HONOURING OUR BABIES
(SAFER SLEEP CARDS)

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TEACHINGS FROM THE PRECIOUS BABIES WHO LEFT US TOO SOON:
WHAT CAN WE DO TO PREVENT SLEEP-RELATED INFANT DEATH?

We all know that babies are precious little beings, this is so in every culture, including First Nations, Inuit and Métis culture. We believe babies are sacred gifts from the Creator. We also know that the life cycle of birth, infancy, childhood, adolescence, adulthood, Elderhood and death, include different teachings at each stage of our lives.

It seems only natural to look for teachings 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 departure to the Spirit World.

We must honor those babies who left us too soon, because they helped teach us how to protect the next generation of babies. Please share these teachings we have learned with everyone to protect our future babies as sacred gifts of life. It is all of our responsibility as moms, aunties, dads, uncles, cousins, grandparents and caregivers to protect our little ones.

As for those babies who were only with us for a short time, we can be grateful to them for what we have learned to protect the next generation of babies, and honour their memories in this way. When a baby (or any person 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.
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.

Respect
Respecting Indigenous Peoples for who they are;
Providing Indigenous Peoples with information that is relevant to and respectful of their worldviews;
Encouraging reciprocity in healthcare relationships; and,
Enabling Indigenous Peoples to exercise responsibility and agency over their health.

Relevance
Cultural Safety and Cultural Humility
Self-Determination
Trust Through Relationship
Respect
Anti-Indigenous Racism
Strength and Resilience-Based Practice

Reciprocity

Responsibility

We would like to hold our hands up high to Auntie Lucy of the T’it’q’et Nation, RN, MScN. Mother, sister, daughter, granddaughter, wife, former Indigenous Lead, Perinatal Services BC for sharing her wisdom that has been integrated throughout this resource.
These are the teachings of the babies who left us too soon:

**SLEEP ENVIRONMENT**
- Smoke and substance free environment is best – during pregnancy and after birth. [SEE CARD 9]
- Ensure baby is not overheated in a warm house and not overdressed. [SEE CARD 10]
- It’s safest not to swaddle your baby for sleep. [SEE CARD 14]
- Room sharing – babies are safest sleeping near a parent/caregiver in the same room, whether for naps during the day or at night for the first 6 months. [SEE CARD 3]
- When visiting take extra care to plan ahead so you have a safe sleep place for your baby to sleep. [SEE CARD 13]

**SLEEP POSITION**
- When putting baby down to sleep: put them on their back to sleep at nap time and bedtime. [SEE CARD 18 AND CARD 19]
- When using carrier, sling, wrap to sleep: position baby upright, with face visible, and chin off the chest. [SEE CARD 12]
- Avoid commercial wedges and positioning devices for babies. [SEE CARD 15]
- If your baby is able to roll over and roll onto their stomach, you do not need to wake them up and put them onto their back. [SEE CARD 19]

**SLEEP SURFACE**
- Choose a surface that is firm, flat and free of objects (no bumper pads, baby wedges, pillows, heavy/weighted blankets, quilts, comforters or toys). [SEE CARD 5]
- Use cribs/cradles/bassinets that are approved by Health Canada (including a bassinet that attaches to a playpen).
- If parents/caregivers do not have access to a crib or bassinet, use alternative safer sleep surfaces. [SEE CARD 7 AND CARD 8]
- Never place babies alone on an adult bed, recliner or couch.

**PROTECTIVE FACTORS**
- Stopping or reducing smoking (before pregnancy is best).
- Breast/chest feeding for six months or more helps prevent sleep-related infant death because it helps boost a baby’s immune system. The more you breast/chest feed the greater the protection. Any amount of human milk will help keep your baby healthy. [SEE CARD 6]
- Routine immunizations.
Where is the safest place for baby to sleep?

What does this family need to consider to make a safer infant sleep plan for their baby after their birth?

This family is sitting down together with a health-care provider to discuss different options for where their baby will sleep after they are born. They are talking about where their baby will sleep at night and for the daytime naps where their baby will be put down to sleep. It is important for all family members to learn safer sleep practices too.

What does this family need to consider to make a safer sleep plan for their baby?

Questions to explore together:

- Where do you think your baby will sleep?
- What have you heard about keeping your baby safe while they sleep?
- What would you like to know about keeping your baby safe while they sleep?
- Do you have family or friends who can support you?

Information to discuss together as you consider your pregnancy, your family situation and your preferences for caring for your baby:

All babies are safest:

- Sleeping on a firm, flat mattress free of objects (pillows, blankets, toys, wedges)
- Sleeping in the same room as their parent(s)/caregiver(s) for the first six months of life
- Sleeping at a comfortable temperature – room is not too hot and baby is not swaddled or wearing a hat
- Sleeping in a house that is free of tobacco and substance smoke
- Sleeping on their back for every sleep

Some babies are more at risk for sleep-related infant death – consider the following about your baby:

- Twin or multiples?
- Premature or born small for their age?
- Tobacco smoke, alcohol or other drug exposure during pregnancy?
- Will there be tobacco or substance smoke exposure in the house?
ROOM SHARING

You can help keep your baby safe by placing them in the same room as you on a separate firm surface free of objects, like a crib or bassinet for the first 6 months. This is called ‘room sharing’ and it reduces the risk of sleep-related infant death.

DISCUSSION POINTS

• Keeping your baby close to you, but on a separate safe sleep surface, makes it easier to breast/chest feed, care for, and bond with your baby.

• Babies who sleep in the same room as an adult for the first 6 months have a reduced risk of sleep-related infant death.

• You can also put the crib or other safe sleep surface on the ground next to your sleep surface if you are away from home.

• Check for a label on sleep surfaces (crib, cradle and bassinet) that shows the date it was made. If it does not have a label, it may not be safe.

• Health Canada recommends using a crib no more than 10 years old.

• Check regularly to make sure that the hardware is tight and not damaged.

• Cribs and cradles should not be painted with lead paint or have decorative cut-outs or corner posts higher than 3 centimeters tall.

• Spacing should not be wider than 6 centimeters between bars.

• Never use a drop-side crib. The hardware can break and the drop-side can detach, making a space between the side and the crib mattress.
What safe sleep practices do you see in this picture?

BEDSHARING

Bedsharing happens when a baby shares the same mattress or adult bed as a parent/caregiver. Discuss the sleep surface options that are safe for all infants with parents/caregivers. Sleeping with a baby on a couch or recliner is not a safe sleep option. It is also important to discuss sleep surface options that are safer for infants at increased risk (preterm) as well as for healthy, term, breast/chest fed infants.

DISCUSSION POINTS

Some families may prefer to bedshare for cultural or personal reasons, and some families might end up bedsharing even if they hadn’t planned to. If you think you might ever share a bed with your baby, or even if you don’t plan to do so, here is some safety information to make sure your bed is as safe as possible for your baby:

- Always put baby on their back to sleep.
- Do not place baby on a pillow or cover them with adult blankets.
- Avoid bedsharing on soft mattresses or water beds.
- If you are overly tired or unwell, have your baby sleep on a separate safe sleep surface or have someone else take your baby while you rest.
- If you or your partner drinks alcohol or takes any drugs or medications that make you sleepy, there is a risk of rolling over onto your baby causing your baby to suffocate.
- Parents/caregivers who breast/chest feed will naturally sleep in a protective “C” position. This protects baby from moving down under covers or under pillows.

For some babies, such as babies listed below, the safest sleep option is to have their own separate sleep surface eg. crib or alternate safe sleep surface

SEE CARD 7 AND CARD 8:

- Preterm babies
- Babies born small (less than 2.5kg or 5.5 pounds)
- Twins or triplets
- Babies who were exposed to alcohol or commercial tobacco before birth

For some babies it may be an option to sleep on the mattress or adult bed with their parent/caregiver:

- Term babies
- Typical size for term baby (not too small)
- Breast/chest feeding baby
What unsafe sleep practices do you see in this picture?

**ENTRAPMENT OF BABY BETWEEN SLEEP SURFACES**

This card illustrates how a baby can get wedged between the bed or head of the bed, wall, or end tables. Take care to place your baby in a safe and contained surface. Regular cribs and basinets (that meet Canadian Safety Standards) are the first choice for your baby. If a safe sleep surface for your baby is not available, a baby box, like a drawer or laundry hamper, is a good back up and prevents your baby from sleeping in an unsafe place. *SEE CARD 8*

**DISCUSSION POINTS**

- Use cribs/cradles/bassinets specifically designed for infants (that meet the Canadian Safety Standards).
- The bottom of these sleep surfaces only needs a little covering. Use a light blanket wrapped around a sturdy piece of cardboard. Tape it to the bottom of the cardboard so the blanket is tightly secured and will not bunch up.
- It is important to ensure the bottom is firm, flat and free of clutter.
- Make sure the sleeping area is free of toys, pillows, heavy blankets and bumper pads.
- Avoid putting baby down to sleep alone on adult beds, recliners or couches.
- Don't place baby to sleep alone on an adult bed.
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 Breastfeeding Information for Parent

• 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/caregivers find 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, primary care nurse, doctor, lactation consultant, midwife, maternal and child health worker and/or doula.
What safe sleep practices do you see in this picture?

ALTERNATIVE SAFE SLEEP PRACTICES

In this picture the parent is visiting relatives or friends and sleeping on a couch. They are keeping their baby with them in the room to sleep (room sharing) but using an alternative sleep surface for their baby. This helps reduce the risk of sleep-related infant death.

DISCUSSION POINTS

- Mom/parent has placed their baby in a sturdy laundry basket that has a firm flat bottom.
- This is a safe alternative sleep surface for a baby when a crib, cradleboard, or bassinet is not available.
- Mom/parent also made sure baby’s sleeping area is clear of heavy or loose blankets, pillows, toys, sheepskins, or bumper pads. These are dangerous because they could cover baby’s nose and mouth making it difficult to breathe.
- Mom/parent has placed laundry basket next to couch so their baby can sleep in the same room as them on a separate sleep surface: called Room Sharing.
- It is recommended babies sleep in a crib, cradle, or bassinet that meets Canadian Safety regulations. If in good condition any of the alternatives in CARD 8 can provide a safer sleep surface.
- The bottom of these sleep surfaces only needs a little covering. Use a light blanket wrapped around a sturdy piece of cardboard. Tape it to the bottom of the cardboard so the blanket will not bunch up. It is important to ensure the bottom is firm, flat and free of clutter.
What safe sleep practices do you see in this picture?

ALTERNATIVE SAFE SLEEP PRACTICES

The pictures on the front of this card are safe alternative sleep surfaces.

DISCUSSION POINTS

- Infants are safest sleeping in a Health Canada approved crib, cradle or bassinet (including a bassinet that attaches to a playpen) near a parent/caregiver in the same room, whether for naps during the day or at night until they are at least six months old.

- If using an alternative sleep surface, ensure that the surface is firm, flat and placed on the ground with minimal padding.

- Alternative sleep surfaces (baskets/drawers, etc.) should only be used until baby is able to sit up, pull self-up and crawl.

Some people may have less positive feelings about the use of some alternative sleep surfaces as they feel it too closely represents a coffin for a baby. These are real and valid feelings and beliefs and need to be respected. It is their choice.

- The bottom of these sleep surfaces only needs a little covering. Use a light blanket wrapped around a sturdy piece of cardboard. Tape it to the bottom of the cardboard so the blanket will not bunch up. It is important to ensure the bottom is firm, flat and free of clutter.
What safe and unsafe sleep practices do you see in this picture?

SMOKE: BABY’S HEALTHY SAFE ENVIRONMENT

Baby is placed safely on their back in a crib that is firm, flat and free of clutter. Baby’s parent/caregiver made the safer decision to smoke outside but did not close the door. Baby is being exposed to secondhand smoke (the smoke that's exhaled from cigarettes or vaping) and thirdhand smoke (the chemical residue from smoke left on clothes, carpet, furniture dust), which increases the risk of sleep-related infant death.

DISCUSSION POINTS

• To protect baby it’s safest to avoid tobacco smoke when you are pregnant and after birth. Make sure your baby is not around tobacco smoke in the home or community. Commercial tobacco contains many chemicals that can harm you and your baby’s health.

• To protect your baby, discuss with family, care providers, friends and community about not smoking in the house or anywhere near your baby. Secondhand smoke is more harmful for babies than adults because they breathe faster and are still growing and developing.

• Thirdhand smoke is harmful to baby because chemical residue from commercial tobacco smoke also gets on clothes, furniture and carpeting. Babies can be exposed to thirdhand smoke left behind on clothing after a person has smoked. The residue from the smoke is brought into the house on the person’s clothing.

• Less smoking in your household will be good for your whole family’s health, not just your baby’s.

• Even if you don’t quit or cut down on smoking, breast/chest feeding is still recommended as it provides important health benefits for both you and your baby. If you have smoked, wash your hands and change your clothing before you feed your baby. Smoke right after breast/chest feeding.

• It is not too late to quit or even decrease the amount you smoke. Think about what you are ready to do and what is realistic for you. Quitting smoking can be hard. Some quit smoking during pregnancy and others while they are breast/chest feeding.

To help you quit or reduce the amount you smoke:

- see your health provider,
- join a stop-smoking program,
- contact QuitNow.ca 1-877-455-2233 for free, no pressure support,
- call HealthLinkBC at 811
What safe and unsafe sleep practices do you see in this picture?

TEMPERATURE: ROOM AND BABY’S CLOTHING

In this picture baby is put to sleep wearing a toque. This may make baby too warm while sleeping, especially if the room temperature is higher than 20 degrees or if they are near a heat source such as a wood-burning stove. Overheating increases the risk of sleep-related infant death.

DISCUSSION POINTS

- There is a risk if your baby is too warm while sleeping.
- If you are comfortable with the temperature in a room, your baby will be too.
- Don’t overdress your baby, swaddle/bundle, or use hats inside the house. See Card 14 for safer swaddling.
- Warm weather is usually not a problem indoors if your baby is not overdressed and can sweat.
- Your baby is more likely to get too hot if put to sleep on their tummy. Always place your baby on their back for sleep, for naps and at night.
- It is safe to use a well fitted sleeper blanket/sleep sack, or a light blanket tucked firmly under the bottom end of the mattress, with baby’s arms free when placed to sleep.
- To ensure your baby is not too warm check the back of their neck for sweat. To ensure your baby is not too cold check their upper arms and thighs.

Are there any safe sleep practices in this picture?

- Baby has been placed to sleep on their back.
- Baby is sleeping on a firm and flat surface – a crib.
- Baby's sleeping area is free of objects like loose or heavy quilts or duvets, pillows, toys, sheepskins or bumper pads. These are dangerous; they can cover a baby's nose and mouth and make it difficult to breathe.
- Baby is sleeping in the same room as their parent/caregiver.
What cultural ceremonies are there in your community related to pregnancy and babies?

CULTURAL CONSIDERATIONS

Babies are considered to be gifts from the Creator in many Indigenous communities. Participating in ceremonies shows love and respect for your baby.

- Communities may have ceremonies related to pregnancy or child birth and baby; like placenta, belly button, naming, or spiritual cleaning ceremonies.
- If you’re interested in learning more, reach out to someone in the community or family who can share or support you with these blessings.
- Fanning with an eagle feather or cedar brushing are great ways to bless and cleanse your new family addition.

Cultural Ways Of Carrying Babies:

Lots of parents/caregivers carry their babies, both awake and sleeping, in soft slings, carriers, or cradleboards:

- When using a sling, check on your baby often. Some babies have suffocated when they were improperly put in a soft-bag-type sling or carrier. **SEE CARD 12**
- Make sure your baby’s face and airway are free and open to a good air supply. Avoid having baby:
  - In a chin-to-chest position that can accidentally block their airway
  - With their face pressed up against the parent’s body
- Ring-type slings carry babies upright and help protect the airway. Always ensure baby’s head and neck are supported, especially if your baby was born premature (too early). **SEE CARD 12**
- Do not zip a jacket over top of your baby. This will cut down their air supply and not allow you to check on your baby.

If your baby was born premature, or with a low birth weight, is congested and having breathing troubles such as a cold, or has medical problems, discuss with your health-care provider before using a sling or soft carrier.
What safe sleep practices do you see in this picture?

POSITION IN SOFT SLINGS AND CARRIERS

Many parents/caregivers carry their babies, both awake and asleep, in soft slings or carriers. Some parents/caregivers create a sling out of a large scarf. The type and amount of support the sling gives baby depends on the type of sling used. Check your baby frequently if they are in a sling or carrier. Carriers, wraps and slings can be used for babies who are awake or asleep if used safely.

DISCUSSION POINTS

Some babies have suffocated when they were improperly positioned in a soft, bag-type sling or carrier. It is important parents/caregivers make sure their baby’s face and airway are free and open to a good air supply:

- Parents/caregivers should avoid having baby in a chin-to-chest position that can accidentally block baby’s airway.
- Parents/caregivers should ensure baby’s face is not pressed up against the parent’s/caregiver’s body.
- Ring type slings carry babies upright and help protect the airway. Parents/caregivers should always ensure their baby’s head and neck are supported, especially if baby was born premature (too early).
- This position helps baby to sleep and breath comfortably and also helps baby to develop healthy strong hips.
- It is not safe to leave babies unattended in slings or carriers. If a baby falls asleep in a sling or carrier and you decide to put them down to sleep, remove the sling or carrier and place baby on a safe sleep surface.
- What safer sleep practices do you see in the picture?

Position baby safely in a sling or carrier using the TICKS tips:

- **T** tight and close to parent’s/caregiver’s body
- **I** infant’s face should be in view at all times with no fabric on their face or head
- **C** close enough to kiss
- **K** keep infant’s chin off their chest
- **S** supported back
Where is the safest place for baby to sleep?

What are ways parents/caregivers can keep baby safe when visiting relatives?

This family has just arrived at their relative’s house for a visit after a long drive. Their baby is still asleep in the car seat. They have to decide the safest place for their baby to sleep. The relative does not have a crib. Can you help them decide? It is important for family members to learn safe sleep practices too. Car seats, baby swings, strollers and other carriers are not made for safe sleep. They are not covered by safety regulations for safe sleep like cribs are.

DISCUSSION POINTS

CAR SEAT - UNSAFE

- Car seats are made for keeping babies safe during car rides.
- Car seats have harnesses or straps and are sloped, which carry some risks for safe sleeping. Babies heads can fall forward which can lead to their airway being blocked. Also, babies can move their body position and the harness or strap can press across their neck.
- Check on baby during car rides, take breaks to check on and re-position baby. When you arrive at your destination make sure to take baby out of the car seat and place them on a safe sleep surface. SEE CARD 8
- It is also safer to have someone sit in the back seat to observe your baby.
- Remember, safe sleeping surfaces for babies must be firm, flat, and free of objects.
- Now that the parents have arrived at their relative’s house, take baby out of the car seat and place baby on a safe sleeping surface. SEE CARD 8
- When not in the car, traditional cradleboards, moss bag carriers, and cedar baskets may be used if available. SEE CARD 16

COUCH - UNSAFE

- If you plan to sleep on the couch, keep in mind the couch is not a safe place for your baby to sleep. The cushions are too soft and baby's face may sink into the cushions or become trapped between the cushions. Even babies who do not roll over yet can slide in between the cushions. SEE CARD 5

LAUNDRY BASKET - SAFE

- The empty laundry basket is a safe place for your baby to sleep if it has a firm, flat bottom such as a pad or a thin blanket that will not bunch up. For example, the parents can wrap a light blanket around a sturdy piece of cardboard and use strong tape on the bottom to secure the blanket. That is all the covering that is needed for a firm sleep surface. SEE CARD 8
**Swaddling: what do I need to know about helping my baby sleep well and safely?**

It is important for all family members/caregivers to learn safer sleep practices to empower them to make informed decisions that meet their cultural preferences, values and needs.

**DISCUSSION POINTS**

**Questions to explore together:**

- What have you heard about swaddling your baby for sleep?
- What would you like to know about keeping your baby safe while they sleep?
- What have you heard about how much your baby will feed and sleep?
- Do you have family or friends who can support you?

**Swaddling**

- It is safest not to swaddle your baby for sleep.
- Tight swaddling can cause your baby to overheat, which may put your baby at higher risk for:
  - sleep-related infant death
  - chest infections, and
  - development problems with their hips (hip dysplasia) **SEE CARD 16**
- Swaddling may decrease babies' arousal which means it's harder for them to wake up. That may sound like a good thing. However, babies with lower arousal are at higher risk for sleep-related infant death.
- Swaddled babies can also get stuck on their stomachs if they roll over.
- Swaddling in the early days can lead to less breast/chest feeding and slower weight gain for your baby.
- Some babies, such as preterm and substance-exposed babies, may require swaddling as part of their care while in the hospital. It is safest to stop swaddling your baby once at home.

**Safer Swaddling**

If families swaddle their baby to sleep, for cultural or other reasons, offer families the following information on how to “safely swaddle.”

- Swaddle your infant from the shoulder down – not over the face, and ensure hands and arms are free.
- Swaddle so that you can fit two fingers between the blanket and your infant's chest.
- If swaddling, use a light blanket and monitor for sweating. If infant is sweating they may be overheated and it is suggested to remove the swaddle. **SEE CARD 10**
- Ensure your infant can still move their legs.
- Stop swaddling after two to three months or once your infant shows signs of rolling over or is able to move the blanket themselves. Swaddle only when a parent/caregiver is watching an infant to protect them from rolling over.
- Avoid swaddling your infant if they resist.
- Unbundle your infant during feedings, as swaddling prevents an infant from shifting their position as needed.
What do I need to know about commercial sleep products?

**BLANKETS AND SLEEP SACKS**

If using commercial sleep products to sleep, (e.g. sleep sacks) offer families the following safety information:

- If a sleep sack is used a blanket is not needed.
- Choose a light-weight sleep sack that is the right size for your baby. Make sure it fits properly around the neck and armholes. If it’s too big, your baby’s head can slip down inside the sack, which can cause your baby to overheat or suffocate. (e.g. should never cover your baby’s nose or mouth).
- If you do not have a sleep sack, your baby will be warm enough in just footie pajamas.
- If your baby can sleep without a swaddle or a sleep sack, they don’t need to wear one.
- Weighted sleep sacks and weighted blankets are **NOT SAFE** for children under two years old because they may become trapped underneath them or make it hard for them to move or breathe, especially if the blanket covers their face or nose.
- If you nap or sleep with your baby on a safe adult sleep surface it’s safest to not use your weighted blanket in your bed. [SEE CARD 4](#) for safety information about sleeping with an infant in an adult bed.

Infant Sleep Anticipatory Guidance:

When discussing safer infant sleep and healthy sleep development with parents/caregivers, offer information on infant sleep behaviours in the first year and discuss ways to increase parents'/caregivers’ mental health and well-being:

- Refer to [PSBC infant sleep discussion guide](#) on how to have discussion with parents/caregivers on infant sleep.
- Key infant sleep behaviour messages:
  - Frequent night waking is a normal part of infant sleep
  - Babies need their parents'/caregivers’ help when they are young to comfort them and calm them down while having their needs met through breast/chest feeding often day and night.
  - Frequent night waking is protective against sleep-related infant death.
  - Parents/caregivers who are well supported are better able to adapt to their baby’s normal sleep patterns. Offer parents/caregivers information about the NEST-S guidance for supporting health and well-being.

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<th>Nutrition: Eat healthy food and drink enough fluids.</th>
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<td>Exercise: Engage in physical activity.</td>
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<td>Sleep and rest: Sleep when your infant sleeps.</td>
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<td>Time for yourself: Take breaks for yourself, such as reading, walking and practicing mindfulness techniques.</td>
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<td>Support: Reach out to a social support network for help</td>
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What safe sleep practices do you see in this picture?

CRADLEBOARDS

For generations, in many Indigenous communities, cradleboards or papoose boards were the traditional carriers and surfaces to keep babies safe when sleeping. Although specific designs of cradleboards are different, they are handmade, framed, flat baskets where baby is placed on their back.

IF USING A CRADLEBOARD:

- Cradleboards are used for daytime sleep when baby can be kept near to an awake adult who is keeping them safe.
- Do not swaddle or fasten your baby tightly, baby needs to breathe easily and should not be overheated.
- A light blanket is all that's needed.
- The healthiest position is when baby's legs are not held tightly and straight, but when flexed at the hip with legs apart (naturally) which promotes natural hip development. It is important not to keep baby's hips held tightly together for long periods of time to prevent hip dysplasia or dislocation. (hipdysplasia.org) SEE CARD 14
- Just like a car seat – baby should not be in the cradleboard for long periods.
- To keep baby safer in the cradleboard do not lean cradleboard against wall or anything else.
- Always place the cradleboard flat on the floor so baby does not fall, and the cradleboard should be away from heaters or anything that could fall on baby.
- If you are doing chores around the house, please ensure someone is always watching your baby while in the cradleboard or sling. Our Ancestors always watched the little ones as it is everyone’s role to keep the little ones safe.
THE PERIOD OF Purple Crying®

PURPLE crying stands for:

PEAK OF CRYING
Crying might increase each week, peak at 2 months, and be gone by 3-5 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.
What do I need to know about baby behaviour and crying?

NORMAL BABY BEHAVIOUR AND CRYING

Babies cry more at some times in their life than other times. Some people call this the period of purple crying or colic. You can think of this time as a normal developmental period. There is nothing wrong with either your baby or with you as a parent/caregiver. This time starts any time after 2 weeks of age and may last until baby is 3 or 4 months old. Every baby goes through it, but some babies just cry more than others. Babies who are born early will go through the Period of Purple Crying later than babies born at term.

Never get so angry or frustrated that you shake your baby. Shaking can cause serious and sometimes fatal damage to babies because they cannot control their heads and necks.

Discuss with your health-care provider if you need additional help or support. You can also call 8-1-1 and speak with a health-care provider.

DISCUSSION POINTS

- Babies sometimes cry more than usual. Crying often comes in later afternoon or evening. It could last for hours.
- Babies who have fussy periods often sleep less.
- In the meantime you may feel frustrated, exhausted, overwhelmed, angry and defeated. These feelings are normal but it is important to remember to never shake a baby.
- When a baby is fussing often, even the best parent/caregiver may need help. That is normal.
- If you are alone with your baby and feeling frustrated, it is fine to put your baby in a safe environment. Walk away until you feel calm. It is OK to ask for help.
- It can be helpful to use a sling, carrier or wrap to carry and calm your baby. **SEE CARD 12**
- It can be helpful to use soothing language and songs.
- Never shake your baby because shaking can bruise and damage the brain. This is called “Shaken Baby Syndrome”.
- Remember to think about safe sleep each time you put your baby down to sleep.
- The Period of Purple Crying resource can be found at [www.purplecrying.info](http://www.purplecrying.info).
- Share this information with anyone who will be caring for your baby.

Reach out to family & friends for help so you can get some rest.
SLEEP POSITION NAPS AND BED TIME

This picture shows an example of safer sleep practices. Baby has been placed on their back, on a firm flat surface that is free of objects. They are not swaddled or over bundled with heavy blankets and are not wearing a hat.

DAYTIME SLEEP:
An important way to protect your baby from sleep-related infant death is to ALWAYS place your baby on their back to sleep for naps. Your baby will be looking up to the Creator. Your baby is more likely to get too warm if sleeping on their tummy, especially if they have their head covered.

When carrying your baby in a sling, carrier or wrap for daytime sleep protect your baby by keeping them upright, with their face visible and their chin off their chest. SEE CARD 12

NIGHTTIME SLEEP:
An important way to protect your baby from sleep-related infant death is to ALWAYS place your baby on their back to sleep for sleep and for every night. SEE CARD 4

Back and tummy sleep and choking:
Choking is a very common concern amongst parents/caregivers and families. Share with families and parents/caregivers: there is no evidence that babies choke when they sleep on their backs. Babies might actually clear spit-up and vomit better when placed on their backs. SEE CARD 19
Which image shows a baby in a safe position for sleeping? Why?

Some families think their baby will choke on their own spit sleeping on their back. The Creator created our bodies to be able to spit out while lying on our back. Thank the Creator!

BABY LYING ON THEIR BACK
- The airway (trachea) is ABOVE the food tube (esophagus).
- Spit-up milk drains AWAY FROM airway due to gravity, making this position safer.

BABY LYING ON THEIR TUMMY
- The airway (trachea) is BELOW the food tube (esophagus). Spit-up milk drains towards the airway because of gravity, making this position less safe.

OLDER BABIES WHO CAN ROLL OVER
- Place your baby to sleep on their back. Once your baby is old enough to roll over during their sleep you don’t need to worry about turning them back on their back during the nap or the night time.

BABY STARTLE REFLEX - THE MORO REFLEX
- This reflex (body movement that happens suddenly) happens when a baby is startled by something; a loud noise, or sudden movement.
- It looks like a baby arching their back, flinging their arms out and then bringing their arms back close to their body. This reflex lasts about 3 months after birth and is normal. Some families worry when they see their baby do this while sleeping on their back but it’s normal. It does not mean baby should be on their tummy or swaddled.
Is tummy time safe?
Why is tummy time important?

TUMMY TIME

Tummy time is good for babies and safe when baby is AWAKE and someone is WATCHING.

DISCUSSION POINTS

• Allowing baby time on their tummy decreases the development of flat spots on their head (it can happen if baby is always on their back with head in the same position. When baby is on their back it is important to turn baby's head to different positions: right, left, centre).

• Tummy time is important for:
  – Developing healthy muscles
  – Preparing baby to crawl
  – Developing neck and back muscles
  – Improving head control
  – Supporting brain development

• Placing a baby on their tummy can sometimes help if they have gas or cramps.

• Babies should have supervised “tummy time” when they are awake, for 10 to 15 minutes and at least 3 times a day. This can be started soon after birth but for less time. Start with 1-2 minutes and increase the time as your baby tolerates it.

• Lay on the floor with your baby and have fun playing. This is a great time to just connect with your baby.

• If baby falls asleep, make sure to turn baby onto their back or carry baby to crib and place them on their back.

• Carrying your baby during the day in a sling, carrier or wrap can also help to prevent flat spots on baby’s head. SEE CARD 12