

Handouts for the Webinar

Child Welfare Practice and Safe Sleep

June 27, 2018

Presenters

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Produced by

Family and Children's Resource Program, part of the
Jordan Institute for Families
UNC-Chapel Hill School of Social Work

Sponsored by

NC Division of Social Services

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NC DATA ON SLEEP-RELATED CHILD FATALITIES, 2015-16*

July 1, 2015 through June 30, 2016

- Number of child fatalities reported to the NC Division of Social Services (NC DSS) by NC county departments of social services for this time period: 152
- Of these fatalities, 47 (31%) involved unsafe sleeping environments
- Circumstances of these 47 child deaths:
 - ✓ 31 – co-sleeping with parent or parents in adult bed
 - ✓ 7 - co-sleeping with parent or parents on sofa
 - ✓ 5 – sleeping in swings, bouncy seats etc.
 - ✓ 2 – twins were co-sleeping with blankets etc. in crib
 - ✓ 2 – sleeping face down, propped with bottles, sleeping on mattress on the floor.
- 15 of these fatalities met criteria for intensive review by NC DSS Child Fatality reviewers
 - ✓ 8 were born substance-exposed infants
 - ✓ 10 were open for services at the time of death
 - 3 were open for CPS assessments
 - 7 were open for In-Home services
 - ✓ 5 were closed by DSS within 12 months prior to infant’s death.
- 32 of these fatalities did not meet criteria for intensive review by NC DSS Child Fatality reviewers
 - ✓ 16 had no prior CPS history
 - ✓ 15 had no CPS history within 12 months
 - ✓ 1 – No alleged maltreatment

The 47 unsafe sleep fatalities involved children of the following backgrounds:

- ✓ 26 females & 21 males
- ✓ 22 White
- ✓ 17 African American
- ✓ 3 Hispanic
- ✓ 2 Asian
- ✓ 2 Bi-Racial
- ✓ 1 American Indian

* Data Source: NC Division of Social Services

PREVENTION: WHAT CHILD WELFARE WORKERS NEED TO DO

1. **Assess the sleep environment.** Use the following guidelines on page 4 of these handouts.
2. **Discuss the Period of Purple Crying.** Ask if the parent/caregiver has received the "Period of PURPLE Crying" education and DVD/booklet. Typically provided by the hospital, the video is also available online at https://www.youtube.com/watch?time_continue=8&v=5pAw8fj_kUc; information from the booklet can be found here: <http://purplecrying.info/>. Explain what the letters "PURPLE" stand for as well as why understanding normal infant crying is important.



THE WORD PERIOD MEANS THAT THE CRYING HAS A BEGINNING AND AN END

Reinforce to families that if an infant is crying and they become frustrated they should put the infant down in a safe environment. Crying may increase or heighten if the infant is substance affected. Explain frustration due to the Period of Purple Crying has led caregivers to shake the baby, which can result in significant, if not life threatening, health effects for the child.

3. **Assess for and Address Safe Sleep Risk Factors.** These include:
 - Bed sharing
 - Mental health issues
 - African American, American Indian, and Alaska Native infants are at higher risk.
 - Failure to follow safe sleep guidelines.

Assessing risk for unsafe sleep should include (but not be limited to) observations of the following:

- Parent-child interactions during nurturing, feeding, and providing proper care
- Sleep arrangements and location of infant bed/crib/pack n play/bassinet, etc.
- Structure and suitability of the child's sleeping device
- Location of sleeping area
- How parent places child in crib, etc.
- Any additional infant health issues such as reflux, breathing problems, heart murmurs, etc.
- Any additional medical or mental health issues of the caregiver that can impact their ability to care for and supervise the infant, or use of medication that would prevent the caregiver from assessing any immediate medical or health emergencies of the infant
- Residence: any structural issues, allergens, or environmental issues that could cause additional stress to the infant
- Location of emergency contact list to be used for contacting for pediatrician, hospital, police, fire department, etc. in emergency situations

BABY SLEEP BOX RESOURCES

ConeHealth (www.conehealth.com)

Parents at Women’s Hospital in Greensboro can receive a starter kit that includes a “baby box.” The boxes are provided by Family Support Network of Central North Carolina (FSNCC). FSNCC was selected by Baby Box University to distribute the kits free.

The Baby Box Company (www.babyboxco.com)

To get a free box, you’ll have to complete your community’s online course at Baby Box University (<https://www.babyboxuniversity.com/register>) first. And if our Baby Boxes aren’t available for free near you yet, you can always purchase one. Even if there isn’t an active free box program in your area and you buy a box, you can still access the educational content on Baby Box University for free.

Babies Need Boxes (www.babiesneedboxes.org)

This nonprofit provides the life saving Finnish Baby Box tradition to families around the globe. You can sign up and register. You can also set up a chapter in your area

Baby Box University (www.babyboxuniversity.com)

Part of the Baby Box Company, to receive a free box you must register, watch video, take a quiz, and then contact someone in your local area.



Safe Sleep For Your Baby



- Always place your baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.
- Use a firm sleep surface, covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death.
- Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.
- Keep soft objects, toys, and loose bedding out of your baby's sleep area to reduce the risk of SIDS and other sleep-related causes of infant death.
- To reduce the risk of SIDS, women should:
 - Get regular health care during pregnancy, and
 - Not smoke, drink alcohol, or use illegal drugs during pregnancy or after the baby is born.
- To reduce the risk of SIDS, do not smoke during pregnancy, and do not smoke or allow smoking around your baby.
- Breastfeed your baby to reduce the risk of SIDS.
- Give your baby a dry pacifier that is not attached to a string for naps and at night to reduce the risk of SIDS.
- Do not let your baby get too hot during sleep.
- Follow health care provider guidance on your baby's vaccines and regular health checkups.
- Avoid products that claim to reduce the risk of SIDS and other sleep-related causes of infant death.
- Do not use home heart or breathing monitors to reduce the risk of SIDS.
- Give your baby plenty of Tummy Time when he or she is awake and when someone is watching.



Remember Tummy Time!

Place babies on their stomachs when they are awake and when someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

For more information about SIDS and the Safe to Sleep campaign:

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

Phone: 1-800-505-CRIB (2742)

Fax: 1-866-760-5947

Website: <http://www.nichd.nih.gov/SIDS>

NIH Pub. No. 12-5759 OCFS Pub 5136
September 2012



What does a safe sleep environment look like?

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



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

Do not use 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.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

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

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

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

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



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH
Eunice Kennedy Shriver National Institute of Child Health and Human Development

Sueño seguro para su bebé



- Tanto en las siestas como en la noche, siempre ponga a su bebé a dormir boca arriba para reducir el riesgo del síndrome de muerte súbita del bebé.
- Use una superficie firme para poner a dormir a su bebé, como un colchón en una cuna que cumpla con las normas de seguridad aprobadas*, y cubra el colchón con una sábana ajustable para reducir el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño.
- Compartir la habitación, es decir, tener el área donde duerme el bebé en la misma habitación donde usted duerme, reduce el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño.
- Mantenga los objetos suaves, juguetes, protectores de cuna o ropa de cama suelta fuera del área donde duerme su bebé para reducir el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño.
- Para reducir el riesgo de este síndrome, las mujeres:
 - Deben obtener cuidados de salud regulares durante el embarazo y
 - No deben fumar, tomar alcohol o consumir drogas ilegales durante el embarazo o después de que nazca el bebé.
- Para reducir el riesgo del síndrome de muerte súbita del bebé, no fume durante el embarazo y después no fume ni permita que otros fumen alrededor de su bebé.
- Dele el pecho a su bebé para reducir el riesgo del síndrome de muerte súbita del bebé.
- Para reducir el riesgo de este síndrome, en la hora de la siesta o en la noche puede darle a su bebé un chupete o chupón seco que no tenga un cordón alrededor.
- No deje que su bebé tenga demasiado calor al dormir.
- Siga los consejos de un proveedor de servicios de la salud para las vacunas y las visitas de rutina de su bebé.
- Evite los productos que aseguran reducir el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño.
- Para reducir el riesgo de este síndrome, no use aparatos caseros para monitorear el corazón o la respiración.
- Ponga a su bebé boca abajo sobre su barriguita cuando esté despierto y alguien lo esté vigilando.



¡Su bebé también necesita estar boca abajo!

Ponga a su bebé sobre su barriguita cuando esté despierto y alguien lo esté vigilando. El estar boca abajo ayuda a fortalecer los músculos del cuello, los hombros y la cabeza de su bebé y previene la formación de áreas planas en la cabeza.

Para obtener más información acerca del síndrome de muerte súbita del bebé, comuníquese con la campaña "Seguro al dormir":

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

Teléfono: 1-800-505-2742 (1-800-505-CRIB)

Fax: 1-866-760-5947

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

NIH Pub. No. 12-5759(S)

marzo 2015

Seguro al dormir® es una marca registrada del Departamento de Salud y Servicios Humanos de los Estados Unidos



Eunice Kennedy Shriver National Institute of Child Health and Human Development

¿Cuál es la apariencia de un ambiente seguro para dormir?

Reduzca el riesgo del síndrome de muerte súbita del bebé y de otras causas de muerte relacionadas con el sueño

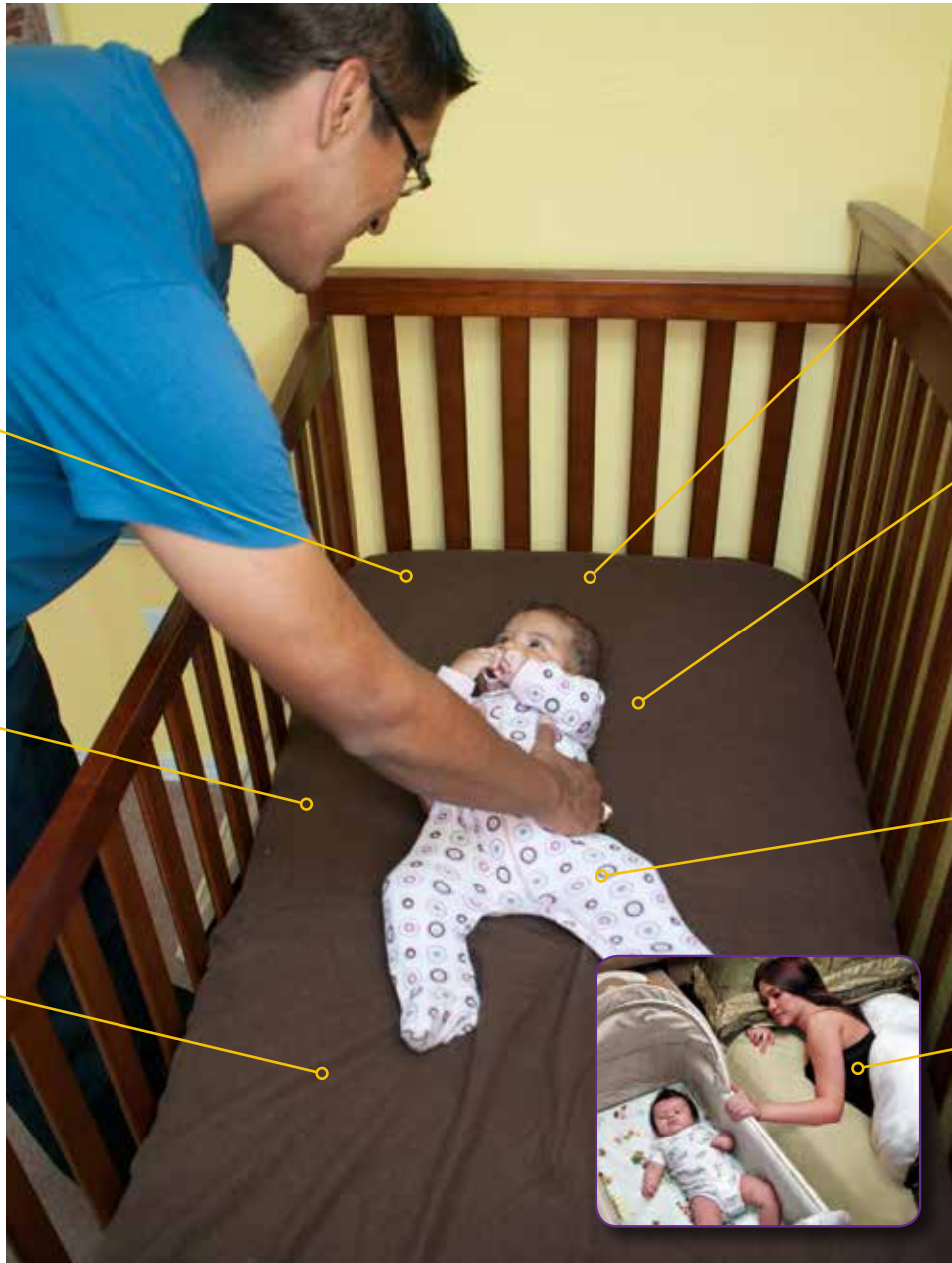


Use una superficie firme para dormir como un colchón en una cuna que cumpla con las normas de seguridad aprobadas* y cubra el colchón con una sábana ajustable.

No use almohadas, cobijas, pieles de borrego o protectores de cuna en el lugar donde duerme el bebé.

Mantenga los objetos suaves, juguetes y ropa de cama suelta fuera del área donde duerme su bebé.

No fume ni permita que otros fumen alrededor de su bebé.



Asegúrese de que ningún objeto cubra la cabeza del bebé.

Tanto en las siestas como en la noche, siempre ponga a su bebé a dormir boca arriba.

Póngale a su bebé ropa para dormir, como mamelucos o pijamas de una sola pieza, en lugar de usar una cobija.

El área de dormir del bebé está al lado de donde duermen los padres.

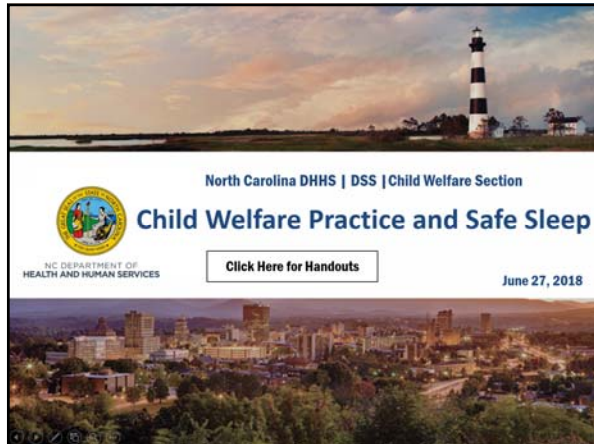
Su bebé no debe dormir solo ni acompañado en una cama de adultos, un sofá o una silla.

*Para obtener más información sobre las normas de seguridad de las cunas, llame gratis a la Comisión de Seguridad de Productos del Consumidor al 1-800-638-2772 (en español o en inglés) o visite su página electrónica en <http://www.cpsc.gov>.




Eunice Kennedy Shriver National Institute of Child Health and Human Development





About this Webinar

This webinar was developed through funding from the North Carolina Division of Social Services by the Family and Children's Resource Program, part of the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work.



In the future a recording of this webinar will be available on ncswLearn.org.


Goals for this Webinar

By the end of this webinar, we hope you will be able to:

- Define safe and unsafe sleep for infants
- Describe recent NC data on sleep-related child deaths
- Identify steps for improving the assessment of risk of sleep-related child deaths
- Communicate clearly to parents and others the risks of unsafe sleep and how to protect children against sleep-related fatalities

A Special Note About Questions

- We will monitor questions via the chat box and answer them as possible throughout the webinar.
- There will also be a **follow-up document** that answers questions asked during this webinar; this document will be e-mailed to all registered participants and posted with the webinar recording.
- The webinar recording will be on ncswLearn.org and on the Family and Children’s Resource Program webpage (<http://fcrp.unc.edu/webinars.asp>).


<p>Panelists</p> <p>Jessica Guice-Albritton</p> <p>Molly Berkoff</p> <p>Tonya Mourning</p>	
<p>Moderator</p> <p>Laura Phipps</p>	<p>Tech Support</p> <p>Phillip Armfield</p> <p>John McMahon</p>

Sleep Can Be a Touchy Subject

Co-sleeping can seem normal and natural


- ▶ Fatigue of new parents
- ▶ Shared living quarters
- ▶ Culture
 - Long-standing practice within family
 - Some cultures and schools of thought promote family bed-sharing

Consider your own bias



How to Approach this Topic


- ▶ With sensitivity
- ▶ Clearly
- ▶ Without judgement
- ▶ Focus on policy and safety



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Child Welfare Professionals Need ...

- A thorough understanding of safe and unsafe sleep
- Skill in assessing risk related to sleep fatalities
- Skill in communicating messages about safe and unsafe sleep to parents
- Understanding of risk factors and how to address them




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Safe Sleep Matters

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Too many NC Infants are dying in unsafe sleep environments

UNSAFE SLEEP HAS DEADLY CONSEQUENCES.



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U.S. Sleep-Related Infant Deaths

About 3,500 babies in the U.S. are lost to sleep-related deaths each year (CDC, 2018)

Refer to page 2 of your handouts

NC Sleep-Related Infant Deaths

	Child Fatalities Reported by County DSS Agencies	Number/Percent Involving Unsafe Sleep
2015-16	152	47 (31%)
2016 -17	181	48 (26%)

Statewide and Nationwide Effort to Promote Safe Sleep

- SafeSleepNC.org
- American Academy of Pediatrics
- Safe to Sleep® Campaign - Eunice Kennedy Shriver National Institute of Child Health & Human Development
- March of Dimes: Safe Sleep for Your Baby

**Child Deaths Reported in NC:
Fatality Intake Process**
JULY 1, 2015 – JUNE 30, 2017

95 Deaths

- ✓ 62 co-sleeping w/ parent or parents in adult bed
- ✓ 15 co-sleeping w/parent or parents on sofa
- ✓ 4 twins co-sleeping with blankets, etc. in crib
- ✓ 10 sleeping in swings, bouncy seats, etc.
- ✓ 4 sleeping face-down, propped with bottles, mattress on floor, etc.

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CPS Involvement

40 of 95 received Intensive State Child Fatality Reviews


- 5 open for CPS assessments
- 11 open for In-Home Services
- 2 open for Foster Care Services
- 22 Closed (*family had received services within 12 months prior to death*)
- 14 were born substance-exposed

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Lessons Learned from NC Child Fatality Reviews

- ▶ For most, safe sleeping surface was available but unused
- ▶ Most died in the same bed as parents and/or siblings
 - Some suffocated wedged between couch cushions or other surfaces
- ▶ Common for **alcohol or drugs** to be a factor
- ▶ Parents often had been provided with safe sleep education from multiple sources
- ▶ Usually unclear whether parents were specifically told about the **fatal** risk of unsafe sleep conditions

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NC Child Welfare Policy 

CPS Family and Investigative Assessments

- *Tour the home*
- *Specifically address infant safe sleep arrangement*

CPS In-Home Services

- *Discuss safe sleep*
- *Observe sleeping arrangements*

Substance Affected Infants

- *Ensure safe and separate sleeping arrangements*
- *Address in Temporary Parental Safety Agreement*

CW Policy Manual
<https://nccwta.org/index.php?Knowledgebase/List/Index/12/pilot-policy-manual>

NC Child Welfare Forms

- NC CPS Assessment Documentation Tool (DSS-5010)
- Initial Provider Assessment (DSS-5203)
- NC Monthly In-Home Contact Record
- NC Monthly Permanency Planning Contact Record

CW Policy Manual Forms on TA Gateway's Knowledgebase
<https://nccwta.org/index.php?Knowledgebase/Article/View/5/13/cw-policy-manual-forms>

Safe Sleep

What it is and what it looks like

Follow ABC's of Safe Sleep

Alone

Back

Crib

Note: medical providers may alter the following recommendations in special circumstances, such as prematurity

Alone

The competition we're up against



This is what we're asking parents to do



NO

Pillows


Loose blankets

Stuffed toys

Bumper pads



Soft objects can obstruct the nose and mouth



Not OK:

- Blankets, pillows, fluffy toys, crib bumpers
- Cribs with missing hardware
- Cribs older than 10 years
- In-bed sleepers

OK:

- Cribs with snugly fitted mattresses
- Bedside sleepers

What if my baby is cold when sleeping?



72 degrees

Good Rules

- Room temp. should be comfortable for a lightly clothed adult ~ 72 degrees
- Your baby should be dressed with only one layer more than you are wearing
- Use infant sleep clothing, such as a wearable blanket
- Avoid overheating

Swaddling

- Use a light blanket
- Do not swaddle once the baby can roll
- If you swaddle, ensure it is snug around the chest but has room around hips and knees



This might look cozy



But it is DANGEROUS!

Other sleep-related causes of infant death

Can include *accidental*...

- **Suffocation:** when something (e.g., a pillow) or someone covers the baby's face and nose, blocking the ability to breathe
- **Entrapment:** when the baby gets trapped between two objects, such as a mattress and a wall, and can't breathe
- **Strangulation:** when something presses on or wraps around the baby's neck, blocking baby's airway

Source: NIH safetosleep website

Danger of entrapment and suffocation



Extremely high risk of death
on couches and armchairs

Parents should not feed their baby on a couch or armchair if there is a chance of falling asleep

Baby should sleep alone



Baby may be in parent's bed for feeding or comforting but should be returned to his/her own bed when parent is ready to return to sleep

Billboards in Milwaukee, WI

YOUR BABY SLEEPING WITH YOU CAN BE JUST AS DANGEROUS.

YOUR BABY SLEEPING WITH YOU CAN BE JUST AS DANGEROUS.

"Your baby sleeping with you can be just as dangerous"

Alone but **IN** room with caregiver is best

Back

Every baby should be placed
"back to sleep"
Every sleep by Every caregiver
for the 1st year of life



Back Is Best

Research shows:

- Stomach sleeping increases risk of SIDS
- Sleeping on the back carries the lowest risk of SIDS

That's why the recommendation is "back is best"

Stomach sleeping can result in:

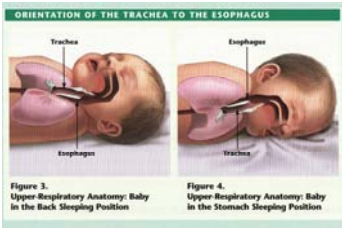
Increased:

- Re-breathing of carbon dioxide
- Apnea (i.e., you stop breathing while asleep)

Decreased

- Efficiency of heat loss (i.e., increased risk of overheating)
- Arousal

What about spitting up?



When babies sleep on the stomach, milk may pool in the throat

Less likely to choke sleeping on back

What about positioning devices?



None have been approved

What about flat spots on a baby's head?





- Tummy Time helps to reduce flat spots
- Changing the direction a baby sleeps in reduces flat spots

Flat spots usually resolve in a few months after a baby learns to sit up

What about a bald spot?



Consider a bald spot on the back of a baby's head a sign of a healthy baby!

Once an infant can roll from back to front and front to back, infant can be allowed to remain in the sleep position he or she assumes on their own.



Crib

Where should my baby sleep?
Firm mattress covered by a fitted sheet



Crib Pac and Play

Where should my baby sleep?



In the parents' room, close to the parents' bed,
but on a separate surface
designed for infants

What about swings, bouncy seats...?



Should not be used for sleeping!

If an infant falls asleep in one, he or she should be removed and placed in their bed soon as it is practical

Other things that might protect babies from sleep-related death

Pacifiers



Breastfeeding



Immunizations

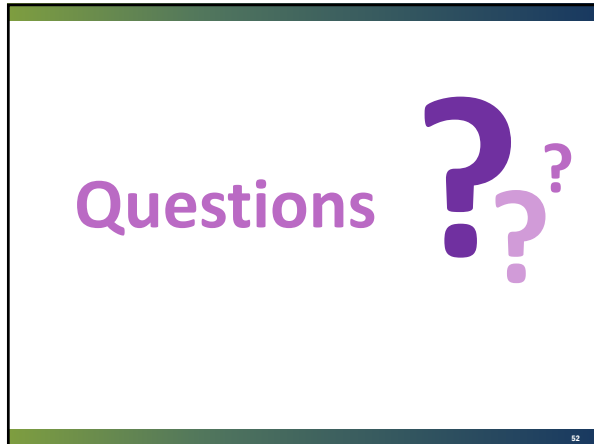


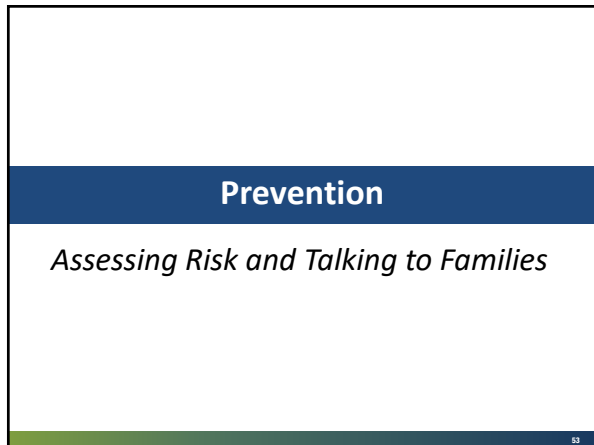
Quick Quiz

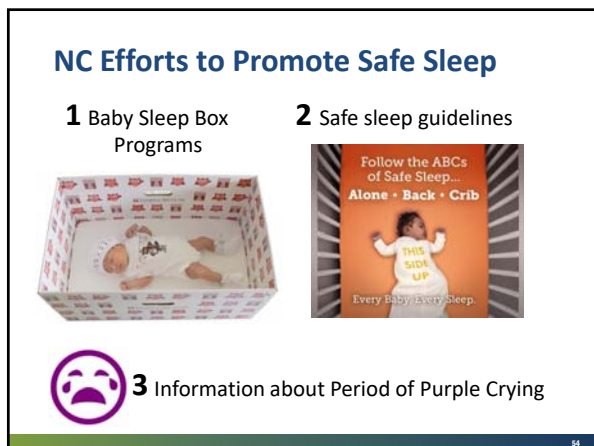












The Letters in **PURPLE** Stand for

PURPLE


PEAK OF CRYING	UNEXPECTED	RESISTS SOOTHING	PAIN-LIKE FACE	LONG LASTING	EVENING
Your baby may cry more each week, the most in month 2, then less in months 3-5	Crying can come and go and you don't know why	Your baby may not stop crying no matter what you try	A crying baby may look like they are in pain, even when they are not	Crying can last as much as 5 hours a day, or more	Your baby may cry more in the late afternoon and evening

The word *Period* means that the crying has a beginning and an end.

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Safe Sleep Risk Factors in Child Welfare

- ▶ Multiple families temporarily sharing living space
- ▶ Lack of beds for all children
- ▶ Caretaker's substance use and/or infant's identification as a Substance Affected Infant
- ▶ Transient families
- ▶ Parent has untreated mental health conditions



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Assessing Risk: Questions to Ask

1. Where does the child nap? Where do they sleep at night?
2. Have you ever fallen asleep with the child in your arms in the bed or on the couch?
3. What kind of bedding do you use?
4. Where do siblings sleep?
5. Are there pillows, stuffed animals, crib bumpers, or other things in the bed with the infant?
6. Do you have a medical condition or other reasons you might be impaired to respond or be aware of the child when they sleep?

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Assessing Risk: Observations

- Parent/child interaction during nurturing, feeding, and providing proper care
- Sleep arrangements and location of infant bed/crib/pack n play/bassinet, etc.
- Structure and suitability of sleeping area and device
- How parent places child in crib, etc.
- Infant health issues such as reflux, breathing problems, heart murmurs, etc.
- Residence: structural issues, allergens, and environmental issues can cause additional stress to the infant
- Location of emergency contact list

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What If Families Push Back?

“Why should I listen to you? You don’t have children.”

“My parents did everything you say not to, and my siblings and I survived just fine.”

“But I’ll never be able to get my kid to sleep if I follow your recommendations.”

“You are making too big a deal out of this issue.”

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This All Also Applies to Foster Parents and Kin Caregivers



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SafeSleepNC.org



[American Academy of Pediatrics](http://AmericanAcademyofPediatrics.org)



[Safe to Sleep® Campaign - Eunice Kennedy Shriver Nat'l Institute of Child Health & Human Development](#)




[March of Dimes: Safe Sleep for Your Baby](#)

Resources

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Questions



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Impact on you and your agency

Type into chat....


One thing you will do in response to what you have learned today....

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Contact Information



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Two (2) Final Steps for DSS Staff

1. To receive training credit, you must "Complete Course" WITHIN ONE WEEK

- ✓ Log in to www.ncswlearn.org
- ✓ Select "PLP"
- ✓ Select "Webinars"
- ✓ Click "Enter"
- ✓ Click "Complete Course" button

Passcode is: **sleep**

You have only one week to "complete course"

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Follow-Up Document for the Webinar

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Webinar handouts: https://fcrp.unc.edu/files/2018/04/webinar_6-27-18.pdf

Recording: if you missed the webinar or want to view it again, go to: <http://fcrp.unc.edu/webinars.asp>

Answers to Questions Asked During the Webinar

Responses in this document are from the NC Division of Social Services Child Welfare Services Section.

In your presentation, what age children are considered "babies"? To what age children do safe sleep recommendations apply?

We are talking about infants and very young children up to the age of one year (12 months).

Should we advise parents to always make sure infants sleep on their backs? What if the child turns over on their own?

The back sleep position is the safest position for all babies, until they are 1 year old. Babies who are used to sleeping on their backs, but who are then placed to sleep on their stomachs (e.g., for a nap), are at very high risk for SIDS. If baby rolls over on his or her own from back to stomach or stomach to back, there is no need to reposition the baby. Starting sleep on the back is most important for reducing SIDS risk. Babies who can roll over on their own should not be swaddled.

You state that among sleep-related deaths explored by the NC Child Fatality Review Team it was “common for alcohol or drugs to be a factor.” Do you mean that the parents were using drugs, the kids were born drug-exposed, or both?

We were speaking about a mix of both parental substance use and prenatal exposure (i.e., substance affected infants).

Is it OK for a baby to remain in car seat if they fall asleep there?

No. If children fall asleep in their car seats, they should be moved to their crib or another safe sleep environment as soon as possible. Car seats are not approved by the Consumer Product Safety Commission (CPSC) as safe infant sleeping environments.

How should child welfare professionals ensure safe sleep when the family is using medical equipment prescribed by a physician, such as a G-Tube?

Medical providers may alter safe sleep recommendations in special circumstances, such as prematurity. In these instances, child welfare professionals should consult directly with the medical provider to ensure they understand the child’s issues and why the provider has asked the family to depart from standard safe sleep guidelines. Once you speak with the medical provider, have a follow-up conversation with the family to ensure everyone understands what to do and why regarding the child’s sleep safety.

Are the “rock n plays” in the same category as a swing/bouncy seat (i.e., not OK for sleeping)? Those are extremely popular and many families use them for sleeping.

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

What happens when a parent refuses to use safe sleep, even after they have been taught what it is and offered a safe sleeping surface (e.g., a pack and play)? Where do we go with that?

In this situation, talk with the family to find out why they are refusing. What is stopping them from following safe sleep recommendations? You should also assess if there are immediate safety issues and/or risks of not practicing safe sleep. Further conversations on this topic may yield a solution or useful information about the family’s concerns and protective capacity. If the family continues to refuse to follow safe sleep recommendations, talk with your management team about next steps.

Would failure to comply with safe sleep guidelines ever rise to the level of removal?

No. On its own, failure to follow safe sleep recommendations does not meet North Carolina’s statutory definitions of child abuse or neglect. That said, it is possible that unsafe sleep could be one factor among many the agency considers when looking at risk in the home.

Should we be addressing safe sleep on the TPSA every time we are working with a substance-exposed infant?

You need to assess risk thoroughly and look at the totality of risk in the home before deciding what to include on the Temporary Parental Safety Agreement. It is not reasonable to say that safe sleep should be included automatically on every TPSA involving a substance-exposed infant.

Do NC child welfare forms speak to ensuring safe sleep with foster care or relative placements?

The tools and instruments we have to assess foster homes don't explicitly address safe sleep, but policy and the forms do require us to talk with resource families about safety. If an infant is being placed, a discussion about safe sleep would be a natural and important part of ensuring safety.

Will we be allowed to use this training for in-house training for our foster parents?

Agencies are welcome and encouraged to share the recording of this webinar and the materials that go along with it with foster parents and anyone else they think might find it helpful. The recording can be found here: <https://fcrp.unc.edu/multimedia/>

What if the family cannot afford a crib and there no resources to get them one?

If a family does not have access to a recommended sleeping device, consult your community partners (e.g., your local Community Care Network of NC member, local health department, hospital, or health care provider) to find out what resources are available in your community.

A family lives in a three-bedroom apartment and has eight children ranging in age from 7 months to 13 years old. How would you recommend we assess this family for safe sleep?

Safe sleep is focused on infancy, as this is a stage of development in which children are particularly vulnerable to sleep-related deaths. Assessing the sleeping arrangements of ALL children is appropriate. However, particular attention and intervention should occur for those 12 months and younger.

Can a baby sleep in a drawer until a more appropriate sleep environment can be found?

The only recommended sleeping surfaces are a crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC). If a family does not have access to a recommended sleeping device, consult your community partners (e.g., local health department, hospital, or health care provider) to find out what resources are available in your community.

What if the family tells us that they sleep in the bed with the 2-year-old or 3-year-old? What advice would you give in that situation? Especially when drug use is a concern?

At this age, children are typically at a stage of development where SIDS or accidental suffocation, entrapment, and strangulation are less of a concern. Safe sleep is mostly about children 12 months and under. However, because drug use is a concern with this family, the safety of this co-sleeping arrangement should be assessed.

Should child welfare agencies do more to promote baby sleep boxes?

The first choice is a sleeping surface that follows the safety standards of the Consumer Product Safety Commission (CPSC). However, many communities are offering baby sleep boxes as an option for

families. The important thing is to send a message to families that is consistent with the messages being sent by your local hospitals, medical providers, health department, CC4C, etc. We want the messages families receive to be the same, so there is no confusion.

Currently, the American Academy of Pediatrics (AAP) Task Force on SIDS indicates that there **is not yet enough evidence to say anything about the potential benefit or dangers of using cardboard boxes, wahakuras, or pepi-pods**. A firm, flat sleep area that is made for infants, like a safety-approved* crib or bassinet, and is covered by a fitted sheet with no other bedding or soft items in the sleep area is recommended by the AAP to reduce the risk of SIDS and other sleep-related causes of infant death. Keeping baby in your room and close to your bed, ideally for baby's first year, but at least for the first 6 months, is also recommended by the AAP. Room sharing reduces the risk of SIDS. Having a separate safe sleep surface for baby reduces the likelihood of suffocation, entrapment, and strangulation. You may want to consider these questions before making a decision:

- Will all caregivers properly use the surface with no soft bedding or toys?
- Will all caregivers practice other safe infant sleep recommendations?

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