



SAFE SLEEP FOR YOUR BABY

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



This is what a safe sleep environment for baby looks like.

The sleep surface is flat (like a table) and level (not angled or inclined), covered only by a fitted sheet. The sleep area is clear—no objects, toys, or other items. And the sleep space is in the same room where parents sleep, but separate from their bed.



Every day, families around the world welcome a new baby into their lives. They face joys and challenges in helping baby stay safe and healthy.

Still, thousands of babies die suddenly and unexpectedly in the United States each year—often while they are sleeping.

Different groups use different terms to describe the death of a baby during sleep, such as:

- **Sudden Unexpected Infant Death (SUID)**—This broad term describes all sudden, unexpected infant deaths, including those from a known cause, like an injury, and those from unknown causes.
- **Sudden Infant Death Syndrome (SIDS)**—SIDS is a sudden, unexpected death of a baby younger than 1 year of age that doesn't have a known cause even after a full investigation.
- **Other sleep-related deaths**—This term describes deaths from something in or related to the baby's sleep environment, how or where the baby sleeps, or things that happen during sleep. Other sleep-related deaths occur when baby can't breathe, such as from:
 - **Entrapment or wedging:** Baby's body or head gets stuck between two objects, like a mattress and wall, bed frame, or furniture
 - **Suffocation:** Something, such as a pillow or adult's arm, covers baby's face or nose
 - **Strangulation:** Something presses on or wraps around baby's neck

No matter what it is called, the death of a baby during sleep is a tragedy. The actions described here can help parents and caregivers reduce baby's risk of SUID, SIDS, and other sleep-related deaths.





Parents and caregivers can help protect baby during sleep by creating a safe sleep environment.

We have made great progress in saving infant lives. The number of U.S. babies who die during sleep is much lower today than it was during the 1990s, when education and awareness efforts started.

But unsafe sleep environments remain a deadly problem for U.S. babies, and the risk of death during sleep remains higher in Black/African American and American Indian/Alaska Native babies than in White, Hispanic, or Asian/Pacific Islander babies.

Parents and caregivers can use the following actions to help keep baby safe and reduce baby's risk of dying during sleep.

Place babies on their backs to sleep for naps and at night.



Use a sleep surface that is firm, flat, level, and covered only by a fitted sheet.



Share your room with baby, not your bed, for at least the first 6 months.



Feed baby human milk, like by direct breastfeeding.



Keep things out of baby's sleep area—no objects, toys, or other items.



What can I do to help keep my baby safe during sleep?



Place babies on their backs to sleep for naps and at night.

- Place all babies—including those born preterm and those with reflux—on their backs to sleep until they are 1 year old.
- It is not safe to place babies on their sides or stomachs to sleep, not even for a nap. The safest sleep position is on the back.
- Babies who sleep on their backs are at lower risk for SIDS than babies who sleep on their stomachs or sides.
- If baby usually sleeps on their back, putting them on the stomach or side to sleep, for a nap or at night, increases the risk for SIDS by up to 45 times.



Once babies can roll from back to stomach and from stomach to back on their own, you can leave them in the position they choose after starting sleep on their back.

If they can only roll one way on their own, you can reposition them to their back if they roll onto their stomach during sleep.





Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), *flat* (like a table, not a hammock), *level* (not at an angle or incline), and *covered only with a fitted sheet*.

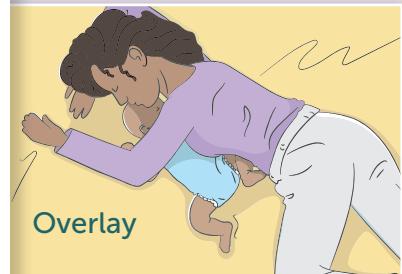


- Both the sleep surface (such as a mattress) and the sleep space (like a crib, bassinet, or portable play yard) should meet the safety standards of the Consumer Product Safety Commission (CPSC). The CPSC offers more information about mattress and crib safety at <https://bit.ly/CPSCSafeSleep>.
- Soft surfaces—like couches, sofas, waterbeds, memory foam, air and pillow-top mattresses, quilts, blankets, and sheepskins—are not safe for babies to sleep on. Sleeping on soft surfaces raises baby's risk of wedging or entrapment, suffocation, and strangulation.
- Inclined or tilted sleep surfaces, with one end higher than the other, are not safe for babies to sleep on because baby's body can slide down, which could block their airway and breathing.

- Do not use sitting devices, such as car seats and strollers, or carrying devices, like carriers and slings, for baby's regular sleep area or for naps. If baby falls asleep in one of these devices, move them to their regular sleep space as soon as possible once you are out of a vehicle. The American Academy of Pediatrics offers travel safety tips (<https://bit.ly/AAPTravelSafety>), such as giving baby breaks from the sitting device every few hours.

- Avoid letting baby sit slumped over, like with their chin on their chest, because it could block their airway and breathing. Young babies and those unable to control their head and neck muscles risk suffocation and death from sitting this way.
- Keep comforters, quilts, pillows, and blankets out of baby's sleep area.

Ways Baby's Airway Can Be Blocked



Illustrations courtesy of the Centers for Disease Control and Prevention

Feed your baby human milk, like by breastfeeding.



- In most cases, pediatricians and other health care providers recommend feeding only human milk, with nothing added, if possible, for at least baby's first 6 months. Babies born preterm or with certain health conditions may need different care.
- Feeding babies human milk by direct breastfeeding, if possible, or by pumping from the breast, reduces the risk of SIDS. Feeding only human milk, with no formula or other things added, for the first 6 months provides the greatest protection from SIDS.
- Feeding baby any human milk, even with other foods added, is more protective than not feeding them human milk at all.
- The longer a baby gets human milk, the lower the SIDS risk.
- Feeding human milk also has other benefits for babies, such as reduced risks of diarrhea, asthma, and ear infections.



Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.



- Babies in their own sleep space are at lower risk for injury and death from SIDS and from situations like an adult or sibling accidentally rolling over them.
- Room sharing by putting baby's sleep space near, but not in, your bed is safer than sharing your bed with baby. Sharing your room with baby is also safer than putting baby in their own room.
- Keeping baby's sleep space close to your bed makes it easy to check on, feed, and comfort baby without having to get all the way out of bed.

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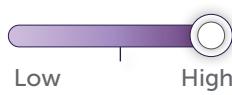


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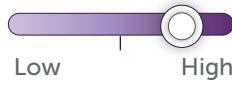
- If you are bringing baby into your bed for feeding or comforting, before you start, remove or clear away all soft items and bedding from your side of the bed. This practice may help prevent suffocation in case you fall asleep. When finished, put baby back in their own sleep space close to your bed.
- If you fall asleep while feeding or comforting baby in your bed, put them back in a separate sleep area as soon as you wake up. Research shows that the longer an adult shares a bed with baby, the higher baby's risk for suffocation and other sleep-related death.
- **Couches and armchairs are never safe places for babies to sleep.** These surfaces are extremely dangerous when an adult falls asleep while feeding, comforting, or snuggling with baby. Do not let babies sleep on these surfaces alone, with you, with someone else, or with pets.

Sharing an adult bed, couch, or armchair with baby can be risky, especially in some situations:



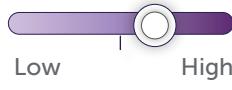
VERY HIGH RISK

- Sleep surface is soft, such as a waterbed, old adult mattress, couch, or armchair
- Adult is very tired, taking medication that makes them drowsy, using substances like alcohol, or whose ability to respond is affected in some way
- Adult smokes cigarettes or uses tobacco products (even if they do not smoke in the bed)



HIGH RISK

- Baby is younger than 4 months old (regardless of adult smoking or sleep surface)
- Adult is not the baby's parent, but is another caregiver, such as a grandparent or sibling



HIGHER THAN AVERAGE RISK

- Baby was born preterm (before 37 weeks) or born at a low birth weight
- Sleep area includes unsafe items, such as pillows or blankets

Keep things out of baby's sleep area —no objects, toys, or other items.



- Remove everything from baby's sleep area except a fitted sheet covering the mattress.
- Things in the sleep area can pose dangers for baby, especially if they are:
 - *Soft or squishy* (pillows, stuffed toys, crib bumpers)
 - *Under or over baby* (comforters, quilts, blankets, positioners)
 - *Non-fitted, even if lightweight, small, or "tucked in"* (loveys/cloths, non-fitted sheets, tucked-in blankets)
 - *Weighted* (weighted blankets, weighted swaddles, weighted objects)
- Research links crib bumpers and bedding other than a fitted sheet covering the baby's mattress to serious injuries and deaths from SIDS, suffocation, entrapment, and strangulation.





Offer baby a pacifier for naps and at night once they are feeding well.



- If feeding baby human milk through direct breastfeeding, wait until breastfeeding is well established, based on your pediatrician's guidance, before trying a pacifier. Breastfeeding is "well established" when the parent has enough milk to feed and satisfy baby's hunger, parent and baby are comfortable during breastfeeding, and baby is gaining enough weight to meet growth goals.
- **If not breastfeeding**, offer baby a pacifier as soon as you like. Research shows that pacifiers are especially helpful for reducing SIDS risk in formula-fed babies.
- To reduce the risk of strangulation, choking, and suffocation, do not attach the pacifier to clothing, stuffed animals, blankets, or other items.
- Do not coat the pacifier with anything, such as a sweetened liquid or honey.

- If the pacifier falls out of baby's mouth during sleep, you don't need to put it back in.
- It is OK if baby doesn't want the pacifier; don't force baby to take it.
- Finger or thumb sucking does not reduce SIDS risk.



Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.



- Smoking during pregnancy greatly increases baby's risk of SIDS.
- Second-hand smoke in the home, car, or other spaces where baby spends time also increases the risk of SIDS and other health problems.



Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.



- Research shows that drug and alcohol use—during pregnancy and by infant caregivers—increases the risk of SIDS.
- Sharing an adult bed with baby when using drugs or alcohol also increases baby's risk of injury and death.

Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.



- Baby can get hot or overheated if they are wearing too many layers of clothes and bedding for the room temperature (sometimes called overbundling). Overheated babies are at higher risk for SIDS and heat-related death.
- Dress baby in clothes suitable for the temperature of the room.
- Wearing hats while indoors can make baby too hot, so take off hats when baby is inside.
- Watch for signs that baby is too hot, such as sweating, flushing/red or hot skin, or baby's chest feeling hot to the touch.
- Dressing baby in a wearable blanket or an extra layer of clothing can keep them warm without adding items to the sleep area.
- Do not leave baby alone in a vehicle, no matter the temperature outside.





Get regular medical care throughout pregnancy.



- Visiting a health care provider as soon as you find out you are pregnant, and then regularly until birth, can help promote a healthy pregnancy.
- Research shows that, in certain communities, regular prenatal care can also reduce the risk of SIDS.

Follow health care provider advice on vaccines, checkups, and other health issues for baby.



- Pediatricians and other medical providers have the most up-to-date information about safe sleep, growth and development, and other health topics for baby.
- Research shows that vaccinated babies are at lower risk for SIDS.
- Vaccines also protect people, including babies, from dangerous and deadly diseases.

Avoid products and devices that go against safe sleep guidance, especially those that claim to “prevent” SIDS and sleep-related deaths.



- Many wedges, positioners, or other products that claim to keep babies in one position or to reduce the risk of SIDS, suffocation, or reflux do not meet federal guidelines for sleep safety. These products, such as inclined sleepers, are linked to injury and death, especially when used in baby’s sleep area. You can help prevent injuries and deaths by not using these products and devices.
- **No product can prevent SIDS.**
- The CPSC has more information about safety standards for baby products at <https://bit.ly/CPSCSafeSleep>.

Avoid using heart, breathing, motion, or other monitors to reduce the risk of SIDS.



- These types of monitors are not effective at detecting or preventing SIDS.
- If you choose to use these devices for reasons other than detecting SIDS, make sure to follow safe sleep recommendations to reduce baby’s risk of sleep-related deaths.
- If you have questions about using these devices for health problems or concerns other than SIDS, talk with your baby’s health care provider.

Avoid swaddling once baby starts to roll over (usually around 3 months of age), and keep in mind that swaddling does not reduce SIDS risk.



- Even though swaddling does not reduce the risk of SIDS, some babies are calmer and sleep better when they are swaddled.
- If you choose to swaddle your baby, make sure you follow the American Academy of Pediatrics safe sleep recommendations to reduce baby's risk of sleep-related deaths.
- Once baby starts to roll over on their own, swaddling increases risk of suffocation and strangulation. Stop swaddling baby when they start rolling over, usually around 3 months of age.



- Using the back sleep position for swaddled babies is especially important. A swaddled baby may have trouble moving out of the stomach or side positions, which puts them at greater risk for SIDS and other sleep-related deaths than the back sleep position.



Give babies plenty of “tummy time” when they are awake, and when someone is watching them.



- Supervised tummy time helps strengthen your baby's neck, shoulder, and arm muscles.
- Tummy time also helps prevent flat spots on the back of your baby's head.
- Tummy time is an important way to help improve baby's motor skills and movement.
- Tummy time sessions can start within a few days of birth, for 3 to 5 minutes, two or three times a day. As baby grows stronger, you can slowly make tummy time longer and practice it more times a day.
- Pediatricians recommend that, by about 2 months of age, babies should be getting at least 15 minutes to 30 minutes of total tummy time daily.
- For more information on tummy time, visit <https://bit.ly/AAPTummyTime>.

Frequently Asked Questions (FAQs)

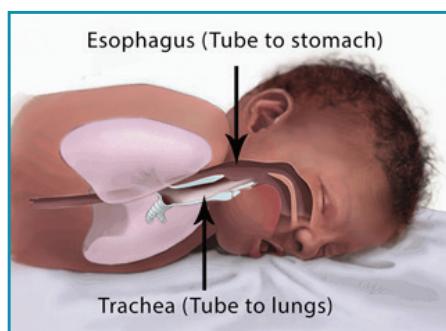
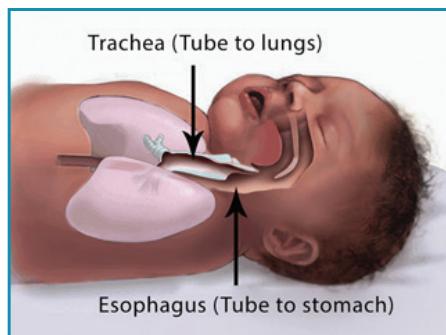
Q: What is the best way to protect baby from sleep-related death?

A: Always place babies on their backs to sleep, in their own sleep space designed for babies and in the parents' room, on a surface that is firm, flat, and level (not inclined) covered only by a fitted sheet, and with no objects, toys, or other items in the sleep area.

Q: Will my baby choke if placed on their 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 human anatomy.

When on their back, baby's trachea or windpipe (tube to the lungs) lies on top of the esophagus (tube to the stomach). Anything regurgitated, refluxed, or spit up from the stomach through the esophagus has to go against gravity to get to the windpipe and cause choking. When on the stomach, such fluids leave baby's esophagus and pool at the opening for the windpipe, making choking more likely.



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

A: No. Your caregiver followed advice based on the evidence available at that time. Since then, research has shown that sleeping on the stomach increases the risk for SIDS, and that sleeping on the back carries the lowest risk of SIDS. That's why the latest recommendation is: "back is best."

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

A: Yes! Experts recommend immediate skin-to-skin contact for all parents and newborns for at least 1 hour after birth, once a health care provider says the parent is stable and can respond to their baby. When the parent needs to sleep or handle other activities, baby should be placed on their back in their own sleep space, such as a safety-approved crib¹ or bassinet.

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

A: If you fall asleep while feeding or comforting baby in your bed, put them back in a separate sleep area as soon as you wake up. Research shows that the longer an adult shares a bed with baby, the higher baby's risk for suffocation and other sleep-related death.

Before you bring baby into your bed for feeding or comforting, remove or clear away all soft items and bedding from your side of the bed. When finished, put baby back in a sleep area made just for babies, like a portable crib, close to your bed.

¹The CPSC has more information on crib safety at <https://bit.ly/CPSCSafeSleep>.

Spread the word!

Make sure everyone who cares for your baby knows the ways to reduce the baby's risk for sleep-related death. 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 who cares for your baby—reduce your baby's risk by sharing these safe sleep messages with them.



For more information, contact Safe to Sleep®:



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



Email:
SafetoSleep@mail.nih.gov



Web:
<https://safetosleep.nichd.nih.gov>



Fax:
1-866-760-5947



Telecommunications Relay Service:
Dial 7-1-1



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

First Candle

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