

energy for growth and development. Diminishing environmental noise levels and shading the infant from bright lights also promote rest (see [Developmental Outcome](#) later in this chapter).

Early in hospitalization, the prone position is best for most preterm infants and results in improved oxygenation, better-tolerated feedings, and more organized sleep–rest patterns. Infants exhibit less physical activity and energy expenditure when placed in the prone position ([Fig. 8-9](#)). Prolonged supine positioning for preterm infants is not desirable, because they appear to lose their sense of equilibrium when supine and use vital energy in attempts to recover balance by postural changes. In addition, prolonged supine positioning is associated with long-term problems, such as widely abducted hips (frog-leg position), retracted and abducted shoulders, ankle and foot eversion, and increased neck extension ([Byrne and Garber, 2013](#)). The [American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome \(2011\)](#) continues to affirm its position that healthy infants be placed to sleep in a supine position.* When medically stable, preterm infants should also be placed in a supine position to sleep unless conditions, such as gastroesophageal reflux or upper airway anomalies, make this impractical (see also [Sudden Infant Death Syndrome, Chapter 10](#)). Prone positioning for play should be provided in the nursery and encouraged after discharge.

