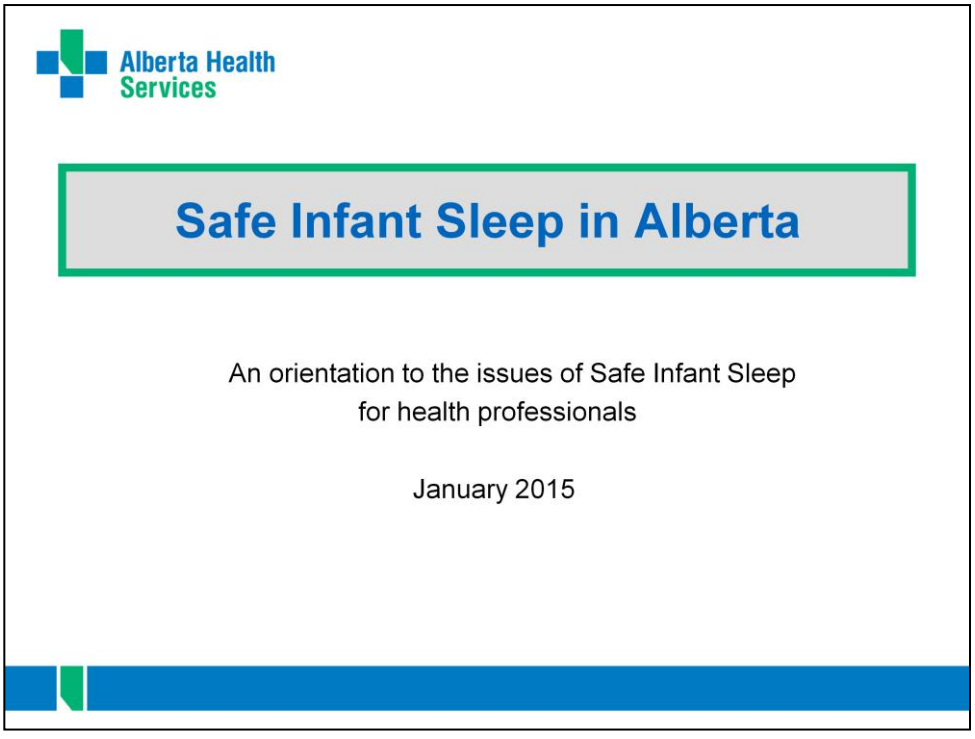
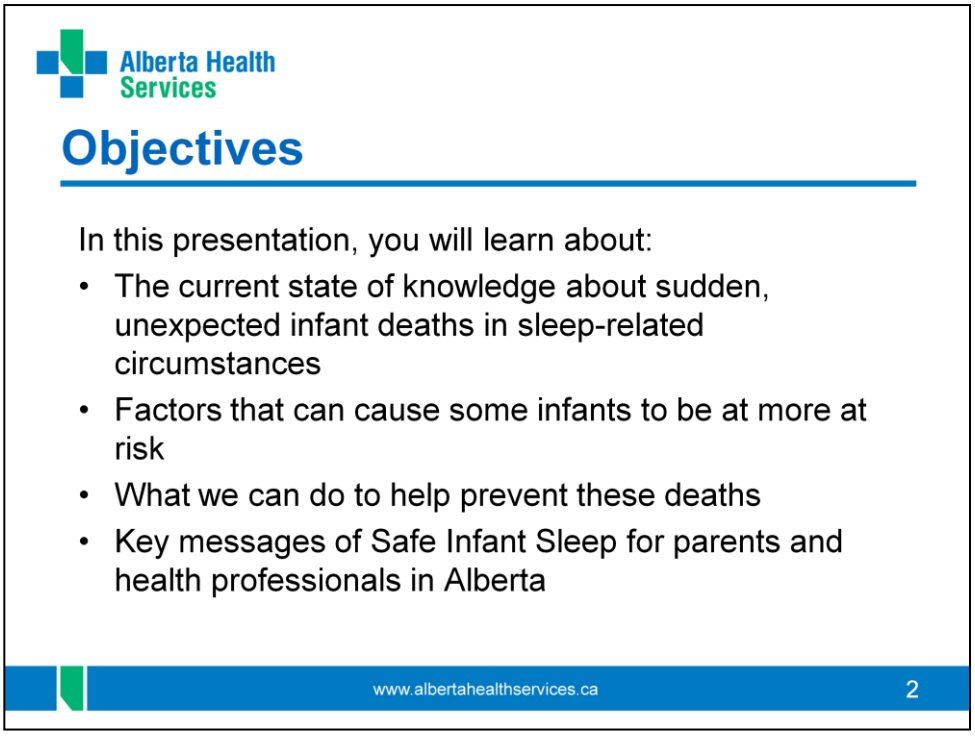


1. Hello, my name is _____[your name]_____

2. and I am the _____[your position] _____with Alberta Health Services.

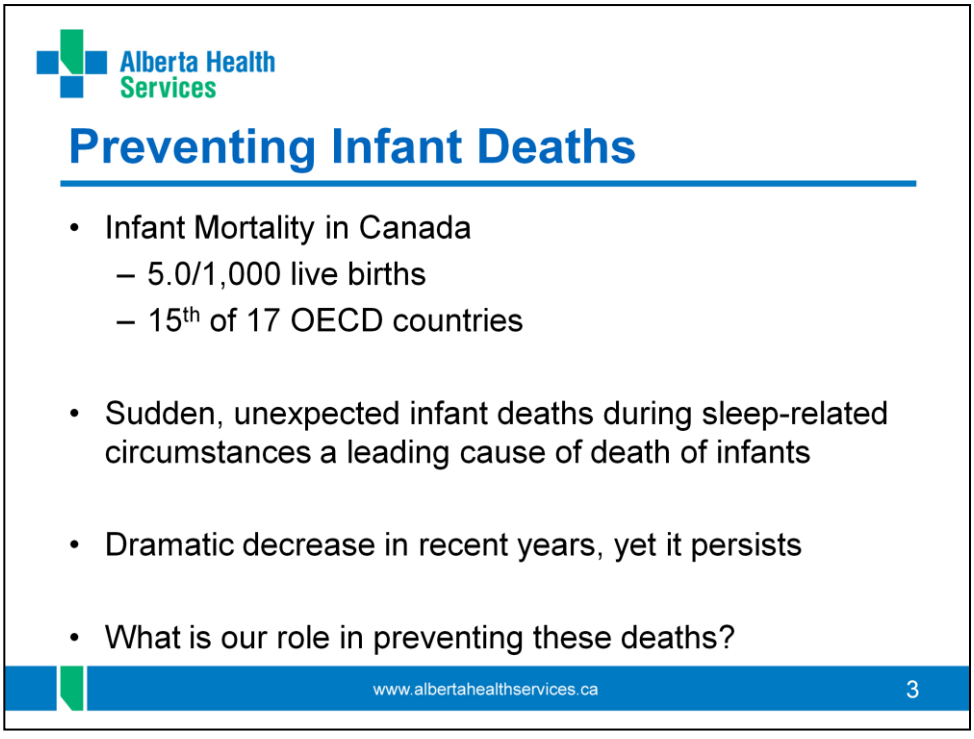
3. I would like to welcome you to this educational webinar to share with you the issues of Safe Infant Sleep and what is happening in this area of infant health in Alberta.



In this presentation, you will learn about:

- The current state of knowledge about sudden, unexpected infant deaths in sleep-related circumstances
- Factors that can cause some infants to be at more at risk
- What we can do to help prevent these deaths

AND, the Key messages of Safe Infant Sleep for parents and health professionals in Alberta.



Let's start with a look at the scope of the issue.

1. 'Infant mortality' is often framed in terms of statistics, but the human cost of infant mortality is enormous. Every infant death is a source of unending grief for families and a great loss of potential for our whole society.

2. Infant mortality is viewed as a marker of the health of a nation, and with a **rate of 5 / 1,000 live births**, Canada fares better than many countries in the world. But the OECD has pointed out that Canada's Infant Mortality rate is very high for a nation with our wealth and resources. We are in fact tied with the UK for 15/16th place of 17 amongst OECD countries, with only the USA faring worse.

   [Reference: Conference Board of Canada, retrieved from http://www.conferenceboard.ca/hcp/Details/Health/infant-mortality-rate.aspx]

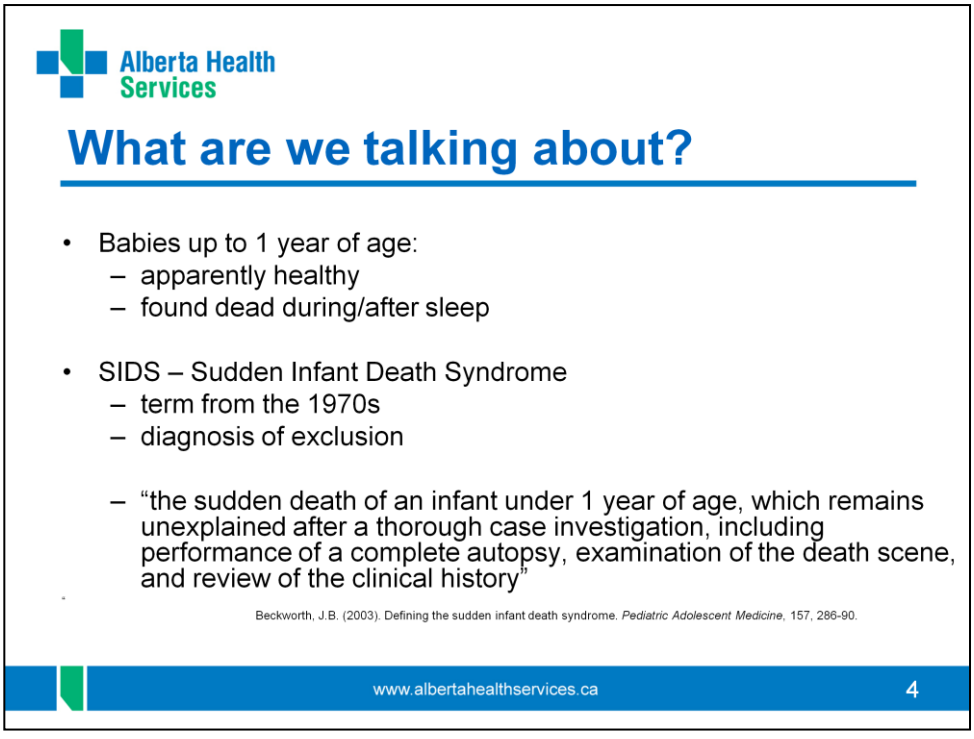
   [OECD = Organization for Economic Cooperation and Development]

3. One of the most significant causes of infant mortality in the post-neonatal period remains the sudden and unexpected death of apparently healthy infants during sleep-related circumstances.

   [post-neonatal period = 28 days to 1 year of age]

3. We have seen dramatic decreases in these deaths in recent years, yet they still exist.

4. This presentation will focus on these deaths, and ask you to consider what your role, as a health professional, is in helping to prevent them.



1. What we are talking about is

- Babies up to 1 year of age, who are:
    - apparently healthy,
    - then inexplicably found dead during or after being laid down for sleep.

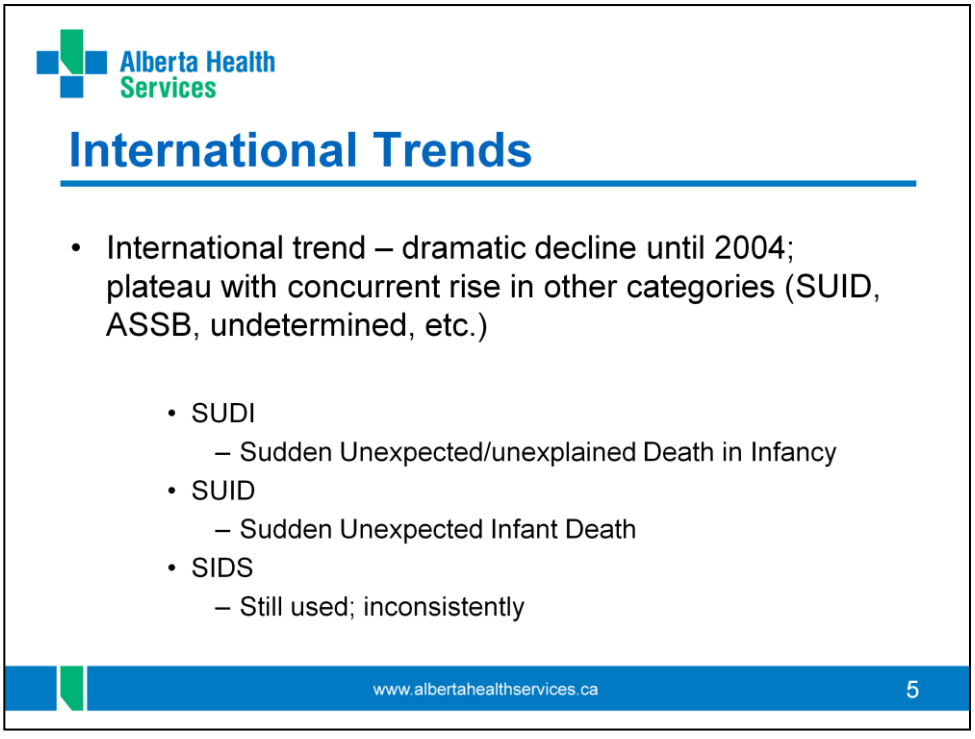
1. For many years, we have called these deaths SIDS – Sudden Infant Death Syndrome.

2. SIDS is a term that has been used since the 1970's; it is a diagnosis of exclusion, and is given after all other issues are ruled out.

3. The definition of SIDS, in fact, is:

> "The sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history "

[Reference: Beckworth, J.B. (2003). Defining the sudden infant death syndrome. *Pediatric Adolescent Medicine*, 157, 286-90.]



1. Trying to establish a picture of the magnitude of this issue in the world today is a bit challenging.

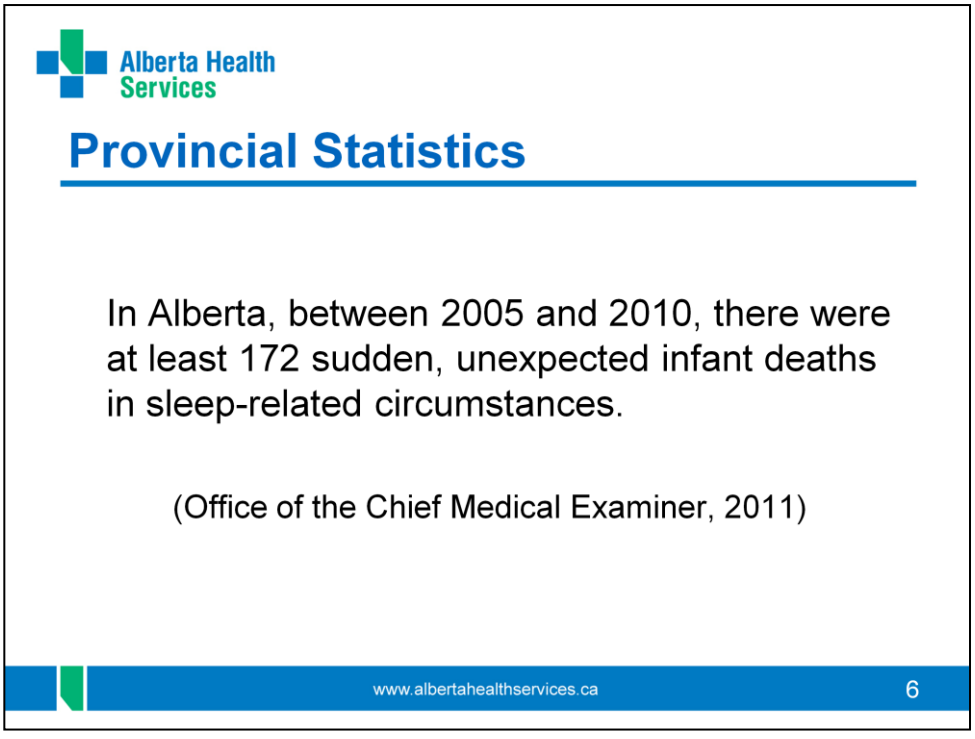
   We know that the rate of 'SIDS' has dropped dramatically across the world (with about a 50% decline in Canada)

   However, around 2004, international researchers started to notice that this decline had plateaued, and that there was a concurrent rise in sleep-related deaths from other causes. Labels such as "sudden, unexpected death; SUDI; SUID; undetermined, natural causes, asphyxiation, ASSB [accidental suffocation and strangulation in bed" were increasingly being applied by medical examiners if any of the known risk factors were present.

2. This diagnostic shift has made comparison of data year over year, within our province, the country or internationally a challenge; a situation likely to remain until consistent terminology is established.

3. The Public Health Agency of Canada has stated that the "definitions of these terms have not been consistent enough to make them universally acceptable" [Joint Statement, 2011] and for now, continues to use the term SIDS to describe all sudden, unexpected, sleep-related infant deaths. We will follow that trend in this webinar.

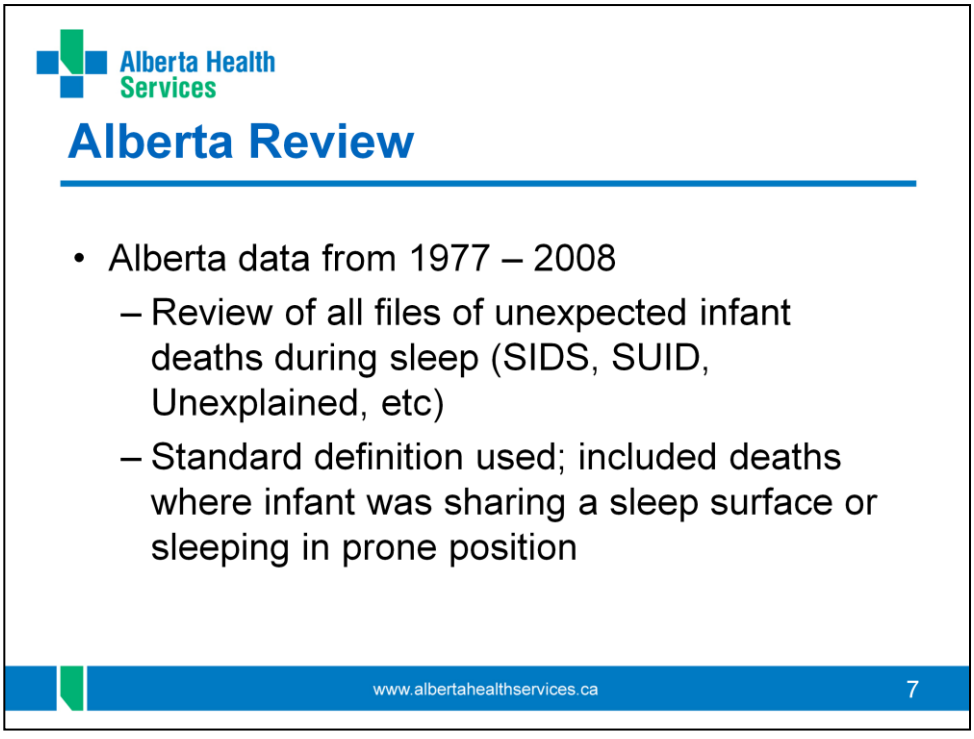
5. Ultimately, as Health Professionals, **our concern is with all infant deaths, no matter what they are called** – it is the **phenomenon** of sudden, unexpected death during sleep that we are trying to understand and prevent.



How serious is the problem?

1. Over a 6 year period in Alberta, from 2005 to 2010, there were at least 172 of these sudden, unexpected, sleep-related infant deaths.

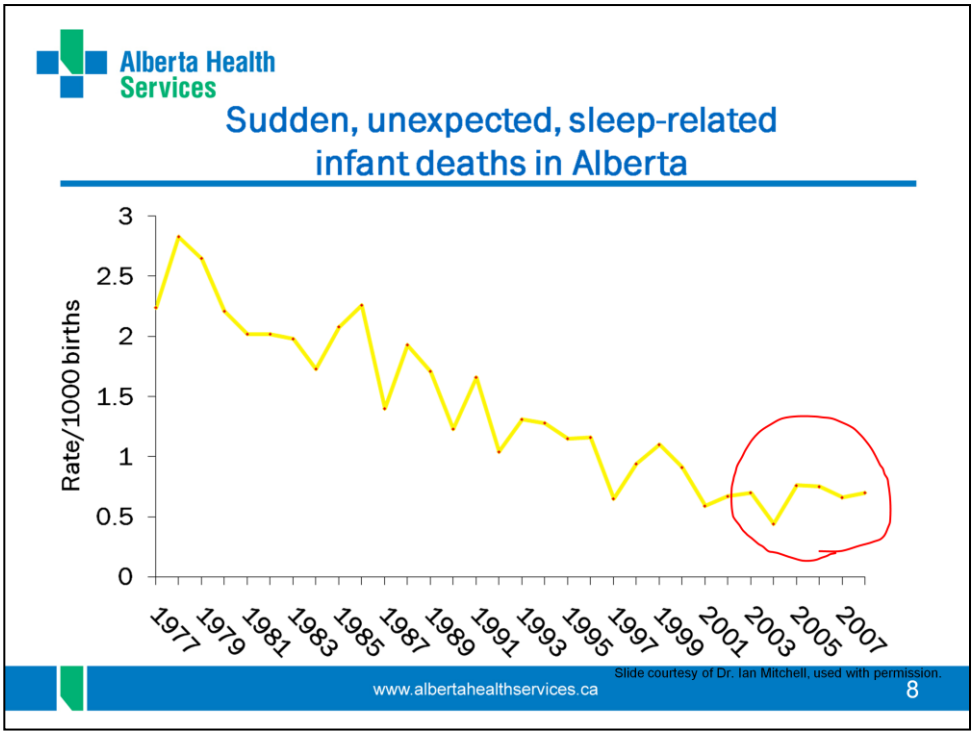
   [Reference: Office of Chief Medical Examiner, 2011. note that this report by the Office of the Chief Medical Examiner was completed before all cases were finalized, so that number may be higher]



1. To help us better understand the scope and trends of these deaths in Alberta, Dr. Ian Mitchell, a Calgary Paediatric Respirologist and recognized expert in the field of SIDS, has re-examined the files of all unexpected infant deaths during sleep in Alberta from 1977 to 2008. This study is ongoing, and results will be updated once the more recent data is analyzed.

1. Dr. Mitchell has been able to review the medical and biographical history of each case, information from the death scene investigation, autopsy report, and sleep history.

2. Using a standard definition of SIDS (including those who were found with known risk factors – such as prone position, or a shared sleep surface), he has been able to get a more complete picture of the extent of the issue in Alberta, and has also been able to compare some of the related risk factors over time.



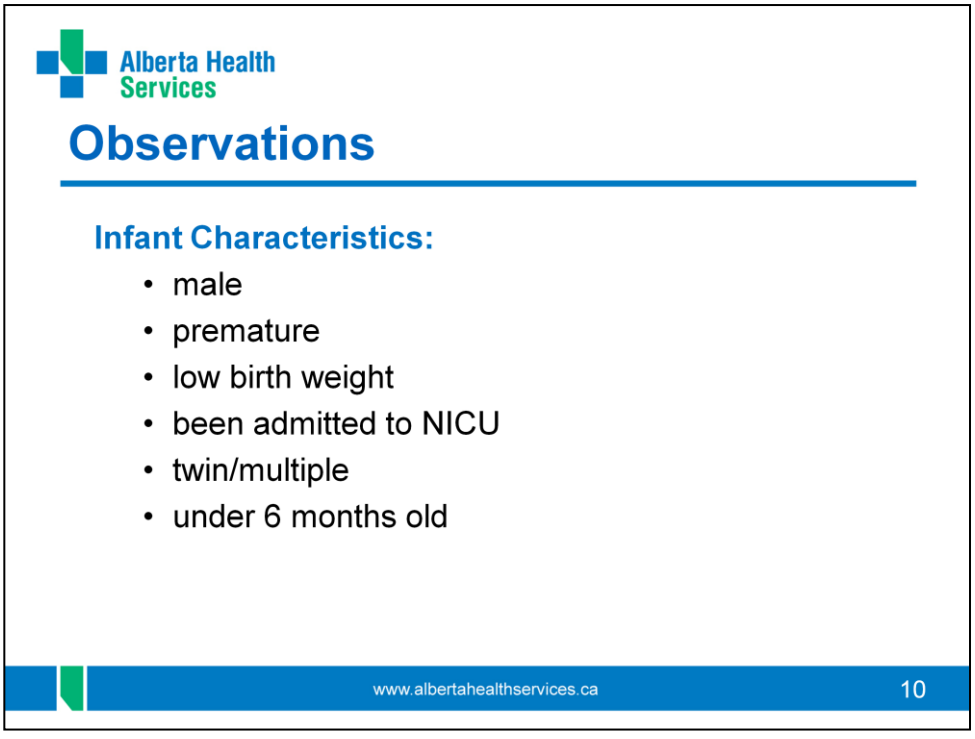
1. Overall, you can see there has been a steady decline in these deaths since 1977,

2. But notice the slight increase and plateau as of 2004 , very similar to what we have seen internationally.

3. Researchers are asking – can we do more? Can we further decrease these deaths if we focus on what we know are the risk factors. We'll look at Dr. Mitchell's findings about the trends in risk factors over time in a few minutes, but first, let's define – WHAT ARE THE RISKS?

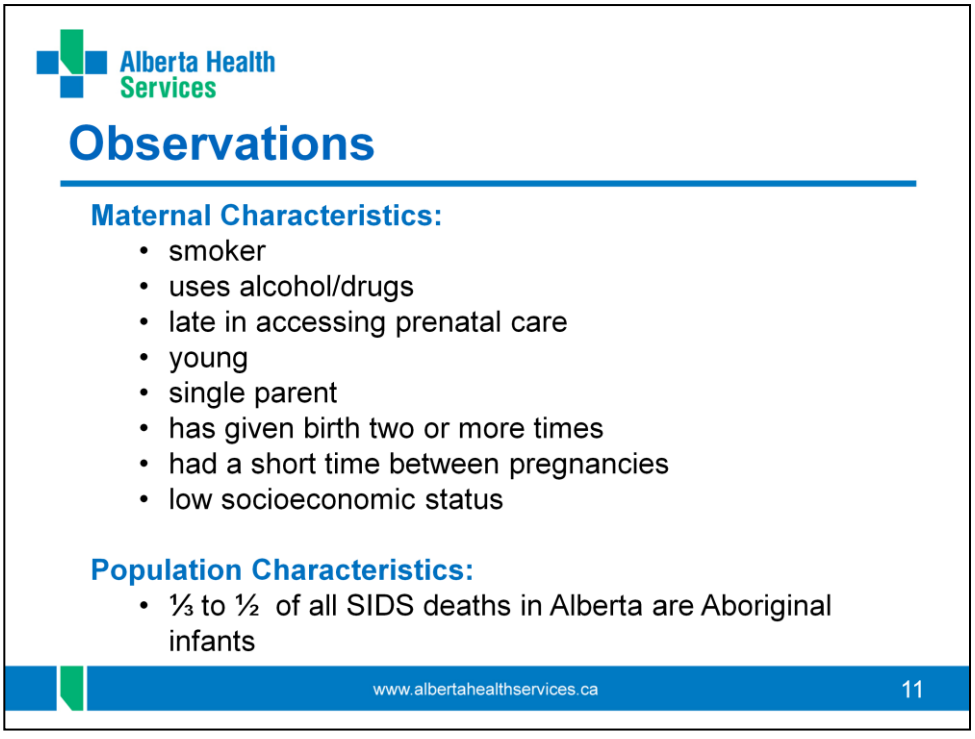
The exact cause of these deaths is not clear, but we do know is that there are several factors that increase **the risk** for babies.

Ongoing research in this area continues to help us understand the role of these risk factors and what we can do about them.



This phenomenon can happen to any baby, in any demographic, however, these deaths are **seen more often** in babies/families with the following characteristics:

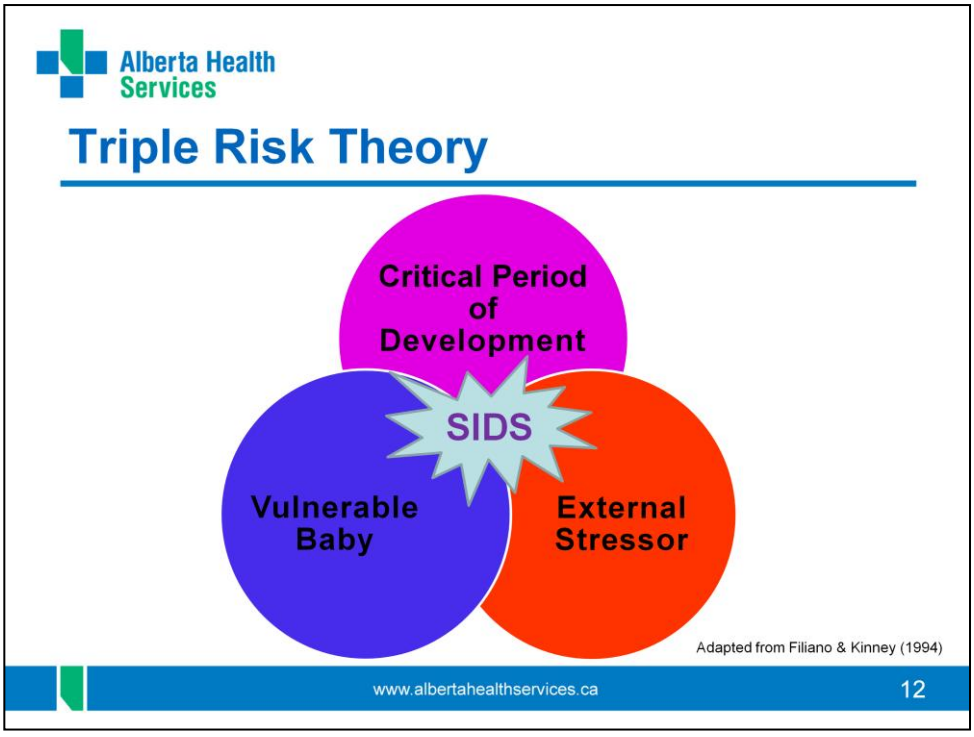
1. Infant Characteristics:
    - More male than female infants die of SIDS;
    - It is also seen more often in babies who are premature, have a low birth weight, have been admitted to a Neonatal Intensive Care Unit; or are multiples (twins/triplets, etc)
    - Developmental stage also plays a role – the majority of sudden, unexpected, sleep-related deaths occur in the first 6 months with a peak incidence between 2 and 4 months [around 12 weeks].



In Addition, there are Maternal and Population observations:

1. Maternal Characteristics associated with increased risk include:
    - being a smoker;
    - using drugs/alcohol during pregnancy;
    - late initiation of prenatal care; young maternal age; single parenthood; having multiple children; short inter-pregnancy interval; and low socioeconomic status.

2. Finally, there are population differences as well:
    - in Alberta, an estimated 1/3 to ½ of all SIDS deaths are Aboriginal infants; a statistic mirrored in indigenous populations around the world.



- Almost 20 years ago, researchers Filiano and Kinney hypothesized a 'Triple Risk' theory – that SIDS results from a **convergence** of three factors:

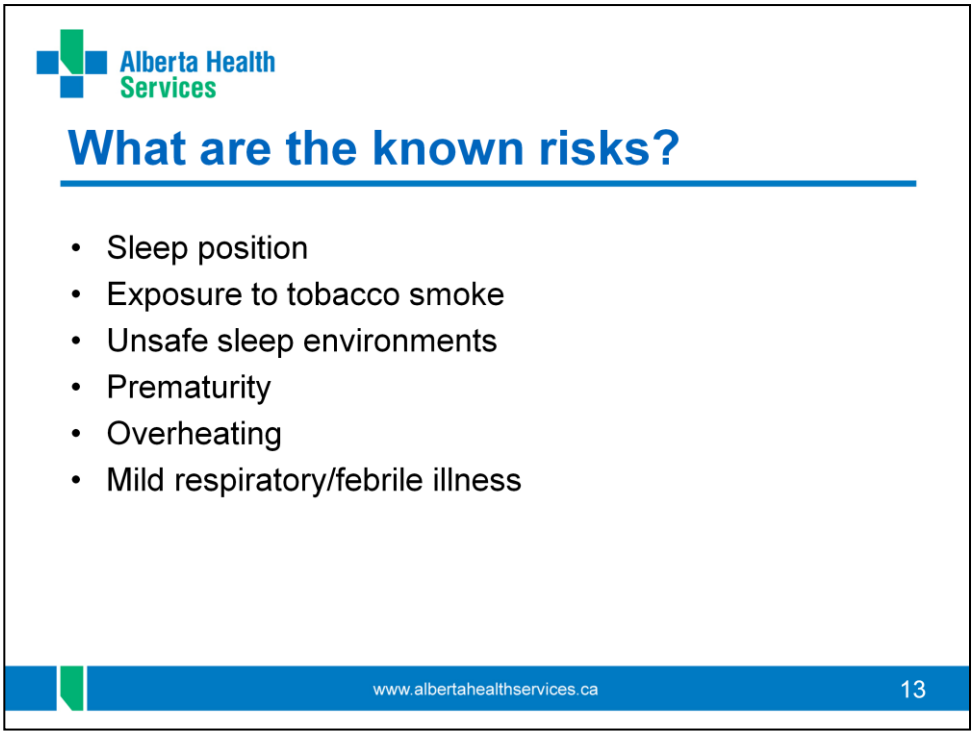
- A biological vulnerability……during a critical period of development…….in the presence of external stressor(s)……..is what results in SIDS.

Let's look at each of these factors:

1. Biological vulnerability – it is believed that <u>something</u> in the baby's biological makeup – an issue of the brainstem, cardiac or respiratory system; impaired arousal mechanisms; the role of serotonin; or possibly a combination of these or other factors – makes an infant **"vulnerable" .** While ongoing research in this area is helping advance our understanding, we have no way of telling who these vulnerable infants are.

2. **There is a critical period of development** – the vast majority of these deaths occur in the first 6 months – when a baby's systems are stabilizing, and he is rapidly growing and changing.

3. Finally, the presence of an **external stressor** in the baby's environment – such as exposure to tobacco smoke, soft bedding, a mild illness, overheating, impaired air flow when the face is covered (e.g. blanket, toy, pillow, bumper pads, another person, etc.). These are factors **challenge** an

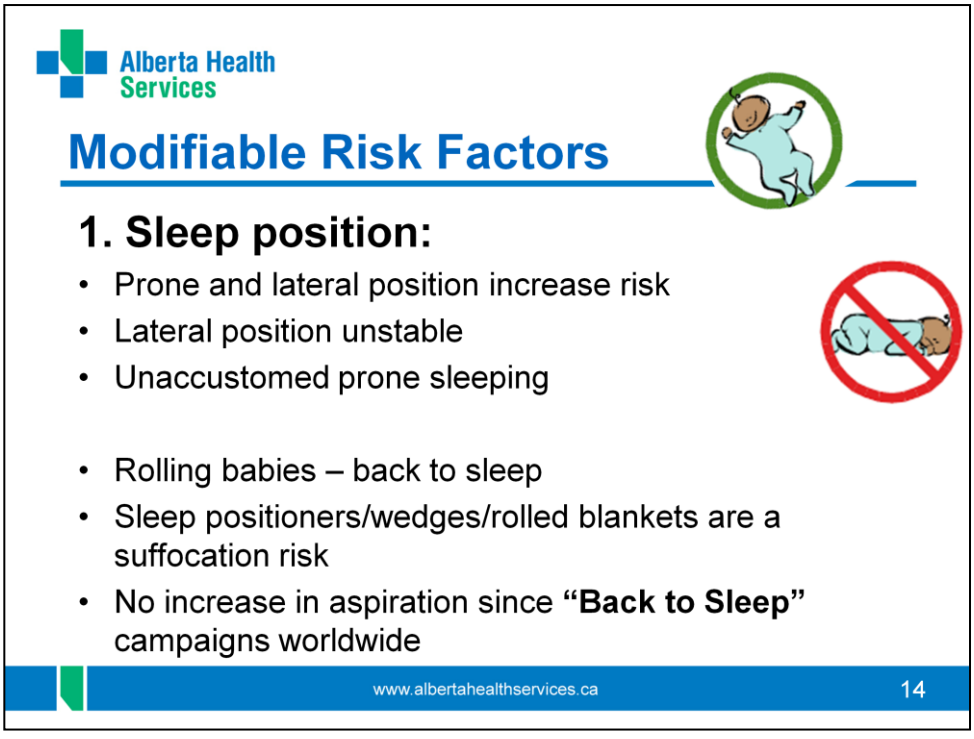


So, what are these risk factors and what can we do to modify them?

Research clearly indicates the following increase the infant's risk of SIDS:

1. Sleep position
2. Exposure to tobacco smoke
3. Unsafe sleep environments
4. Prematurity
5. Overheating
6. Baby's general health

Let's look at each one.



1. Sleep Position –
    - Prone and lateral sleep positions - that is sleeping on the tummy **or** side - are linked to increased risk of SIDS; side sleeping is an unstable position and the baby can easily roll to tummy
    - Unaccustomed prone sleep (that is when babies who normally sleep on their back are put down to sleep on their tummy) is a particularly high risk (thus the message about sleep position includes "**EVERY sleep"** – at home, grandma's, child care, etc)
    - **Placing babies on their back to sleep EVERY sleep, nap time and night time, in every location can help reduce SIDS**

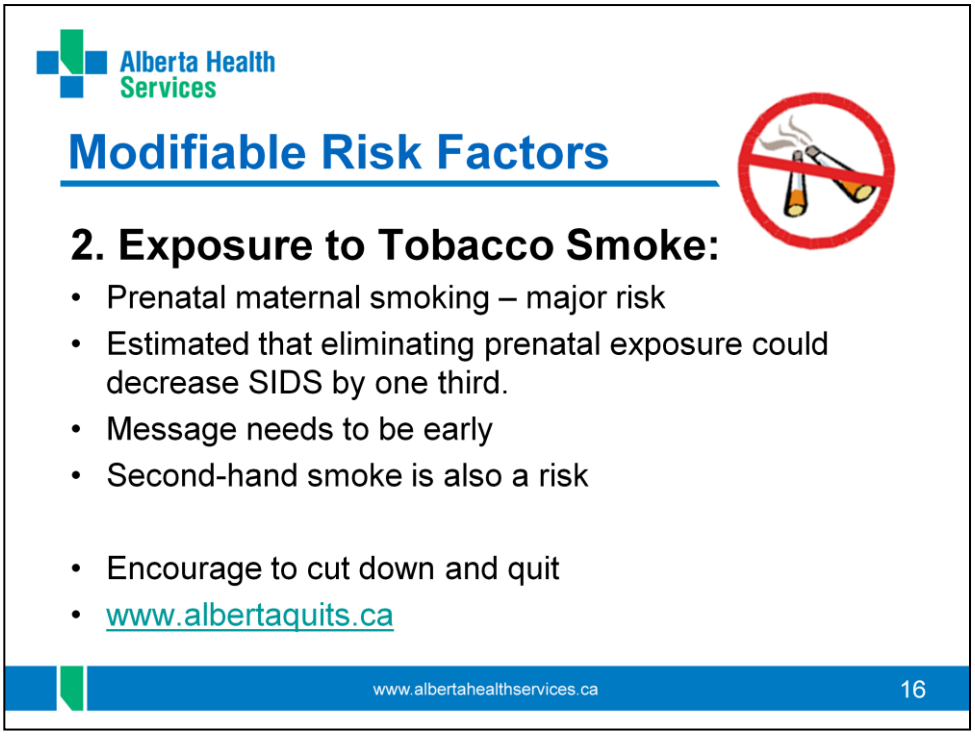
2. As health professionals, we are frequently asked about sleep position, and we may have questions of our own. Parents often ask, "What about when my baby can roll on his own?" We advise to continue to place on the back to sleep even when a baby has learned to roll. Once babies can purposefully roll over, there is no need to reposition them on their back – they will find their own comfortable way of sleeping.

3. What about sleep positioners/wedges/or rolled blankets? These items should not be used as they create a suffocation risk.

4. "Back to sleep" has been a challenging change for many professionals, parents and grandparents, who may have been taught babies needed to sleep on their tummy; many people say "I didn't do this with my kids, and they were alright", and not only that "Won't they choke??" The decline in SIDS over the last 20 years has been credited in a large part to the change to putting babies on their back to sleep. It can be reassuring for professionals and parents to know that since supine sleep has been accepted as norm, there has been no noted increase in aspiration events.

The recommendation of supine positioning is specifically about sleep.

When babies **are awake and someone is beside them to supervise,** it is important to hold and place them in a variety of positions, such as tummy time, to promote normal movement, growth and development, and to prevent flat spots or plagiocephaly on their head.



The second modifiable risk factor is Exposure to Tobacco Smoke:

1. **Maternal smoking in the prenatal period is a major risk factor** for SIDS and it is **dose dependant** – the more mom smokes, the higher the risk.

2. It has been estimated that **eliminating prenatal exposure** to tobacco smoke could **decrease SIDS by one third**.

3. The message about the dangers to babies needs to be given in both the preconception and prenatal periods; and reinforced postnatally, as postnatal exposure to second-hand smoke is also a risk for SIDS

4. The best scenario is for mom to quit, and if that is not possible, at the very least **"cut down and quit".** When framed this way, it conveys both the **importance** of cutting down and the **goal** of quitting.

5. The provincial tobacco reduction program has many supports for families and they can now access provincial resources and help through **Alberta Quits.ca**

The third modifiable risk factor is Unsafe Sleep Environments:

1. While no sleep environment is completely risk free, research is clear – A crib, cradle, or bassinet that is assembled according to the manufacturer's instructions, and meets current government safety standards is the **safest place** for babies to sleep.

2. The AHS brochure ***Safe Sleep for Baby's First Year*** highlights the basic criteria of a safe crib (firm, flat mattress, slat spacing, etc) and gives a link to Health Canada's regulations.

3. Parents/caregivers are advised to avoid crib clutter – no pillows, quilts, toys, sheepskins, heavy blankets, etc

4. **Bumper Pads are NOT recommended** – they are a smothering and strangulation hazard; this information needs to be given prenatally as typically that is when they are being bought!

Parents often want to know where their baby should sleep:

1. Research has shown that room – sharing is protective against SIDS. Room-sharing means the parent and baby sleep in the same room, but on separate surfaces. Having their baby near where the parents sleep makes it easier to respond to hunger and comfort needs, and facilitates night time

1. Bed-sharing, on the other hand, means that the baby is sleeping on the same sleep surface with another person – adult or child. Bed-sharing means sleeping with a baby on a bed, sofa, waterbed, futon or anywhere else.

2. Bed-sharing has risks in **all its forms** – these places are not designed for infant safety and present dangers of loose bedding, soft surfaces, entrapment, suffocation, strangulation, overlay, and falls.

3. You will notice that we don't use the **term "co-sleeping",** as it has different meanings in different literature, and as such is confusing to both professionals and the public.

4. Bed-sharing is the term adopted for sharing **ANY** sleep surface with a baby.

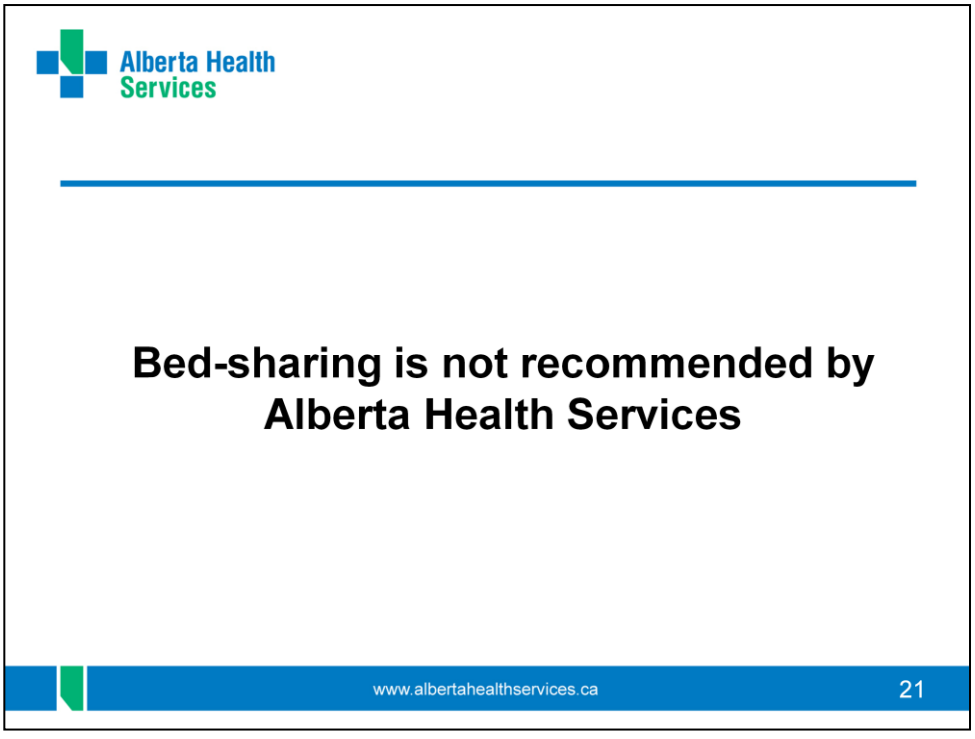
1. Right from the time of birth, we must consider infant safety.
    - Skin to skin care is very important, as is early initiation of breastfeeding, and both should be supported.
    - It is okay for moms to feed in bed, and hold their baby skin-to-skin to promote breastfeeding and bonding. Many dads practice skin-to-skin care as well. This is a good thing, but **only if the parent is fully** awake and able to monitor the baby.

2. Bed-sharing sleep in a hospital is **very** risky. What about this bed would make us think it is a safe place for infant sleep? Babies can fall, be trapped and have died, for example: In B.C. in 2002, and Regina in 2011 when babies died after their moms, exhausted from labour, fell asleep while caring for their baby in bed. Other cases of falls, and near misses have occurred. When such a joyous event turns tragic, how do these families cope? What about the health care providers?

3. Our messages need to be **clear and consistent**; and we need to be **sensitive and caring** when we discuss this with families.
    - Babies need to go into their own sleep environments (bassinets) **BEFORE MOM GOES TO SLEEP.**
    - **Everyone** needs to be given that message – mom, dad, grandparents, other support people, etc.

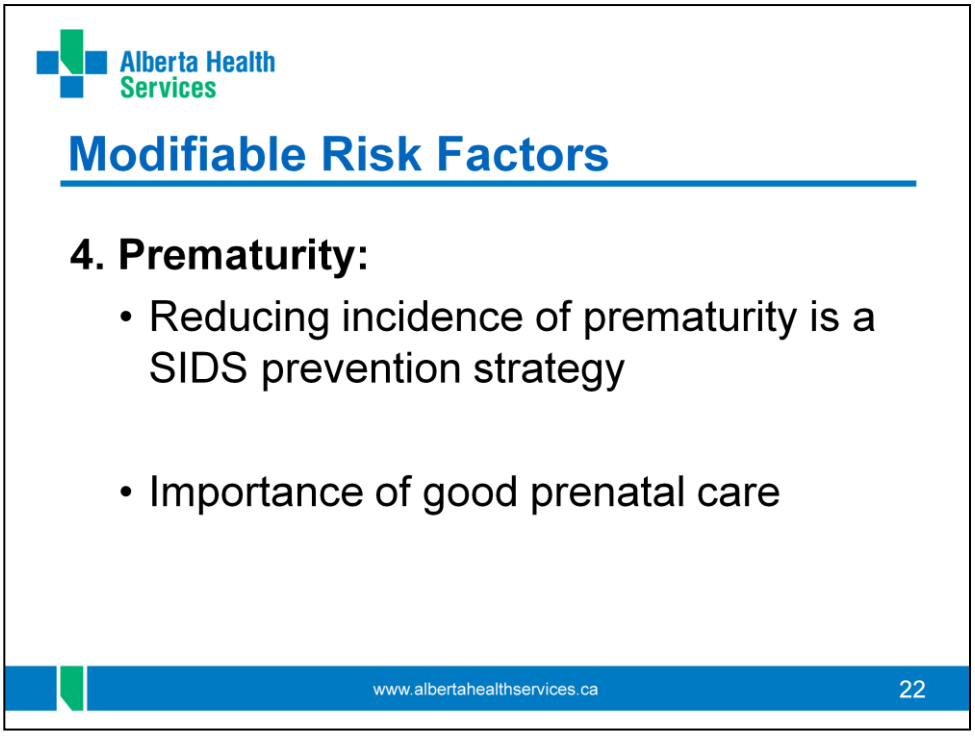
1. What about at home?

2. The most recent research shows bed-sharing in all its forms has risks – even if parent is non-smoker; highest risk is before 6 months
3. This risk is **further compounded:**
   - If either parent is a smoker (even if not smoking in the vicinity of the child, or if smoking only occurred during pregnancy). The statement from researchers is clear: “Because **it is not known** whether the risk caused by smoking is associated with **prenatal smoking,** postpartum smoking, **or both,** bedsharing among either prenatal or postpartum smokers should be strongly discouraged” (Lahr, Rosenberg,K. And Lapidus, J, Pediatrics, 2005)
   - If either parent has taken medications (e.g. over-the- counter or prescription), alcohol or street drugs, or are very tired – as all these factors have the potential of impairing response and judgement.
   - The risk is also higher if there is more than one person in the bed (other adults/children), if the baby is sleeping with adult(s) who are not the parent(s), and is **particularly high** if bed-sharing on SOFT surfaces (such as **sofas**, pillow-top matteresses, waterbeds, etc.) – **sleeping with a baby on a couch/sofa is very risky and should always be avoided.**



For all these reasons, bed-sharing is a risk for all infants – particularly before 6 months of age.

Bed-sharing is not recommended by AHS.



1. We know that premature babies have a higher incidence of SIDS and some researchers believe that prematurity is a modifiable risk factor.

2. Working to reduce premature labour and birth which often is associated with low birth weight and NICU admission can reduce the risk of SIDS

3. This really reinforces the need to get these messages and the importance of good prenatal care out to the public as early as possible.

The last two modifiable risk factors are overheating and babies' general health.

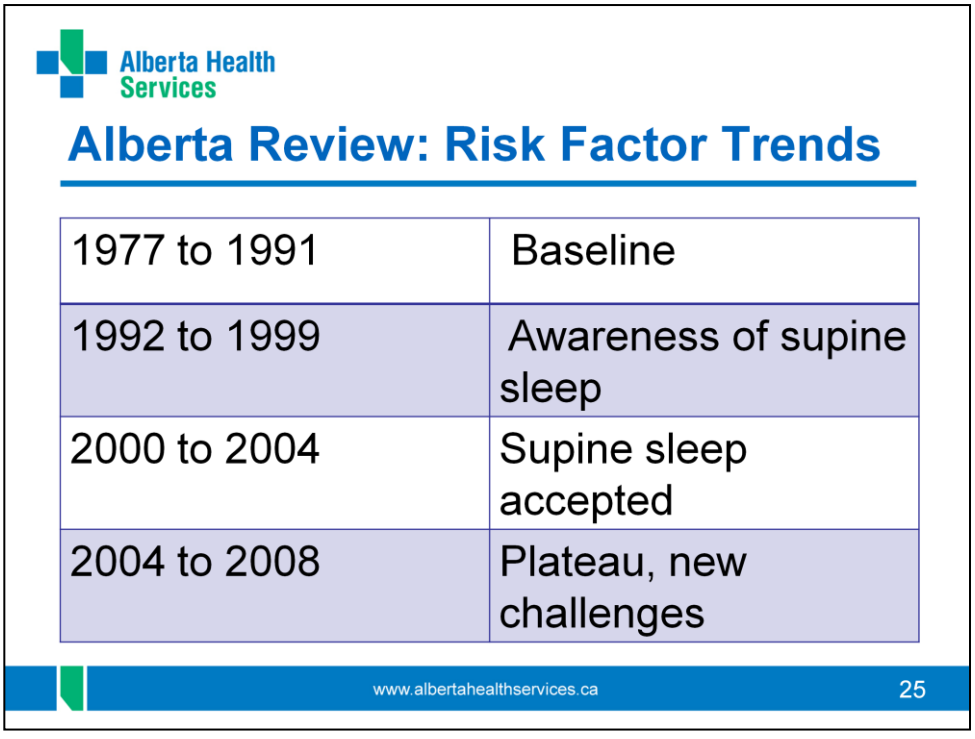
1. **Overheating** increases a baby's risk of SIDS:
    1. Babies are safest sleeping in a room temperature that is comfortable for adults in light clothing
    2. Using a one piece blanket sleeper can eliminate the need for additional blankets; if parents are using a sleep sack, they need to make sure it is well fitting so it doesn't ride up around baby's neck and become a choking hazard.
    3. Avoid heavy blankets/duvets/quilts. If parents are using a blanket, it should be lightweight, firmly tucked in under the mattress and reaching only to the baby's chest.
    4. The head should be kept uncovered. Remind parents that the hats used in the hospital are only to initially stabilize their baby's temperature. They are not needed at home.

Finally, we look at baby's general health:

1. Not all illnesses can be prevented, but **there are things** parents/caregivers can do to help keep babies healthy. Mild recent, febrile illnesses have been associated with some SIDS deaths (Hunt and Hauck, 2006).

2. Handwashing, of course, is the first line of defence, immunization is important (and is identified as an overall prevention strategy by the American Academy of Pediatrics in their 2011 Statement), and we know that breastfed babies have less illness.

3. Recent research supports breastfeeding as protective of SIDS, although the mechanism is unknown. It does not distinguish between nursing and expressed human milk (AAP Technical Report, 2011). Any amount is protective, and exclusive breastfeeding is most protective.

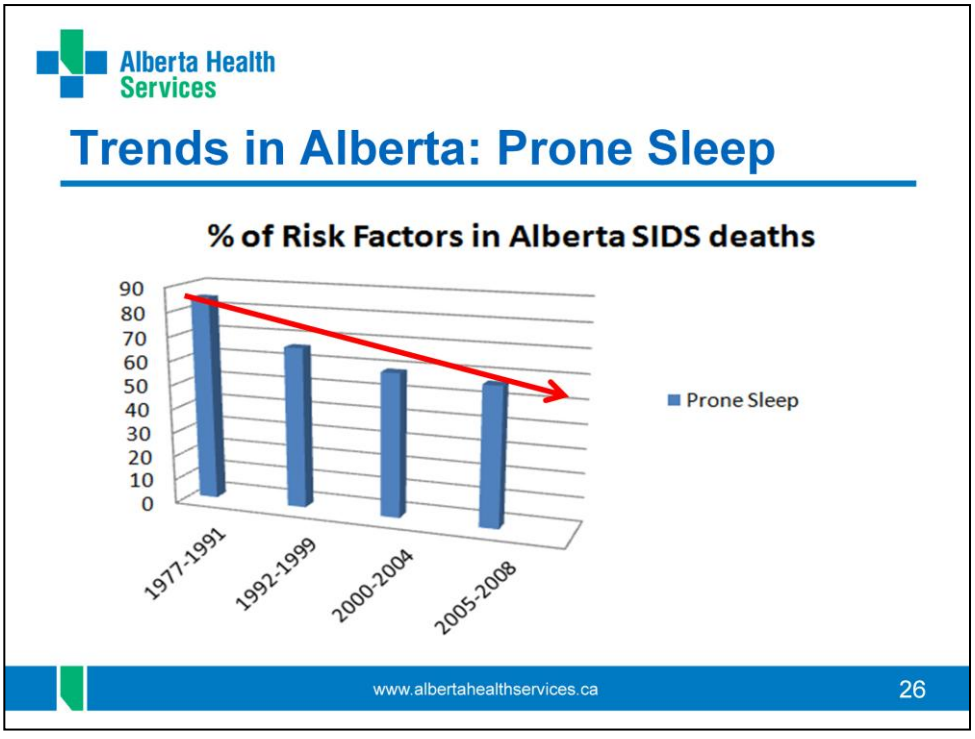


1. So those are the risk factors we know we can impact.

2. Thanks to Dr. Mitchell's study, we are now able to see how some of these risk factors have trended over time in Alberta.

3. In the Alberta Review study we referenced earlier, Dr. Mitchell divided the data into 4 phases to see if there any trends could be identified:
    1. 1977 to 1991 – is the baseline period
    2. 1992 to 1999 – was the period of increasing awareness about the importance of supine sleep; culminating in the Back to Sleep Campaigns in Canada and around the world
    3. 2000 to 2004 – supine sleep had become more accepted
    4. 2004 to 2008 – is when international trends indicated plateau in the decline, and new challenges (such as bed-sharing) were identified.

4. In the next slides, we will look at each of 4 of the most critical modifiable risk factors we have discussed and see how they trend over these time periods.

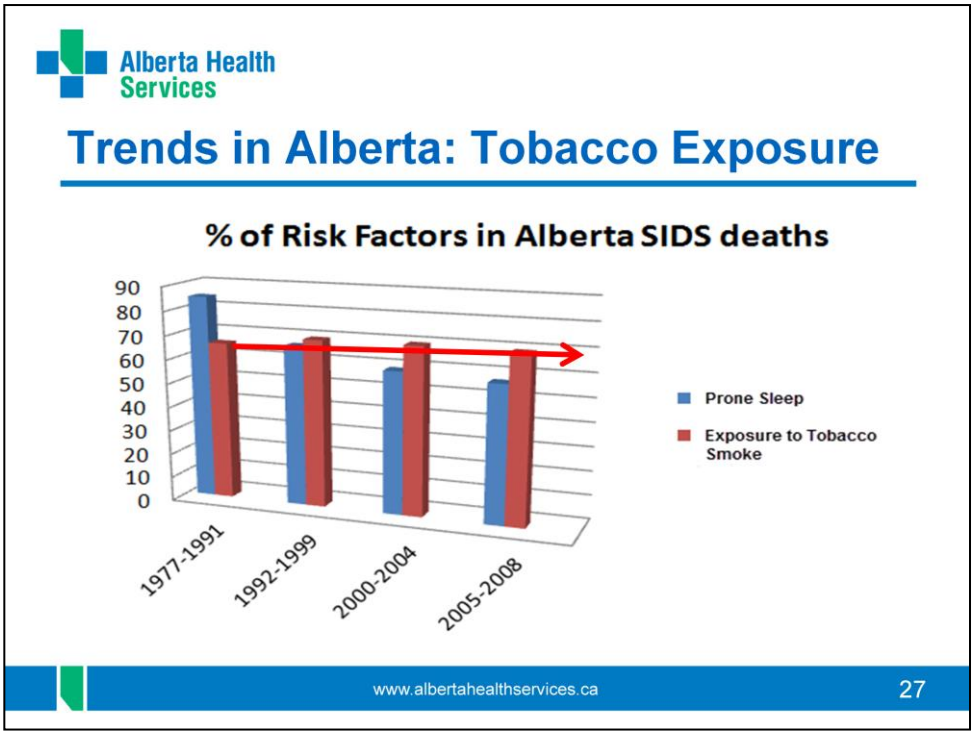


These bar graphs show what percentage of the total sleep-related infant deaths in the study were associated with each of the particular risk factors. First we look at prone sleep.

1. In terms of prone sleep, the 'back to sleep message' seems to be getting through.

2. The percentage of SIDS deaths in Alberta where prone sleeping was an associated factor has **decreased over time**. [click] but it remains relatively high being present in >57% of the deaths.

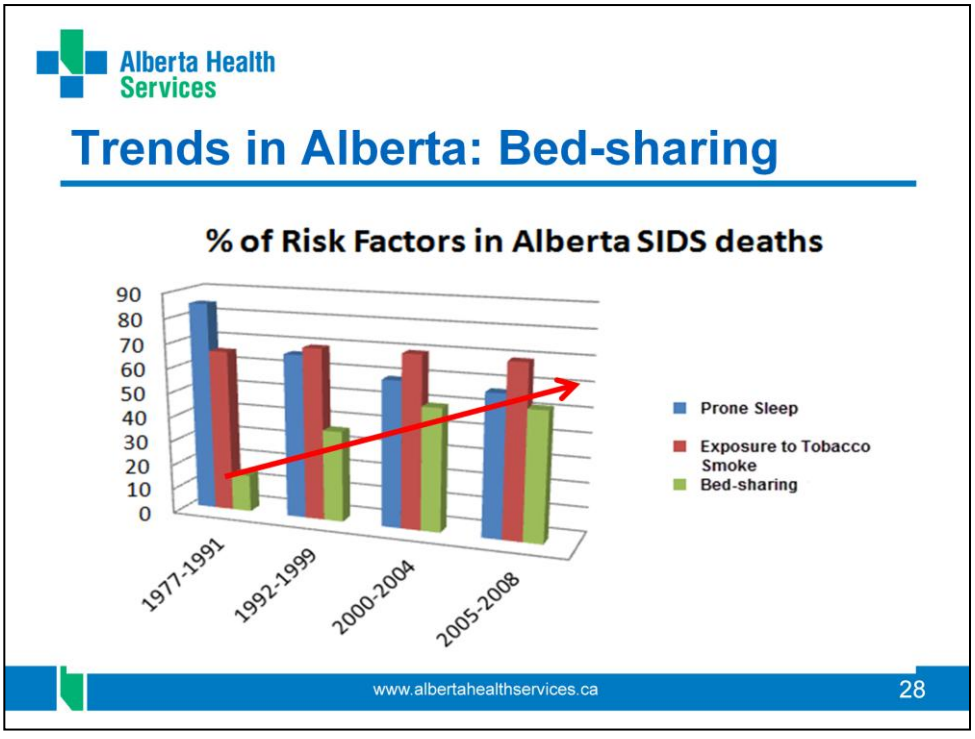
3. The message **Back to Sleep – every sleep** needs to be modeled and given to all parents and to their support networks (extended families and friends, child care providers and caregivers). We must constantly promote the message even when it seems old to us, because for every new parent, this is brand new information.



1. How are we doing with Exposure to Tobacco?

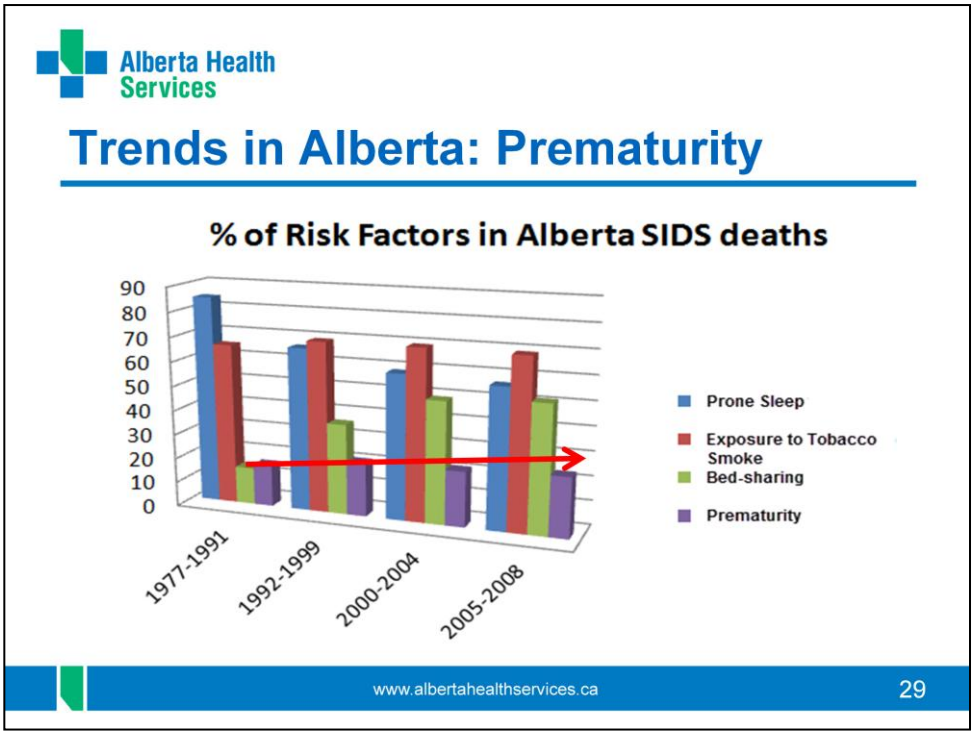
2. Not well – the percentage of SIDS deaths where tobacco exposure was an associated factor is around 70% of the deaths [click] and it has remained virtually unchanged over time.

3. We need to make sure we are giving clear messages about the dangers of smoking – early….and often.



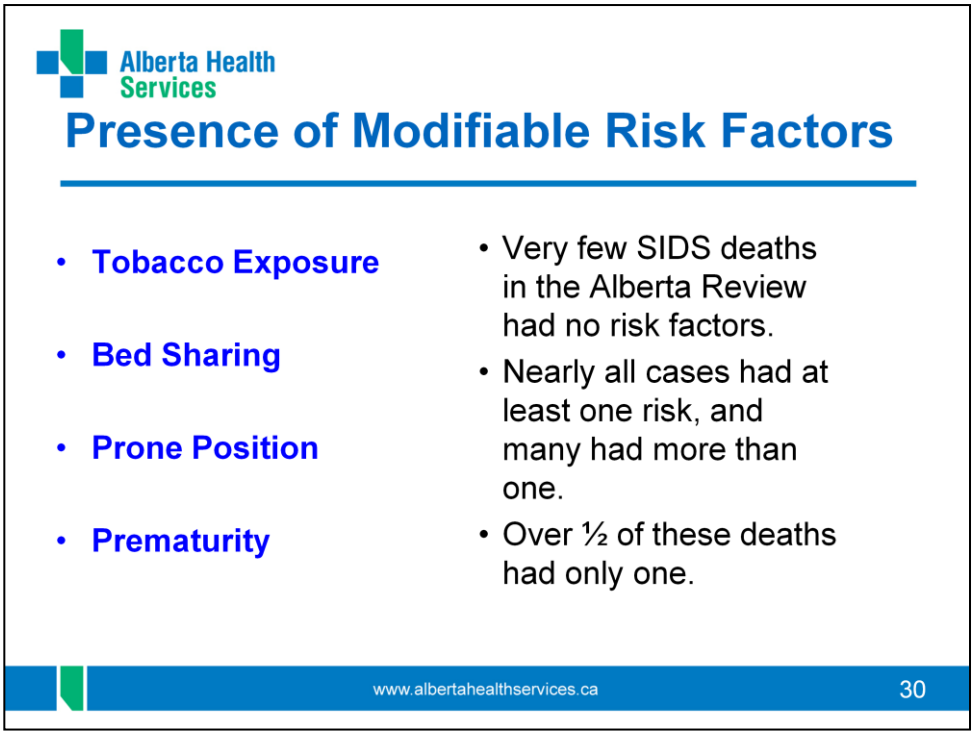
1. What about bed-sharing – the green bars illustrate the trend in the percentage of deaths in which bed-sharing was present as an associated risk factor.

2. You can see that this has increased over time from 15% in the first period studied, to being a factor in over 50% of the deaths by 2008.



1. Finally, prematurity.

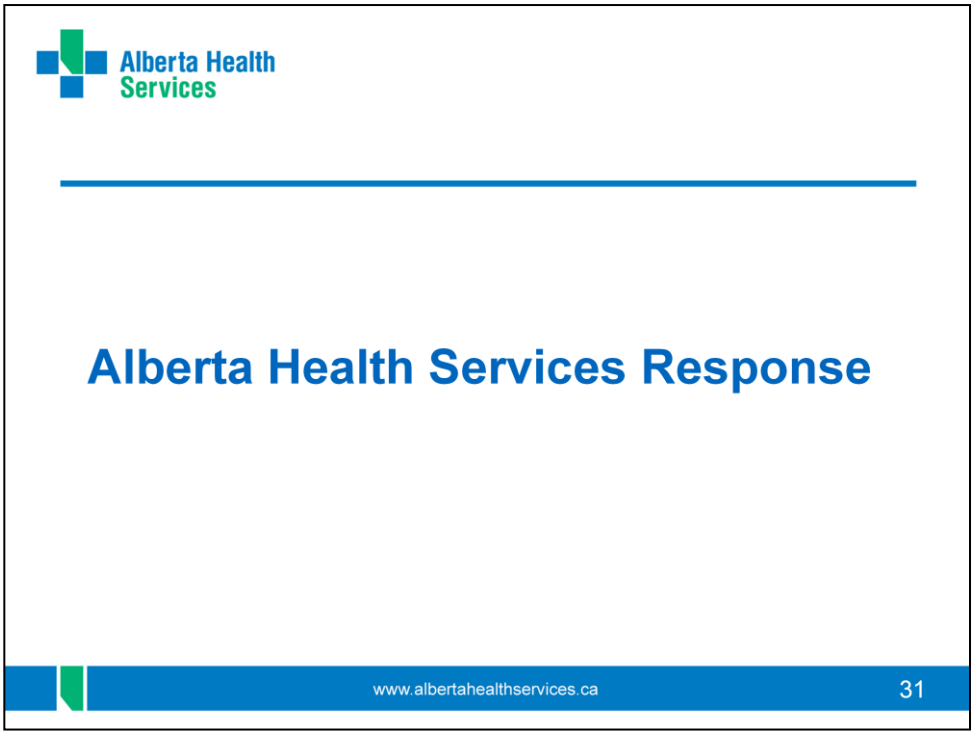
2. The percentage of SIDS deaths in Alberta where prematurity was an associated risk factor has slightly increased over time.



1. Overall, very few SIDS deaths in the Alberta Review had no risk factors,

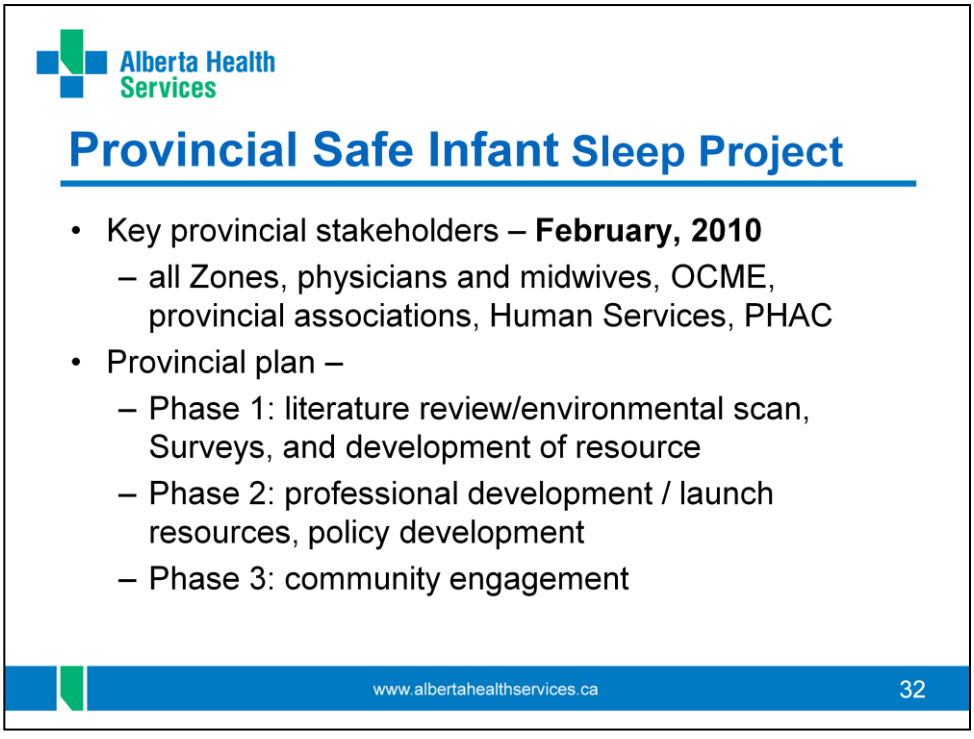
2. Almost all (97.6%) infants dying of “SIDS” have been exposed to at least one of these risks, and many had more than one – yet over½ of these babies had only one.

3. These findings have implications for research and for public information.



Well, what are we doing about it?

Alberta Health Services has mounted a full provincial response to educating staff, parents and other caregivers about safe infant sleep.



1. The Provincial Early Childhood Team (Healthy Living) has coordinated the Provincial Safe Infant Sleep Project, working closely and collaboratively with AHS and external partners to develop a provincial plan for dealing with this issue.
2. Key stakeholders from across the province were invited to the first meeting in Feb. 2010, with representatives from:

    • all Zones (public health and acute care), Provincial teams (Healthy Children and Families, Injury Prevention)

    • physicians and midwives

    • Office of the Chief Medical Examiner,

    • key provincial associations (Alberta Perinatal Health Program, Midwives Association of Alberta, AB Breastfeeding Committee, AB Network for Safe and Healthy Children)

    • Human Services,

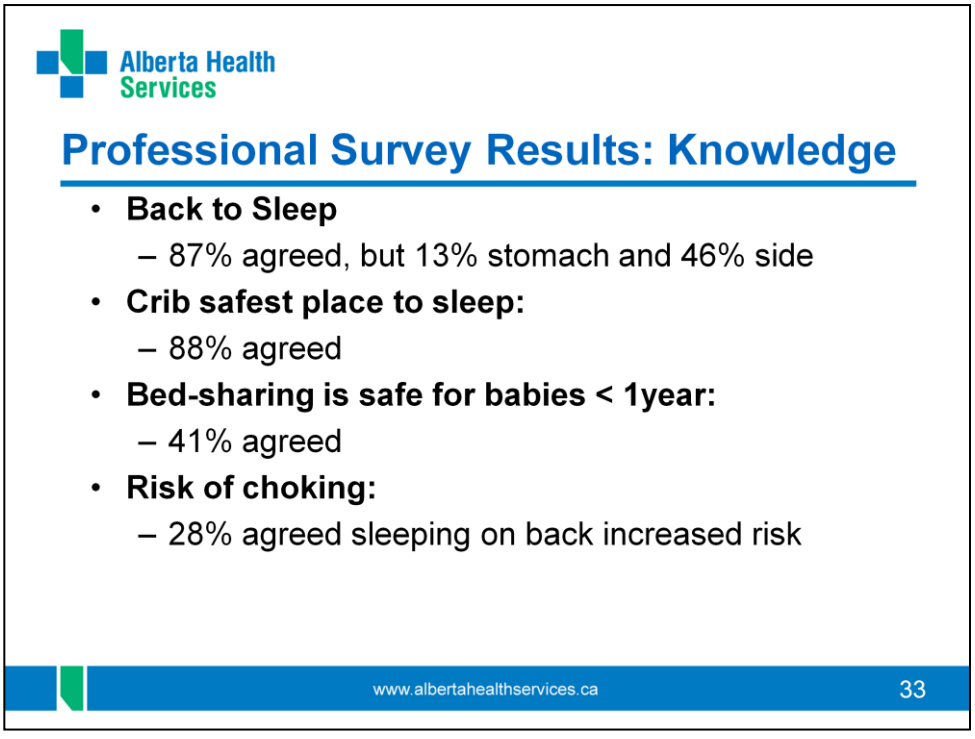
    • Public Health Agency of Canada

A provincial plan was developed with phased approach

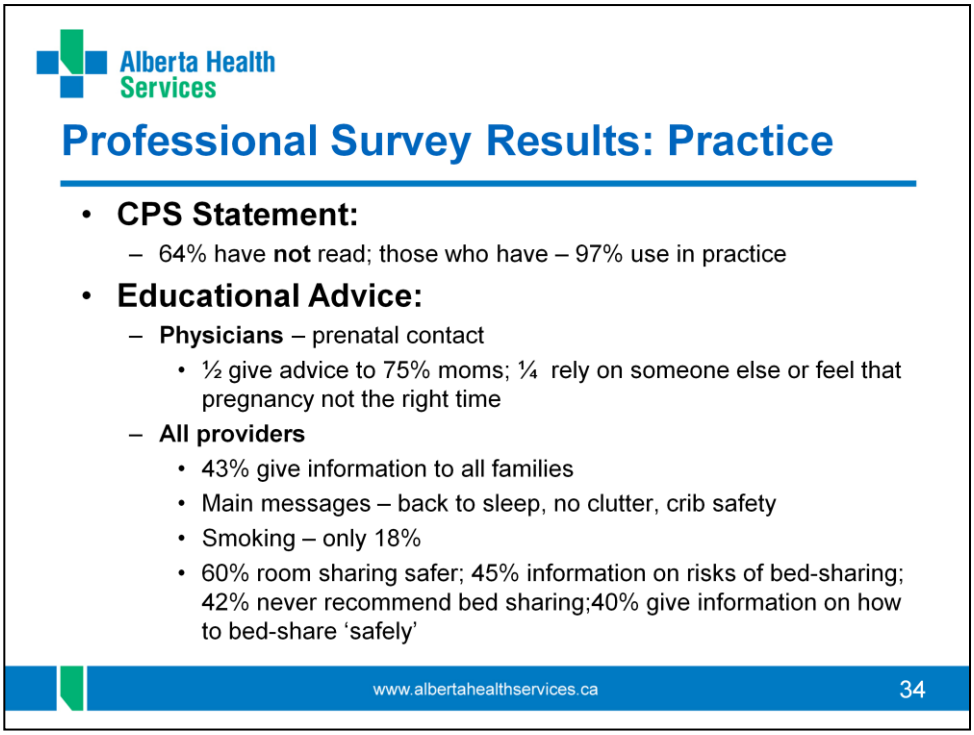
Phase 1: literature review, environmental scan, Professional and Parent Surveys, and the development of a comprehensive provincial resource

Phase 2: professional development, launch provincial resource, as well as the development of a policy for AHS

Phase 3: various strategies for community engagement



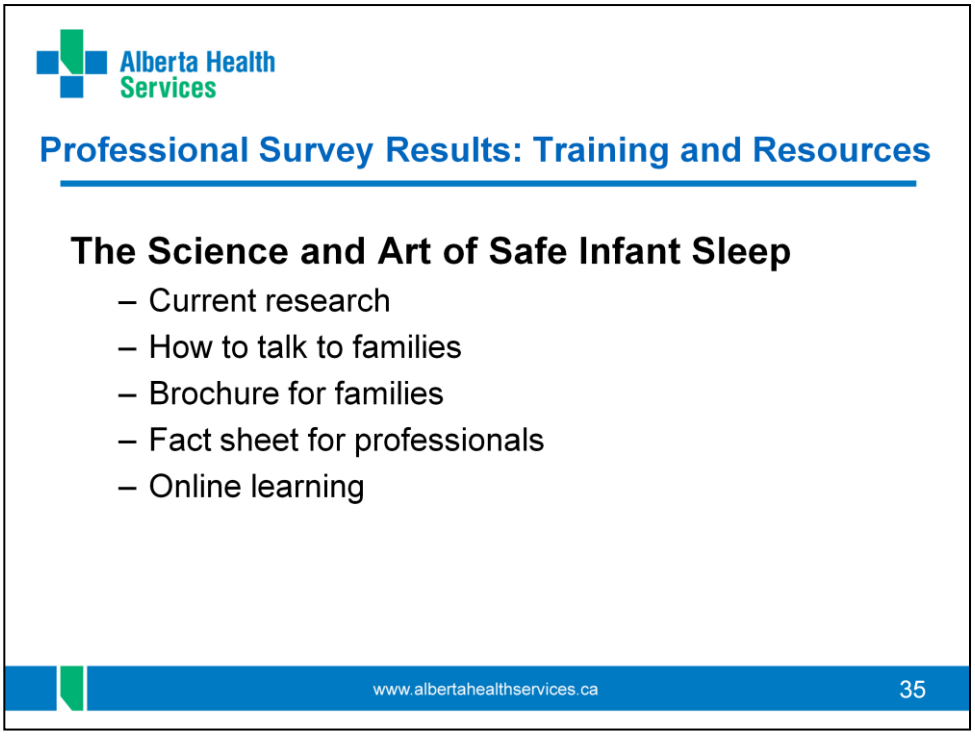
1. A survey of professionals was conducted in the fall of 2010.
2. 1130 professionals responded: (public health and acute care nurses, physicians, community partners (child care and parenting centres), Midwives and Lactation consultants, and others.
3. The survey assessed Knowledge/beliefs, practices, educational advice, and asked about what types of training and resources were needed.
4. The results of the knowledge assessement:
    - 87% of professionals surveyed agreed that supine positioning (back to sleep) was the **safest sleep position,** however 13% still indicated prone, and 46% lateral/side position.
    - 88% indicated that crib was **the safest place** for baby to sleep
    - 41% indicated that **bed-sharing was 'safe'** for babies under 1 year
    - 28% agreed that sleeping on the back **increased risk of choking**



1. We asked about the **Canadian Paediatric Statement:**
   - 64% had **NOT read** the statement, however of those who had, 97% were using it in practice.
   - Public Health Agency of Canada has since released its Joint Statement (2011), and it, along with the CPS statement, and the American Academy of Pediatrics Statements are available on our Resources Link.

2. In terms of Educational Advice:

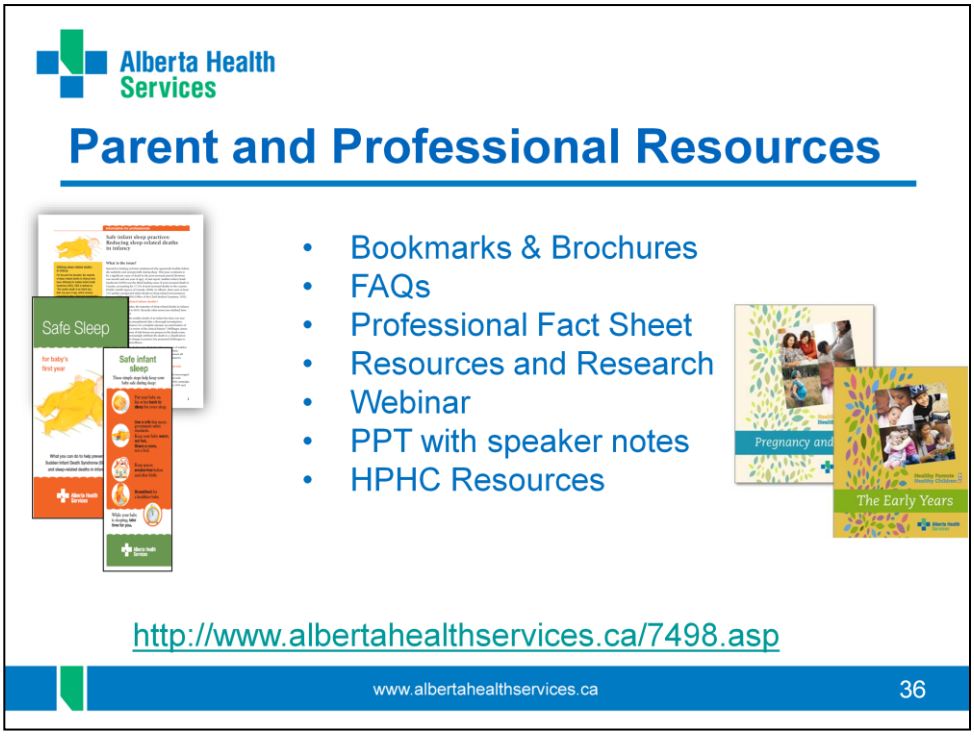
1. Of the Physicians who had contact with expectant parents,
   1. About ½ said that they gave advice on Safe Sleep to at least 75% prenatal clients
   2. ¼ said either rely on someone else to do the education, or felt that pregnancy is not the right time to discuss the issue
2. All providers
   1. Only 43% of professionals surveyed indicated that they gave information to **all** families
   2. 3 Main messages – back to sleep, no clutter, crib safety
   3. Smoking – **only 18%** of health care providers indicated that smoking was one of the 3 main things they stressed when discussing safe infant sleep.



When asked about Training and Resource needs:

Professionals wanted to know about the Science and Art of Safe Infant Sleep.

1. **The SCIENCE:** meaning the current research, information about the risks and benefits (e.g., bed-sharing/room sharing) and resources.
2. **The ART: meaning** how to discuss the issue with families
3. Top requests for resources were a brochure for families and a Fact Sheet for professionals
4. Preferred method of learning was online



1. The survey results informed the resources developed by the project. The Provincial Safe Infant Sleep resources were **launched in February 2012 and are now the provincial standard.**

2. They include:

Resources for Parents:

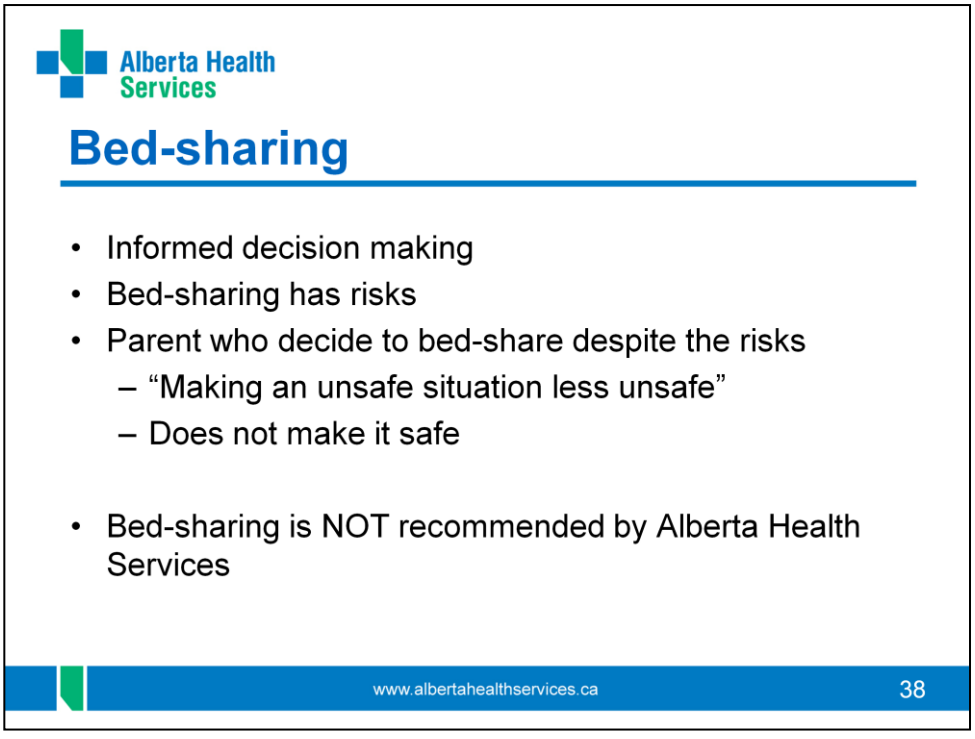
- Brochure highlighting the key prevention messages and the bed-sharing issue
- Bookmark - simplified version of the key messages which can be used as a low literacy option
- A list of Parents' Commonly Asked Questions covers information not addressed in the other resources
- HPHC Resources now include safe sleep messaging and are available in both book and online versions

Resources for Professionals:

- A professional Fact Sheet
- Links to the most recent policy statements by the Public Health Agency of Canada, the Canadian Paediatric Society and the American Academy of Pediatrics.
- Two literature reviews

The Key Messages for Prevention contained within the resources are summarized here:

1. Back to sleep – every sleep; nap time and night time
2. Choose a safe place:
    1. Firm, flat, uncluttered sleep surface
    2. Safest place is crib/cradle, bassinet that meets government safety standards, and is assembled according to manufacturer's instructions
3. Room sharing is advocated for the first 6 months
4. Babies need smoke free environments both prenatally and after they are born
5. Prevent overheating – with a comfortable room temperature, appropriate sleep wear and well-tucked in light blanket (if needed) – head uncovered.
6. Breastfeed for good health



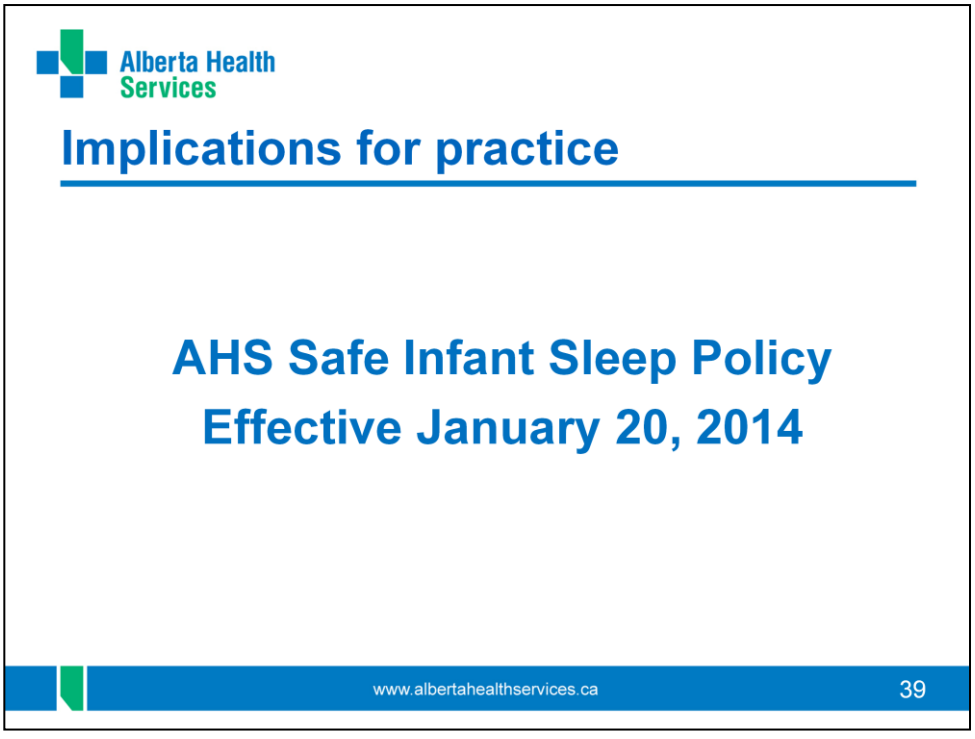
1. Bed-sharing is discussed on the back section of the brochure, highlighting the risks to babies.

2. An informed decision-making approach is taken – our role as health care providers is to give parents/caregivers current, consistent information on risks so parents can make informed decisions about where their baby will sleep.

3. We recognize that some parents may decide to bed-share despite knowing the risks. Considerations for this are given, but it does not confer that these steps make bed-sharing safe. The considerations are about making an "unsafe situation less unsafe"; there is no way to make bed-sharing risk free – adult beds are designed for adult comfort, not infant safety.

4. To highlight the wording from the brochure: ***Taking these steps <u>might</u> reduce risk, but it does not make bed-sharing safe. Bed-sharing is not recommended by Alberta Health Services, the Canadian Paediatric Society, or Public Health Agency of Canada. Babies are safest in their own crib.***

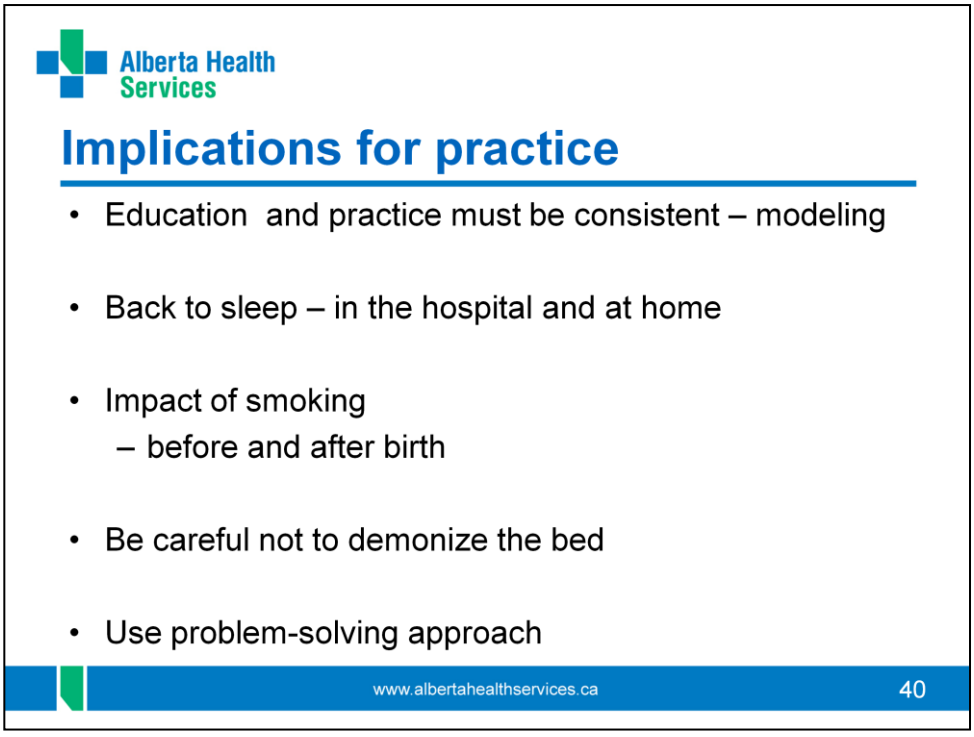
5. If parents can't provide a crib, cradle, or bassinet for their baby, they are encouraged to talk to their public health nurse or Health Link Alberta to find out where they can get help.



So we come back to our original question to you – what is your role in supporting safe infant sleep?

If you work for Alberta Health Services in any capacity, you are expected to be aware of and comply with the Safe Infant Sleep Policy that was posted on November 7, 2013, and is effective as of January 20, 2014.

For details about the policy, please watch our **short Safe Infant Sleep Policy Webinar and follow the links to access the policy and resources.**



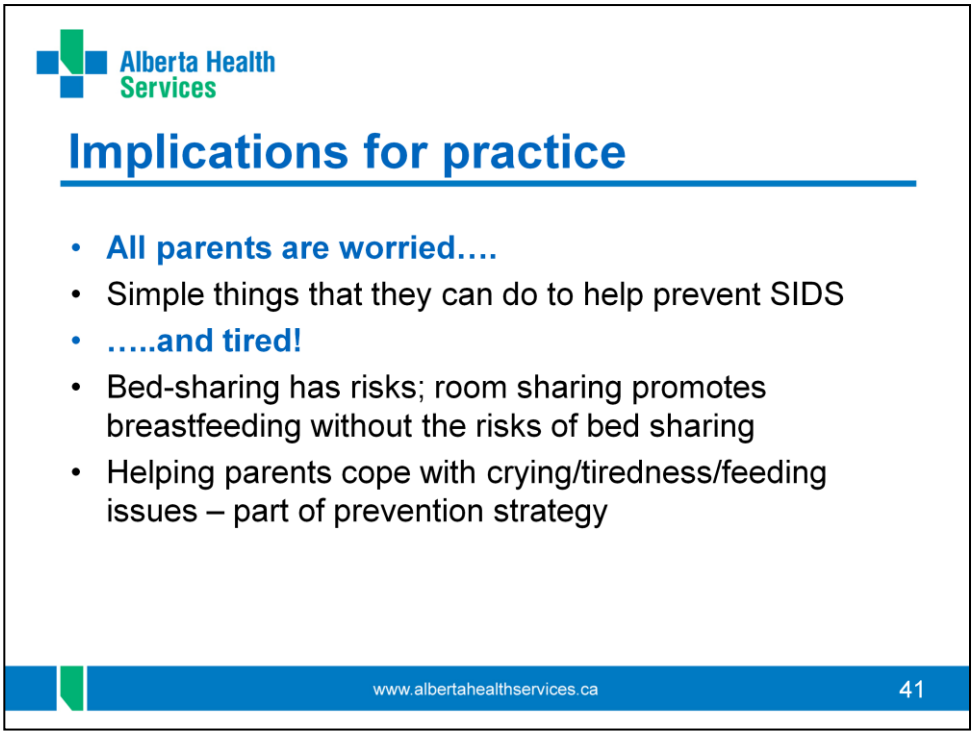
1. The policy guide you in your practice to ensure that education and practice are consistent across Alberta Health Services. We must be aware of what messages we are giving to parents, both with our words and what we model (for example, in the hospital). Consistent messaging is KEY to success in reducing these deaths.

2. Back to sleep is important in the hospital and at home. Supine is the 'default' position for hospitals – unless otherwise outlined in the policy

Just a few points to emphasize regarding "How to Talk with Parents about Safe Sleep":

1. The smoking message needs to be more prominent in the preconception/prenatal periods; advising parents-to-be about the significant increased risk of SIDS for their baby - physicians, midwives, prenatal classes, etc

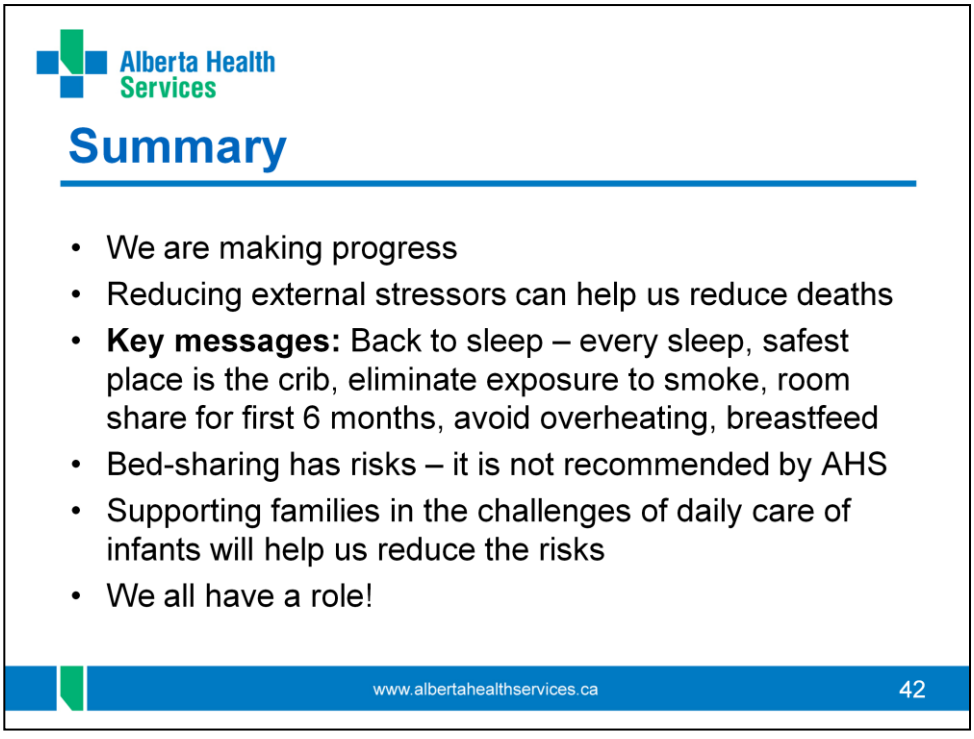
2. **When discussing bed-sharing, be VERY careful** not to demonize the bed. Parents may feel more comfortable taking their baby to bed for feeding and should be encouraged to do so if that helps them breastfeed and feel closer to their baby. Continue to help mothers find the most comfortable positions for breastfeeding, which can include lying down in



Finally, it is important to keep in mind:

1. New parents are worried – **about everything,** and they are worried about SIDS. Help them to see there are **simple things** that they can do to reduce the risk.

2. And new parents are tired! Taking baby to bed is often a strategy they use for coping. Helping them to learn strategies for coping with crying, tiredness, and feeding issues are all part of the SIDS prevention strategy.



In summary:

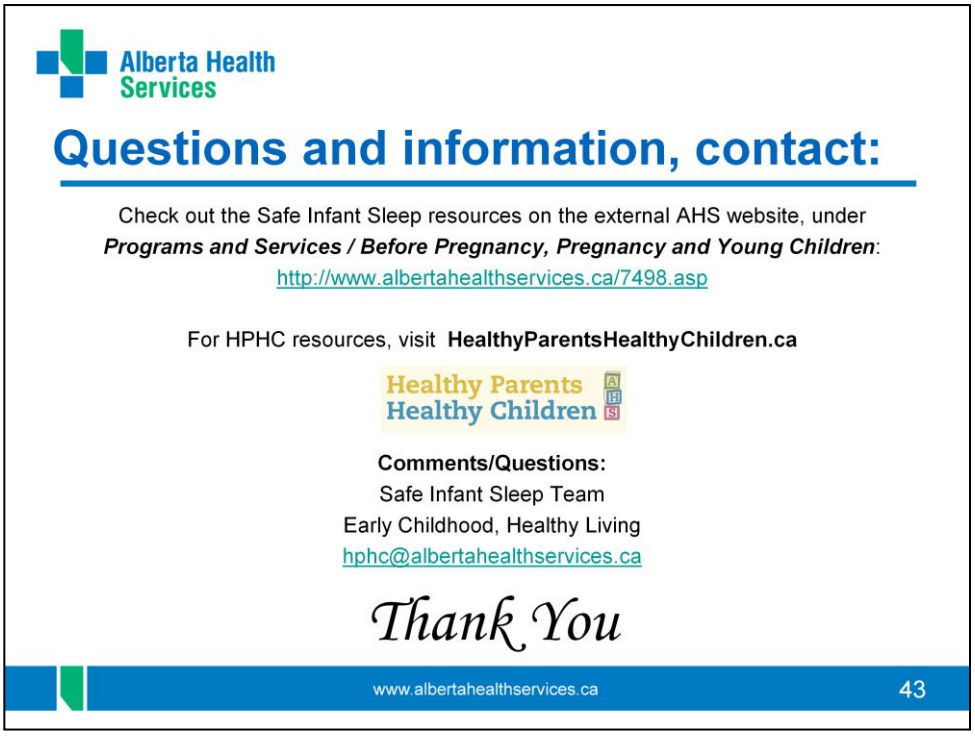
1. We are making progress, but we have quite a way to go

2. Until we have more information about what makes some babies more vulnerable than others, and have a way to identify them, the best we can do is reduce the risks – but there is strong indication that reducing the risks can reduce the deaths.

3. Our key messages:
    - Back to Sleep – every sleep!
    - Safest place is the crib with no clutter
    - Eliminate exposure to smoke
    - Room – share for first 6 months
    - Avoid overheating
    - Breastfeed for good health

4. Bed-sharing has risks – it is NOT recommended by AHS

5. When we support families in the challenges of daily care of infants we can reduce the risks AND help them enjoy this new stage of their lives.



This concludes the Safe Infant Sleep webinar.
If you have questions, check out the online resources

or contact the Safe Infant Sleep team at
hphc@albertahealthservices.ca

Thank you.