



THE BC SAFE BABIES PROGRAM

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Ministry of
Children and Family
Development

SWADDLING AND INFANTS WITH PRENATAL SUBSTANCE EXPOSURE: Considerations from the 2011 Perinatal Services BC Safe Sleeping guidelines

Background:

- Perinatal Services BC released its safe sleeping guideline in February 2011. Within this guideline swaddling is identified as a possible risk factor for SIDS. Risks and benefits are outlined and reference to cultural practices is made. Section 10.0 addresses special situations and acknowledges that separate consideration is required for situations such as multiple births and infants with other healthcare needs. In these situations the guideline recommends that *“education will be provided to the parents and caregivers regarding the infant’s unique needs. Safe sleeping education needs to be reviewed and reinforced in the home setting”* (p. 16).
- Swaddling is identified consistently as an effective caregiving strategy in clinical guidelines on the management of neonatal abstinence syndrome. Swaddling is identified by health care professionals and caregivers (including foster parents) as helpful in supporting the infant who is demonstrating symptoms related to prenatal substance exposure and neonatal withdrawal, including irritability, increase muscle tone, startling (which wakes infants up), and hypersensitivity to environmental stimulation. From a public health perspective it is also important to consider the benefits of reducing crying and irritability for the caregiver (ie. Shaken Baby Syndrome and postpartum depression). Non-pharmacological caregiving strategies such as holding, vertical (side to side) rocking, swaddling, and reducing environmental stimuli are often sufficient to manage the symptoms associated with mild to moderate withdrawal and decrease the possibility of the infant needing medication.
- The 2011 Baby Steps handbook (3rd ed.) from Vancouver Coastal Health Authority includes information on swaddling taken from the safe sleeping guideline. Swaddling is recommended as a strategy to help babies comfort themselves. The recommended technique is to swaddle the baby with a single, light blanket from the chest down and with hands exposed when baby is awake. It is also recommended that parents and caregivers not swaddle babies fully or for sleep (P. 27).

Issue:

In light of the recent safe sleeping recommendations, are parents and alternate caregivers able to use swaddling as a caregiving strategy for infants with prenatal exposure?

Recommendations:

The public health message about safe sleeping is important to put into action in general with all babies. It is important that all parents and caregivers receive information on safe sleeping practices. However, with some populations, including infants with prenatal substance exposure, swaddling continues to be a helpful way of supporting infants experiencing the symptoms identified above.

It is important for parents and caregivers to discuss the need for swaddling with the hospital team prior to discharge and their primary health care provider (family physician, pediatrician, nurse practitioner) and the benefits and risks for each infant. Swaddling will be one of a number of specific issues that need to be discussed proactively and collaboratively by parents and care providers in their discharge planning as an infant transitions to home and community. Documentation of this discussion is recommended in particular for foster families.

If it is determined that the infant will benefit from swaddling, the following recommendations should be considered to make sure swaddling is done safely and effectively:

(1) To reduce the risk of SIDS:

- No bedsharing;
- If a blanket is used, it should be thin (to avoid overheating) and big enough that it can be securely tucked so that it does not come loose and cover the baby's face;
- Avoid overheating by using strategies such as not using hats, avoiding overdressing, and not overheating rooms;
- Place babies on their backs to sleep; and
- Minimize other risk factors associated with SIDS (such as cigarette smoking).

(2) To reduce the risk of hip dysplasia (instability or looseness of the hip joint):

- Use "hip-healthy" methods for swaddling – for example the International Hip Dysplasia Institute (<http://www.hipdysplasia.org/Developmental-Dysplasia-Of-The-Hip/Hip-Healthy-Swaddling/Default.aspx>) provides teaching resources on these methods;
- Ensure both legs are bent up and out; and
- Leave room for the hips to move.

References:

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