SCNJ
Sudden Infant Death Syndrome
Center of New Jersey

Safe Infant Sleep Checklist-Annotated Version

Introduction

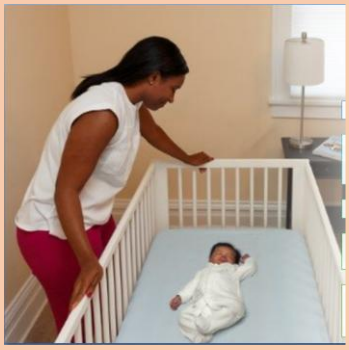
The goal of a safe sleep environment for infants from birth to 12 months is to reduce the risk of a Sudden Unexpected Infant Death (SUID), including sudden infant death syndrome (SIDS) and accidental suffocation and strangulation in bed. Risk reduction can be achieved by following the evidence-based guidelines of the American Academy of Pediatrics.

The purpose of this checklist is to assess and discuss the infant's sleep environment. The information obtained can serve as a basis for discussing safe sleep recommendations.

This checklist was prepared by the SIDS Center of New Jersey (SCNJ) and annotated based on the newest (2022) risk reduction guidelines (https://doi.org/10.1542/peds.2022-057990) of the of the American Academy of Pediatrics (AAP) Task Force on SIDS.

Providers using this checklist should be knowledgeable about the AAP guidelines.

Families should further discuss the safe sleep guidelines with the infant's health care provider. Rarely, the physician may modify guidance based on a health condition.



Directions

1. Indicate date of birth, date of interview, age of infant in months and weeks, and ability of the infant to roll over. For some questions, information can be obtained by observation as well as by interview. All information can guide your discussions of safe infant sleep practices. N/A=information not available
2. Review and discuss safe sleep guidelines with families.
3. Offer families helpful resources to assist with safe sleep education.
4. Encourage families to share this information with grandparents and other caregivers.

Checklist

Name_____ Date of Birth _____ Today's date_____

Age of infant in months and weeks at time of Interview: ____ months ____ weeks

Rolling over:

Infant can roll over from back to tummy: Yes___ No___

Infant can roll over from the tummy to the back: Yes___ No___

A. Assessing the infant's sleep position.

Infants should be placed to sleep on their back for all naps and at night, for the first 12 months of life. Once infants can roll from front to back as well as back to front, usually by 6 months, continue placing them on their back to sleep. However, with both skills mastered by the infant, it is okay if they then roll to a different position.

Question: In what position is infant usually placed to sleep?

Prone but able to roll both ways___ Prone but not yet able to roll both ways ___

Lateral but able to roll both ways___ Lateral but not yet able to roll both ways ___

Supine and able to roll both ways___ Supine and not yet able to roll both ways ___

Observation: In what position is infant observed sleeping?

Prone but able to roll both ways___ Prone but not yet able to roll both ways ___

Lateral but able to roll both ways___ Lateral but not yet able to roll both ways ___

Supine and able to roll both ways___ Supine and not yet able to roll both ways ___

When the infant is awake and being watched by the parent or other caregiver, it is desirable to place him or her on the stomach for "tummy time" for short periods of time beginning soon after hospital discharge, increasing to at least 15 to 30 minutes total daily by 7 weeks of age. Tummy time helps infants achieve developmental milestones and reduces the risk of flat spots developing on the head. Avoiding excessive time in carriers and bouncers can also help.

Question: Is tummy time provided when the infant is awake and supervised? Yes____ No____

Question: If tummy time is not provided, what is the reason?

Infant does not like it____ *(Infants will enjoy it as they get used to it.)*

Infant is older and crawls and provides his/her own tummy time____

Other_____

B. Assessing where the infant sleeps.

Infants sleep safest in a crib, bassinet, portable crib, or play yard that meets current Consumer Product Safety Commission (CPSC) standards. Any product defined as intended for infant sleep should meet these 2021 CPSC standards. The sleep surface should be firm and flat. (Be aware of recalls of inclined sleepers.) Sitting devices such as car seats and swings are *not* intended for routine sleep. If an infant falls asleep in a sitting device, they should be placed in a safe sleep setting. For infants falling asleep in a car seat while in a car, shift them to a safe sleep setting as soon as it is safe and possible to do so. Infants should *not* be placed to sleep on an adult bed, chair, or sofa alone or with anyone.

Question: In what sleep space do you place your infant to sleep?

Crib__ Bassinet___ Portable Crib___ Play Yard___ Adult Bed___ Inclined sleeper/rocker___
Car seat___ Sofa___ Chair___ Swing___ Other (describe)_____

Observation: Where did you observe the infant sleeping?

Crib__ Bassinet___ Portable Crib___ Play Yard___ Adult Bed___ Inclined sleeper/rocker___
Car seat___ Sofa___ Chair___ Swing___ Other (describe)_____

Observation: Is a crib, bassinet, portable crib or play yard available in the home? Yes___ No___ NA___

Room sharing without bed-sharing reduces the risk of SIDS and other sleep-related infant deaths. It is recommended that the infant's crib, bassinet, portable crib or play yard be placed in the parent's room, close by the parent's bed for the first year of life or at least the first six months. Keeping the infant close by but not in the parent's bed is safest.

Question: Is the infant's crib, bassinet or portable crib located in the room where a parent sleeps?

Yes___ No___

Observation: Is the infant's crib, bassinet or portable crib located in the room where a parent sleep?

Yes___ No___

Having the infant share their sleep surface with anyone, including a sibling, increases risk and is not recommended. The American Academy of Pediatrics states that bed sharing is not recommended under any circumstances. It is also prudent to avoid co-bedding of twins and higher-order multiples. Sharing the sleep space with a pet should also be avoided. If a parent brings the infant into the adult bed to comfort, cuddle, or feed, it is safest to return the infant to his or her separate, nearby sleep space in the parent's room when the parent is ready to sleep. To ensure safety in case the parent falls asleep before returning infant to his/her own crib, the parent should remove pillows, other soft and loose bedding, and any pets from the baby's area. As soon as the parent re-awakens, the infant should be returned to their safe sleep space. The risk associated with bed sharing increases the longer it continues.

Question: Does infant share their sleep surface with anyone?

Yes___ If yes, with whom_____ No___

Observation: Is infant observed to be sharing their sleep-space with anyone?

Yes___ If yes, with whom? _____ No___

Place crib, bassinet, etc. so that drapes, window cords, electrical cords and other unsafe items are out of the baby's reach.

Question: Is the crib placed out of reach of electric cords and other unsafe items? Yes__ No___

Observation: Is the crib placed out of reach of electric cords and other unsafe items? Yes__ No___

C. Assessing Crib Content

Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, loose bedding, such as blankets and nonfitted sheets, and crib bumper pads away from the infant's sleep area. If warmth is needed, use an additional layer of clothing or a wearable blanket. These should not contain weighted material.

Question: Is the infant's sleep space free of soft and loose bedding as described above? Yes___ No___

Question: In the infant's sleep space are there any…

Pillows: Yes___ No___ Blankets: Yes___ No___ Quilts: Yes___ No___ Non-fitted (flat) sheets: Yes___ No___ Mattress toppers: Yes ___ No___ Stuffed toys: Yes___ No___ Crib bumper pads: Yes___ No___

Observation: In the infant's sleep space are there any…

Pillows: Yes___ No___ Blankets: Yes___ No___ Quilts: Yes___ No___ Non-fitted (flat) sheets: Yes___ No___ Mattress toppers: Yes ___ No___ Stuffed toys: Yes___ No___ Crib bumper pads: Yes___ No___

Question: If warmth is needed, is a wearable blanket, sleep sack or extra layer of clothing provided instead of a blanket? (Items should be free of memory foam) Yes___ No___

Mattresses should be of the type intended for the infant's sleep product. They should fit the space well with no gaps between it and the frame of the product. They should be flat and firm and covered only with a fitted sheet. The corners should not roll up when a fitted sheet of the type intended for the item is placed on the mattress. No mattress toppers should be used. If a pad is used under the fitted sheet to protect against wetness, it should be fitted and thin. The mattress should not contain memory foam.

Question: Is the mattress flat? Yes___ No___

Question: Is the mattress covered with a well-fitted sheet? Yes___ No___

Question: Do the edges of the mattress remain flat when covered by the fitted sheet? Yes___ No___

D. Assessing the Infant's Environment

Avoid exposing the infant to smoke and nicotine from any source.

Question: Is the infant in a smoke-free environment? Yes___ No___

Overheating should be avoided. The infant's head should not be covered indoors. The infant should not be over-bundled.

Question: Are hats kept off infant while indoors? Yes___ No___

Observation: Is the room temperature excessively warm or cold? Yes___ No___

Observation: Is infant dressed appropriately for the temperature? (Not over-or-under-dressed)?

Offer a pacifier at nap time and bedtime. For breastfed infants, delay until breastfeeding is firmly established. Pacifier does not need to be reinserted once the infant falls asleep. Infants who refuse the pacifier should not be forced to take it. Never hang a pacifier around the infant's neck or attach it to infant clothing. Never attach objects, such as blankets, plush or stuffed toys, and other items that may present a suffocation or choking risk, to pacifiers.

Question: Are pacifiers offered? Yes___ No___

Question: If pacifiers are offered, are they unattached to clothing or another item? Yes___ No___

E. Additional Guidelines

Breastfeeding or the provision of human milk is associated with a lower risk of SIDS. The longer a baby received breast milk, the lower the risk of SIDS. Guidance must be respectful of individual circumstances and choices.

Question: Is infant breastfeeding (receiving human milk)? Yes___ No___

There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS. However, if the caregiver chooses to swaddle the infant, always be sure to place infant on the back. There is a high risk of death if the swaddled infant is placed or rolls to the prone position. Weighted swaddle clothing or weighted objects within swaddles are not safe and therefore not recommended. The swaddle should be properly applied. When an infant shows signs of attempting to roll over which may occur as early as two to three months of age and earlier in some infants, swaddling is no longer appropriate because it could increase the risk of suffocation if the swaddled infant rolls to the prone position.

Question: Is the infant swaddled for sleep? Yes___ No___

Question: If swaddling, is the infant placed on the back? Yes___ No___

Question: Is the infant showing any signs of rolling over or already rolling over? Yes___ No___

Comments:_____

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