

## **Safe Sleep Environments for Infants: Reducing the Risk of SIDS and Other Sleep-Related Infant Deaths**

Sudden Infant Death Syndrome (SIDS) is the unexplained death of a seemingly healthy infant who is younger than one year. It is one of the top leading causes of deaths in California for infants aged one month to one year. Since the national campaign promoting “*Back-to-Sleep*” took effect in 1994, the SIDS rate has notably decreased. But in recent years, other causes of sleep-related infant deaths including suffocation, asphyxia and entrapment have increased. Sudden Unexpected Infant Death (SUID) is a term used to describe any sudden and unexpected death, whether explained or unexplained, that happens during the first 12 months of life.

The American Academy of Pediatrics (AAP) released a Policy Statement, *SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment* and an accompanying Technical Report on October 18, 2011. The AAP in these new guidelines expanded its previous risk reduction recommendations by focusing on a safe sleep environment that can reduce the risk of all sleep-related infant deaths including SIDS. The 2011 AAP recommendations largely reinforce those originally published in 2005; but they add a number of important guidelines and also clarify others such as the recommendation regarding room sharing without bed sharing.

The California State SIDS Advisory Council on October 27, 2011, reviewed and unanimously endorsed the use of the 2011 AAP Recommendations for all educational activities in California. The updated and expanded 2011 AAP recommendations for safe sleep and the sleep environment supported by scientific studies, for infants up to one year of age, are summarized below: <sup>1, 2</sup>

***Always place infants on their backs to sleep for every sleep.***

Parents and caregivers are advised to place infants on their backs for every sleep until they are 12 months old. Once an infant can turn from their back to front (supine to prone) and from front to back (prone to supine), place the infant to sleep on their back, but allow the infant to sleep in the position he or she assumes.

***Use a firm sleep surface for infants. A firm crib mattress covered by a fitted sheet is the recommended sleeping surface.***

A crib, bassinet, or portable crib/play yard that meets the current Consumer Product Safety Commission standards is recommended. Do not allow infants to sleep on a couch, chair, cushion, bed, pillow, beanbag, or in a car seat, stroller, swing, infant carrier or bouncy chair. If an infant falls asleep any place that is not a safe sleep environment, move the infant to a firm sleep surface right away. Infant sling carriers are not recommended for babies younger than four months of age because of the risk of suffocation.

***Keep soft objects and loose bedding out of the crib.***

No toys, soft objects, stuffed animals, pillows, positioning devices or extra bedding should be in, attached to, or draped over the side of the crib. Bumper pads or similar products that attach to the cribs slats are not recommended. Instead of blankets, a one piece sleeper or wearable blanket can be used to keep a baby warm.

***Keep your baby's sleep area separate but in the same room where you are sleeping.***

Room sharing without bed sharing is recommended. A crib, bassinet, portable crib or play yard should be placed close to the parents' bed. Infants can be brought into bed for feeding or comforting but should be returned to their own crib/bassinet when they fall asleep. Babies should **not** sleep alone in an adult bed or with adults, other babies or children.

***Do not let a baby get too hot or cover the infant's head when sleeping.***

The area where the baby sleeps should be well ventilated and at a temperature that is comfortable for a lightly clothed adult. Bibs and clothing with ties or hoods should be removed and the infant's head should not be covered. An infant is too hot if they are sweaty or their chest is hot to the touch. Infants should be dressed in no more than one layer more than an adult is wearing.

***Do not allow smoking around a baby.***

There should be no smoking near pregnant women or infants. No one should ever smoke around a baby especially in the same room, in a car or in the room where an infant sleeps. Infants who are exposed to smoke have a higher risk of dying from SIDS. Mothers should not smoke during pregnancy or after the baby is born.

***Breastfeeding is recommended and is protective against SIDS.***

If possible, mothers should exclusively breastfeed or feed their infant expressed human milk, for the first six months. (No formula or non-human milk-based supplements.) Any breastfeeding, however, even for a short time, has been shown to be protective against SIDS.

***Offer a pacifier at naptime and bedtime.***

Use a pacifier when placing an infant for sleep, unless the baby refuses it. Do not attach a pacifier by a string around the infant's neck or to their clothing or other object. Once the infant is asleep, it is not necessary to reinsert the pacifier. For breastfed babies, wait until the infant is about one month old or is used to breastfeeding, before offering a pacifier.

***Pregnant women should receive regular prenatal care.***

Research studies show that regular medical care during pregnancy is associated with a lower risk of SIDS. Regular medical checkups are the best way to make sure a baby is growing properly and that there are no problems that will affect their health.

***Avoid alcohol and the use of illicit drugs during pregnancy and after birth.***

Mothers should not use alcohol or illicit drugs during pregnancy and after the baby is born. Infants are placed at high risk for SIDS when sharing a bed with adults who are using alcohol and/or illegal drugs.

***Infants should have immunizations and regular check-ups.***

Recent evidence suggests that immunizations might protect against SIDS. Infants should be immunized as recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention. It is also important that babies have regular well-child checks as recommended by the AAP.

***Home monitors and devices that claim to reduce the risk of SIDS should not be used.***

Home monitors that check a baby's breathing and/or heart rate are not advised as a way to prevent SIDS. Commercial devices such as wedges, positioners, special mattresses or other types of sleeping products should be avoided. There is no evidence that these devices or products protect against SIDS or suffocation or that they are safe.

***Provide supervised "Tummy Time" when infants are awake.***

Tummy time is important for infant growth and development. It builds muscles and coordination in the head, neck, shoulders, abdomen and back that are needed to reach important developmental milestones (such as rolling over, sitting up, and crawling). Supervised tummy time when an infant is awake takes pressure off the back of the baby's head so it is less likely to be flat.

***Health care professionals, staff in newborn nurseries and neonatal intensive care (NIC) nurseries and child care providers should endorse the SIDS risk reduction recommendations from birth.***

Hospital NICU/newborn nursery staff should model SIDS risk reduction recommendations and implement these guidelines from the time the baby is born through discharge. Childcare providers should receive education about safe sleep practices and develop written policies to reinforce the guidelines. Health care professionals, physicians and nurses should receive education about infant safe sleep measures.

**Media and manufactures should follow safe-sleep guidelines in their messaging and advertising.**

Be aware of media and advertising messages that provide misinformation about the best and safest ways for a baby to sleep. Educate parents about how they can make their infant's sleep area cozy, cute and comfortable but as safe as possible.

**The National Campaign should be expanded to include a major focus on the safe sleep environment and ways to reduce the risks of SIDS and all sleep-related infant deaths.**

Pediatricians, family physicians and other primary care providers should be educated about the AAP recommendations and discuss safe sleep practices and the importance of SIDS and SUID prevention with expectant parents and families of newborns. Room sharing without bed sharing, breastfeeding and no smoking around infants should be promoted. Everyone caring for a baby including grandparents, foster parents and babysitters should know how to protect a baby from suffocation, SIDS and other sleep-related infant deaths. Education efforts should be undertaken to outreach special populations at higher risk for SIDS such as African Americans and American Indians.

**Research and surveillance should continue to have a special focus on the risk factors, causes and pathophysiological mechanisms of SIDS and other sleep-related infant deaths.**

Education campaigns and interventions need to be evaluated, encouraged and funded. Investigative standards and reporting are needed to provide accurate data along with ongoing training courses.

**References**

1. American Academy of Pediatrics (AAP) Policy Statement ~ SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment; *Pediatrics*, 128: 1030-1039, 2011.

This published statement released in October 2011 by the AAP replaces the 2005 SIDS risk reduction recommendations and expands the guidelines to address other sleep-related infant deaths including suffocation, asphyxia and entrapment.

Link to: <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html>

2. American Academy of Pediatrics (AAP) Technical Report ~ SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment; *Pediatrics*, 128:e000, 2011.

This technical report by the AAP released in October 2011 describes the scientific rationale for updating and expanding the 2005 SIDS risk reduction recommendations.

Link to: <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2285.full.pdf+html>



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