

Helping Baby “Back To Sleep”

The American Academy of Pediatrics (AAP) and the Back to Sleep Campaign recommend that babies under 1 year of age be placed on their backs to sleep in order to lower the risk of Sudden Infant Death Syndrome (SIDS).

Since the start of the Back to Sleep Campaign in 1994, the number of babies dying of SIDS has decreased by more than 50 percent. But many babies still sleep on their tummies or sides, and babies are still dying of SIDS.

Why does back sleeping help lower the risk of SIDS?

- When babies sleep on their backs, it helps to keep their mouths and noses unblocked so they breathe in clean, fresh air and do not overheat. This may be why the risk is lowered.
- Remember that babies must be placed on their backs for EVERY sleep—at nighttime and naptime.
- Placing babies to sleep on their sides is not as safe as their backs because they are more likely to roll onto their tummies.

IMPORTANT: The risk of SIDS is **much higher** when babies who are used to sleeping only on their backs are put to sleep on their tummies for the first time, such as in child care or with a new caregiver.



Baby won't sleep on her back. She just cries!

- Sing, hum, or play soft music. Even making a soft rhythmic sound (Shhhhhh) over and over will help calm the baby.
- If needed, walk baby in your arms, then place him on his back in the crib when he is sleepy.
- If baby still cries, ask for advice from your doctor or from a trusted friend or family member who has experience getting infants to sleep on their backs.
- Place baby's crib or bassinet near your bed for at least 6 months. Your breathing may help your baby's breathing pattern. This can help to lower the risk of SIDS.



What if baby rolls over from his back to his tummy or side?

- Always place babies on their backs when you put them down for sleep.
- Continue to place babies on their backs at bedtime and naptime, even after they have learned how to roll over.
- Once babies start rolling and choosing their own sleep position, you do not need to keep turning them over onto their backs.
- When babies roll over, it is even more important that there is nothing else (blankets, soft toys) in the sleep area to get near their face.

Won't babies choke when sleeping on their backs?

- Sometimes babies “spit up” when sleeping. Studies have shown that babies are NOT at risk of choking if they spit up when sleeping on their backs.

Aren't babies uncomfortable on their backs?

- Babies do sleep longer and more soundly on their tummies -- *but that is the problem*. They sleep so deeply that they can't wake up easily when they might be in danger. Sleeping not as deeply may help to protect babies.
- Some babies seem happier on their tummies. However, babies will adjust to sleeping on their backs if you start placing them on their backs for EVERY sleep.

What can I do to help baby fall asleep?

- Keep bedtime and naptime routines the same every day, as much as possible.
- Most babies sleep well after a feeding and/or a bath. Hold baby to feed—do not give baby a bottle or sippy cup in the crib.
- Gently rub baby's arms and legs.
- Try to keep baby's crib away from loud noise. Keep things quiet for 1 hour before bedtime. Soft lighting helps baby get sleepy.
- Babies like to hear a quiet story or song before bedtime.
- Cuddle and rock baby gently before bedtime.
- Consider using a pacifier when you place baby on her back for sleep. If baby is breastfed, wait until she is 1 month old or is used to breastfeeding before using a pacifier.
- If baby spits out the pacifier after falling asleep, you do not need to put it back in her mouth.

Here are more ways to keep baby safe while sleeping:

- After feeding and burping, place baby on her back in a safety-approved crib or bassinet **near your bed, but not in your bed.** The crib or bassinet is the safest place for baby to sleep.
- Enjoy cuddling baby when awake, but don't fall asleep together while holding baby close.
- Baby should NEVER sleep on sofas; chairs; recliners; waterbeds; soft surfaces such as pillows, cushions, sheepskins, or quilts; or any bed with another adult or child.
- Use a firm crib mattress with a tight-fitting crib sheet.
- Keep pillows, quilts, comforters, sheepskins, stuffed toys, bumper pads, and other soft objects out of baby's crib or bassinet.
- Avoid sleep positioners, apnea monitors, and other items that promise to reduce the risk of SIDS. These have not been proven safe or effective.
- Make sure that baby is not too warm. Keep the room at a temperature that feels comfortable for a lightly clothed adult.
- Use light sleep clothing like a one-piece sleeper instead of loose blankets. Be sure the sleeper is the right fit (not too large) for baby.
- Keep baby's head uncovered during sleep.
- Don't allow anyone to smoke around your baby, or in your home or car.
- Talk to grandparents, relatives, friends, babysitters, and child care providers about safe sleep and what works best to help baby fall asleep on her back EVERY TIME. Tell everyone who takes care of your baby to follow these important safe sleep practices.

What if baby wakes up fussy during the night?

- If baby is only fussing (and not crying), wait a moment to make sure the baby is actually awake. Some babies fuss a bit during an “active phase” of sleep, and then fall back asleep.
- If baby wakes up and cries, go to him as quickly as possible—that helps calm baby so he can fall asleep again.
- Hold and feed baby if she is hungry, and comfort her before placing her on her back to sleep in her own crib or bassinet.
- In the early weeks and months of life, babies need to be fed often. The time between night feedings should increase as babies grow bigger and begin to sleep for longer periods of time at night.
- Try not to play with baby during the night when she wakes up.

Don't forget “tummy time!”

- Healthy babies need some tummy time when awake to help develop strong muscles. Place baby on tummy on a firm, safe surface, and play together or stay nearby to keep baby safe.
- Tummy time for a few minutes 2-3 times a day can also help to prevent a flat area from forming on the back of baby's head.



We hope these tips will help baby (and you) rest better!

For more information contact:

National Sudden and Unexpected Infant/Child Death and Pregnancy Loss **Resource Center**

Serves as a gateway to critical information on risk reduction, prevention, and bereavement for pregnancy loss, stillbirth, and sudden unexpected infant and child death.

(866) 866-7437

E-mail: info@sidscenter.org

www.sidscenter.org

National Sudden and Unexpected Infant/Child Death and Pregnancy Loss **Program Support Center**

Provides education, training, advocacy, and bereavement services, including a 24-hour bereavement counseling helpline in English and Spanish.

(800) 221-7437

E-mail: info@firstcandle.org

www.firstcandle.org

National Sudden and Unexpected Infant/Child Death and Pregnancy Loss **Project IMPACT**

Serves as the communications hub for a national network of fetal, infant, and child mortality programs -- convening, connecting, and providing technical support to state and local efforts.

(800) 930-7437

E-mail: info@sidsprojectimpact.com

www.sidsprojectimpact.com

National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Project at the **National Center for Cultural Competence**

Provides technical assistance and develops resources on cultural and linguistic competence to help programs effectively address racial and ethnic disparities in perinatal, infant, and child mortality and pregnancy loss.

(800) 788-2066

E-mail: cultural@georgetown.edu

www11.georgetown.edu/research/gucchd/nccc/projects/sids

American Academy of Pediatrics

(847) 434-4000

www.aap.org/healthtopics/Sleep.cfm

Back to Sleep Campaign

Eunice Kennedy Shriver National Institute of Child Health and Human Development

(800) 505-2742

www.nichd.nih.gov/sids

National Sudden and Unexpected Infant/Child Death and Pregnancy Loss Resource Center

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