

ASSESSING AND DOCUMENTING SAFE SLEEP FOR INFANTS

RECOMMENDATIONS

The American Academy of Pediatrics (AAP) recommendations on creating a safe sleep environment include:

- Place the baby on his or her back on a firm sleep surface such as a crib or bassinet with a tight-fitting sheet.
- Avoid use of soft bedding, including crib bumpers, blankets, pillows and soft toys. The crib should be empty.
- Share a bedroom with parents, but not the same sleeping surface, preferably until the baby turns 1, but at least for the first six months. Room-sharing decreases the risk of SIDS by as much as 50 percent.
- Avoid baby's exposure to smoke, alcohol and illicit drugs.

ASSESSMENT

Conduct meaningful home visits through inquiry and observation and provide education to caregivers.

QUESTIONS	<p>Discuss the ABCs of safe sleep: Alone, Back, Crib</p> <ul style="list-style-type: none">• What is your understanding of safe sleep?• Where does or will the baby sleep?• Does baby sleep in various places depending on the time of day?• Does the baby ever share a sleep surface with another member of the household including pets?• Do you ever place baby on the bed, couch, recliner, etc. alone?• Does baby have a feeding schedule? What is it?• Who feeds baby and where does the feeding take place?• How do you lay baby down for sleep?• What is your nighttime feeding routine?• Does baby go to sleep easily during the night?<ul style="list-style-type: none">• How many hours does the baby sleep during night?• Is caregiver getting rest?• How are you coping?• Do you have support from others to get rest?
OBSERVATIONS	<ul style="list-style-type: none">• Observe the sleeping environment and determine if any concerns/hazards exist.• Do you see stuffed animals, toys, pillows, quilts, blankets, wedge positioners, bumpers or other loose bedding located within the crib/pack and play/bassinet?• What is the condition of the bedding?• What is the temperature of the room?• Promote safe sleep with the caregivers:<ul style="list-style-type: none">• If the above concerns exist, educate the caregivers and observe and assist if needed in removing the concerning items from the sleep surface.

EDUCATION

- Understand the results of research on caregiver behaviors on safe sleep, including stressors and motivators for families.
- Share knowledge of available resources for families with questions or needs on safe sleep
- Advise of the ABC's - Alone, Back, Crib
- Address any concerns/strengths noted with the caregiver.
- Connect families with free resources available through:
 - The Ohio Chapter of American Academy of Pediatrics
 - <http://ohioaap.org/SafeSleep>
 - The Ohio Department of Health
 - <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/maternal-child-health-program/safe-sleep/>
- Access to cribs
 - <https://cribsforkids.org/our-partners/>
- US Department of Health and Human Services
 - <https://safetosleep.nichd.nih.gov/>

DOCUMENTATION

TOOL	WHAT TO DOCUMENT
<p>Activity Log</p>	<p>Document the below conversations and observations:</p> <ul style="list-style-type: none"> • Questions asked: <ul style="list-style-type: none"> • Where does baby sleep? • Is co-sleeping occurring? • Who is baby sleeping with? • When and how is baby fed? • Observations made: <ul style="list-style-type: none"> • Sleeping arrangement and positives/concerns: crib/ bassinet/pack and play/etc., cleanliness of the bedding, temperature of the room, items observed on the sleep surface • Caregivers understanding, ability and willingness to provide a safe sleep environment • Education and additional supports provided to caregivers
CAPMIS TOOL	WHAT AND WHERE TO DOCUMENT
<p>Safety Assessment / Reassessment</p>	<ul style="list-style-type: none"> • Safety Factor 7: Caretaker is unwilling or unable to meet the child's immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm. <ul style="list-style-type: none"> • Caretaker is unable or unwilling to provide a safe sleep environment for an infant including co-sleeping, inappropriate bedding in infant's sleep surface (stuffed animals, toys, pillows, quilts, blankets, wedge positioners, bumpers, or other loose bedding). • Adult Protective Capacities <ul style="list-style-type: none"> • Caretaker demonstrates willingness to better understand the needs of the child. • The caretaker protects the child from protentional harm. • The caretaker utilizes resources to meet the child's basic needs. • The caretaker provides the child's basic needs.

	<ul style="list-style-type: none"> • The caretaker has adequate knowledge to fulfill caretaking responsibilities and tasks. • Child Vulnerabilities <ul style="list-style-type: none"> • The child is young (birth to five years of age). • The child is in a stage of development that creates parental frustration. • The child cannot verbalize that maltreatment is occurring. • The child is physically unable to remove him/herself from a situation.
<p style="text-align: center;">Family Assessment</p>	<ul style="list-style-type: none"> • Strengths and Needs / Child Functioning: Self-Protection <ul style="list-style-type: none"> • Child is 0-5 years of age. • Strengths and Needs / Adult Functioning: Cognitive Abilities <ul style="list-style-type: none"> • Does not understand the basic needs of the child. • Strengths and Needs: Parenting Practices <ul style="list-style-type: none"> • Does not provide basic needs of the child regularly. • Caretaker’s behaviors indicate an unwillingness or lack of interest in parenting. • Does not recognize or has little understanding of child’s level of development and abilities for behaviors/tasks as it relates to safe sleep.
<p style="text-align: center;">Case Review</p>	<p>Safety Reassessment</p> <ul style="list-style-type: none"> • Safety Factor 7: Caretaker is unwilling or unable to meet the child’s immediate needs for sufficient supervision, food, clothing, and/or shelter to protect child from immediate danger of serious harm. <ul style="list-style-type: none"> • Caretaker is unable or unwilling to provide a safe sleep environment for an infant including co-sleeping, inappropriate bedding in infant’s sleep surface (stuffed animals, toys, pillows, quilts, blankets, wedge positioners, bumpers, or other loose bedding). • Adult Protective Capacities <ul style="list-style-type: none"> • Caretaker demonstrates willingness to better understand the needs of the child. • The caretaker protects the child from protentional harm. • The caretaker utilizes resources to meet the child’s basic needs. • The caretaker provides the child’s basic needs. • The caretaker has adequate knowledge to fulfill caretaking responsibilities and tasks. • Child Vulnerabilities <ul style="list-style-type: none"> • The child is young (birth to five years of age). • The child is in a stage of development that creates parental frustration. • The child cannot verbalize that maltreatment is occurring. • The child is physically unable to remove him/herself from a situation. <p>Strengths and Needs Assessment</p> <ul style="list-style-type: none"> • Strengths and Needs / Child Functioning: Self-Protection <ul style="list-style-type: none"> • Child is 0-5 years of age. • Strengths and Needs / Adult Functioning: Cognitive Abilities <ul style="list-style-type: none"> • Does not understand the basic needs of the child. • Strengths and Needs: Parenting Practices <ul style="list-style-type: none"> • Does not provide basic needs of the child regularly. • Caretaker’s behaviors indicate an unwillingness or lack of interest in parenting. • Does not recognize or has little understanding of child’s level of development and abilities for behaviors/tasks as it relates to safe sleep.

