

Frequently Asked Questions

Where is the safest place for my baby to sleep?

Whether at night or during nap time, a baby should always sleep on their back in a crib, bassinet, or pack & play. Back-sleeping on a firm mattress in a crib, bassinet or pack & play decreases the risk of SIDS. It does NOT increase the risk of choking or affect a baby's sleep quality.

What if I don't have a crib?

Bassinets and pack & plays are both safe sleeping environments for your infant, as long as they meet the following Consumer Product Safety Commission guidelines (www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/) :

- (1)** sturdy bottom and wide base;
- (2)** smooth surfaces without protruding hardware;
- (3)** legs with locks to prevent folding while in use; and
- (4)** firm, snugly fitting mattress.

If you can't afford a crib, find a Cribs for Kids partner in your area or talk with your doctor about possible alternatives.

Why can't I leave my baby in the car seat to sleep?

Car seats are designed for travel in a moving car and not as a sleep surface. If a baby is left in a car seat for extended periods of time, when not in a moving vehicle, your baby can move into a dangerous position that blocks their breathing. Your baby should always be removed from the car seat when arriving at your destination.

Can my baby sleep in a bouncy seat or swing?

Bouncy seats and swings are not designed for a sleeping baby. If a baby is left in a bouncy seat or swing for extended periods of time, your baby can

move into a dangerous position that blocks their breathing. If your baby falls asleep in the bouncy seat or swing, remove them from the bouncy seat or swing, and place your baby flat on their back in a crib, bassinet, or pack & play. Bouncy seats and similar items should always be placed on the floor and never on a bed, table, or other furniture.

Why should I place my baby on his or her back to sleep?*

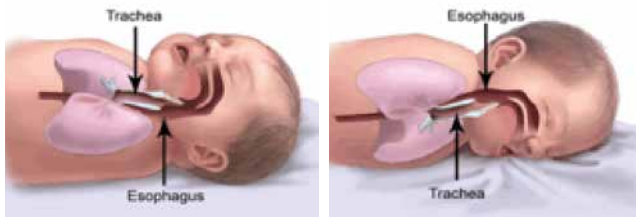
Research shows that the back sleep position is the safest for babies. The back sleep position carries the lowest risk of SIDS. Research also shows that babies who sleep on their backs are less likely to get fevers, stuffy noses, and ear infections. The back sleep position makes it easier for babies to look around the room and to move their arms and legs. Remember: Babies sleep safest on their backs, and every sleep time counts!



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Will my baby choke if placed on his or her back to sleep?*

No. Healthy babies naturally swallow or cough up fluids—it's a reflex all people have to make sure their airway is kept clear. Babies might actually clear such fluids better when on their backs because of the location of the windpipe (trachea) when in the back sleep position.



When the baby is in the back sleep position, the windpipe lies on top of the windpipe (esophagus), which leads to the stomach. Anything spit up through the windpipe has to work against gravity to enter the food pipe. When the baby is sleeping on its stomach, spit up could gather at the back of the throat, enter the windpipe, and cause choking. The number of fatal choking deaths has not increased since back-sleeping recommendations began. In most reported cases of fatal choking, an infant was sleeping on his or her stomach.

I was placed to sleep on my stomach as a baby. Was that wrong?*

We didn't know as much about SIDS or ways to reduce the risk until the early 1990s. There is no way to know which babies will die of SIDS, but we do know how to reduce the risk. One of the most effective and easiest ways to reduce the risk of SIDS is to place your baby on his or her back to sleep for

naps and at night. In the early 1990s, when infant stomach sleeping was more common, almost 5,000 babies died of SIDS each year. Today, as more babies sleep on their backs, the rate of SIDS has dropped by more than 50%.

What if my baby can't get used to sleeping on his or her back? *

The baby's comfort is important, but safety is more important. Parents and caregivers should place babies on their backs to sleep even if they seem less comfortable or sleep more lightly than when on their stomachs. Some babies don't like sleeping on their backs at first, but most get used to it quickly. The earlier you start placing your baby on his or her back to sleep, the more quickly your baby will adjust to the position.

What if my baby rolls onto his or her stomach during sleep? Do I need to put my baby in the back sleep position again if this happens?*

No. Rolling over is an important and natural part of your baby's growth. Most babies start rolling over on their own around 4 to 6 months of age. If your baby rolls over on his or her own during sleep, you do not need to turn the baby over onto his or her back. The important thing is that your baby starts every sleep time on his or her back to reduce the risk of SIDS, and that there is no soft, loose bedding in the baby's sleep area.

Is it okay if my baby sleeps on his or her side?*

No. Babies placed to sleep on their sides are at increased risk of SIDS. For this reason, babies should sleep only on their backs.

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Are there times when my baby should be on his or her stomach?*

Yes, your baby should have plenty of supervised Tummy Time when he or she is awake and when someone is watching. Supervised Tummy Time helps strengthen your baby's neck and shoulder muscles, build motor skills, and prevent flat spots on the back of the head.

Will my baby get flat spots on the back of the head from sleeping on his or her back?*

When it occurs too often or for too long a time, pressure on the same part of the baby's head can cause flat spots. Such flat spots are usually not dangerous and typically go away on their own once the baby starts sitting up. The flat spots also are not linked to long-term problems with head shape. One way to help prevent these flat spots is by making sure your baby gets enough supervised Tummy Time.

Why shouldn't I use crib bumpers in my baby's sleep area?*

Bumper pads and similar products that attach to crib slats or sides are frequently used with the thought of protecting infants from injury. However, evidence does not support using crib bumpers to prevent injury. In fact, crib bumpers can cause serious injuries or death. Keeping them out of your baby's sleep area is the best way to avoid these dangers. Before crib safety was regulated, the spacing between the slats of the crib sides could be any width, which could be dangerous to infants if they were too wide. Today's cribs must meet safety standards that prevent the slats from being too wide, so bumper pads are no longer needed.



Is sleeping with my baby safe?

No. Room sharing — sleeping in the same room as your baby but not the same bed — is highly recommended. Sharing the room lets you see, hear, and/or touch your baby. But sleeping on the same surface as your baby is dangerous in many ways. It is not OK when you and your infant are sleeping on the same surface, whether it is an adult bed or a couch. The American Academy of Pediatrics recommends room-sharing, not bed-sharing, because an adult bed presents many hazards that can cause an infant to choke, suffocate, or become trapped.

But isn't sleeping with my baby important for bonding?

No. Bonding happens when you and your baby are awake and interacting with each other during normal everyday activities like feeding, bathing and playing. Bed-sharing puts your baby at risk for choking, suffocation, or becoming trapped.

The American Academy of Pediatrics recommends that mothers who want to stay close to their babies for nighttime attachment should sleep in the same room but not on the same bed or sleeping surface. When sleeping close to your baby, place the crib or bassinet next to the bed.

Frequently Asked Questions

Can I breastfeed in bed?

Yes. There is nothing wrong with breastfeeding in bed, but once you are ready to go back to sleep or are feeling drowsy, put your baby back in a crib or bassinet, alone and on his or her back. If you fall asleep while breastfeeding, that can be very dangerous.

What if my baby's grandparents or another caregiver wants to place my baby to sleep on his or her stomach for naptime?*

Babies who usually sleep on their backs but who are then placed to sleep on their stomachs are at very high risk for SIDS. It is important for everyone who cares for your baby to use the back sleep position for all sleep times—for naps and at night.

How do I tell others about how to put a baby to sleep?

Tell everyone about the ABC's (Babies sleep alone, on their back and in a crib) and insist that your baby is always placed in their Safe Sleep Space for all sleep.

In a respectful manner, teach caregivers the ABCs of safe sleep and why following these steps will help keep infants safe. Share the Safe Sleep Kentucky website and other resources with them so they can find information on their own, and encourage them to talk with their pediatrician if they have questions. <http://www.nichd.nih.gov/sts/materials/Pages/default.aspx>

Spread the word: **when it comes to a baby's safety, people will listen.**

How old are babies who die from SIDS?*

The majority (90%) of SIDS deaths occur before a baby reaches 6 months of age, and the number of SIDS deaths peaks between 1 month and 4 months of age. However, SIDS deaths can occur any time during a baby's first year, so parents should still follow safe sleep recommendations to reduce the risk of SIDS until their baby's first birthday.

Are there any other ways to avoid SIDS?

There are many ways to reduce the risk of SIDS. In addition to the ABC's (Baby is alone, on their back and in a clean, clear crib) some suggestions that can decrease the risk of SIDS are:

- Keep your child cool by dressing him or her in light layers. Set your thermostat to a comfortable temperature for an adult wearing light layers. If it is too hot for you, then it is too hot for your baby.
- Breastfeed your baby. Research has shown that breastfeeding your baby can reduce the risk of SIDS. Be sure to put your baby in their crib to sleep after feeding.
- Research has also shown that giving your baby a pacifier at sleep time reduces the risk of SIDS. The pacifier should not be attached to the baby's clothes using strings or clips due to a strangulation hazard. Note: if you're breastfeeding, don't introduce a pacifier until your infant is adjusted to breastfeeding and nursing well.
- According to the American Academy of Pediatrics, "infants should be immunized. Evidence suggests that immunization reduces the risk of SIDS by 50%."

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What is SUID?*

SUID stands for “Sudden Unexpected Infant Death.” SUIDs are defined as deaths in infants less than 1 year of age that occur suddenly and unexpectedly, and whose cause of death is not immediately obvious prior to investigation. SUID includes all unexpected deaths: those from a known cause, and those from unknown causes. SIDS and suffocation are both types of SUID. About one-half of all SUID cases are SIDS. Many unexpected infant deaths are accidents, but a known disease or something done on purpose can also cause a baby to die suddenly or unexpectedly. For some SUIDs, a cause is never found.

What are other sleep-related causes of infant death?*

Other sleep-related causes of infant death are those that occur in the sleep environment or during sleep time. They include accidental suffocation by bedding, entrapment (when a baby gets trapped between two objects, such as a mattress and wall, and can't breathe), or strangulation (when something presses on or wraps around a baby's neck, blocking the baby's airway).

Are there ways to reduce the risk of SIDS before my baby is born?

Yes. Pregnant women should receive regular prenatal care in addition to avoiding the use of tobacco products and avoiding smoke exposure during pregnancy. Pregnant women should also avoid any use of alcohol and illicit drugs during pregnancy. To prepare for your baby, now is the time to make your home smoke free.

*Source: www.nichd.nih.gov/sts/about/Pages/faq.aspx
Used with permission from NICHD

I take over-the-counter pain, allergy, and cold medicines all the time. Does it really affect me that much when taking care of my baby?

Taking over-the-counter medication or even medication as prescribed by your doctor can cause drowsiness and affect your judgment and reaction time. When combined with alcohol or other medications, the effects can be even more dangerous. Because medications can have different effects on different people and cause different levels of impairment, it is even more important to follow the ABC's of Safe Sleep when taking medication, even when prescribed by your doctor.

I saw a product that said it could prevent SIDS and keep my baby in the right position during sleep. Can I use it to prevent SIDS?*

There is no known product that will prevent SIDS. The U.S. Food and Drug Administration, the Consumer Product Safety Commission, the American Academy of Pediatrics, and other organizations warn against using these products because of the dangers they pose to babies. You should not use these products for your baby.

Are home heart rate monitors and breathing monitors beneficial to preventing SIDS?

No. If you have questions about using these monitors for other health conditions, talk with the baby's health care provider.

