

# Monthly Clinical Pearl: Safe Sleep in the Neonatal Intensive Care Unit (NICU)

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Safe infant sleep is important, regardless of where the infant is sleeping, to prevent sudden unexpected infant death (SUID) and sudden infant death syndrome (SIDS). The American Academy of Pediatrics provides a list of interventions to reduce the risk of untimely infant death including sleeping in the supine sleep position, on a firm sleep surface, in a crib or bassinet, avoiding extra blankets or devices including bumpers, stuffed animals etc., dressed in a simple sleeper or wearable sleep blanket, possibly swaddled as well (1).

Other guidelines include the following:

- Breastfeeding is recommended and is associated with a reduced risk of SIDS.
- Infants should be immunized. Evidence suggests that immunization reduces the risk of SIDS by 50 percent.
- Bumper pads should not be used in cribs. There is no evidence that bumper pads prevent injuries, and there is a potential risk of suffocation, strangulation or entrapment.

The report also includes the following recommendations:

- Always place your baby on his or her back for every sleep time.
- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents, but not in the same bed (room-sharing without bed-sharing).
- Keep soft objects or loose bedding out of the crib. This includes pillows, blankets, and bumper pads.
- Wedges and positioners should not be used.
- Pregnant women should receive regular prenatal care.
- Do not smoke during pregnancy or after birth.
- Breastfeeding is recommended.
- Offer a pacifier at nap time, and bedtime after breastfeeding is established.
- Avoid covering the infant's head or overheating.
- Do not use home monitors or commercial devices marketed to reduce the risk of SIDS.
- Infants should receive all recommended vaccinations.
- Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of

positional plagiocephaly (flat heads).

Parent information will be available at [www.healthychildren.org/safesleep](http://www.healthychildren.org/safesleep) starting Oct. 18. But what about safe sleep initiatives in the Neonatal Intensive care unit (NICU)? Here is a quote from Dr. Rachel Moon, one of the pediatricians on the AAP Committee for SIDS Prevention:

***“Dr. Moon said. ‘There needs to be more education for health care providers and trainees on how to prevent suffocation deaths and to reduce SIDS and other sleep-related infant deaths – our goal is to ultimately eliminate these deaths completely.’”***

“It is important for health care professionals, staff in newborn nurseries and neonatal intensive care units, and child care providers to endorse the recommended ways to reduce the risk of SIDS and other sleep-related deaths, starting at birth,” Dr. Moon said. “There needs to be more education for health care providers and trainees on how to prevent suffocation deaths and to reduce SIDS and other sleep-related infant deaths – our goal is to ultimately eliminate these deaths completely.”

But when is the growing preterm infant stable enough to be placed in the supine position. Let us review a new survey of NICU nursing



staff by Sherri McMullen in this month's Neonatology Today.

**References:**

1. American Academy of Pediatrics. Safe Sleep. <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/AAP-Expands-Guidelines-for-Infant-Sleep-Safety-and-SIDS-Risk-Reduction.aspx>.
2. Moon R and Task force on Sudden Infant Death Syndrome. <https://pediatrics.aappublications.org/content/pediatrics/138/5/e20162940.full.pdf>.

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May begin with a brief case summary or example.

Summarize the pearl for emphasis.

No more than 7 references.

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