

# Putting Back-Sleeping Concerns to Rest

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We're willing to bet that this isn't the first time you've been introduced to the benefits of raising a back-sleeping baby. Most new parents today are well informed when it comes to SIDS and why back sleeping is so strongly recommended. We'd be remiss, however, if we didn't acknowledge the fact that you may find yourself with some practical concerns when faced with putting principle into practice. For the most part, the following concerns cause parents to worry unnecessarily:



- Not sleeping "well." One of the primary concerns (and observations) parents often have is that their babies don't sleep as well on their backs. While it is true that back sleeping babies are likely to wake more frequently, what's most important to understand is that their easier arousability is actually the reason why back sleeping is safer than belly sleeping. While it is certainly understandable for new parents to dream of sleeping longer, you can rest assured that this will come in good time. For now, just remind yourself that you don't want it to come at the expense of your baby's safety.
- **Spit up & vomiting.** The most common concern we hear is the understandable but unfounded fear that babies will spit up and choke while on their backs. Fortunately, several reassuring studies, as well as the test of time, have demonstrated that healthy babies put to sleep on their backs are able to turn their heads and/or protect their airways if and when they spit up. And, while it may seem surprising, babies' anatomy actually makes choking more likely when lying on their bellies. Finally, back sleeping babies are no more likely to have breathing or digestive-related problems than their belly-sleeping counterparts of years past.
- Flat heads (sometimes referred to as positional skull deformities or positional plagiocephaly (/English/health-issues/conditions/Cleft-Craniofacial/Pages/Positional-Skull-Deformities-and-Torticollis.aspx)). While there has been a documented increase in the number of babies "walking" with flat heads since back sleeping came into vogue, the fact of the matter is that it really does not pose much of a problem for most back-sleeping babies. In large part, that's because you have a good deal of control over the situation. It's important to understand that the shape of a newborn's head is not set in stone and can be affected by spending a lot of time in any given position. So, it is important to simply remember to try to alternate the direction your baby faces each time they lie on their back—both while asleep and when awake. By offering your newborn plenty of tummy time and time spent in positions other than flat on their back while they are awake, you can also help decrease the likelihood of a flat or misshapen head.
- **Delayed milestones.** Some of you will undoubtedly hear or read that back sleeping has been associated with delayed motor development. In addressing the question of delayed milestones—or more specifically, a delay in the time when back-sleeping babies first begin to roll over—rest assured that this all seems to even out in the end. Even if your baby doesn't take to rolling quite as early as their belly-sleeping counterparts of generations past and present, to our knowledge no college application has ever asked applicants how early they mastered the ability to roll over (or, for future reference, sit, crawl, walk or toilet train). When it comes to strengthening the muscles your baby needs to roll and, at the same time, decreasing your baby's chances of ending up with a flat head, just be aware that both can be easily accomplished by allowing your baby plenty of time on their belly when they're awake.

## Why side-sleeping is not a good idea for babies

Parly days of sudden infant death syndrome (SIDS) prevention, both back sleeping and side sleeping were stred to be acceptably safe sleep options for babies. However, subsequent concerns about the safety of side ang—fueled by the finding that it doubles the risk of SIDS as compared to back sleeping—led to the current

recommendation for exclusive back sleeping. That said, some parents have turned to wedge-like cushions, often referred to as sleep positioners. Whether they have unwarranted concerns about spitting up, are worried about flat heads, or simply think side sleeping is safe, it's simply not a good idea.

#### Skip sleep positioners & wedges

Unfortunately, devices designed to maintain sleep position have not been sufficiently tested for their safety or effectiveness. In addition, they are often made of soft material or memory foam, both of which have no place inside a baby's crib or near a baby's face. For any devices that made medical claims, the US Food and Drug Administration (FDA) has required their removal from the market. Regarding any sleep positioners that remain, both the American Academy of Pediatrics (AAP) and the FDA recommend that parents never use them.

#### More information

How to Keep Your Sleeping Baby Safe: AAP Policy Explained (/English/ages-stages/baby/sleep/Pages/a-parents-guide-to-safe-sleep.aspx)

### About Dr. Jana



Laura A. Jana, MD, FAAP, is a pediatrician and mother of 3 with a faculty appointment at the Penn State University Edna Bennett Pierce Prevention Research Center. She is the author of more than 30 parenting and children's books and serves as an early childhood expert/contributor for organizations including the Maternal and Child Health Bureau, Primrose Schools, and *US News & World Report*. She lives in Omaha, NE.

#### About Dr. Shu



Jennifer Shu, MD, FAAP (https://www.aap.org/en-us/professional-resources/publishing/Pages/Jennifer-Shu-and-Laura-Jana.aspx) serves as the medical editor of HealthyChildren.org and provides oversight and direction for the site in conjunction with the staff editor. Dr. Shu is a practicing pediatrician at Children's Medical Group in Atlanta, Georgia, and she is also a mom. She earned her medical degree at the Medical College of Virginia in Richmond and specialized in pediatrics at the University of California, San Francisco. Her experience includes working in private practice, as well as working in an academic medical center. She served as director of the normal newborn nursery at Dartmouth-Hitchcock Medical

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