

Safe Sleep and Night Time Parenting

The North Carolina Division of Social Services recognizes that infants require developmentally appropriate parenting to ensure they are able to grow and advance during one of the most fragile times of their lives.

The purpose of this document is to provide local county child welfare workers guidance on assessing and ensuring safe sleep practices are being followed in the home until the child reaches one year of age. The following safe infant sleep recommendations applies to infants from birth to 12 months of age. This includes preterm infants' home from the NICU and infants with reflux. In very rare cases doctors may suggest stomach sleeping for infants with certain upper airway disorders in which the risk of death may outweigh the risk of SIDS. It also provides resources to educate parents and caretakers on how to individualize implementation of infant safe sleep practices within their homes.

Definitions - Terminology Glossary

Nighttime Parenting: The acknowledgement that caring for an infant requires the parent/caregiver to be responsive to the infant's needs at night, not just during the daytime. This is especially true for infants who wake throughout the night. This can be challenging for parents/caregivers and requires extra thought, support, and preparation to ensure the safe care of infant, including the practice of safe sleep.

Important Points to Consider:

Social Workers should:

- Include infant safe sleep practices in the Plan of Safe Care and in Safety Plans
- Inquire and assess infant safe sleep in all phases of Child Welfare, starting with CPS Intake
- The infant's sleep space should be seen at all home visits. If the sleep space is not safe, the SW should discuss with the family and ensure the space is safe prior to leaving the home.
- Infant safe sleep discussions should occur with all potential caregivers.
- All discussions about infant safe sleep should be open, detailed conversations and more than just providing a handout out or instruction.

Safe Sleep for Infants

Prior to the first year of life, infants need anywhere from 12 to 17 hours of sleep daily¹. Unsafe sleep practices are a leading cause of death for North Carolina infants. Many of these deaths could have been prevented. This means that determining infant safety must include ensuring the physical environment is equipped to accommodate this need. It also means that child welfare workers must assess the caretaker's capacity to provide suitable arrangements and parenting that keep infants safe particularly when sleeping. Knowledge of state and local resources available to assist infants is paramount to supporting families with practicing safe sleep.

There is a myriad of reasons that families have misinformation and/or do not follow infant safe sleep practices and child welfare workers should consider engaging parents and caretakers in the discussion of infant safe sleep by:

- asking open-ended questions,
- displaying respect and understanding,
- probing for questions and concerns regarding the recommendations,
- being prepared for resistance with information and educational resources,
- working in partnership with the family to find ways to reduce the risk of unsafe sleep practices.

CPS INTAKE

When a report includes an infant, intake requires documentation about the infant's sleep space, how they are placed to sleep, and if the infant sleeps alone (not sharing the same sleep surface with anyone). If the reporter has the answer to these questions it will allow the assessment worker to better prepare for the initial meeting with the family. It is required to document any concerns regarding substance use by caretakers. Additionally, inquiring about the substance use (legal or illegal, treatment or recreational) impact on the caretaker's ability to ensure the infants' safety should also be thoroughly documented. The intake worker must request information including which substance(s) is being used, the level of use, and whether their ability to provide care for the infant has been impacted.

CPS FAMILY AND INVESTIGATIVE ASSESSMENTS

Child welfare workers who are completing an assessment on a home with an infant are required to document a discussion about infant safe sleep. The assessment of the home should include:

- The location where the infant sleeps. The infant should sleep on a firm and flat mattress in a safety approved crib, bassinet, or portable crib. The sleep space should only include a mattress and a fitted sheet. No other items should be in the sleep space, including blankets, pillows, toys, bumper pads, and/or sleep positioners. It is very dangerous for an infant to sleep in an inclined seat, adult bed, recliner, or sofa. The infant should not sleep on the same sleep space with another person. Infants can share a room with the caregiver but should not share a sleep space.
- The position of the sleeping infant. The infant should be placed on their back for every nap and at night—never on their side or stomach.
- Identification of all substance use activity, including tobacco. Any smoking or vaping use should be done outside of the home and away from the infant. The caretaker should change clothes and wash hands prior to touching the infant again. Substance use that can impair their ability to provide care for the infant, must be discussed and thoroughly documented. Additionally, a plan must be made to ensure the safety of the infant while the parent or caretaker's ability to parent is impaired. If there are allegations an infant has been affected by substance use, a Plan of Safe Care (POSC) must be developed, and this would include a plan to keep the infant safe when a parent's ability is impaired by using substances.
- A plan that ensures that the infant will be placed in a safe sleep environment every time they sleep, to include naps and at night.

- A strategy that addresses housing inconsistencies when a parent or caretaker is homeless or transient. In situations where a family does not have stable housing it is of the utmost importance that each visit includes a thorough assessment of where the infant is sleeping. It may require additional planning with the family at each transition to ensure that infant safe sleep is being practiced.

The NC Safety Assessment ([DSS-5231](#)) should include activities that address any concerns identified regarding safe sleep during the assessment. The use of safe sleep practices should be assessed at each follow up visit to the home. The DSS-5231 should be updated to include any plans to address any new identified safe sleep concerns as they arise during the assessment. This should include any newly identified safety concerns as well as ongoing concerns regarding a family's use of safe sleep. In cases where a Temporary Safety Provider is identified they must provide a physical environment in compliance with and agree to parent consistent with infant safe sleep.

IN-HOME SERVICES

When a case has been found Services Needed and there are infants within the family, the child welfare worker should include a safe sleep plan as part of the In-Home Family Services Agreement. There should be a continued assessment of infant safe sleep practices throughout the life of the In-Home case and at every visit until the child reaches the age of one. All caretakers should be provided with education as needed and new questions arise.

PERMANENCY PLANNING

Birth parents, kinship caretakers, and foster and adoptive parents should be educated on infant safe sleep practices to ensure that they are equipped with the most current information. It is critical that child welfare workers providing foster care through adoption services confirm that homes where infants are placed are in adherence to safe sleep practices. Foster care and adoption workers must document the infant safe sleep space until the infant is one year of age and any practice concerns on the North Carolina Monthly Permanency Planning Contact Record ([DSS-5295](#)) at least monthly. Foster home licensing workers are required to do quarterly visits to ensure a safe environment and that licensing standards are met which includes safe sleep space and practice. It is also vitally important that infants have a safety approved sleep space (crib, bassinet, or portable crib) that meets current standards and requirements prior to the infant being placed in the home.

PREVENTION SERVICES

Much of what is provided to families by prevention service workers are the same as child welfare services. However, due to the voluntary nature of this service there are some differences. Prevention workers develop agreements with the family setting goals to address changes the family desires to make that do not require mandatory supervision to ensure safety for children. Infant safe sleep practices should be included in every prevention worker's education for a family with infants. This evaluation should include a conversational approach regarding these issues, provide education, and address any safe sleep concerns in the agreement with the family.

Topics For Discussion

Please find a list of questions child welfare workers can ask to encourage discussion regarding infant safe sleep:

1. **Where does the infant sleep for naps and at night?**

Recommendation: Children under one must have a safety-approved crib, pack and play, or bassinet with a firm and flat sleep surface. For more information on sleep location click [HERE](#).

Reason: Research has found that these surfaces are the safest place for a baby when they are sleeping to reduce the risk of a baby dying by from suffocation or SIDS (Sudden Infant Death Syndrome).

Follow-Up: It is dangerous for infants to sleep on a sofa, adult bed, or inclined seat like a swing or bouncer seat. These surfaces increase the risk of suffocation or other sleep related deaths.

2. **What is in the infant's sleep space?**

Recommendation: For the first year an infant's sleep space should only include a firm and flat surface with a fitted sheet. No other items should be in the sleep space. This means no blankets, pillows, toys, bumper pads, or sleep positioners."

Reason: Research has found that an infant is more likely to die due to suffocation when there are extra items in the sleep space.

Follow-up: Parents and caretakers often place extra soft bedding in the infant's sleep space to make it cozier or warmer, however these items can make it harder for an infant to breathe and cause them to die. It may be helpful to consider wearable blankets, such as SleepSacks, to keep infants warm.

3. **How is the infant placed to sleep for naps and at night?**

Recommendation: Children under one should always be placed on their back for sleep for nap time and nighttime. It is fine if the infant rolls to their side or back on their own, but they should be placed to sleep on their back.

Reason: Research has found that placing a baby to sleep on their backs greatly reduces the risk of infants dying.

Follow-up: Infants are less likely to choke on their backs and helps to reduce the risk of SIDS and suffocation.

Click [HERE](#) for a video about why babies are safer on their back and won't choke.

4. **Are there times that the infant sleeps in the same space with anyone?**

Recommendation: Children under one should not sleep in the bed or other sleep space with anyone, including siblings and pets. Instead, it is recommended to place infants in a crib, portable crib, or bassinet in the same room with a parent near their sleep space. Infants can share the room with an infant for sleep, but not the bed. It is even more dangerous for an infant to sleep with another person on a sofa or recliner. When caring for an infant at night, it is tempting to provide care for them in the bed with the caretaker. Although this is not recommended, if done, it is important to move bedding out of the way and place them back in their separate sleep space. An additional precaution is to set an alarm or have someone aid by staying awake to ensure the child is returned to their own sleep space.

Reason: Infants sleeping with another individual can easily become entrapped or smothered. Most infants in North Carolina who die due to sleep related causes do so when sleeping with another person.

Follow-up: There are number of reasons a parent sleeps with an infant both intentionally and by accident. Factors that can make sleeping on the same surface more dangerous include:

- When an infant is less than 4 months old, was born preterm or at low-birth weight, was/is exposed to smoke or vape.

- When the sleep-space is a sofa or recliner, is a very soft or air mattress, includes pillows and soft bedding.
- When the person sleeping with the infant consumed alcohol, medicines, or drugs that make it harder to wake up, or is overly tired; smokes or vapes; not the infant's primary caretaker/parent.

Click [HERE](#) for a client handout about understanding the risks of sleeping with your baby and tips for safer sleep at night.

5. **Is the infant exposed to smoking or vaping?**

Recommendation: The living and sleep spaces for infants should be smoke and vape free.

Reason: Research has found that smoke exposure has been shown to increase the risk of dying of sleep-related causes, including SIDS.

Follow-up: Anyone interested in quitting should connect to QuitlineNC: <https://www.quitlinenc.com/>. Click [HERE](#) for more information about keeping babies safe from tobacco.

6. **Is anyone impaired by substance use while providing care for the infant?**

Recommendation: Care of an infant should only be provided by a sober parent/caregiver. Substances include alcohol, marijuana, legal and illegal drugs and medications.

Reason: Substance use can make parents/caretakers sleepy and less aware making it difficult to care for an infant. This makes it harder to practice safe sleep and sleeping with an infant very dangerous.

Follow-up: It will be helpful to maintain a list of local substance abuse and mental health providers who can provide services to caretakers who are seeking assistance. Anyone interested in seeking help for alcohol abuse should connect to <https://www.alcoholrughelp.org/> or call 1-800-688-4232.

7. **Who else is providing care for your infant?**

Recommendation: Be sure that anyone who provides care for your infant follows safe sleep recommendations.

Reason: Infant safe sleep practices should be followed for every nap and nighttime sleep. Infants are at an increased risk of dying when other caregivers do not know or follow safe sleep practices. Click [HERE](#) for more information about talking to others about safe sleep.

Additional Information to Share with Families:

- **Share your room, not your bed.** It is recommended to keep the infant in the room close to your bed, but on a separate sleep surface designed for infants. This will make it easier for you to feed, comfort, and watch your baby at night.
- **Safe night-time care and feeding.** Parents who bring their infant into the bed for feeding must remove all soft items and bedding from the area. Place the infant on their back in their own sleep space when finished.
- **Setting a timer on your phone to wake you in case you fall asleep.** If you do fall asleep, place baby back in their crib on their back.
- **Couches and armchairs can be very dangerous.** Be mindful of how tired you are and avoid couches and armchairs for feeding or caring for infants if you think you might fall asleep.

- **Ask someone to stay with you while you're feeding or caring for baby. Or take turns.** Support in remaining awake particularly during nighttime parenting can assist with placing the baby into a safe sleep area if you fall asleep. Or one caregiver caring for the baby while the other gets time to sleep.

Additional Resources

Video that can be shared with families:

- National the Safe to Sleep campaign [7min video](#) [2 minute video](#)

¹Sleep Foundation

<https://www.sleepfoundation.org/children-and-sleep/how-much-sleep-do-kids-need>

Safe Sleep NC

www.safesleepnc.org

Women's Health Branch: Publications and Manuals

<https://whb.ncpublichealth.com/provPart/pubmanbro.htm>

Consumer Protection Safety Committee (CPSC)

<https://www.cpsc.gov/SafeSleep>

NIH Safe to Sleep

<https://safetosleep.nichd.nih.gov/>