Sleep Safety for Children

When CDC researchers published statistics showing a four-fold increase in the incidence of accidental strangulation and suffocation in bed (ASSB) in infants between 1984 and 2004, the finding raised concerns for pediatricians.

Whatever the cause, to help prevent ASSB cases, it’s important for clinicians to institute proactive measures, such as providing new parents with education about safe sleep environments, said Debbie Schmutzler, BSN, RN, clinical manager of the PICU at Hasbro Children’s Hospital, Providence, RI.

The National Institute of Child Health and Human Development’s (NICHD) Back to Sleep Campaign to reduce SIDS is an excellent resource for parents and clinicians.

“Putting babies to sleep on their tummies is so engrained in people’s minds because that’s what our mothers and their mothers before them did,” said Pam White, MSN, CPNP, RN, clinical nurse educator for the NICU at Texas Health Harris Methodist Fort Worth Hospital, Fort Worth, TX. “It’s a hard cycle to break, so we’ve had to do a lot of education for staff about why it’s important for nurses to follow the rules even when the babies are monitored in the NICU.”

**PRACTICE WHAT YOU PREACH**

NICU nurses routinely place premature or ill newborns in various positions, either to meet their developmental needs or to improve respiratory status.

“Our nurses are trained to talk with parents, right from the beginning, about safe sleep,” White noted.

“If we have a very young preemie, we explain why we’re using alternative positioning (bringing the arms to midline, curling the baby up into an appropriate position) for developmental reasons,” she said. “We let them know, ‘When you go home, you’ll be following AAP [American Academy of Pediatrics] recommendations.’ We reinforce the message consistently, especially when we transition the baby from an [incubator] to a crib.

Before the baby goes home, White and colleagues demonstrate safe sleep practices following the AAP guidelines, including laying infants flat on their backs, covered lightly with one blanket that’s tucked in under the mattress.

Nurses at Florida Hospital for Children, Orlando, FL, are strong advocates of the Back to Sleep campaign and “safe sleep zones.”

“Once we move our NICU babies from [incubators] to open cribs, we remove the nests we’ve created for the developmental care so important for preemies,” said Kathryn Mikulencak, BSN, RN-C, clinical educator in the NICU. As part of discharge teaching, clinicians talk with parents about being careful to remove pillows, bedding and stuffed animals from the baby’s sleep area to create a safe sleep zone.

**PRENATAL EDUCATION**

New parents often learn bad sleep practices from friends and loved ones, said Susan Orr, PT, PCS, IBCLC, LCC, who teaches a baby care class for pregnant mothers and their partners at Long Beach Memorial Medical Center, Long Beach, CA.

“Even though we talk about evidence-based practice, parents are still incredibly influenced by the people around them,” Orr said. “I often cringe when an expectant parent says to me, ‘My friend told me...’ and then proceeds to describe an unsafe or outdated practice.”

Knowing parents will ultimately make their own decisions, Orr discusses a number of options.

“I start out by describing the variety of places babies can sleep, including cradles, cribs, bassinets, co-sleepers, and even sharing a bed,” she said. “Then we talk about whether those cribs and bassinets will be in the parents’ bedroom or in a separate room. The discussion focuses on a safe sleep environment, no matter where the baby is put to sleep.”

**SAFE SLEEP ENVIRONMENT**

Carole Jenny, MD, MBA, professor of pediatrics at Brown University School of Medicine, Providence, RI, director of the Child Protection Team at Hasbro and a nationally known expert in child abuse prevention and treatment, emphasizes the importance of addressing real-life issues.

“We teach parents about sleep positioning and firm surfaces without any sheepskins, thick bumper pads, or even something as cushioned as a pillow-top mattress,” she said. “We need to let parents know if they’re going to share a family bed, they need to select an appropriate bed. We need to let parents know they shouldn’t share a bed with the baby when they’re severely sleep-deprived, on medications that make them drowsy, or when they’ve been drinking alcohol.”

Babies should be on a firm surface, in close proximity to the parent but in a separate sleep environment, added White. “We’re very pro-breastfeeding but tell parents an adult sleeping with the infant is one of the most dangerous things that can happen. We coach them to position themselves so they won’t fall asleep before putting the baby back in his own bed.”

Reference


This handout was written by Sandy Keefe, MSN, RN.

Information provided by SleepSafe Beds LLC, a manufacturer of safe sleep environments for children and adults headquartered in Bassett, VA. Visit www.sleepsafebed.com

Sleep for Children with Neurological Disabilities

During the night, low-functioning children may wander around the house, disrupting their own sleep and that of family members and potentially posing significant safety concerns. In response, some parents create “fortified cribs” with safety netting or stronger and higher side rails or remove all the furniture from the room. These are generally constructed by the caregiver in secret because of fear of professional disapproval.

Alarm systems may provide an additional measure of safety, because they alert caregivers when the child has left the bedroom during the night. Children with neurodevelopmental disabilities often sleep better in their own home environments, because their sleep and behavior may deteriorate in a strange place where the bed, visual environment, voices, sounds, and smells are unfamiliar.


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