

Infant Safe Sleep Strategies

Family-Centered Approach

California Department of Public Health

Center for Family Health

This document is for public health staff and local stakeholders who work with families to inform and support parents and caregivers about infant safe sleep practices and to respond to the needs expressed by local stakeholders for family-centered and culturally sensitive risk reduction information. The following five point approach has been outlined by the California Department of Public Health - Center for Family Health and will guide subsequent educational and training materials for public health professionals.

1. Promote the 2016 [American Academy of Pediatrics \(AAP\) Recommendations for a Safe Infant Sleeping Environment](#).¹ The nineteen (19) evidence-based AAP recommendations were developed to reduce the risk of SIDS and sleep-related suffocation, asphyxia, and entrapment among infants. **The bolded terms in this document identifies eight of the nineteen 2016 AAP recommendations for safe infant sleep environment.** For a full description of the 2016 AAP recommendations, click on the link(s) or use the resources provided in this document.
2. Address safe sleep disparities by helping families understand the AAP recommendations and why the recommendations matter.
 - ▶ Acknowledge generational and cultural practices and beliefs.
 - ▶ Solicit and include parent and community involvement in the promotion of a safe sleep culture.
 - ▶ Provide consistent messaging and utilize trusted community members to promote safe sleep messaging.
 - ▶ Identify and build upon community resources to assist families with any needed resources to promote safe sleep.
3. Hold family-centered safe sleep conversations. Provide individualized health education and counseling that takes into account the context of each family's needs and beliefs. Use a conversational approach to inform families about safe sleep recommendations that encourages questions about safe sleep environments to explore individual understanding and circumstances.
 - ▶ Be open and nonjudgmental with families about their sleep practices.
 - ▶ Address any barriers to a safe sleep environment due to limited resources, housing, safety threats, and homelessness.
 - ▶ Conversations should also include the **additional health risks of tobacco, alcohol and drug use.**
 - ▶ Recognize the effects of implicit bias and how it affects our decision-making and communication processes. Approaches should be developed to avoid reinforcing stereotypes.
4. **Recommend and support breastfeeding.**
 - ▶ Promote the benefits of breastfeeding including reducing the risk of sudden unexpected infant death.
 - ▶ If infants are brought to the adult bed for feeding or care, all soft items and bedding from the area should be removed and infants should be returned to their own sleep area when finished.
 - ▶ If the parent(s) falls asleep, the infant should be returned to their own sleep area as soon as the parent(s) awakes.
 - ▶ Couches and armchairs are unsafe for infants, especially if the parent(s) falls asleep. Do not breastfeed with a baby in a couch, chair, or sofa unless the mother is wide awake and unlikely to fall asleep.

¹ Moon et al, 2016.

5. Educate parent(s) and caregivers about benefits of **room-sharing**, keeping infant close to the parents bed on a **separate sleep surface**.
- ▶ Fully inform of the risks of bed-sharing and why the safest place for the infant to sleep is on a separate sleep surface.
 - ▶ Provide resources, educate, and work on a plan on how to reduce infant risk, in case of unplanned or planned bed-sharing. A few key messages include: **back to sleep, no soft objects and loose bedding in the crib, don't overheat your baby**.
 - ▶ Educate on circumstances when bed-sharing should be avoided at all times: bed-sharing with an infant younger than four months; bed-sharing with parent(s) or a caregiver who is a current smoker; bed-sharing with someone who is impaired in their alertness due to fatigue or use sedating medications or substances; bed-sharing on soft surfaces, such as a sofa or couch; and bed-sharing with soft bedding accessories, such as pillows or blankets.

Resources:

Moon RY, Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: Evidence base for 2016 updated recommendations for a safe infant sleeping environment. <i>Pediatrics</i> . 2016;138(5): pii: e20162940. https://pediatrics.aappublications.org/content/138/5/e20162938	
American Academy of Pediatrics Safe Sleep Webpage https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-child-care/Pages/Safe-Sleep.aspx	
National Institute of Child Health and Human Development (NICHD) – Safe To Sleep Campaign www.safetosleep.nichd.nih.gov	
National Institute for Children’s Health Quality (NICHQ) – National Action Partnership to Promote Safe Sleep Improvement, Safe Sleep CoIIN to Reduce Infant Mortality, Webinars and Resources www.nichq.org	
Keeping Babies Safe – Provides education, assistance, advocacy and leadership in development of safer children’s products and practices, Crib Safety Printables, Webinars and Resources keepingbabiesafe.org	
Centers for Disease Control and Prevention (CDC) www.cdc.gov/sids/index.htm	First Candle www.firstcandle.org
Cribs for Kids www.cribsforkids.org	Consumer Product Safety Commission (CPSP) www.cpsp.gov

Thank you to the following organizations for your participation in the development of this safe sleep strategies document: California Department of Public Health (CDPH) MCAH Directors, CPSP Perinatal Service Coordinators, SIDS Coordinators, RPPC Directors, AFLP Directors, CHVP Directors, BIH Coordinators/Case Managers, FIMR Coordinators; CDPH WIC Directors, CDPH Safe and Active Communities Branch; American Academy of Pediatrics (District X); California SIDS Advisory Council; SIDS/SUID Parents; Breastfeeding Community Experts; California WIC Association; Department of Social Services Child Care Licensing, including Emergency Medical Service Association.