

Nebraska Safe Sleep Environment Checklist

Name of Baby:	Date of Safe Sleep Assessment:	Completed by:
Safe Sleep Assessment Completed at: <input type="checkbox"/> Prenatal Visit <input type="checkbox"/> Weekly Visit (first month after baby born) <input type="checkbox"/> Bi-Weekly Visit <input type="checkbox"/> Monthly Visit (up to six months of age) <input type="checkbox"/> Other / As needed _____		
Age Of Infant At Time Of Discussion: <input type="checkbox"/> <1 month <input type="checkbox"/> 1-2 months <input type="checkbox"/> 3-4 months <input type="checkbox"/> 5-6 months <input type="checkbox"/> 7-8 months <input type="checkbox"/> 9-12 months		Medical History: <input type="checkbox"/> NICU <input type="checkbox"/> Substance exposed prior to birth <input type="checkbox"/> Preterm (< 39 weeks) <input type="checkbox"/> recent illness <input type="checkbox"/> Other _____

1. Baby <i>always</i> sleeps alone in his/her own safe sleep environment (never sleeping with others, including pets, on couches, chairs, or beds).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified	Follow up Date:	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
2. Baby has his/her own safe sleep environment(s): (Check all that apply).	<input type="checkbox"/> Crib <input type="checkbox"/> Pack 'N Play <input type="checkbox"/> Bassinette <input type="checkbox"/> Other _____ <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
3. Baby's safe sleep environment(s) <i>contains unsafe</i> sleep practices/hazards: (Check all that apply).	<input type="checkbox"/> Loose bedding <input type="checkbox"/> Bumpers <input type="checkbox"/> Toys/stuffed animals <input type="checkbox"/> Quilts/blankets <input type="checkbox"/> Pillows <input type="checkbox"/> Cords/wires <input type="checkbox"/> Curtains/blinds <input type="checkbox"/> Low/loose mobile <input type="checkbox"/> Drop-side rails <input type="checkbox"/> Decorative cutouts <input type="checkbox"/> Furnace/ vent/radiator next to sleep area <input type="checkbox"/> A soft sleep surface / mattress that is loose fitting <input type="checkbox"/> Corner posts that are higher than frame <input type="checkbox"/> Side-slats spaced > soda can width <input type="checkbox"/> No unsafe sleep practices / hazards	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
4. When baby is sleeping: (Check all that apply).	<input type="checkbox"/> Room temperature is appropriate (approx. 68-74°F) <input type="checkbox"/> Baby is not over- or under-dressed	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
5. Baby is always placed on his/her back to sleep with head and face uncovered.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
6. Baby's safe sleep environment and home are smoke free.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
7. Reviewed/left with caregiver(s) the NIH "What Does A Safe Sleep Environment Look Like?" handout.	<input type="checkbox"/> Yes <input type="checkbox"/> Previously Given <input type="checkbox"/> No – State Reason: _____				

Documentation of Identified Action Steps and Medical History:

Resource Contact Information: Department of Health and Human Services, Division of Public Health, Lifespan Health Services

DHHS Lifespan Health Toll Free: 1-800-801-1122

Email: DHHS.MCAHFeedback@nebraska.gov

Nebraska Maternal, Infant, and Early Childhood Home
Visiting Program (N-MIECHV): 1-402-471-1938

Nebraska Department of Health and Human Services
Maternal Infant Health Program: 1-402-471-0165

Talking Points:

- Unsafe sleep is the #1 cause of death reported to the Office of Child and Family Services.
- In Nebraska, 15-20 babies die every year due to unsafe sleep-related incidents.
- Bed sharing and cluttered cribs (blankets, bumpers, stuffed animals, etc.) account for the largest percentage of deaths.
- Babies exposed to substance use during pregnancy are at higher risk



SLEEP ENVIRONMENT HAZARDS

Below is an example of an unsafe sleeping environment.

HAZARDS

Hardware needs to be in place, and tight; check periodically.

Corner posts should be level with frame. Children can catch clothing and strangle.

Side slats should be tightly spaced. A soda can should not fit between slats.

Decorative cutouts can trap a baby's head.

Dropside rails can jump tracks and trap infant between rail and mattress, causing death.

Mattress, platform should fit snugly. If you can fit two fingers between the mattress and side, don't use crib.

Sources: Consumer Product Safety Commission, Kids in Danger

Cindy Jones-Hulfachor
SUN SENTINEL
Chad Yoder, Phil Geib
CHICAGO TRIBUNE

Image provided by Consumer Product Safety Commission, Kids in Danger.

Back sleeping does not increase the risk of choking.

In fact, babies may clear fluids better when on their backs, possibly because of anatomy.

Sleeping on back:

- The trachea lies on top of the esophagus.
- Spit-up /fluid must work against gravity to be aspirated into the trachea.
- If babies do spit up, it will stay in the esophagus, not go into trachea
- Nothing around nose, mouth and ears to block air flow or hearing.

Sleeping on stomach

- Spit-up / fluids pool at the opening of the trachea, making it easier for the baby to aspirate or choke.
- Nose and mouth may be blocked, decreasing air flow
- Infant ear next to mattress, decreasing the auditory stimulation

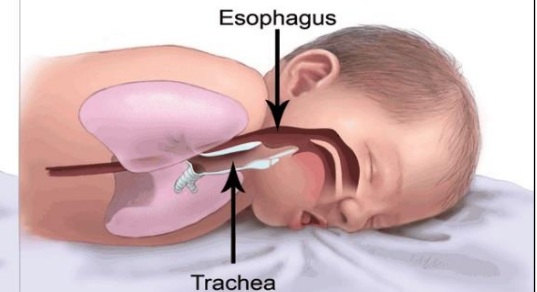
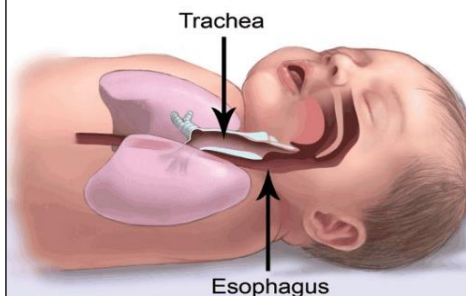


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