



## **Reproductive Care Program of Nova Scotia**

### **Endorsement of *Back to Sleep* National Guidelines**

There is an overwhelming body of evidence indicating the supine position for infant sleep significantly reduces the risk of Sudden Infant Death Syndrome (SIDS). In light of this evidence, health care providers are obliged to demonstrate and teach supine infant sleep positioning (*Back to Sleep*) to new parents and others caring for newborns. Health care providers may meet with resistance to adopting this practice, usually based on a belief that the newborn will choke if placed supine. There is no evidence to support this belief.

The Reproductive Care Program of NS (RCP) strongly endorses the Canadian Pediatric Society (CPS) Joint Statement: *Reducing the Risk of SIDS in Canada* (Vol 4, No 3, April 1999) and the American Academy of Pediatrics policy statement: *Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position* (March 2000, RE9946).

Positioning infants on their backs for sleep leads to a reduction in the incidence of SIDS; the evidence for this is undisputed. Health professionals must adopt a consistent practice of placing healthy newborns in the supine position for sleep and inform new parents about the evidence for this practice.

Additionally, health professionals who work with new parents must be familiar with the recommendations contained in the CPS statement and be able to discuss the evidence underlying the *Back to Sleep* message. Every parent should receive this information during the postpartum hospital stay. The Nova Scotia Department of Health Promotion and Protection has included *Back To Sleep* information in their parent resource *Loving Care: Birth to 6 Months*, which is available in print or on their website.

Recommendations against prone (tummy) sleeping have coincided with a reduction in the number of SIDS deaths in Canada, and increased public awareness of SIDS. Along with these, anecdotal reports suggest an increase in positional plagiocephaly, which is more commonly known as "flat head". Development of plagiocephaly may be prevented by ensuring that young infants have supervised tummy time several times a day while awake, and ensuring changes in head position for sleep by changing the baby's orientation in the crib. More information on prevention of positional plagiocephaly is available from the

CPS statement update *Positional plagiocephaly and sleep positioning: An update to the joint statement on sudden infant death syndrome* (Vol 6, No 10, Dec 2001)

The RCP strongly recommends that all professionals use the supine sleeping position for healthy, term and close-to-term neonates during their hospital stay. This recommendation should be instituted and monitored through hospital policy. Public health nurses should continue to inform parents during prenatal education and reinforce the *Back To Sleep* message during their postpartum contacts, including information on supervised tummy time while awake. Physicians should also affirm the infant's sleeping and play positions during postpartum visits.

## References

*Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping*

*Environment and Sleep Position (RE9946)*. American Academy of Pediatrics, Policy Statement, Pediatrics, 105(3), March 2000, 650-656.

<http://www.aap.org/policy/re9946.html>

*Loving Care: Birth to 6 Months*. Parent Health Education Resource Working Group [Halifax]. Nova Scotia Department of Health Promotion and Protection, May 2008.

<http://www.gov.ns.ca/hpp/resources/hd-early-childhood.asp>

*Positional Plagiocephaly and Sleep Positioning: An Update to the Joint Statement on Sudden Infant Death Syndrome*. Canadian Paediatric Society. Paediatrics and Child Health (2001); 6(10) 788-789.

*Reducing the Risk of Sudden Infant Death Syndrome in Canada*. Joint Statement: Canadian Foundation for the Study of Infant Deaths, The Canadian Institute of Child Health, The Canadian Paediatric Society and Health Canada. Paediatrics & Child Health (1999); 4(3) 233-4. Statement reaffirmed January 2002.

<http://www.cps.ca/english/statements/IP/cps98-01.htm>

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