



## Where We Stand: Back To Sleep

Based on an evaluation of current sudden infant death syndrome (SIDS) (</English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx>) data, the American Academy of Pediatrics recommends that healthy infants always be placed for sleep on their backs (</English/ages-stages/baby/sleep/Pages/Sleep-Position-Why-Back-is-Best.aspx>)—whether for nap time or nighttime.



Despite common beliefs, there is no evidence that choking is more frequent among infants lying on their backs (the supine position) when compared to other positions, nor is there evidence that sleeping on the back is harmful to healthy babies. Babies with gastroesophageal reflux (</English/health-issues/conditions/abdominal/Pages/GERD-Reflux.aspx>) (excessive spitting up) should still be placed on their backs. In some very rare circumstances (for instance, if your baby has just had back surgery), your infant may need to be on the stomach for sleep. Discuss your individual circumstances with your pediatrician.

Since 1992, when the American Academy of Pediatrics began recommending this sleep position, the annual SIDS rate has declined more than 50 percent. However, there has also been an increase in accidental suffocation deaths. A safe sleep environment (baby on his back in a crib close to the parents' bed without any bedding or soft objects) is important to protect your baby from SIDS or an accidental suffocation death.

## More information

- Reduce the Risk of SIDS (</English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx>)
- Sleep Position: Why Back is Best (</English/ages-stages/baby/sleep/Pages/Sleep-Position-Why-Back-is-Best.aspx>)
- Back to Sleep, Tummy to Play (</English/ages-stages/baby/sleep/Pages/back-to-sleep-tummy-to-play.aspx>)
- A Parent's Guide To Safe Sleep (</English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx>)
- SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2011-2284>) (AAP Policy Statement)

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The information contained on this Web site 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.

