

Implementing Back to Sleep in the NICU

As recommended by the AAP, Back to Sleep should be implemented well before anticipated discharge. In 2008 the AAP Committee on Fetus and Newborn made the following statement:

"Preterm infants should be placed supine for sleeping just as term infants should, and the parents of preterm infants should be counseled about the importance of supine sleeping in preventing SIDS. Hospitalized preterm infants should be kept predominantly in the supine position, at least from the postmenstrual age of 32 weeks onward, so that they become acclimated to supine sleeping before discharge." (*Hospital Discharge of the High-Risk Neonate*, Pediatrics, 2008)

By implementing safe sleep practices prior to discharge it not only helps the infant adjust to the supine position only for sleep, but it also sets a good example for parents. "Recent studies show that infants habituate in the first 3 months of life to sleep position and do not readily accept a change of sleep position after that time. It is critical for parents to get both education and role modeling about safe sleep positioning and developmentally appropriate positioning so that infants develop 'good' sleep and play habits." (*Positioning the Near Term Infant for Sleep and Play*, Newborn & Infant Nursing Reviews, 2007)

In addition to adopting a supine sleep position when

nearing discharge, it is important to implement other safe sleep practices as well. For this reason, any excess bedding should also be removed from the crib when the infant is nearing discharge. This means that extra blankets and positioning aids should be removed. In our unit we begin weaning these positioning aids at 34 weeks post menstrual age (PMA) unless there is indication that the infant requires continued positional support. By 34 weeks PMA, the infant should be able to maintain their head near midline when placed in supine to sleep. If not, positional support may need to be prolonged in order to avoid such complications as shoulder retraction, plagiocephaly or torticollis. The team of Physical Therapists in the NICU can make recommendations regarding infant readiness for removal of positioning aids if there is any doubt. Members of the Developmental Care Committee are helpful resources as well.

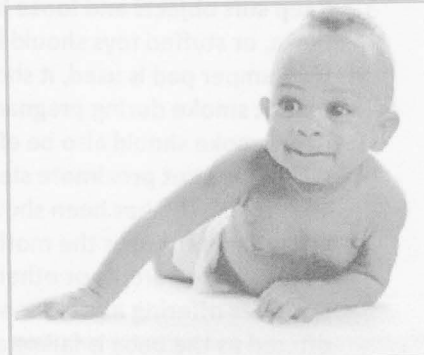
Teaching Points for Parents

NICU staff members are one of the most influential sources of information for new parents. For this reason, it is vital that the AAP recommendations regarding SIDS be discussed and demonstrated for parents so that they can be aware of how to reduce the risk factors for SIDS.

The "Information for Parents" booklet given to the parents of our patients contains information on safe sleeping practices and SIDS risk reduction (page 13). Nurses can also make a point to discuss with parents how their child is positioned for sleep in the NICU and why.

When discussing Back to Sleep it is also very important to educate parents on Tummy Time. If the infant remains exclusively supine, he or she may experience musculoskeletal tightness, plagiocephaly or delayed gross motor development. Supervised Tummy Time when the infant is awake "allows the infant the opportunity to develop the balance of flexion and extension needed for normal musculoskeletal development and normal sensory exploration and self-calming." (*Positioning the Near Term Infant for Sleep and Play*, Newborn & Infant Nursing Reviews, 2007)

The parents of our patients are eager to learn how to best care for their child. Back to Sleep and the rest of the 2005 AAP recommendations are a very important part of that education that can help reduce the risk of SIDS, so let's keep it up!



Your baby needs Tummy Time!
Place babies on their stomachs when they are awake and someone is watching. Tummy time helps your baby's head and neck muscles get stronger and helps to prevent flat spots on the head.

The Developmental Care Committee is accepting new members!
If you are interested, contact Jan Meador.