

INTERNATIONAL AFFAIRS & BEST PRACTICE GUIDELINES

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Safe Sleep Practices for Infants Best Practice Guideline from RNAO

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RNAO Registered Nurses' Association of Ontario
Speaking out for health. Speaking out for nursing.

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Objectives

1. History of Sudden Unexplained Infant Death (includes SIDS)
2. Guideline Development Methodology: Safe Sleep Practices for Infants Best Practice Guideline
3. Questions

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Registered Nurses' Association of Ontario

- Professional association of 33,000 Registered Nurses in Ontario, Canada
- The strong, credible voice leading the nursing profession to influence and promote healthy public policy.

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Safe Sleep Practices for Infants

Best Practice Guideline

KEEPING BABIES SAFE IN BED
 Whenever the current challenge is on a mission to counter the mixed messages parents receive about safe sleeping practices for their newborns, the best solution



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Why Safe Sleep?

Sudden unexplained death (including SIDS):

- **Most frequent diagnosis** between 1 month and 1 year of age (postnatal mortality)
- Takes the life of **50 Infants per 100,000** live births each year
- One of the **most common** ways of dying after the first month of life up to one year
- Very different from any other age group where deaths are mostly a result of a disease or chronic condition and a cause of death is identifiable.

Gilbert N.L., Fell D.B., Joseph K.S., Liu S., Leon J.A., Savva R., and for the Fetal and Infant Health Study Group of the Canadian Perinatal Surveillance System (2012). Temporal trends in sudden infant death syndrome in Canada from 1991 to 2005: contribution of changes in cause of death assignment practices and in maternal and infant characteristics. Paediatric and Perinatal Epidemiology 26, 124-130.

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Risk Factors for Sudden Unexplained Deaths - History

1980-1990: modifiable risk factors, in particular, **prone sleep position** identified as a **risk factor**

Canadian National Campaigns

1993 - Side or back
 1999 – Back to Sleep
 1995-2000: Significant decrease in mortality



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Risk Factors for Sudden Unexplained Deaths - TODAY

- **No further decrease** in sudden unexplained deaths has occurred in the past few years
- Most of the subsequently identified risk factors are related to the **sleeping environment** of the infant
- Still one of the **most common** manners of dying after the first month of life up to one year

Gilbert N.L., Fell D.B., Joseph K.S., Liu S., Leon J.A., Sauve R., and for the Fetal and Infant Health Study Group of the Canadian Perinatal Surveillance System (2012). Temporal trends in sudden infant death syndrome in Canada from 1991 to 2006: contribution of changes in cause of death assignment practices and in maternal and infant characteristics. Paediatric and Perinatal Epidemiology 26: 124-130.

Hauk E.R. and Tarabak K.O. (2008). International Trends in Sudden Infant Death Syndrome: Stabilization of Rates Requires Further Action. Pediatrics 122: 660-666.

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Why is this topic important for nurses?

One PHN was curious on home visits about mixed messages regarding safe infant sleep practices

2006 - PHN completes lit search and position paper

2007 - Resolution at RNAO AGM

2007 - RNAO Workgroup

2008 - Article in RN Journal

2008-2010 requests and acceptance of BPG topic

2010- Initiation of Safe Sleep Guideline

KEEPING BABIES SAFE IN BED

Infants who are placed in cribs or on a cot to sleep are more likely to die from SIDS than infants who are placed in cribs or on a cot to sleep. For more information, visit the website: www.rnao.ca/sleeping

RNAO FINAL RESOLUTION #2
As at January 23, 2007
Infant Sleeping Practice
THEREFORE BE IT RESOLVED that RNAO support a provincially focused social marketing strategy targeted at all caregivers of infants less than one year of age, including education and intervention, given expanding evidence based guidelines for best sleeping practices for infants that are known to modify the risk of SIDS.

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Stage 1: Panel Recruitment



RNAO Staff:
Janet Chee
Glynis Vales
Samantha Mayo
Shirley Alvares
Sarah Xiao

Development Panel (15):
Elyse Maindonald (Panel Lead), Vicky Bassett, Karen Towler, May-Lynn Flake, Christina Bradley, Patricia Maddalena, Attie Sandick, Paula Pop, Debra Bishop, Karen Bridgman-Acker, Aurore Cote, Helen Tindale, Andrea Riekstins, Queenie Broaderip, Claudette Leduc

Advisory Panel (17):
Ian Mitchell, Bert Lauwers, Yolanda Guitar, Marie Brisson, Jan Levesque, Nicole Guitcher, Michelle Kerr, Maria Negri, Erika Cheung, Susan Lepine, Kathryn Hayward, Leigh Baetz-Craft, Claudine Bennett, Nancy Watters, Joanne Dix, Kathy Venter, Irene Morgan

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Stage 2: Purpose and Scope

Purpose:
 Promoting practices that protect infants in their sleep environment

Target Population:

- Infants age range: 0-24 months
- ALL Parents and Caregivers



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Target Users

Health Care Providers:

- Registered Nurses (RNs) and Registered Practical Nurses (RPNs) and Nurse Practitioners (NP), Students
- Health care professionals and/or educators involved in prenatal and postnatal care/education
- Parents/ caregivers (anyone responsible for the care or supervision of an infant)
- Anyone of childbearing age

ALL Health Care Sectors:

- Public Health Units
- Acute Care Settings:
 - Post partum
 - NICU
 - Pediatric Units
- Primary Care
- Community Settings
- Home Care



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Clinical Questions

1. What are the risks and protective factors that influence safe sleep
 - Physical environment
 - Parent and child attributes (high risk populations)
 - HCP interventions
2. What are the Education and Policy considerations in the implementation of this safe sleep?
 - Education: Academic (undergraduate, graduate, continuing education) and Organizations (workshops, orientations, continuing education)
 - Policy: Economic factors, Advertising, Advocacy

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Stage 3: AGREE Review

Identification and Review of Safe Sleep Guidelines that have already been developed

- 3 guidelines identified
 - **Queensland Government (Australia):** Safe Infant Care to Reduce the Risk of Sudden Unexpected Deaths in Infancy Policy Statement and Guidelines (2008)
 - **Provincial Health Services Authority (British Columbia, Canada):** Perinatal Services BC Health Promotion Guideline 1 Safe Sleep Environment Guideline For Infants 0 to 12 Months of Age (2011)
 - **American Academy of Pediatrics (United States):** SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Sleep Environment (2011)



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Stage 4: Systematic Review Process



- **Literature Search:** identified approximately 3,000 abstracts (3 large general searches, multiple targeted searches, articles identified by panel)
- **Critical Appraisal and Data Extraction:** approximately 300-400 articles

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Stage 5: Recommendations Development

- Recommendations developed through a **consensus process**
- **4 Sub-groups** of the panel developed recommendations & discussion of evidence based on the systematic review results
- Level of Evidence identified
- Identification of resources/tools for the appendices



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Preliminary Recommendations

26 preliminary recommendations have been developed

- 20 Practice Recommendations
- 3 Education Recommendations
- 3 Organization & Policy Recommendations

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Recommendation Topic Areas

<p>PRACTICE RECOMMENDATIONS</p> <p>Safe Sleep Practices:</p> <ul style="list-style-type: none"> • Sleep Environment • Attributes associated with higher risk <p>HCP Interventions:</p> <ul style="list-style-type: none"> • Assessment • Education • Community Engagement & Advocacy 	<p>EDUCATION RECOMMENDATIONS</p> <ul style="list-style-type: none"> • Reflective Practice • Knowledge • Education Programs <p>ORGANIZATION & POLICY RECOMMENDATIONS</p> <p>Organizational support for:</p> <ul style="list-style-type: none"> • Research, evaluation, education, implementation
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Stage 6: Draft Guideline

- A published guideline goes through many drafts
- RNAO manager will take the work of the panel and consolidate into a final document for review.
- Over the course of many months the panel will review and revise the guideline drafts until ready for stakeholder review.


