



# Safe Sleep for Tribal Early Childhood Settings

## What Is Sleep-Related Infant Death?

Sudden Infant Death Syndrome is the sudden death of an infant less than 1 year of age that cannot be explained after a thorough investigation. Infant deaths may also happen because of

- ◆ Suffocation by soft bedding—for example, when a pillow or waterbed covers an infant’s nose and mouth.
- ◆ Overlay—when another person rolls on top of or against the infant while sleeping.
- ◆ Wedging or entrapment—when an infant is wedged between two objects such as a mattress and wall, bed frame, or furniture.
- ◆ Strangulation—for example, when an infant’s head and neck become caught between crib railings.<sup>1</sup>

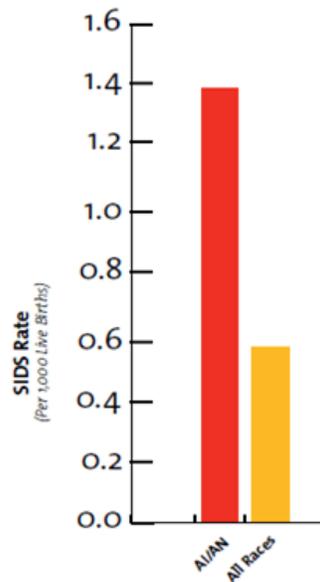
## American Indian and Alaska Native (AI/AN) Infants And Sudden Infant Death Syndrome (SIDS)

The overall AI/AN death rate for SIDS among infants is more than double that for the non-Hispanic white population.<sup>2</sup>

SIDS rates in Alaska and the Northern Plains were four times higher among AI/AN infants than among white infants.<sup>3</sup>

According to the U.S. Department of Health and Human Services National Institute of Child Health and Human Development, SIDS rates among American Indians and Alaska Natives are particularly high in certain areas of the U.S. Northern Tier; namely, Indian Health Services (IHS) Aberdeen Area (which includes South Dakota, North Dakota, Nebraska, and Iowa), IHS Billings Area (Montana and Wyoming), IHS Bemidji Area (Minnesota, Wisconsin, Michigan and Indiana), IHS Portland Area (Washington, Oregon and Idaho), and the state of Alaska.<sup>4</sup>

**American Indian and Alaska Native SIDS Rates for Urban Indian Health Organization**  
**AI/AN SIDS Rates for Urban Indian Health Organization Counties, 1997-2003\***



### Counties, 1997–2003

Source: Healthy Native Babies Project Workgroup. (2010). *Healthy Native Babies Project workbook and toolkit*. Washington, DC: Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health, U.S. Department of Health and Human Services.<sup>5</sup>

## What Can We Do to Lower the Risk of Sleep-Related Infant Deaths in Our Program?

While the exact cause of SIDS is unknown, safe sleep practices should be used to reduce the risk of SIDS in every infant under the age of 1 year. The American Academy of Pediatrics (AAP) recommends the following practices for reducing the risk of SIDS:<sup>6</sup>

- ◆ Back to sleep for every sleep: always place babies on their backs to sleep.
- ◆ Place babies on a firm sleep surface, such as a safety-approved crib mattress or cradleboard. Never place babies on pillows, quilts, sheepskins, or other soft surfaces.
- ◆ Keep soft objects and loose bedding away from the infant's sleep area.
- ◆ Avoid smoke exposure during pregnancy and after birth.
- ◆ Avoid overheating and head covering in infants.
- ◆ Encourage and assist pregnant mothers to obtain regular prenatal care.
- ◆ Infants should be immunized in accordance with AAP and U.S. Centers for Disease Control and Prevention (CDC) recommendations.
- ◆ Avoid monitors and other products that claim to reduce the risk of SIDS.
- ◆ All staff, parents and guardians, volunteers, and others who care for infants in early care and education settings should follow safe sleep practices as recommended by the AAP.

Home visiting programs have also been found to reduce the risk of SIDS by 80%. A study funded by Indian Health Services, the National Institute of Child Health and Human Development, and the CDC found that public health nurses' visits to Northern Plains Indian women before and after they gave birth reduced the risk of infant death. Infants who lived in homes where a public health nurse visited before or after birth were 80 percent less likely to die from SIDS than infants in homes not visited.<sup>7</sup>

### Tummy Time While Awake

While infants should be placed to sleep on their backs, time on their stomachs is important as well. "Tummy time" is playtime when infants are awake and placed on their tummies while a caregiver is watching them. Caregivers should make this part of their daily routines. Tummy time helps to strengthen an infant's head, neck, and shoulder muscles.

#### Facts to Share with Families

- To reduce the risk of SIDS, infants should be placed on their backs to sleep unless otherwise directed by the child's physician.
- Keep your baby's sleep area close to but separate from where you and others sleep. Room sharing with the infant on a separate sleep surface is recommended.
- Your baby should not sleep on a couch or armchair with adults or other children.
- All sleeping arrangements for infants under 12 months of age should use firm mattresses.
- Avoid soft bedding materials.
- Avoid smoke exposure during and after pregnancy.
- Avoid alcohol and illicit drug use during pregnancy and after birth.
- Breastfeeding is recommended and protects against SIDS.

## Facts about SIDS

The following facts about SIDS come from the National Institute of Child Health and Human Development's *Safe to Sleep* project:<sup>8</sup>

- ◆ SIDS is the leading cause of death in infants between 1 month and 1 year of age.
- ◆ Most SIDS deaths happen when babies are between 1 and 4 months of age.
- ◆ Each year, about 4,000 infants die unexpectedly during sleep time, from SIDS, accidental suffocation, etc.
- ◆ SIDS is not a risk for babies 1 year of age or older.
- ◆ African American, Native American, and Alaska Native babies have higher rates of SIDS than other populations.

*Caring for Our Children Basics* standards state that cribs must be in compliance with current U.S. Consumer Product Safety Commission and ASTM International safety standards. ([http://cfoc.nrckids.org/StandardView/SpcCol/Safe\\_sleep](http://cfoc.nrckids.org/StandardView/SpcCol/Safe_sleep)).

Some additional information from the research also provides this positive finding: *A study of Northern Plains Indians found that infants were less likely to die of Sudden Infant Death Syndrome (SIDS) if their mothers received visits from public health nurses before and after giving birth.*<sup>8</sup>

### What Should I Know about Reducing the Risk of Sleep-Related Infant Deaths?

- Babies sleep safest on their backs. Every sleep counts.
- Caregivers should directly supervise infants, toddlers, and preschool children by sight or hearing at all times, even when the children are in sleeping areas.
- Sleep surfaces matter.

## Best Practices and Tribal Early Childhood Programs

- ◆ **Native American Women's Dialogue on Infant Mortality:** This network is currently sponsored by the SIDS Foundation of Washington. It is a collaboration between leaders and members of the Nez Perce, Suquamish, Port Gamble S'Klallam, Duwamish, Muckleshoot, Cowichan, Comanche, Lakota, Haida and Kootenai Tribes in partnership with the SIDS Foundation of Washington, Public Health Seattle, King County, and other community entities to identify approaches to disseminate safe sleep messages. The Native American Women's Dialogue on Infant Mortality was formed to address the disparities in the infant mortality rates among American Indians and Alaska Natives.<sup>9</sup>
- ◆ **White Earth Nation of Ojibwe:** Family and group child care licensing requirements include mandatory SIDS training before caring for an infant and once every 3 years. White Earth's child care licensing includes requirements around SIDS training, safe sleep practices, and infant and newborn sleeping space. White Earth's family child care licensing regulations can be found at the following link: [http://www.whiteearth.com/data/upfiles/files/Child\\_Care\\_Family\\_Licensing\\_Standards.pdf](http://www.whiteearth.com/data/upfiles/files/Child_Care_Family_Licensing_Standards.pdf)
- ◆ **Reciprocal licensing between Tribes and the State of Oklahoma:** The State of Oklahoma collaborates with various tribal licensing units to jointly monitor facilities. Reciprocal licensing agreements with specific Tribes provide for cross-monitoring of child care programs, sharing of monitoring reports, and joint investigations of complaints. Tribal child care staff members also participate in all training for state licensing and monitoring staff.
- ◆ **Iowa Tribe:** Parents choose from a broad range of tribal child care providers licensed by the State of Oklahoma. These homes and centers are monitored by state Department of Human Services (DHS) workers and by the Iowa Tribe of Oklahoma (ITO) Early Childhood Director to ensure that standards for health, safety, and quality are maintained. The Iowa Tribe of Oklahoma Child Care Assistance Program deemed it necessary to develop minimum requirements, and the ITO monitoring representatives provide an additional level of protection through onsite inspections, technical assistance, and consultation with those who provide child care.

- ◆ **Peoria Tribe:** Child care providers must follow state and tribal standards and provide monitoring report forms from state and tribal visits to verify that they are meeting health and safety requirements. Child care providers from the tribe are eligible to attend Oklahoma Department of Human Services (DHS)-sponsored trainings as well as trainings sponsored by the Peoria Tribal Child Care and Development Department. Compliance with tribal, state, and federal regulations is required in order for a child care provider to be issued child care subsidy payments and to be on the list of eligible child care providers as options for parents.
- ◆ **Ottawa of Oklahoma:** The tribe's child care provider orientation covers health and safety requirements. Providers are expected to follow state and tribal health and safety requirements. They are eligible to attend DHS-sponsored trainings as well as trainings sponsored by the Ottawa Tribe's Child Care Development Fund Department.
- ◆ **Leech Lake Band of Ojibwe:** The tribe's licensing requirements for child care centers are available via the following link: <http://www.mntrecc.net/pdf/LLCCCLicReq.pdf>. They include requirements for safe sleep practices and SIDS risk reduction, such as the following:
  - Infants must have a sleep area separate from the center's play and activity areas.
  - Initial and ongoing training requirements include health and safety certifications for the director and for all staff within 90 days of employment, to be recertified every 2 years. Required trainings include sudden infant death syndrome, first aid, infant and adult CPR, child car seat safety, shaken baby syndrome, and mandated reporting.
  - Caregivers shall directly supervise infants, toddlers, and preschool children by sight and hearing at all times, even when the children are in sleeping areas.

## Resources

- ◆ The American Academy of Pediatrics website has numerous articles on SIDS research and policy statements: <http://www.aap.org>.
- ◆ Healthy Child Care America's SIDS information is available at <http://www.healthychildcare.org/sids.html>.
- ◆ The Healthy Native Babies Project within the National Institute of Child Health and Human Development, an outreach component of the Back to Sleep campaign, strives to understand the possible causes for the AI/AN SIDS disparities and find ways to further reduce the SIDS rates in Native communities. Resources are available at <https://www.nichd.nih.gov/news/resources/spotlight/pages/110811-hnbp-workbook-packet.aspx>.
- ◆ *Minimum Standards for Tribal Child Care: A Health and Safety Guide*, is a resource from the Child Care Bureau within the Administration for Children and Families, U.S. Department of Health and Human Services: <https://www.acf.hhs.gov/sites/default/files/occ/ms.pdf>. (Under Revision)
- ◆ The National Center for Cultural Competence's report *Using Traditional Practices to Support Change* provides an overview of SIDS prevention practices used in Washington State. It is available at [https://nccc.georgetown.edu/documents/SIDS\\_washington.pdf](https://nccc.georgetown.edu/documents/SIDS_washington.pdf).
- ◆ Safe to Sleep campaign's publications and materials are available on its website: <https://www.nichd.nih.gov/sts/about/Pages/default.aspx>.
- ◆ The Safe Sleep Practices and SIDS/Suffocation Risk Reduction section of *Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs* can be found at [http://cfoc.nrckids.org/StandardView/SpcCol/Safe\\_sleep](http://cfoc.nrckids.org/StandardView/SpcCol/Safe_sleep).
- ◆ The National Center on Early Childhood Health and Wellness (NCECHW) hosted a webinar in February 2017 to highlight "Strategies to Support Safe Sleep Environments in Early Childhood Education Programs." This webinar was developed for child care health consultants and is available at <https://cc.readytalk.com/cc/playback/Playback.do?id=bfjk27>.

- ◆ The Task Force on Sudden Infant Death Syndrome article “SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment” (*Pediatrics*, October 2016) is available at <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>.
- ◆ The U.S. Centers for Disease Control and Prevention has a useful web page titled Sudden Unexpected Infant Death and Sudden Infant Death Syndrome: About SUID and SIDS, available at <http://www.cdc.gov/sids/aboutsuidandsids.htm>.
- ◆ The Urban Indian Health Institute provides centralized nationwide management of health surveillance, research, and policy considerations regarding the health status disparities affecting American Indians and Alaska Natives; visit <http://www.uihi.org/>.

## Endnotes

1. About SUID and SIDs, Sudden Unexpected Infant Death and Sudden Infant Death Syndrome, Centers for Disease Control and Prevention, <https://www.cdc.gov/sids/aboutsuidandsids.htm>.
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3. Wong, C. A., F. C. Gachupin, R. C. Holman, M. F. MacDorman, J. E. Cheek, S. Holve and R. J. Singleton. 2014. American Indian and Alaska Native infant and pediatric mortality, United States, 1999–2009. *American Journal of Public Health* 104(Suppl 3): S320–S328
4. Randall, L.L., Krogh, C., Welty, T.K., Iyasu, S.I., & Willinger, M. (2001). The Aberdeen Indian Health Service Infant Mortality Study: Design, Methodology, and Implementation. *American Indian Alaska Native Mental Health Research: A Journal of the National Center*, 10(1),1-20.
5. The Healthy Native Babies Project within the National Institute of Child Health and Human Development, an outreach component of the Back to Sleep campaign, strives to understand the possible causes for SIDS disparities and find ways to further reduce the SIDS rates in Native communities. Resources are available at <https://www.nichd.nih.gov/news/resources/spotlight/pages/110811-hnbp-workbook-packet.aspx>.
6. Task Force on Sudden Infant Death Syndrome. (2016). SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. *Pediatrics*, 138(5). Retrieved from <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938>
7. National Institute of Child Health and Human Development, National Institutes of Health. (2002). *SIDS Risk Factors Among American Indian Infants*. Retrieved from [https://www.nichd.nih.gov/news/releases/Pages/sids\\_riskFactors.aspx](https://www.nichd.nih.gov/news/releases/Pages/sids_riskFactors.aspx)
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9. National Center for Cultural Competence, Georgetown University Center for Child and Human Development. (2007). *Using traditional practices to support change: Promising practices for cultural and linguistic competence in addressing sudden infant death syndrome and other infant death*. Retrieved from [https://nccc.georgetown.edu/documents/SIDS\\_washington.pdf](https://nccc.georgetown.edu/documents/SIDS_washington.pdf)

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### National Center on Tribal Early Childhood Development, A Service of the Office of Child Care

9300 Lee Highway  
Fairfax, VA 22031

Phone: 877-296-2401  
Email: [nctecd@ecetta.info](mailto:nctecd@ecetta.info)

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### State Capacity Building Center, A Service of the Office of Child Care

9300 Lee Highway  
Fairfax, VA 22031

Phone: 877-296-2401  
Email: [CapacityBuildingCenter@ecetta.info](mailto:CapacityBuildingCenter@ecetta.info)



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