

## Military OneSource Podcast — Safe Infant Sleep

### Episode transcript

#### Intro voiceover:

Welcome to the Military OneSource podcast. Military OneSource is an official program of the Defense Department, with tools, information and resources to help families navigate all aspects of military life. For more information, visit [militaryonesource.mil](https://militaryonesource.mil).

#### Bruce Moody:

Welcome to the podcast. I'm Bruce Moody.

We're excited to get into a really important topic. It is safe sleep for infants. We're just really thrilled, especially because we're bringing into today's episode two really, really talented people. I'm excited to introduce them. Let's get right to it.

Monette Green is a policy analyst for the Defense Department's Family Advocacy Program. Monette is also a licensed clinical social worker.

Meg Walker is Air Force Family Advocacy Nursing, and New Parent Support Program director. Again, we're just thrilled to have you both with us on the podcast today.

#### Meg Walker:

Thank you.

#### Monette Green:

Thank you. I'm glad to be here.

#### Bruce:

Great to have the both of you with us. Monette, let's just start with you. Really basic question to get things rolling. Explain to us safe sleep and its importance.

#### Monette:

Safe sleep is providing a safe sleep environment for infants by following the American Academy of Pediatrics' recommendation, which is to have babies sleep alone on their backs in an approved crib, bassinet or sleep surface. This means placing the infant on their backs for sleep in their own sleep space with no other people in their sleep space, using the American Academy of Pediatrics-approved crib bassinet with a firm flat mattress and a fitted sheet. It also means keeping loose blankets, pillows, stuffed toys, bumpers and other soft items out of the sleep space.

The reason why this is so important is because safe sleep is a very big concern. According to the American Academy of Pediatrics report, each year in the United States,

3,500 infants die of unsafe sleep every year. We want to do everything that we can do to reduce the risk and prevent infants from being placed in unsafe sleep environments.

**Bruce:**

OK. I got a lot to get into. You're both welcome to jump in, help each other out as we go through these. When it comes to safe sleep, what are the American Academy of Pediatrics guidelines for safe sleep?

**Meg:**

The American Academy of Pediatrics, which is our largest professional association of pediatricians in the U.S., recently updated their recommendations for safe infant sleep. They include placing the baby on their back for every sleep period, both nighttime and nap time. This is because stomach and side-lying positions for sleep are not safe as they increase the risk for sudden infant death syndrome, or SIDS. Also, babies should sleep on a firm, flat, non-inclined sleep surface like a crib, bassinet or portable crib or play yard that meets the current Consumer Product Safety Commission standards.

It's important to note here that parents should always register any products they use for their baby's for sleep or other matters with the manufacturer. They should always check the Consumer Product Safety Commission website, which is [www.cpsc.gov](http://www.cpsc.gov), to ensure the products they're using have not been recalled. All infant sleep areas should be completely clear of anything but a fitted sheet.

There should be no pillows, blankets, bumper pads, stuffed animals, toys or other objects. The reason for this is, though, a lot of these items look really cute for setting up the nursery, they can increase the risk of suffocation and entrapment for the baby in a sleep period. In order to keep babies warm, there are wearable blankets that are designed to keep them warm without the need for loose blankets. Those are some things that often parents will use.

Also, parents and caregivers should avoid overheating and keep baby's head and face uncovered during sleep periods. The baby should be dressed appropriately for the environment, with no more than one layer more than an adult would wear to be comfortable. Parents and caregivers can check babies for signs of overheating. If a baby's overheating, they might be sweating, have flushed skin or, when you touch their chest, it might feel hot to the touch.

It's important to check and, if they are getting too warm, to remove a layer. If swaddling is used for the baby, the blanket should be wrapped no higher than the baby's shoulders, not touching the baby's face or head. Swaddling should be discontinued when the baby shows signs of trying to roll over, typically around three to four months, but sometimes earlier. We just wouldn't want a baby to, while swaddled, roll over and be unable to get back into a safe sleep position.

Other recommendations include room-sharing with parents, with baby on a separate, approved sleep space. This is recommended at least for the first six months of baby's life. Some recommendations that are specific to reducing the risk of SIDS include human

milk feeding, avoiding exposure to nicotine, alcohol, marijuana, opioids and other drugs during pregnancy and, after the birth, obtaining routine immunizations for the baby, and offering and using a pacifier with baby during sleep periods. That, in a nutshell, is pretty much what those AAP recommendations for safe infant sleep now include.

**Bruce:**

All right. Meg, I want to stay with you for the next question, but just to follow up with what you're saying regarding the Consumer Product Safety Commission, we'll get a link in the program notes and, as you said, you definitely want to go to that website. Through that website, you could be made aware of the stuff that you own and any recall information associated with those products.

Let's just move on. Meg, why is it best to place babies on their back when laying them down to sleep?

**Meg:**

Well, again, as we've mentioned, infants should be placed on their backs to sleep for every sleep period by every caregiver until one year of age. This is important because stomach and side-lying positions are not safe for infant sleep because they increase the risk for SIDS. The incidents of sleep-related infant deaths decreased substantially in the United States following the Back to Sleep campaign back in the 1990s. That was a timeframe where the Back to Sleep campaign encouraged parents to place babies on their backs to sleep. A result of that campaign was that sleep-related infant deaths declined substantially. We know that the back-sleeping position is safer from that sleep-related infant death reduction standpoint.

Now, while it's important to put babies on their backs for sleep, they also need what we call tummy time. Tummy time is important to babies' development because it gives them a chance to develop the muscles in their chest and neck, and just round out their muscular development. Parents are encouraged to put their babies on their stomachs for tummy time while baby is awake and being supervised for short periods. Usually, these tummy time periods can begin soon after baby gets home from the hospital after delivery. It can start with very short periods of time. The parents can increase a little bit at a time to around 15 to 30 minutes a day of tummy time, awake and supervised, at around two months of age.

**Bruce:**

Got it. There's a lot of good science that have come around to provide this information, these recommendations, but what are some of the myths associated with safe sleep recommendations?

**Monette:**

One myth is that babies who sleep on their back will choke if they spit up or vomit during sleep. This is incorrect. Babies automatically cough up or swallow fluid that they spit up or vomit. It's a reflex to keep their airways clear. Studies show no increase in the

number of deaths from choking among babies who sleep on their back. In fact, babies who sleep on their backs might clear these fluids better because of the way the body is built.

Another myth is that shots, vaccines and medicines cause SIDS. Again, there is no evidence that has been produced that show or indicate that shots and vaccines or any medicines cause SIDS. One of the myths that we often have to encounter is if parents sleep with their babies in the same bed, they will hear any problems and be able to prevent anything from happening. This just isn't the case. Sleeping with a baby in an adult bed actually increases the risk of suffocation and other sleep-related causes of infant deaths.

**Bruce:**

Interesting. In that vein, what kinds of inaccurate information do you think parents are consuming?

**Meg:**

With our Air Force New Parent Support Program, we had a working group that we put together to look at safe sleep and how to enhance safe sleep education for both our staff and the families we serve. As part of that working group, we reviewed some literature. In an article from 2020 that analyzed communication among mothers of new babies in a Facebook group, the mothers said that they were confused by safe sleep terminology, including SIDS or sudden infant death syndrome, safe sleep, co-sleeping and bed-sharing.

Parents sometimes are confused about the words that we sometimes as professionals might throw out there. Also, there were a lot of discussions between the moms, among the moms about monitoring devices and baby products that are marketed and advertised for safe infant sleep, talking about some direct-to-consumer heart rate and pulse oximeter monitoring devices to include some wearable monitors.

Now, these items are sold as consumer wellness devices. As such, they're not required to meet regulatory requirements like medical devices. There's no data supporting that their use reduces the risk of sleep-related infant death. Use of these devices should not be considered as a substitute for following the safe sleep guidelines.

The article that I'm talking about also referenced that a lot of the new moms in that Facebook group had a lot of anxiety about SIDS. It's a real opportunity for learning for parents, learn about SIDS, learn about the different recommendations that parents and caregivers can use to provide a safe sleep environment for their children, their babies, and really decrease the chance of sleep-related infant deaths.

**Bruce:**

Great. One of the recommendations you touched on earlier, and let's get back into it, is bed-sharing, recommendations against it I would want to say, of course. To that end, what are the dangers that bed-sharing creates?

**Meg:**

Bed-sharing is when an infant sleeps with another person – a parent, a child, a sibling – another person in a bed. This increases the risk of SIDS, as well as the risk of suffocation and other sleep-related infant deaths. The reason for this is that sharing an adult bed, a couch or a chair with a baby, it's really risky because babies can suffocate in the pillows or the bedding, or the other person, the larger person could roll on top of the baby, or the baby could get trapped in the bed against the wall or on other surfaces on the chair or couch. These surfaces are not made for infant sleep. We talk about the Consumer Products Safety Commission standards for safe sleep environments, the cribs or portable cribs. Those are really meant to be safe surfaces for babies to sleep in. Adult beds, mattresses, couches and armchairs just really are not.

Instead of bed-sharing, the American Academy of Pediatrics recommends room-sharing. That is keeping that baby's sleep area separate from the parent's sleep area in the same room. They do like for that practice, the room-sharing to be kept for the first six months of baby's life.

**Bruce:**

Why do you think that it's difficult for some parents to put these safe sleep recommendations into practice?

**Monette:**

With some families, we see that there are long-held family traditions or family beliefs that exist that it's OK to share the bed with the baby. Also, when moms are nursing their infants, it is felt that it's convenient. The baby wakes up during the night and mom is nursing, and that it's easy to ensure that the baby is fed. There are a lot of beliefs that this is more convenient. It can be a cultural belief. It's a wonderful time, but it's also a very ... can be a difficult time.

You have parents that with a newborn you may be dealing with sleep deprivation – you are working, you have a busy life and it is maybe where the parent is just exhausted. However, we recommend that room-sharing is better and safer for the baby as opposed to bed-sharing. There are many held beliefs, and sometimes you are also dealing with family members who also will believe that it's OK to have the baby sleep in your bed.

You have many different individuals in your life and from that may recommend and support that bed-sharing is the way to go. However, it's important to again, go back to the information and what the AAP is recommending in terms of keeping your baby safe by not bed sharing, by having your baby in the same room, but not in the bed.

**Bruce:**

Working through this conversation and thinking about military families, military families are moving a lot, so travel is a big part of life. Meg, maybe you can take this one. Can you provide some tips for parents who are preparing to travel with their babies?

**Meg:**

Yes. Yes. Thank you, Bruce. It really is an important topic. It's really important that parents provide a safe sleep environment for babies all the time, to include times when they're traveling, visiting with friends and relatives, and PCSing. Parents should keep in mind the need to follow the safe sleep guidelines that we've outlined. Babies should sleep alone in a crib, a portable crib, bassinet or play yard with only the flat mattress and tightly fitted sheet. They should not sleep on couches, inflatable mattresses, or in a bed with another person. They should be placed on their backs.

Parents really should do all they can to plan ahead to provide a safe sleep environment during these transitional times. One way could be to have a portable crib or play yard, like a Pack 'N Play, that meets those consumer products safety commission standards as a safe sleep space – and it's portable and can be taken along with the family during travel and set up for the baby at each location. For example, if you're in a hotel, you could set it up there. Pick it up, pack it up, then when you get to grandma's house, set it up there. If you're PCSing to a new installation, you could use it in the TLF, you could use it in your new home, or an alternate would be to arrange for a family member or friend who you're visiting to have a safe crib, bassinet or portable crib available there, one that meets those safety standards.

**Bruce:**

Another question, Meg. What would we say to a parent who is exhausted, let's just call it sleep-deprived, and in that mindset just feeling tempted to use an unsafe sleep practice, one of the ones that we've perhaps discussed?

**Meg:**

That's a great question. It's one that I think comes up for many parents as they're up at night for countless nights it seems in the beginning, especially with the newborn. I think firstly it's really important to keep in mind that for newborns and young babies, there's an absolute requirement that the baby is going to be up at night to feed. Due to their small stomach size at birth, I think a baby's stomach can hold about a teaspoon of fluid, they need to be fed every two to three hours or so, both day and night. Being aware of this is important so parents realize and will have the expectation that they are going to have to be up with this very young baby in the night.

If possible, we often tell parents to sleep during the day when the baby's sleeping. When the baby's napping, parents should take a nap to be able to catch up somewhat on their own sleep. A lot of times, parents want to be doing ... the baby goes down for a nap and they want to be doing things around the house, like cleaning the house, mopping the kitchen floor. I think it's really good, especially in those early days, when baby goes to sleep for a nap, parents should also take a nap. Don't worry about that kitchen floor. You can get to that later. It's more important at this point for you to catch up on your rest and then you can refill your own cup, so to speak, and be able to take care of yourself and the baby in a better way if you've caught up on a little sleep by napping when baby naps.

Also, parents with a partner could tag team for those nighttime feedings and wake-ups. They could go back and forth. If one of the parents is breastfeeding, they could breastfeed the baby, the other parent could do the diaper changes and put baby back into the safe sleep environment.

Parents could also ask for help from a trusted friend or family member. Though I know this is not always possible, especially with our military families who are oftentimes living away from their natural support systems, their family and their friends. It's really important to remind parents that this time period when they're getting very limited sleep, because the baby is up a lot at night, is very young, this time period is really limited. It won't go on forever, though it may seem like it will at the time when you're in the midst of it.

Also, I think it's important for parents to realize that in these early days, this is a new family, a new system here, and the baby's new to them, they're new to the baby, so they're getting used to each other. It's important to learn the baby's routines and the back and forth between parents and babies. Now, some ideas that might enhance nighttime sleep for your baby might be when baby's up at night and you're getting up to feed the baby or to calm the baby, to keep stimulation down, keep the light stemmed. When you're talking to baby, keep your voice low to give the idea this is relaxation; this is sleep time, it's not play time. As parents keep the stimulation down at night, just take care of what needs to be done, keep the lights down, keep things pretty quiet. Hopefully, as that goes on with these nighttime wakings, baby will get the idea that this is the time to be resting and sleeping.

**Bruce:**

When I was with the Navy, I encountered the New Parent Support Program. I've met a number of the people who work within the New Parent Support Program. Through them, I just have such admiration for this program. I'd really like for you to talk about it. How does the program work, and who is it for?

**Monette:**

Oh, thank you. The New Parent Support Program, we are so excited about the program. The New Parent Support Program is a voluntary program designed to help military families thrive. All branches of service, the Air Force, the Army, Marine Corps, as well as the Navy have New Parent Support programs. New Parent Support services are free and may include home visits, parenting classes, prenatal classes, information and referrals, and some installations even offer playgroups. Many parents see the playgroups as a great way to connect with other parents and to share information.

The New Parent Support Program consists of a team of professionals, social workers, nurses and home visitation specialists who provide supportive and caring services to expected parents and parents of children from ages birth to age 3. The primary goal of the New Parent Support Program is to enhance the lives of infants, children and parents. The New Parent Support Program helps parents create safe, nurturing environments for their infants.

The New Parent Support Program's goal is to promote safety, health and well-being, and to help families thrive by empowering parents with information to meet the challenges of parenthood. Expectant parents and parents of children from birth to age 3 who are eligible to receive treatment in a medical treatment facility are eligible to receive New Parent Support services.

Parents may contact the New Parent Support Program directly. They may also be referred by their doctor, by a medical provider in the hospital. New Parent Support home visitors provide information about prenatal health, infant care and early childhood development, and help parents with bonding with their babies.

The New Parent Support Program's home visitors also provide information that helps parents with taking care of their babies, such as information about safe sleeping environments, as well as information about shaken baby syndrome.

We are excited about our New Parent Support Program home visitation because it's a way to help parents with managing stress. It's a way to help parents with managing the demands of parenting and also of military life, such as in our families go through separations, through deployments and many, many PCS moves.

With the New Parent Support Program home visitor program, we offer help to parents to help them manage all of the different challenges that they may face. Also, help them to provide nurturing environments for their children so that they can grow and develop, help to answer everyday questions about parenthood.

We are so excited. We see the New Parent Support Program as a resource to parents. We want to help to do everything that we can to support and empower parents.

**Bruce:**

We'll put a link in the program notes so people can learn more about it. I really hope we do a whole episode on this program. The program itself is amazing. The people in it, I just can't ... I can't say enough. So blown away by both the people who run the program, but also when you're in it, you're in a community of parents, the love and the acceptance, the nonjudgmental environment in which this program provides. It's such a wonderful, wonderful resource. I wonder if you could talk a little bit about the advantages of utilizing the New Parent Support Program.

**Meg:**

The NPSP, or New Parent Support Program services, are really convenient for families because we provide home visits. Parents, especially those with a newborn or young baby, they don't have to worry about waking the baby up from a nap, trying to get everyone dressed and fed and out the door to meet with the NPSP provider in the office. They can receive services right in the privacy of their own homes, which I think is really convenient if you have a very young baby, if you have maybe several young children. Also, it's really convenient if you're talking about certain topics related to, let's say, safety. If you're talking about maybe baby-proofing the house, it's really a lot more helpful if you're right there in the home to talk about latching cabinets or putting a gate



up on the stairs so that the baby can't climb up or down. Just being in the home is really convenient and very personal and private to that family.

New Parent Support Program home visitors are very, very familiar with infant and child health. They know a lot about safety, growth and development, and the changes that occur in families when a new baby's born, whether it's the first baby, the second, the third. They also know about the challenges that military families in particular can face, including living away from their families and support systems and separations due to TDY's, deployments, PCS. Many of our home visitors are former military themselves and/or military spouses. They're really good at tailoring the services that they provide to every family's unique needs.

**Bruce:**

We can go on about it because it's such a wonderful program. But, in fairness, it's far from the only thing that we offer. If we could break away from the New Parent Support Program, there are other resources. If I can get you to talk about where people can find additional information and support for them.

**Monette:**

An excellent place and resource to get information is Military OneSource. Military OneSource has information on a variety of topics to include your taxes, your finances and your relationship, as well as parenting. Military OneSource also houses information about each installation that we have throughout the military. It helps parents connect with their installation, find out what resources are available. I can't stress enough: Military OneSource is an excellent place for parents to look for resources to meet their needs. That is one of our main forums for providing information to help support parents.

**Bruce:**

That's absolutely right, and not just because it's our website. The truth is that if you're trying to take care of your family, if your other issues in life are addressed, then you have the bandwidth in your brain, the reduced stress in order to preserve yourself and take care of the things in life that need attention. That's why we have Military OneSource, because parenting doesn't happen in a vacuum. There are other aspects of life that need to be addressed in order to have that balance.

This has been such an amazing conversation. I just want to invite the both of you, Meg, let's start with you, for any final thoughts before we round out.

**Meg:**

In regard to safe sleep, I think it's really, really important that parents find out all that they can about it and how to provide a safe sleep environment for their kids, for their babies. They can always ask their OB or pediatric provider for more information about safe sleep for their infants. That's a great source of info.

It's also wonderful if they start to think about this during pregnancy so that they can know what kinds of healthy lifestyle things to follow during the pregnancy to reduce chances of SIDS, as well as preparing to provide the baby with a safe sleep environment from the first day home from the hospital.

Also, there's some really wonderful online resources, Military OneSource, as Monette mentioned. It's important for our parents to stick to resources online that are accurate and provide evidence-based information. There are lots of resources online, but I usually like to recommend that parents stick to those, such as the American Academy of Pediatrics [HealthyChildren.org](https://www.healthychildren.org) site, the Centers for Disease Control site, National Institutes of Health site for Safe to Sleep Campaign, Safe to Sleep Academy site. I think some of those links are going to be available in this podcast. Really, just making sure that the information that they seek out online is information that really is evidence-based and really is safe for their children, and really just wanting to wish all parents a wonderful journey with their little ones. It is very challenging in the beginning, it's joy-filled, but it's challenging and tiresome at times, but just try to look beyond these more difficult times and just think about the lifetime that you're going to have in your journey with your baby.

**Bruce:**

Thank you. Monette we'll give you the last word.

**Monette:**

Thank you for this opportunity. So glad that we were able to do this. I echo what Meg has shared. The New Parent Support Program home visitors, they are trusted professionals who are subject matter experts in the area of children from birth to age 3. They have a vast amount of knowledge, experience and expertise. Again, I say trusted professionals who can provide accurate information.

There's a lot of information that is circulating out there, but we want you to go to a trusted professional. New Parent Support Program home visitors are just that. We are here to support families, to promote health and well-being in parents and infants. We want you to know you're not alone. We are here to help you. It's OK to get help. Again, we are here to do everything that we can to support you as you move through this journey in life. We just hope that you reach out. I would just say thank you so much.

**Bruce:**

Many thanks to the both of you. Monette Green, program analyst for the Defense Department's Family Advocacy Program. Monette is also a licensed clinical social worker. Meg Walker is director of the Air Force Family Advocacy Nursing and New Parent Support Program.

I want to remind you that Military OneSource is an official resource of the Defense Department and we want to hear from you. There's a link in the program notes. You can go there and tell us what you think about this episode or other episodes, or you can tell us what you want to hear about in future episodes, because Military OneSource is

available wherever you listen to your podcasts. We want you to go ahead and subscribe because we cover a wide range of topics that help military families navigate military life.

I'm Bruce Moody. Thank you so much for listening. Take care. Bye-bye.