



# Sudden Infant Death Syndrome (SIDS): Common Questions & Concerns

By: Lanre O. Falusi, MD, MEd, FAAP

Of all the issues I've discussed with parents of infants over the years, I have to say that sudden, unexplained death is one of the hardest.

Every year, more than 3,000 babies in the U.S. die of sudden infant death syndrome (SIDS) and other causes that are unclear at first, including accidental suffocation or strangulation. The shock, grief, and guilt felt by families who lose an infant can be crushing.

Here are questions parents and caregivers often ask about SIDS, along with the insights from the American Academy of Pediatrics (AAP) that can help you address and reduce your baby's risks of dying from SIDS.



## What exactly is SIDS?

SIDS is the unexplained death of a seemingly healthy baby less than a year old. Most of these deaths occur while babies are sleeping, which is why we also call these deaths "sleep-related deaths." In the past, SIDS was sometimes called "crib death," but most of these deaths do not occur in cribs.

## Why is it unsafe for a baby to sleep on their stomach?

Research suggests that SIDS may be caused by defects in the part of an infant's brain that controls breathing and the ability to wake up. If a baby is not getting enough oxygen, it is important for the baby to wake up. This is probably why stomach sleeping is dangerous. Babies who sleep on their stomachs sleep more deeply, and it's harder for them to wake up if they are not getting enough oxygen.

## Does SIDS run in families?

Experts are still working on understanding this, but we know that little ones whose siblings or cousins died of SIDS face higher risks of dying from SIDS.

## Are there other risks (/English/tips-tools/ask-the-pediatrician/Pages/are-some-babies-at-higher-risk-for-sids.aspx) I should know about?

**Low birth weight and being born preterm** can increase the risk for SIDS since a smaller or preterm infant's brain might not be mature enough to control breathing and heart rate, especially during sleep.

**Twins, triplets, and other multiple births** also have higher risks since they may be born with low birth weight and preterm.

## Are parents to blame for some SIDS deaths?

When talking about SIDS, we should NEVER force blame, shame, judgment, or guilt on anyone. SIDS can happen to any as we can see from stories like this one (/English/ages-stages/baby/sleep/Pages/Safe-Sleep-Charlies-px).

Babies who die likely have a problem with waking up when they are not getting enough oxygen. When this is coupled with sleep situations where babies don't get enough oxygen (such as sleeping on the stomach or side; sleeping with other people; sleeping with blankets, pillows, and other soft bedding; sleeping with the head elevated or on an inclined surface), the baby can die. This is the basis for the safe sleep guidelines every family can follow. Here are updated guidelines (</English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx>) shared earlier this year by the American Academy of Pediatrics (AAP). [Back to Top](#)

## How do the AAP safe sleep guidelines help families reduce SIDS risks?

If you're caring for an infant under a year old, I hope you'll study the full guidelines—but let's start with some highlights. First, babies should always **sleep on their backs**. Infants who sleep on their tummies or sides may have trouble getting enough oxygen and trouble waking up, so parents and caregivers should follow the "back to sleep" rule at naptime and nighttime.

We also know that placing babies for sleep on a **firm, flat surface** that meets CPSC safety standards (like a crib, bassinet, or play yard) protects them from SIDS. Little ones should never sleep on a fluffy comforter, a couch or armchair, a waterbed, or padded play spaces like baby nests, since soft surfaces can easily block their noses and airways. Your baby's sleep space should also be kept 100% free of pillows, blankets, bumper pads, plush toys, and other soft objects that can block breathing.

**Overheating** has been linked with higher SIDS risks, so your child's room should be kept at a temperature that is comfortable. In warmer conditions, parents and caregivers should check for sweating, a hot chest, or flushed skin—all signs that babies are suffering from heat distress.

## Should I bring my baby into my own bed so I can watch over them?

No, this is one thing you should NEVER do. Bed-sharing has caused countless infant deaths, which can happen when adults or bigger siblings shift during sleep, trapping a little one in an unsafe position. The pillows and blankets we use on our own beds can also block infants' breathing. In fact, the AAP states unequivocally that there is no safe way to sleep with your baby on the same bed, chair, couch or other surface. I hope this is one rule you'll follow every time.

## Is there a safe way to monitor my infant, especially at night?

You can sleep in the same room with your infant for at least the first six months, which makes it much easier for you to feed, soothe and keep track of them. You don't have to move into the nursery, of course! Instead, most parents place a crib, bassinet, cradle, or play yard outfitted with a firm mattress in their own bedroom. Room sharing reduces SIDS risks by as much as 50%, so it's well worth the extra effort.

## Does breastfeeding protect babies from SIDS?

It does! Feeding your baby human milk for at least 2 months reduces your baby's risk of SIDS by at least 50%. This may be because infants who consume only human milk may wake more easily and often than formula-fed infants. These frequent awakenings are protective for the baby.

The immune boost that breastfeeding gives your child may also play a role in safe sleep. Here are more reasons the AAP recommends feeding only breast milk to your child (</English/ages-stages/baby/breastfeeding/Pages/Where-We-Stand-Breastfeeding.aspx>) for at least the first six months, and longer if you wish.

## Does smoke exposure increase a baby's chances of dying from SIDS?

Studies show that smoking even 1 cigarette per day while pregnant doubles the risk of SIDS. Exposing babies to secondhand smoke after they're born will also elevate their chances of dying from SIDS. There are many possible reasons for this, including the fact that children exposed to secondhand smoke suffer from more colds and respiratory problems than those living in smoke-free homes. Also, one in five babies born to people who smoked during pregnancy will have low birth weight, another risk factor for SIDS.

For their health and safety, NEVER smoke near your baby. This includes vaping and e-cigarettes, which contain nicotine. You can learn more about the health benefits of protecting your child from secondhand smoke here (</English/health-issues/conditions/tobacco/Pages/Why-Smoke-free-Environments-Big-Deal.aspx>).

## Are there special devices that can help prevent SIDS?

[Back to Top](#)

Yes, but the best is also the simplest. Using a pacifier (<https://pubmed.ncbi.nlm.nih.gov/21505778/>) has been shown to protect little ones from SIDS while offering soothing comfort, making this a double win! If you're breastfeeding, wait until your baby is latching on well and has started to gain weight before introducing a pacifier. Formula-fed infants can take a pacifier anytime. Don't worry if your baby spits it out at first, since you can always try again later.

As for other devices, I would strongly suggest you NOT use a home heart monitor in hopes of reducing your child's risks for SIDS. There is no evidence that these tools actually help, and they aren't required to meet the same safety standards that medical devices do. Worse yet, using a heart monitor can give you a false sense of security. It's much better to rely on the safe sleep guidelines, which are based on carefully conducted research we know we can trust.

## How can I help a parent who's lost a child to SIDS?

There is no way I can convey how hard it can be for these families, who often believe they caused their child's death. The best way to support them is to show compassion with zero judgment or shame. Never invoke a so-called silver lining by saying that "this too shall pass," or suggesting that parents can find comfort in their other children.

If you have no idea what to say (which most of us don't), keep it simple: "I can't imagine the pain you are feeling right now, but I truly care about you." You might offer to handle household chores or watch other children to help grieving parents rest and recover.

## Remember, your pediatrician is ready to help you

If you have questions about SIDS or any infant health topic, your pediatrician is as close as your phone. Call or email them for support, insights and guidance anytime.

## More information

([/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx](#))

- ([/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx](#))
- ([/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx](#)) How to Keep Your Sleeping Baby Safe: AAP Policy Explained ([/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx](#))
- Ask the Pediatrician: Are some babies at higher risk for SIDS? ([/English/tips-tools/ask-the-pediatrician/Pages/are-some-babies-at-higher-risk-for-sids.aspx](#))
- Safe Sleep: Charlie's Story ([/English/ages-stages/baby/sleep/Pages/Safe-Sleep-Charlies-Story.aspx](#))
- Inclined Sleepers and Other Baby Registry Items to Avoid ([/English/ages-stages/baby/sleep/Pages/Inclined-Sleepers-and-Other-Baby-Registry-Items-to-Avoid.aspx](#))
- Safe Sleep: Back is Best, Avoid Soft Bedding, Inclined Surfaces, Bed Sharing ([/English/news/Pages/safe-sleep-back-is-best-avoid-soft-bedding-inclined-surfaces-and-bedsharing.aspx](#))

## About Dr. Falusi



**Lanre O. Falusi, MD, MEd, FAAP** is a pediatrician in Washington, DC. She is a member of the American Academy of Pediatrics (AAP) Council on Communications and Media and the Council on Immigrant Child and Family Health. Dr. Falusi is also past president of the District of Columbia AAP chapter.

**Last Updated** 9/29/2022

**Source** American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome (Copyright © 2022)

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.