

What is Safe Sleep for Babies?

[an educational flip chart]

EDUCATOR NOTE: The ABCs of Safe Sleep. The word “alone” when referring to an infant can be scary to parents. What it really means in this context is separate but close to the caregiver – not by themselves in another room.

Following these three recommendations decreases the risk of SUID by as much as **50%**. (AAP, 2016)

- **Alone** – Room sharing not bed sharing. Set up the infant’s safe sleeping area in the same room with you. This is especially important in the very early months when the risk of SIDS and Sudden Unexpected Infant Death (SUID) is greater.
- **Back** – Babies sleep safest when placed on their backs. Every sleep. Every nap. Every time.
- **Crib** – Babies need a firm mattress with a tight fitting bottom sheet, made specifically for the crib. No blankets, quilts, crib bumpers or toys.

The ABCs of Safe Sleep

[**A**lone, **B**ack, **C**rib]

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EDUCATOR NOTE: This is an example of a safe sleep environment. If your baby can roll over front to back and back to front, you do not need to reposition the baby if he/she turns over while sleeping.

Ask the parent: What makes this a safe sleep environment?

- A.** The baby is **alone**. There are no crib bumpers, blankets, toys, or siblings.
- B.** The baby is on his **back**. Side or stomach sleeping is unsafe and not recommended.
- C.** The **crib** mattress is firm and flat. There is nothing that poses a risk of suffocation or strangulation.





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GEORGIA DEPARTMENT OF PUBLIC HEALTH
INJURY PREVENTION PROGRAM

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EDUCATOR NOTE: Room sharing is the safest sleeping arrangement for the baby and parent or caregiver. Many parents find having the baby nearby in the same room throughout the night helps them sleep better since they don't have to worry about the baby being too hot or too cold or waking up.

What is Room Sharing?

What is room sharing?

- A sleep arrangement in which an infant sleeps in the same room as parents or other adults, but on a separate sleep surface, such as a crib, bassinet, or play yard.

Why room share instead of bed share?

- Room sharing does not have the risk of suffocation and entrapment that is associated with bed sharing.
- Room sharing is breastfeeding-friendly because the baby is nearby and the mother doesn't have to leave the room.
- Room sharing allows for easy monitoring and soothing during nighttime fussiness.
- Room sharing is especially important during an infant's first six months when the risk of SUID is greatest.
- The AAP recommends room sharing, because this arrangement decreases the risk of SIDS by as much as 50%. Room sharing is safer than bed sharing or solitary sleeping (when the infant is in a separate room).





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EDUCATOR NOTE: We know that some things can increase a baby's risk for SUID and other sleep-related causes of infant death. Each picture below shows different risks for suffocation, entrapment, and overlay.

Ask the parent – What do you see as risks in each of these pictures?

(TOP LEFT) Crib has many suffocation risks including blankets, crib bumpers, toys. Crib should be bare – nothing but baby in the crib. Baby is on her stomach with a fluffy blanket and pillow by her face. Babies cannot lift things away from their face and don't notice when their intake of oxygen is being restricted, leading to suffocation.

(TOP RIGHT) Babies easily fall asleep lying on someone. It is especially dangerous if the person holding the baby falls asleep because the baby can slip off and become trapped between the person and the sleeping surface (couch, chair, headboard, etc.).

(BOTTOM LEFT) Baby is placed between two people. This type of bed sharing increases the risk of suffocation if someone, even another child, rolls over on the baby. The baby cannot warn you that he is in danger and slowly suffocating.

(BOTTOM RIGHT) Baby is sleeping with a blanket and toys in the crib.

Unsafe & Potentially Deadly Sleep Environment



Unsafe & Potentially Deadly Sleeping Environment



EDUCATOR NOTE: Please be aware that all “drop down” cribs (where the side slides up and down for easier access to the baby) are considered unsafe and no longer for sale. If a family has one, advise them to consider a different model. Additionally, the slats on a crib should be no wider than the bottom of a soda can – this helps to keep little legs and arms (and head) from getting stuck. Please check www.cpsc.gov to make sure your crib is not recalled.

Ask the parent –What makes these sleep places safer for babies?

- They have firm and flat mattresses.
- There are no blankets or pillows.
- There are no toys or crib bumpers.

Safe Sleeping Places for Baby



Safe Sleeping Places for Baby



EDUCATOR NOTE: Creating the safest possible sleep environment for baby is key to reducing the risk of sleep related infant death.

Ask the parent – On the last page we looked at safe places for babies to sleep. Now we're looking at **unsafe** places – what makes these unsafe places for babies to sleep?

- Surfaces are not considered firm.
- Pillows and cushions can lead to suffocation.
- Babies can get trapped between the cushions and the back and sides of a chair or couch.
- Air mattresses and bean bags are not firm surfaces and should never be used with a baby.
- Babies sleeping in car seats outside of the vehicle and bouncy chairs tend to slide down in them, which can restrict their breathing and lead to suffocation.

Unsafe Sleeping Places for Baby



Unsafe Sleeping Places for Baby



EDUCATOR NOTE: These are additional recommendations to consider when creating a safe sleep environment for your baby.

Other things to consider: 3-4 minutes

- **Avoid overheating** – Dress your baby in only 1 more layer of clothing than what you are comfortable wearing.
- **Immunize Baby** – Immunizations do not contribute to the risk of a sleep-related death.
- **Sleep Sack** - Consider using a “wearable blanket” or a one-piece sleeper instead of using quilts and blankets if you are concerned about baby’s comfort.
- **Space Heaters** – Keep baby at least 4 feet from all heaters (electric space heaters, kerosene heaters, etc.).
- **Pacifiers** – are recommended for nap and nighttime. Breastfeeding Moms should wait 3 to 4 weeks before introducing a pacifier. Some babies won’t like the pacifier and that’s okay. The pacifier adds a protection for baby while falling asleep. If the pacifier falls out after baby falls asleep, there is no need to reinsert. Remember, all recommendations are for the first 6 to 12 months of life.
- **Breastfeeding** – feeding infants human milk is associated with a reduced risk of SIDS and is encouraged if possible. Protection rises with exclusivity but, any amount of breastfeeding is beneficial..
- **Smoke exposure** - To reduce the risk of SIDS, do not smoke during pregnancy or after your baby is born. Don’t allow others to smoke around your baby. Help to quit smoking is available free of charge via the GA Quitline
ENGLISH 1-877-270-STOP (1-877-270-7867) SPANISH 1-877-2NO-FUME (1-877-266-3863) HEARING IMPAIRED 1-877-777-6534.
- **Drugs and Alcohol** - Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth.

Some Other Things to Consider



NO SMOKING

EDUCATOR NOTE: There are other things to consider when creating a safe sleep environment for your baby.

- When a baby is **lying on his back** the airway, or trachea, is on top of the esophagus. Healthy babies tend to swallow or cough up fluids when lying on their back without anything getting into the airway causing them to choke.
- When a baby is **lying on his stomach**, any food or fluids thrown up or refluxed will pool at the opening of the airway.
- If your baby has **a medical condition** such as severe reflux or GERD, you should talk to your pediatrician about the best sleep position for your baby.

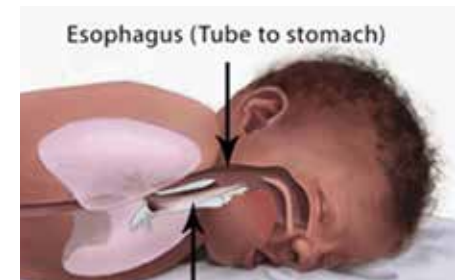
Choking Concerns

Upper Respiratory Anatomy

Trachea = Airway • Esophagus = Goes to Stomach



Less Risk of Choking
Gravity helps keep food and liquid out of trachea (airway).

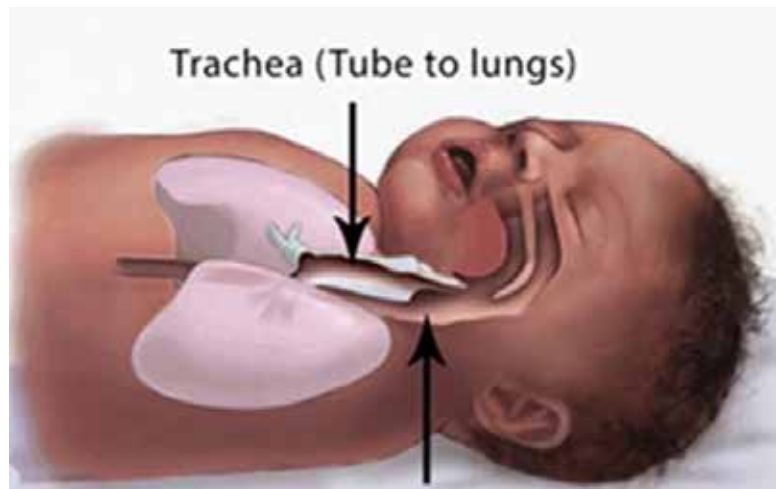


Greater Risk of Choking
Gravity draws food and liquid into the trachea (airway).

Choking Concerns

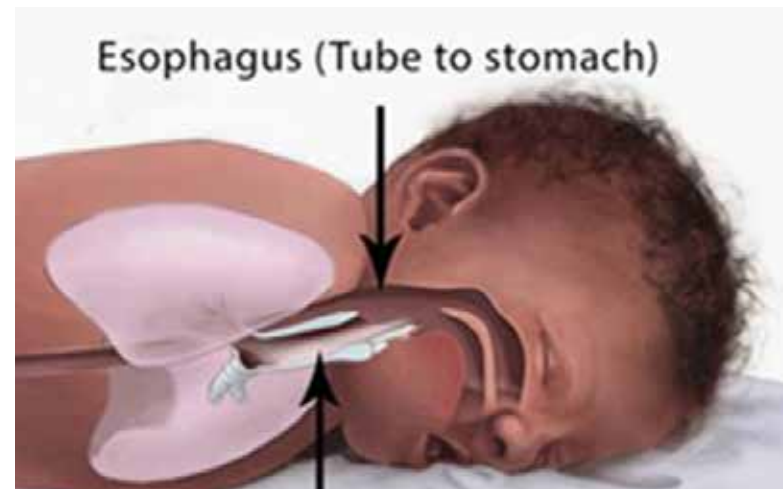
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Less Risk of Choking

Gravity helps keep food and liquid out of trachea (airway).



Greater Risk of Choking

Gravity draws food and liquid into the trachea (airway).

EDUCATOR NOTE: Many parents feel that bed sharing with their infant is a way to bond with their baby, especially if they are away from the child for long periods. But there are other safe, effective ways to bond with their baby.

Ask the parent –

Can you think of ways to bond with your baby that don't involve bed sharing?

Safe ways to bond are:

- Breastfeeding.
- Reading, singing, talking to your baby.
- Holding and snuggling and engaging in eye to eye contact.
- Babies prefer human voices and enjoy vocalizing in their first efforts at communication. Babies often enjoy just listening to your conversations, as well as your descriptions of their activities and environments.
- Giving your baby a bath.
- Supervised tummy time.

Safe and Effective Ways to Bond

- **Breastfeed your baby** (helps protect against SIDS, too)
- **Read, sing, or talk** to your baby
- **Hold and snuggle** your baby while awake
- Supervised **tummy time**
- Engage in **eye contact**



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Additional Resources

- **Georgia Department of Public Health**
georgiasafetosleep.org
- **Centers for Disease Control and Prevention Safe Sleep Information**
cdc.gov/sids
- **The Georgia Tobacco Quit Line**
is a free telephone cessation service that is available to all Georgia residents 13 years and older.
GTQL TOLL FREE NUMBERS:
ENGLISH 1-877-270-STOP (1-877-270-7867) SPANISH 1-877-2NO-FUME (1-877-266-3863) HEARING IMPAIRED 1-877-777-6534
- **American Academy of Pediatrics**
healthychildcare.org
- **Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) – Safe to Sleep Campaign**
safetosleep.nichd.nih.gov
- **Period of PURPLE Crying**
purplecrying.info



Any Questions or Concerns?

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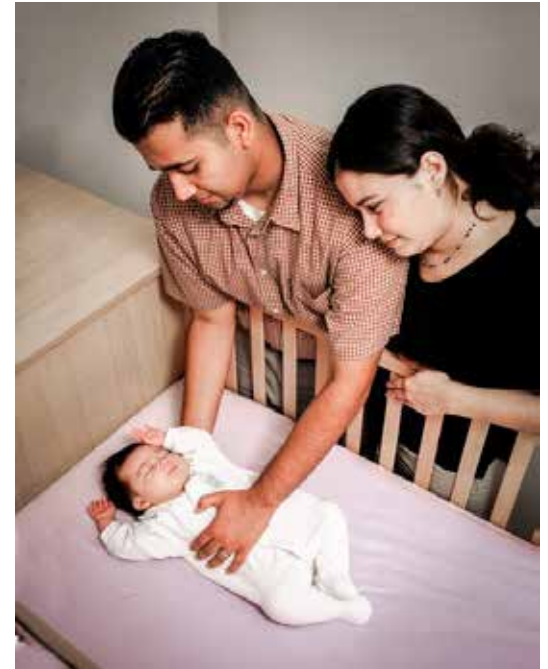
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Level A recommendations

- Back to sleep for every sleep.
- Use a firm, flat, noninclined sleep surface to reduce the risk of suffocation or wedging/entrapment.
- Feeding of human milk is recommended because it is associated with a reduced risk of SIDS. It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first 6 mo.
- Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation.
- Offering a pacifier at naptime and bedtime is recommended to reduce the risk of SIDS.
- Avoid smoke and nicotine exposure during pregnancy and after birth.
- Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth
- Avoid overheating and head covering in infants.
- It is recommended that pregnant people obtain regular prenatal care.
- It is recommended that infants be immunized

in accordance with guidelines from the AAP and CDC.

- Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
- Supervised, awake tummy time is recommended to facilitate development and to minimize the risk of positional plagiocephaly. Parents are encouraged to place the infant in tummy time while awake and supervised for short periods of time beginning soon after hospital discharge, increasing incrementally to at least 15 to 30 min total daily by age 7 weeks.
- It is essential that physicians, nonphysician clinicians, hospital staff, and child care providers endorse and model safe infant sleep guidelines from the beginning of pregnancy.
- It is advised that media and manufacturers follow safe sleep guidelines in their messaging and advertising to promote safe sleep practices as the social norm.
- Continue the NICHD "Safe to Sleep" campaign, focusing on ways to reduce the risk of all sleep-related deaths. Pediatricians and other maternal and child health providers can serve as key promoters of the campaign messages.



Level B recommendations:

- Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.

Level C recommendations:

- There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
- Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of sleep-related deaths, with the ultimate goal of eliminating these deaths entirely.

Common issues and concerns you may encounter when discussing safe infant sleep recommendations:

Previously, education on safe infant sleep has mostly revolved around telling a parent or caregiver what they should and should not do when laying their infant to sleep. Research has shown that although this tactic may work for some, it isn't as effective of a method that could be employed. Current suggestions involve explaining "why" the recommendations are being made and having more of a conversation with the caregiver around the recommendations. Therefore, we are focusing on explaining the risks of suffocation, strangulation, and entrapment and we are also explaining that choking and comfort do not need to be concerns. Adoption of the recommendations, which will help to reduce infant death, will be more likely if the concerns

of parents and caregivers are addressed. Below are some sample questions and answers.

One reason often cited by parents for not using the back sleep position is the perception that the infant is uncomfortable or does not sleep well. However, an infant who wakes frequently is normal and should not be perceived as a poor sleeper. Newborns will sleep 16-17 hours per day, but only for 2-4 hours at a time. Around 6-8 weeks old, babies will sleep for shorter periods during the day and longer at night but, will still wake to eat. All babies are different. Some will sleep through the night (6 hours) as early as 6 weeks but others, will take as long as 5-6 months. If swaddling an infant to help with sleep, parents must discontinue swaddling whenever infant is able to roll over or break free from the swaddle.

All babies will reflux, they have protective mechanisms, such as coughing, to keep their airway safe. The back sleeping position is the safest, elevating the head of the bed or reclining in a seat is not recommended for sleep.

Common questions with the ABCs of Safe Sleep (A – alone, B – on his or her back and, C – in a crib)

Q: What if my baby spits up? Will she choke while on her back?

A: Very good question and one of much concern for new parents. Many people define choking as; coughing, spitting, or sputtering. This is not

choking however, and is actually what the baby does to avoid choking. It would seem to make sense that a child will choke if on his or her back however; our bodies are designed in such a manner that the windpipe is protected while a child is lying on her back. Therefore, a child has less risk of choking when laying on his or her back.

Q: Do babies that sleep on their backs get flat spots on their heads?

A: Babies CAN get flat spots on their heads (called plagiocephaly) but they don't HAVE to get flat heads. Plagiocephaly is most common in babies who are less than five months old. That's because the bones in babies' skulls are soft and movable when they are born. Here are some steps to help avoid issues with "flat head":
1) Limit the time your baby is left in a car seat (for instance not while napping, car seats should only be used for travel)
2) Switch which end of the crib your baby sleeps at each night to change the things baby is looking at and encourage him to turn his head
3) Carry your baby on alternate shoulders or hips, and make sure your baby's head isn't always in the same feeding position and,
4) Parents are encouraged to place the infant in tummy time while awake and supervised for short periods of time beginning soon after hospital discharge, increasing incrementally to at least 15-30 minutes total daily by age 7 weeks.

Q: What about using products that are supposed to protect against SIDS and suffocation or help to keep babies calm?

A: It is currently advised that any extra items are kept away from the crib and not utilized. This includes cardiovascular monitors, wedges, hammocks / baby slings and such items as weighted blankets.

Q: My mom put me on my stomach when I was young, I turned out fine. Why is it so important for me to put my child on her back to sleep?

A: This is a very common question, especially because the advice years ago used to be to lay babies on their bellies for sleep. The advice for stomach sleeping wasn't rooted in science. The recommendation for back sleeping is supported by research and we know it is safer for a baby to be on her back. We also know that SIDS deaths have dropped by 50% since we started placing babies on their backs for sleep. That's a lot of babies that are surviving. Now recommendations have been expanded to help give our babies safe sleep environments, so we can eliminate sleep related deaths for all babies and their families.

Q: My baby doesn't seem comfortable on his back and seems to wake more often. Shouldn't I be concerned for his comfort?

A: Babies do tend to rouse (wake up) more often when on their backs however, the fact that babies rouse more often is actually believed to

be a protective factor against SIDS. This means that instead of "forgetting" to breathe because they are so soundly asleep, a baby on his back will rouse more often and ensure that his underdeveloped respiratory system keeps working correctly.

Q: Why would I want to put my baby all alone in a crib by herself? That seems more dangerous to me.

A: Just because it is recommended that your baby is alone in her crib, doesn't mean she needs to be left all alone and by herself. To clarify, she should be alone in her crib without other children and items like blankets and toys but, she should still be close to you. We call this "room-sharing" without "bed-sharing." Room-sharing is shown to be protective of your baby, especially when they are very young. As your child gets older you can decide when the right time is to move him or her into their own room. Until then, keep them close, but keep them safe in their own space too.

Q: My doctor, a nurse, and my mom all gave me different information...who should I listen to about sleep safety?

A: Sometimes health professionals or friends and family will have out dated or incorrect information. The AAP recommendations listed in this resource will reduce your child's risk of sleep-related death. These steps are positive healthy ways to ensure your child's wellbeing. Certain medical conditions may require you to

follow different advice than what is here, always take into account special circumstances when deciding what is best for you and your family.

Q: Why is smoking / vaping bad for my baby and his sleep?

A: Tobacco smoke is damaging to everyone's lungs, especially the undeveloped, new to the world, lungs of an infant. Tobacco usage by mothers, or others in the home, while pregnant and after birth, has been linked to an increased risk for SIDS. Additionally, you want to avoid all drugs and alcohol when you are nursing your baby or in charge of caring for him.

Q: I'm worried about my baby being cold and getting sick. Why do they suggest no extra blankets in his crib?

A: Most babies only need about 1 layer more than what you, the adult, are wearing. Very young babies are still learning how to regulate their body temperatures and overheating them is dangerous. Adding an additional layer is sufficient for keeping them warm without being too hot. For example, if you are at home wearing a short sleeve t-shirt and jeans, your baby will be fine in a long sleeved sleeper. No extra blankets and quilts needed. Some people even dress their babies in a special "sleep sack". Additionally, extra blankets and quilts pose a very serious risk of suffocation. Keeping extra items out of the crib, eliminates the risk of suffocation.

Background information for the educator.

- As of 2021, Georgia averaged **three infant deaths per week** due to sleep-related causes. The majority of these deaths are considered preventable.
- This flipchart is intended to help parents and caregivers consciously and critically review their infant's sleep environment and best protect them from sleep-related death.
- As the educator, you can teach parents and caregivers the skills they need in order to help protect their infant from suffocation, entrapment, and other risks.
- Sudden Unexpected Infant Death (SUID): Is the death of a healthy infant less than 1 year of age that occurs suddenly and unexpectedly. After a full investigation, these deaths may be diagnosed as suffocation, asphyxia, entrapment, infection, ingestions, metabolic diseases, cardiac arrhythmias, trauma (accidental or non-accidental), or SIDS.
- There are two main types of co-sleeping; room sharing and bed sharing. In accordance with the American Academy of Pediatrics (AAP), DPH promotes room sharing – a separate sleep space in the same room as the parent or caregiver. The baby is nearby and can be seen and heard. Room sharing helps promote breastfeeding and is associated with reduced risk of sleep-related death.
- Please review the American Academy of Pediatrics' 2022 Recommendations on Safe Infant Sleep. It is available for free, online from the AAP. You may also request a copy from the Georgia Safe to Sleep Campaign.
- Please contact the campaign at **georgiasafetosleep@dph.ga.gov** with any questions.

Georgia Safe to Sleep Campaign

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