



Safe Sleep

Sudden unexpected infant death, also known as *sudden unexpected death in infancy*, is a term used to describe any sudden and unexpected death, whether explained or unexplained (including sudden infant death syndrome [SIDS] and ill-defined deaths), occurring during infancy (American Academy of Pediatrics [AAP], 2016). Approximately 3,500 sleep-related infant deaths occur annually in the United States from causes such as SIDS, ill-defined deaths, and accidental suffocation and strangulation in bed (AAP, 2016). At the beginning of the “back to sleep” campaign in the 1990s, the number of sleep-related infant deaths decreased. Today, the number of infant sleep-related deaths has plateaued. The AAP recommends a safe sleep environment that can reduce the risk of all sleep-related deaths (AAP, 2016).

It is important that the healthcare team establish a safe sleep environment in the hospital setting and that all healthcare professionals, especially nurses, receive appropriate education and training on a safe sleep environment so they can serve as good role models (Patton, Stiltner, Wright, & Kautz, 2015).

The AAP’s recommendations to reduce the risk of SIDS and other sleep-related infant deaths include

- Place the infant on his or her back to sleep for every sleep.
 - Infants should be placed in a supine position for every sleep until they reach 1 year of age.
 - After birth, place infants on their backs to sleep as there is no evidence that placing infants on their sides after delivery will promote clearance of amniotic fluid.
 - Once home, preterm infants also should be placed supine.
 - Hospitalized preterm infants should be kept predominantly in the supine position, at least from the postmenstrual age of 32 weeks onward so they become acclimated to supine sleep before discharge.
- Use a firm sleep surface.
 - Infants should be placed on a firm sleep surface that is covered with a fitted sheet. No pillows and no mattress toppers should be used for infants younger than 1 year.
- AAP Task Force on Sudden Infant Death Syndrome cannot make a recommendation for or against the use of bedside sleepers.
- Infants should not sleep on beds because of risk of entrapment and suffocation.
- Sitting devices, such as car seats, strollers, swings, infant carriers, and infant slings, are not recommended for routine sleep in the hospital or at home, particularly for infants younger than 4 months of age. Always make sure the infant’s nose and mouth are clear of obstruction when using infant slings and cloth carriers.
- Breastfeeding is recommended.
- The infant may sleep in his or her parents’ room, but on a separate surface designed for infants. There should be no bed-sharing.
- No soft objects or loose bedding should be placed in the infant’s sleep area.
 - Sleep clothing such as a wearable blanket is preferable to blankets or head coverings.
 - Bumper pads are not recommended.
- Consider offering a pacifier at nap time and bedtime.
 - Use a pacifier when placing an infant to sleep. It does not need to be reinserted if the pacifier falls out of the infant’s mouth.
 - Pacifiers should not be hung around the infant’s neck and should not be attached to stuffed toys.
- Avoid smoke exposure during pregnancy and after birth.
- Avoid alcohol and illicit drug use during pregnancy and after birth.
- Avoid overheating infants.
 - Generally, dress the infant in no more than one additional layer than an adult would wear to be comfortable in that particular environment.
 - Overbundling and covering of the infant’s face and head should be avoided.
- Pregnant women should have regular prenatal care.



- Immunizations should be done in accordance with recommendations from the AAP and Centers for Disease Control and Prevention.
- Avoid the use of commercial devices that are inconsistent with safe sleep recommendations. Examples of such devices include wedges and positioners.
- Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
- Supervised, awake tummy time is recommended.
- There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
 - A swaddled infant has a high risk of death if placed in prone position or rolls to prone.
 - Swaddling should be snug around the chest but allow for ample room at the hips and knees.
 - No evidence exists on whether keeping arms in or out if swaddled has an effect on SIDS risk.
- Staff of newborn nurseries and neonatal intensive care units should endorse and model the SIDS risk reduction recommendations from birth.

- Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.
- Primary care providers should actively participate in the Safe to Sleep® campaign.
- Continue research and surveillance on the risk factors, causes, and mechanisms of SIDS and other sleep-related infant deaths.

References

- American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome. (2016). SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. *Pediatrics*, *138*(5), 1–12. doi: 10.1542/peds.2016-2938
- Patton, C., Stiltner, D., Wright, K. B., & Kautz, D. D. (2015). Do nurses provide a safe sleep environment for infants in the hospital setting? *Advances in Neonatal Care*, *15*(1), 8–22. doi: 10.1097/ANC.000000000000145
- U.S. Department of Health and Human Services, National Institute of Health, Eunice Kennedy Shriver National Institute of Child Health and Human Development. Retrieved from www.nichd.nih.gov/sts/pages/default.aspx.



Safe Sleep: Information for Parents

Sudden infant death syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year who doesn't have a known cause of death, even after a complete investigation by healthcare professionals, law enforcement personnel, and the community. SIDS is the leading cause of death among babies between 1 month and 1 year of age. Most SIDS deaths occur in babies between 1 month and 4 months of age, and the majority (90%) of SIDS deaths occur before a baby reaches 6 months of age.

The Safe to Sleep® campaign, formerly known as the Back to Sleep campaign, focuses on actions you and others can take to help your baby sleep safely and to reduce

your baby's risk of SIDS and other sleep-related causes of infant death.

Learning about SIDS and safe sleep for babies is important for all caregivers—not just parents. Grandparents, aunts, uncles, babysitters, child care providers, and anyone else who might care for babies should learn more. Simple actions can make a big difference.

What Does a Safe Sleep Environment Look Like?

You can reduce your baby's risk of SIDS and other sleep-related causes of infant death in the following ways.

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.

Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Courtesy of the Safe to Sleep public education campaign; www.nichd.nih.gov/sts/about/environment/Pages/look.aspx.