

Infant Sleep Positioning and SIDS

Parents and caregivers should place healthy infants on their backs when putting them down to sleep. This is because recent studies have shown an increase in Sudden Infant Death Syndrome (SIDS) in infants who sleep on their stomachs. There is no evidence that sleeping on the back is harmful to healthy infants.

Keep the following points in mind:

- ◆ Placing a child to sleep on the back has the lowest risk and is preferred. Sleeping on the side, however, is a reasonable alternative and is safer than sleeping on the stomach.
- ◆ Do not place your infant to sleep on waterbeds, sofas, soft mattresses, or other soft surfaces. Pillows, quilts, comforters, or sheepskins should not be placed under your infant.
- ◆ Soft materials such as pillows, quilts, comforters, sheepskins, or stuffed toys should be kept out of an infant's bed. These items can cover your child's airway — even if he is lying on his back.
- ◆ Devices designed to maintain sleep position or to reduce the risk of rebreathing are not recommended since many have not been tested sufficiently for safety. None have been shown to reduce the risk of SIDS.
- ◆ This recommendation is for healthy infants. Some infants with certain medical conditions or malformations may need to be placed on their stomachs to sleep. For these children, talk to your pediatrician about which sleep position is best.
- ◆ This recommendation is for *sleeping* infants. A certain amount of “tummy time,” while the baby is awake and observed, is recommended for developmental reasons and to avoid flat spots on the head.

Additional tips to reduce the risk of SIDS

- ◆ Do not smoke during pregnancy; continue to provide a smoke-free environment for your baby.
- ◆ Make sure your baby does not become overheated. Keep the temperature in the baby's room so it feels comfortable for an adult, and dress your baby in as much or little clothing as you would wear.
- ◆ Share all of these important tips for preventing SIDS with baby-sitters, grandparents, and other caregivers.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

From your doctor

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