

model *behavior*



Sample Policy & Procedures

Safe Sleep Practices for the Neonatal Intensive Care Unit

Parents tend to copy practices that they observe in hospital settings. As a nurse, you play a vital role in ensuring an infant's health and survival after they leave the hospital. This is the most important modeling job of your life.



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Sample Policy & Procedures *Safe Sleep Practices for NICU*

Scope of Responsibility:	All health care professionals caring for infants in the Neonatal Intensive Care Unit (NICU)
Goals:	<ol style="list-style-type: none">1. To provide guidelines that will ensure a safe sleep environment for all newborns by implementing the American Academy of Pediatrics' (AAP) 2005 recommendations regarding safe sleep.2. To ensure that all recommendations are modeled for and understood by parents/caregivers with consistent instructions given prior to discharge.
Purpose:	Sudden Infant Death Syndrome (SIDS) is a sudden and unexplained death that usually occurs while the infant is asleep. Highest risk is between the ages of 1 and 4 months. Although there is no conclusive research on the cause(s) of SIDS, safety measures such as positioning the infant on his/her back to sleep and other safe sleep guidelines have been shown to reduce the incidence of SIDS.
	<i>NICU Considerations</i> <ul style="list-style-type: none">• Premature infants have increased risk of SIDS.• Premature infants are more likely to be placed prone to sleep after hospital discharge.• As parents/caretakers may see infants placed prone to sleep in the NICU, babies and parents/caretakers may become used to the prone sleep position.
Conclusion:	NICU staff should be more vigilant about endorsing and modeling the supine sleep position and safe sleep guidelines before an anticipated discharge.

Intervention

NICU

NICU Parent Education

Sleep Position

- Infants with PFC or pneumonia who have oxygen requirements may be tried to sleep on their stomachs to see if this improves oxygenation. If it does, they may be left on their stomachs until oxygen need decreases. They should then be changed to the supine sleep position.
 - Infants who have decreased mobility due to illness, neurological defects, medication or restraints may be rotated to different positions to avoid certain problems, such as atelectasis until their condition improves. They should then be changed to the supine sleep position.
 - Premature infants with respiratory problems and oxygen requirements may be tried in the prone position to see if it benefits them. If it does they may be left there but the infant should be checked daily to see if this continues to make a difference.
 - Premature infants who have significant feeding residuals may be tried to sleep on their stomachs to see if it improves passage of food. The infant should be tried supine every few days to see if this remains a problem. If not, the infant should be placed permanently in the supine position. Infants handle reflux better on their backs.
 - Infants with airway obstruction problems such as Pierre-Robin Sequence or laryngomalacia may require the prone sleep position until developmental changes in head shape and laryngeal function occur, usually requiring several months.
- Parents/caregivers need to be told that the stomach sleeping is temporary and they should be provided with sufficient explanation. The supine position should be modeled prior to discharge.
 - Parents/caregivers need to be told that once well, infants need to always sleep on their backs and that carrying, play and supervised "tummy time" while awake are adequate stimulation for development. Parents/caregivers can rotate the infant's position in bed, but the infant should always be on his/her back.
 - "Tummy time" is supervised playtime with the infant while he/she is awake and positioned on the tummy. This is important to infants' development by providing the opportunity for infants to learn to lift and turn their heads, exercise their bodies and strengthen the neck, arm and shoulder muscles.
 - Changing the direction that your baby lies in the crib from week to week and supervised "tummy time" will reduce the incidence of positional plagiocephaly or flat spots on the infant's head.

Intervention

NICU

NICU Parent Education

Bedding/ Soft Materials (Blankets)

- Infants should not sleep on sheepskins or other very soft materials unless they are experiencing skin breakdown or are less than 32 weeks gestation. If an infant is placed to sleep on a sheepskin, he/she should sleep on their back.
 - Infants should be frequently monitored visually, as well as electronically, for face down position. While on such bedding, they should be placed on their backs to sleep.
 - "Boundaries" made from blanket rolls can serve as potential sources of airway obstruction and entrapment. They should not be used except in extreme cases such as PFC and extreme prematurity and only on open tables.
 - No toys or stuffed animals are to be put in the crib, bassinet or isolette with the infant. Infants can be provided stimulation by visual patterns or pictures of the family on the isolette wall. Stuffed animals and toys should be displayed outside of the crib so that they will be available to the parents/caregivers to use to interact with the infant if appropriate when they visit.
 - Once an infant has successfully graduated from the isolette, it is important to establish how many layers of clothing will be required to maintain thermal neutrality (warmth without overheating). If an undershirt, jumpsuit and sleeper are not adequate to keep an infant warm without additional blankets, the infant's readiness to be weaned from the isolette should be questioned.
 - Staff should consider using a wearable blanket as an alternative to loose blankets and model its use for the parents/caregivers.
- Parents/caregivers must be told that these are temporary conditions that will be stopped once the skin matures and that under no circumstances are they to do this at home.
 - Parents/caregivers need to be shown and told that no loose or soft items are to be in the crib, bassinet or isolette with the infant.
 - Parents/caregivers should be encouraged to display toys outside of the crib.
 - Parents/caregivers should be encouraged to bring in the various types of clothing they will use.
 - Parents/caregivers should be asked to compare the normal temperature of their home with that of the NICU and figure out, along with the nursing staff, how to adjust the home environment or the infant's clothing. Parents/caregivers should be taught to look for signs of overheating such as fever and sweating and signs of being cold such as cold hands and skin mottling.
 - Parents/caregivers can be encouraged to consider using a wearable blanket or dressing the infant in layers as an alternative to loose blankets.

Intervention

NICU

NICU Parent Education

Crib/Bedsharing (Breastfeeding)

- During rooming, it must be made clear that the infant is to sleep in a crib, bassinet or isolette. Bedsharing should not take place in the NICU.
- Parents should be carefully supervised during “kangaroo care,” or if they are breastfeeding
- Parents/caregivers must be made aware of the multiple dangers of an infant sleeping in an adult bed prior to discharge. In addition, the extreme danger of bedsharing on couches and with other children must be pointed out.
- Parents should be informed that “kangaroo care” should be limited to the hospital setting.
- Parents/caregivers should be informed to place their infant to sleep in a crib or bassinet that meets the U.S. Consumer Product Safety Commission’s safety standards. Nurses should emphasize that the crib should be firm.
- Parents should be encouraged to place the infant to sleep in the same room as the parents.
- It should be stressed that after going home, parent/caregiver interactions with the infant need to occur under safe conditions when both are awake and alert.
- The availability of bed-extendors and small cribs near the adult bed to facilitate breastfeeding should be addressed.

Swaddling/ Bundling

- Blankets used for swaddling should come no higher than the infant’s shoulders.
- Parents/caregivers should be encouraged to speak with their physician about the need to swaddle. If the physician wants the infant swaddled, the nurse will need to demonstrate.

Intervention

NICU

NICU Parent Education

Smoking

- Smoking is not allowed in the NICU and should not be introduced into the infants' environment.
- Parents/caregivers need to be made aware of the dangers of anyone smoking around the infant.
- Bedsharing may be more dangerous if the mother smokes and should be strongly warned against.
- Parents/caregivers should be encouraged to stop smoking and create a smoke-free environment for the infant.

Pacifier Use

- Suggest to parents that they consider offering a pacifier at nap time and bedtime. Research shows that pacifier use during sleep is associated with a reduced risk of SIDS. Research also shows that the use of a pacifier does not interfere with breastfeeding nor cause dental problems.
- Explain to parents why they should wait one month before offering a pacifier to a breastfeeding baby. The risk of SIDS is very low during the first month and it is important to ensure that the baby is nursing well before introducing a pacifier.
- Tell parents not to use a pacifier as a substitute for nursing or feeding. Pacifiers should be offered after a feeding or when a baby is put down to sleep.
- Tell parents not to put a pacifier back in a baby's mouth if it falls out after he or she falls asleep. Doctors say that babies who use a pacifier at naptime and nighttime are protected, even if the pacifier falls out of their mouth after they fall asleep.
- Tell parents not to force their baby to take a pacifier if he or she does not want it. Encourage parents to try several times during a period of a few weeks before giving up.

Intervention

NICU

NICU Parent Education

Pacifier Use (cont.)

- Tell parents not to coat the pacifier with any sweet solutions.
 - Pacifiers should be cleaned often and replaced regularly.
 - Tell parents not to use a string or anything else to attach pacifiers around the baby's neck or to his or her clothing.
 - Tell parents to limit pacifier use to the baby's first year of life.
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For more information, please call 1.800.221.7437 or visit www.firstcandle.org

