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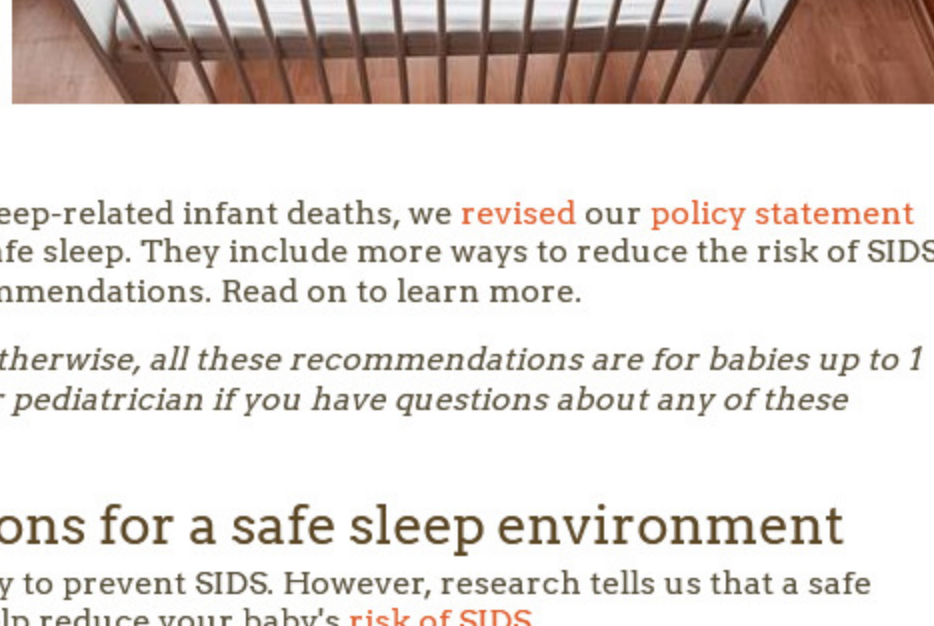
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AGES & STAGES

How to Keep Your Sleeping Baby Safe: AAP Policy Explained

By: Rachel Y. Moon, MD, FAAP

Every year, around 3,500 babies in the United States die suddenly and unexpectedly while they're sleeping. Most of these tragic deaths are due to sudden infant death syndrome (SIDS) or accidental deaths from suffocation or strangulation.



To reduce the risk of all sleep-related infant deaths, we **revised** our **policy statement** and **technical report** on safe sleep. They include more ways to reduce the risk of SIDS, as well as some new recommendations. Read on to learn more.

Note: Unless mentioned otherwise, all these recommendations are for babies up to 1 year of age. Talk with your pediatrician if you have questions about any of these recommendations.

Recommendations for a safe sleep environment

There's no guaranteed way to prevent SIDS. However, research tells us that a safe sleep environment can help reduce your baby's **risk of SIDS**.

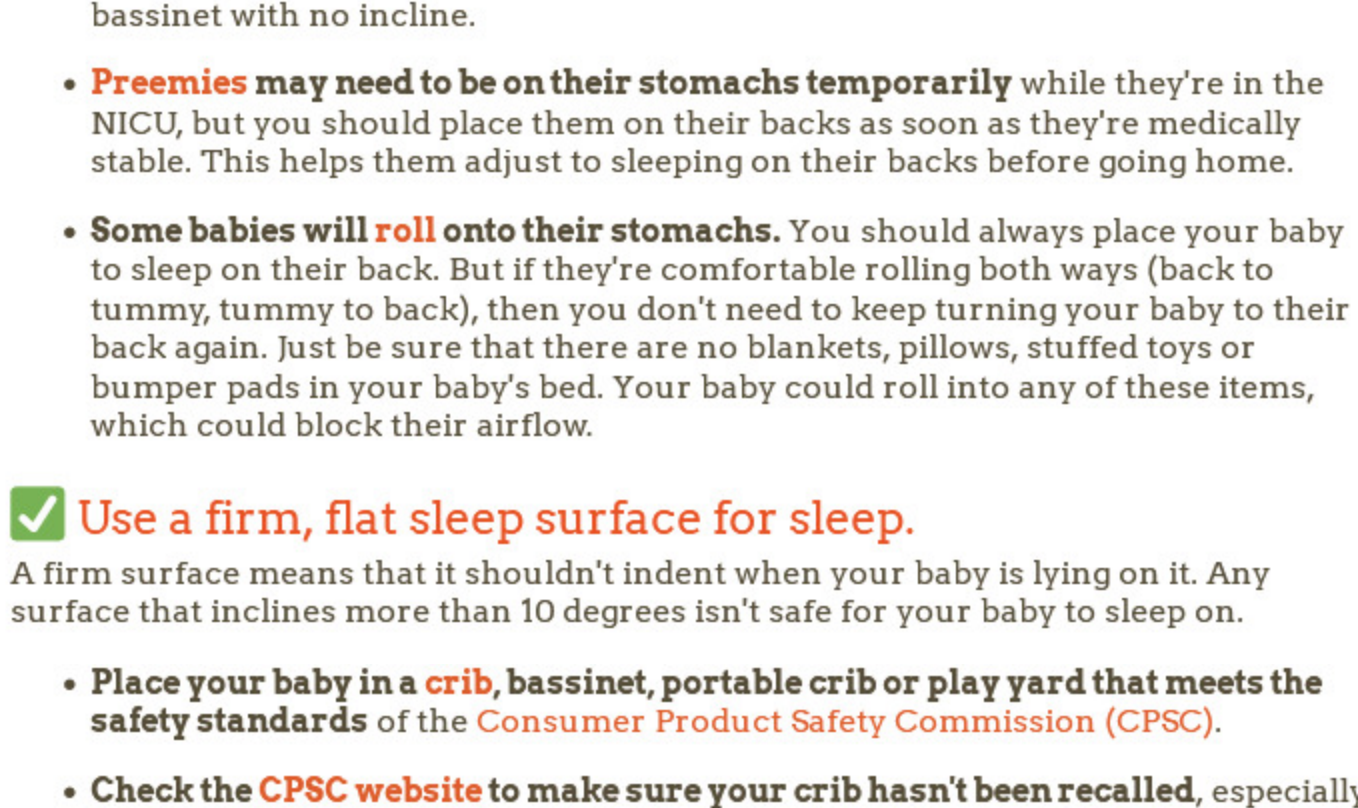
We also know how to prevent unintentional suffocation and strangulation in bed. Our guidance on safe sleep helps to protect babies from these deaths.

A safe sleep environment lowers the risk of all sleep-related infant deaths. Read on to learn how to create a safe sleep environment for your baby, along with other ways to lower the risk of SIDS.

✔ Put your baby on their back for all naps & at night.

Babies who sleep on their backs are much less likely to die suddenly and unexpectedly than babies who sleep on their stomachs or sides. The problem with the side position is that your baby can roll more easily onto their stomach.

Some parents worry that babies will choke when they're on their backs. But your baby's airway anatomy and their gag reflex will keep that from happening. Even babies with **gastroesophageal reflux disease (GERD)** should sleep flat on their backs.



Also keep in mind:

- **A newborn should be placed skin-to-skin with their parent** as soon after birth as possible, for at least an hour. After that, or when the mother needs to sleep or take care of her other needs, the baby should be placed on their back in a bassinet with no incline.
- **Premies may need to be on their stomachs temporarily** while they're in the NICU, but you should place them on their backs as soon as they're medically stable. This helps them adjust to sleeping on their backs before going home.
- **Some babies will roll onto their stomachs.** You should always place your baby to sleep on their back. But if they're comfortable rolling both ways (back to tummy, tummy to back), then you don't need to keep turning your baby to their back again. Just be sure that there are no blankets, pillows, stuffed toys or bumper pads in your baby's bed. Your baby could roll into any of these items, which could block their airflow.

✔ Use a firm, flat sleep surface for sleep.

A firm surface means that it shouldn't indent when your baby is lying on it. Any surface that inclines more than 10 degrees isn't safe for your baby to sleep on.

- **Place your baby in a crib, bassinet, portable crib or play yard that meets the safety standards of the Consumer Product Safety Commission (CPSC).**
- **Check the CPSC website** to make sure your crib hasn't been recalled, especially if it's not new.
- **Make sure your crib mattress is designed for your specific crib and that it fits tightly.** Use a fitted sheet only—nothing else should be in the crib with your baby.
- **Don't use a crib that doesn't have instructions,** is missing hardware or that's broken.
- **Alternative sleep surfaces are only considered a safe option IF** they comply with the **June 2021 CPSC rule** that all infant sleep products meet existing federal safety standards for cribs, bassinets, portable cribs or play yards. This includes **inclined sleep products**, hammocks, baby boxes, in-bed sleepers, baby nests and pods, compact bassinets, travel bassinets and baby tents. If a product doesn't meet federal safety standards, avoid it.
- **If your baby falls asleep in a car seat, stroller, swing, infant carrier or sling,** you should move them to a firm sleep surface on their back as soon as possible.
- **Don't use products for sleep that aren't specifically marketed for infant sleep.** Examples include Boppy pillows and Dock-a-Tots.
- **In an emergency,** you can temporarily put your baby to sleep in a box, basket, dresser drawer or something similar. It should have thin, firm padding. As soon as you can get a CPSC-approved sleep surface, move your baby to that instead.
- **If you need financial help,** there are organizations throughout the United States that provide low-cost or free sleep surfaces. Check with your **local Social Services agency**.

✔ Never sleep with your baby.

Based on the evidence, the AAP doesn't recommend bed sharing with your baby under any circumstances. This includes twins and other multiples.

- **If you bring your baby into your bed to feed or comfort them,** place them in their own sleep space when you're ready to go to sleep.
- **If there is any possibility that you might fall asleep while your baby is in your bed,** make sure there are no pillows, sheets, blankets or any other items that could cover your baby's face, head and neck or overheat them. As soon as you wake up, be sure to move your baby to their own bed.
- **Avoid falling asleep with your baby in other spots, too.** The risk of sleep-related infant death is up to 67 times higher when infants sleep with someone on a couch, soft armchair or cushion.

It's extra important not to bed share with your baby if:

- **You have been drinking alcohol, used marijuana or taken any medicines or illicit drugs.** The risk of sleep-related infant death is more than **10 times higher** for babies who bed share with someone who is fatigued or has taken medications that make it harder for them to wake up or has used substances such as alcohol or drugs.
- **Your baby is very young, small or was born prematurely.** The risk of sleep-related infant death while bed sharing is 5 to 10 times higher when your baby is younger than 4 months olds. And the risk of sleep-related infant death is 2 to 5 times higher when your baby was born preterm or with low birth weight.

✔ Instead of bed sharing, room share with your baby.

This means keeping your baby's sleep area in the same room (but not in the same bed) where you sleep for at least the first 6 months. Place your baby's crib, bassinet, portable crib or play yard in your bedroom, close to your bed.

The AAP recommends room sharing because it can decrease the risk of SIDS by as much as 50% and it's much safer than bed sharing. Room sharing will also make it easier for you to feed, comfort and watch your baby.

✔ Keep soft objects & loose bedding out of your baby's sleep area.

These objects can increase your baby's risk of entrapment, suffocation or strangulation. This includes pillows and pillow-like toys, quilts, comforters, mattress toppers, non-fitted sheets, blankets, toys, bumper pads or related products that attach to crib slats or sides.

- **If you're worried about your baby getting cold,** you can dress them in layers of clothing or use a wearable blanket. In general, you should dress your baby in only one layer more than you're wearing.
- **Don't use weighted blankets, sleepers, swaddles** or other weighted objects on or near your baby.

✔ Don't let your baby get overheated.

Overheating can increase the risk of SIDS. Your baby only needs one more layer than you would wear in the same environment to be comfortable.

- **Check your baby for signs of overheating** such as sweating, a hot chest or flushed skin.
- **Don't put a hat on your baby while indoors** once you're home from the hospital.

Other ways to lower SIDS risk

Along with creating a safe sleep environment, here are some other ways to lower your baby's risk of SIDS:

✔ Feed your baby breast milk.

Evidence shows that human milk reduces the risk of SIDS. The longer you give your baby breast milk, the more protection it gives.

- **Breastfeed or feed your baby expressed breast milk.** The AAP recommends **breastfeeding** as the sole source of nutrition for your baby for about 6 months.
- **Even after you add solid foods to your baby's diet, keep giving your baby breast milk.** The American Academy of Pediatrics supports **continued breastfeeding after solid foods are introduced** as long as you and your baby desire, for 2 years or beyond.

✔ Try giving your baby a pacifier at nap time and bedtime.

This helps reduce the risk of SIDS, even if the pacifier falls out after your baby is asleep. But keep in mind:

- **If your baby is breastfed, wait until breastfeeding is established** before offering a pacifier. That means your milk supply is good, breastfeeding is comfortable and consistent, your baby is latching well and they're gaining weight like they should. If you're not breastfeeding your baby, you can start the pacifier whenever you like.
- **It's OK if your baby doesn't want a pacifier.** You can try offering again later, but some babies simply don't like them. If the pacifier falls out after your baby falls asleep, you don't have to put it back in.
- **Don't hang a pacifier around your baby's neck** or attach it to their clothing when they're sleeping.

✔ Get regular prenatal care & avoid substance use during pregnancy.

There's strong evidence that routine **prenatal** care reduces your baby's risk of SIDS. Also, avoid alcohol, marijuana, opioids or illicit drugs during pregnancy and after your baby is born. The risk of SIDS is higher when babies are exposed to alcohol or illicit substances.

✔ Don't smoke or use nicotine during pregnancy or after your baby is born.

Smoking while you're pregnant, and smoke in your baby's environment after birth, are significant risk factors for SIDS. Don't smoke anywhere near your baby, even if you're outside. This includes vaping and electronic cigarettes, which contain nicotine.

Also keep your **car and home smoke-free**. Get rid of secondhand smoke in any areas your baby and other nonsmokers spend time. If you're a smoker or you smoked during pregnancy, remember that it's especially important that you don't bed share with your baby. The risk of SIDS is especially high, even when the smoker doesn't smoke in bed.

✔ Schedule and go to all well-child care visits.

Regular **check-ups** help ensure your baby's growth and development is on track. In addition, your baby will receive important immunizations at these well-child visits with your pediatrician. Evidence suggests that infant **vaccinations** may help protect against SIDS.

✔ Make sure your baby has tummy time while awake every day.

An awake adult should supervise awake **tummy time**. This helps with your baby's motor development and prevents **flat head syndrome**. Start with a short amount of tummy time soon after you get home from the hospital. Gradually increase the time until your baby is doing at least 15 to 30 minutes of tummy time every day by the time they're 7 weeks old.

✔ Swaddle your baby if you like.

Just keep in mind that **swaddling** doesn't reduce the risk of SIDS. Tips to swaddle safely:

- **Make sure that your baby is always on their back** when **swaddled**.
- **The swaddle should not be too tight** or make it hard for your baby to breathe or move their hips.
- **When your baby looks like they're trying to roll over,** you should stop swaddling them. The risk of suffocation is higher if your baby rolls to their stomach while they're swaddled. Rolling over usually happens around 3 to 4 months, but it can happen earlier.
- **Don't use weighted swaddle blankets** or weighted objects like **rice bags** inside the swaddle.

✔ Be cautious about buying certain infant products.

- **Avoid baby products that aren't consistent with safe sleep recommendations.** This is especially true for products that claim to reduce the risk of SIDS or other sleep-related infant deaths. There's just no evidence that this is true. If you're not sure about a specific product, check the **CPSC website**.
- **Don't use home cardiorespiratory monitors as a way to reduce the risk of SIDS.** You can buy consumer wellness devices such as heart rate and pulse oximetry monitors. Some of these are wearable. But remember that there is no evidence that these devices, which don't have to meet the same requirements as medical devices, decrease SIDS risk. Don't let them give you a false sense of security. It's fine to use one if you want to, just don't use it as a substitute for following all the above safe sleep guidelines.

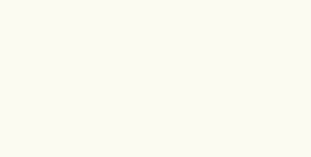
Remember

Don't hesitate to talk with your pediatrician if you have any questions or concerns about the safety of your baby's sleep environment.

More information

- **Ask the Pediatrician:** Are some babies at higher risk for SIDS?
- **Safe Sleep: Charlie's Story**
- **Inclined Sleepers, Soft Nursing Pillows & Other Baby Products to Avoid**
- **Swaddling: Is it Safe for Your Baby?**
- **Safe Sleep: Back is Best, Avoid Soft Bedding, Inclined Surfaces, Bed Sharing**
- **Back to Sleep, Tummy to Play**

About Dr. Moon



Rachel Y. Moon, MD, FAAP is a pediatrician and SIDS researcher at the University of Virginia. She is also a Professor of Pediatrics at the University of Virginia School of Medicine. Her research centers on SIDS and SIDS risk factors, particularly in high-risk populations, such as African Americans and infants attending childcare. Within the American Academy of Pediatrics (AAP), she is chair of the Task Force on SIDS and Associate Editor for the journal Pediatrics. Dr. Moon is also the editor of *Sleep: What Every Parent Needs to Know*.

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