• Put the baby on a firm, flat surface to sleep. Don’t let babies sleep on waterbeds, sofas, cushions, comforters, or other fluffy surfaces. Don’t put any comforters, pillows or stuffed animals in the crib. And let babies sleep in a sleeper instead of using blankets.
• Keep the baby’s head uncovered during sleep.
• Regulate the room temperature so it is comfortable for an adult to wear a short sleeve shirt. Babies need to be warm, but not overheated. For licensed and regulated programs regulations state that a temperature of at least 68 degrees Fahrenheit must be maintained in all rooms to be occupied by children.
  SACC: 414.3(d)
  GFDC: 416.3(d)
  FDC: 417.3(d)
  DCC: 418-1.3(d)
  LE: Disclaimer—Enrolled legally exempt programs are not required to follow these regulations, but they are considered best practice.
• Put the baby to sleep in a smoke free environment. According to regulation, smoking in indoor areas in use by children and in vehicles when children are occupying the vehicles is prohibited.
  SACC: 414.11(b)(11)
  GFDC: 416.11(b)(11)
  FDC: 417.11(b)(11)
  DCC: 418-1.11(b)(11)
  LE: 415.4(f)(7)(v)(p)
  For licensed and regulated programs regulation also states that smoking is prohibited in outdoor areas.
• Educate parents about SIDS by referring them to websites or providing them informational pamphlets or brochures. Links to some helpful resources to share with families can be found in the resource section of this training.
OBSERVING SLEEPING INFANTS

Caring for Our Children states that, “infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up.”

That means you need to remain alert and actively supervise sleeping infants in an ongoing manner. Be sure to get close enough to the child so you can:

- check that the infant’s head remains uncovered;
- readjust any clothing as needed; and
- check for signs of physical or medical distress such as elevated temperature, excessive sweating or labored breathing.

Changes can happen quickly. It’s a good idea to check sleeping children frequently, at least every 15 minutes. Electronic monitors are not a substitute for active supervision. See the regulations for specific requirements about their use.

- GFDC: 416.8(b)(2)
- FDC: 417.8(b)(2)

If something doesn’t seem right about a sleeping child, call 911 right away.

SAFE SLEEP AND THE REGULATIONS

Children may not sleep or nap in car seats, baby swings, strollers, infant seats or bouncy seats. Should a child fall asleep in one of these devices, he or she must be moved to a crib or cot or other approved sleeping surface.

GFDC: 416.7(j)
FDC: 417.7 (j)
DCC: 418-1.7(m)

LE: Disclaimer—Enrolled legally exempt programs are not required to follow these regulations, but they are considered best practice.

Sleeping arrangements for infants require that the infant be placed flat on his or her back to sleep, unless medical information from the child’s health care provider is presented to the program by the parent that shows that arrangement is inappropriate for that child.

GFDC: 416.7(m)
FDC: 417.7(m)
DCC: 418-1.7(p)
LE: Disclaimer—Enrolled legally exempt programs are not required to follow these regulations, but they are considered best practice.

Crib, bassinets and other sleeping areas for infants must not have bumper pads, toys, large stuffed animals, heavy blankets, pillows, wedges or infant positioners unless medical information from the child’s health care provider is presented indicating otherwise.

GFDC: 416.7(n)
FDC: 417.7(n)
DCC: 418-1.7(q)

LE: Disclaimer—Enrolled legally exempt programs are not required to follow these regulations, but they are considered best practice.

PAGE 6—AS EASY AS A-B-C
Remember, back to sleep is the number one way to reduce the risk of SIDS. Safe sleep practices are as easy as A-B-C...infants sleep best Alone, on their Backs in a Crib.

PAGE 7—REVIEW WHAT YOU’VE LEARNED
Before moving on to the next section of the museum, let’s take a moment to review what you’ve learned about safe sleep practices.

Always remember the following:

- Sleeping arrangements for infants require that the infant be placed flat on his or her back to sleep, unless medical information from the child’s health care provider is presented to the program by the parent that shows that arrangement is inappropriate for that child.
- Crib, bassinets and other sleeping areas for infants must not have bumper pads, toys, large stuffed animals, heavy blankets, pillows, wedges or infant positioners unless medical information from the child’s health care provider is presented indicating otherwise.
- Smoking in indoor areas in use by children and in vehicles when children are occupying the vehicles is prohibited.
- Regulate the room temperature so it is comfortable for an adult to wear a short sleeve shirt. Babies need to be warm, but not overheated.
- Let babies sleep in a sleeper instead of using blankets.
- Keep the baby’s head uncovered during sleep.
- Infants sleep best Alone, on their Backs in a Crib.
- Don’t let babies sleep on waterbeds, sofas, cushions, comforters, or other fluffy surfaces.
PAGE 8–PUNCH YOUR TICKET

You’ve completed your tour of the prevention of sudden infant death syndrome and use of safe sleeping practices room of the museum. Let’s punch your ticket.

Close this window to continue the course.