

Infant Safe Sleep Checklist

Purpose: The goal of creating a safe sleep environment for infants is to reduce the risk of Sudden Infant Death Syndrome and other sleep-related deaths such as accidental suffocation and strangulation in bed. The purpose of this checklist is to provide the home visitor with a method for reviewing the infant's sleep environment. This checklist can serve as a basis for providing safe sleep education. This material was prepared by the SIDS Center of New Jersey based on the most recently issued guidelines and technical report, to date, of the American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death Syndrome. The articles (Moon, RY, Pediatrics, 2011) can be accessed through a link on the SIDS Center of New Jersey website: www.rwjms.rutgers.edu/sids. Safety guidelines for infant mattresses, cribs, cradles, bassinets and other sleep products can be accessed at the US Consumer Product Safety website, www.cpsc.gov. This information in this checklist addresses infants from birth through 12 months of age and is intended for discharged premature as well as term infants. Rarely, the infant's physicians may recommend alternative guidance based on a health condition. In these instances, the physician's advice should be the family's guideline.

The SIDS Center of New Jersey (SCNJ) is based at Robert Wood Johnson Medical School, a part of Rutgers, The State University of New Jersey, New Brunswick, NJ, and The Joseph M. Sanzari Children's Hospital at Hackensack University Medical Center, Hackensack, NJ. The program is funded in part by a grant from the New Jersey Department of Health to Robert Wood Johnson Medical School and a grant from the CJ Foundation for SIDS to Hackensack University Medical Center. For further information please contact the SCNJ at 1-800-545-7437. (This version prepared 7/13)

Directions: For each, place a plus sign where the description accurately conveys the infant care practice being used. Place a minus sign where the checklist description differs from what is done in the home. In reviewing all safe sleep guidelines with the family, point out where the practice in the home is consistent with the recommendations and where the practice differs from the description. Help families understand the purpose of each guideline, and address any concerns they may have about following a particular guideline. Use the SCNJ Safe Sleep flyer and the NICHD safe to sleep materials to illustrate your discussion.

1. Assess where the baby sleeps and what is in the sleep setting.

___ The Infant is always placed to sleep on a firm sleep surface, such as safety-approved crib mattress.

___ The infant is never placed to sleep on a sofa, chair or adult bed.

___ The infant is never put to sleep on the same sleep surface as another adult, child, infant or twin.

___ The mattress fits snugly in the crib with no gaps between end of mattress and the sides or edges of crib.

___ The fitted crib sheet fits tightly around the mattress

___ No soft or loose bedding, such as quilts or pillows, is placed underneath the infant.

___ Pillows, quilts, blankets, other loose bedding and bumpers are kept out of the infant's sleep area.

___ Instead of a blanket, the infant is placed to sleep in sleep clothing such as a one-piece sleeper. (The one-piece sleeper fits appropriately).

___ Nothing covers the infant's face.

___ Stuffed animals and stuffed toys are kept out of the sleep area.

___ If parents bring the infant to bed with them for comforting or feeding, they always return the infant to his or her separate sleep area such as a crib or bassinet or cradle when the parent is ready to sleep.

___ It is recommended that the infant's crib, bassinet or cradle be placed in the parents' bedroom.

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2. Assess the infant's sleep position (Parents should indicate if they have discussed sleep positioning with the infant's healthcare provider.)

___ Infants under one year of age are always **placed on their backs to sleep**, for naps and at night. (Opportunities for discussion: (1) there is no increased risk of choking; (2) Infants should continue to be placed supine for the first 12 months; however, once an infant can roll over from supine to prone and prone to supine, he or she can be allowed to remain in the sleep position that he or she may roll into following supine placement; (3) In rare instances; a health condition may have been identified that leads the infant's healthcare provider to indicate an alternative placement. Parents should be able to describe the exception.

___ When the infant is awake and **being watched by a caregiver**, it is desirable to place him or her on the stomach for "tummy time." Tummy time helps infants achieve developmental milestones and reduces the risk of flat spots developing on the head. Avoiding excessive time in carriers and bouncers can also help. Another method for helping to prevent flat spots is to alternate the direction in which the baby is placed to sleep in the crib (see below). By changing the direction of the baby's placement, the activity in the room is more likely to be on his left for some nights and on the right on others, leading the baby to turn his head in different directions and thus not always sleep on the same side of his head.



___ Parents avoid products that are intended to control the position of the infant in sleep as these have not been sufficiently tested for effectiveness or safety and have been found by the Consumer Product Safety Commission to have unintended adverse consequences.).

3. Assess the infant's environment

___ There is no smoking in the home or alternative care environment.

___ The infant is kept away from any area where smoking has occurred.

___ The sleeping infant is not overheated by a room temperature that is too high or by too many layers of clothing.

4. Pacifier use:

___ A clean dry pacifier is offered when placing the infant down to sleep for naps or at night. (The pacifier does not need to be re-inserted if it falls out. If infant refuses the pacifier, he or she should not be forced to take it. For breastfed infants pacifier use should be delayed until 1 month of age to ensure good onset of breastfeeding. The pacifier should not be coated in any sweet solution. Pacifier should be cleaned often and replaced regularly.)

5. Educational material (check off what has been provided)

___ Safe Sleep educational material was distributed and guidelines were discussed

___ SIDS Center of New Jersey phone number (1-800-545-7437) was given as a resource for further questions about sudden infant death syndrome, accidental suffocation or strangulation in bed or about safe sleep.