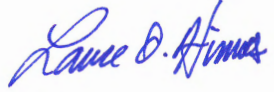




SUBJECT: <b>Infant Safe Sleep</b>	PAGE 1 OF 4
	NUMBER: <b>17-BMCFH-01</b>
RELATED RULE/CODE: ORC 121.07	SUPERSEDES: First Issuance
RELATED PHAB STANDARDS: NA	EFFECTIVE DATE: June 16, 2017
RELATED FORMS: NA	APPROVED: 

## **I. AUTHORITY**

This directive is issued in compliance with Ohio Revised Code 121.07, which delegates to the Director of the Department of Health the authority to manage and direct the operations of the Department and to establish such rules and regulations as the Director prescribes.

## **II. PURPOSE**

The purpose of this policy is to establish a consistent infant safe sleep message across all department programs and activities. The Ohio Department of Health (ODH) is committed to promoting optimal health and safety for all Ohio infants and to reducing infant mortality. ODH recognizes its leadership role in establishing standards for policies and practices that promote healthy behaviors among its employees, programs, subgrantees, and other state agencies for what ODH believes to be in the best interest of Ohio's citizens.

Sleep-related infant deaths are those which happen suddenly and unexpectedly in a sleep environment. The causes include sudden infant death syndrome (SIDS), accidental suffocation, positional asphyxia, overlay, and undetermined causes. The distinction between the causes of these sleep-related deaths is challenging and many risk factors are similar. <sup>i</sup>

According to the Ohio Child Fatality Review for 2015 deaths, infants were placed to sleep on their back in only 40 percent of reviewed deaths. Fifty-three percent of deaths occurred when the infant was sharing a bed with another person. Thirty-two percent of the infants had been exposed to second hand smoke. The AAP recommendations for safe infant sleeping environments address these and other important risk factors.

## **III. APPLICABILITY**

This directive applies to ODH staff, subgrantees and contractors working in maternal and infant health programs.

## **IV. DEFINITIONS**

None.

## V. POLICY

It is the policy of the Ohio Department of Health adhere to the infant safe sleep standards as endorsed by the American Academy of Pediatrics (AAP) in their Task Force on Sudden Infant Death Syndrome's report, *SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment*, released in November of 2016.<sup>ii</sup> All activities and publications, ODH programs and subgrantees shall adhere to these safe sleep standards.

## VI. PROCEDURE

1. ODH programs, subgrantees and contractors must adopt this ODH Infant Safe Sleep policy which shall be routinely communicated to all staff.
2. Play yards purchased with ODH Maternal and Child Health Program (MCHP) funding must be approved by the Consumer Product Safety Commission. ODH subgrantees and contractors shall not accept donations for play yards that were purchased with ODH MCHP funding. Donations shall not be solicited nor accepted from families receiving the play yards.
3. While it is not possible to guarantee complete prevention of sleep-related deaths, ODH shall urge parents and caregivers to follow these recommendations as the most effective way to reduce the risk of sleep-related infant death.
  - a. Place infants for sleep wholly on the back for every sleep, nap time and night time.
  - b. Use a firm sleep surface. A firm crib mattress with a tight-fitting sheet in a safety-approved crib is the recommended surface.
  - c. Room-sharing without bedsharing is recommended. The infant's crib should be in the parents' bedroom, close to the parents' bed. Room-sharing is ideal for the first year of life, but at least the first 6 months.
  - d. Cribs must be free of any loose items or materials including loose bedding and bumper pads.
  - e. Avoid overheating by excessive clothing, bundling or room temperature.
  - f. Breastfeeding is recommended. ODH and the AAP recommend exclusive breastfeeding for six months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for one year or longer as mutually desired by mother and infant.<sup>iii</sup> ODH recognizes that in individual circumstances, breastfeeding may pose more harm than benefits and should either be limited or abstained from. Mothers of children with special health care needs should follow recommendations of their health care provider. (See 17-BMCFH-02: Infant Feeding)
  - g. Offer a pacifier at sleep time after breastfeeding has been established.
  - h. Do not smoke during pregnancy or after birth. Avoid exposure of infants and pregnant women to secondhand smoke.

- i. Encourage supervised “tummy time” when infant is awake to avoid flat spots on the back of the infant’s head and to strengthen the upper torso and neck.

Avoid commercial devices such as wedges, positioners and monitors marketed to reduce the risk of SIDS. None have been proven safe or effective and the use of such products do not diminish the importance of following recommended safe sleep practices.

- j. All infants should be immunized in accordance with AAP and Centers for Disease Control and Prevention recommendations. This includes following recommended immunization schedules for one-time, serial, and yearly shots.
  - k. Pregnant women should receive regular prenatal care.
  - l. Alcohol and illicit drug use should be avoided during pregnancy and after birth. An increased risk of SIDS is associated with exposure to alcohol during pregnancy and after birth.
4. Safe sleep messages must be delivered in culturally appropriate methods to reach diverse populations; and messages must be linguistically suitable for various literacy levels and sensitive to family history of infant death. The method of delivery may vary, but the recommendations remain the same. Under no circumstances shall ODH programs indicate that it is acceptable to share a sleep surface with an infant; to place an infant on his or her stomach or side to sleep; or to use any other sleep surface besides a safety-approved crib or bassinet. Parents and caregivers of children with special health care needs should follow recommendations of their health care providers.
  5. All publications shall adhere to the safe sleep image guidelines as established by the National Action Partnership to Promote Safe Sleep in March, 2017.<sup>iv</sup> Using appropriate images will reinforce the safe sleep messages ODH provides.
    - a. Infants should be shown sleeping or being placed to sleep on their backs.
    - b. Infants should be shown sleeping alone in a crib, bassinet, or other safe space that is bare (no blanket, quilt, pillows, bumper pads, sheepskin, stuffed animals, or toys). Bassinet does not have padded sides.
    - c. Infant should be shown with their heads uncovered.
    - d. Infants should not be shown sleeping in car seats, infant carriers, swings, slings, strollers, bouncy seats, or other similar products.
    - e. Infants should not be shown sleeping in positioners or on wedges.
    - f. Where possible, photos should demonstrate room sharing by showing the infant’s separate, safe sleep area within arm’s reach of Mom, Dad, or other caregiver.
    - g. Infants should be shown dressed in a wearable blanket or other sleep clothing for warmth, without the use of blankets.

- h. Do not show infants sharing the same sleep space. Even twins and other multiples should each have their own crib.
- i. If infant has a pacifier, the pacifier is cordless and not attached to a stuffed toy or infant's clothing.
- j. The infant's sleep space should not be shown near windows, draperies, blind/shade cords, or electric wires.
- k. Infant should not be shown sleeping on any surface other than a firm mattress (i.e. not on a parent's chest, adult bed, sofa, chair, or pillow). The crib mattress height should be shown at the lowest level for infants who appear to be able to pull or stand up. Mattresses shown should fit snugly in the crib, covered with only a fitted sheet. Cribs shown should not have a drop side and slats should appear to be narrow (i.e., not wide enough to fit a soda can through). Nothing should be hung from or around the crib slats.
- l. Infant's sleep space should not appear near crib gyms or mobiles.
- m. Heart or breathing monitors are not present.

## B. SPECIAL CONDITIONS

ODH recognizes that there are a limited number of medical conditions in which immunization is contraindicated. It is important for mothers of infants with special health care needs to consult their healthcare professionals for immunization guidance and recommendations.

### Table of Effective Changes

Version	Effective Date	Superseded/Modified	Significant Changes
1	6/16/2017	NA	First Issuance

<sup>i</sup> Ohio Department of Health, *Ohio Child Fatality Review Sixteenth Annual Report*. September, 2016. <http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/child-fatality-review/2016-CFR-Report.pdf?la=en>.

<sup>ii</sup> Policy Statement: SIDS and Other Sleep-Related Infant Deaths: 2016 Updated Recommendations for a Safe Infant Sleeping Environment, *Pediatrics*, November, 2016. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>.

<sup>iii</sup> Breastfeeding and the Use of Human Milk, *Pediatrics*, February, 2012. <http://pediatrics.aappublications.org/content/129/3/e827.full.html>.

<sup>iv</sup> A Wakeup Call to Safeguard Sleeping Infants, National Action Partnership to Promote Safe Sleep, March, 2017. [www.nappss.org/documents/NAPPSS-ImageVettingChecklist.pdf](http://www.nappss.org/documents/NAPPSS-ImageVettingChecklist.pdf)