

American Academy  
of Pediatrics

Ohio Chapter



**Injury Prevention  
Initiatives**

# EASE MOC II: Module 1

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# SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment

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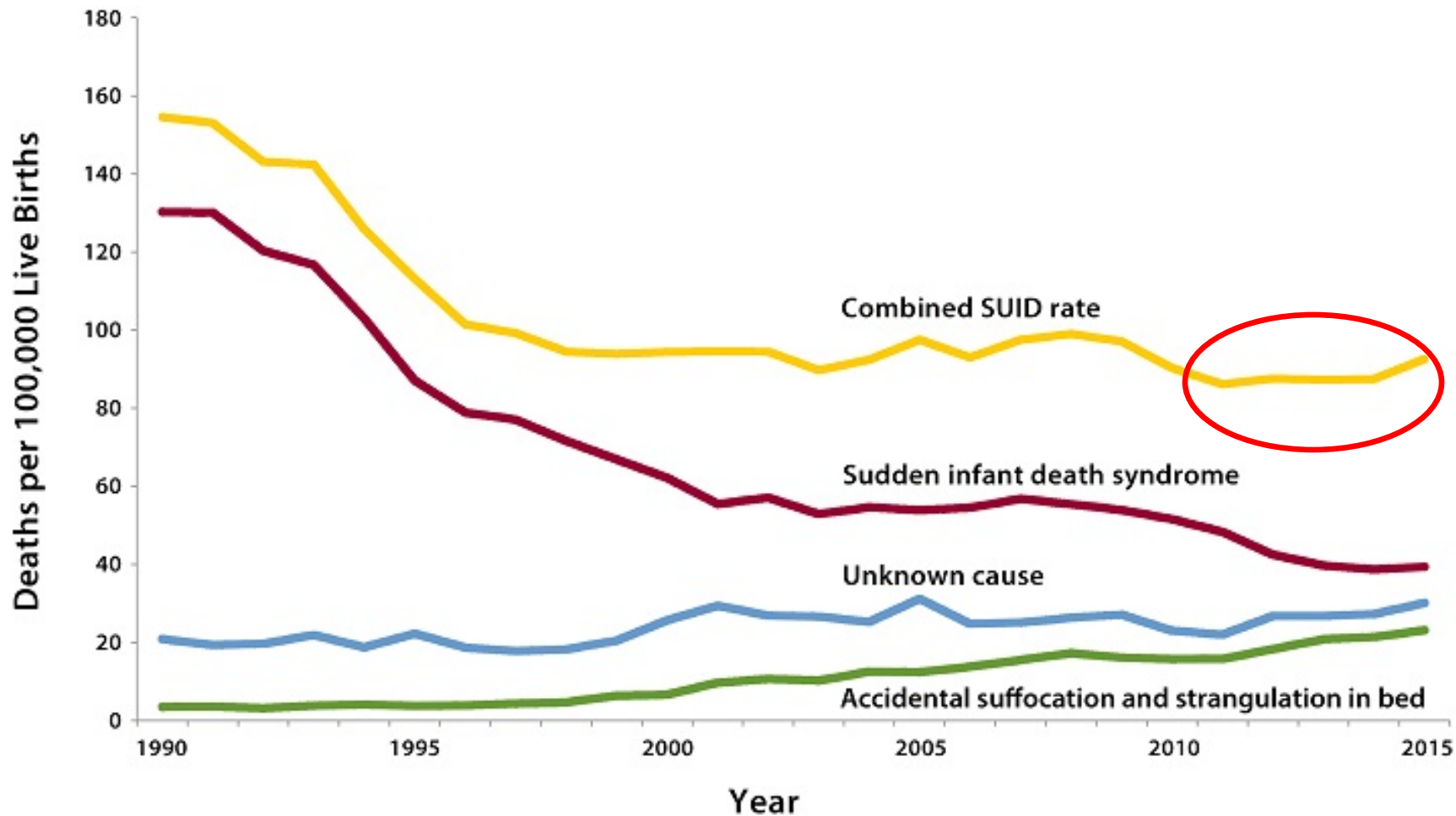
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# The Problem

- Approximately 3,500 infants die every year in the United States from sleep-related deaths
- Infant mortality rates from all sleep-related deaths (SUID) have plateaued in recent years



Source: CDC/NCHS, National Vital Statistics System,  
<https://www.cdc.gov/sids/data.htm>

# Sleep-related Infant Deaths

- SIDS:
  - Unexplained infant death after a thorough case investigation:
    - Scene investigation
    - Autopsy
    - Review of clinical history
- SUID:
  - Sudden and unexpected infant death that may be unexplained or explained after case investigation:
    - Suffocation
    - Asphyxia
    - Entrapment
    - Trauma (accidental or non-accidental)
    - Ingestion
    - Infection
    - Metabolic disease

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# History of Safe Sleep

- 1992: AAP recommended that all infants sleep on backs or sides to reduce SIDS
  - Statement revised in 1996
- 1994: NIH/NICHHD launched the “Back to Sleep” campaign to spread the message
- 2000, 2005: Revisions to AAP recommendations based on new research



# Latest Updates

- 2011: Expanded focus towards preventing sleep-related deaths for ALL infants, regardless of cause
  - SIDS vs. SUID
  - ABC's
- 2016: Newest recommendations
  - Reinforced importance of room-sharing



# The ABC's of Safe Sleep

- **ALONE**
  - Infant should sleep alone, in a separate sleep surface for EVERY sleep (nap and nighttime)
- **BACK**
  - Infant should be put on his/her back for EVERY sleep (not side or prone positions)
- **CRIB**
  - Infant should be placed in an empty crib for EVERY sleep



# A Few Exceptions...

- “...prone positioning during sleep can only be considered in infants with certain upper airway disorders in which the risk of death from GERD [gastroesophageal reflux disease] may outweigh the risk of SIDS.”
- Example: Unrepaired Type III/IV laryngeal clefts
- **Benign infant GERD and/or NG/OG feeds are not indications for alternate positions or crib elevations!!**

# Speaking of Prone Positions...

- “Tummy time” is important, too!
- Only when baby and caregiver awake and supervising
- Helps with minimizing risk of positional plagiocephaly and facilitating overall gross motor development of upper shoulder area



# What About Preterm Babies?

- They should be placed supine as soon as is possible
  - Typically by 32 weeks post-menstrual age
  - Important to acclimate to supine position prior to NICU discharge
- Increased risk of SIDS due to preterm birth
- Significant association between prone sleep position and preterm/VLBW infants

# Safe Sleep Environments

- Infants should sleep in locations that are free from extraneous items and that are CPSC-approved
- Examples include cribs, play-yards, and bassinets
- NO toys, bumpers, blankets, pillows, positioning devices, monitors or cords needed!!



# **“But My Baby Will Be Too Cold Without a Blanket!”**

- Studies have shown an association between SIDS and overheating
- Infant should be dressed appropriately for an environment, wearing no more than 1 layer more than an adult would wear to be comfortable
- Avoid head and face coverings and blankets
- Consider use of light swaddling in young infants (before baby starts to roll)

- Thank you for completing this module!
- Please remember to answer all of the test questions to earn credit for this month!

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## ABCs OF SAFE SLEEP

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