

Sudden Infant Death Syndrome (SIDS/SUID/AAP Safe Sleep)

Participant Manual · Standardized Version

This training is Gateways Registry-approved and meets Illinois DCFS licensing standards.

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Acknowledgments

This training was developed by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) with help from the American Academy of Pediatrics (AAP), the National SUID/SIDS Resource Center, and SIDS of Illinois.

Sudden Infant Death Syndrome (SIDS/SUID/AAP Safe Sleep)

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Learning Objectives

By the end of this training, you will be able to:

- Define Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID)
- Discuss behaviors that increase the risk of SIDS and SUID
- Apply safe sleeping habits to decrease the incidence of SIDS and SUID
- Interpret licensing standards related to SIDS and SUID
- Identify resources to help you reduce the risk of SIDS and SUID for infants in your care

Pre-training Assessment

Please circle the correct response

1. SIDS is caused by
 - a. baby shots
 - b. a high fever
 - c. a virus
 - d. no one knows

2. SIDS can happen to
 - a. anyone
 - b. only parents who neglect their babies
 - c. only teenage mothers
 - d. only to first-time parents

3. Babies sleep safest on their
 - a. side
 - b. belly
 - c. back
 - d. head

4. Babies should sleep
 - a. on the couch
 - b. in bed with Mom or Dad
 - c. in a crib
 - d. in a car seat

5. SIDS occurs most at
 - a. 1-3 months
 - b. 2-4 months
 - c. 3-6 months
 - d. 8 months

6. SIDS occurs most at
 - a. spring
 - b. summer
 - c. fall
 - d. winter

7. Which one is not a risk factor for SIDS...
 - a. smoking
 - b. back sleeping
 - c. overheating
 - d. soft bedding

8. SIDS is...
 - a. suffocation
 - b. preventable
 - c. not predictable
 - d. contagious

9. Babies are more likely to choke...
 - a. if they sleep on their side
 - b. if you put them on their belly to sleep
 - c. if they sleep on their back
 - d. if you don't burp them well enough

10. What is best for a baby to drink?
 - a. apple juice
 - b. strawberry milk
 - c. formula
 - d. breast milk

11. Who is the highest risk for SIDS?
 - a. Hispanic
 - b. Caucasian
 - c. African American
 - d. Asian American

12. Pacifiers should be...
 - a. put back in after falling out
 - b. kept on a hanging ribbon around a child's neck
 - c. used between 1 month and 1 year during sleep
 - d. coated with honey before giving to baby

13. Tummy time should begin at...
 - a. bedtime
 - b. morning
 - c. birth
 - d. age 1

14. Who should be told about safe sleep for babies?
 - a. neighbors
 - b. everyone
 - c. grandmother
 - d. dad

15. Which item belongs in a bed with baby?
 - a. teddy Bear
 - b. fitted sheets
 - c. quilt
 - d. bumper pads

16. When is it ok to smoke around a baby?
 - a. if you open a window
 - b. if you have nowhere else to smoke
 - c. if you blow smoke away from a baby
 - d. never

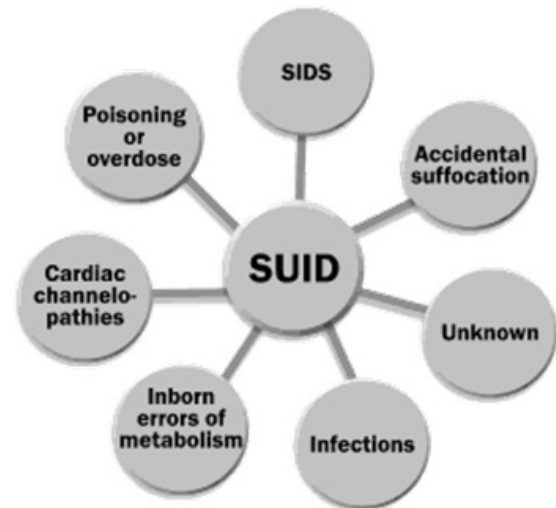
Section 1: Understanding Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID)

Sudden Infant Death Syndrome (SIDS)

Sudden and unexplained death of a child under the age of one that remains unexplained after:

- An _____
- A review of the _____
- A _____ scene investigation

Sudden Infant Death Syndrome or SIDS is the diagnosis given for the sudden death of an apparently healthy infant under one year of age that remains unexplained after a complete investigation. This investigation includes an autopsy, examination of the death scene (based on the Center for Disease Control and Prevention guidelines), review of the symptoms or illnesses the infant had prior to dying and any other pertinent medical and family history.



Used with permission from Centers for Disease Control and Prevention

Sudden Unexplained Infant Death (SUID)

SUID is the sudden and unexplained death of an infant in which the manner and cause of death are not immediately obvious prior to investigation.

How are SIDS and SUID Different?

SUID can be caused by _____ reactions of the cells of the body (metabolism). This can include changes in body temperatures such as hypothermia (body temperature less than 95°F) or hyperthermia (body temperature above 100 - 101°F). It can also be a result of neglect or homicide, poisoning, or accidental suffocation.

Some _____ are attributed to _____. Often, the cause is unknown. In 2015, about 3,700 U.S. infants died suddenly of no immediately obvious cause, and nearly half of these SUID deaths were attributed to SIDS. However, research from the Centers for Disease Control and Prevention (CDC) has found that the decline in SIDS since 1999 corresponds to an increase in SUID rates (e.g. deaths attributed to overlaying, suffocation, and wedging) during the same period. The change in classification is explained by changes in how investigations are conducted and how SUID is diagnosed. For more information you may visit the Centers for Disease Control and Prevention website.

Facts About SIDS and SUID

- SIDS is the leading cause death of infants under _____ to _____ months of age (AAP, 2000).
- Peak age of SIDS victims is between _____ months.
- _____ % of SIDS deaths occur before 6 months of age.
- Over 1,600 babies die of SIDS each year in the US (CDC).
- One baby dies every _____ hours.

Sudden Infant Death Syndrome is the leading cause of death in infants between 28 days to 12 months of age. Most SIDS deaths, approximately 60%, occur when a baby is between 2 and 4 months of age.

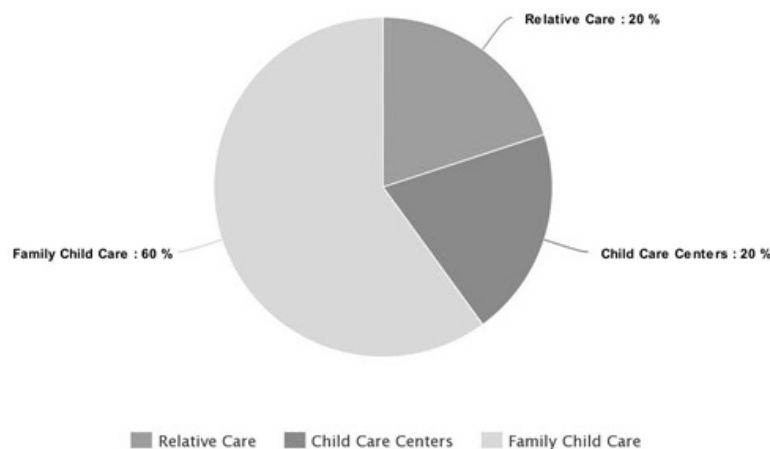
At 6 months of age, 95% of the babies who are going to die of Sudden Infant Death Syndrome have already died. After 6 months of age, the risk of SIDS decreases significantly. In the United States alone there are still over 2,300 SIDS related deaths each year. Every 3 ½ hours, one baby dies of Sudden Infant Death Syndrome.

SIDS and SUID in Child Care

- _____ % of US infants are in child care.
- _____ % of SUID deaths occur while the infant is in the care of someone other than the parent.

Two-thirds (67%) of US infants spend at least some time in child care, averaging 22 hours per week. Approximately 12% of SUID deaths (double the expected rate) occur while the infant is in the care of someone other than the parent.

The pie chart below illustrates the percentages of SIDS deaths that occur while the infant is in the care of someone other than the parent.



meta-chart.com

More Facts About SIDS

- Higher among mothers under _____ years of age
- African American infants - more likely to die of SIDS than Caucasian infants
 - In Illinois – _____ times more likely
 - In Chicago – nearly _____ times more likely
 - Nationally – _____ times more likely

Infants born to mothers who are less than 20 years of age at the time of their first pregnancy are more at risk for SIDS, as well as mothers with little or no prenatal care.

Illinois' African American infants are more than six times more likely to die of SIDS than Caucasian infants. In the City of Chicago, an African American infant is more than 12 times more likely to die of SIDS. The national average for SIDS in the African American community is 2.5 times higher than in the Caucasian community.

- Infants in their _____ week of child care are at the greatest risk
- _____ % of SIDS occurs in males
- No known cause – current research relating to _____ abnormalities

Infants who enter child care are at the greatest risk of dying from SIDS in their first week in child care. After an infant has been in child care for at least a week, the chances of dying of SIDS decreases. Also, SIDS occurs more often in male babies than female babies.

The cause of Sudden Infant Death Syndrome is unknown; however, research is being done in many areas. One of the more promising areas of research looks at the brain stem where all autonomic nervous system functions occur. There is mounting evidence that suggests some SIDS babies are born with a flaw in their brain that makes them vulnerable to sudden death during infancy.

Video: Lower Brainstem Serotonin Levels Associated with SIDS

Notes:

SIDS is NOT

- Caused by _____
- The result of abuse or neglect
- _____
- The same as suffocation or pneumonia
- _____



There are many misconceptions people have about Sudden Infant Death Syndrome and what causes it.

Sudden Infant Death Syndrome is **not** caused by immunizations, abuse or neglect, nor is it spread from one person to another. Infants should be immunized in accordance with recommendations from the CDC. There is no evidence that immunizations increase the risk of SIDS. In fact, evidence suggests that babies who are immunized have a *lower* risk of SIDS. Although Sudden Infant Death Syndrome is different from suffocation, all the measures we use for SIDS risk reduction also help to prevent accidental deaths such as overlay, entrapment and positional asphyxia (which is when someone’s position prevents them from breathing well).

In addition, Sudden Infant Death Syndrome is sometimes called “crib death.” This is a misleading term that SIDS of Illinois is trying to do away with. According to the Chicago Infant Mortality Study, the vast majority (about 75 - 80%) of babies who die from Sudden Infant Death Syndrome in Chicago are not sleeping in cribs. Cribs do not cause Sudden Infant Death Syndrome. In reality, studies show us that the safest place for baby to sleep is in a safety-approved crib.

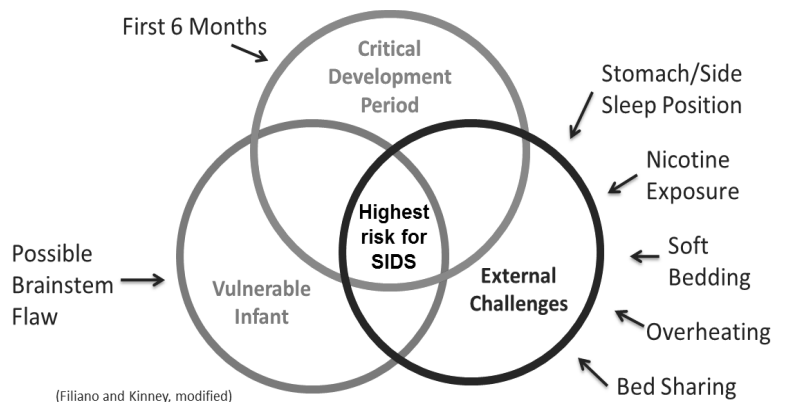
Triple Risk Model to Explain SIDS

The model below demonstrates that there are 3 factors that explain why babies die from SIDS.

FACTOR 1 is the critical development period, which refers to the first 6 months (specifically, the 2-4 month range) of a baby’s life in which there is a period of rapid growth and development of the brain. This is a high risk period for infants, with the majority of SIDS deaths occurring during this time.

FACTOR 2 is vulnerable infant. This second factor represents an infant with an underlying abnormality or flaw in an area of the brain stem that controls respiration, heart rate, temperature, arousal from sleep and other major bodily functions during early life.

FACTOR 3, external challenges, refers to things like sleep position, nicotine exposure and overheating that are under our control to change. This is the area where we can make a difference. These factors do not cause death for healthy infants, but could trigger an unexplained death in a vulnerable baby. The only changes we can make to try and reduce the risk of SIDS are in the domain of external stressors.



Child Care and SIDS Facts

Dr. Rachel Moon, an internationally recognized expert in Sudden Infant Death Syndrome from the Children's National Medical Center in Washington DC, conducted a study about SIDS in child care. According to her study, approximately 60% of SIDS deaths in child care were found to be occurring in family child care homes. Parents cannot assume that everyone who cares for their infant knows about Back to Sleep and other ways to reduce the risk of Sudden Infant Death Syndrome.

Other key points from Dr. Moon's study include:

- With today's economy and with more working parents, the incidence of SIDS deaths in the child care setting is _____.
- Sudden Infant Death Syndrome victims appear to be _____, healthy infants prior to their death.
- Sudden Infant Death Syndrome strikes families of _____ races and socio-economic origins.
- Babies who are going to die of SIDS frequently die within the first few _____ of child care.
- Studies have shown that there is as much as an _____ times increased risk of Sudden Infant Death Syndrome for infants accustomed to sleeping on their _____.
- A disproportionate number of babies die in child care _____.

American Academy of Pediatrics (AAP) Position Statement (October, 2005)

This statement was issued by the American Academy of Pediatrics in October of 2005 in an effort to reduce the risk of Sudden Infant Death Syndrome. This statement refers to all things that can be controlled, which is directly related to Factor 3, external challenges, of the Triple Risk Model discussed earlier.

Main points:

- Side sleeping is no longer recognized as a reasonable alternative to _____ sleeping.
- _____ sharing is not recommended during sleep. Infants may be brought to bed for feeding or comfort, but should be returned to their own crib when the parent is ready to return to sleep.
- Recommend having infant sleep in _____ room as adults
- _____ - sharing as opposed to bed sharing

Section 2: Safe Sleep - Steps to Help Prevent SIDS

Video: Safe Sleep for Babies

Notes:

Please remember that even though child care providers do not have control over some of these items, it is still important to be aware of them and able to speak to parents about them. When a child care provider has a new child coming in to their care, these are the types of discussion points to highlight with parents. It is a good idea to develop a "Safe Sleep Policy" and have the parents sign it.

Step 1. Sleep Position

The first step to help prevent Sudden Infant Death Syndrome is putting the baby to sleep on his or her back. Babies should ALWAYS be put to sleep on their back at night and during naptime.

Back sleeping is a _____ behavior.

Additionally, studies have shown that babies who sleep on their back swallow more often, have fewer ear infections at 3 and 6 months, experience fewer stuffy noses at 6 months, and experience less trouble sleeping at 6 months.

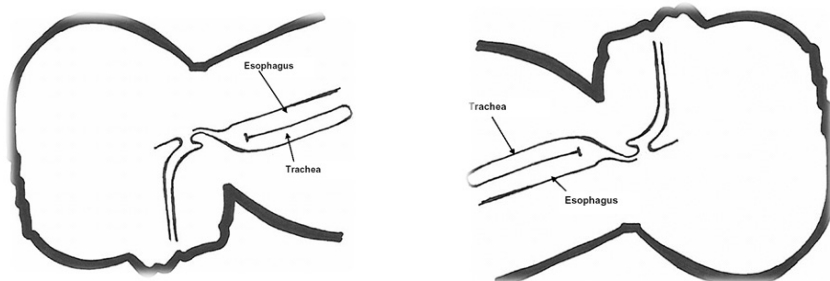
At about 5 months of age, many babies begin to roll from their backs to their tummies. This is normal growth and development. Babies should always be placed to sleep on their backs, but if they roll to their tummies you do not need to keep flipping them back.

As a reminder, because babies are spending so much time on their backs while sleeping, it is very important to make sure baby has plenty of tummy time when they are awake. To learn more about tummy time, visit the Pathways to Awareness of Illinois website. This website contains a lot of information about tummy time, including informative videos and ideas of how to help babies enjoy their tummy time.



But the Baby Will Choke to Death!

Many people place babies to sleep on their stomach because they mistakenly think it prevents them from choking on spit-up or vomit during sleep. However, studies in countries where there has been a switch from babies sleeping mainly on their stomachs to sleeping only on their backs have not found any evidence of increased incidence of breathing in or inhalation, pneumonia, choking, or other problems.



Step 2. Soft Bedding

The second step in Steps to Reduce SIDS is to **avoid soft bedding!**

- Soft bedding may trap _____ air (Kemp and Thach, 1995).
- Soft bedding in the crib can include pillows, quilts, comfortors, bumper pads, sheepskins, and stuffed animals.
- Adult _____ and mattresses, waterbeds, and couches are also a source of soft bedding. This includes pillows, quilts, blankets, etc., that are found in the adult sleep area.



If soft bedding material traps exhaled air, the infant may re-breathe the air and exhale carbon dioxide instead of breathing oxygen rich air. As the carbon dioxide level goes up and the oxygen level goes down, a normal response would be to take a deep breath. A baby's face should not be covered with anything! This includes blankets, car seat covers, and plastic stroller coverings. Also, excessive wrapping accompanied by illness or fever can increase the infant's risk of dying of SIDS (Nelson, 1989). The components of a safe sleep environment are: the crib, the firm mattress, a tightly fitted sheet, and the baby.

Attorney General Safety Alert

Drop-side cribs stopped being sold in Illinois, as of January 1, 2010. As of December, 2012, child care providers were required by DCFS to replace drop-side cribs. Parents and child care providers are encouraged to visit the Consumer Product Safety Commission website at www.cpsc.gov and to consider getting an "immobilizer" for existing drop-side cribs (see pages 12-13).

SAFETY ALERT

Crib Bumper Pads Pose a Suffocation, Strangulation & Choking Hazard for Babies



Do not use crib bumpers in cribs, bassinets and other sleep environments.

What You Need to Know

- ✓ Due to their lack of strength and motor development, infants may suffocate, choke and/or become strangled in a crib bumper.
- ✓ The American Academy of Pediatrics, Kids in Danger, American SIDS Institute, SIDS of Illinois, and the Canadian Health Department all warn parents not to use crib bumpers.
- ✓ The U.S. Consumer Product Safety Commission is re-examining the safety of crib bumpers.

Questions? Please visit www.IllinoisAttorneyGeneral.gov or call 1-888-414-7678 (TTY: 1-800-964-3013).



IS YOUR CHILD SLEEPING IN A DROP-SIDE CRIB?

...

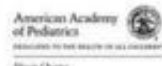
7 million drop-side cribs have been recalled

At least 32 babies have died



WHAT SHOULD YOU DO?

1. Do not buy a new or used drop-side crib.
2. If you already own a drop-side crib, check www.cpsc.gov to find out if your crib has been recalled. If your crib has been recalled, follow the recall instructions carefully.
3. If your drop-side crib has not been recalled, check the crib for missing, broken or loose parts or hardware. Make sure to tighten the hardware from time to time.
4. If you have had an incident with a drop-side crib, contact the Consumer Product Safety Commission (CPSC) immediately at 1-800-638-2772.
5. If you have any questions or concerns about a recalled or dangerous product, call the Illinois Attorney General's Product Recall Hotline at 1-888-414-7678 (TTY: 1-800-964-3013).



American Academy of Pediatrics (AAP) Position Statement

Although various devices have been developed to maintain sleep position or to reduce the risk of re-breathing, such devices are **NOT** recommended, because none have been tested sufficiently to show efficacy or safety.

Wedge-shaped pieces of foam are designed to help babies sleep on their backs. Pediatricians and child safety experts caution against putting anything cushioned in a crib because soft materials could close off the child's air passages, causing suffocation.



The AAP released this position statement about such devices:

Although various devices have been developed to maintain sleep position or to reduce the risk of re-breathing, such devices are not recommended, because none have been tested sufficiently to show efficacy or safety.

The FDA/Center for Health and Wellness and the Consumer Product Safety Commission have also warned parents not to purchase or use any type of positioner (2010).

Step 3. Reasons to NOT Share a Bed

- Parent is a _____
- Parent is _____
- Parent is extremely tired
- Parent has a condition that can alter _____ (seizure disorder, unstable diabetes)
- Parent is obese (suffocation)
- Parent or infant with _____
- Any sign of _____ in parent or baby



In addition, SIDS of Illinois actively discourages families of infants under the age of 12 months from placing baby in an adult bed for sleeping at any time. The main concern is that an infant does not have the ability to move away from or push away an obstruction. Also, adult beds in the U.S. are typically filled with the very items that we just excluded from the crib – pillows, blankets, comforters.

According to B.T. Thach of Washington University, "Infants are more likely to die in an adult bed."

Step 4. Overheating

Overheating is our next focus. Babies should be kept warm, but they should not be allowed to get hot. An overheated baby is more likely to go into a deeper sleep from which it is more difficult to arouse. Keep the temperature in the baby's room between 68-72 degrees Fahrenheit and avoid overdressing the baby. All the baby needs to wear is as many layers of clothing as you, plus one thin layer for sleeping. If baby has a sweaty head during sleep or upon waking, they are probably dressed too warmly.

Having the child sleep in a room with an open window or fan can reduce the risk of Sudden Infant Death Syndrome significantly. In a study conducted in 2008, sleeping in a room with an open window was found to reduce the risk of SIDS by 36%. Sleeping with a fan in the room was associated with a 72% reduction in risk (Kaiser Permanente Archives of Pediatric & Adolescent Medicine, Oct. 2008).

With the use of fans, people are cautioned not to have the fan blow directly on the baby and not to use a fan in place of other risk reducing techniques.

- Overheating may predispose an infant to increased core body temperature:

Keep the face and head uncovered

Overheating causes a deeper sleep

- Keep baby's room between _____ and _____ degrees

- Fans and open windows:

Open windows reduce the risk of SIDS by _____ %

Fans reduce the risk of SIDS by _____ %

Fans should not blow directly on baby



Step 5. Nicotine Exposure

Another practice to avoid when trying to prevent Sudden Infant Death Syndrome is the use of nicotine.

Mothers who smoke during pregnancy are 3 times more likely to have a baby die from Sudden Infant Death Syndrome. Babies who are exposed to second-hand smoke are 1 1/2 to 2 times more likely to die of Sudden Infant Death Syndrome.

Parents should be sure to keep their babies in a smoke-free environment. Studies have found that the risk of Sudden Infant Death Syndrome rises with each additional smoker in the household, the numbers of cigarettes smoked per day, and the length of the infant's exposure to cigarette smoke. Components of smoke, specifically nicotine, are believed to interfere with an infant's developing lungs and nervous system, and to disrupt a baby's ability to wake from sleep.

Please note, that smoking in the bathroom with the fan on does not count as not smoking around the baby and smoking under the kitchen range hood also does not count as not smoking around the baby. Smoking in the car, especially with the windows rolled up, is also a very unhealthy environment for the baby.

- Maternal _____ use **before, during, and after** pregnancy results in a higher risk of SIDS (Fleming, 2007).
- Exposure to secondhand smoke also _____ the risk in a dose-dependent manner (Fleming, 2007).
- Advise parents that **NO ONE** should smoke around their baby.

Step 6. Pacifier Use

The use of pacifiers has become important in the reduction of Sudden Infant Death Syndrome. The following are American Academy of Pediatrics recommendations for pacifier use:

- Offer your baby a pacifier until _____ months of age.
- Never _____ a baby to use a pacifier.
- If the pacifier falls out of the baby's mouth during sleep, do not replace it.
- Clean the pacifier often.
- If breastfeeding, do not offer a pacifier until breastfeeding is well-established (at least _____ month).



Consider offering a pacifier at nap time and bedtime as pacifier use during sleep is associated with a reduced risk of SIDS. The evidence that pacifier use inhibits breast-feeding or causes later dental complications is not compelling. **During the first year of life, the pacifier should be used when placing the infant down for sleep and not be reinserted once the infant falls asleep.** If the infant refuses the pacifier, he or she should not be forced to take it. The pacifier should not be coated in any sweet solution, and it should be cleaned often and replaced regularly. For breast-fed infants, pacifier introduction should be delayed until one month of age.

Step 7. Regular Health Care

Regular health care is key when trying to reduce the risk of Sudden Infant Death Syndrome.

- Parents should take their babies to their health care provider for _____ well baby checkups.
- Parents should make sure that their babies receive their _____ on schedule.



For those people who are concerned about a connection between immunizations and Sudden Infant Death Syndrome, the National Institute of Health has turned up **no** connection between immunizations and SIDS. In fact, SIDS occurs among infants who never received their shots, as well as in countries with different immunization schedules.

Step 8. Pre-Natal Care for Mom

Good pre-natal care - including proper nutrition, abstinence from alcohol, drugs, and smoking, as well as frequent medical checkups beginning early in pregnancy - might help prevent a baby from developing an abnormality that could put him or her at risk for sudden death as well as decrease the chance of premature birth or low birth weight, both of which are associated with an increased risk for Sudden Infant Death Syndrome.

- Helps _____ developing abnormalities
- Decreases chance of _____ birth or _____ birth weight

Pre-term babies, particularly those less than 2.2 pounds, are at a greater risk of dying from Sudden Infant Death Syndrome.



Step 9. Breastfeeding

Breastfeeding is another preventative measure thought to reduce the risk of Sudden Infant Death Syndrome.










- Babies _____ frequently throughout the night
- Frequent brief _____
- Less _____ sleep
- Breastmilk is the best _____ for babies

According to the American Academy of Pediatrics:

As exclusively breastfed infants feed frequently through the night, breastfeeding is thought to reduce Sudden Infant Death Syndrome by the same proposed mechanism as supine sleep (sleeping face up) and pacifiers, namely less deep sleep and frequent brief awakenings. Breastfed babies do not need artificial pacifiers to get stimulation since they already have the protective effect of suckling during the night.

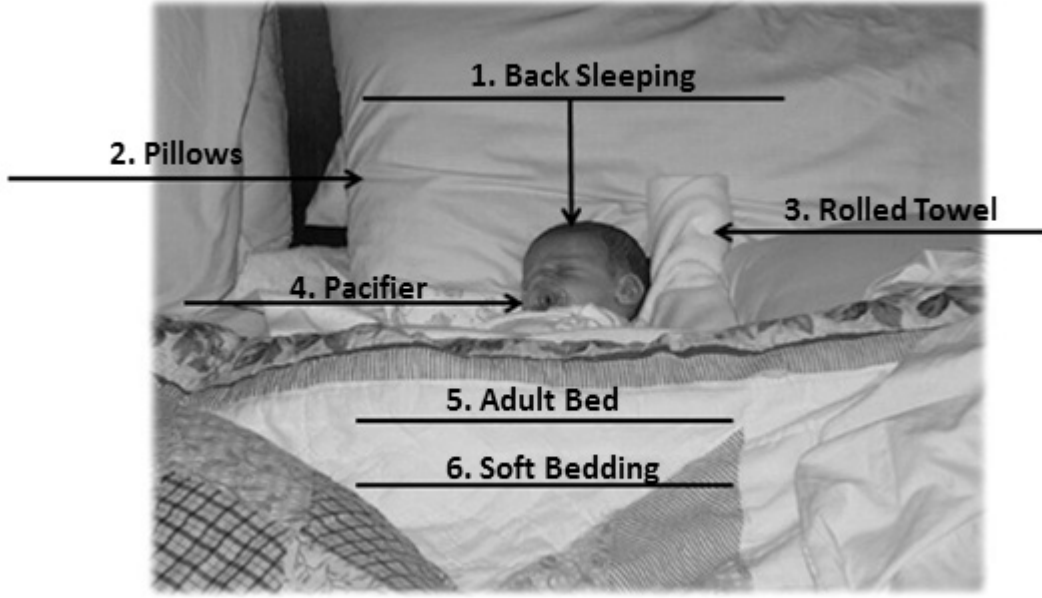
In addition, a study conducted by researchers from the German Study of Sudden Infant Death Study Group and the University of Munster, Germany (2009), found that babies who are breastfed for at least six months are significantly less likely to die from Sudden Infant Death Syndrome than those who are formula fed. These findings were published in the journal *Pediatrics*. The study also points out that, "the evidence shows breastfeeding reduces the risk of Sudden Infant Death Syndrome, and that this protection continues as long as the infant is breastfed."

Activity: 9 Steps for Safe Sleep

| | | |
|---|---|---|
| 1  | 2  | 3  |
| 4  | 5  | 6  |
| 7  | 8  | 9  |

1. Position (notice the ballet position) stands for _____ position
2. Soft (soft serve ice cream) stands for no _____ bedding
3. Bed stands for no _____ of beds
4. Flame stands for no _____ (in room or of the baby)
5. Smoking stands for no _____ exposure
6. Pacifiers stands for use pacifiers when babies are _____
7. The universal medicine symbol stands for regular _____ care for baby
8. Pregnancy stands for _____ care for mom
9. Breastfeeding sign stands for breastfeeding can _____ risk of SIDS

Activity: What is Harmful? What is Safe?



For each number, identify whether it is a safe (s) or unsafe (u) practice.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What has been your experience in encouraging safe sleeping arrangements for newborns?

What are some of the barriers you may face in setting a back only sleep position policy for newborns in your child care center?

How can you overcome the barriers you have identified?

Section 3: Licensing Standards

Illinois Department of Children and Family Services

Changes to Licensing

June 18, 2008

- To minimize the risk of Sudden Infant Death Syndrome, children shall be placed on their backs when put down to sleep.

April 1, 2010

- When the infant cannot rest or sleep on her/his back due to disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant. The caregiver shall sleep the infant in accordance with a physician's written instructions.
- Infants that can easily turn over from the back to stomach position shall be placed down to sleep on their backs, but allowed to adopt their preferred position while sleeping.
- No infant shall be put to sleep on a sofa, soft mattress, car seat or swing. When an infant is awake, the infant shall be placed on his/her tummy part of the time and observed at all times.
- No positioning device that restricts movement within the child's bed shall be used without written instructions from the child's physician. Soft bedding, bumpers, pillows, quilts, comforters, stuffed toys, and other soft products shall be removed from the crib when children are napping or sleeping. If using a blanket, place the child with feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as the child's chest.

January 1, 2012

- Child Care Providers who are infant/toddler certified are required to complete a SIDS/SUID training once every three years and are to replace drop-side cribs.

September 22, 2014

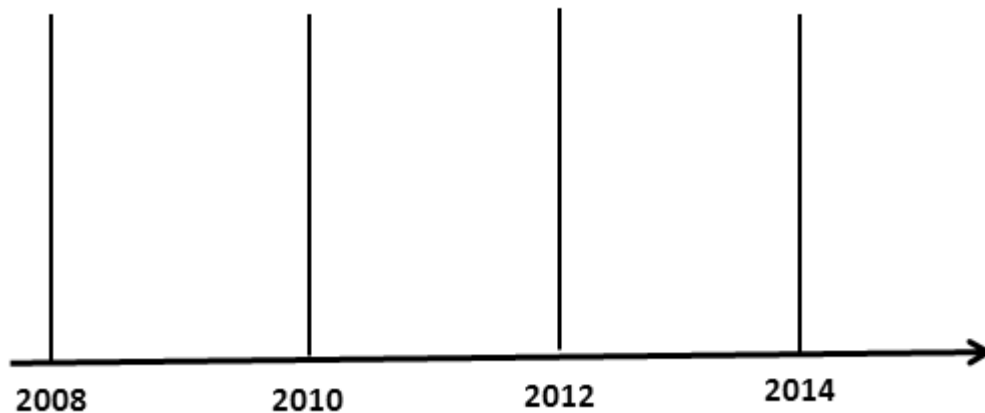
- To minimize the risk of sudden infant death syndrome, children shall be placed on their backs when put down to sleep according to the following guidelines:
 - 1) When the infant cannot rest or sleep on his or her back due to a disability or illness, the caregiver shall have written instructions, signed by a physician, detailing an alternative safe sleep position or special sleeping arrangements for the infant. The caregiver shall put the infant to sleep in accordance with a physician's written instructions.
 - 2) Infants that can easily turn over from the back to stomach position shall be placed down to sleep on their backs, but allowed to adopt their preferred position while sleeping;

- 3) Infants unable to roll from their stomachs to their backs and from their backs to their stomachs, when found facedown, shall be placed on their backs;
- 4) No infant shall be put to sleep on a sofa, soft mattress, car seat or swing; and
- 5) When awake, an infant shall be placed on his or her stomach part of the time and observed at all times.

For more information regarding Illinois licensing standards, you can visit the IDCFS website. To read about national licensing standards related to Sudden Infant Death Syndrome, go to the website for the National Resource Center for Health & Safety in Child Care.

Activity: SIDS/SUID Timeline

Fill in the timeline for SIDS/SUID licensing requirements.



Alternate Sleep Position

- An alternate sleep position requires a _____ and _____ physician's note.

Identifies medical reason why baby sleeps in position other than on back and the alternate sleep position needed

- All child care providers and substitutes should be informed
- Keep physician's note in baby's medical _____ and post it on the _____

When reviewing the baby's application, child care directors or owner/operators should ask, "What position does the baby sleep in at home?" For babies that sleep on their tummies at home, they should ask, "Why?" If there is a valid health reason why a baby should not sleep on the back, the parents should inform the child care provider and discuss it with their child's health professional. Requirements regarding sleep position should become part of the baby's care plan.

Benefits of a Safe Sleep Policy

The baby and child care provider benefit when a safe sleep policy is in place. A child care provider will feel relieved knowing that the practice of putting a baby on its back to sleep is supported by a written safe sleep policy, even if the parents do not perform this same practice at home.

There are many benefits to having a safe sleep policy:

- It has the potential to _____ a baby's life.
- It shows parents that their baby's _____ and _____ are your number one priority.
- It educates staff:
 - *By ensuring that all child care staff are following the same safe sleep policy.*
 - *Because having a safe sleep policy is an opportunity to educate parents about safe sleep practices, it opens the door to a discussion between the parents and child care provider about safe sleep.*
 - *By ensuring that child care providers are taking part in professional development and that they are up-to-date on the best sleep practices.*
- If followed, a safe sleep policy can help reduce your risk of _____.

Activity: Case Study

On December 29, 2015, Danielle, a mother in Baltimore, lived every parent's nightmare. Danielle took her 1-month-old son, Charlie, out of his bassinet in the early morning to nurse and laid him down to sleep next to her in the cozy, warm blankets of her bed when he had finished. She awoke later to find he was not breathing.

She yelled for her husband to call 911 and her mother to begin CPR. They rushed Charlie to the hospital. "I was praying that he would be ok," Danielle later recalled.

There had been no signs of trouble before that day. Danielle had a healthy pregnancy and brought Charlie home shortly after he was born. Yet, after Charlie was taken to the hospital, doctors informed Danielle that there was nothing they could do to save her son's life.

In the following weeks, Danielle, who did not want her last name used in this story, called the medical examiner's office every day to see if they had determined the cause of Charlie's death. When she finally received the death certificate, she learned Charlie had died of Sudden Infant Death Syndrome, or SIDS

What are two things Danielle could have done which *may* have prevented Charlie's death?

1. _____
2. _____



Although it is important to be aware of the risk of SIDS, it is also important to remember that most babies live!

**Thank you for taking the time to become more
educated about Sudden Infant Death Syndrome.
Your knowledge will help save lives!**

SIDS Post-training Assessment

Please circle the correct answer

1. SIDS is caused by
 - a. baby shots
 - b. a high fever
 - c. a virus
 - d. no one knows

2. SIDS can happen to
 - a. anyone
 - b. only parents who neglect their babies
 - c. only teenage mothers
 - d. only to first-time parents

3. Babies sleep safest on their
 - a. side
 - b. belly
 - c. back
 - d. head

4. Babies should sleep
 - a. on the couch
 - b. in bed with Mom or Dad
 - c. in a crib
 - d. in a car seat

5. SIDS occurs most at
 - a. 1-3 months
 - b. 2-4 months
 - c. 3-6 months
 - d. 8 months

6. SIDS occurs most at
 - a. spring
 - b. summer
 - c. fall
 - d. winter

7. Which one is not a risk factor for SIDS...
- a. smoking
 - b. back sleeping
 - c. overheating
 - d. soft bedding
8. SIDS is...
- a. suffocation
 - b. preventable
 - c. not predictable
 - d. contagious
9. Babies are more likely to choke...
- a. if they sleep on their side
 - b. if you put them on their belly to sleep
 - c. if they sleep on their back
 - d. if you don't burp them well enough
10. What is best for a baby to drink?
- a. apple juice
 - b. strawberry milk
 - c. formula
 - d. breast milk
11. Who is the highest risk for SIDS?
- a. Hispanic
 - b. Caucasian
 - c. African American
 - d. Asian American
12. Pacifiers should be...
- a. put back in after falling out
 - b. kept on a hanging ribbon around a child's neck
 - c. used between 1 month and 1 year during sleep
 - d. coated with honey before giving to baby
13. Tummy time should begin at...
- a. bedtime
 - b. morning
 - c. birth
 - d. age 1

14. Who should be told about safe sleep for babies?

- a. neighbors
- b. everyone
- c. grandmother
- d. dad

15. Which item belongs in a bed with baby?

- a. teddy Bear
- b. fitted sheets
- c. quilt
- d. bumper pads

16. When is it ok to smoke around a baby?

- a. if you open a window
- b. if you have nowhere else to smoke
- c. if you blow smoke away from a baby
- d. never

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Helpful Organizations

American Academy of Pediatrics (AAP)

Centers for Disease Control and Prevention (CDC)

Department of Social Services, Child Care Services

Gateways to Opportunity

Illinois Department of Public Health – SIDS and Infant Mortality

National SUID/SIDS Resource Center

SIDS of Illinois