ACKNOWLEDGEMENTS

The third edition of *Honouring Our Babies Safer Sleep Guide: 2023* for babies 0-12 months of age is an update from the *Honouring Our Babies: Safer Sleep Cards: Facilitator Guide 2017*. Perinatal Services BC, the First Nations Health Authority and partners collaborated to share their wisdom to update this resource.

We respectfully acknowledge the *Honouring Our Babies: Safer Sleep* toolkit was originally an initiative of the Tripartite First Nations and Aboriginal Maternal and Child Health Strategy Area, led by Perinatal Services BC. This toolkit was developed by the Aboriginal Safe Sleep Working Group, whose membership included First Nations partners, federal and provincial government representatives as well as content matter experts. The mandate of this project is to develop and update culturally appropriate safer sleep information and tools for Indigenous peoples that could be incorporated into existing programs and services.

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A note on gender inclusive language
Throughout this document the terms ‘women/individuals’ and ‘breast/chest’ feeding are used as gender-inclusive terms embracing cisgender, transgender, gender non-binary, gender non-conforming, and Two-Spirit peoples. These terms are used to acknowledge that people who do not identify as women can also become pregnant, give birth and breast/chest feed. Chest feeding is a term that is becoming more commonly seen and may be used by parents to describe their approach to feeding and nurturing their baby. Some parents may prefer using the term nursing, or human milk feeding. ‘Parent/caregiver’ is also used to acknowledge the diversity of family structures and caregiving relationships.
BACKGROUND

The updated resource includes important information and recommendations on how to facilitate conversations with Indigenous parents/caregivers on safer sleep options. It encourages informed shared decision making on safer sleep with a focus on the strengths of Indigenous knowledge, cultural values and practices. Indigenous People refers to First Nations, Métis and Inuit Peoples. It is important that this information in this resource be shared with all individuals who provide care to the baby. This may include parents, foster parents, grandparents, aunts, uncles, cousins, Elders and babysitters.

The updated resource should be used in combination with:

- PSBC’s Safer Infant Sleep: Practice Resource for Health-care Providers
- The provincial companion parent resource: Safer Sleep for my Baby
- PSBC’s Honouring Indigenous Women’s and Families’ Pregnancy Journeys Practice Resource

Teachings from our precious babies who left us too soon; what can we do to prevent sleep-related infant deaths?

We all know that babies are precious little beings. We believe babies are sacred gifts from the Creator. We also know that the life cycle, birth, infancy, childhood, adolescence, adulthood, parenthood, Elderhood and death include different teachings at each stage of our lives.

It seems only natural to look for teaching from the stage of infancy. When we do this, we see that one thing we have learned from the babies who have left us to early, in relation to unsafe sleep practices, is that there are things we can do to prevent other babies from making an untimely journey to the Spirit World.

Although some deaths will remain unexplained, enhanced investigations and further research helps us understand some of the main causes of most of these deaths.

SHARE THESE TEACHINGS WE HAVE LEARNED FROM OUR BABIES WHO HAVE LEFT US TOO SOON

Honouring Our Babies Safer Sleep Tool Kit is here to help protect our Sacred Gifts. Share with everyone to protect our future babies as Sacred Gifts of Life. It is all of our responsibility as caregivers, moms, auntsies, dads, uncles, cousins and grandparents to protect our little ones.

For the babies who were only with us for a short time, we are grateful for what we have learned from you so we can protect our future generations of babies and honour your memories in this way.

When a baby (or any persons at any stage of life) is called to the Spirit World, the family, community and Nation can come together in ceremony to support the grieving loved ones spiritually, emotionally, mentally and physically.

All our Relations
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INTRODUCTION

Many Indigenous teachings explain that babies are gifts of life from the Creator. Babies rely on us as parents/caregivers, families, and communities to love, care for, and protect them. Babies are also our teachers who help us learn and grow. Elders’ teachings remind us to think about the whole circle of life. They remind us that the health of each baby, child, adult, family, community and Nation is a result of the balance and harmony of spiritual, emotional, mental, and physical aspects of the medicine wheel.

Sadly, sometimes our babies leave the circle suddenly and far too early as a result of sleep-related infant death or accidental deaths. Honouring Our Babies Toolkit: Safer Sleep is culturally safe, trauma informed and evidence-based to help protect our babies. Many people were involved in creating this interactive tool to share with those who care for infants.
**KEY TERMS**

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death</td>
<td>Accidental death is defined as &quot;suffocation as a result of items in the bed, lying face down or the parent or another child rolling onto the baby.&quot; <em>(1)</em></td>
</tr>
<tr>
<td>Bedsharing</td>
<td>Bedsharing is defined as parents/caregivers sleeping on the same adult surface as their infants. This could include a mattress or an adult bed. Bedsharing in the context of safer sleep is distinct from sofa and/or recliner sharing. Sleeping with an infant on a couch or recliner is not a safe sleep arrangement.<em>(2,3)</em></td>
</tr>
<tr>
<td>Co-sleeping</td>
<td>Co-sleeping is a common term used by health-care providers and parents/caregivers; however, there is a lack of standardization in the literature on how to define this term. When discussing co-sleeping, it is important to ensure both health-care providers and parents/caregivers have the same understanding of the term. Due to the lack of standardized definition, PSBC does not use this term in this resource. <em>(3)</em></td>
</tr>
<tr>
<td>Room sharing</td>
<td>Room sharing is defined as parents/caregivers sleeping in the same room as their infant, but sleeping on a separate sleep surface, such as a crib, cradle or bassinet. <em>(2,3)</em></td>
</tr>
<tr>
<td>Informed shared decision making</td>
<td>Care based on informed shared decision making is defined as, &quot;decisions that are shared by a health-care provider and client and informed by best evidence, not only about risks and benefits, but also client-specific characteristics and values. It occurs in a partnership that rests on explicitly acknowledged rights and duties, and an expectation of benefit to both.&quot; <em>(4)</em> With informed shared decision making, patients are partners in their own health care.</td>
</tr>
<tr>
<td>Sudden, unexpected infant death during sleep</td>
<td>Sudden, unexpected infant death during sleep is an umbrella term used by the British Columbia Coroner’s Service to refer to all unexpected infant deaths that occur during sleep as the result of undetermined causes (formerly referred to as SIDS), accidental causes, and natural causes. Throughout this resource the term ‘sleep-related infant death’ will be used.</td>
</tr>
<tr>
<td>SIDS</td>
<td>Sudden infant death syndrome is defined as, &quot;the death of an infant under one year of age, which is sudden and unexpected without a clear cause. It is not a diagnosis.&quot; <em>(2 p32)</em> For the purposes of this document, the term &quot;sleep-related infant death&quot; will replace the terminology of SIDS; however, it has been included based on historical use.</td>
</tr>
</tbody>
</table>
Elders teach that relationships between the environment, living conditions, and history affect the realities of our lives. Colonization has led to multiple losses and has had an effect on the health of Indigenous communities. The effects of these losses of land, culture, community and spirituality have been experienced through the generations. Furthermore, the effects of these losses help us understand why Indigenous babies may be exposed to more of the “risk factors” for sleep-related infant deaths due to environmental factors.

In BC, research shows that sleep-related infant deaths are approximately four times higher among Indigenous babies than non-Indigenous babies. The reasons for higher rates of sleep-related infant deaths among Indigenous babies are linked to risk factors. A risk factor is something that increases a baby's risk of dying from sleep-related infant death. The risk factors are commonly related to determinants of health such as: reduced access to standard prenatal care, higher rates of smoking among pregnant women/individuals, young maternal age, becoming a mother/parent for the first time, low educational attainment, and low income. Another risk factor is recognizing and understanding how colonization and assimilation has interfered with the ability for some Indigenous peoples to pass down intergenerational knowledge regarding safe sleep practices that protected babies from sleep-related infant death (i.e. safe use of cradle boards).

It is important to realize that when we recognize and become aware of risk factors we can take actions to support families to reduce those risks. Using Safer Sleep Cards is an example of this action or step.

Creating a safe and respectful space to discuss sleep-related infant death

It is important to ask families for their permission to discuss safe sleep and sleep-related infant deaths. By asking families for their permission you are showing them respect. In most cases, families will give you permission to discuss safer sleep. If families choose to discuss safer sleep practices, it is important to let them know that the discussion can be stopped at any time.

In some cases, families may choose not to discuss safer sleep and sleep-related infant deaths. It is important to respect the family's choice. You can offer to discuss safer sleep with them at another time, and offer to leave them with some material to read when they are ready.

To note: Some families may have personal experience with losing a baby to sleep-related infant death and having a conversation related to sleep-related infant death can be triggering. If it is learned that a loss has been experienced, recognize and respect grieving is an individual journey. If appropriate seek permission to offer the family support, information and resources regarding perinatal grief and loss:

Living My Culture: Indigenous Voices: Honouring Our Loss and Grief

After the loss of your baby (bcwomens.ca).
When we discuss safer sleep with our families it is important to understand and accommodate the needs of Indigenous people. Use the 4 R’s framework and 6 key principles of cultural safety to guide cross-cultural dialogue. Using this approach for cross-cultural dialogue creates an accommodating space to discuss safe sleep. Babies are gifts, and all parents and families share a goal to love, care for, and protect their babies.

THE FOUR R’S FOR CROSS-CULTURAL DIALOGUE

- RESPECT Indigenous peoples for who they are and what they know about safe sleep practices

- Provide Indigenous peoples with information that is RELEVANT to either lives, experiences, worldviews in relation to safe sleep practices and recognize some knowledge may not be up to date and may require some support to learn new knowledge

- Encourage RECIPROCITY in healthcare relationships by viewing teaching and learning as a two-way process where shared decision making is possible and open discussion can lead to safe or safer sleep circumstances for their babies

- Enable clients to exercise RESPONSIBILITY and make decisions about safe sleep practices.

SIX KEY PRINCIPLES

1. CULTURAL SAFETY AND CULTURAL HUMILITY – Ensuring that clients are receptive to care because they feel supported and safe and that healthcare providers—recognizing the limits of their understanding—seek guidance from their clients.

2. SELF-DETERMINATION – Explaining options so patients can make informed decisions about their treatment and care.

3. TRUST THROUGH RELATIONSHIP – Fostering a connection with clients built on trust.

4. RESPECT – Demonstrating an understanding of, and respect for, traditional practices and knowledge.

5. ANTI-INDIGENOUS RACISM – Building awareness of overt and covert racism, and developing policies and procedures to deal with racist incidents.

6. STRENGTH AND RESILIENCE-BASED PRACTICE – Promoting positive outcomes by focusing on a clients’ strengths
USING THE SAFER SLEEP CARDS

The Honouring Our Babies - Safer Sleep Illustration Cards are a “deck” of 20 cards that can be used by anyone to discuss safer infant sleep with parents/caregivers, families, Elders, and grandparents. The cards have been developed to be interactive, evidence-based, trauma informed, and culturally safe.

The front of the illustrated cards has pictures that portray situations that may be safe or unsafe which allows for discussion. You can use these cards with families by asking their thoughts, feelings, or perspectives on the picture.

- Some of the illustrated cards show safer sleep practices where the parent’s/caregiver’s decisions have helped reduce the risk of sleep-related infant death for their baby.

- Some of the illustrated cards show unsafe sleep practices where there are risk factors present that increase the risk of sleep-related infant death.

- There are cards that show cultural practices that keep our babies strong and protected. These teachings were passed down from our ancestors. Ask the parents/caregivers if they know of any ceremonies around keeping babies strong and protected.

The back of the illustrated cards contain the key safer sleep principles to discuss with families: sleep environment, sleep position and sleep surface, which helps the parents/caregiver create a safer sleep plan.
What safe sleep practices do you see in this picture?

BREAST/CHEST FEEDING - BABY’S FIRST TRADITIONAL FOOD

This picture shows many protective ways of being with a baby. The baby is being breast/chest fed, which helps protect against sleep-related infant death. Breast/chest feeding is the first traditional food which brings the strength of our ancestors in the human milk. There is a crib next to the bed so that the baby can share a room on a separate firm sleep surface. This is called ‘room sharing’ and helps reduce the risk of sleep-related infant death.

DISCUSSION POINTS

• Breast/chest feeding is important for you and your baby:
  - Offer the resource Breastfeeding Wellness Teachings for Mothers, Families and Communities.
  - Offer the resource 10 Great Reasons to Breastfeed.

• Breast/chest feeding helps prevent sleep related infant death – it helps boost a baby’s immune system.

• Breast/chest feeding for at least the first six months is very important and helps protect babies from illness. The more you breast/chest feed the greater the protection. Any amount of human milk will help keep your baby healthy.

• Continued breast/chest feeding to the age of two years or more is recommended.

• It is normal for babies to feed often during the night, and as a result some parents feel themselves bedsharing. (See Card 4 for safer sleep guidance)

• If you are over-tired, unwell or taking medication that makes you sleepy, if it is possible always try to have someone in the room with you while breast/chest feeding or holding your baby skin-to-skin in case you fall asleep – they can move baby to their safe sleep space.

If you have any concerns about feeding your baby, get support early from a public/community health nurse, lactation consultant, midwife, maternal and child health worker and/or doula.
<table>
<thead>
<tr>
<th>CARD</th>
<th>SLEEP SITUATION</th>
<th>TOPIC OR THEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The 4 R’s and 6 key principles of cultural safety framework to guide cross-cultural dialogue.</td>
<td>When we discuss safer sleep with our families it is important to understand and accommodate the needs of Indigenous people. Use the 4 R’s framework and 6 key principles of cultural safety to guide cross-cultural dialogue.</td>
</tr>
</tbody>
</table>
| 2    | Parents and family member are having open conversation with health-care provider on safe sleep practices. | Prenatal conversation about safer sleep:  
- Supporting informed shared decision making  
- Exploring risks  
- Exploring protective factors  
- Including family in conversations about sleep |
<p>| 3    | A baby sleeping in a bassinet next to his or her parents’ bed. | Room Sharing – baby is sleeping in the same room as parent/caregiver for the first 6 months and on a different sleep surface. |
| 4    | A parent is sharing the same sleep surface as baby. | Bedsharing with baby is sleeping on the same surface as their baby. This can include a mattress or an adult bed. Detailed safety information is provided. |
| 5    | Entrapment of baby between sleep surfaces. | Baby can get wedged between bed, wall or end tables. |</p>
<table>
<thead>
<tr>
<th>CARD</th>
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<th>TOPIC OR THEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>A mother/individual is breast/chest feeding her baby with a crib placed next to her bed.</td>
<td>Breast/chest feeding is protective against sleep-related infant death.</td>
</tr>
<tr>
<td></td>
<td><em>Baby’s Best Chance parent handbook</em></td>
<td></td>
</tr>
</tbody>
</table>
| 7    | A mother/individual is sleeping on couch with her baby sleeping on an alternative safe sleep surface next to the couch. | Alternative Sleep Surfaces: Safe sleep strategy if:  
• Away from home  
• A parent/caregiver regularly sleeps on a couch  
• If an approved crib, cradle, or bassinet is not available.  
• Sleep surface is firm and free of hazards. |
<p>| 8    | Babies are sleeping safely in alternative sleep places. | Boxes, drawers, tubs, and laundry basket are all safe places for baby to sleep when placed on the floor. |
| 9    | A baby is sleeping in crib and is being exposed to tobacco smoke. | Exposed to tobacco and secondhand smoke. |
| 10   | A baby is wearing a hat/toque when being placed down to sleep and may become overheated. | Infant overheating should be avoided |</p>
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</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Cultural Ceremony</td>
<td>Ceremonies kept our babies strong and supported by family and community.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Family connections</em></td>
</tr>
<tr>
<td>12</td>
<td>Baby is being held in two different carriers/slings. Both are safe.</td>
<td>Baby is in the 'M' position in first carrier, and in traditional sling in second. Baby's head is safe in both examples and not too close to chest.</td>
</tr>
</tbody>
</table>
| 13   | New parents arrive at a family member's house for a visit after a long car ride. Their baby is asleep in a car seat, and the parents/caregivers need to decide where to safely place their baby to sleep. | Anticipatory guidance when away from home:  
- Car seats are not approved for safe sleep;  
- Couch is too soft for safe sleep;  
- Empty laundry basket on the floor with a light blanket can provide an alternative safe sleep surface |
| 14   | Swaddling: Examples of safe (baby's arms are free) and unsafe way to swaddle baby. | Conversation about safer sleep and swaddling:  
- Conversation about normal sleep biology  
- Support informed shared decision making  
- Explore risks of swaddling information  
- Explore safer swaddling information  
- Include family/caregivers in conversations about safer swaddling  
- Explore strategies to improve parents/caregivers well-being |
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<th>TOPIC OR THEME</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Baby is in a commercial sleep sack.</td>
<td>If using commercial sleep products to sleep, (e.g. sleep sacks) offer families safety information.</td>
</tr>
<tr>
<td>16</td>
<td>Baby is being cared for while in Cradleboard.</td>
<td>Cradleboard, papoose boards were the traditional carriers of Indigenous people. The cradleboards provided security and discipline. The babies were always with the parents/caregivers and never out of sight while they worked. As a family and community someone was always caring for the infant. Discuss these practices with mother/individual and provide support on how to continue to use these practices while following the safer sleep principles.</td>
</tr>
<tr>
<td>17</td>
<td>Period of Purple Crying - Babies cry and it is important to understand why some may cry more.</td>
<td>Babies cry for many reasons. Important to learn the infants' cues and why some babies may cry more. Parents/caregivers who learn about baby behavior and who are well supported are better able to cope.</td>
</tr>
<tr>
<td>18</td>
<td>Sleep Position</td>
<td>Protecting your baby by placing baby to sleep on their back for every sleep including naps always keeps your baby safe.</td>
</tr>
</tbody>
</table>

**THE PERIOD OF Purple Crying®**

**PEAK OF CRYING** Babies around 3 months old peak at 2 months.

**UNEXPECTED** Crying comes and goes, and you don’t know why.

**RESISTS SOOTHING** No matter what you try, your baby still cries.

**PAIN-LIKE FACE** Your baby seems to be in pain, even when they’re not.

**LONG LASTING** Up to 5 hours a day or more!

**EVENING** Late afternoon and evening are peak crying times.

**The Period of Purple Crying, What We Know About Infant Sleep Problems**
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>How babies breathe while laying down.</td>
<td>The airway is protected when baby sleeps on their back. Baby may find it difficult to breathe when sleeping on tummy.</td>
</tr>
<tr>
<td>20</td>
<td>Tummy Time and exercise</td>
<td>It is important for baby to be active every day and supervised Tummy Time is a good time to play with your baby while on their tummy. Tummy Time is a great way to help your baby grow strong.</td>
</tr>
</tbody>
</table>

*Caring for Kids, Information for parents from Canada’s Pediatricians*  
*Baby's Best Change Book: Tummy Time*
REFERENCES


ADDITIONAL REFERENCES


ADDITIONAL RESOURCES

FNHA HEALTH BENEFITS GUIDE
Pregnancy and Baby Care Resources page 12

QUITTING SMOKING
QuitNow provides free, confidential, no-pressure counselling and support from trained specialists.
Phone 1-877-455-2233
HealthLinkBC: Phone 8-1-1

QUITTING ALCOHOL DURING PREGNANCY
HealthLink BC File 38d: Pregnancy and Alcohol Use

BREAST/CHEST FEEDING
Baby’s Best Chance
HealthLink BC: Breastfeeding

VIRTUAL MEDICAL SERVICES
Doctors of BC
MaBAL (Mother and Babies Advice Line)
Virtual Substance Use and Psychiatry Service
(Resource and Support tab for more Details)