

Practicing Healthy Infant Sleep Environments (PHISE) – Educator’s Guide

Why practice healthy infant sleep? **To reduce the risk of SUID, which includes SIDS and other sleep-related deaths.**

What is SUID? SUID stands for Sudden Unexpected Infant Death. It is the death of a child under the age of 1 that can not be explained by medical reasons or an obvious accident. SUID deaths can be from unknown or ill-defined causes, SIDS, or sleep-related deaths, also known as Accidental Suffocation/Strangulation in Bed (ASSB).

What is SIDS? SIDS stands for Sudden Infant Death Syndrome and has also been known as **crib death**. It is the **unexpected, sudden** death of a child **under age 1**, that even a **thorough investigation cannot explain**. SIDS is a subset of SUID.

What are other sleep-related deaths (ASSB)? These are **accidents** that can occur **while a child sleeps** that usually have to do with **restricting** a child’s ability to **breathe**. It is included under SUID because the circumstances of these kinds of accidents can not always be determined, even after a thorough investigation. It includes overlay, wedging, and positional asphyxia. Overlay occurs when an infant is sleeping on the same sleep surface as another person (adult, child, or even pet) and that person (or part of that person) overlays the infant, causing the infant to be unable to breathe. Wedging is when an infant gets caught between their sleep surface and another object: for example, between a mattress and the wall, or between an ill-fitting crib mattress and the side of the crib. Positional Asphyxia is suffocation due to the blocking of the child’s airways, usually due to objects in their sleep environment like blankets, pillows, stuffed toys and other soft materials.

These kinds of deaths can also happen to children over the age of one; in those cases it is referred to as SUDC: Sudden Unexpected Death of a Child.

What causes SIDS? Although the actual cause of SIDS is still unknown, **scientists** believe that it may be the result of a combination of three things:

- 1) **Arousal (ability to wake up):** Some children are born with less of an ability to wake up when unable to breathe than others. These children are considered **“vulnerable”** but it is not a guarantee that they will die from SIDS. It just means they are **more at risk**. There is currently no test a parent can have done on their baby to know if he or she is “vulnerable.”
- 2) **Time:** SIDS only affects children under one year old; it is especially likely to occur when a child is between 1 and 4 months old. This is considered a **“critical developmental period.”**
- 3) **Outside factors:** things like the sleep environment as well as daily practices not necessarily even associated with sleeping. This is the only way we can try to prevent SUID: a child’s genes or age cannot be changed, but we can practice healthy infant sleep environments and take other precautions.



The Triple Risk Model of SIDS

Below are the Healthy Infant Sleep guidelines as developed by the American Academy of Pediatrics. **These are the guidelines the student's posters should represent.**

- **Supine sleep position:** Place infants on their **backs to sleep, every time they sleep**. Since the Back to Sleep campaign initiated in 1992 sleep related deaths decreased nearly 40 percent!
- **Firm sleep surface:** use the mattress that came with the crib, and **only** that mattress. Using extra mattresses/blankets/pillows for baby's sleep surface may seem more comfortable for baby but is actually more dangerous.
- Caregiver and infant **share bedroom:** put the crib in the parent or guardian's room so they can be responsive to the child's needs.
- Infant has own sleep area; **no bed-sharing:** parents should never sleep with their babies, they can roll over onto the baby or they can lay a limb over the baby's face. Lots of parents think that they can control what they do while the sleep with their baby, but every parent agrees that raising an infant is exhausting. The more tired you are the more likely you are to move in your sleep, and let's not forget that baby can move in his or her sleep too, even further complicating the matter.
- Avoid bed-sharing of twins: Every child should have their own place to sleep, even twins.
- **Keep soft objects/loose bedding out of sleep area: Never cover a baby's face or head while they are sleeping.** Instead of a blanket use comfy one-piece sleepers (or "onesies") to keep baby warm;

pull stuffed animals, pillows, and any other object that might be in baby's crib out when it is time for baby to go to sleep. The crib may not be as pretty but it will be safer. You can jazz up baby's sleep environment by using colorful sheets and having a pretty, securely mounted mobile.

- **Avoid smoke exposure:** smoking is unhealthy for everyone but especially for babies. Their lungs are a lot smaller than adults' lungs so a little bit of smoke hurts them much worse than it would an adult. If caregivers insist on smoking they should do so outside the baby's home (not just outside their bedroom) and never around the baby, even if the baby is outside as well. Caregivers who smoke should also refrain from smoking in cars in which the infant travels. Smokers should also wash their hands and faces after smoking and remove garments that were smoke-exposed before handling baby. This way baby will be completely smoke free!

- **Avoid overheating:** keep an eye on the thermostat! If the room is uncomfortably warm for you it is dangerously warm for an infant. Remember their bodies are smaller so they can't handle extremes of temperature they way older children and adults can.

- **Avoid** the use of devices such as: bumpers, wedges, positioners, etc. Just because it is advertised to prevent SIDS does not mean it will; no product currently exists on the market that has been proven to prevent infant death and in fact many of those same products have actually been a contributing factor in cases of infant death.

- **Don't use home heart monitors or breathing devices:** they may say they prevent SIDS but it has not been scientifically proven; what has been shown is that babies can get tangled up in these objects which can lead to strangulation. Only use monitors/breathing devices as directed by your doctor.

- Consider using a pacifier: **offer the baby a pacifier** but if baby does not want it, that's ok. Never force a pacifier into a baby's mouth!

- Practice supervised, awake "**tummy time**" several times through out the day. No set amount of time has been deemed appropriate, but some sources suggest letting the baby stay on his or her tummy for as long as he or she will tolerate it. There's no need to enforce a strict tummy time regimen and once baby starts to cry, he or she should be picked up. Some resistance to tummy time is normal, but over time the infant will become more agreeable to it. Practice tummy time by placing baby on a clean floor on his or her stomach; then watch as they develop their neck and back muscles. Tummy time also helps prevent malformations of the skull, which was the reason infants were placed on their stomachs or sides to sleep in the past.

- **Breastfeeding:** breastfeed baby for as long as possible as the enzymes passed from mother to child may have a protective effect on infants while they sleep.

- Healthcare: babies should go to **every well-child visit** recommended by their doctor (usually one after coming home from the hospital, then one at 2 months, 4 months, 6 months, 9 months and 12 months) and **get baby immunized**. Immunizations have been shown to also have a protective effect on infants while they sleep.