Basic Health and Safety Training Topic 11: SIDS

Slide 2 - Sudden infant death syndrome or (SIDS) is the unexplained death of an infant, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their crib.

Although the cause is unknown, it appears that SIDS may be associated with abnormalities in the portion of an infant's brain that controls breathing and arousal from sleep.

Researchers have discovered some factors that may put babies at extra risk. They've also identified some measures you can take to help protect children from SIDS. Perhaps the most important measure is placing babies on his or her back to sleep.

Unless specified otherwise in writing by the child's physician, a child who cannot roll over without assistance shall be placed for sleep on the child's back or is younger than 12 months old but can roll over unassisted shall be placed for sleep on the child's back, but may be allowed to adopt whatever position the child prefers for sleep.

Always put infants on their backs to sleep. Do not put them in a car seat to sleep or swing. Swaddling an infant in the state of Maryland is prohibited unless medically indicated.

Tummy Time must be supervised!

Risk factors of SIDS include: stomach sleeping, use of soft bedding or unsafe beds such as waterbeds, overheating due to clothing blankets or room temperature, mothers age (under 20), Mother smoked during pregnancy, mother receiving late or no prenatal care, premature birth or low birth rate.

Slide 3 - Although sudden infant death syndrome can strike any infant, researchers have identified several factors that may increase a baby's risk. They include:

- **Sex.** Boys are more likely to die of SIDS.
- **Age.** Infants are most vulnerable during the second and third months of life.
- **Race.** For reasons that aren't well-understood, black, American Indian or Alaska Native infants are more likely to develop SIDS.
- **Family history.** Babies who've had siblings or cousins die of SIDS are at higher risk of SIDS.
- **Secondhand smoke.** Babies who live with smokers have a higher risk of SIDS.
- **Being premature.** Both being born early and having low birth weight increase a baby's chances of SIDS.

During pregnancy, the risk of SIDS is also affected by the mother, especially if she:

- Is younger than 20
- Smokes cigarettes
- Uses drugs or alcohol
- Has inadequate prenatal care
A combination of physical and sleep environmental factors can make an infant more vulnerable to SIDS. These factors may vary from child to child.

Infants are most at risk between 2-3 months of age

Physical factors associated with SIDS include:

- **Brain abnormalities.** Some infants are born with problems that make them more likely to die of SIDS. In many of these babies, the portion of the brain that controls breathing and arousal from sleep isn't yet mature enough to work properly.
- **Low birth weight.** Premature birth or being part of a multiple birth increases the likelihood that a baby's brain hasn't matured completely, so he or she has less control over such automatic processes as breathing and heart rate.
- **Respiratory infection.** Many infants who died of SIDS had recently had a cold, which may contribute to breathing problems.

The items in a baby's crib and his or her sleeping position can combine with a baby's physical problems to increase the risk of SIDS. Examples include:

- **Sleeping on the stomach or side.** Babies who are placed on their stomachs or sides to sleep may have more difficulty breathing than those placed on their backs.
- **Sleeping on a soft surface.** Lying face down on a fluffy comforter or a waterbed can block an infant's airway. Draping a blanket over a baby's head is also risky.
- **Sleeping with parents.** While the risk of SIDS is lowered if an infant sleeps in the same room as his or her parents, the risk increases if the baby sleeps in the same bed — partly because there are more soft surfaces to impair breathing.

The SAFE sleep Practices Poster from Penn State Better Kid Care as seen on your screen can be viewed and printed by clicking on the document.

Always remember the A, B, C’s of safe sleep:

A = Alone
B= BACK TO SLEEP!
C= Crib

For your Guide to New Crib Standards, go to the link on your screen.


Occasionally, a child will have a special care plan that will require staff to place infants in a different position for medical reasons. Providers must have documentation from a health care professional as to the medical reasons and this documentation must be kept in the child’s file.

The lighting in the room must allow the caregiver to see each infant’s face, to view the color of the infant’s skin and to check the infants breathing and placement of the pacifier if used. The caregiver
must remain alert and actively supervise sleeping infants ongoing. The caregiver must ensure that the infants head remains uncovered and readjust clothing if needed.

Infants must be placed on their backs in safe sleep environments that includes a firm crib mattress. No monitors or positioning devices should be used and no other items should be in the crib. This includes bumpers, comforters, pillows, stuffed animals, etc... Infants must not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant swing, jumping chair, play pen, play yard, high chair, futon or any other type of furniture or equipment that is not a safety approved crib. As a reminder swaddling is not allowed. One piece sleepers can be used in place of swaddling. Please read the Safe Sleep Practices and Swaddling Resource Guide found on the link on your screen.

If an infant arrives in their car seat asleep, they must be removed and placed in a safe crib on their back. The temperature of the room should be comfortable and bibs must be removed from an infant’s neck.

The link seen on your screen will take you to the MSDE, Division of Early Childhood Development, OCC “Safe Sleep Practices and Swaddling Resource Guide”. It is recommended that you read this resource guide at the conclusion of this module.