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Safe Sleep Practices Program



DEVELOPED BY:

First Candle/National Sudden Unexpected Infant/Child Death & Pregnancy Loss
Program Support Center in collaboration with Bright Horizons Family Solutions

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Safe Sleep Practices at Bright Horizons

At the core of Bright Horizons' mission is providing the safest and healthiest environment for children in our care. Since 2010, Bright Horizons has been partnering with First Candle to develop safe sleep training programs and materials to educate our center staff and the families who rely on us.

First Candle is one of the nation's leading nonprofit organizations dedicated to safe pregnancies and the survival of babies through the first years of life. Their current priority is to eliminate stillbirth, Sudden Infant Death Syndrome (SIDS) and other Sudden Unexpected Infant Deaths (SUID) through programs of research, education, and advocacy.

Learning About Sudden Infant Death Syndrome and Its Risks

What is Sudden Infant Death Syndrome (SIDS)?

SIDS is the sudden and unexpected death of a seemingly healthy baby 12 months or younger that remains unexplained after a thorough case investigation. Before a baby's death can be attributed to SIDS, all other possible causes of death are ruled out. This process takes into account autopsy findings, the results of an investigation of the place where the baby died, and a review of the baby's and his family's medical history. Although SIDS is a much researched subject, there are no definite answers to what exactly causes SIDS. To date, there is no way to predict which babies will die from SIDS.

Research indicates that SIDS occurs silently and infants are reported to have not made a sound at the time of death. Some people have been in the same room at the same time that a SIDS death has occurred and did not hear the baby struggle. SIDS infants do not appear to suffer any pain or distress.

SIDS Facts

- SIDS cannot be predicted or prevented
- 91% of SIDS deaths occur between one and six months of age, with the highest incidence between two and four months
- There is a higher incidence among male infants (60% of cases)
- The risk is 2.5 times higher for African-American infants than for white infants
- The risk is 3 times higher in some Native American communities
- SIDS occurs rapidly during a period of sleep
- SIDS victims do not display any outward signs of distress or suffering
- SIDS is silent; victims are reported to not have made a sound at the time of death

Modifying the Risk of SIDS

Even though the exact cause of SIDS has not been identified and SIDS cannot yet entirely be prevented, there are ways to lower the risk. Bright Horizons has based its Safe Sleep Practices and Procedures on the recommendations of The American Academy of Pediatrics:

- *A baby must always be placed on his/her **back to sleep**.*
The back sleep position (supine position) is the safest, and every sleep counts – naptime, bedtime, anytime.
- *The baby's sleep surface must be **firm**, such as a safety approved snug-fitting crib mattress covered by a fitted sheet.* The baby should **never** be placed to sleep on pillows, quilts, sheepskins, or other soft surfaces.
- **No** soft objects, toys, or loose bedding should be used or placed in the baby's sleep area. Excess bedding and fluffy blankets, comforters, pillows, toys, and stuffed animals can impair the baby's ability to breathe if these items cover the face.

Back Sleeping (Supine) is the SAFEST

- Less potential for CO² (Carbon Dioxide) re-breathing
- Infant is easily roused from sleep
- Less "burrowing" and moving around sleep area
- Jaw is less likely to block airway
- Better airway/cardiovascular mechanisms
- Less compression of vertebral arteries
- Most babies on their backs will lie with their head to the left or right side without assistance

Side Sleeping is NOT ACCEPTABLE

- Side sleepers have a two-fold greater risk for SIDS
- It's easier for side sleepers to accidentally roll onto their stomachs
- Side sleeping is **not** safe

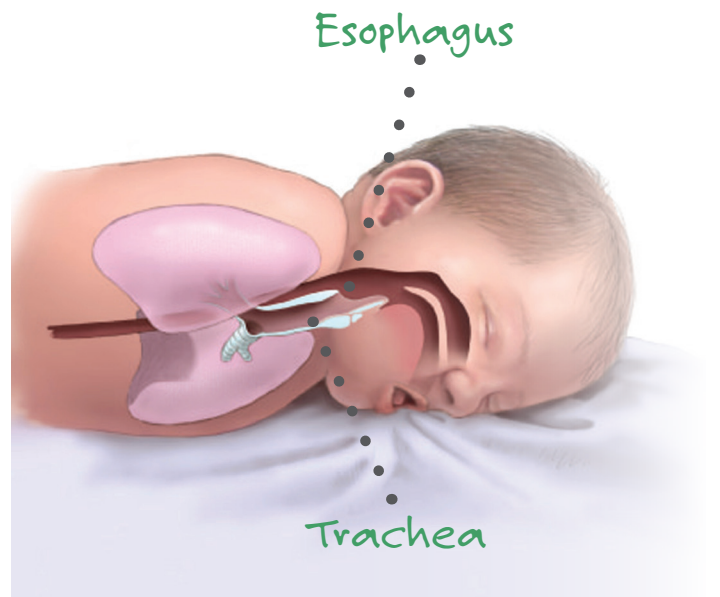
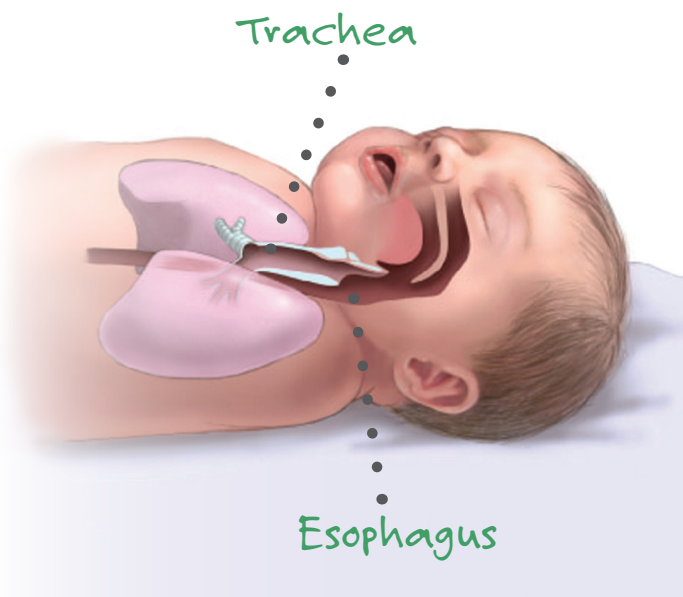
Misconceptions and Common Concerns About Back Sleeping

Very often, parents and teachers will express objections to placing children on their back to sleep. The number one reason is the fear that children will choke or aspirate (breathe in) their spit-up or vomit. The risk of this is low. In the supine position (on their backs), the trachea (the breathing tube) lies on top of the esophagus (the swallowing tube). Anything regurgitated or refluxed from the esophagus has to go against gravity to be aspirated into the trachea. The opposite is true when the baby is in the prone position (on his tummy). Anything regurgitated or refluxed will pool at the opening of the trachea, making it much easier for the baby to aspirate.

Another misconception is that babies sleep “better” (more deeply) and feel most comfortable when they are on their stomachs. However, because back-sleeping babies are more easily aroused from sleep,

the position is safest in reducing the risk of SIDS. Studies have shown that since almost 70% of parents have begun placing babies on their backs to sleep, SIDS deaths have decreased significantly – by more than 50%.

Some parents and teachers are concerned that the baby will get a flat head or a bald spot if the baby sleeps on the back. This is why it’s important to ensure that babies have supervised tummy time when they’re awake. Supervised tummy time promotes healthy physical development, the opportunity for babies to learn to lift and turn their heads, exercise their bodies, and to strengthen the neck, arm, and shoulder muscles. Under a watchful eye, tummy time helps babies reach their developmental milestones of rolling over and sitting up at the recommended time.



Bright Horizons' Safe Sleep Policies and Procedures

Infant Sleep Position

At Bright Horizons, **all infants will be put to sleep on their backs**. In some cases, babies who have a signed authorization from **both** parents and a physician may be an exception (but only in states where licensing provides such an exception). For these exceptional cases, the signed release (from parents and physician) must be placed in the child's file.

Once children start rolling over on their own, even though they are first placed on their back at the start of sleep, they may roll over on their stomachs during sleep. As long as you first properly positioned the child on his back, you do not need to adjust the child if he rolls to a new position. In fact, repositioning is not recommended.

Bright Horizons Policies and Procedures

- Infant Sleep Position
 - ◆ Supervision While Sleeping
 - ◆ Crib Furnishings
- Supervised Tummy Time

- All babies are positioned for sleep on their backs
- Babies who have reached the developmental milestone of rolling over on their own from back to front should **not** be repositioned during sleep

Supervision While Sleeping

It is Bright Horizons' policy that when children are sleeping, at least one caregiver in a room must position herself so that she can easily see all sleeping children at all times. This means that if some children are not in the direct line of sight, the caregiver need only adjust her own position slightly in order to see each child.

In addition, at a minimum of every 20 minutes, caregivers need to physically check sleeping infants, toddlers, and twos by standing near their crib/mat and looking directly at them. But remember, checking on a child should not disturb his sleep. If you're putting a child down to sleep or helping one who's awake, use that opportunity to make additional checks on sleeping children. Finally, note your sleep observations on the infant sleep check form.

- Check on sleeping children every 20 minutes
- Stand next to each child's sleeping area
- Look directly at each sleeping child
- Do not disturb sleeping children
- Note your completed sleep check on the infant sleep check form



Crib Furnishings

At Bright Horizons, for children 12 months and younger, pillows, quilts, comforters, sheep skins, stuffed toys, bumper pads, and other soft products are not allowed in the cribs. If parents insist on providing a blanket or soft item for their child's crib, parents/guardians must sign a release form (where the exception is allowed by state licensing). Pillows are never allowed.

Babies can sleep in blanket sleepers or sleep sacs (the *Parent/Guardian Release and Indemnity Agreement: Infant Crib Materials* is required for all items mentioned in this paragraph). If a thin blanket has been authorized for the baby, caregivers must use the "FEET to FOOT" method. The baby is placed in the bed with his feet next to the foot of the bed. Then, the light blanket is tucked under on the three sides of the snug-fitting crib mattress.

Supervised Tummy Time

Bright Horizons regards supervised tummy time as crucial for babies to develop upper body strength. Babies who have gotten used to lying on their backs may not initially enjoy spending time on their bellies. For this reason, we recommend starting babies out with short tummy time sessions, only three to five minutes at a time, two to three times a day.

The caregiver should sit on the floor and interact with the baby. If a baby falls asleep while on his tummy, move the baby to his crib as soon as possible, placing him on his back to continue sleeping.



Supervised Tummy Time

- Promotes healthy physical and brain development
- Strengthens neck, arm, and shoulder muscles
- Decreases risk of head flattening and bald spots
- Encourages bonding and play between the supervising adult and the baby
- Start with short sessions (3-5 minutes) and build up
- Caregiver sits on the floor with the baby
- If the baby falls asleep during tummy time, move and place the baby in a crib on her back as soon as possible

Handling Parental Concerns and Infant Sleeping Position Release

Bright Horizons has a policy statement which clearly says that all infants will be placed on their backs to sleep (see Policy on Infant Sleep Position and Crib Furnishings). But even with our stated rule, some parents will request to have their babies positioned for sleep on their tummy or side or with rolled-up blankets, wedges, etc. Remember, at Bright Horizons, we value our partnerships with parents in caring for their children, but at our core, we are guided by what is in the best interest of the children in our care by implementing the safest practices. While it may feel very uncomfortable for teachers and caregivers not to accommodate parents' wishes in this case, we must keep child safety at the top of our minds.

When parents bring up an alternative sleep position, it poses the perfect opportunity to discuss Bright Horizons' "Back to Sleep Policy" and reducing the risk of SIDS – both at the center and at home. By positively explaining our policy, Bright Horizons is making a very powerful statement about how we always put safety first.

However, in some cases, there may be an extenuating medical reason why the parent is making the alternative sleep position request. This situation requires two forms of approval. The infant's parents/guardians and pediatrician must sign the *Parent/Guardian Release and Indemnity Agreement: Infant Sleeping Position*. The director of the center must be notified right away about any notes and agreements signed and delivered for this situation. Keep all signed notes and agreements in the child's medical file. In addition, all caregivers, floaters, and substitutes that may care for the baby in this situation should be informed of the special circumstance immediately. Finally, a note must be posted on the crib of any child that is to be positioned differently than Back to Sleep.

Alternative Sleep Position for Medical Reasons

- Infant's parents/guardians and pediatrician are required to sign the *Parent/Guardian Release and Indemnity Agreement: Infant Sleeping Position*
- Keep signed release/agreement in infant's medical file
- All infant caregivers, floaters and substitutes must be informed of the special circumstance
- Post notice on infant's crib

Being Prepared for a Medical Emergency

Even with all the preventive measures we have discussed, babies still die of SIDS. Through awareness and training, the number of SIDS deaths has dropped dramatically, but more than 2,000 infants die from SIDS each year. Over 20 percent of those happen in a child care setting. Everyone at a Bright Horizons Center – teachers, floaters, substitutes, directors – should be prepared for a medical emergency.

20 percent of SIDS deaths occur in child care settings – BE PREPARED!

Bright Horizons staff members are encouraged (and in some states, required) to be trained in emergency first aid, and infant and child CPR. Emergency numbers should be posted by each telephone. If a center has a written emergency plan or checklist, it should be posted in a visible spot on the wall or near the crib area. All teachers and caregivers, including substitutes, should be trained to know the center's specific emergency procedures.

Where to Get More Information

- **First Candle**
1-800-221-7437 (SIDS) or www.firstcandle.org
- **Bright Horizons**
<https://mybrightweb.brighthouse.com> for Bright Horizons Policies and Procedures

How to Handle a Medical Emergency

- Know your center's emergency plan
- Review the plan with your coworkers regularly
- Be sure you have received training and have successfully practiced rescue breathing and skills for handling a blocked airway for infants in a first-aid course

Additional Resources

- **American Academy of Pediatrics (AAP)**
1-847-434-4000 or www.aap.org
- **Eunice Kennedy Shriver National Institute of Child Health and Human Development**
www.nichd.nih.gov
- **National Child Care Information and Technical Assistance Center**
1-800-616-2242 or <http://nccic.org>
- **National Resource Center for Health and Safety in Child Care**
1-800-598-KIDS or <http://nrckids.org>
- **National Training Institute for Child Care Health Consultants**
1-919-966-3780 or www.nti.unc.edu

Dedicated to the memory of
Greyson Casto



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