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# SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death





This is what a safe sleep environment looks like. The infant's sleep area has **no bumpers, pillows, blankets, or toys** and is **in the same room where the parents sleep.**

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Each year in the United States, thousands of babies die suddenly and unexpectedly. Some of these deaths result from unknown causes, such as Sudden Infant Death Syndrome (SIDS), while others are from known causes, including other sleep-related causes of infant death.

## What is SIDS?

SIDS is the sudden, unexpected death—that doesn't have a known cause even after a full investigation—of a baby between 1 month and 1 year of age.

About one half of the sudden, unexpected infant deaths that occur in the United States each year are from SIDS.

## What are other sleep-related causes of infant death?

Other sleep-related causes of infant death are those related to how or where a baby slept. These can include accidental:

- **Suffocation:** when something, such as a pillow, or someone covers the baby's face and nose, blocking the ability to breathe
- **Entrapment:** when the baby gets trapped between two objects, such as a mattress and a wall, and can't breathe
- **Strangulation:** when something presses on or wraps around the baby's neck, blocking baby's airway

## Fast facts about SIDS

- SIDS is the leading cause of death among babies 1 month to 1 year of age.
- Most SIDS deaths happen when babies are between 1 month and 4 months of age.



# What should parents and caregivers know about SIDS and other sleep-related causes of infant death?



We have made great progress in reducing SIDS.

Since the 1990s, when the U.S. back-sleeping recommendations were first released and public awareness efforts began, the overall U.S. SIDS rate has dropped by 60 percent. This lower rate equals thousands of babies' lives. Since then, the number of babies placed on their backs to sleep has tripled. Among African American babies, the number of SIDS deaths went from 1,235 in 1994 to 394 deaths in 2014.

**But, as SIDS rates have declined, deaths from other sleep-related causes, such as suffocation, have increased, and certain groups remain at higher risk for SIDS than others.**

For example, African American and American Indian/Alaska Native babies are at higher risk for SIDS than are white, Hispanic, or Asian/Pacific Islander babies. So there is still work to do to save infant lives.





### Babies sleep safest on their backs.

Babies who sleep on their backs are much less likely to die of SIDS than babies who sleep on their stomachs or sides.



### Every sleep time counts.

Babies should sleep on their backs for naps and at night. Babies who are used to sleeping on their backs but who are then placed on their stomachs, like for a nap, are at very high risk for SIDS.



### Sleep surface and sleep environment matter.

Babies who sleep *on a soft surface*, such as an adult mattress, or *under a soft covering*, such as a soft blanket or quilt, are more likely to die of SIDS or suffocation. These deaths also are more likely when soft objects, toys, and blankets are in the baby's sleep area.



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## What can I do to lower my baby's risk of SIDS and other sleep-related causes of death?


There is no sure way to prevent SIDS, but parents and caregivers can take steps to reduce the risk of SIDS and other sleep-related causes of infant death:



**Always place baby on his or her back to sleep, for naps and at night, to reduce the risk of SIDS.**

The back sleep position is the safest position for all babies until they are 1 year old. Premies (infants born preterm) should be placed on their backs to sleep as soon as possible after birth.

Babies who are used to sleeping on their backs, but who are then placed to sleep on their stomachs, like for a nap, are at very high risk for SIDS.

A photograph of a baby lying on their back, wearing white floral pajamas. The baby is looking towards the camera.

If baby rolls over on his or her own during sleep from back to stomach or stomach to back, there is no need to reposition the baby. Starting sleep on the back is most important for reducing SIDS risk.



**Use a firm and flat sleep surface, such as a mattress in a safety-approved crib\*, covered by a fitted sheet with no other bedding or soft items in the sleep area.**

Never place baby to sleep on soft surfaces, such as on a couch, sofa, waterbed, pillow, quilt, sheepskin, or blanket. These surfaces can be very dangerous for babies. Do not use a car seat, stroller, swing, infant carrier, infant sling, or similar products as baby's regular sleep area. Following these recommendations reduces the risk of SIDS and death or injury from suffocation, entrapment, and strangulation.

\* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.





## Breastfeed your baby to reduce the risk of SIDS.

Breastfeeding has many health benefits for mother and baby. Babies who breastfeed, or are fed breastmilk, are at lower risk for SIDS than babies who were never fed breastmilk. The longer a baby is exclusively breastfed or fed breastmilk, the lower the risk.

If you bring baby into your bed for feeding, put him or her back in a separate sleep area when finished. This sleep area should be made for infants, like a crib or bassinet, and close to your bed. If you fall asleep while feeding or comforting baby in an adult bed, place him or her back in a separate sleep area as soon as you wake up. Evidence shows that the longer a parent and an infant bed-share, the higher the risk for sleep-related causes of infant death, such as suffocation. Breastfeeding information is available at <http://www.cdc.gov/breastfeeding/faq/index.htm>.





*Room sharing reduces the risk for SIDS.*



**Share your room with baby. Keep baby in your room close to your bed, but on a separate surface designed for infants, ideally for baby's first year, but at least for the first 6 months.**

Room sharing reduces the risk of SIDS. Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else, including siblings or pets. Having a separate safe sleep surface for the baby reduces the risk of SIDS and the chance of suffocation, strangulation, and entrapment.

If you bring your baby into your bed for feeding or comforting, remove all soft items and bedding from the area. When finished, put baby back in a separate sleep area made for infants, like a crib or bassinet, and close to your bed.

Couches and armchairs can also be very dangerous for babies, if adults fall asleep as they feed, comfort, or bond with baby while on these surfaces. Parents and other caregivers should be mindful of how tired they are during these times. There is no evidence for or against devices or products that claim to make bed sharing "safer."





**Do not put soft objects, toys, crib bumpers, or loose bedding under baby, over baby, or anywhere in baby's sleep area.**

Keeping these items out of baby's sleep area reduces the risk of SIDS and suffocation, entrapment, and strangulation. Because evidence does not support using them to prevent injury, crib bumpers are not recommended. Crib bumpers are linked to serious injuries and deaths from suffocation, entrapment, and strangulation. Keeping these and other soft objects out of baby's sleep area is the best way to avoid these dangers.



Do not smoke during pregnancy, and do not smoke or allow smoking around your baby or in your baby's environment.

To reduce the risk of SIDS, women should:



Get regular prenatal care during pregnancy.



Avoid smoking, drinking alcohol, and using marijuana and illegal drugs during pregnancy and after the baby is born.





**Think about giving your baby a pacifier for naps and nighttime sleep to reduce the risk of SIDS.**

Do not attach the pacifier to anything—like a string, clothing, stuffed toy, or blanket—that carries a risk for suffocation, choking, or strangulation.

Wait until baby is breastfeeding well before offering a pacifier. Or, if you are not breastfeeding, offer the pacifier as soon as you want. Don't force the baby to use it.

If the pacifier falls out of baby's mouth during sleep, there is no need to put the pacifier back in. Pacifiers reduce the risk of SIDS for all babies, including breastfed babies.



**Do not let your baby get too hot during sleep.**

Dress your baby in sleep clothing, such as a wearable blanket, designed to keep him or her warm without the need for loose blankets in the sleep area. Dress baby appropriately for the environment, and do not overbundle. Parents and caregivers should watch for signs of overheating, such as sweating or the baby's chest feeling hot to the touch. Keep the baby's face and head uncovered during sleep.



Research links increased SIDS risk with too many layers of clothing or blankets, and with higher room temperature.





Follow guidance from your health care provider on your baby's vaccines and regular health checkups.

Vaccines not only protect baby's health, but research shows that vaccinated babies are at lower risk for SIDS.





**Avoid products that go against safe sleep recommendations, especially those that claim to prevent or reduce the risk for SIDS.**

Evidence does not support the safety or effectiveness of wedges, positioners, or other products that claim to keep infants in a specific position or to reduce the risk of SIDS, suffocation, or reflux. In fact, many of these products are associated with injury and death, especially when used in baby's sleep area.



**Do not use heart or breathing monitors in the home to reduce the risk of SIDS.**

Some health care providers recommend these monitors for conditions not related to SIDS or SIDS risk. If you have questions about using these monitors for other health conditions, talk with your baby's health care provider, and always follow safe sleep recommendations.





**Give your baby plenty of tummy time when he or she is awake and someone is watching.**

Supervised tummy time helps strengthen your baby's neck, shoulder, and arm muscles. It also helps to prevent flat spots on the back of your baby's head. Limiting the time spent in car seats, once the baby is out of the car, and changing the direction the infant lays in the sleep area from week to week also can help to prevent these flat spots.





# Q&A

## Answers to common questions about SIDS and other sleep-related causes of infant death

**Q: What is the best way to reduce baby's risk for SIDS?**

**A:** The best way to reduce the risk for SIDS is to always place baby on his or her back to sleep in a separate sleep area, designed for a baby, with no soft objects, toys, or loose bedding.

**Q: Will my baby choke if placed on the back to sleep?**

**A:** No. Healthy babies naturally swallow or cough up fluids—it's a reflex all people have. Babies may actually clear such fluids better when sleeping on their backs because of the location of the opening to the lungs in relation to the opening to the stomach. There has been no increase in choking or similar problems for babies who sleep on their backs.



**Q: When I was a baby, I was put on my stomach to sleep. Was that wrong?**

**A:** No. Caregivers were following advice based on the evidence available at that time. Since then, research has shown that sleeping on the stomach increases the risk for SIDS. This research also shows that sleeping on the back carries the lowest risk of SIDS, and that's why the recommendation is "back is best."

**Q: Can I swaddle my baby to reduce the risk of SIDS?**

**A:** There is no evidence that swaddling reduces SIDS risk. In fact, swaddling can increase the risk of SIDS and other sleep-related causes of infant death if swaddled babies are placed on their stomachs for sleep or roll onto their stomachs during sleep. If you decide to swaddle your baby, always place baby fully on his or her back to sleep. Stop swaddling baby once he or she starts trying to roll over.

**Q: Can I practice skin-to-skin care as soon as my baby is born?**

**A:** Experts recommend skin-to-skin care for all moms and newborns for at least an hour after birth, once the mom is stable, awake, and able to respond to her baby. When mom needs to sleep or handle other things, babies should be placed on their backs in a bassinet.

**Q: What if I fall asleep while feeding my baby?**

**A:** Any time you fall asleep while holding or feeding your baby, he or she is at risk for SIDS, suffocation, or sleep-related causes of death or injury. Couches and armchairs can be very dangerous for babies when shared with an adult who then falls asleep. Research shows that adult beds are also dangerous in these situations but are less risky than a couch or armchair. Before you start feeding your baby, think about how tired you are. If there's even a slight chance you might fall asleep, avoid couches or armchairs and remove all soft items and bedding from an adult bed before you start the feeding to reduce the risk of SIDS, suffocation, or other sleep-related causes of death. If you fall asleep while feeding or comforting your baby on any surface, place him or her in a separate sleep area as soon as you wake.

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## Spread the word!

Make sure *everyone* who cares for your baby knows the ways to reduce the risk of SIDS and sleep-related infant deaths.

Talk with your health care provider about any questions or challenges related to safe sleep practices for your baby.

Help family members, siblings, grandparents, babysitters, day care workers—**EVERYONE**—reduce your baby's risk.

Share these safe sleep messages with those who care for your baby or for any baby younger than 1 year of age.

### **Remember:**

Babies sleep safest on their backs for naps and at night!



# For more information, contact the Safe to Sleep® campaign:

**Phone:** 1-800-505-CRIB (2742)

**Email:** [SafetoSleep@mail.nih.gov](mailto:SafetoSleep@mail.nih.gov)

**Fax:** 1-866-760-5947

**Web:** <http://safetosleep.nichd.nih.gov>

## Safe to Sleep® campaign collaborators include:

*Eunice Kennedy Shriver* National Institute of Child Health and Human Development, National Institutes of Health

Maternal and Child Health Bureau of the Health Resources and Services Administration

Centers for Disease Control and Prevention, Division of Reproductive Health

Consumer Product Safety Commission

American Academy of Pediatrics

American College of Obstetricians and Gynecologists

Association of SIDS and Infant Mortality Programs

CJ First Candle



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