

Safer Infant Sleep

Practice Resource for Health-Care Providers

February 2022

Perinatal Services BC (PSBC) announces the 2022 release of the Safer Infant Sleep Practice Resource for Health-Care Providers

This updated resource was developed in accordance with current clinical guidelines and best practice recommendations, as well as with consultation from a variety of health-care providers, including midwives, lactation consultants, physicians, and nurses. This update is based on the recommendations published in the 2019 BC Coroner's Service Report, "Sleeping Safely: A BC Coroners Service Death Review Panel report examining deaths among infants (2013-2018)." This updated resource uses a family centered, trauma informed and culturally safe approach when discussing infant sleep practices. One of the key improvements of this revised resource is taking a targeted approach to provide key messages for infants at increased risk of sudden unexpected infant death (SUID) during sleep as well as strengthening the harm reduction messaging.

The updated Safer Infant Sleep Practice Resource for Health-Care Providers replaces PSBC's, "Safer Infant Sleep Practice Support Tool (2016)" as well as PSBC's, "Safe Sleep Environment Guideline for Infants 0-12 months of Age (2011)." This practice resource is for health-care providers and not intended for distribution to parents/caregivers or families. This resource aligns with the patient facing resource created by the Ministry of Health "Safer Sleep for My Baby": https://www.healthlinkbc.ca/sites/default/files/safer-sleep-for-my-baby.pdf

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What's New?

Updated information on the following topics:

a) Continuum of Care: Having the Conversations with Families

Additional emphasis has been placed on the importance of all perinatal care providers using a family-centered, trauma-informed and culturally safe approach when having conversations about safer infant sleep with families during the preconception, pregnancy, and postpartum periods.

Safe Sleep Surface Decision Aid for Health-Care Providers: Conversations with Families on the Benefits and Risks of Different Sleep Practices

Infant sleep conversations structured in an informed shared decision framework engages families to make decisions that takes into account their knowledge, values and beliefs along with evidence-based information. Engage parents/caregivers in a balanced conversation about the risks and benefits of different infant sleep practices while acknowledging their social and cultural context in order for them to make an informed decision. PSBC created a "Safe Sleep Surface Decision Aid for Health-Care Providers" to help inform shared decision discussions on the safe options for infant sleep based on parents/caregivers' circumstances.

c) Breastfeeding and Bedsharing: Tailored Messaging for Infants with Pre-Existing Risk Factors versus Infants with no Pre-Existing Risk Factors.

Recent evidence supports there is no increased risk for sudden, unexpected infant death during sleep among healthy breastfeeding infants that bedshare in the absence of pre-existing risk factors and exogenous stressors. There is also a strong relationship between breastfeeding duration and bedsharing (i.e., breastsleeping).

d) Swaddling: Benefits and Risk of Swaddling

Swaddling is not a recommended practice in most circumstances. Some populations, such as preterm and substance-exposed newborns, may require swaddling as part of developmentally appropriate care. However, the practice of swaddling is recommended to be discontinued prior to hospital discharge, due to the increased association with a higher risk of sudden, unexpected infant death during sleep. Routine swaddling in the early days may lead to less breastfeeding, which may be associated with greater weight loss, more jaundice and a delay in milk production. Health-care providers are encouraged to have open discussions with parents/ caregivers about swaddling their infants to empower families to make informed decisions that meet their cultural preferences, values, and needs.

For families who have made the informed decision to swaddle, for cultural or other reasons, PSBC has compiled a list of recommendations on how to swaddle as safely as possible.

e) Moss Bags and Cradleboards, Slings, Carriers and Wraps

Information is included on how to safely use moss bags and cradleboards as a safe sleep surface for infants. If parents/caregivers decide to use a cradleboard, provide them with information on the importance of never leaving the infant alone in a cradleboard, placing the cradleboard flat on the ground away from heaters and avoiding leaning it against walls or bookshelves.

A list of safety tips on how to use slings, carriers or wraps is included.

New Sections

a) Change in Sudden Infant Death Syndrome (SIDS) Terminology

In 2009, the BC Coroners Service along with the Canadian Medical Examiners and Chief Coroners across the country shifted the language of what was previously described as SIDS or sudden unexpected death in infancy (SUDI) to being classified as deaths that are "undetermined." According to the BC Coroner's Service, "It is the position of Canadian Medical Examiners and Chief Coroners that any unexplained infant sleeping death are instances of undetermined death...SUID and SUDI, and "undetermined" are used to describe what would have previously been called SIDS only a few years ago.

b) Considerations for Indigenous Infants

Information is included on how to facilitate conversations on safer sleep and encourage informed shared decision making on safer sleep with Indigenous parents/caregivers.

c) Assessing Risk During the Perinatal Period

The Triple Risk Model has been included to help health-care providers and parents/caregivers assess their risk of sudden, unexpected infant death during sleep in the perinatal period and to support informed shared decision making around infant sleep.

▶ Figure 1 Triple Risk Model, Filiano & Kinney, 1994.

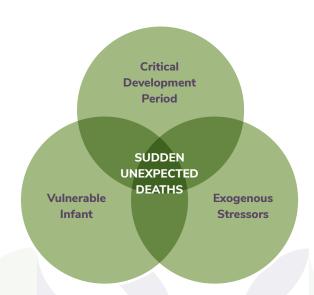
For more information, visit perinatalservicesbc.ca

d) Healthy Infant Sleep Development and Commercial Sleep Training Programs

Information is included on healthy infant sleep development as well as information on commercial sleep training programs to guide discussions with parents/ caregivers. It is important for health-care providers to consider the age of the infant when discussing the risks and benefits of sleep-training programs. There is no evidence that sleep-training programs are safe for infants less than six months of age. There is evidence that strategies used in sleep training can negatively impact breastfeeding exclusivity and duration. In addition, some sleep training recommendations contradict safer sleep recommendations.

e) Infant Sleep Discussion Guide

A discussion guide is included that provides speaking points for discussing infant sleep practices with parents/caregivers, information on infant sleep behaviours in the first year, strategies to improve parents/caregivers' health and well-being, and additional sleep support tips for infants over six months of age.



SAFE SLEEP SURFACE DECISION AID FOR HEALTH-CARE PROVIDERS

Health-care providers are encouraged to use the safe sleep decision aid in conjunction with the safer sleep principles to engage parents/caregivers in shared informed decision making regarding their infant's sleep surface.

