

## TITLE

**SAFE INFANT SLEEP**SCOPE

Provincial

## DOCUMENT #

PS-27

## APPROVAL LEVEL

Executive Vice-President

## INITIAL EFFECTIVE DATE

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## SPONSOR

Senior Medical Officer of Health

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April 18, 2016

## CATEGORY

Patient Safety

## SCHEDULED REVIEW DATE

February 9, 2019

**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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If you have any questions or comments regarding the information in this policy, please contact the Policy & Forms Department at [policy@albertahealthservices.ca](mailto:policy@albertahealthservices.ca). The Policy & Forms website is the official source of current approved policies, procedures, directives, and practice support documents.

**PURPOSE**

The purpose of this policy is to facilitate consistent:

- safe infant sleep practices and environments across the maternal/infant continuum of care services within Alberta Health Services; and
- provision of key messages, recommendations and role modeling regarding safe infant sleep practices by **health care professionals** who shall support and engage **parents/guardians** in decision making about the health of their child.

**POLICY STATEMENT**

To achieve the ultimate goal of reducing infant injury or death during sleep-related circumstances in infants under one (1) year of age, Alberta Health Services health care professionals shall consistently:

- promote and provide safe infant sleep environments and practices; and
- inform all parent(s)/guardian(s) of infants under one (1) year of age of the Alberta Health Services key messages regarding safe infant sleep.

**APPLICABILITY**

Compliance with this policy 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).

Health professionals providing care to infants in Neonatal Critical Care Units should follow the *Infant Positioning for Neonatal Care* Protocol for developmental care, positioning and transition to supine sleep.

## POLICY ELEMENTS

### 1. Safe Infant Sleep Environments Shall be Provided in all Alberta Health Services Facilities and Encouraged in Community and Home Settings

- 1.1 To facilitate safety, Alberta Health Services shall provide an infant bassinet/crib and linen to all inpatient infants under one (1) year of age.
- 1.2 A safe infant sleep environment includes one (1) bassinet/crib with a firm, flat mattress that is in good condition and fits snugly into the bassinet/crib, with a tight-fitting bottom sheet for each infant.
  - a) No positioning devices shall be used unless medically indicated, with documented rationale, by the **most responsible health practitioner**. Positioning devices include, but are not limited to, items such as wedges, rolled-up towels and heavy blankets.
  - b) To prevent overheating, avoid use of heavy blankets. Light blankets, if used, should be firmly tucked in under the mattress, reaching only to the infant's chest.
    - (i) A hat may be used to cover the infant's head until the infant's temperature is stabilized.
  - c) The crib should 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 and other soft surfaces such as sofas or upholstered chairs, in hospital or at home, are not safe surfaces for infants to sleep on when the parent is also sleeping or unable to supervise.
  - e) Due to identified risks, **bed-sharing** with infants under one (1) year of age with adults or children of any age is not endorsed by Alberta Health Services.

**Note:** Explain the policy to parent(s)/guardian(s) if needed and outline the increased risks of **sudden unexpected infant death** (see Appendix A: *Key Safe Infant Sleep Messages for Parents from Alberta Health Services Safe Sleep for the Baby's First Year Brochure*).
- 1.3 **Room-sharing** for sleep is recommended to support attachment, feeding and care as appropriate.

## 2. Sleep Positioning

- 2.1 All infants under one (1) year of age shall be placed on their backs to sleep unless determined to be medically contraindicated by the most responsible health practitioner.
- 2.2 If **supine sleep** is medically contraindicated, rationale and orders for alternate sleep positioning shall be documented in the **patient's health record** by the most responsible health practitioner.
- a) A plan for transition to supine sleep shall be built into care plans:
- (i) transition to supine sleep shall be based on infant cues and developmental age; and
- (ii) transition to supine sleep of pre-term infants shall take place by 37 weeks of **corrected age** when possible and significantly prior to discharge, unless medically contraindicated with documented rationale, to allow for role modeling, education and parent adjustment.
- 2.3 When children are developmentally able to roll on their own with purpose (approximately six [6] months of age), continue to put them on their back to sleep. There is no need to re-position (unless medically indicated) if they can roll on their own with purpose.

## 3. Action for If a Parent Chooses a Sleep Position or Location Different from Recommendations

- 3.1 Parent Education
- a) If parent(s)/guardian(s) choose a sleep option or sleep position for their infant in an **Alberta Health Services setting** that does not comply with this policy, the health care professional shall document on the patient's health record (infant and/or parent[s]/guardian[s] health record, whoever is currently admitted as a patient) while providing parent(s)/guardian(s) with further education on the risks and potential consequences associated with that decision.
- (i) Repeat instructions and recommendations until parent(s)/guardian(s) have indicated they have made an informed decision about where their baby will sleep. Record on the health record following local clinical guidelines regarding documentation.
- 3.2 Documentation
- a) Document the following on the patient's health record:
- (i) assessment findings and guidance;

- (ii) detailed discussions with parent(s)/guardian(s) regarding recommended sleep environments and positioning, along with risks and consequences of not following the same;
- (iii) any decision by parent(s)/guardian(s) to not follow policy recommendations; and
- (iv) referrals.

#### 4. Support Safe Infant Sleep Key Messages Through Education and Modeling in Alberta Health Services Facilities and the Community

- 4.1 Health care professionals shall engage and support parent(s)/guardian(s) in decision making about the care for their child by offering complete and evidence-based information. Families have a vital role to play in the health and well-being of their family members. Recognizing and respecting this fact is consistent with family-centred care and improves follow through with Alberta Health Services recommendations.
- 4.2 Health care professionals shall routinely address key messages for safe infant sleep practices and environments with the parent(s)/guardian(s) at pre-conception, prenatally, upon baby's birth and at home or during a community contact. (See Appendix A: *Key Safe Infant Sleep Messages for Parents from Alberta Health Services Safe Sleep for the Baby's First Year Brochure.*)
- 4.3 The key messages on safe infant sleep from *Key Safe Infant Sleep Messages for Parents from Alberta Health Services Safe Sleep for the Baby's First Year Brochure* (see Appendix A of this document) shall be provided to all parent(s)/guardian(s) prior to discharge and/or as soon as possible once immediate patient needs are addressed during initial postpartum contacts by public health nurses. Document according to local program guidelines.
- 4.4 When providing the key messages for safe infant sleep, health care professionals shall:
  - a) provide messages in a sensitive manner;
  - b) acknowledge cultural influences and be aware of barriers, such as parental cognitive abilities and socioeconomic factors, that may guide parental decisions regarding their infant's sleeping position and bed-sharing;
  - c) provide referrals to local supports and services for parents/guardians unable to afford safe infant sleeping environments for their baby;
  - d) provide interpretation and translation (where possible) of key messages for non-English-speaking patients;
  - e) promote attachment behaviours when parents are awake; and

- f) encourage and support parent(s)/guardian(s) self-care (i.e., strategies for adequate sleep, coping with infant crying, support for feeding and care).

## 5. Staff Education

- 5.1 It is expected that safe infant sleep information shall be provided to all appropriate staff in orientation and through ongoing staff education using developed tools (for example the *Safe Infant Sleep Policy Webinar* and/or the *Alberta Perinatal Health Program's Alberta Perinatal Professionals Electronic Library (APPEL) Online Learning Module*).

## DEFINITIONS

**Alberta Health Services setting** means any environment where treatment/procedure(s) and other health services are delivered by, on behalf of or in conjunction with Alberta Health Services.

**Bed-sharing** means an infant under one (1) year of age and at least one other person are sleeping together on the same sleep surface (bed, sofa, reclining chair, temporary bedding, etc.).

**Corrected age** means the chronological age, reduced by the number of weeks born before 40 weeks of gestation; the term should be used only for children up to three (3) years of age who were born preterm.

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

**Health record** means the Alberta Health Services legal record of the patient's diagnostic, treatment and care information.

**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 Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of his/her practice.

**Parent** means the adult guardian of a child, with the legal authority to make decisions on behalf of the minor, in accordance with the *Family Law Act* (Alberta).

**Patient** means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

**Room-sharing** means a baby is sleeping in the same room as the parent(s) but on separate sleep surfaces.

**Sudden unexpected infant death (SUID)** means the sudden and unexpected death of an otherwise healthy infant, under one (1) year of age, during sleep-related circumstances. Also

commonly referred to as 'SIDS', 'SUDI' (viz. sudden infant death syndrome or sudden unexpected death in infancy).

**Supine sleep** means sleeping on the back or with the face upward.

## REFERENCES

- Appendix A: *Key Safe Infant Sleep Messages from Alberta Health Services Safe Sleep for the Baby's First Year*
- Alberta Health Services Governance Document:
  - *Infant Positioning for Neonatal Care Protocol*
- Alberta Health Services Resources:
  - *Alberta Perinatal Health Program's Alberta Perinatal Professionals Electronic Library (APPEL) Online Learning Module*
  - *FAQs on the Safe Infant Sleep Policy for AHS Health Care Professionals*
  - *Safe Infant Sleep Educational Webinar – The Issues of Safe Infant Sleep*
  - *Safe Infant Sleep Policy Webinar*

## VERSION HISTORY

Date	Action Taken
Sept 23, 2013	Initial Approval Date
January 20, 2014	Initial Effective Date
April 18, 2016	Revision Effective Date
February 9, 2019	Scheduled for Review

## APPENDIX A

### Key Safe Infant Sleep Messages for Parents from Alberta Health Services *Safe Sleep for the Baby's First Year Brochure*

1. Always put babies on their back to sleep for every sleep.
2. Choose a safe place.
  - Babies need a firm, flat, uncluttered sleep surface.
  - The safest place for a baby to sleep is in a crib, cradle or bassinet that meets Canadian government safety standards and has been assembled and used according to manufacturer's instructions.
  - Bumper pads are not recommended (see brochure for additional items to avoid).
3. Room-sharing is recommended until baby is at least six (6) months old. Room-sharing means parents and baby share a room but each have their own separate sleep surface.
4. Prevent overheating.
  - Keep baby warm, not hot. Room temperature should be comfortable for adults in light clothing.
  - Instead of heavy blankets, use well-fitting, warm, one-piece sleepers.
  - If a light blanket is used, it should be tucked firmly in at the end of the mattress, reaching only to the baby's chest.
  - Overheating increases the risk for sudden infant death syndrome (or SIDS).
5. Protect babies from second-hand smoke before and after birth whether at home, during travel or with other caregivers. Exposure to second-hand smoke greatly increases the risk of SIDS.
6. Breastfeeding helps protect babies from illness and SIDS. Room-sharing facilitates night time feeding by keeping baby close without the risks of bed-sharing.
7. Bed-sharing in all its forms has risks.
  - Risks increase with parents who smoke, or have consumed alcohol, drugs (including street, over-the-counter and prescription), or are overtired.
  - Adult beds, children's beds and soft surfaces like sofas or upholstered chairs are not safe for infant sleep. Babies can fall, be strangled or suffocate if they get trapped in cracks, or under bedding or another person.

- If parents decide to bed-share despite the risks, they should be counselled on how to reduce the risks, however it should be clear that while these measures might reduce the risk, it does not make bed-sharing safe and therefore is not recommended. The safest place for a baby to sleep is in a crib, cradle or bassinet (as above).
- Bed-sharing is not recommended by Alberta Health Services, Public Health Agency of Canada, or the Canadian Paediatric Society.