Alberta Health Services

POLICY

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SAFE INFANT SLEEP

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To reduce the risk of **Sudden Infant Death Syndrome (SIDS)** and prevent other sleep-related injuries and deaths in infants by:
    - facilitating safe infant sleep practices and environments across the maternal/infant continuum of care services within Alberta Health Services (AHS) facilities;
    - encouraging safe infant sleep practices and environments across the maternal/infant continuum of care services in community and home settings; and
    - providing key messages and role modelling safe infant sleep practices to create a safe and supportive environment that engages **guardian(s)** in making an informed sleep decision for their infant.

PRINCIPLES

AHS recognizes that safe sleep environments reduce the risk of SIDS and prevent other sleep-related injuries and deaths in infants.

No one factor alone is as effective as a combination of factors to help reduce the risk of SIDS or protect against other risk factors.

AHS is committed to reducing the risk of SIDS and preventing other sleep-related injuries and deaths in infants through provision of consistent and evidence-informed key messages and role modelling. Providing collaborative care that is respectful of, and responsive to a guardian's needs and values builds confidence and self-efficacy thereby improving health and wellbeing.

AHS recognizes that some individuals may not identify as mothers, women, or with the term maternal, but as parents, fathers, men, non-binary, or gender diverse. In all circumstances, health care professionals must use patient- and family-centered care to be responsive to the particular context and self-identified gender, pronouns, and terminology of the families they support.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Sudden Infant Death Syndrome (SIDS) and Sleep-related Injuries and Deaths

1.1 The Public Health Agency of Canada recognizes SIDS and other infant deaths that occur during sleep as major public health concerns.

1.2 SIDS and congenital anomalies are the leading causes of post neonatal death (i.e., aged 28 days to less than one [1] year) in infants.

1.3 SIDS and other infant sleep-related injuries and deaths are often linked to an unsafe sleep environment associated with risk factors.

1.4 Risk factors that increase the risk of SIDS and other sleep-related injuries and deaths in infants include sleep position (e.g., prone and lateral), **bed or sleep surface sharing**, soft sleep surfaces and bedding, overheating, lack of prenatal care, and exposure to tobacco smoke.

1.5 Protective factors that contribute to reducing the risk of SIDS and preventing other sleep-related injuries and deaths in infants include **room-sharing**, pacifiers, breastfeeding, and immunization.

1.6 Infant, maternal, and population characteristics including infants who are born premature (less than 37 weeks gestation) and/or low birth weight (less than 2500 grams), young maternal age, single parenthood, and inequities in social determinants of health (e.g., low socioeconomic status) may increase the vulnerability of an infant and increase the risk of SIDS.

1.7 Health promotion efforts to provide safe sleep education focused on reducing risk factors has the greatest potential for reducing SIDS and preventing other sleep-related injuries and deaths in infants.

2. Health Care Professional Support of Safe Infant Sleep Key Messages in Alberta Health Services Facilities and the Community

2.1 **Health care professionals** must inform guardian(s) of infants under one (1) year of age of the AHS key messages regarding safe infant sleep.

2.2 Health care professionals must use patient- and family-centred care principles during interactions with guardian(s), sharing key messages and role modelling safe infant sleep practices to create a safe and supportive environment that engages guardian(s) in making an informed sleep decision for their infant.

a) Informed decision-making includes sharing risks, protective factors, and safety considerations about safe infant sleep practices and environments (see the AHS *Key Safe Infant Sleep Messages for Parents from Alberta Health Services Healthy Parents, Healthy Children Safe Sleep for the Baby's First Year* Resource).

b) Health care professionals play a vital role in communicating and role modelling safe sleep messages and practices. Guardian(s) are more likely to follow health recommendations if they understand the rationale behind them.

2.3 Health care professionals must deliver and/or review key messages for safe infant sleep practices and environments with the guardian(s) during:

a) preconception and prenatal period in the care of a primary care Physician or other health care professionals;

b) stay and discharge from all AHS facilities, including hospitals or birth centres, public health postpartum services, and Well Child Clinic visits; and

c) home or community contact by health care professionals who work with guardian(s) and infant(s).

2.4 When providing key messages for safe infant sleep, health care professionals must:

a) discuss all safe sleep messages (see the AHS *Key Safe Infant Sleep Messages for Parents from Alberta Health Services Healthy Parents, Healthy Children Safe Sleep for the Baby's First Year* Resource);

b) share key messages in a respectful and responsive way;

c) work collaboratively with families to understand their values and address barriers (e.g., socioeconomic factors) or misperceptions;

d) provide interpretation and translation (where possible) of key messages for non-English-speaking guardian(s);

e) respect the guardian's sleep decision for their infant; and

f) provide referrals to community agencies or social services to support creating safe infant sleep practices and environments.

3. Neonatal Intensive Care Units

3.1 Health care professionals providing care to infants in Neonatal Intensive Care Units must follow the AHS *Infant Positioning for Neonatal Care* Procedure for developmental care, positioning, and transition to **supine (back) sleep**.

3.2 When an infant cared for in a Neonatal Intensive Care Unit has transitioned to exclusive supine sleep, health care professionals must follow the AHS *Safe Infant Sleep* Policy.

3.3 Guardian(s) may supply their own linens (i.e., blankets and clothing) while their infant is in care of the Neonatal Intensive Care Unit. Health care professionals must ensure linens provided comply with AHS *Safe Infant Sleep* Policy and are used according to safe infant sleep messages.

4. Safe Infant Sleep Environments

4.1 To facilitate safety, health care professionals must provide a safe sleep environment to all inpatient infants under one (1) year of age in all AHS facilities and encourage safe sleep environments in community and home settings.

4.2 A safe infant sleep environment must include one (1) bassinet / crib, a firm, flat mattress in good condition that fits snugly into the bassinet / crib, and a tight-fitting bottom sheet for the mattress.

a) Positioning devices must not be used unless medically indicated, with documented rationale, by the **most responsible health practitioner (MRHP)**. Positioning devices include, but are not limited to, items such as wedges, rolled-up towels, and heavy blankets.

b) To prevent overheating:

(i) avoid use of heavy blankets;

(ii) light blankets, if used, must be firmly tucked in under the mattress, reaching only to the infant's chest. An infant must be placed with their feet to the bottom end of the bassinet / crib to avoid risk of the infant sliding under the blanket;

(iii) sleep sacks, if used, must be lightweight, an appropriate size for the infant's weight and fit properly around the infant's neck and armholes; and

(iv) a hat may be used to cover the infant's head until the infant's temperature is stabilized.

c) The bassinet/crib must remain free from all clutter, such as bumper pads, stuffed or other toys, quilts, sheepskins, gifts and other items (e.g., baby monitors) that could interfere with safe infant sleep.

d) Adult beds, children's beds, car seats, playpens, and soft surfaces such as sofas or upholstered chairs, in hospital or at home, are not safe surfaces for infants to sleep on.

e) Due to identified risks, bed or sleep surface sharing with infants under one (1) year of age with adults or children (e.g., siblings) of any age is not endorsed by AHS.

(i) Twins and other multiples are safer when sleeping on their own and not sharing a sleep surface.

4.3 Room-sharing for sleep is recommended to support attachment, feeding, and care as appropriate.

4.4 Guardian(s) may supply their own linens (e.g., blankets and clothing) while their infant is in care. Health care professionals must ensure linens provided comply with AHS *Safe Infant Sleep* Policy and are used according to safe infant sleep messages.

5. Sleep Positioning

5.1 All infants under one (1) year of age must be placed on their backs to sleep unless determined to be medically contraindicated by the MRHP.

5.2 If supine sleep is medically contraindicated, **clinical documentation** by the MRHP including rationale and/or orders for alternate sleep positioning must be included in the **clinical record**.

a) A plan for transition to supine sleep must be built into the infant's care plan.

(i) Transition to supine sleep must be based on infant cues and developmental age.

(ii) Transition to supine sleep of pre-term infants must take place at 32–34 weeks gestation when possible, while at 36 weeks exclusive supine sleep position is a priority.

(iii) Unless medically contraindicated and with documented rationale, any infant approaching discharge must be placed exclusively in a supine sleep position for as long as possible prior to discharge. This action will allow for role modeling, education and adjustment.

(iv) When supine sleep position is medically contraindicated, detailed instructions must be provided to the guardian(s) and communicated to Public Health at discharge.

5.3 When infants are developmentally able to roll on their own with purpose (approximately six [6] months of age), they must still be placed on their back to sleep. Infants who are able to roll independently to a different position do not need to be repositioned, unless medically indicated.

6. Health Care Professional Actions: If the Guardian(s) Choose a Sleep Position or Sleep Location Inconsistent with the AHS *Safe Infant Sleep* Policy

6.1 If the guardian(s) choose a sleep position or sleep location for their infant that is inconsistent with the AHS *Safe Infant Sleep* Policy, the health care professional may consider providing **harm reduction** messaging for the infant's guardian(s).

6.2 Harm reduction messages are available for bed or sleep surface sharing, playpens and travel, baby boxes, swaddling, and Indigenous moss bags or cradle boards (refer to the AHS *Safe Infant Sleep* Learning Module from the Primary Health Care Education Portal or MyLearningLink).

6.3 Harm reduction messages reflect practices to respect guardians' informed sleep decision for their infant while reducing the risk harm. Health care professionals must clearly communicate to guardian(s) that their chosen practices do not comply with AHS *Safe Infant Sleep* Policy recommendations.

7. Documentation

7.1 The health care professional must document the following in the clinical record:

a) assessment findings;

b) discussions with guardian(s) regarding recommended sleep environments and positioning, risk and protective factors, and safety considerations;

c) the guardian's sleep decision for their infant;

d) the guardian's rationale for any decision that does not follow the recommendations of the AHS *Safe Infant Sleep* Policy;

e) use of harm reduction messages; and

f) provision of referrals to community agencies or social services to support creating safe sleep practices and environments.

8. Staff Education

8.1 Standardized, AHS-approved safe infant sleep education and resources must be used to support implementation of the AHS *Safe Infant Sleep* Policy elements. Health care professionals must use the provincial AHS *Safe Infant Sleep* Learning Module for orientation and ongoing staff education.

DEFINITIONS

Bed or sleep surface sharing means a sleeping arrangement in which an infant under age one year shares the same sleeping surface (e.g., bed, sofa or upholstered chairs) with another person (e.g., guardian and siblings) or a pet.

Clinical documentation means the process by which health information is captured in electronic or written format on the clinical record to reflect patient care and to facilitate communication between providers. Clinical documentation also fulfills regulatory, legal, and Alberta Health Services requirements regarding status, care, and services provided to patients.

Clinical record means the collection of all health records documenting health services provided and tracking the interactions with and communications between health care providers and the individual receiving health services.

Guardian means, where applicable:

For a minor: a guardian as defined by the *Family Law Act* (Alberta), a divorced parent with custody of the minor, or a person appointed pursuant to a will, personal directive, court order, agreement or by authorization of legislation (e.g., *Child, Youth and Family Enhancement Act* [Alberta]).

For an adult: an individual appointed by the Court in accordance with the *Adult Guardianship and Trusteeship Act* (Alberta) to make decisions on behalf of the adult patient when the adult patient lacks capacity.

Harm reduction means an evidence-informed and practical public health approach that aims to reduce the harms and negative consequences associated with certain behaviors. It is supportive and non-judgmental and accepts a guardian's right to make choices about the infant's sleep environment.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practises within scope or role.

Most responsible health practitioner means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by AHS to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Patient- and family-centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care, as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient- and family-centred care applies to patients of all ages and to all areas of health care.

Room-sharing means a sleep arrangement in which an infant sleeps in the same room as guardian(s), but on a separate sleep surface like a bassinet, cradle or crib. Room-sharing is recommended for the first six (6) months and up to the infant's first birthday.

Sudden Infant Death Syndrome (SIDS) means the sudden death of an infant less than one year of age, which remains unexplained after investigation, autopsy, examination of the death scene, and review of clinical history.

Supine (back) sleep means when an infant is placed on their back to sleep.

REFERENCES

- Alberta Health Services Governance Documents:
  - *Infant Positioning for Neonatal Care* Procedure (#PS-27-01)
- Alberta Health Services Resources:
  - *Key Safe Infant Sleep Messages for Parents from Alberta Health Services Healthy Parents, Healthy Children Safe Sleep for the Baby's First Year* (Print and Online Resources, Printable, Safe Sleep Tool, How to Safely Swaddle Your Baby Video)
  - *Safe Infant Sleep* (AHS External Webpage)
  - *Safe Infant Sleep* Bookmark (AHS External Webpage)
  - *Safe Infant Sleep* Learning Module (MyLearningLink and Primary Health Care Education Portal)
- Non-Alberta Health Services Documents:
  - *Joint Statement on Safe Sleep Preventing Sudden Infant Deaths in Canada* (Public Health Agency of Canada)
  - *Perinatal Health Indicators for Canada 2017* (Canadian Perinatal Surveillance System, Public Health Agency of Canada)
  - *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment* (American Academy of Pediatrics)