Healthy New Moms
Maryland's Maternal Mental Health Campaign

Safe Sleep Assessment Tool

The Safe Sleep Assessment tool was designed to help you to identify caregivers whose babies are most at risk of sudden unexpected death in infancy as a result of unsafe sleep practices. It should be completed together with the caregiver and used to guide a conversation about safer sleep practices. Observing safer sleep practice is a key element to risk assessment.

We strongly recommend that before using this assessment tool, you view the videos and are familiar with the material on this site: Safe Sleep | BHB Website (healthybabiesbaltimore.com)

As you complete the assessment, it is important to remember to interview with "L-O-V-E."

L – *LISTEN:* Listen with empathy when the family describes current sleeping practices.

O – *OPEN-ENDED QUESTIONS:* Ask what caregiver likes about [e.g., bed-sharing] or what makes it hard to [e.g., put the baby on their back to sleep]

V – *VALIDATE:* Acknowledge the family's desire [e.g., to do what they believes is best for the baby, to get a good night's sleep]

E – *EDUCATION:* Offer education: "We get new research all the time…" "Babies born preterm like yours are at a much higher risk for dying when bed-sharing…"

Using this tool will enable you to share your observations with the parent. For more information see associated guidance. It's not about how many boxes are ticked; these are all risk factors in their own right. **While *any* infant in an 'unsafe' sleep environment is vulnerable to death or severe disability, some circumstances contribute to creating increased vulnerability to some infants.**

SAFE SLEEP ASSESSMENT

CHILD'S NAME: _____   **DATE OF REVIEW:** _____

PARENT/CAREGIVER NAME: _____   **DATE OF ASSESSMENT:** _____

Predisposing Vulnerability and Risk (Child):

Were any of these factors present during pregnancy or currently to the baby?

- ☐ Low birth weight (<2.5kg)
- ☐ Respiratory Illness
- ☐ Prematurity (<37 weeks)
- ☐ Under 6 months of age
- ☐ Smoking and/or other substance use in pregnancy
- ☐ Fussy, colicky, or difficult to soothe infant

Guiding Questions About External Stressors:

Does anyone in your household or anybody who cares for baby smoke? _____

Do you ever take your baby to bed with you? If yes, explore the reasons for this: i.e. no other sleeping space available, feel safer and closer to baby, etc) _____

Do you share your bed with anybody else (or pets)? _____

Does anyone in your household or anybody who cares for baby drink alcohol or use drugs? _____

Is any primary caregiver experiencing extreme stress, mental health decline or challenges?

_____

Is the baby always put to bed on their back? _____

What does your baby sleep in? (clothes/bedding) Is this appropriate? _____

Is the family able to ensure room temperature stays around 72°F? _____

Do you have a plan to manage safe sleep for your baby in different circumstances? (e.g., sleeping away from home, after drinking alcohol at a party or celebration) _____

Risk Factors:

- ☐ Smoke Exposure
- ☐ Prone/Side position
- ☐ Soft Surface and/or bedding
- ☐ Surface sharing
- ☐ Caregiver drug/alcohol misuse
- ☐ Overheating
- ☐ Caregiver mental health condition

What to do next:

1. **Check whether the family knows and understands what the safe sleep advice is and why it's so important to follow. The goal is to reduce the infant's risk of sleep-related death by sharing information with the family (ABCDs of Safe Sleep).**

   A – ALONE*   **B** – BACK   **C** – CRIB   **D** – Don't Smoke

2. **Answer their questions and concerns, understanding that:**

   · For parents who do nevertheless choose to co-sleep with their infant, the guidelines note that three practices, in particular, increase an infant's risk of death more than ten times: bed-sharing when the parent's alertness is impaired due to fatigue or medications; if the parent is a smoker; or if they are sleeping on a soft surface, such as a couch or waterbed.

   · In addition to the risk to the baby's safety, there can be other consequences to co-sleeping, such as not learning how to fall asleep on their own, development of anxious behaviors, poor sleep quality for the caregiver, limited space for intimacy with your partner.

   · A safe alternative to bed-sharing is room sharing, which keeps babies close to their parents in the same room but on their own safe sleeping surface like a bassinet or crib.

   · Even if co-sleeping, emphasize the importance of continuing to follow all the other safe sleep guidelines.

3. **Help them to trouble-shoot obstacles in the way of safe sleep:**

   · If you are in the home, assess the sleep environment and identify steps the family can take to create a safe environment

   · Suggest moving the bed away from the wall and arranging furniture to place a crib near the bed

   · Help families identify where to store items being stored in the crib

   · Help avoid inadvertent bed sharing: remove pillows and loose bedding from the bed before feeding, set alarms, engage in activity (e.g., watching favorite television shows, etc.)

   · Share strategies for soothing a fussy infant

   · Encourage caregiver to seek solutions for colicky and hard to soothe infants from pediatrician

   · Provide resources for substance use/mental health treatment.

4. **Provide resources:**

PHONE RESOURCES:

410-649-0526	HCAM (Balt. City): obtain crib, insurance, linkage to care
1-800-784-8669	MD Tobacco Quitline
1-800-243-7337	24/7 Parenting HelpLine
9-8-8	Behavioral crisis intervention

ONLINE RESOURCES:

- Do you need a crib? Crib and Safe Sleep Program Description for Families (healthybabiesbaltimore.com)
- B'more for Healthy Babies: healthybabiesbaltimore.com
- National Safe to Sleep Campaign: safetosleep.nichd.nih.gov
- Center for Infant and Child Loss at the Univ. of Maryland: infantandchildloss.org
- Cribs for Kids Safe Sleep Academy: cribsforkids.org
- MD Tobacco Quitline: smokingstopshere.com
- Healthy New Moms: healthynewmoms.org

Note: *Many families are overwhelmed with many systems and services involved in their lives. When introducing a new service that may be helpful to them, such as home visiting, be sure to discuss with them how these services can complement and coordinate with other providers they are already working with.*