

# Nebraska Safe Sleep Environment Checklist

<b>Name of Baby:</b>	<b>Date of Safe Sleep Assessment:</b>	<b>Completed by:</b>
<b>Safe Sleep Assessment Completed at:</b> <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 _____		
<b>Age Of Infant At Time Of Discussion:</b> <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		<b>Medical History:</b> <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 _____

<b>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).</b>	<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:
<b>2. Baby has his/her own safe sleep environment(s): (Check all that apply).</b>	<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		
<b>3. Baby's safe sleep environment(s) <i>contains unsafe</i> sleep practices/hazards: (Check all that apply).</b>	<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		
<b>4. When baby is sleeping: (Check all that apply).</b>	<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		
<b>5. Baby is always placed on his/her back to sleep with head and face uncovered.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
<b>6. Baby's safe sleep environment and home are smoke free.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
<b>7. Reviewed/left with caregiver(s) the NIH "What Does A Safe Sleep Environment Look Like?" handout.</b>	<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](mailto: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.

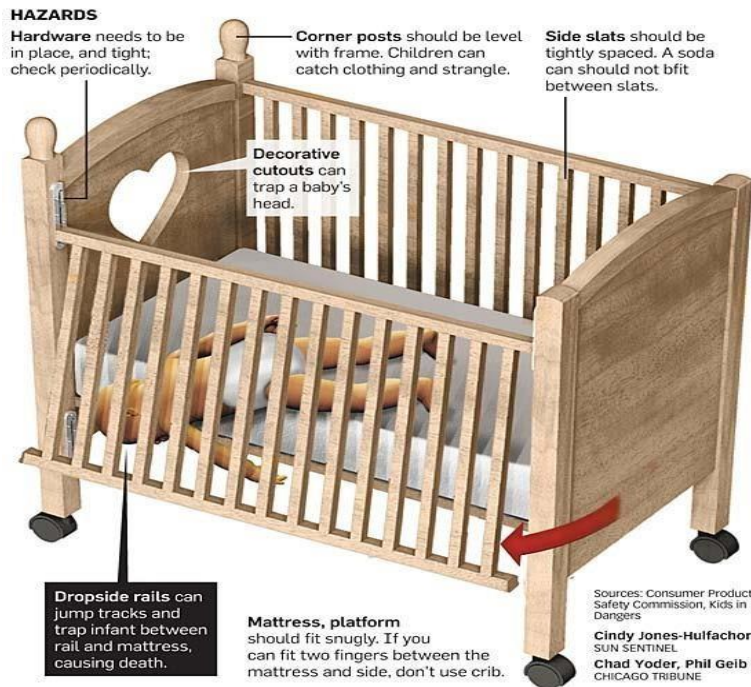


Image provided by Consumer Product Safety Commission, Kids in Danger.

**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

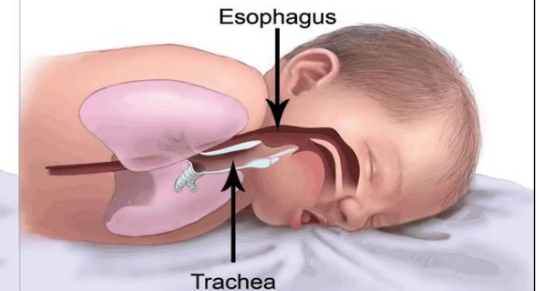
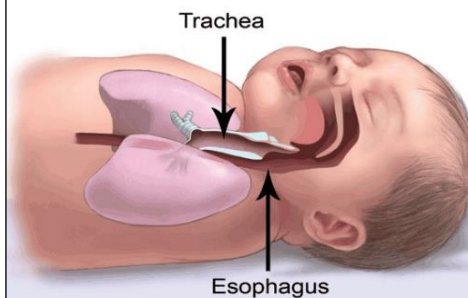


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