

# Nebraska Safe Sleep Environment Checklist

<b>Name of Baby:</b>	<b>Date of Safe Sleep Assessment:</b>	<b>Completed by:</b>
<b>Safe Sleep Assessment Completed at:</b> <input type="checkbox"/> Prenatal Visit <input type="checkbox"/> Weekly Visit (first month after baby born) <input type="checkbox"/> Bi-Weekly Visit <input type="checkbox"/> Monthly Visit (up to six months of age) <input type="checkbox"/> Other / As needed _____		
<b>Age Of Infant At Time Of Discussion:</b> <input type="checkbox"/> <1 month <input type="checkbox"/> 1-2 months <input type="checkbox"/> 3-4 months <input type="checkbox"/> 5-6 months <input type="checkbox"/> 7-8 months <input type="checkbox"/> 9-12 months		<b>Medical History:</b> <input type="checkbox"/> NICU <input type="checkbox"/> Substance exposed prior to birth <input type="checkbox"/> Preterm (< 39 weeks) <input type="checkbox"/> recent illness <input type="checkbox"/> Other _____

<b>1. Baby <i>always</i> sleeps alone in his/her own safe sleep environment (never sleeping with others, including pets, on couches, chairs, or beds).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified	Follow up Date:	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:
<b>2. Baby has his/her own safe sleep environment(s): (Check all that apply).</b>	<input type="checkbox"/> Crib <input type="checkbox"/> Pack 'N Play <input type="checkbox"/> Bassinette <input type="checkbox"/> Other _____ <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
<b>3. Baby's safe sleep environment(s) <i>contains unsafe</i> sleep practices/hazards: (Check all that apply).</b>	<input type="checkbox"/> Loose bedding <input type="checkbox"/> Bumpers <input type="checkbox"/> Toys/stuffed animals <input type="checkbox"/> Quilts/blankets <input type="checkbox"/> Pillows <input type="checkbox"/> Cords/wires <input type="checkbox"/> Curtains/blinds <input type="checkbox"/> Low/loose mobile <input type="checkbox"/> Drop-side rails <input type="checkbox"/> Decorative cutouts <input type="checkbox"/> Furnace/ vent/radiator next to sleep area <input type="checkbox"/> A soft sleep surface / mattress that is loose fitting <input type="checkbox"/> Corner posts that are higher than frame <input type="checkbox"/> Side-slats spaced > soda can width <input type="checkbox"/> No unsafe sleep practices / hazards	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
<b>4. When baby is sleeping: (Check all that apply).</b>	<input type="checkbox"/> Room temperature is appropriate (approx. 68-74°F) <input type="checkbox"/> Baby is not over- or under-dressed	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
<b>5. Baby is always placed on his/her back to sleep with head and face uncovered.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
<b>6. Baby's safe sleep environment and home are smoke free.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Observed <input type="checkbox"/> Caregiver Report	<input type="checkbox"/> Action Step Identified		
<b>7. Reviewed/left with caregiver(s) the NIH "What Does A Safe Sleep Environment Look Like?" handout.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Previously Given <input type="checkbox"/> No – State Reason: _____				

Documentation of Identified Action Steps and Medical History:

Resource Contact Information: Department of Health and Human Services, Division of Public Health, Lifespan Health Services DHHS Lifespan Health Toll Free: 1-800-801-1122 Email: <a href="mailto:DHHS.MCAHFeedback@nebraska.gov">DHHS.MCAHFeedback@nebraska.gov</a>	
Nebraska Maternal, Infant, and Early Childhood Home Visiting Program (N-MIECHV): 1-402-471-1938	Nebraska Department of Health and Human Services Maternal Infant Health Program: 1-402-471-0165
<p><b>Talking Points:</b></p> <ul style="list-style-type: none"> <li>Unsafe sleep is the #1 cause of death reported to the Office of Child and Family Services.</li> <li>In Nebraska, 15-20 babies die every year due to unsafe sleep-related incidents.</li> <li>Bed sharing and cluttered cribs (blankets, bumpers, stuffed animals, etc.) account for the largest percentage of deaths.</li> <li>Babies exposed to substance use during pregnancy are at higher risk</li> </ul>	



## SLEEP ENVIRONMENT HAZARDS

Below is an example of an unsafe sleeping environment.

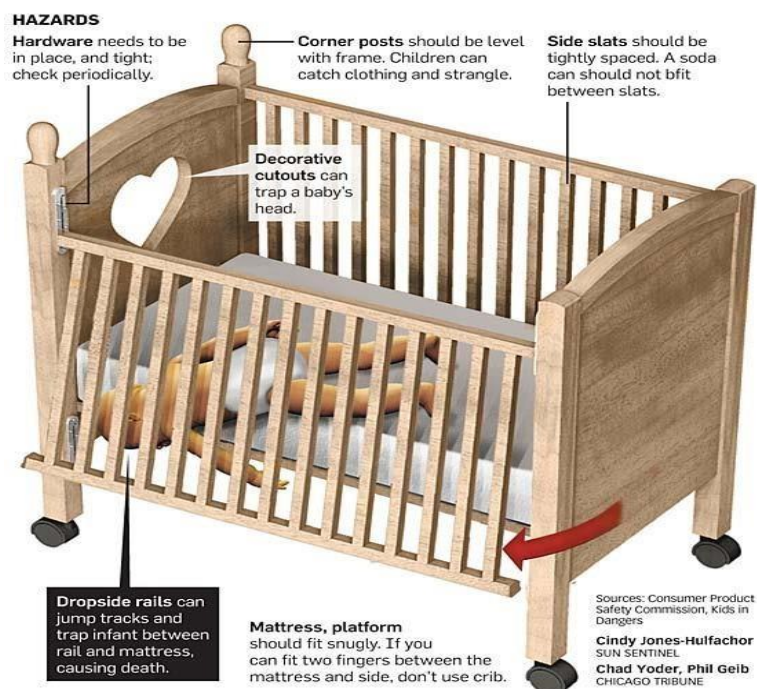


Image provided by Consumer Product Safety Commission, Kids in Danger.

Back sleeping does not increase the risk of choking.	
In fact, babies may clear fluids better when on their backs, possibly because of anatomy.	
<p><b>Sleeping on back:</b></p> <ul style="list-style-type: none"> <li>The trachea lies on top of the esophagus.</li> <li>Spit-up /fluid must work against gravity to be aspirated into the trachea.</li> <li>If babies do spit up, it will stay in the esophagus, not go into trachea</li> <li>Nothing around nose, mouth and ears to block air flow or hearing.</li> </ul>	<p><b>Sleeping on stomach</b></p> <ul style="list-style-type: none"> <li>Spit-up / fluids pool at the opening of the trachea, making it easier for the baby to aspirate or choke.</li> <li>Nose and mouth may be blocked, decreasing air flow</li> <li>Infant ear next to mattress, decreasing the auditory stimulation</li> </ul>

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