Helps and Hints
Family Child Care Newsletter

Childhood Services

Arkansas State University

January 2011

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Inside this issue:

Art & Creativity

Sing, Song, Sway

Math & Manipulatives

Sensory

Special Section

And much more!

Sudden Infant Death Syndrome

" I am a family home child care provider who has cared for infants for 18 years. It is my profession. . .but [one day], something happened that turned my whole world upside down and me inside out. I had a sudden infant death occur in my home.

- Sharon Russell, "SIDS and its Effect on Caregivers"

- SIDS is a real thing and it does happen in child care. The purpose of this newsletter is to educate child care providers on what SIDS is and how to reduce the risk of SIDS– related deaths. You cannot predict which babies will die from SIDS, but you can reduce SIDS risks

Autism Workshop
April 9, 2011
8:30– 4:-00
ASU Childhood Services
615 University Loop East
Jonesboro, AR 72467

To register please go to the TAPP Registry at:
http://professionalregistry.astate.edu/registry.asp

What is SIDS

- Sudden Infant Death Syndrome– the unexpected death of seemingly healthy babies 12 months or younger. It is still unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.
- No cause of death is determined and experts cannot predict which babies will die from SIDS.

SIDS in the Child Care Setting

With using this information one will reduce the number of SIDS deaths that occur in child care settings. Child care providers perform an essential service in our society. More parents are enrolling infants in early education and child care programs. Child care providers need to have the most up-to-date information concerning the care of infants.

An additional resource that you might find helpful for this and any other units:

www.preschoolexpress.com

QUIZ: Test your SIDS Knowledge

1. SIDS is:

A. caused by vomiting or choking.
B. caused by vaccinations.
C. the unexplained death of an infant less than one year of age.
D. easy to predict.

2. Tummy time is appropriate when:

A. an infant is drowsy but awake
B. an infant is sleeping
C. an infant is unsupervised
D. an infant is awake and supervised

3. Among parents and caregivers, common reasons for not complying with back sleeping recommendations include:

A. Fear of aspiration or choking
B. Relatives recommending the prone position
C. Concern about a flattened skull
D. All of the above

4. SIDS risk-reduction education should be delivered at well-baby visits only.

A. TRUE
B. FALSE

5. SIDS rates are disproportionately high among which ethnic group(s)?

A. Hispanics
B. African Americans
C. American Indians
D. Both B & C

Quiz Answers:
1.C 2.D 3. D 4. B 5. D

Myths About SIDS

Many myths about SIDS still exist.
Here are a few along with the facts about these issues:

MYTH:
A SIDS death can be prevented.
FACT:
There is no way to make sure a baby will not die from SIDS. However, the CHANCE of a baby dying of SIDS can be greatly reduced by following known risk reduction strategies.

MYTH:
Vaccines or medications can cause SIDS.
FACT:
Neither of these has been shown to cause SIDS death. All babies should visit a pediatrician and received well-baby checks & vaccines as scheduled.

MYTH:
Babies who sleep on their backs choke on spit-up or vomit.
FACT:
Doctors & researchers have found no increase in choking or other airway issues in babies who sleep on their backs.

MYTH:
Babies can "catch" SIDS.
FACT:
SIDS is not contagious & there are no symptoms before death.

SIDS FACTS

- Approximately 20% of SIDS death occur while the infant is in the care of a non-parental care giver.
  - 60% in family child care
  - 20% in child care centers
  - 20% in relative care
- Seasonal trend: there are more SIDS deaths in the winter months.
- More males babies die of SIDS.

- Based on time infants spend in child care, only 9% of SIDS deaths should occur in child care.

- 1/3 of those deaths happen within the 1st week o f entering daycare. (AAP, 2005)

- SIDS remains one of the leading causes of death for infants one month to one year of age. The peak time for SIDS death is 2-4 months, but some children who are 8 months of age die of SIDS.

- SIDS victims appear to be in good health prior to death.

- SIDS is reduced by 40% by putting babies down to sleep on their backs.

- SIDS is not contagious.

- Vomiting and choking do not cause SIDS.

- SIDS seems to cause no suffering; death occurs rapidly, usually during periods of sleep.

The Safe Sleep Top 10

The National Back to Sleep Campaign has 10 Top ways to help your child get safe sleep. There are more information and flyers to print off on their website.
http://www.nichd.nih.gov/sids/sids.cfm

1. **Always place your baby on his or her back to sleep, for naps and at night.** The back sleep position is the safest, and every sleep time counts.

2. **Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet.** Never place your baby to sleep on pillows, quilts, sheepskins, or other soft surfaces.

3. **Keep soft objects, toys, and loose bedding out of your baby's sleep area.** Don't use pillows, blankets, quilts, sheepskins, or pillow-like crib bumpers in your baby's sleep area, and keep all objects away from your baby's face.

4. **Do not allow smoking around your baby.** Don't smoke before or after the birth of your baby, and don't let others smoke around your baby, in the home or the car.

5. **Keep your baby's sleep area close to, but separate from, where you and others sleep.** Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring your baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle, or a bedside co-sleeper (infant bed that attaches to an adult bed) when finished.

The Safe Sleep Top 10

6. **Think about using a clean, dry pacifier when placing the infant down to sleep,** but don't force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)

7. **Do not let your baby overheat during sleep.** Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult. Use light sleep clothing like a one-piece sleeper instead of loose blankets. Be sure the sleeper is the right fit (not too large) for baby.

8. **Avoid products that claim to reduce the risk of SIDS** because most have not been tested for effectiveness or safety.

9. **Do not use home monitors to reduce the risk of SIDS.** If you have questions about using monitors for other conditions talk to your health care provider.

10. **Reduce the chance that flat spots will develop on your baby's head:** provide "Tummy Time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers, and bouncers.

More Safe Sleep Tips

Here are more ways to keep baby safe while sleeping:

- After feeding and burping, place baby on her back in a safety-approved crib or bassinet **near your bed, but not in your bed.** The crib or bassinet is the safest place for baby to sleep.

- Enjoy cuddling baby when awake, but don't fall asleep together while holding baby close.

- Baby should NEVER sleep on sofas; chairs; recliners; waterbeds; soft surfaces such as pillows, cushions, sheepskins, or quilts; or any bed with another adult or child.

- Keep pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads, and other soft objects out of baby's crib or bassinet.

- Avoid sleep positioners, apnea monitors, and other items that promise to reduce the risk of SIDS. These have not been proven safe or Effective.

- Make sure that baby is not too warm. Keep the room at a temperature that feels comfortable for a lightly clothed adult.

- Keep baby's head uncovered during sleep.

- Talk to grandparents, relatives, friends, babysitters, and child care providers about safe sleep and what works best to help baby fall asleep on her back EVERY TIME. Tell everyone who takes care of your baby to follow these important safe sleep practices.

Tummy Sleeping

A baby is at the **least** risk for SIDS when placed supine (on the back) to sleep and is most at risk when sleeping on the back, but then is place on the tummy or rolls onto the tummy for sleep. When a baby is not use to sleeping on their tummy and is then laid on their tummy in out-of-home settings it is extremely at risk for SIDS because they have less ability to lift their head in tummy position. When you allow the baby to have tummy time, they are able to practice developing this skill with supervision.

Remember Tummy Time!

- Place babies on their stomachs when they are awake and someone is watching. Tummy Time helps your baby's head, neck, and shoulder muscles get stronger and helps to prevent flat spots on the head.

- Tummy time for a few minutes 2-3 times a day can also help to prevent a flat area from forming on the back of baby's head.

Holiday Hangover

According to a study from ABC News and Susan Donaldson James, Sudden Infant Death Syndrome (SIDS) spikes 33 percent each year on January 1.

The New Year's Day hangover can be devastating for caregivers who have had a night of heavy drinking and awake to find a lifeless baby in the crib. More than 2,500 babies a year die from SIDS, and now researchers say there may be an association between those deaths and alcohol. A University of California Study, published this month in the journal "Addiction," found a 33 percent spike in SIDS deaths on January 1st. The study concludes that alcohol " impairs parental capacity," and therefore can put a child at risk. The scientists working on this study took into account the normal increase in SIDS deaths that are reported during the winter months, probably because of colds and respiratory infections, as well as using coverings in the babies crib for warmth.

Alcohol use is now implicated because "**anything that decreases parents' arousal increases the risk of SIDS**," said researcher McEntire. "Don't sleep with the baby and definitely not when using alcohol or other drugs as sedatives. Researchers are beginning to think that one issue is a defect at birth in the neurological system that affects the child's arousal, temperature control, and blood pressure." McEntire points out that these factors can explain why some babies are more prone to SIDS. McEntire closes by saying the most important way to reduce risk is to make sure the baby has a "safe place to sleep, raise the baby in a smoke-free environment during pregnancy and beyond, put babies to sleep on their back with no crib cover, bumper pads or toys.

Holiday Hangover: Alcohol Linked to SIDS Deaths, ABC News, Susan Donaldson James, December 29, 2010

SIDS Risk Factors– Pregnancy

Research indicates that some infants are at a higher risk of SIDS because of certain risk factors that have been identified. These risk factors are:

1. **Low birth weight (less than 5 pounds)**
2. **Premature (less than 37 weeks)**
3. **Maternal smoking during pregnancy**
4. **Multiple births (eg, twins, triplets)**
5. **Maternal age younger than 18 years**
6. **Less than 18 months between births of children**

Smoking during pregnancy

Mothers smoking during pregnancy increases the baby's risk for SIDS 3 times and if a baby breathes second hand smoke, there is a 2.5 times higher risk for SIDS. Beside sleep position, smoke exposure is them most important risk factor for SIDS. Smoking increases the chances of a baby being born too early (premature) and too small (low birth weight). Smoking during pregnancy negatively affect the brain development of the developing fetus. Babies exposed to smoke don't arouse/wake up as easily as babies not exposed to smoke.

Common Beliefs and Misconception

Why don't people want to put babies on their backs for sleep?

There are many people who don't want to place babies on their backs for sleep due to old wives tales and just lack of education. Here are some misconceptions about putting a baby to sleep on their tummy.

- Choking and aspiration
- Babies sleep better on their tummies
- Babies will develop a flattened head
- Babies will develop a bald spot on their head
- Babies startle more easily on their backs
- Babies develop better if they sleep on their stomachs
- Parents request– want babies to sleep on their stomachs

Positioners

As of September 29, 2010, the FDA and Consumer Product Safety Commission have issued a joint warning against the use of sleeping positioning devices designed for babies. The devices have caused 12 infant deaths over the past 13 years. The majority of the deaths occurred after the baby rolled from side to stomach and became wedged against the side of the devices or between the device and the side of the crib, causing the baby to suffocate. The positioners came with a warning to stop using them when a baby begins to roll during sleep, it is dangerous for child care providers and parents to try to predict when their baby will begin to roll.

Reduce Risk of SIDS Pledge

I _____ pledge to place _____, the baby in my care, to sleep on her back every night, and for every nap. (Please note: When the baby can easily turn over from back to tummy and tummy to back, still place the baby to sleep on her back, but allow her to adopt whatever position she prefers for sleep.)

In addition, I pledge to do the following to reduce the risk of SIDS:
(Initial)

_____ I understand that side sleeping is not as safe as the back and is not recommended. Babies sleeping on their sides are more likely to accidentally roll onto their tummies.

_____ I will place the baby in a safety-approved crib with a firm mattress and a well-fitting sheet. If I decide to use a cradle or bassinet, I will only choose those that are JPMA (Juvenile Products Manufacturers Association) certified for safety.

_____ I will not place toys or other soft bedding (including fluffy blankets, comforters, pillows, stuffed animals, and wedges) into the crib with the baby.

_____ I will avoid letting the baby get too hot and will dress her lightly for sleep. I will set the room temperature for a lightly clothed adult.

_____ I will not cover the baby's head with a blanket or over bundle her with clothing and blankets.

_____ I will consider using sleep clothing, such as sleepers, sleep sacks, and wearable blankets, as alternatives to blankets.

_____ I will not use wedges or infant positioners, since there is no evidence that they reduce the risk of SIDS.

_____ I will place the crib in an area that is always smoke free. I will not smoke around the baby.

_____ I will not place the baby to sleep on an adult bed, chair, sofa, waterbed, or cushion.

_____ I understand that bed sharing with the baby can be hazardous. If the baby is brought into bed for feeding or comforting, I will return the baby to her crib or bassinet when I am ready to return to sleep.

_____ I will not let the baby share a bed with other children.

_____ I understand that supervised "tummy time" for awake babies can help them strengthen their muscles and help them to develop normally.

_____ I will share this important information with others (eg, foster AND birth parents) who may care for the baby. I will ask that the baby be placed to sleep on her back every night, and for every nap.

Www.aap.org/fostercare
American Academy of Pediatrics
www.aap.org/fostercare

The Mysterious Tragedy of SIDS

It has been found that babies are more likely to sleep on their stomachs than on their backs, and often they are wrapped very warmly. Why are these factors associated with SIDS? Scientists think that smoke and excessive body warmth (which can be encouraged by putting babies down on their stomachs) place a strain on the respiratory control system in the brain. In an at-risk baby, the respiratory center may stop functioning. In other cases, healthy babies sleeping face down in soft bedding may simply die from continually breathing their own exhaled breath.

Can simple procedures such as quitting smocking, changing an infants sleeping position, and removing a few bedclothes prevent SIDS?

RESEARCH SUGGESTS SO!

Sing, Song, Sway

Hush, Little Baby

Hush, little baby, don't say a word,
Papa's gonna buy you a mockingbird.

If that mockingbird won't sing,
Papa's gonna buy you a diamond ring.

If that diamond ring turns brass,
Papa's gonna buy you a looking glass.

If that looking glass gets broke,
Papa's gonna buy you a billy goat.

If that goat won't pull,
Papa's gonna buy you a cart and bull.

If that cart and bull turn over,
Papa's gonna buy you a dog named Rover.

If that dog named Rover won't bark,
Papa's gonna buy you a horse and cart.

If that horse and cart break down,
You'll still be the sweetest little baby in town.

Close Your Eyes (Tune: London Bridge)

Close your eyes and go to sleep.
Go to sleep, go to sleep.
Close your eyes and got to sleep,
Little (insert child's name).

Sing, Song, Sway

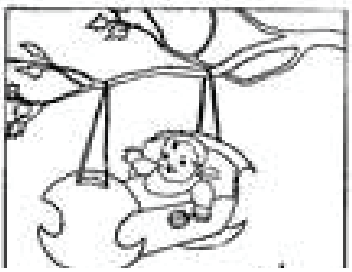
Mary Had a Little Lamb (Traditional)

Mary had a little lamb, little lamb, little lamb.
Mary had a little lamb,
It's fleece was white as snow.

Everywhere that Mary went,
Mary went, Mary went,
Everywhere that Mary went
The lamb was sure to go.

Rock-a-Bye, Baby (Traditional)

Rock-a-bye, baby,
In the treetop,
When the wind blows
The cradle will rock;
When the bough breaks
The cradle will fall,
And down will come baby,
Cradle and all.



Twinkle, Twinkle, Little Star (Traditional)

Twinkle, twinkle, little star,
How I wonder what you are!
Up above the world so high,
Like a diamond in the sky.
Twinkle, twinkle little star,
How I wonder what you are!

Peek-A-Boo 3 Months to 6 Months

Peek-A-Boo

Put your hands in front of your face. Say, "Where am I?" Wait about five seconds. Take your hands down and say, "Peek-a-boo."

- Peek through your fingers, with a long, "Pe-e-e-ek."

- Cover your baby's head with a towel, blanket, or scarf. Count to three; say, "Where's Kevin?" Flip the corner back and say, "Peek-a-boo!" and then hug. (These "scary" games need the reassurance of hugs.)

- Say, "Where's Kevin?" when pulling clothing over the baby's head while dressing.

- You can play peek-a-boo around the corner when first entering the nursery after nap time, or by putting pillow in front of your face, or you can make a stuffed animal play peek-a-boo.

- You can create rhymes to add to your game.
  "Peek-a-boo! I see you."
  "Mommy loves you, Daddy, too!"

The joy your baby expresses in the classis game of peek-a-boo comes from seeing you magically reappear.

Books Worth Reading

Benchmarks: 1.19 Works cooperatively with others on completing a task
WSS: Domain: Personal and Social Development Component: Interaction with Others Performance Indicators: 1: Interacts easily with one or more children. 2: Participates in the group life of the class

Books	Author
How to Survive The Loss of a Love	Melba Colgrove and Harold Bloomfield
Treasure from the Dark	Dr. Dwight "Ike" Reighard
If Life is a Bowl of Cherries What Am I Doing In The Pits	Erma Bombeck
Mommy, Please Don't Cry	Linda DeYmaz
Coming To Term: A Father's Story of Birth, Loss, and Survival	William H., Jr. Woodwell
We've limbed the Mountain	Shirley Dummer
Answers to a Child's Question's About Death	Earl Grollman
Dusty Was My Friend	Andrea Fleck Clardy
Helping Children Cope with Grief	Alan Wolfelt, Ph.D
Sad Hug, Mad Hug, Happy Hug	Channing Bete Company
Where Is Jess	Joy and Marvin Johnson
Healing Grief	James Van Praagh
Angels Watching Over Me	Betty Malz
When Bad Things Happen To Good People	Harold S. Kushner

Special Section

Autism Trainings

They are all on a Saturday from 8:00 a.m. until 4:00 p.m.

January 15, 2011
University of Arkansas Community College
Johnny Rapert Library Complex
2500 South Main
Hope, AR 71802
Contact Annie Wesson
1-501-332-8977

February 19, 2011
Southeast Arkansas College
1900 Hazel Street
Pine Bluff, AR 71603
Contact Elaine Davis
1-870-536-0520

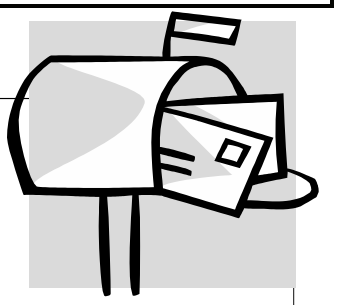
March 19, 2011
Northwest Arkansas Area
JTL Shop Building Training Room 131
Springdale, AR 72762
Contact Michelle Wynne
1-479-751-3463

April 9, 2011
ASU Childhood Services
615 University Loop East
Jonesboro, AR 72467
Contact Jo Battle
1-870-972-3055

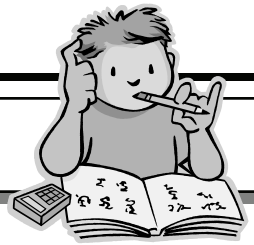
May 7, 2011
Central Arkansas
Contact: Kristin Sangalli
1-501-374-0330

Extra Helpers

- http://www.sids.org/
- http://www.sidsfamilies.com/
- http://www.sids-network.org/



Suggestions? Ideas? Questions?
Feel free to send us your feedback!
Email: jnwilson@astate.edu
Mail: Childhood Services PO Box 808 State University, AR 72467



Training Announcement

Disaster Training
March 31, 2011/6:00 p.m. to 9:00 p.m.
EACC Forrest City, AR

AR Fit Kids
March 5, 2011/9:00 a.m. to 12 p.m.
PCCC Stuggart, AR

Making 1st Experiences Count
February 8, 2011/6:00 a.m. to 12 p.m.
TBA Wynne, AR

February 24, 2011/6:00 p.m. to 9:00 p.m.
FUM West Memphis, AR

March 3, 2010/6:00 p.m. to 9:00 p.m.
PCCC Stuggart, AR

March 8, 2010/6:00 p.m. to 9:00 p.m.
ASU Searcy AR

April 7, 2011/6:00 p.m. to 9:00 p.m.
PCDC West Helena AR

April 14, 2011/5:00 p.m. to 8:00 p.m.
NEAE Co-Op Walnut Ridge, AR

May 17, 2011/6:00 p.m. to 9:00 p.m.

For a list of other training opportunities you can go to:
http://professionalregistry.astate.edu
ASU CHS Jonesboro AR

Arkansas Network of Child Care and Referral Agencies

ASU Childhood Services Quality Institute for Resource and Referral
Counties served Crittenden, Greene, Craighead, Lawrence, Lee, Mississippi, Cross, Clay, Monroe, Phillips, Poinsett, Randolph, St. Francis, Woodruff.
(870) 972-3055 ex. 2365

Childcare Connections, Inc.
Counties served Pulaski, Lonoke and Saline.
(501) 374-0330

Children of North Central Arkansas
Counties Served Cleburne, Fulton, Independence Izard, Jackson, Sharp, Stone, and Van Buren
(870) 793-5233 Or 1-800-737-2237

Division of Child Care and Early Childhood Education
Counties serve Statewide
(501) 682-9699 Or 1-800-445-3316

Jefferson Comprehensive Care Systems, Inc Child Care Link
Counties served Jefferson and Grant
(870) 536-0520

Northwest Arkansas Child Care Resource and Referral Center
Counties served Benton, Carroll, Crawford, Franklin, Johnson, Logan, Scott, Sebastian, Washington, and Yell
(479) 751-3463 Or 1-800 KIDS-LOG (1-800-543-7564)