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Safe to Breathe

protecting babies when they sleep

essential education for early childhood teachers



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Welcome

- Welcome to this presentation on protecting babies when they sleep in early childhood settings.
- How safe are your arms? Do they know how to make every sleep a safe sleep?
- In America, child care settings are growing as places where babies die. Fortunately this is not the case in NZ.
- But as enrolments of under 1 year olds increase, it is important that all teachers know and are supported to act in ways that will prevent death.
- This presentation provides essential education for protecting babies under 12 months of age, while they sleep in your care
- For some this will be new information and for others a refresher, but it is essential that everyone entrusted with the care of babies is aligned with this evidence-based knowledge.

Sleeping babies need to breathe



Sleeping babies need to breathe - and stay breathing.

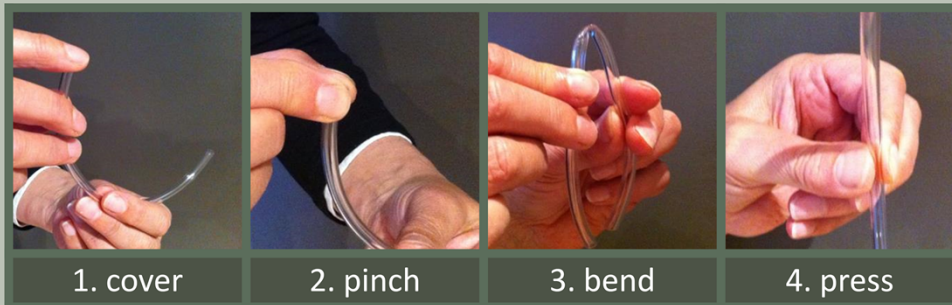
- Oxygen is essential to life. It reaches babies through tubes.
 - through blood vessels during pregnancy
 - and through airways once born.
- If oxygen cannot pass through these tubes, babies can die - and these deaths are preventable.
- From the very first breath, **position** becomes critical to staying alive.

Four ways babies can suffocate



1. Covered face
2. Pinched nose
3. Chin-to-chest position of the neck
4. Pressure on, or against, the chest

Use a tube to demonstrate to others



Understanding how babies can suffocate.

- This slide explains the 4 ways that babies can suffocate.
- Using a plastic tube to simulate airways, you can see how air flow is restricted, or stopped, if the tube
 - becomes covered or pinched at the opening,
 - or gets bent or pressed against
- Any situation that leads to
 - a covered face
 - a pinched nose
 - a 'chin to chest' (or bent) position of the neck
 - or pressure on or against the chestcan slow or block the flow of oxygen to a baby.

The next three slides explain what must be considered when assessing the safety of sleep for babies in their first year.

1. Consider age of development



Ways that babies are different from adults:

a baby has a

- large head
- bulge behind
- loose jaw
- short neck
- big tongue

and

- only breathes through the nose

The needs of development matter

- Babies are not mini adults. Their systems take time to mature.
- Unlike adults, for example, a baby starts out with
 - a large and heavy head,
 - loose jaw joints
 - and only breathes through the nose.
- The heavy head acts like a weight, keeping a baby safe when lying flat and on the back.
- But if that head falls forward for any reason it can place a baby at risk. They may get into positions or situations that make it hard for them to breathe.

2. Consider baby vulnerability



Growing conditions matter.

- Sub-optimal conditions **weaken babies** as they develop. For example
 - Smoking in pregnancy takes oxygen from babies so they develop as if low oxygen is normal.
 - This weakens their breathing and defences and they may fail to recognise danger if oxygen levels fall.Low birth weight babies, and those born prematurely are also more vulnerable
- For these babies, how and where they sleep becomes vital to their survival.
- Resilient, stronger babies are one who are:
 - Smokefree
 - Breastfed
 - Immunized
 - Handled gently

3. Consider the sleep setting



Sleep conditions matter.

- Safe sleep for babies means **being** on the back and **always** able to breathe freely.
- Breathing is best protected when sleep environments consider all the following:
 - **Position:** flat, level and on the back
 - **Bedding:** clear of the face, no soft or loose items, a mattress that fits the space
 - **Location:** in own sleep space or baby bed
 - **Proximity:** responsive close to a responsive and able carer
- These principles create the setting for safe infant sleep at home and when in your care.

Spot the hazards



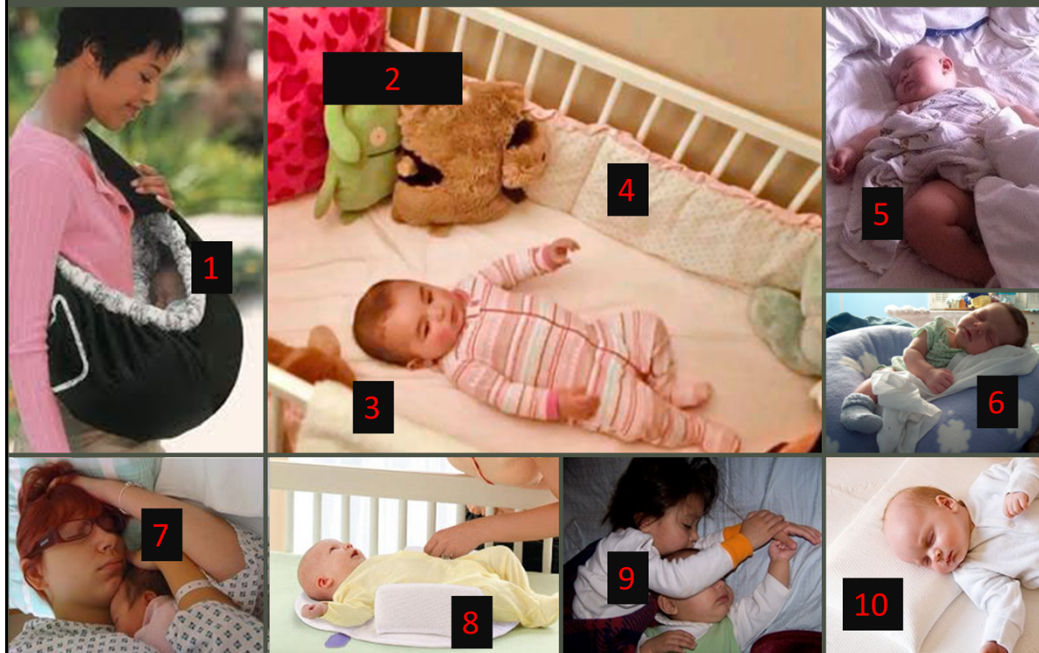
Safety checks

- You need to get very good at spotting potential hazards and assessing sleep safety.
- Remember that every check needs to consider:
 - **age** of baby and their mobility,
 - vulnerability of **baby**
 - as well as the sleep **setting**
- Breathing hazards can come in the form of pillows, toys, lying positions, dangling cords, other people, sleep aids etc

Activity

- Using what you have learnt, **spot 10 hazards** in these sleep environments and explain the potential risk.

Create safety



Each of the numbers identifies a potential sleep hazard.

1. The sling has placed the baby in a chin to chest position and may potentially narrow the airways. When choosing slings, ensure baby's face is always clear and oxygen can flow through the tubes easily.
2. Toys in the cot can be a suffocation hazard
3. Loose blanket draped over side of cot- baby could pull blanket into cot and face may be covered
4. Loose bumper pads are a suffocation risk.
5. Loose bedding- baby could get tangled leading to a covered face
6. Sleeping on a bean bag- suffocation risk
7. Baby sleeping on mother in face down position- baby's nose could become pinched, or arm across baby could compress chest
8. Wedge- if baby rolls to other side of wedge, and cannot roll back, they may become stuck in a face down position
9. Sharing bed with other children- toddlers arm could accidentally suffocate baby
10. Sleeping on pillow-forces the neck into a chin to chest position. Pillows are not needed for babies under 1 year old

Activity:

Decide how to improve safety,

- assuming all babies were exposed to smoking in pregnancy
- and all are under 6 months.

Early childhood settings

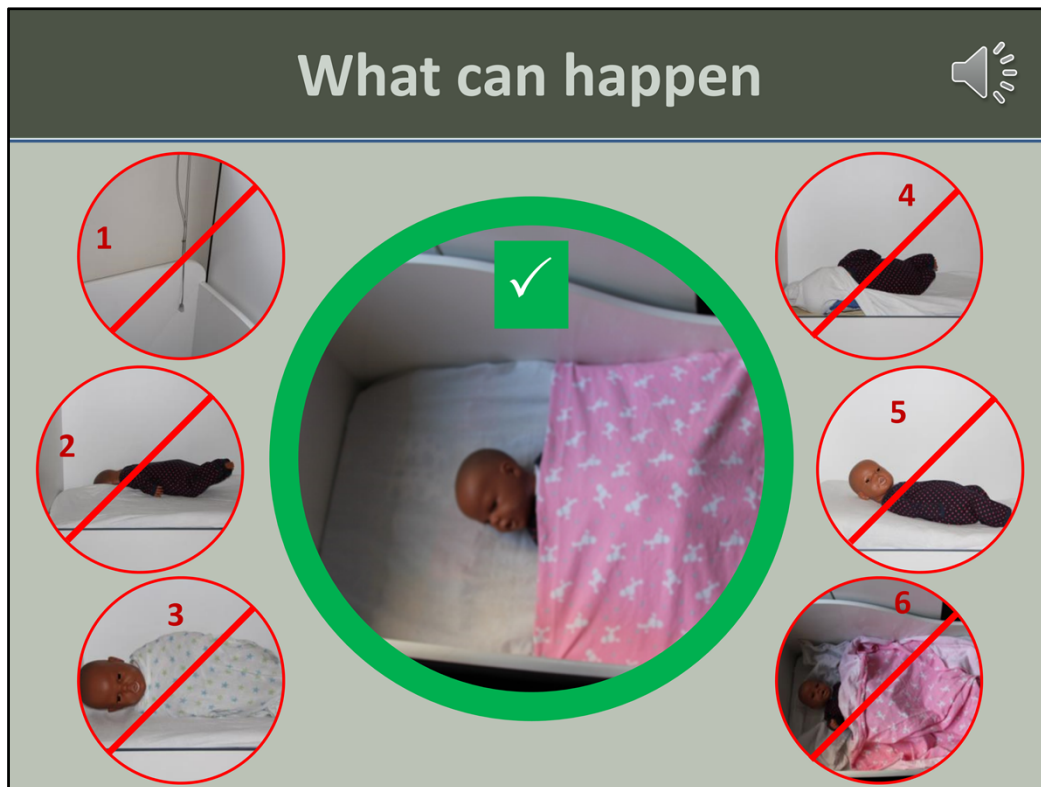


Early Childhood Settings

- These pictures were taken at a local early childhood centre.
- The centre met all Ministry of Education standards for furniture, bedding and supervision systems.
- But that is not enough to guarantee protection for a baby. Aware teachers are also needed.

Activity

- So, assuming this baby is sleeping and now 12 weeks old, what concerns you in each of these settings?



What the coroners report.

- The numbered images were set up to alert you to what can happen. They are scenarios taken from coroners' reports of babies who died at home and in care.
 1. **Dangling window cord** - a strangulation risk for older babies.
 2. **Poor mattress fit** - baby's nose can become wedged or pinched in the gap between the mattress and wall
 3. **Side sleeping** - baby may roll to face down
 4. **Loose bottom sheet** - baby can get a covered head
 5. **Raised head end** - makes it easier for a baby to change from the back position
 6. **Loose bedding** - can cover the face or lead to becoming tangled in bedding.
- The central image shows the ideal set up for safe sleep in an early childhood setting.

Activity

How will you ensure the safe use of furniture, bedding and supervision systems in your early learning environment?

Protection for the older baby



Protection for the older baby

- As babies become more mobile, they can, **by their own actions**, get into situations that can be life-threatening.
 - By 4 to 6 months babies can roll both ways and may not stay positioned on the back.
 - The sleep space needs to be **bare** of all soft, loose or unnecessary items, including toys.
 - Play at this stage is in practicing new movements.
- All safe sleep principles still apply to older babies, with special attention to either
 - firm tucking (as in the picture) or ...(see next slide)

Bare is best for cots



**Option 2:
No covers
and baby in
a sleep bag**

- Use of an infant sleep bag in a bare cot - no covers

Sleep bags remove the chance of getting caught in sheets and blankets when baby goes exploring in the cot.

Warmer or cooler temperatures are managed by varying, the number of layers of clothing the baby wears.

'That sleep' scenarios



Managing exceptions

- Too often, coroners' reports tell the tragic stories of how things were different 'that sleep'.
- Perhaps it was because a baby was
 - unwell, unsettled,
 - it was cold, the family had visitors, parents were exhausted,
 - there was a party, there was no bed for the baby or baby wouldn't sleep.
- Every sleep is a separate event and needs to be set up to be safe for the baby's age and vulnerability.
- Consistency of care is important for early learning settings, where staff are changing and practices may vary.

Are babies in safe hands with you?



Are you a safe sleep respecting ECE?

- When parents trust you with the care of their babies they believe their children are in 'safe hands'?

Activity

- How can you be confident that, in your setting, babies are always in safe hands?
 - Do all staff know, understand, believe and implement safe sleep practices?
 - Do all parents know and trust your safe sleep policy?
 - Should a baby die in your care, how will you account to a coroners' court for the policy, systems and practices in place?



In summary ...

- Protection must align with a baby's development - as they grow their needs change.
 - We need to consider the baby's age, vulnerability and sleep location.
 - These factors work together and cannot be treated in isolation.
- As early childhood teachers, being vigilant about 'sleep by sleep' safety checks, for the babies entrusted to your care is essential.
- This short presentation is to align you with the education provided to the health workforce.
- We hope it will stimulate discussion and lead to strong policy, systems and practices
 - so that every sleep is a safe sleep for every New Zealand baby.

The next few slides will link you with resources and how to receive a certificate.

Support for you



Your service can support you with:

- Safe sleep policy
- Safe sleep systems
- Safe sleep education

Change for our Children supports you with:

- A dedicated web page
- Resources

(Available [here](http://www.changeforourchildren.co.nz/our_projects/safe_sleep_in_early_childhood_education_settings)
http://www.changeforourchildren.co.nz/our_projects/safe_sleep_in_early_childhood_education_settings)

- Your **early learning centre** can support you with implementing:
 - Safe sleep policy
 - Safe sleep systems
 - Safe sleep education
- Change for our Children Ltd are partially funded by the Ministry of Health, and have been working to reduce rates of sudden infant death for over 20 years. We have created a simple web page for early childhood teachers, with templates of policy, systems and best practice guidelines to support you. We encourage you to use these free, evidence-based materials.

Quiz



You are invited to complete a quick quiz.
Click on [this link](#)
and receive a certificate of participation
(this will take less than 2 minutes)

Thank you

- To receive a certificate of participation, please complete the attached quiz and include your name if you would like the certificate personalised.
- Thank you