Sudden Infant Death Syndrome (SIDS): Questions and Answers Regarding Sleeping Position

SIDS is the sudden death of a healthy infant. It is not known what causes SIDS. However, there are certain factors that put the baby at risk, such as:

- Babies placed on their stomach or side to sleep.
- The baby being born earlier than normal (*prematurity*).
- Being of African American, Native American, and Alaskan Native descent.
- Being a male. SIDS is seen more in male than in female babies.
- Sleeping on a soft surface.
- Overheating.
- Being a mother who smokes or uses illegal drugs.
- Being an infant of a mother who is very young.
- Having poor prenatal care.
- Babies that had a low weight at birth.
- Abnormalities of the placenta, the organ that provides nutrition in the womb.
- Babies born in the fall or winter months.
- Recent respiratory tract infection

Although it is recommended that most babies should be put to sleep on their backs to sleep, some questions have arisen:

IS THE SIDE POSITION AS EFFECTIVE AS THE BACK?

The side position is not recommended because there is still an increased chance of SIDS compared to the back position. Your baby should be placed on their back every time they sleep.

ARE THERE ANY BABIES WHO SHOULD BE PLACED ON THEIR TUMMY FOR SLEEP?

Babies with certain disorders have fewer problems when lying on their tummy. These babies include:

- Infants with symptomatic gastro-esophageal reflux (GERD). Reflux is usually less in the tummy position.
- Babies with certain upper airway malformations, such as Robin syndrome. There are fewer occurrences of the airway being blocked when lying on the stomach.

Before letting your baby sleep on his/her tummy, discuss with your caregiver. If your baby has one of the above problems, your caregiver will help you decide if the benefits of tummy sleeping are more than the small increased risk for SIDS. Be sure to avoid overheating and soft bedding as these risk factors are troublesome for belly sleeping infants.

SHOULD HEALTHY BABIES EVER BE PLACED ON THE TUMMY?

Having tummy time while the baby is awake is important for movement (*motor*) development. It can also lower the chance of a flattened head (*positional plagiocephaly*). Flattened head can be the result of spending too much time on their back. Tummy time when the baby is awake and watched by an adult is good for baby's development.

WHICH SLEEPING POSITION IS BEST FOR A BABY BORN EARLY (PRE-TERM) AFTER LEAVING THE HOSPITAL?

In the nursery, babies who are born early (*pre-term*) often receive care in a position lying on their backs. Once recovered and ready to leave the hospital, there is no reason to believe that they should be treated any differently than a baby who was born at term. Unless there are specific instructions to do otherwise, these babies should be

placed on their backs to sleep.

IN WHAT POSITION ARE FULL-TERM BABIES PUT TO SLEEP IN HOSPITAL NURSERIES?

Unless there is a specific reason to do otherwise, babies are placed on their backs in hospital nurseries.

IF A BABY DOES NOT SLEEP WELL ON THEIR BACK, IS IT OKAY TO TURN HIM OR HER TO A SIDE OR TUMMY POSITION?

No, because of the risk of SIDS, the side and tummy positions are not recommended. Positional preference appears to be a learned behavior among infants from birth to 4 to 6 months of age. An infant who is always placed on their back will become used to this position. If your baby is not sleeping well, look for possible reasons. For example, be sure to avoid overheating or the use of soft bedding.

AT WHAT AGE CAN YOU STOP USING THE BACK POSITION FOR SLEEP?

The peak risk for SIDS is age 13-24 weeks. Although less common, it can occur up to 1 year of age. It is recommended that you place your baby on his/her back up to age1 year.

DO I NEED TO KEEP CHECKING ON MY BABY AFTER LAYING HIM OR HER DOWN FOR SLEEP IN A BACK-LYING POSITION?

No. Very young infants placed on their backs cannot roll onto their tummies.

HOW SHOULD HOSPITALS PLACE BABIES DOWN FOR SLEEP IF THEY ARE READMITTED?

As a general guideline, hospitalized infants should sleep on their back just as they would at home. However, there may be a medical problem that would require a side or tummy position.

WILL BABIES ASPIRATE ON THEIR BACKS?

There is no evidence that healthy babies are more likely to inhale stomach contents (have *aspiration episodes*) when they are on their backs. In the majority of the small number of reported cases of death due to aspiration, the infant's position at death, when known, was on their tummy.

DOES SLEEPING ON THE BACK CAUSE BABIES TO HAVE FLAT HEADS?

There is some suggestion that the incidence of babies developing a flat spot on their heads may have increased since the incidence of sleeping on their tummies has decreased. Most often, this is not a serious (*benign*) condition. This condition will disappear within several months after the baby begins to sit up. Flat spots can be avoided by altering the head position when the baby is sleeping on his/her back. Giving your baby tummy time also help prevent the development of a flat head.

SHOULD PRODUCTS BE USED TO KEEP BABIES ON THEIR BACKS OR SIDES DURING SLEEP?

Although various devices have been sold to maintain babies in a back-lying position during sleep, their use is not recommended. Infants who sleep on their backs need no extra support.

SHOULD SOFT SURFACES BE AVOIDED?

Several studies indicate that soft sleeping surfaces increase the risk of SIDS in infants. It is unknown how soft a surface must be to pose a threat. A firm infant-mattress with no more than a thin covering, such as a sheet or rubberized pad, between the infant and mattress is advised. Soft, plush, or bulky items, such as pillows, rolls of bedding, or cushions in the baby's sleeping environment are strongly warned against. These items can come into close contact with the infant's face and might cause breathing problems.

DOES BED SHARING OR CO-SLEEPING DECREEASE RISK?

No, bed sharing, while controversial, is associated with an increased risk of SIDS, especially when the mother smokes, sleeping occurs on a couch or sofa, there are multiple bed sharers, or bed sharers have consumed alcohol. Sleeping in an approved crib or bassinet in the same room as the mother decreases risk of SIDS.

CAN A PACIFIER DECREASE RISK?

While it is not known exactly how, pacifier use during the first year of life decreases the risk of SIDS. Give your baby the pacifier when putting the baby down, but do not force a pacifier or place one in your baby's mouth once your baby has fallen asleep. Pacifiers should not have any sugary solutions applied to them and need to be cleaned regularly. Finally, if your baby is breastfeeding, it is beneficial to delay use of a pacifier in order to firmly establish breastfeeding.

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