In Practice

An Update on Safe Infant Sleep

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Despite known modifiable risk factors, sleep-related infant deaths remain the leading cause of death for infants 1 to 12 months of age (Centers for Disease Control and Prevention [CDC], 2016). Although parents are often fearful and may be reluctant to discuss this topic, they rely on nurses and other health care providers to provide the information they need to keep their infants as safe as possible. *Sudden unexpected infant death* (SUID) is the term used in the literature for these deaths and includes sudden infant death syndrome (SIDS), accidental suffocation or strangulation in bed, and an ill-defined/unknown cause. The United States has one of the highest rates of SUID among developed nations (Taylor et al., 2015), with about 3,700 deaths in 2015 (CDC, 2016). This rate equates to approximately 10 infant deaths per day. Most of these deaths occur in unsafe sleep environments and are considered preventable (American Academy of Pediatrics [AAP], 2016; CDC, 2016).

Abstract In October 2016, the American Academy of Pediatrics published updated guidelines for safe infant sleep. Although there are no major changes to the recommendations, there are many small additions and clarifications important to the work of nurses. Topics addressed in this article include breastfeeding, skin-to-skin contact, swaddling, room-sharing, bed-sharing, new products, pacifiers, loose bedding, and sitting devices. It is important for nurses and other clinicians to model recommended behaviors with regard to safe infant sleep and to have conversations with parents and caregivers about safe infant sleep throughout the hospital stay. http://dx.doi.org/10.1016/j.nwh.2017.06.007

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In October 2016, the AAP published updated guidelines for safe infant sleep. These recommendations are for term infants starting at birth and for preterm infants once clinically stable, and they should be followed through the first year. This article highlights key changes to the guidelines' safe sleep recommendations. Although none of the overarching recommendations has changed substantially, the AAP offers clarification on many points, including guidance for parents facing challenges specific to bed-sharing. See Box 1 for the full list of 2016 AAP recommendations.

Positioning, Skin-to-Skin Contact, and Swaddling

Back-only positioning remains the highest-priority safe sleep recommendation, including for hospitalized preterm newborns, once physiologically stable. Skin-to-skin contact is safe and recommended, ideally starting immediately after birth if the mother is awake, stable, and monitored. Once the mother becomes sleepy, however, or is distracted with other tasks, her newborn should be placed supine in the bassinet.

Swaddling can be an effective way to calm a fussy infant and encourage supine sleep. It is considered safe *if done correctly* (see Box 2).

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This includes supine positioning, using a thin blanket, and careful wrapping. The blanket should not be so tight as to restrict breathing or place undue pressure on the hips, not so loose that the infant can wiggle free of the swaddle and become covered with the blanket, and wrapped no higher than shoulder level. Swaddling should be discontinued once the infant is showing signs of wanting to roll over, often as early as 2 months. Commercial swaddle sacks are acceptable. Swaddling has not been found to decrease the risk of SUID (Moon & Task Force on Sudden Infant Death Syndrome, 2016).

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Breastfeeding

Breastfeeding is protective and continues to be strongly encouraged, because it reduces the risk of SUID by up to 50%. Exclusive breastfeeding is best, but even some breastfeeding offers protection. Breastfeeding has become a higher priority on the 2016 list of safe sleep recommendations.

Room-Sharing, Bed-Sharing, and Solitary Sleep

Room-sharing is protective and safer than solitary sleep and bed-sharing. Room-sharing reduces the risk for SUID by 50% and provides many of the same benefits of bed-sharing. It is recommended for at least the first 6 months, preferably the first year. This is a change from the previous recommendation of a full year. There is now some evidence suggesting there might be negative consequences of room-sharing, such as on sleep quality and bedtime routines after 6 months (Moon & Hauck, 2017; Paul et al., 2017).

Bed-sharing is defined as sleeping together on any sleep surface such as an adult bed, couch, or recliner (AAP, 2016). This continues to be a highly controversial topic because of the practical reality of exhausted parents who need to feed their infant at night *somewhere* and the conflicting research that has shown benefits to bed-sharing for breastfeeding, comforting, and bonding. Although most researchers agree that the risks of bed-sharing outweigh the benefits, parents have been left with a confusing mix of advice. Further, research has shown that although some parents will purposefully bed-share, many will inadvertently bed-share, often in very unsafe locations, such as on a couch or recliner (AAP, 2016; Krouse et al., 2012; Smith et al., 2016).

The AAP continues to advise against bed-sharing; however, there is now an acknowledgement of the challenges many parents face. The following guidelines are for all parents, whether they are planning to bed-share or not:

- Feeding a baby at night in an adult bed is safer than on a couch or recliner, both of which are extremely dangerous.
- If feeding in a bed, keep all blankets, sheets, comforters, and pillows away from the baby to prevent accidental suffocation or overheating.

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