AAP GUIDELINES FOR SAFE INFANT SLEEPING ENVIRONMENT: A REVIEW OF THE GUIDELINES AND SUPPORTING LITERATURE

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Why New Guidelines Now?

- The major decrease in infant mortality seen after the 1992 “Back to Sleep” campaign has leveled off.
- Other causes of sudden unexpected infant death during sleep have risen concurrently:
  - Suffocation
  - Asphyxia due to entrapment
  - Overlay/cosleeping-related
  - Undetermined cause

AAP expanded its guidelines to focus not only on SIDS, but on safe infant sleep environments and reducing overall risk of death.
EXPANDED RECOMMENDATIONS, 2011

- Supine positioning (back to sleep) for every sleep
- Firm sleep surface
- Room-sharing, without bed-sharing
- Keep soft objects, loose bedding, bumpers out of crib
- Breastfeeding
- Routine immunizations
- Consideration of use of a pacifier at sleep times
- Avoidance of:
  - soft (squishy/deep) bedding
  - overheating
  - exposure to tobacco smoke, alcohol, illicit drugs

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SUPINE POSITIONING

- Well-accepted after the tremendous (50%) reduction in SIDS deaths that resulted from the Back to Sleep initiative.
- In the community, however, there remain holdouts and concerns.

“I put all my babies on their stomachs, and they grew up just fine.”

“Won’t the baby choke on its spit up?”

“What about on the side? What’s wrong with that?”
AAP’s position

- Supine sleep position does not increase risk of choking and aspiration, even in infants with GER, as infants can adequately protect airway.
  - Exception: infants with anatomic abnormalities such as type 3 or 4 laryngeal clefts
- Prone and side sleeping both are risk factors for SIDS up to 1 year of age.
- There is no evidence that placing newborns on their sides aids in clearance of amniotic fluid; newborns in nursery should be placed on their backs from day one.
Also recommended

“tummy time”—supervised, awake time spent prone, to facilitate neuromuscular development and avoid positional plagiocephaly that could develop with constant supine positioning
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FIRM SLEEP SURFACE

- A firm crib mattress with fitted sheet is the recommended sleep surface to reduce the risk of SIDS and suffocation.
  - Cribs and other infant devices (such as portable crib/play-yard) should conform to CPSC standards, and not have been recalled.
  - Cribs with missing hardware should not be used.
    - Many deaths have been associated with “repaired” cribs, or cribs missing parts.
- Only mattresses designed for that product should be used; no gaps. No pillows, quilts, comforters, etc should be placed under a sleeping infant.
Bassinets are cute, but your baby is safer in a crib

Jan 12, 2012 2:00 PM

There’s something undeniably cherubic about the image of an infant sleeping peacefully in a charming bassinet. But for your baby’s safety, not to mention the money you’ll save, this is one purchase you might want to skip.

The fact is, the safest place for your baby to sleep is a bare crib with only a fitted sheet, meaning no soft bedding, pillows, bumpers or cuddly stuffed animals. To keep your baby warm, use a footed sleeper, wearable blanket or sleep sack.

There are no federal standards for bassinets, cradles or Moses baskets. While some cradle and bassinet manufacturers opt to voluntarily comply with standards established by ASTM International, it’s not required, which means that the products aren’t subject to recalls if they don’t meet standards. Consumer Reports does not recommend the use of Moses baskets, which are handled-baskets with a bottom pad and puffy fabric sides, meant for transporting your baby.

“Bassinets are cute,” said Gary Smith, M.D., who concurs with Consumer Reports’ position that they’re not a good idea. Smith is director of the Center for Injury Research and Policy at Nationwide Children’s Hospital and past chairman of the Committee on Injury, Violence and Poison Prevention for the American Academy of Pediatrics. “What I say to parents is that the crib is the safest place from Day 1.”

If a family already has a bassinet from an older child—one that has not been repaired or recalled—Smith conceded that there may be limited use for a bassinet. The item may be handy for keeping an eye on a sleeping infant while a parent works on the main floor of a home (using a crib for bedtime sleeping).

Disadvantages outweigh any advantages. As Smith added, “Children will grow out of them quickly, usually by four months. Bassinets are not as safe as cribs.”
**ADDITIONAL AAP RECOMMENDATIONS UNDER “FIRM SLEEP SURFACE”**

- Infants should not sleep on adult beds (even alone) due to risk of entrapment and suffocation.
- Portable bed rails or drop-down crib rails should not be used due to risk of entrapment and suffocation.
- Infant should sleep in a hazard-free area, free of dangling cords, electric wires, window blind cords, etc, to avoid strangulation.
- Sitting devices (car safety seats, strollers, swings, carriers, slings) are NOT recommended for routine sleep.
- Supine positioning (back to sleep) for every sleep
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Sharing a bed with baby can lead to infant deaths

In the past two months, clinicians in the St. Louis Children's Hospital Emergency Department have had to tell seven sets of parents that their babies died from preventable causes.

The seven babies died because of unsafe sleep practices. The parents were sharing a sleep surface with the baby, or the baby was in a bed surrounded by blankets or pillows or stuffed animals. We educate parents on the dangers of these practices. Yet in two months, we've seen as many deaths as we typically see in an entire year.

Bed sharing, in particular, is a peculiar public health issue. It's been allowed to have a life that the data say it shouldn't. The American Academy of Pediatrics officially discourages the practice, as do 99 percent of my colleagues who study sudden infant deaths. Times have changed in the last 20 years. I slept with my sons on the couch more than two decades ago. I now know that increases the risk for sudden death by 50 times. Also, infants in adult beds are at much higher risk for suffocation. Yet 10 years ago, 6 percent of parents admitted to bed sharing. That number has spiked to 12 percent today. Given all we know about the hazards presented by "the family bed," that confounds me.

Dr. James Kemp is co-director of Sleep Medicine at St. Louis Children's Hospital and a professor of pediatrics at Washington University School of Medicine.
SHARE THE ROOM, NOT THE BED

- Room-sharing for sleeping in proximity is recommended.
  - May decrease SIDS by as much as 50%

- Bedsharing is NOT recommended.
  - Epidemiologic studies have not demonstrated ANY bedsharing situations that are protective against SIDS or suffocation.
  - And, not all risks associated with bedsharing can be controlled (such as parental fatigue), such that there is no such thing as “safe bedsharing”.
TWINS AND MULTIPLES:

- AAP recommends against bedsharing even with other infants.
AAP: PARTICULARLY AVOID BEDSHARING

- Infant < 3 months (highest risk of death)
- Anyone in bed is a smoker, or mother smoked during pregnancy
- Excessive fatigue
- Intoxication (drugs or alcohol) or use of sedating medications
- Bedsharing with non-parents, including children
- Soft surfaces such as waterbed, older mattress, sofa, armchair
- With heavy blankets, quilts, comforters
Devices promoted to make bedsharing safe

- Are not recommended, such as in-bed “co-sleepers”
Supine positioning (back to sleep) for every sleep
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SOFT OBJECTS IN THE CRIB

- Soft objects, like plush toys, pillows, quilts, etc can obstruct the nose and mouth, resulting in suffocation.

- Infant sleep clothing sufficient to keep the infant warm but not overheated should be used.

Because there is no evidence that bumper pads prevent any significant injury, and because they can cause death, they are NOT recommended.
Get bumpers out of cribs, doctor group urges

By Melanie Monroe Rosen, Parenting.com
updated 3:20 AM EST, Tue October 18, 2011

The AAP now recommends that infants sleep on their backs on a firm mattress, without any soft objects or loose bedding.

STORY HIGHLIGHTS

• No evidence bumpers protect against injuries, American Academy of Pediatrics says
• Recent studies have shown bumpers may be more hazardous than thought
• National Center for Child Death Review has received 14 reports of infant suffocation

(Parenting.com) — Bumper pads should never be used in infants' cribs, according to new guidelines released by the American Academy of Pediatrics.

This recommendation, issued as part of an updated and expanded set of guidelines on safe sleep and SIDS prevention for babies, is the first time the AAP has officially come out against the use of crib bumpers. According to the AAP, there is no evidence that crib bumpers protect against injury, but they do carry a potential risk of infant suffocation.
DEATH AND INJURIES CAUSED BY CRIB BUMPER PADS

- September 2007, *The Journal of Pediatrics*
- Researchers found reports from medical examiners and coroners of 27 accidental deaths, ages 1 month to 2 years, associated with bumper pads.
- 11 suffocated with face against bumper; 13 wedged between bumper and another object; 3 strangled by bumper ties around neck
- Conclusion of study: "These findings suggest that crib and bassinet bumpers are dangerous. Their use prevents only minor injuries. Because bumpers can cause death, we conclude that they should not be used."
ELEPHANT PARADE
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This adorable family adds whimsy to baby's crib. Our bumper-free 4 pc bedding set provides all the style of a traditional crib set-without a bumper-and features our
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Breastfeeding

- Is associated with a reduced risk of SIDS
- Exclusive breastfeeding for 6 months is recommended.
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IMMUNIZATIONS

- There is NO evidence of any causal link between immunizations and SIDS.
- In fact, recent studies suggest that immunizations may have a protective effect against SIDS.


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Pacifier use

- The mechanism is unclear, but pacifier use when laid down for sleep has shown a protective effect against SIDS.
- The protective effect persists throughout sleep, even if the pacifier falls out of the mouth.
- Pacifiers that hang around neck or are attached to clothing should NOT be used with unsupervised or sleeping infants.
- Delay pacifier introduction until breastfeeding firmly established (3-4 wks of age).
- Supine positioning (back to sleep) for every sleep
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- Breastfeeding
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- **Avoidance of:**
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- **overheating**
  - exposure to tobacco smoke, alcohol, illicit drugs
OVERHEATING

- Studies suggest there is an increased risk of SIDS if room or infant microenvironment are too warm.
- Dress for the environment, no more than 1 layer more than you the adult would wear for comfort.
- Evaluate for sweating or feeling hot to touch.
- Overbundling and/or covering of the head or face should be avoided.
**Fan Use**

- One study showed a protective effect against SIDS.
- Insufficient to support a recommendation for fan use at this time.
- Thought to increase air flow/exchange in room, and decrease CO2.
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**Avoidance of:**
- soft (squishy/deep) bedding
- overheating

**exposure to tobacco smoke, alcohol, illicit drugs**
**Tobacco**

- Smoke exposure during pregnancy and after birth in the infant’s environment are major risk factors for SIDS.
  - Smoke free homes, cars, and all places children spend time.
- No smoking near children or pregnant women.
- Risk of SIDS is particularly high when an infant bedshares with a smoker.
ALCOHOL AND ILLEGAL DRUGS

- Prenatal and postnatal alcohol or drug use increase the risk of SIDS.
- Mothers should avoid both preconceptionally and during pregnancy.
- Parental alcohol or drug use in combination with bedsharing creates a particularly high risk situation for an asphyxial co-sleeping death.
OTHER RECOMMENDATIONS – PREVENTION DEVICES

- Do not use home apnea monitors as a strategy to reduce SIDS
  - There is no evidence that routine cardiorespiratory monitoring decreases the incidence of SIDS, or helps in any way to identify infants at risk of SIDS.

- Avoid commercial devices such as positioners or wedges marketed to reduce the risk of SIDS
  - May actually contribute to suffocation or asphyxia due to wedging
  - US FDA, CPSC, and AAP agree that manufacturers should not claim that a product or device protects against SIDS unless there is scientific evidence to that effect.
OTHER RECOMMENDATIONS – POLICIES, CAMPAIGNS, MEDIA, AND HEALTH CARE

- Health care professionals, nursery and NICU, childcare workers should endorse the SIDS-reduction recommendations from birth
- Media and manufacturers should follow safe-sleep guidelines in their messaging, advertising and product development
- Expand the national campaign to reduce the risk of infant death to include a focus on sleep environment
  - Pediatricians, family physicians, & other primary care health professionals should actively participate
FINAL RECOMMENDATION

- Continue research and surveillance on risk factors, causes, and pathophysiological mechanisms of SIDS and SUID
  - This includes continuing standardization of protocols for death-scene investigations, comprehensive autopsies, postmortem metabolic testing for inborn errors of metabolism, microbiological studies, complete skeletal surveys, and toxicology testing.

- The goal is eliminating such deaths entirely, to the extent of our ability
A PRACTICAL LIST TO REDUCE INFANT DEATH

- Back for every sleep time
- Always use a firm sleep surface
- Car seats and sitting devices are not for routine sleep
- Share the room, not the bed
- No soft toys, pillows, blankets, bumper pads in crib
- Wedges and positioners should not be used
- Pregnancy: no smoking; get prenatal care
- Breastfeed
- Offer a pacifier at nap time and bedtime
- Avoid covering the infant's head or overheating
- Do not use home monitors or SIDS-reducing devices
- Vaccinate
- Give tummy time, awake and supervised