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Creating a Safe Sleep Environment for the Infant: What the Pediatric Nurse Needs to Know

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ABSTRACT

Despite the release of guidelines by the American Academy of Pediatrics (AAP) on safe infant sleep and public service campaigns aimed at reducing risk factors over the past 25 years, deaths due to Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Infant Death (SUID) are still the 4th leading causes of infant death in the United States. Findings from several studies demonstrate that nurses do not consistently model safe sleep practices with infants due to a lack of education on evidence-based practice and misconceptions regarding safe infant sleep. The aim of this paper is to demonstrate the need for expanded education to both nurses and parents on the principles of safe infant sleep and the impact it can have on decreasing risk factors for SIDS and SUID. Strategies are outlined for additional education for nurses and parents to enhance adherence to safe sleep guidelines and quality improvement projects aimed at the implementation of culture change are discussed. Going forward it is critical that nurses take an active role in seeking additional education on modifiable risk factors linked to SIDS and SUID and use that education to model and teach safe infant sleep practices with every infant at every encounter.

A nurse in the pediatric unit is caring for an infant who has a moist cough and occasional emesis. The nurse swaddles the infant and places her in a side-lying position for sleep. A few minutes later, the nurse manager enters the room for daily rounding and sees the infant, now in the prone position. After moving the infant onto her back, the nurse manager asks the primary nurse why the infant was not in a supine position. The nurse responds that the infant has had "three incidents of emesis this morning and I didn't want her to aspirate while she was sleeping."

Introduction

Developing components of a safe sleep environment for the infant in order to reduce SIDS risk factors has been a widely researched topic for the past 25 years. In fact, creation of a safe sleep environment is the leading initiative for reducing the risk of Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID) (AAP, 2016b; American Academy of Pediatrics [AAP], 2016a). Despite this research and the release of several public service campaigns, 73% of healthcare professionals interviewed recommended side sleeping for infants (Yikilkan et al., 2011) and 28% of nursing students interviewed indicated that sleeping prone was acceptable or did not know the current AAP guidelines for safe sleep (Lane, 2015). This is an opportunity for improvement, because nurses have the position within the community, and the professional responsibility to provide parent education and model best practices when it comes to safe infant sleep (Simon-Burrell, 2014). This article addresses the importance of nursing education on the implementation of evidence-based practice, describes the influence nurses have when modeling safe sleep practices for infants, and dispels common misconceptions nurses may have regarding safe infant sleep environments.

Background

Literature review

Hospitalizations of infants provide an opportunity for nurses to reinforce parental education on creation of a safe sleep environment with the aim of reducing modifiable risk factors. Over 250,000 infants are admitted to the hospital each year (Witt, Weiss, & Elixhauser, 2014). These hospitalizations, defined as any admission through twelve months of age after the birth admission, coincide with the time of greatest risk for infant death due to SIDS and SUID (AAP, 2016a; AAP, 2016b). SUID is defined as the death of any infant less than 12 months of age, with or without an explanation, which is sudden and unexpected (Centers for Disease Control [CDC], 2016). Upon investigation of infant deaths classified as SUID, most are found to occur during sleep in an unsafe

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sleep environment and can be further classified into one of three categories (CDC, 2016). The first category, SIDS, is defined as the death of any infant less than 12 months to which no cause can be attributed even after an autopsy is completed. SIDS account for just over 40% of reported SUID cases each year. The two remaining types of infant deaths reported as SUID are Accidental Suffocation and Strangulation in Bed (ASSB) and deaths attributed to some unknown cause (CDC, 2016).

Public service announcements have been somewhat successful in providing the necessary information and education on safe sleep. Statistics have shown a reduction in SIDS related deaths since the introduction of the American Academy of Pediatrics "Back to Sleep" campaign in 1994 (Patton, Stiltner, Wright, & Kautz, 2015). However, the decline of SIDS related deaths have plateaued over the past several years (AAP, 2016a; Patton et al., 2015). This plateau is evidenced by a review of the most current national vital statistics that lists SIDS as the fourth leading cause of all infant deaths, those between ages zero days through 11 months. In addition, SIDS is listed as the second leading cause of post neonatal infant deaths, those occurring between ages 28 days through 11 months, in the United States (Heron, 2016). Another unforeseen change is that SUID deaths have not experienced the same plateau (Hauck, Tanabe, McMurry, & Moon, 2015). Rather, statistics indicate an increase in the number of sleep-related SUID (AAP, 2016a; AAP, 2016b) with deaths attributed to SUID accounting for approximately 3500 infant deaths each year (CDC, 2016).

Infant death due to injury can also be addressed with a safe sleep environment. According to the CDC, ASSB was the leading cause of infant death due to injury in 2016 (CDC, 2015). These injuries resulted from suffocation due to soft bedding and blankets in the crib or by parents rolling on top of the infant. Other notable causes included injuries from suffocation and strangulation due to wedging and entrapment between furniture and bedding (CDC, 2015). Most, if not all, of those injuries and deaths reported were the results of some type of modifiable risk factor (AAP, 2016a). In response to the plateau and modifiable risk factors, the AAP has released and revised nineteen recommendations for creating a safe infant sleeping environment (Table 1) and reducing sleep-related deaths in infants (AAP, 2016a).

The steady rate of SIDS and SUID can be attributed to several different causes. The most significant of these causes being a knowledge gap between safe sleep education and practice (Rowe et al., 2016). This gap in knowledge and practice is not an issue that is isolated to the general public. The deficiency can be seen in the widespread inconsistencies of nurses modeling varied practices related to infant safe sleep environments (Canter, Rao, Patrick, Alpan, & Altman, 2015; Yikilkan et al., 2011). Nurses have reported conflicts between creating a safe infant sleep environment and providing a stimulating and playful environment that caters to the needs of the developing infant (Geyer, Smith, & Kair, 2016). Discrepancies in knowledge and practice can also be seen in audits and questionnaires directed toward the practices of the pediatric nurse. Results from these surveys revealed that only 50% of nurses adhere to the guidelines for safe infant sleep (McMullen, Fioravanti, Brown, & Carey, 2016; Rowe et al., 2016). To provide and promote best practice, education for the pediatric nurse should be increased, misconceptions regarding safe sleep should be refuted, and modeling of safe sleep behaviors with each encounter should be standard practice.

Table 1
AAP Recommendations for a Safe Infant Sleeping Environment (2016a).

1	Back to sleep for every sleep
2	Use a firm sleep surface
3	Breastfeeding is recommended
4	Infant should sleep in the parent's room, close to the bed, but on a separate surface designed for infants
5	Keep soft objects and loose bedding away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment and strangulation
6	Consider offering a pacifier at nap time and bedtime
7	Avoid smoke exposure during pregnancy and after birth
8	Avoid alcohol and illicit drug use during pregnancy and after birth
9	Avoid overheating in infants
10	Pregnant women should obtain regular prenatal care
11	Infants should be immunized according to AAP and CDC recommendations
12	Avoid use of commercial devices that are inconsistent with safe sleep recommendations
13	Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS
14	Supervised, awake tummy time
15	No evidence to recommend swaddling as a strategy to reduce the risk of SIDS
16	Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk-reduction recommendations from birth
17	Media and manufacturers should follow safe sleep guidelines
18	Continue "Safe to Sleep" campaign
19	Continue research and surveillance on risk factors, causes and pathophysiologic mechanisms of SIDS and other sleep related infant deaths with ultimate goal of eliminating these deaths altogether

Understanding evidence based practice

Education

A key component when providing education about safe infant sleep is cultural competence. Prior to implementing any nursing education program, the nurse's own cultural beliefs and biases should be assessed (Gaydos et al., 2015). Completing this assessment allows the nurse to understand current practices and any barriers to providing a safe sleep environment. Understanding one's own beliefs and biases also allows the nurse to provide more comprehensive education to parents of infants and allows establishment of an open line of communication between the nurse and the parents. When education and cultural competence are combined, the information provided has a higher chance of success in changing behaviors and practices (Gaydos et al., 2015).

Education must not be limited to the parents of the infant. Additional education of both the nurse and the parent on safe infant sleep is critical to the success of reducing risk factors for SIDS and SUID (McMullen et al., 2016). An expanded knowledge base for the nurse provides a foundation for the practices modeled in the hospital. Education on risk factors, which is endorsed by several nursing organizations, allows the nurse to understand the rationale behind safe sleep recommendations and instills a level of confidence in the nurse's practice. Along with this understanding and rationale comes increased compliance with the safe sleep guidelines (Patton et al., 2015).

Increased knowledge also allows for two-way conversations on safe sleep. These conversations combined with teaching between the nurse and the parent need to occur in order to close the knowledge gap (McMullen et al., 2016; Rowe et al., 2016). Education for the nurse should encompass the current AAP guidelines, nursing organization guidelines and recommendations on safe sleep for the home and hospital environment, as well as hospital specific policies based on these guidelines (Goodstein, Bell, & Krugman, 2015). This ensures that the nurse is aware of and comprehends all of the components that go into creating a safe sleep environment for each infant in their care.

Modeling safe sleep

Strict adherence to a safe sleep environment must be maintained. Modeling of best practices by all nurses is critical to increasing adherence to safe sleep recommendations (Gelfer, Ricci, Masters, & Kennedy, 2013). Several studies have shown that role modeling best practices by the nurse is a crucial component to education on safe sleep (Flook & Vincze, 2012; Gelfer et al., 2013; Goodstein et al., 2015), not only for parents, but also for other nurses. Sleep practices observed in the hospital environment, whether demonstrated by nurses or doctors, are more likely to be followed and repeated by all involved in the infant's care (Gelfer et al., 2013). A nurse's actions can heavily influence the behaviors of other nursing staff, even when they are using unsafe behaviors (Canter et al., 2015). For example, the practice of

providing extra blankets to create a nest for the infant, elevating the head of the bed and using other supplies for positioning is often seen in the hospital (Rowe et al., 2016). However, this practice can be imitated by the infant's parent and poses a risk to the infant's safe sleep environment. Modeling best practices at each encounter is a critical component of reinforcing safe sleep practices (Goodstein et al., 2015).

Misconceptions about safe sleep

With any new change in policy or practice, there will be questions and misconceptions about its efficacy and rationale. For any safe sleep education program to be successful and have a lasting impact, common myths, misconceptions and barriers regarding safe sleep need to be addressed (Hauck et al., 2015). Misconceptions about the safe sleep environment need to be considered from both the point of view of the nurse as well as the family caring for the infant. These barriers and misconceptions include risk of aspiration, resistance to change in practice, family and cultural traditions, and media portrayal of safe infant sleep (Drake, Colson, & Hauck, 2015).

Risk of aspiration

Fear of aspiration in the supine infant is a major misconception. In fact, it is a leading cause for placement of an infant in the prone or side lying position for parents and nurses (Patton et al., 2015). Even after the release of the AAP's expansion and revision of recommendations for safe infant sleep in 2011 (AAP, 2011) up to 45% of nurses surveyed maintained the belief that there was an increased risk of aspiration if the infant was placed supine for sleep (Patton et al., 2015). To counteract this fear, education regarding anatomy should be presented and discussed to demonstrate the misconceptions of this line of thinking (CDC, 2015; Eunice Kennedy Shriver National Institute of Child Health and Human Development, 2016).

Resistance to change in practice

In the past, positioning of infants for sleep had no strict guidelines. Prior to release of the "Back to Sleep" campaign by the National Institute of Child Health and Human Development in 1994, infants were placed in various positions for sleep (Patton et al., 2015). With the change in recommendation to placing the infant solely in the supine position for sleep, came resistance from many in nursing due to previous experience and skepticism regarding the evidence behind the change in practice (Hitchcock, Owen, & Young, 2013). Without gaining insight into the research and evidence for the change in recommendation, many nurses were hesitant to implement the recommendation for supine positioning and continued their current practice of placing the infant in the side-lying or prone position (Patton et al., 2015). By modeling sleep positioning in contradiction to AAP guidelines, these nurses reinforced the unsafe practice of prone positioning for parents of infants and other nursing staff (Gelfer et al., 2013).

Cultural traditions

In implementing new evidence-based practice, the nurse must not only increase his or her own knowledge, but also provide that information to the patient and patient's family. Cultural and traditional family practices can present a significant barrier to creating a safe infant sleep environment (Gaydos et al., 2015). It can be difficult, and at times uncomfortable, to have a conversation regarding the practices of the family within their own home and lifestyle. However, it is the role of the nurse to present information on safety and best practices even if the topic is difficult or awkward.

Media portrayal

Reinforcement of positive behavior is crucial to help mitigate media images portraying unsafe sleep environments for infants. The media frequently portrays images of infants sleeping in the prone position, side lying or surrounded by plush blankets, pillows, and stuffed animals (Flook & Vincze, 2012). Few media depictions are of infants **A**lone, on their **B**acks, and in their **C**rib, modeling the ABC's of safe sleep (Canter et al., 2015).

It is important that nurses take time with parents to address these misleading images and what they depict. Education regarding the unsafe sleep positions shown in print and online media as well as the reasons why these depictions are unsafe will increase awareness and understanding on the importance of a safe sleep environment for all infants (Flook & Vincze, 2012). Reinforcement through nurses modeling safe sleep behaviors every time can assist with cementing this education.

Implications for nursing practice

Unit culture change

With any new procedure or change in policy, the most difficult hurdle to overcome is often obtaining buy-in from the staff. This becomes increasingly challenging when the change affects long held beliefs and practices of those involved. Attempting to create and implement safe infant sleep environments in the hospital setting is not a new concept; several quality improvement projects aimed at nurses in the neonatal intensive care unit and mother baby unit are documented in the literature (Barsman, Dowling, Damato, & Czeck, 2015; Voos, Terreros, Larimore, Leick-Rude, & Park, 2015). These improvement projects centered around formal education for not only families, but staff as well. The implementation of educational programs resulted in an increase in compliance of safe sleep practices by parents and the nursing staff and an overall increase in patient safety (Barsman et al., 2015; Voos et al., 2015). However, the same emphasis on increasing infant safe sleep has not been as widespread in pediatric inpatient units and the practices of nurses working in these areas reflect that gap in knowledge (Rowe et al., 2016). To ensure that safe sleep practices are maintained with a sustained change in practice, a change in unit culture that embraces the importance of formal education for nurses on safe sleep is required (Graban & Swartz, 2012).

Involvement

Involvement from all levels of staff provides the structure on which change is built.

One of the most successful ways to implement and sustain any change to practice or culture is through the use of formal and informal leaders within the population affected by the change (Graban & Swartz, 2012). Formal leaders are able to provide support for the change by providing background information on the need for the change in practice as well as disseminating educational resources to assist in the change. Informal leaders, who emerge from within the staff experiencing the change, provide support for the change and bolster morale within the unit (Graban & Swartz, 2012).

In addition to supporting leaders to promote a transition, ways of involving each nurse in the new practice is a priority. Maintaining engagement of the nursing staff is a proven way to sustain a change (Graban & Swartz, 2012). Involvement can be in the form of continuing education to ensure that the latest research and evidence based practice is disseminated to all staff or incorportaing new ways of educating parents during the hospital stay. Education on safe sleep should be integrated into nurse residency and new hire programs to guarantee that all nurses are afforded the same information. Involvement in the change should also include looking for and reading new research as it is available.

Promotion of continuing education through a journal club or individual research not only increases the nurse's knowledge, but can also lead to an advancement of the unit as a whole (Laaksonen, Paltta, von Schantz, Ylönen, & Soini, 2013).

Nurse involvement can also be in the form of providing increased awareness and education for all of the hospital staff and the community at large. Involving the hospital pediatric nurses in an intiative that is larger than just their individual unit or hospital effort is another way to sustain engagement in a change of process or procedure. Cribs for Kids® is one such organization that encourages nurses to have multiple levels of involvement (Cribs for Kids, 2016). Cribs for Kids® is a national non-profit that has been dedicated to promoting safe-sleep in the community since 1998 and providing certification to hospitals as infant safe sleep zones since 2008. In addition to providing access to safe sleep environments to low-income families through supplying of cribs, Cribs for Kids® works with hospitals to ensure that a consistent message regarding the importance of safe sleep is provided by nurses through education and involvement (Cribs for Kids, 2016). Certification not only increases awareness for all, but also keeps the change in practice at the forefront as staff must remain active in the new process in order to maintain certification. This is done by performance of visual audits of infant sleep environments and Plan-Do-Study-Act cycles, to address any obstacles to implementation. Plan-Do-Study-Act cycles can be a useful tool in any improvement process as they allow for a plan to be put in place, observe changes in real time and act on what is learned. Certification also bridges a gap between the hospital environment and the public through community outreach and education, making the issue of safe sleep a common cause (Cribs for Kids, 2016).

Going forward

It is only with time that a complete change can be demonstrated, and that is true for any alteration in habit or behavior. When a change requires several steps, such as increased education and ensuring that education has application for practice, the transition can appear complex and time-consuming. However, complex changes can start with simple actions. These actions can include providing sleep sacks in lieu of blankets, promoting the ABC's of sleep and performing safe sleep audits to assess where improvements can be made. To provide the best patient care and to keep growing as professionals, nurses should embrace the chance to learn and implement new evidence-based practice. Through the utilization of evidence-based principles, influencing through modeling best practices and eliminating common misconceptions, nurses have the ability to decrease risk factors associated with SIDS and SUID in the hospital and educate parents about ensuring a safe sleep environment for their infant at home.

CRediT authorship contribution statement

Jaime A. Newberry: Conceptualization, Writing - original draft, Writing - review & editing.

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