

Communicating Safe Sleep Practices with Families

Safe Sleep Guidance



The parents or guardians of children in your care look to you as a child safety and development expert. If family members have questions about safe sleep practices in their homes, the following are some messages you can share. Parents or guardians can also share this information with the family members or friends who also provide care for their infant. Infants love consistency!

Discussions with Families

The Office of Child Care (OCC) offers a support document titled, “Child Care Enrollment: Infant and Toddler Information.” This form gives parents an opportunity to share things they want their caregivers to know about their baby when the baby is new to a child care program. When a new infant arrives in a new early learning environment, the Early Educators caring for the new infant will want to know the following about the sleeping routines:

- Any special sleeping routines?
- Does your baby like to be rocked?
- Is your baby always put on their back to sleep?
- When does your baby usually sleep?
- How long is a typical sleep period?

Parent or Guardian Requests For Alternate Sleep Arrangements

Parents of the infants in your child care program may have concerns or misconceptions about safe sleep practices. You may also hear ideas or opinions around this topic that you haven’t thought of before. The following information may help you to address those concerns.

Parent Request	How to Address the Concern
<i>“Please put my baby to sleep on her stomach because she can roll over if needed.”</i>	When infants can easily turn over from back to tummy and from tummy to back, they should still be placed to sleep on their back. After they are asleep, if they roll over, you do not need to put them on their backs again. Infants usually start to roll when they are four to six months old. This is also when the chance of SIDS decreases. However, make sure there are no blankets, pillows, bumper pads, or other items in the crib that the baby can roll against and suffocate. While the risk of SIDS drops dramatically after four to six months, the risk does not go away completely until 12 months of age.
<i>“My son sleeps on his side at home. Please have him side sleep when he is here too.”</i>	If baby is a tummy or side sleeper, the risk for SIDS is much higher. The side position is just as dangerous as placing the baby on the tummy because they can accidentally roll to the tummy. If an infant is used to sleeping on their tummy or side at home, back sleeping in child care does not increase the risk of SIDS. However, babies who are used to sleeping on their backs and are then placed to sleep on their tummies in child care are 18 times more likely to die from SIDS.
<i>“My son has medical concerns so he has to sleep in a swing.”</i>	Unless you have been given a note signed by a medical professional, and an exception from the Office of Child Care, all infants should be placed flat on their backs for sleeping. The Licensing Specialist that licenses your program will need to be contacted before any alternate sleep accommodations could be used.
<i>“When my daughter is put to sleep on her back she wakes up scared so I need you to put her to sleep on her stomach.”</i>	The startle response is a sudden movement that is sometimes seen as scary for the baby. Sometimes the baby gasps. This protects the baby, letting them get a breath of air or to wake up slightly from too deep of a sleep.

Parent Request	How to Address the Concern
<p><i>“My mom said I had a bald spot from sleeping on my back, and I don’t want that to happen to my son.”</i></p>	<p>Babies who sleep on their backs can develop some temporary bald spots on the back of the head. As the baby grows, moves and begins to sit up more often, the hair on the back of the baby’s head will grow back. A bald spot on the back of a baby’s head can be a sign of a healthy baby, one whose risk for sleep-related SUID/SIDS is lower because he or she is a back sleeper.</p> <p>While the baby is awake, aware and supervised, tummy time is recommended and will help to decrease the friction on the back of the head that leads to the temporary bald spots.</p>

“I refuse to let my daughter sleep on her back because I have heard that she will get a flat head.”

- Providing tummy time during waking hours;
- Switching which end of the crib you place the baby’s feet, and when changing baby’s diaper, alternating where the baby’s head is on the changing table;
- Changing positions often when the baby is awake; and
- Limiting time spent in freestanding swings, bouncy chairs, car seats, and other surfaces that, with a lot of use, can lead to head flattening.

Back sleeping can contribute to flattening of the back of the head, but head flattening is generally temporary. As babies grow and become more active, their skulls will round out. You can reduce head flattening by doing the following:

Breastfeeding and Pacifier Use

Breastfeeding helps reduce the risk of sleep-related SUID/SIDS. Breastfeeding helps to develop breathing and swallowing coordination. Pacifier use helps infants wake from sleep more easily, which is important if their breathing becomes blocked.

Room Sharing Versus Bed Sharing

The American Academy of Pediatrics (AAP) recommends that infants sleep close to the parent or guardian’s bed – in the same room, but not in the same bed. Bed sharing is not recommended. Bed sharing increases the risk of suffocation, entrapment, and other sleep-related causes of infant death. An adult bed is not designed for infants, and there are no safety standards for adult beds. Although it is NOT recommended, Oregon Health Authority and AAP recommends some precautions to consider that can be found here.

If a parent or guardian chooses to have their infant sleep in their adult bed, here are some precautions to consider:

- Wait until the infant is older than four months old;
- Remove pillows, quilts, or comforters;
- Do not have pets or other children in the bed at the same time as the infant;
- Avoid sleeping on soft surfaces such as a waterbed, old mattress, sofa, couch, or armchair; or
- Avoid co-sleeping if the adult is actively smoking, has consumed alcohol, taken sleep aids; or if they are overly exhausted, and there is a chance that they will not awake in an emergency.

Resources:

National Institute for Children’s Health Quality (NICHQ) <https://www.nichq.org/>

Oregon Health Authority, Safe Sleep <https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/Babies/Pages/sids.aspx>

Safe to Sleep® campaign offers a variety of materials to help share safe infant sleep messages with diverse family audiences (Native, African American, American Indian/Alaska Native, and Spanish) <https://safetosleep.nichd.nih.gov/>

Text4baby provides expert information for pregnant women, new mothers, family members, caregivers and healthcare providers. <https://www.oregon.gov/oha/ph/HealthyPeopleFamilies/Babies/Pages/text4baby.aspx>

You are entitled to language assistance services and other accommodations at no cost. If you need help in your language or other accommodations, please contact the Office of Child Care at 503-947-1400.