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Infant Sleep Positioning and SIDS: Counseling Implications

In 1994 the Association of SIDS and Infant Mortality Programs (ASIP) joined with the U.S. Public Health Service, the American Academy of Pediatrics, the SIDS Alliance and others to launch a national public health campaign entitled *Back to Sleep* to reduce the risk of Sudden Infant Death Syndrome. This initiative was based on research reports from Australia, New Zealand, England, Norway as well as data from the United States recommending placing healthy newborns to sleep on their back or side as a risk reduction strategy. In 1996 this recommendation was revised to endorse back sleeping as the best position for infants. Since the inception of this campaign, the SIDS rate has decreased 30 - 40% in the United States - the greatest decrease in the SIDS rate since statistics have been compiled. While such a dramatic decline suggests that a change in sleep position to back sleeping may reduce the risk of SIDS, it has also demonstrated that sleep position in and of itself, is not a cause of SIDS.

Other Risk Reduction Recommendations:

- Utilize early and medically recommended prenatal care
- Avoid drugs, alcohol, and smoking during pregnancy
- Do not allow smoking around infant
- Breastfeed when possible
- Avoid overdressing or overheating baby
- Maintain regular well-baby health visits
- Obtain immunizations on schedule
- Place baby to sleep on a firm mattress. Avoid bean bag cushions, waterbeds, soft fluffy blankets, comforters, sheepskins, pillows, stuffed toys or other soft materials

This change in sleep position from tummy to back poses no increased risk for illness or infant death in normally healthy infants. However, tummy sleeping may be recommended for some infants with symptoms of gastroesophageal reflux and infants with certain upper airway abnormalities. It is important for parents to discuss recommendations for their infant's sleep position with their health care provider.

Professional caregivers who provide counseling and support to families are well aware of the impact any media coverage of SIDS research reports has on family members. Although there is no reason for self-blame, regardless of the sleeping position of the SIDS infant, parental responses may be more intense and complex due to the widespread coverage of this national campaign and the observed decrease in the SIDS rate. Parents and caretakers may reexamine the circumstances and events of the child's death, causing them to revisit painful and emotional issues which they had previously resolved. Feelings of guilt and culpability may resurface, causing parents to again confront the "what if" and "if only" questions. It is anticipated that parents of newborns, child care providers, and families whose infant has died in any sleep position will require guidance as a result of the *Back to Sleep* campaign.

COUNSELING GUIDANCE SUGGESTIONS

Parents of Newborns and Infant Care Providers:

- Start baby sleeping in the back position to help the baby become accustomed to that position
- Burp babies properly during and after feeding before being put to sleep
- Do not restrain baby to maintain sleeping position
- Discuss the baby's sleep position preference with child care providers
- Consult with the pediatrician or health care provider about the need to maintain this recommended sleeping position as the baby becomes more active and begins to roll over
- Place baby on tummy when awake and observed to encourage motor development and to prevent flat spots from developing on baby's head

Families and Child Care Providers Whose Infant Has Died in the Tummy, Back or Side Position:

- No causal relationship has been determined by studies which have suggested an association between the tummy sleeping position and SIDS risk
- Back sleeping position will not eliminate SIDS
- Infants die in all positions including back or side
- SIDS is complex - one single factor has not been identified as the cause
- SIDS remains unpredictable and unpreventable
- Parents and caretakers should not be blamed

Promotion of the supine sleeping position signifies a policy change in infant care practice. We must be mindful of the impact it will have on SIDS families and new parents. It is imperative that healthcare professionals continue to provide counseling and compassionate support services to families who experience a sudden infant death. ASIP strongly urges additional studies be conducted to identify the basic mechanisms of SIDS and to monitor compliance and the impact of the Risk Reduction Campaign.

1. American Academy of Pediatrics Task Force on Infant Positioning and SIDS. "Positioning and Sudden Infant Death Syndrome (SIDS): Update." *Pediatrics*. 98 (6), 1216-1218, December 1996.
2. Lerner H. "Sleep Position of Infants: Applying Research to Practice." *MCN*, 18: 275-277, September/October 1993.
3. McClain, ME and Shaefer, SJM, "Supporting Families after Sudden Infant Death." *Pediatric Annals*, 24(7):373-378, 1995
4. National Institutes of Health, Bethesda Maryland, Nov. 1997, *Questions and Answers on Sudden Infant Death Syndrome*.
5. Willinger, M., Hoffman, H.J., and Hartford, R.B. "Infant Sleep Position and Risk for Sudden Infant Death Syndrome: Report of Meeting Held January 13 and 14, 1994, NIH, Bethesda, MD." *Pediatric*, 93 (5), May 1994.

ASIP is a co-sponsor of the Back to Sleep campaign with the AAP, SIDS Alliance, NICHD, MCHB, CDC, and other PHS programs. These guidelines were developed @1994 and revised @1998 by the Association of SIDS and Infant Mortality Programs, co-authors: Kathleen Fernbach, RN, BSN; Rosanne English-Rider, RN, MHS; Mary McClain, RN, MS; and Jodi Shaefer, RN PhD. For additional information about the Back to Sleep campaign, please call the National SIDS Resource Center at (703) 821-8955 or ASIP at (410) 706-5062 c/o Center for Infant and Child Loss, 630 West Fayette St., RM. 5- 684, Baltimore, Maryland 21201.