2024

Breastfeeding and Safe Sleep: Evidence-Based Practices Guidance Document

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Breastfeeding and Safe Sleep Evidence-Based Practices
Health Care Provider Guidance Document

Increased breastfeeding in combination with safe sleep practices will reduce the infant mortality and morbidity and address racial disparities. Both should be supported by all health care providers in Indiana. Introductions to these important health behaviors should begin as soon as prenatal care is initiated. Continued education and follow-up throughout pregnancy and the infant's first twelve months will enhance compliance and outcomes.

Goals:

1. To promote a standard policy for all health care providers in the state of Indiana for the practice of breastfeeding in conjunction with safe sleep to optimize the health and safety of Indiana's infants.
2. To establish guidelines for providers regarding methods for counseling families on how to breastfeed successfully, while still practicing safe sleep at all times.
3. To ensure families across Indiana have information and necessary resources to achieve success in both breastfeeding and adherence to safe sleep guidelines.

Rationale:

Each year, there are about 3,500 sudden unexpected infant deaths (SUID) in the United States. These deaths occur among infants less than 1 year old and have no immediate obvious cause. The three commonly reported types of SUID include the following:

- Sudden infant death syndrome (SIDS).
- Ill-defined deaths, accidental
- Accidental suffocation and strangulation in bed.

In CDC rankings for 2016-2020, Indiana ranked 31st with a rate of 115.4 per 100,000 live births for SUID deaths. Breastfeeding has been found to have a protective effect on infant morbidity and mortality by decreasing the risk of hospitalization in the first year of life, the development of chronic health conditions, as well as the occurrence of Sudden Unexpected Infant Death (SUID) by at least 50%.

In Indiana, we continue to see significant racial disparities in our infant and maternal health outcomes. Non-Hispanic White infants were represented in 54% of the total deaths (n=285), while Non-Hispanic White residents represent 85% of the total population in the state. Non-Hispanic Black infants were overrepresented with 35% of the total deaths (n-187), while only

10% of Indiana residents identify as Non-Hispanic Black. Eight percent of deaths occurred among Hispanic infants (n=41), and 2% of deaths were among Asians, Indigenous Americans, and Pacific Islanders (n=10). These concerning racial disparities include higher rates of infant deaths from SUIDs and lower breastfeeding rates when compared with the rates in the non-Hispanic white infant population.

All health care providers are encouraged to follow the most recent American Academy of Pediatrics (AAP) Recommendations for Safe Infant Sleeping Environment. In addition, all health care providers should promote the AAP recommendations for exclusive breastfeeding throughout the first 6 months of life and continued breastfeeding through 24 months of age, or longer if desired by the family. This document provides a template for health care providers to incorporate ongoing support of breastfeeding while following safe sleep guidelines, beginning in the prenatal period through the first 24 months of life.

Definitions:

- The ABCs of Safe Sleep: The practices recommended by the American Academy of Pediatrics to decrease an infant's risk of SUID and SIDS may be summarized as below.
  1. A= All by myself: The baby may not sleep in the hospital bed with a sleeping parent or on any other surface (couch, recliner, etc.).
  2. B= on my Back: infants should be placed to sleep on their backs, never on their stomachs or sides.
  3. C=in my Crib: Parents should be instructed on placing baby to sleep in a bassinet next to mother's bed for every sleep. The bassinet must be free of any loose objects and contain only the baby, dressed in appropriate sleep attire or a sleep sack. The bassinet should remain flat.

- Bed sharing: The practice of a parent, sibling, or other individual sleeping together with the infant on a shared sleep surface, i.e., a bed, sofa, recliner, etc. (not recommended).

- Breastfeeding: This term is used to encompass any infant feeding of human milk and feeding of expressed breastmilk.

- Infant: A child aged 12 months or younger.

- Mother-Baby Unit: The hospital unit where postpartum mothers and newborns are cared for together, encompassing level I newborn care.

- NICU: Neonatal Intensive Care Unit: a level II, III or IV nursery that cares for newborns requiring

more than routine newborn care.

- Pasteurized Donor Human Milk: Human milk from safely screened donors which is pasteurized, tested, and dispensed to infants for supplementation.

- Room sharing: Sleeping arrangement in which the infant is in the same room with the mother/caregiver, but not on the same sleep surface (recommended).

- Safe Sleep Champions are individuals, organizations and hospitals that are all trained in standard safe sleep messaging. This ensures that caregivers receive consistent information regardless of where they get their information.

- SIDS: Sudden Infant Death Syndrome- the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation is conducted, including a complete autopsy, examination of the death scene, and a review of the clinical history.

- Skin to Skin: Skin-to-skin contact is usually referred to as the practice where a baby is dried and laid directly on the mother's bare chest after birth, both of them covered in a warm blanket and left for at least an hour or until after the first feed. Skin-to-skin contact can also take place any time a baby needs comforting or calming and can help boost a mother's milk supply. Skin-to-skin contact is vital in neonatal units where it is often known as 'kangaroo care.' Here it helps the parents bond with their baby and supports better physical and developmental outcomes for the baby. https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/skin-to-skin-contact/

- SUID: (Sudden Unexpected Infant Death) death of an infant less than 1 year of age that occurs suddenly and unexpectedly, and whose cause of death is not immediately obvious before investigation. SUIDS deaths include those due to SIDS, Accidental Strangulation and Suffocation in bed (ASSB) or unknown causes.

- Sudden Unexpected Postnatal Collapse: Sudden unexpected postnatal collapse occurs when a spontaneously breathing newborn unexpectedly and suddenly becomes limp, pale or cyanotic, bradycardic, unresponsive, apneic, and/or has cardiac and/or respiratory failure and requires cardiopulmonary resuscitation (Becher et al., 2012., Poets et al., 2011).

Breastfeeding and Safe Sleep Promotion and Education in the Prenatal Period

It is recommended that:

1. Obstetric Providers begin anticipatory guidance discussions at the first prenatal visit. This guidance includes information on the benefits of breastfeeding and its protective effect against SUID. In addition, discussion of AAP recommendations for infant safe sleep occurs at this visit, allowing parents time to prepare for their infants' arrival.
2. Obstetric providers review this information with the expectant mother and her support system at each subsequent prenatal visit.
3. Screening for barriers to both breastfeeding and safe sleep is done no later than 24 weeks Estimated Gestational Age (EGA), or at first prenatal visit. Mothers in need of assistance are referred at this time to relevant providers or community partners for breastfeeding support and/or receipt of a portable crib or similar item.
4. Prenatal offices are aware of local community resources available in their community for home visits for new mothers, as well as their deadlines for referrals.

Breastfeeding and Safe Sleep Promotion in the Labor and Delivery Unit, Maternity Triage and Antenatal Unit

It is recommended that:

1. All maternity staff receive yearly education on the importance and management of both breastfeeding and safe sleep. All maternity staff are trained in the promotion and teaching of breastfeeding and safe sleep practices to expectant mothers and families.
2. Maternity Center staff begin anticipatory guidance discussions during any admission to the Labor and Delivery Unit, Antenatal Unit or Maternity Triage. These discussions are to include preparing for breastfeeding and practicing safe sleep.
3. Families should be screened for any barriers to successful breastfeeding and performing safe sleep. Referrals should be made to appropriate resources if needed, such as hospital-based lactation consultants and free crib distribution sites (Appendix 4).
4. All hospitals promote early skin-to-skin contact in the delivery room if the mother is awake and able to respond to the infant and the dyad is medically stable. This skin-to-skin contact should continue for at least one hour after birth.
    a. The initial breastfeed ideally occurs within the first hour of life in the well newborn.

Breastfeeding and Safe Sleep Promotion in the Mother-Baby Unit

It is recommended that:

1. All hospitals that care for newborns have a policy on the promotion of breastfeeding.
2. All hospitals that care for newborns have a policy on infant safe sleep practices in the hospital.
3. The breastfeeding policy and safe sleep policies integrate to allow promotion of both practices simultaneously as outlined in this document. (Appendix 1)
4. All maternity staff receive yearly education on the importance and management of both breastfeeding and safe sleep. All maternity staff are trained in the promotion and teaching of breastfeeding and safe sleep practices to new families.
5. All families receive education in the hospital on the initiation and management of breastfeeding, safe sleep practices in the hospital, and the incorporation of breastfeeding with safe sleep practices in their home.
6. All hospitals promote early skin-to-skin contact in the delivery room if the mother is awake and able to respond to the infant and the dyad is medically stable. This skin-to-skin contact should continue for at least one hour after birth or until the first feed.
7. The initial breastfeed ideally occurs within the first hour of life in the well newborn.
8. Well newborns share a room with their mothers in the hospital. This allows mothers to learn and attend to baby's feeding cues, in addition to allowing the family to be engaged in all aspects of infant care. All families are educated on the ABCs of Safe Sleep. Families are also educated on recognizing their own tiredness, risks of falling asleep while holding the baby and how to request assistance.
9. Hospitals utilize safe sleep audits on the Mother-Baby Unit to ensure that babies are being placed to sleep safely and that safe sleep practices are always being modeled in the hospital setting. (Appendix 2)
10. Newborns are fed on demand with a minimum of 8 feeds in a 24-hour period.
11. Lactation support is available to all new mothers in the hospital to perform expert care and guidance on the initiation and maintenance of exclusive human milk feeding.
12. All hospitals promote exclusive human milk feeding. If mother chooses to breastfeed, babies should receive no formula or other liquid unless medically indicated.
13. Families are counseled about delaying the introduction of pacifiers until breastfeeding is established.
14. Families are screened for a home safe sleep environment prior to hospital

discharge. For families who do not have a safe sleep environment at home, a safe sleep infant bed is arranged for the family prior to discharge home. If a hospital is not able to provide a bed, such as a portable crib, they may utilize local community partners to provide such an item.

15. All newborns have a follow-up visit arranged for 24-48 hours following discharge with the provider who will care for the newborn to ensure that breastfeeding is progressing appropriately, assess baby for any previously undiagnosed medical problems and reinforce the importance of safe sleep and breastfeeding practices within the home.
16. Hospitals provide all mothers with information about the local community and hospital-based lactation support groups at the time of discharge as well as where to access breast pumps.
17. Mother-Baby Units should appoint a breastfeeding and safe sleep champion – ideally at both the provider and nurse level.

Breastfeeding and Safe Sleep in the NICU:

It is recommended that:

1. All Hospital NICUs promote breastfeeding in NICU infants; provision of breastmilk should start as soon as the infant is medically stable and there are no contraindications to breastfeeding.
    a. The mother of NICU infant is encouraged to begin pumping as soon as she is medically able. Lactation consultation is provided to educate mom on the benefits of breastfeeding and breastmilk for premature and critically ill neonates, decreased length of hospital stay, reduced time to full feedings, decreased risk of necrotizing enterocolitis, improved immunity, higher breastfeeding rates at discharge, stronger mother-baby bonding, etc.). The mothers are encouraged to pump 8-10 times every 24 hours initially to establish, then to maintain milk supply. Some mothers find it helpful to use specialized apps or keep a written log on time spent pumping and volume of pumped milk.
    b. Pasteurized Donor Human Milk (PDHM) is offered with mother's consent whenever possible, but particularly for preterm infants < 32 weeks or < 1500 grams, until maternal milk supply reaches adequate amounts, or per NICU guidelines. Add other measures to help mother maintain supply when direct feeding cannot occur right away.
    c. As soon as the infant is medically and developmentally able, the infant is

put to the breast to begin feeding. The unit should encourage the first oral feeding attempt to be at breast. When the mother chooses to breastfeed, bottles will not be offered unless medically indicated or mother is unavailable.

   d. The mothers should have access to hospital grade electric breast pumps as soon as possible while inpatient and get assistance in acquiring a breast pump for use at home (usually the lactation consultants help with this)
   e. When the mother chooses to breastfeed, bottles will not be offered unless medically indicated or mother is unavailable.

2. NICUs begin practicing safe sleep well before discharge per AAP safe sleep guidelines.
   a. At 32 weeks' gestation, infants who are medically stable are transitioned to a safe sleep environment for every sleep, following the ABCs of Safe Sleep. Medically unstable infants, such as those requiring respiratory support or narcotic weaning, are assessed, at a minimum weekly, for ability to follow safe sleep recommendations.
   b. Please see the separate Hospital Safe Sleep Policy for further details. (Appendix 1)
3. Hospitals utilize safe sleep audits in the NICU to ensure that babies are being placed to sleep safely and that safe sleep practices are always being modeled in the hospital setting. (Appendix 2)
4. All mothers of NICU infants are counseled on the importance of continued breastfeeding and the protective effects on the health of premature infants. In addition, mothers are counseled about the increased importance of safe sleep in this age group, as premature infants have an increased risk of SUID and sleep related deaths.
5. Families are screened for a home safe sleep environment prior to hospital discharge. For families who do not have a safe sleep environment at home, a safe infant bed is arranged for the family prior to discharge home. If a hospital is not able to provide a bed, such as a portable crib, they may utilize local community partners to provide such an item.
6. Thorough safe sleep messaging and modeling behaviors enable NICU families to be properly prepared for the transition home to a safe sleep environment.
7. NICUs should appoint a breastfeeding and safe sleep champion – ideally at both the provider and nurse level.

Breastfeeding and Safe Sleep in Infants Readmitted to the Hospital

It is recommended that:

1. All hospitals that admit infants after discharge from the Mother-Baby Unit or NICU support breastfeeding practices while promoting safe sleep guidelines.
2. The mother-baby dyad is supported in maintaining their breastfeeding relationship. If the baby is not able to orally feed due to illness, the mother is provided with a breast pump. Breastmilk (either through breastfeeding or via bottle/enteral feeding tube) is provided as the preferred method of nutrition once the infant can resume feeding.
3. The ABCs of Safe Sleep are followed.
    a. For more details, please see the separate policy on Hospital Safe Sleep Practices for both newborns and infants.
    b. Hospitals utilize safe sleep audits on the pediatric ward to ensure that babies are being placed to sleep safely and that safe sleep practices are always being modeled in the hospital setting. (Appendix 2)
4. Families are screened for a home safe sleep environment prior to hospital discharge. For families who do not have a safe sleep environment at home, a safe sleep infant bed is arranged for the family prior to discharge home. If a hospital is not able to provide a bed, such as a portable crib, they may utilize local community partners to provide such an item.

Breastfeeding and Safe Sleep Support in the Primary Care Provider's Office

It is recommended that:

1. All health care workers in primary care offices providing pediatric care receive yearly education on the importance and management of both breastfeeding and safe sleep. (Appendix 5)
2. Primary care providers (PCPs) for newborns and infants are knowledgeable on safe sleep guidelines and breastfeeding management. Both safe sleep and breastfeeding are equally encouraged at each well child visit starting with the first newborn visit.
3. PCPs engage in open-ended conversations with families about their infant's feeding and sleeping practices. Evidence-based information is provided to the families to support breastfeeding and safe sleep. The reason behind recommendations is articulated to families in family-friendly language.
4. PCPs discuss any potential barriers to practicing breastfeeding and safe sleep in

the home with the family. If the family expresses conflict to this message or an inability to follow safe sleep recommendations, PCPs will discuss solutions with the family to make the infant's sleeping environment as safe as possible (Appendix 3 and https://www.in.gov/isdh/files/19_safe%20sleep%20flipbook.pdf).

5. PCPs will continue to educate the family on safe sleep recommendations as an important means of preventing SUID and SIDS.
6. PCPs screen all families for the presence of a safe sleep environment for each infant at home. If a family does not have a safe place for the infant to sleep, PCP refers to a local distribution site for a portable crib and safe sleep education. In addition, sleep sacks or sleepers are encouraged to avoid the use of loose blankets.
7. All medical providers caring for infants be knowledgeable about workplace lactation laws to help educate and support breastfeeding mothers in their return to the workplace. https://www.dol.gov/agencies/whd/pump-at-work
8. Discussion of infant sleeping and feeding counseling will be documented in the electronic medical record.
9. Primary Care Offices should appoint a breastfeeding and safe sleep champion – ideally at both the provider and nurse level.

Breastfeeding and Safe Sleep and the Community

It is recommended that:

1. Referral to appropriate resources within the medical home or local community partnerships such as the My Healthy Baby Program, home nursing, Healthy Families, Moms' Helpline or similar, be made when concern regarding achievement of safe sleep with breastfeeding arises.
2. Local community partnerships encourage continued breastfeeding and have skilled knowledge of safe sleep guidelines to facilitate achievement of both practices simultaneously.
3. WIC offices continue to encourage breastfeeding practices in accordance with AAP recommendations while supporting safe sleep practices when counseling mothers on breastfeeding.
4. Delivering hospitals offer ongoing lactation support to breastfeeding families, even after discharge from the Mother-Baby Unit, through breastfeeding support groups, individual follow-up visits, or referral to community partners. Ongoing lactation support can be in person or through telehealth, as needed.
5. Regulated childcare providers in Indiana are required to follow the AAP Infant Safe Sleep Guidelines. Regulated childcare providers must ensure all staff who care for

infants have received State approved education on the AAP Infant Safe Sleep Guidelines and ensure that they are practicing the AAP Infant Safe Sleep Guidelines while infants are in their care. In addition, staff education on supporting the breastfeeding family should be encouraged.

6. Community businesses have increased awareness of workplace lactation laws that support breastfeeding mothers in their return to the workplace.
7. Media depicting infants shows positive images of safe infant sleep and breastfeeding and reflects the diversity of our population.
8. Educational documents and resources around breastfeeding and safe sleep are sensitive to common cultural practices and available in multiple languages.
9. Indiana's Perinatal Centers include breastfeeding and safe sleep education opportunities through education outreach programs.

Note: The number of infants prenatally exposed to substances has increased significantly in Indiana and across the United States. Mothers of these infants, who want to breastfeed, are unsure whether they can breastfeed their infant safely. Hospital staff and medication providers need accurate information on when breastfeeding is safe, which depends on several factors related to the use of substances. Eligibility guidance for breastfeeding while using substances during the perinatal period needs to be examined to determine best practice in promoting breastfeeding when eligible and attachment when breastfeeding is and is not recommended. Continued education and follow-up throughout pregnancy and the infant's first twelve months will enhance outcomes. For additional information:

https:/www.in.gov/health/mch/files/ipqic/breastfeeding-and-substance-use-final.pdf

Resources:

- For a list of breastfeeding support in Indiana by county, refer to Indiana Breastfeeding Coalition Website: http://www.indianabreastfeeding.org/drop-in-centers-.html
- For a list of licensed childcare centers, refer to Child Care Finder Website: https://www.in.gov/fssa/childcarefinder/
- For Industry Best standards for Childcare, refer to:

  https://nrckids.org/CFOC
- Moms HelpLine: https://www.momshelplineindiana.com/
- Cribs for Kids: https://cribsforkids.org/
- To monitor for safety recall information, refer to: US Consumer Product Safety Commission: https://www.cpsc.gov/
- Breastfeeding and Substance Use: https://www.in.gov/health/mch/files/ipqic/breastfeeding-and-substance-use-final.pdf
- Breastfeeding and Reproductive Health: https://www.in.gov/health/mch/files/ipqic/Breastfeeding-Guidance.pdf

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Appendix 1 – Sample Hospital Policy Promoting Breastfeeding and Safe Sleep Promotion in the Mother-Baby Unit

It is recommended that:

1. All maternity staff receive yearly education on the importance and management of both breastfeeding and safe sleep. All maternity staff should be trained in the promotion and teaching of breastfeeding and safe sleep practices to new families.
2. All families receive education in the hospital on the initiation and management of breastfeeding, safe sleep practices in the hospital, and the incorporation of breastfeeding with safe sleep practices in their home.
3. Skin-to-skin contact should be initiated in the delivery room if the mother is awake and able to respond to the infant and the dyad is medically stable. This skin-to-skin contact should continue for at least 1 hour after birth.
    a. Safe positioning during skin-to-skin care includes:
        i. Baby's face can be seen.
        ii. Baby's head is in "sniffing" position.
        iii. Baby's nose and mouth are not covered.
        iv. Baby's head is turned to one side.
        v. Baby's neck is straight, not bent.
        vi. Baby's shoulders and chest face the mother.
        vii. Baby's legs are flexed.
        viii. Baby's back is covered with blankets.
        ix. Mother-baby dyad is monitored continuously by staff in the delivery room and regularly on the postpartum unit.
        x. When the mother wants to sleep, the baby is placed in bassinet or with another support person who is awake and alert.
    b. Skin-to-skin contact may be made in the operating room following routine deliveries without complications. If not initiated in the OR, skin-to-skin care should be started in the recovery room.
    c. All medical staff should be trained in close monitoring of newborns during skin-to-skin care. Frequent and repetitive assessments of the newborn's position, breathing, activity, color, and tone should occur by trained staff during skin-to-skin contact. This must be documented in the medical record.
    d. If a baby required aggressive resuscitation (i.e., positive pressure ventilation), skin-to-skin care must be postponed until after the infant has been monitored and is deemed stable by medical providers. Newborns with additional risk (i.e., 5 min APGAR < 7 or

other medical complications) must also be assessed carefully to ensure stability before initiation of skin-to-skin care.

4. The initial breastfeeding should ideally occur within the first hour of life in the well newborn.
5. Well newborns should room-in with their mothers in the hospital. This allows mothers to learn and attend to baby's feeding cues, in addition to allowing the family to be engaged in all aspects of infant care.
    a. All families must be educated on the ABCs of Safe Sleep.
    b. Mothers must be educated about recognizing their own level of tiredness and the risks of falling asleep while holding their baby in the hospital bed, including the risks of the infant falling, and the risk of the infant suffocating.
    c. Mothers must be encouraged to place the infant's bassinet right next to her own bed, to allow for ease of transfer to the mother for breastfeeding, as well as the ease of transfer back after the feeding. All mothers must be educated to continue this practice at home as well, to facilitate ease of feeding, and to ensure the infant is sleeping safely. Having the infant near helps mothers respond to early feeding cues without having to sleep with the infant in the parent bed. The infant should be placed back in their bassinet at the end of the feeding if mother is returning to sleep.
    d. Mothers must be educated to either ask her support person or utilize her call light to call medical staff for help if she finds herself sleepy while holding her baby.
    e. Mother's support person(s) must be educated to be available to take the newborn from mom and place the newborn in the bassinet if mom becomes sleepy.
    f. During the night and early morning hours, mother-baby dyads should be observed every 30-60 minutes to ensure safe sleep.
    g. Postpartum units must be staffed no more than 3 dyads to 1 nurse so that nursing staff is always available to respond to a mother's request for help and continuously monitor dyads for safety. Nursing assistants or patient care assistants may be utilized to augment support for mothers.
6. Newborns should be fed on demand with a goal of 8 – 12 feeds in a 24-hour period.
7. Lactation support must be available to all new mothers in the hospital to perform expert care and guidance on the initiation and maintenance of breastfeeding.
8. Exclusive breastfeeding should be promoted. If mother chooses to breastfeed, babies should receive no formula or other liquid unless medically indicated.
9. Newborns should not be routinely given pacifiers during the newborn hospitalization, instead focusing on the baby being at the breast if rooting or showing feeding cues. Pacifiers may be used for painful procedures (i.e., circumcision or blood draws) or at mother's request after education is provided about interference with breastfeeding success in the immediate newborn period. However, families should be instructed to consider introducing a

pacifier at home once breastfeeding is well established (typically 2-3 weeks of age) as pacifiers have shown to be protective against SIDS.

10. Families must be screened for a home safe sleep environment prior to hospital discharge. For families who do not have a safe sleep environment at home, a safe infant bed should be arranged for the family prior to discharge home. If a hospital is not able to provide a bed, such as a baby box, portable crib, they may utilize local community partners to provide such an item.
11. All newborns must have a follow-up visit with their pediatric provider arranged for 24-48 hours following hospital discharge to ensure that breastfeeding is progressing appropriately, assess baby for any previously undiagnosed medical problems and reinforce the importance of safe sleep and breastfeeding practices within the home.
12. Hospitals should provide all mothers with information about the local community and hospital- based lactation support groups at the time of discharge.

Appendix 2 – Sample Hospital Safe Sleep Algorithm, Audit Guidelines, FAQs, and Audit Form[1]

Use Audit tool that follows. Write patients name, MRN and age and circle yes/no for each of the items.

Which babies should be audited?

1. Any baby asleep in their crib
2. Any baby asleep in a swing, bouncy seat, car seat, etc.
3. Any baby asleep in couch or chair with an asleep parent

DO NOT audit:

1. Awake baby- no matter where they are.
2. Sleeping baby being held by an awake caregiver.

Notes:

A= Alone: Baby gets a no if parent is asleep holding sleeping baby. No exceptions

B=on my back: Circle yes or no. Caveat: Babies who are rolling over on their own might end up on their back. That is ok. Just circle "no" if they are on their belly. We will adjust for their age if needed.

C= in my Crib: this is simply for whether or not they are sleeping in the crib or somewhere else. If the parent is awake and holding baby, that is ok. Do not audit. If baby is AWAKE in their swing or crib, DO NOT audit.

D= Dressed in a sleep sack: the point of this is so we are not using loose blankets for warmth. If a baby under 2 months is swaddled with blankets, which is safe. Can write swaddled in comments. The blankets should be wrapped snugly and not loose.

E=Empty Crib: if there are LOOSE blankets, or a swaddle that has come loose, mark this is a "no." Write in the comments what you see. If there are pillows, stuffed animals, wipes, diapers, burp cloths, etc.... write those in comments. Bed should be EMPTY except for the baby. A blanket or burp cloth UNDER the baby counts as a loose blanket.

F= FLAT head of bed: this one is black and white. If the HOB is up, circle no. There may be medical indications for the head of bed to be up such as increased intracranial pressure, Heart babies, etc. We will use the MRN you wrote down to look for an order to elevate the head of the bed. PLEASE DO NOT GO into the charts and look for an order. We want to minimize the number of people accessing the charts. We will look once the forms are turned in.

[1] Provided with permission from Riley Hospital for Children, Dr. Kim Schneider

FAQ's

What do I write in the comment box?

1. If the baby is not in crib, write where they are. (Swing, bouncy, etc.).
2. If there are items in the crib, write what the items are.

What do I do if baby is bed sharing?

Under "Alone"- circle NO. Cross out all other items, as they are irrelevant.

What about if a baby is in a swing, etc.?

Under in "Crib"- circle no. Write where they are located, and cross out E and F, as they are irrelevant.

RILEY NICU SAFE SLEEP ALGORITHM

IS INFANT >32 WEEKS?

Y

Does the infant have a medical condition that precludes them from starting safe sleep?
(i.e. trach, resp support >1L NC, phototherapy, scalp IV, central access, NAS requiring treatment, diagnosis that requires prone or side lying such as Pierre Robin or myelomeningocele)

Y

Continue NICU developmental positioning. Re-evaluate periodically.

N

Is infant experiencing upper airway compromise or respiratory distress? (retractions, grunting, etc.)

Y

Continue NICU developmental positioning. Re-evaluate periodically.

N

Introduce Safe Sleep Practices

A- **A**ll by myself
B- on my **B**ack
C- in my **C**rib
D- **D**ressed in sleep sack
E- **E**mpty Crib
F- **F**lat head of bed

Is infant in an open crib?

Y

N

Remove z-flo, gel pillow, and any unnecessary objects from the isolette. Maintain developmental positioning. Re-evaluate periodically.

N

Continue NICU developmental positioning. Re-evaluate at 32 weeks.

Safe Sleep Audit Form- Riley Hospital for Children

Riley Hospital for Children
Indiana University Health

				A	B	C	D	E	F		
	Date	Room #	Age (in months)	Baby **ALONE** (not co-sleeping)?	Baby on **BACK** (if unable to roll)?	Baby in **CRIB** or bassinet?	Patient **DRESSED** in Sleep Sack?	Bed **EMPTY** (except baby)**?**	Head of bed **FLAT**?	Patient on monitors?	Where is baby sleeping if not in crib? Unsafe items found in bed, and/or Other comments on unsafe sleep practices
1				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
2				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
3				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
4				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
5				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
6				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
7				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
8				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
9				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
10				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
11				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
12				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
13				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
14				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	
15				Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	

Appendix 3 – Breastfeeding and Safe Sleep Promotion Counseling Points for Families

It is recommended that:

1. Mothers should be encouraged to exclusively breastfeed (or offer their baby expressed breast milk) for the first 6 months of life, and then breastfeed with the addition of complementary foods through 1 year of life or longer if desired. Exclusive breastfeeding is most protective against SIDS; however, any breastfeeding is more protective than no breastfeeding.
2. Breastfeeding benefits include but are not limited to:
    a. Perfect nutrition for the infant
    b. Improved immunity to common illnesses such as Otitis Media and viral illnesses such as lower respiratory tract infections and diarrhea.
    c. Decreased risk of chronic conditions such as asthma, allergies, leukemia, etc.
    d. Protective effect against SUID
    e. Improved bonding of mother-baby dyad
    f. Decreased risk of maternal conditions such as postpartum depression, metabolic syndrome, type II diabetes, and breast and ovarian cancer.
3. Babies should share the same room, but not the same bed, as their parents. Ideally, this should occur for the first year of life, but at least for the first 6 months of life.
    a. AAP infant safe sleep guidelines should be followed and include:
        i. A= All by myself. Infant should sleep in its own sleep space, never in a sleep. space with another person. The baby should be in the parents' room up to age 1 year, but at least for the first 6 months. However, the baby should NOT sleep in the parent bed.
        ii. B= on my Back: Infant should always be placed to sleep on her back, never on her stomach.
        iii. C= in my Crib: Infant should always sleep in a crib or similar sleep item (such as pack 'n play or bassinet).
            1. The crib must be empty, and contain NO loose bedding, decorations, diapers, toys, etc.
            2. Pacifiers may be used once breastfeeding is well established and may remain in the crib. Recent evidence shows a protective effect of their use.
            3. Swings, inclined sleepers, bouncy seats, car seats should NOT be used for routine sleep. Infants can become strangled by the straps, or slump, causing their airway to be compromised.

4. The head of the bed must remain flat at all times.

b. The newest AAP Guidelines acknowledge that mothers may occasionally fall asleep while breastfeeding their infant, particularly at night. While it is NOT recommended to sleep with your infant at any time, it is safer for the mother to fall asleep with her baby in her own bed rather than in an armchair or on a sofa. If a mother brings her baby into her bed to breastfeed, she should make the bed as safe as possible and remove all blankets, sheets and pillows that could obstruct baby's breathing or cause overheating. If a mother does fall asleep while breastfeeding her baby in bed, the baby should be returned to his/her own sleeping space (i.e., bassinet/crib) immediately when the mother wakes up.

c. The risk of death from bed-sharing is significantly higher than baby sleeping in their own space. The following circumstances increase this risk even further:
    i. Babies less than 4 months of age
    ii. Bed-sharer smokes or mother smokes during pregnancy
    iii. Bed-sharer is on sedating medications or substances (alcohol, illicit drugs)
    iv. Bed-sharer is not the baby's parent.
    v. Bed-sharing on a soft surface (waterbed, couch, armchair)
    vi. Bed-sharing with pillows/blankets
    vii. Bed-sharing with other children present, such as twins or siblings.

4. Health care providers should engage in open-ended conversations with families about breastfeeding and safe sleep and support families in the development of a safe feeding and sleeping plan that is consistent with the family's individual situation and culture. Examples of open-ended questions include:
    a. Tell me what an ideal feeding plan would be for your family.
    b. How long would you like to provide breastmilk for your baby?
    c. Do you see any potential challenges to meeting your feeding goal?
    d. Where do you plan on placing your baby to sleep?
    e. Describe how you place your baby to sleep at bedtime? Is it different at naptime?
    f. Does your baby ever end up in bed with you?
5. Other guidance for family-centered conversations about safe sleep can be found in Indiana Department of Health's Sleep Baby Safe Field Guide. (Appendix 5)

Appendix 4 - Educational Options on Safe Sleep and Breastfeeding for Health Care Providers

- WIC Breastfeeding Support: https://wicbreastfeeding.fns.usda.gov/
- The National Institute for Children's Health Quality: https://www.nichq.org/
- The Institute for the Advancement of Breastfeeding and Lactation Education: https://lacted.org/
- National Center for Education in Maternal and Child Health-An Individualized Approach to Helping Families Embrace Safe Sleep and Breastfeeding: https://www.ncemch.org/learning/building/index.php
- Indiana Department of Health Sleep Baby Safe Field Guide: https://www.in.gov/isdh/files/19_safe%20sleep%20flipbook.pdf