



## BACK TO SLEEP

The topic of Back to Sleep came about naturally from our recent discussions on parent involvement and education in the NICU. This is another very important subject in which to educate the parents of our patients, and it can reduce the risk of SIDS (Sudden Infant Death Syndrome). Research has shown that parents need not only verbal and written education on this topic. Their follow-through is highly dependent on our example. This issue will give very practical teaching points and ideas for how Back to Sleep can be implemented prior to discharge so parents can establish that same routine at home. Keep up the great work!

Sincerely,

The Developmental  
Care Team

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## AAP SIDS RECOMMENDATIONS

Since 1992 the American Academy of Pediatrics (AAP) has recommended a non-prone sleeping position for infants in order to reduce the risk of SIDS. This recommendation resulted in a major decrease (about 50%) in the number of SIDS deaths since that time. In 2005 the AAP's Task Force on Sudden Infant Death Syndrome revised their policy statement on this topic and developed recommendations to reduce the risk of SIDS in the general population. This article can be found in the November 2005 issue of PEDIATRICS. Outlined here is a summary of these most current recommendations.

1. **Back to Sleep:** The infant should be placed wholly on the back for every sleep
2. **Use a firm sleep surface:** No soft materials or objects should be under a sleeping infant. He should instead sleep on a firm mattress covered by a single fitted sheet.
3. **Keep soft objects and loose bedding out of the crib:** No pillows, quilts, or stuffed toys should be in the infant's sleeping environment. If a bumper pad is used, it should be thin, firm and well secured.
4. **Do not smoke during pregnancy:** The infant's exposure to second-hand smoke should also be eliminated.
5. **A separate but proximate sleeping environment is recommended:** The risk of SIDS has been shown to be reduced when the infant sleeps in the same room as the mother, but the infant should never share a bed with the parents or other children.
6. **Consider offering a pacifier at nap time and bedtime:** A clean pacifier offered as the baby is falling asleep may reduce the risk of SIDS.
7. **Avoid overheating:** The infant should not be overbundled.
8. **Avoid commercial devices marketed to reduce the risk of SIDS:** These devices do not have sufficient evidence to support their safety or efficacy.
9. **Do not use home monitors as a strategy to reduce the risk of SIDS:** They have not been shown to decrease the incidence of SIDS.
10. **Avoid development of positional plagiocephaly:** Encourage Tummy Time, altering head position, and referring to early intervention as indicated.
11. **Continue the Back to Sleep campaign:** Encourage all infant caregivers (including childcare providers, grandparents, foster parents, baby sitters) to follow guidelines for SIDS prevention. Health care professionals in the NICU should implement these recommendations well before an anticipated discharge.

