

SAFE SLEEP FAQ

1

Why focus on safe sleep for infants in Baltimore?

- If a baby goes home from the hospital healthy, the biggest risk to their survival until their first birthday is sleep-related infant death.
- Any infant in an unsafe sleep environment is vulnerable and can face a sleep-related infant death. Even a healthy infant with no risk factors can become wedged between a wall and a mattress or suffocated via overlay.
- **However, the risk for sleep-related infant death is cumulative.** The greater the number of risks present in the infant and in their environment, the greater the risk of death.
- Helping families and caregivers understand the risks of unsafe sleep can save lives.



2

How do you know when unsafe sleep was a factor in an infant's death?

- The Child Fatality Review. It's a confidential process that allows Baltimore City Health Department staff to review all cases of unexpected or unexplained child death happening to Baltimore City residents. The findings are used to prevent future deaths and improve the health and safety of all children in our communities.
- This team reviews every case of sleep-related infant death. This includes data from the investigation, the child's health records, the parents' health records, and any locally maintained records pertaining to this death and the history of this family.
- Every jurisdiction in Maryland has a similar program, and a lot of data and learning come out of this work.

3

I see families in my office or in the hospital. How can anything I do make a difference in a home?

- Providers are some of the most trusted individuals that families look to for health information. While providers are extremely busy and tasked with providing tremendous amounts of education to families, this trust makes your role in encouraging safe sleep essential.
- In addition to providing education on the **ABCDs (Alone - Back - Crib - Don't Smoke)** of safe sleep and pointing them to [BHB resources](#), you can connect families to resources through critical referrals.

These include:

 - [The prenatal risk assessment \(PRA\)](#)
 - [The postpartum infant maternal referral \(PIMR\)](#)
- By submitting these referrals for your patients during prenatal care and after delivery, you connect them automatically to care coordination and other resources that can help them with challenges they may face when consistently putting their babies to sleep safely.

4

How do I ask families about safe sleep environments?

- Consistent safe sleep can be really tough, especially as parents may be experiencing work or relationship stress, caring for multiple young children or facing other challenges.
- To start a conversation and get more information about the family, their current challenges, and sleep practices, it can be useful to start with open-ended questions:
 - What are your plans for how your baby will sleep during naps and at night?
 - Where does your baby sleep?
 - What questions do you have about safe sleep for your baby?
- Try not to start with a leading question (e.g., your baby sleeps in a crib, right?) as it may prompt families to give you the answer you want to hear, rather than describing their situation. Once you know the barriers preventing consistent safe sleep, you can help them troubleshoot.
- While talking with parents, providers can offer [this resource](#), developed in partnership with Baltimore City families, and reinforce safe sleep [tips for sleep-deprived parents](#).

5

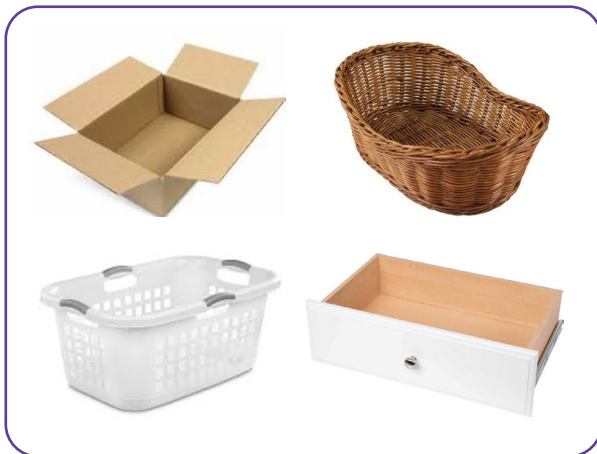
How can a family practice safe sleep if they don't have a crib?

- Other options serve as safe cribs as well. A bassinet, a pack-and-play, and a side sleeper are all considered safe cribs.
- Baltimore City makes pack-and-plays available through HealthCare Access Maryland. [Learn more.](#)

6

What if a family unexpectedly finds themselves in a situation where a crib is not available?

- In an emergency, there are several acceptable alternatives, including a cardboard box, a basket, a laundry basket, or a dresser drawer, according to the American Academy of Pediatrics (AAP). See examples below.
- Every time, these should be used with a thin, firm padding and **no pillows, blankets, or soft objects.**



7

What if the baby has been in the NICU, where they may have been positioned differently to sleep?

- It is true that for many reasons, NICU staff may not follow safe sleep practices during the newborn's stay. However, the AAP recommends that as soon as the infant is medically stable — and definitely prior to discharge — parents and caregivers learn safe sleep practices to care for the baby at home.
- Find additional information on transitioning from the NICU: [For Parents](#) and [For Providers](#).

8

When you say D is for don't smoke, what kind of smoke do you mean?

- Any kind of smoke. This includes tobacco, marijuana, vaping, and anything that produces smoke.
- Families need to hear clear, consistent messages on this: Don't smoke while you're pregnant. Don't allow anyone to smoke near your baby or in your home. Ask family members who smoke to change their clothes before they hold the baby. Don't allow anyone to smoke in your car, even if the windows are down. And choose babysitters who don't smoke.
- In Baltimore City we have found that smoking **during** pregnancy is also a risk factor for infant death due to unsafe sleep, making these messages vitally important for all providers.

9

What are some tips I can share with families?

- You can suggest that they move the bed away from the wall and place the baby's crib near the bed.
- You can help families identify where to put items currently stored in the crib. The Child Fatality Review Process has shown many families store items in the crib, making it easier for them to decide to bring the baby into the bed.
- For breastfeeding parents, you can suggest removing pillows and loose bedding from the bed, setting alarms to prevent them from falling asleep with the baby or engaging in activities that keep them stimulated, like watching a favorite TV show.
- Since the infant crying is another common reason people may not put the baby in the crib, you can share ideas for soothing a fussy baby, including [these strategies](#) from HealthyChildren.org.
- You can also share free patient-facing safe sleep [materials](#).

10

Are there exceptions to the ABCDs when a baby is sick? It can be hard to see a sick baby in the crib alone.

- No, even though it is so difficult to see your infant ill. Providers can suggest room sharing may be an alternative, or moving the crib or bassinet next to the bed, if there is space. If there is not enough space, use one of the emergency alternatives noted above.

11

What if the family is from communities or countries where safe sleep practices are not as prevalent?

- It is important for all providers to understand that families may come from communities or countries where sleep practices are different. Infant deaths also may not be investigated or discussed in the same way, leading to a sense that this is a new or increasing concern.
- Culturally and linguistically sensitive conversations can help providers educate parents about the ABCDs of safe sleep.
 - The AAP offers [helpful information](#) on how providers and patients can engage in effective conversations about safe sleep.
- As reinforcement, providers can also ask parents to watch BHB's safe-sleep videos, which were produced in partnership with parents and caregivers. These videos may answer questions that parents are reluctant to ask their providers.

12

I've heard about alternatives to the ABCDs, such as "safe co-sleeping." Are those OK?

- Providers know how hard it is to follow all safe sleep practices all the time. Some therefore offer recommendations for "safe" co-sleeping, which may include allowing healthy, full-term infants to sleep on their backs, lightly dressed, on a safe surface with breastfeeding mothers. **But, the ABCDs of safe sleep are currently the only research-proven strategies to reduce sleep-related deaths in infants — and they're the strategies recommended by the AAP.**
- Caring for an infant can be difficult, and often exhausting. If a parent doesn't consistently adhere to safe sleep practices, that's not a time to scold them or to remove privileges if they're in a hospital or treatment setting. Rather, providers can reinforce safe sleep [tips for sleep-deprived parents](#) or [share other resources](#).

13

Where can I find forms and educational materials from B'more for Healthy Babies?

- BHB developed a [provider portal](#) to make the collection of resources easily available. These materials are in alignment with best practices and AAP guidelines and were developed and tested in partnership with the intended audiences.
- The portal provides access to [prenatal referral forms](#) and delivery and [postpartum referral forms](#).
- Free, patient-facing, safe-sleep [materials](#) are also available on the portal.

14

The referral forms are for health care providers. What if I am a community health worker?

- Your help is invaluable! You can start the process by pointing the family to the [self-referral form](#), or filling it out on the family's behalf.

15

Am I required to share information about safe sleep with families?

- Yes. A relatively new state law, the Maryland Maternal Health Act, requires providers to educate parents about safe sleep practices. The Act also asks providers to fill out prenatal risk assessments and postpartum forms that can help families receive the resources necessary to practice safe sleep (e.g., a pack and play) and to improve their overall support and well-being.
- A [legislative summary](#) describes how obstetric service providers caring for Medicaid patients must complete a standardized prenatal risk assessment and submit it to the local health department (LHD); and for newborns delivered in hospitals following a high-risk pregnancy, the hospital must complete and submit a postpartum infant and maternal referral form to the LHD.
- A training video on [BHB's provider portal](#) offers useful information on best practices around safe sleep, how to educate parents and caregivers, and available resources in Baltimore City.