



Priority #1 Safety



Understanding the Risks Sitting and Carrying Devices Pose to Safe Infant Sleep

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In 2011, the American Academy of Pediatrics (AAP) expanded its recommendations for a safe sleep environment for infants. Included in this statement was the recommendation to use a firm sleep surface without loose bedding to reduce the risk of sudden unexpected infant death (SUID) and suffocation. Caregivers were advised to avoid the use of sitting devices such as car seats, strollers, swings, carriers, and infant slings for routine sleep.

Much has been accomplished since the first recommendations in 1992, when the AAP instructed caregivers to place infants on their backs to sleep. Today there is a better understanding of what constitutes a safe sleep environment for infants. Although many health care providers associate safe sleep only with beds or cribs, a multitude of devices are available in

Abstract There have been various campaigns and recommendations to decrease the incidence of sudden unexpected infant death. Despite this, caregivers continue to place infants in unsafe sleeping environments. These environments, such as sitting devices, slings, carriers, and car seats, pose a significant risk to an infant's safety because of the risk from suffocation and cardiorespiratory instability. It is important for health care providers to understand the appropriate use of car seats, slings, and other sitting devices, to model appropriate behaviors, and to educate parents and caregivers. All parents, hospital staff, and other caregivers should understand the potential dangers associated with the inappropriate use of sitting devices for routine sleep. <http://dx.doi.org/10.1016/j.nwh.2017.04.006>

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which an infant often may fall asleep, such as sitting devices, slings, carriers, and car seats. However, these devices can place infants at risk of death if used for routine sleep. It is vital that health care providers and infant caregivers understand the difference between appropriate and inappropriate uses of sitting and carrying

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devices. Health care staff in inpatient facilities, outpatient facilities, and daycare environments should model appropriate behaviors related to safe sleep (see Box 1).

About SUID

SUID accounts for about 3,500 deaths each year (Centers for Disease Control and Prevention [CDC], 2016). SUID is defined as the death of an infant younger than 1 year of age, with the cause of death not immediately known (CDC, 2016). The updated AAP recommendations related to safe sleep highlight the importance of the health care provider as a key role model for parents and infant caregivers (2016).

According to the CDC (2016), most cases of SUID are reported as one of three types: (a) sudden infant death syndrome (SIDS), (b) unknown cause, and (c) accidental suffocation and strangulation during sleep. SIDS refers to deaths that cannot be explained after a thorough investigation has been performed. In 2014, approximately 44% of SUID deaths were classified as SIDS and 31% as unknown cause after an investigation was performed (CDC, 2016). Although deaths classified as unknown cause cannot be explained, they are not consistent with, or do not meet the criteria for, a diagnosis of SIDS.

Accidental suffocation and strangulation, the third category, accounted for 25% of SUID cases and can potentially be linked to common sitting and carrying devices. This occurs while an infant is asleep and some form of suffocation or strangulation occurs. Mechanisms that lead to accidental suffocation include suffocation by soft bedding, overlay, or when another person rolls on top of or against the infant while sleeping. Also, strangulation from straps on sitting devices or crib railings around an infant's head and neck can lead to a fatal event. Risks of sleeping in sitting or carrying devices are likely associated with the infant's position potentially causing obstructive apnea or airway occlusion. Researchers have found decreases in oxygen saturation in small studies of sleeping children in car seats (McIntosh, Tonkin, & Gunn, 2013; Nagase, Yonetani, Uetani, & Nakamura, 2002).

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