



Foster & Kinship Care Education Program Infants in Care Class



Foster & Kinship Care Education Program
Transitioning Drug Exposed Infants to a Foster Home

Susan Johnson RNC
Clinical Coordinator
Neonatal Intensive Care
St. Joseph Hospital



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Neonatal Abstinence Syndrome



- Constellation of signs and symptoms in the newborn due to intrauterine exposure to addictive substance resulting in irritability jitteriness, high tone, poor feeding and sleeping disturbances after birth
- **The infants can be CHALLENGING**
- Symptoms usually peak: Day 3-4 (wide range)
- The culprit is usually opioids:
 - Illicit: Heroin
 - Prescribed: Vicodin, OxyContin, Codeine, Dilaudid, Percocet
 - Prescribed to manage illicit substance dependence:
 - Methadone
 - Suboxone, Subutex

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Signs and Symptoms of NAS

CNS Irritability

- Tremors
- Irritability
- Increased wakefulness
- High-pitched crying
- Increased muscle tone
- Hyperactive deep tendon reflexes
- Exaggerated Moro reflex
- Seizures
- Frequent yawning and sneezing

Autonomic Instability

- Increased sweating
- Nasal stuffiness
- Fever
- Mottling
- Temperature instability

GI Dysfunction

- Poor feeding
- Vomiting
- Diarrhea
- Dehydration
- Poor weight gain
- Uncoordinated and constant sucking



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DANGEROUS SEIZURES



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INFANTILE JITTERS




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INFANTILE SPASMS




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NEONATAL ABSTINENCE SCORING SYSTEM

Modified Finnegan Neonatal Abstinence Score Sheet¹



Treatment with opiates is generally considered when the infant has:

3 consecutive scores > 8


or

2 consecutive scores > 12

System	Signs and Symptoms	Score	AM		PM		Comments
Central Nervous System Disturbances	Excessive high-pitched (or other) cry < 5 mins	2					
	Continuous high-pitched (or other) cry > 5 mins	3					
	Sleeps < 1 hour after feeding	3					
	Sleeps < 2 hours after feeding	2					
	Sleeps < 3 hours after feeding	1					
	Hyperactive Moro reflex	2					
	Markedly hyperactive Moro reflex	3					
	Mild tremors when disturbed	1					
	Moderate-severe tremors when disturbed	2					
	Mild tremors when undisturbed	3					
	Moderate-severe tremors when undisturbed	4					
	Increased muscle tone	1					
	Excoriation (chin, knees, elbow, toes, nose)	1					
	Myoclonic jerks (twitching/jerking of limbs)	3					
Generalised convulsions	5						
Metabolic/Neurologic/Respiratory Disturbances	Swallowing	1					
	Hyperthermia 37.2-38.3C	1					
	Hyperthermia > 38.4C	2					
	Frequent yawning (> 3-4 times/ scoring interval)	1					
	Mottling	1					
	Nasal stuffiness	1					
	Sneezing (> 3-4 times/scoring interval)	1					
	Nasal flaring	2					
	Respiratory rate > 60/min	1					
	Respiratory rate > 60/min with retractions	2					
Gastrointestinal Disturbances	Excessive sucking	1					
	Poor feeding (infrequent/uncoordinated suck)	2					
	Regurgitation (≥ 2 times during/post feeding)	2					
	Projectile vomiting	3					
	Loose stools (curds/leedy appearance)	2					
	Watery stools (water ring on nappy around stool)	3					
	Total Score						
Date/Time							
Initials of Scorer							


7

7



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ESC Method

Instead of treating according to Finnegan scores, we use ESC (Eat, Sleep, Console):

- ❖ Eat – Able to eat at least 1 ounce/feed or breast feed well. If unable to eat(too sleepy or uncoordinated), consider placing HG tube for feeding
- ❖ Sleep – Able to sleep for at least 1 hour undisturbed (may have to be held to sleep)
- ❖ Console – Should be able to be consoled within 10 minutes.

Dr. Harvey Karp's 5 S's – happiestbaby.com

- Swaddling
 - Shushing
 - Swaying/Swinging
 - Side lying or stomach while held or observed (not for sleep)
 - Sucking
- 
- Holding/Baby Wearing
 - Feeding
 - Immediate intervention when crying
 - Low stimulation environment – dim lights, minimal noise
 - Ensure safe sleep environment

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How to Swaddle a Baby



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One-on-one Snuggling



Mother is the main caregiver. Other family members are also encouraged to support baby and mother.

If family cannot be present, it becomes a joint effort:

- Nurses
- Residents
- Physicians
- Medical students
- Social worker
- Volunteers
- Etc..

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Soothing and Calming Suggestions

- Be alert to infant's cues
- Pacifiers are soothing and assist with the disorganized sucking experienced by infants
- Swaddle infant with legs and arms close to their body
- Try to keep baby on a routine for feeding and sleep
- Feed in a quiet and calm place with little noise and interruptions
- Use soft music or white noise when putting infant to sleep



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Treatment for Babies with NAS – Love, Hugs and Care

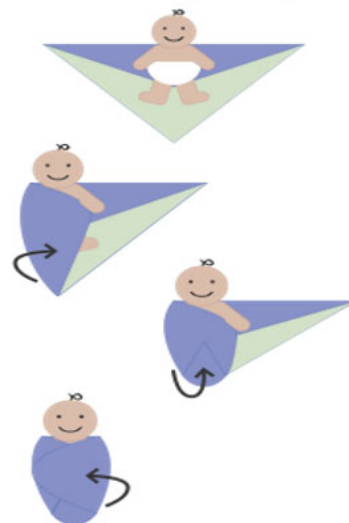
THE SWADDLE

How can I help baby?

- Staying close to your baby
- Continually holding and swaddling your baby
- Making skin-to-skin contact with baby
- Feeding baby whenever he or she looks hungry
- Keeping things quiet and calm (few visitors, no noise, no bright lights)

Your nurse can help you learn how to swaddle baby if you want to practice or do not know how. If you have any question sat all, please ask.

How to swaddle your baby



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Feeding Difficulties

Normal infant feeding is seen as a rhythm of “suck-swallow-breathe”. This coordinated “suck-swallow-breathe” action may be difficult for babies who are born prematurely and have immature brain, nervous, and muscle systems and/or for babies who have been prenatally exposed to substances. Babies who have trouble coordinating this sucking action may not be getting the food they need. This may lead to a frustrated baby who sucks frantically. Feeding difficulties related to weak, uncoordinated or poor suck may include:

- Sloppiness and constant dribbling due to an ineffective seal on the nipple and a weak suck
- Sucking too quickly and not being able to keep up with the milk flow
- Trouble getting the nipple positioned correctly in the mouth



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PACED BOTTLE FEEDING

Paced feeding mimics the speed of nursing. Feeding your baby a bottle this way allows him to realize he is full from the right amount of milk, to ensure baby is not overfed.

Keep the bottle parallel with the floor, and use the slowest flow nipple.

Allow baby to latch to the nipple, don't force the bottle into his mouth.

Feed baby no more than about 3-4oz, taking 10-20 min to finish.

Keep baby upright or slightly reclined, not lying down.

Take short breaks about every half ounce to burp baby.

Switch sides to lay baby on their other side halfway through the feeding.

Babies only need about 1 to 1.5oz of milk per hour, no matter their age. No need to increase as baby gets older!

For example, if mom is away 8 hours, baby should get about 8 to 12oz during that time. That could be split up into 2, 3, or 4oz bottles, depending on how many times baby would normally eat during that period. If baby has been consistently overfed, slowly wean down to more appropriate amounts. Growth spurts and leaps can temporarily change baby's eating patterns.

Milky Mommas

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BOTTLES

- Pace feeding
- Holding
- Timing
- Each baby is different – find what works with your baby
- Try different bottle nipples



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NIPPLES



[This Photo](#) by Unknown author is licensed under [CC BY-SA](#).

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Premature Infants in Foster Care

- Premature infants are at higher risk for respiratory problems and illness
- Smoke free house
- Limit visitors and avoid taking infant to crowded places
- Hand washing hand washing and more hand washing
- May need to go home in a car bed
- Feeding issues



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Transitioning Infant to a Foster Home

- Rooming in prior to discharge helps foster parents become familiar with the infant's cues
- Spending as much time as possible with infant while in the hospital
- Continue same comfort and soothing measures that were used in the hospital setting
- Try to develop consistent eating and sleeping routines
- Evenings may be difficult, infants are fussier at this time of day
- NAS infants take more time eating and falling asleep



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“What to Expect” When You're...Picking Up a Foster Baby From the Hospital



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Here's that checklist of information you'll want before you show up:



- Child's first and last name
- Worker's name and cell phone number
- Hospital/CWS social worker's name and phone number
- Biological mom's last name (In hospital records, newborn babies are tied to the mother's last name, no matter the last name given on the birth certificate.)

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Expect Information

- The good news about picking up a baby straight from the hospital is that you'll receive far more information than you would ever typically receive about a foster child.
- You will most likely have hours to speak to the nurses and doctors who have been caring for your baby. Not only do they have medical expertise to share, they have the child's medical history and, most likely, they have gotten to know the child's routine and habits over his time in the hospital.
- Knowing anything about a new child in your care is wonderful. Knowing this much is foster parenting gold.



Expect it to Take Hours

- plan on 2-3 hours for a hospital pick-up.
- There's getting to the hospital, scrubbing in, training videos, discharge information, directions from the nurses, talking to the doctor, bottle, diaper change, and packing up, all before heading home.

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Expect to Walk Out With a Baby

- Think about everything you would typically have with you when you go out with a baby.
- Diaper bag with an outfit, blanket, hat, and diapers and wipes.
- Car seat appropriate for infants size, check expiration date
- Car bed can be loaned if needed



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Keep All Appointments

Appointments for the NAS infant may include, but are not limited to:

- Pediatrician
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- May have appointments out of the area



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Day Care for NAS Infants

- It is recommended that infants diagnosed with NAS NOT be placed in daycare facilities for at least 2 months
- Foster Parents should have a plan for the NAS infants daily care prior to discharge from the hospital.



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1 Month	3 Months	7 Months
<ul style="list-style-type: none"> <input type="checkbox"/> Makes slight jerk movements <input type="checkbox"/> Brings his or her hands within the range of eyes and mouth <input type="checkbox"/> Turns his or hers head when called by a familiar sound and voice <input type="checkbox"/> Focuses on near by objects (8-12 inches away) <input type="checkbox"/> Responds to loud sounds 	<ul style="list-style-type: none"> <input type="checkbox"/> Notices their hands by two months <input type="checkbox"/> Smiles at the sound of a familiar voice by two months <input type="checkbox"/> Follows moving objects with her eyes by 2-3 months <input type="checkbox"/> Supports head when on stomach by 3 months <input type="checkbox"/> Babbles by 3-4 months <input type="checkbox"/> Attempts to imitate any of your sounds by 4 months <input type="checkbox"/> Attentive to new faces, and is frightened by them <input type="checkbox"/> Imitates some movements and facial expressions 	<ul style="list-style-type: none"> <input type="checkbox"/> Rolls on to back and front <input type="checkbox"/> Sits without support of the hands <input type="checkbox"/> Supports weight on legs <input type="checkbox"/> Responds to own name <input type="checkbox"/> Babbles by 3-4 months <input type="checkbox"/> Shows responses to "no" <input type="checkbox"/> Responds to sound by making sounds
15 Months	15-24 Months	2 years
<ul style="list-style-type: none"> <input type="checkbox"/> Sits up without assistance <input type="checkbox"/> Crawls <input type="checkbox"/> Pulls self up to stand <input type="checkbox"/> Walks by holding onto something <input type="checkbox"/> Responds to "no" <input type="checkbox"/> Uses simple gestures, such as shaking head for "no" <input type="checkbox"/> Says "dada" and "mama" <input type="checkbox"/> Tries to imitate words 	<ul style="list-style-type: none"> <input type="checkbox"/> says single words (15-18 months) <input type="checkbox"/> Uses simple phrases (18-24 months) <input type="checkbox"/> Plays pretend <input type="checkbox"/> Walks alone <input type="checkbox"/> Looks at objects when told to look 	<ul style="list-style-type: none"> <input type="checkbox"/> Begins to run <input type="checkbox"/> Walks up and down stairs holding onto support <input type="checkbox"/> Scribbles spontaneously <input type="checkbox"/> Recognizes names of familiar people, objects, and body parts <input type="checkbox"/> Follows simple instructions <input type="checkbox"/> Points at objects when told its name <input type="checkbox"/> Enthusiastic around other children

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The Letters in **PURPLE** Stand for

P

PEAK OF CRYING

Your baby may cry more each week. The most at 2 months, then less at 3-5 months

U

UNEXPECTED

Crying can come and go and you don't know why

R

RESISTS SOOTHING

Your baby may not stop crying no matter what you try

P

PAIN-LIKE FACE

A crying baby may look like they are in pain, even when they are not

L

LONG LASTING

Crying can last as much as 5 hours a day, or more

E

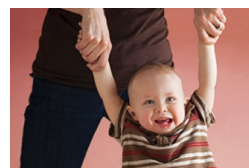
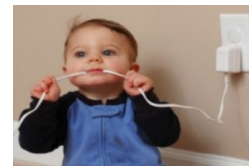
EVENING

Your baby may cry more in the late afternoon and evening

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CAUTION

- **CAUTION!** Do not let anyone kiss baby on the lips. Herpes can be transmitted. It is very common, causes cold sores and is very contagious. It is life threatening to a newborn.
- **CAUTION!** Do not let baby suck on a plugged-in-charger cord. Electrical burns of the mouth can occur! Moisture can be introduced into your device causing it not to charge.
- **CAUTION!** Pick up babies from around the chest, not by the arms. Arms are not handles. The shoulder can be dislocated easily.



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⚠ CAUTION

- CAUTION! Powder is not good to use on baby bottoms, especially when they are very young or breathing compromised. It impairs breathing. Talc is also possibly associated with cervical ovarian cancer. Just don't use powder.
See <https://www.medicalnewstoday.com/articles/323525>
- CAUTION! Close supervision is needed for babies with balloons. If baby bites a balloon and it pops, it can be a choking hazard.
- CAUTION! The dissolve or melt-in-the-mouth baby snacks can lose their dissolvability after several days open and can become a choking hazard. Always test one before feeding them to baby



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Health care providers don't know exactly what causes SIDS, but they do know that:

- Babies sleep safer on their backs.
- Every sleep time counts. Babies who usually sleep on their backs but who are then placed on their stomachs to sleep, like for a nap, are at very high risk for SIDS.
- Sleep Surface matters. Babies who sleep on a soft surface or under a soft covering are more likely to die of SIDS.

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Safe Sleep for Your Baby



Safe Sleep Environment

To **reduce the risk** of SIDS and other sleep-related causes of infant death:

-  Always place baby on his or her back to sleep, for naps and at night.
-  Share your room with baby. Keep baby close to your bed, on a separate surface designed for infants.
-  Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet with no other bedding or soft items in the sleep area.

* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.

Breastfeeding reduces the risk of SIDS

Babies who are breastfed or are fed expressed breastmilk are at lower risk for SIDS compared with babies who were never fed breastmilk. According to research, the longer you exclusively breastfeed your baby (meaning not supplementing with formula), the lower his or her risk of SIDS.

- ▶ If you bring baby into your bed for feeding, remove all soft items and bedding from the area. When finished, put baby back in a separate sleep area made for infants.*
- ▶ If you fall asleep while feeding baby in your bed, place him or her back in the separate sleep area as soon as you wake up.

Since the 1990s, when the U.S. back-sleeping recommendations were first released and public awareness efforts began, the overall U.S. SIDS rate has dropped.

But, as SIDS rates have declined, deaths from other sleep-related causes, such as suffocation, have increased, and certain groups remain at higher risk for SIDS than others.

For example, African American and American Indian/Alaska Native babies are at higher risk for SIDS than white, Hispanic, or Asian/Pacific Islander babies.








Learn more about SIDS and safe infant sleep:
<http://safetosleep.nichd.nih.gov>

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What Does A Safe Sleep Environment Look Like?

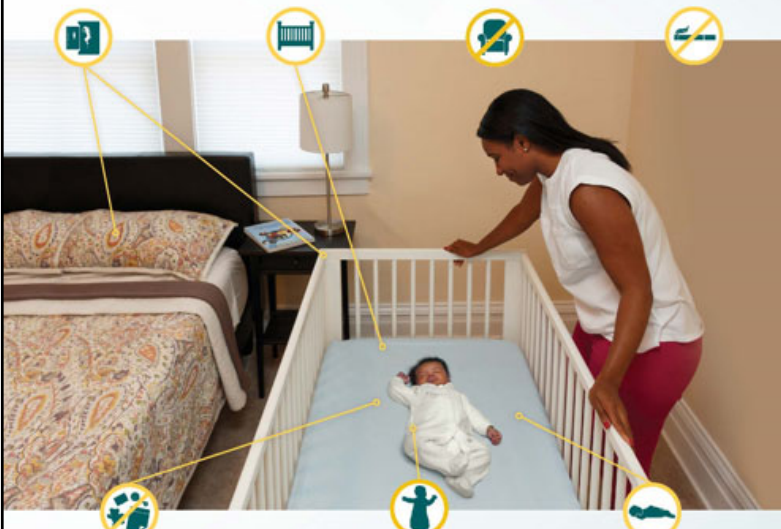
The image below shows a safe infant sleep environment.

Baby's sleep area is in the same room, next to where parents sleep.

Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Do not smoke or let anyone else smoke around your baby.



Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep areas.

Keep soft objects, toys and look bedding out of you baby's sleep area
Make sure nothing covers the baby's head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a look blanket or do not overbunhde.

Always place your baby on his or her back to sleep for naps, and at night.

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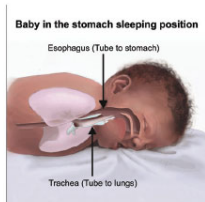
Q&A **Answers to common questions about SIDS and other sleep-related causes of infant death**

Q: What is the best way to reduce baby's risk for SIDS?

A: The best way to reduce the risk for SIDS is to always place baby on his or her back to sleep in a separate sleep area, designed for a baby, with no soft objects, toys, or loose bedding.

Q: Will my baby choke if placed on the back to sleep?

A: No. Healthy babies naturally swallow or cough up fluids—it's a reflex all people have. Babies may actually clear such fluids better when sleeping on their backs because of the location of the opening to the lungs in relation to the opening to the stomach. There has been no increase in choking or similar problems for babies who sleep on their backs.



Q: When I was a baby, I was put on my stomach to sleep. Was that wrong?

A: No. Caregivers were following advice based on the evidence available at that time. Since then, research has shown that sleeping on the stomach increases the risk for SIDS. This research also shows that sleeping on the back carries the lowest risk of SIDS, and that's why the recommendation is "back is best."

Q: Can I swaddle my baby to reduce the risk of SIDS?

A: There is no evidence that swaddling reduces SIDS risk. In fact, swaddling can increase the risk of SIDS and other sleep-related causes of infant death if swaddled babies are placed on their stomachs for sleep or roll onto their stomachs during sleep. If you decide to swaddle your baby, always place baby fully on his or her back to sleep. Stop swaddling baby once he or she starts trying to roll over.

Q: Can I practice skin-to-skin care as soon as my baby is born?

A: Experts recommend skin-to-skin care for all moms and newborns for at least an hour after birth, once the mom is stable, awake, and able to respond to her baby. When mom needs to sleep or handle other things, babies should be placed on their backs in a bassinet.

Q: What if I fall asleep while feeding my baby?

A: Any time you fall asleep while holding or feeding your baby, he or she is at risk for SIDS, suffocation, or sleep-related causes of death or injury. Couches and armchairs can be very dangerous for babies when shared with an adult who then falls asleep. Research shows that adult beds are also dangerous in these situations but are less risky than a couch or armchair. Before you start feeding your baby, think about how tired you are. If there's even a slight chance you might fall asleep, avoid couches or armchairs and remove all soft items and bedding from an adult bed before you start the feeding to reduce the risk of SIDS, suffocation, or other sleep-related causes of death. If you fall asleep while feeding or comforting your baby on any surface, place him or her in a separate sleep area as soon as you wake.



Laura Ziemer

FKCE Trainer

Foster/Adoptive child



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You get a call for a baby – then what?

- Meet social worker at hospital
- Child Welfare Services office
- Your home
- Law enforcement
- Other: parking lot etc...



Note: Show empathy to siblings if present.

Re-assure siblings that the baby will be cared for and safe.

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Placement Binder

- Legal paperwork with right to have the baby
- Agency Foster Parent Agreement
or (Agency Resource Family)
- Stay informed of your rights



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Early Days at Home

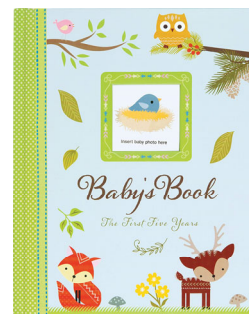
- Call for doctor appointment or specialists
 - Check if appointment already made
- Need CWS approval for out of area trip
- Call for WIC enrollment (Women, Infant and Children) for formula and food as child gets older.
- Monthly health reports - simple form
- Log doctor's appointments and visitations
- Mental development - be curious
- RSV breathing - respiratory virus causes lots thick secretions



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Throughout Placement

- Understand the court process
 - “Caregiver’s and the Court”
- Take pictures and make notes for baby book
 - (don’t post on social media)
- Baby’s Social Worker will change – ER, on-call, placement, ongoing, adoption, ICPC
- Foster parent health nurse will call within 30 days
 - accurately assess their health



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Visitation

- Visitation will be set up for bio parents
- Tell transport or bio parents of any scratches, diaper rash etc..
- IF parents give you clothes for baby, use for visits out of respect
- When clothes get too small, ask if parents want them back
- Beware of clothes that have writing – (“Auntie love me”)



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Transitions

- Could be trauma and loss for baby
- All parties focus on best experience for the baby
- Gradually and gently

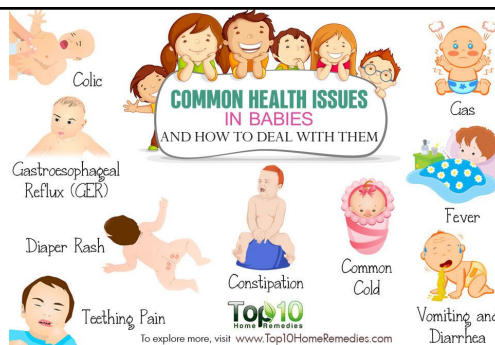


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Other Health Issues

Call the Doctor if:

- Muscle tone
- Trunk twitching
- Symmetry good
- One side used more
- Torticollis
- Gerd
- Gastrointestinal issues
- Reflux
- Tongue tie



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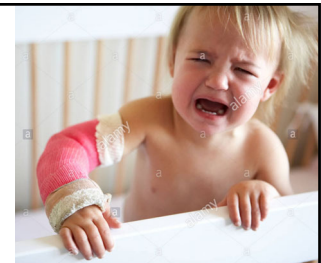
Other Medical Issues



- Stay away from public during COVID-19
- Watch for wheezing, sweating rapid heart rate
- Seizures vs tremors (lay hand on baby, if stops is tremor – if continues is seizure)

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Injuries



- Work closely with medical providers
- Spread the responsibility and get expert help
- Broken bones – follow doctor orders
- Car bed for broken femur
- Minimize clothing
- No swings, usually only half cast (full cast restricts growth)
- Focus on child and not the situation

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Laura's Story of Resiliency.



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Foster and Kinship Care Education Program

WE JUST WANT TO SAY...
THANK YOU!

Website: www.redwoods.edu/foster

Facebook: Foster/Kinship Care Education Program-
College of the Redwoods

Phone: (707) 476-4455

Email: foster-kinship@redwoods.edu



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What Does A Safe Sleep Environment Look Like?

The image below shows a safe infant sleep environment.

Baby's sleep area is in the same room, next to where parents sleep.

Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Do not smoke or let anyone else smoke around your baby.



Do not put pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

Always place your baby on his or her back to sleep, for naps and at night.



Eunice Kennedy Shriver National Institute of Child Health and Human Development



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Safe Sleep For Your Baby

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



Always place baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.



Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet with no other bedding or soft items in the sleep area.



Share your room with baby. Keep baby in your room close to your bed, but on a separate surface designed for infants, ideally for baby's first year, but at least for the first 6 months.



Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area.

To reduce the risk of SIDS, women should:



Get regular prenatal care during pregnancy.



Avoid smoking, drinking alcohol, and using marijuana or illegal drugs during pregnancy or after the baby is born.



Do not smoke during pregnancy, and do not smoke or allow smoking around your baby or in your baby's environment.



Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS. Wait until breastfeeding is well established (often by 3 to 4 weeks) before offering a pacifier.



Do not let your baby get too hot during sleep.

For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | **Fax:** 1-866-760-5947

Email: SafetoSleep@mail.nih.gov

Website: <http://safetosleep.nichd.nih.gov>

Mail: 31 Center Drive, 31/2A32, Bethesda, MD 20892-2425

Federal Relay Service: Dial 7-1-1



Breastfeed your baby to reduce the risk of SIDS.

Breastfeeding has many health benefits for mother and baby. If you fall asleep while feeding or comforting baby in an adult bed, place him or her back in a separate sleep area as soon as you wake up.



Follow guidance from your health care provider on your baby's vaccines and regular health checkups.



Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS.



Do not use heart or breathing monitors in the home to reduce the risk of SIDS.

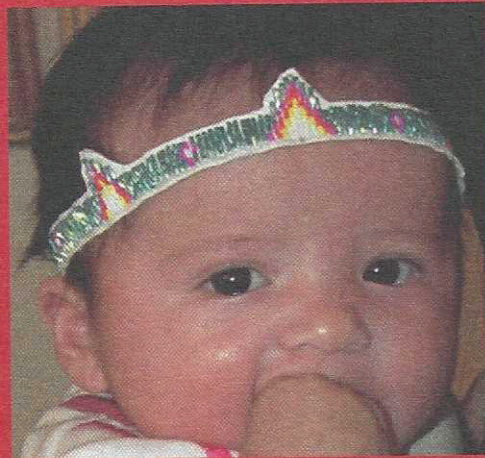


Give your baby plenty of tummy time when he or she is awake and someone is watching.

* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at **1-800-638-2772** or <http://www.cpsc.gov>.

Honor the Past, Learn for the Future

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



SIDS is the leading cause of death in infants between 1 month and 1 year of age. American Indian/Alaska Native babies are nearly three times as likely to die from SIDS as white babies are.

Health care providers don't know exactly what causes SIDS, but they do know that:

Babies sleep safer on their backs. Babies who sleep on their backs are much less likely to die of SIDS than are babies who sleep on their stomachs or sides. Always place your baby on his or her back to sleep.

Every sleep time counts. Babies who usually sleep on their backs but who are then placed on their stomachs to sleep, like for a nap, are at very high risk for SIDS. It's important that everyone who cares for your baby use the back sleep position for all sleep times, for naps and at night.

Sleep surface matters. Babies who sleep on a soft surface or under a soft covering are more likely to die of SIDS. Place your baby on a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Other ways to reduce the risk of SIDS and other sleep-related causes of infant death:

- Keep soft objects, toys, and loose bedding (including crib bumpers and quilts) out of baby's sleep area.
- Keep items away from baby's face, and make sure baby's face and head stay uncovered during sleep.
- Breastfeed your baby to reduce the risk of SIDS.
- Don't let your baby get too warm during sleep.
- Don't smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Don't drink alcohol while you are pregnant or breastfeeding.

* For more information on crib safety, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.



For more information about reducing the risk of SIDS and other sleep-related causes of infant death, or the Healthy Native Babies Project, contact the Safe to Sleep® campaign at: 1-800-505-CRIB (2742) or <http://www.nichd.nih.gov/SIDS>



3

KEY WAYS **DADS** CAN HELP BABY

SleepSafe

Dads today spend triple the amount of time caring for their children than dads did 50 years ago.

Making sure dads with infants know how to reduce the risk of **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death is more important than ever.

Dads everywhere can keep baby safe during sleep in the following ways:



1

Always place baby on his or her back to sleep, for naps and at night.

This is the most effective way to reduce the risk of SIDS.

Babies are less likely to choke if placed on their backs to sleep, even if they throw up or drool while sleeping.



2

Share your room with baby.

Keep baby in your room, close to your bed, but on a separate sleep surface designed for infants, ideally for baby's first year, but at least for the first 6 months.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.



3

Use a firm and flat sleep surface—such as a mattress in a safety-approved crib*—covered by a fitted sheet.

Remove all bumpers, blankets, loose bedding, and soft items from the sleep area.

Do not use car seats, strollers, baby carriers, swings, or other sitting devices as baby's routine sleep area.



* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.

Learn how dads and all caregivers can create a safe sleep environment for baby:

<http://safetosleep.nichd.nih.gov>.





Safe Sleep for Your Baby

Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from **Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death**, such as suffocation.

Safe Sleep Environment

To **reduce the risk** of SIDS and other sleep-related causes of infant death:



Since the 1990s, when the U.S. back-sleeping recommendations were first released and public awareness efforts began, the overall U.S. SIDS rate has dropped.

But, as SIDS rates have declined, deaths from other sleep-related causes, such as suffocation, have increased, and certain groups remain at higher risk for SIDS than others.

For example, African American and American Indian/Alaska Native babies are at higher risk for SIDS than white, Hispanic, or Asian/Pacific Islander babies.



▶ Always place baby on his or her back to sleep, for naps and at night.



▶ Share your room with baby. Keep baby close to your bed, on a separate surface designed for infants.



▶ Use a firm and flat sleep surface, such as a mattress in a safety-approved crib*, covered by a fitted sheet with no other bedding or soft items in the sleep area.

* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.



Breastfeeding
reduces the
risk of SIDS

Babies who are breastfed or are fed expressed breastmilk are at lower risk for SIDS compared with babies who were never fed breastmilk. According to research, the longer you exclusively breastfeed your baby (meaning not supplementing with formula), the lower his or her risk of SIDS.

▶ If you bring baby into your bed for feeding, remove all soft items and bedding from the area. When finished, put baby back in a separate sleep area made for infants.*

▶ If you fall asleep while feeding baby in your bed, place him or her back in the separate sleep area as soon as you wake up.



Eunice Kennedy Shriver National Institute
of Child Health and Human Development



Learn more about SIDS and safe infant sleep:
<http://safetosleep.nichd.nih.gov>