SIDS prevention guidelines

Understanding SIDS and SUID

SIDS is a diagnosis of exclusion: it is used when an infant death remains unexplained after investigation, including review of the circumstances, autopsy when performed, and clinical history. SUID is the broader public health term for sudden unexpected deaths in infancy, whether ultimately explained or unexplained. Many prevention recommendations address SIDS and other sleep-related causes together because the same sleep environment factors can influence risk.

The current model of SIDS risk is often described as multifactorial. A vulnerable infant, a critical developmental period, and an external stressor may overlap. External stressors can include prone sleeping, soft bedding, overheating, or impaired arousal in an unsafe sleep environment. Families cannot control every biological factor, but they can reduce environmental stressors consistently.

SIDS is most common between 1 and 4 months of age, but safe sleep guidance applies throughout the first year. Premature infants and infants with prenatal or postnatal smoke exposure have higher baseline risk, which makes careful adherence to safe sleep practices especially important.

Back sleeping for every sleep

The single most important sleep-position recommendation is to place the baby fully on the back, also called the supine position, for every sleep. This includes daytime naps, nighttime sleep, and sleep at childcare or a relative's home. Side sleeping is not considered safe because babies can roll from the side to the stomach.

Some caregivers worry that back sleeping increases choking risk, especially in babies with gastroesophageal reflux. For most infants, including those with uncomplicated reflux, pediatric guidance still supports supine sleep because airway anatomy and protective reflexes make back sleeping safer than prone sleep. If a baby has a complex airway disorder, neuromuscular condition, or other medical issue, the family should follow individualized guidance from the baby's healthcare professional.

When babies are awake and supervised, tummy time is encouraged. It supports motor development, helps reduce positional flattening of the skull, and gives babies practice lifting and turning the head. Tummy time is different from sleep positioning: awake, observed, and on a safe surface.

Choose a firm, flat infant sleep surface

A safe sleep space should be a crib, bassinet, portable crib, or play yard that meets applicable safety standards. The mattress should be firm, flat, and covered only by a fitted sheet designed for that product. The surface should not be inclined. Products marketed for convenience, soothing, or lounging are not necessarily safe for unsupervised or routine sleep.

A firm, flat infant sleep surface reduces the risk that the baby's face will sink into bedding or that the body will shift into a position that compromises breathing. Soft mattresses, adult beds, waterbeds, memory foam toppers, pillows, beanbags, and cushions are not appropriate infant sleep surfaces.

If a baby falls asleep in a car seat, stroller, swing, carrier, or sling, move the baby to a safe sleep surface as soon as practical once travel or the immediate activity ends. Sitting devices can allow the head to flex forward,

especially in young infants, which may narrow the airway. Car seats are essential for vehicle safety, but they are not intended as routine sleep spaces outside the car.

Keep the sleep area empty

The safest infant sleep space is intentionally simple: baby, fitted sheet, and an appropriate sleep garment. Keep pillows, blankets, quilts, comforters, stuffed toys, loose sheets, positioners, wedges, bumper pads, and nonmedical devices out of the crib or bassinet. Even products that look breathable or are marketed as reducing risk should not replace established safe sleep practices unless specifically recommended by a qualified clinician for a medical indication.

Loose bedding alternatives include wearable blankets or sleep sacks that fit correctly around the neck and arms and do not cover the face. If swaddling is used for a young infant, it should allow hip flexion and should not be tight across the chest. Stop swaddling as soon as the baby shows signs of attempting to roll, because a swaddled baby who rolls onto the stomach may have limited ability to reposition.

Parents often feel pressure to make the sleep space cozy. For infants, cozy is not the same as safe. A clear, firm, flat sleep space is protective precisely because it removes objects that can obstruct the airway or trap exhaled air near the face.

Room-sharing without bed-sharing

Room-sharing without bed-sharing means placing the baby’s crib, bassinet, portable crib, or play yard in the caregiver’s room, close to the bed but on a separate surface. This arrangement makes feeding, comforting, and monitoring easier while avoiding the hazards of an adult sleep surface. Pediatric guidance recommends this especially for the first 6 months, when SIDS risk is highest.

Bed-sharing increases risk in several circumstances, including when the baby is younger than 4 months, was born preterm or with low birth weight, or when any bed partner smokes, has used alcohol, cannabis, sedating medications, opioids, or other substances that reduce arousal. Soft mattresses, pillows, blankets,

and the possibility of entrapment between a mattress and wall or headboard add further risk.

Couches and armchairs are particularly dangerous places to fall asleep with a baby. If you feel you might fall asleep while feeding or soothing your baby, it is safer to plan ahead: remove pillows and loose bedding from the area, ask another adult for help if available, and return the baby to the separate sleep space as soon as you wake. Caregiver sleep deprivation is real, and prevention plans should be compassionate and practical rather than perfectionistic.

Feeding, pacifiers, and routine care

Breastfeeding is associated with a reduced risk of SIDS, and exclusive breastfeeding appears to provide additional protection when possible. Any amount of human milk may be beneficial, but feeding choices are personal and can be medically complex. Families using formula, combination feeding, expressed milk, or donor milk can still follow all other SIDS prevention guidelines effectively.

Offering a pacifier at naps and bedtime is associated with lower SIDS risk. If breastfeeding is being established, families may choose to wait until feeding is going well before introducing a pacifier, unless a healthcare professional advises otherwise. Do not attach pacifiers to strings, cords, clips, or stuffed animals during sleep, as these can create strangulation or suffocation hazards.

Routine immunizations are not a SIDS risk; they are associated with overall infant health protection. Regular well-child visits also give clinicians the chance to review growth, feeding, reflux concerns, prematurity-related needs, and safe sleep challenges in a nonjudgmental way.

Smoke, alcohol, substances, and overheating

A smoke-free newborn sleep environment begins before birth and continues after delivery. Avoid nicotine exposure during pregnancy and keep the baby’s home and car smoke-free. Secondhand smoke and residual smoke particles on clothing or surfaces can affect infant respiratory health and are associated with increased SIDS risk.

Alcohol, cannabis, opioids, sedatives, and other substances that impair caregiver alertness increase the danger of unsafe sleep situations, especially bed-sharing or falling asleep while holding a baby. If a caregiver is using any medication that causes drowsiness, they should discuss infant care planning with a healthcare professional and arrange support for nighttime care when needed.

Overheating during infant sleep is another modifiable risk factor. Dress the baby in seasonally appropriate layers, generally no more than one layer more than an adult would wear in the same room. Signs of overheating can include sweating, flushed skin, damp hair, or a chest that feels hot. Hats are not recommended for routine indoor sleep after the immediate newborn period unless specifically advised by a clinician.

Special situations: reflux, prematurity, travel, and childcare

Families are often told informally to elevate the mattress for reflux, but inclined sleep is not recommended for SIDS prevention and can create positioning risks. Most infants with reflux should still sleep flat on the back. If vomiting, poor weight gain, apnea-like events, cyanosis, or feeding distress occurs, the baby should be evaluated by a healthcare professional rather than managed by sleep-position changes at home.

Premature and low-birth-weight infants should be placed on their backs for sleep as soon as they are medically stable, including before hospital discharge when appropriate. Because these infants have increased vulnerability, consistent safe sleep practices across home, hospital transition, and childcare are especially important.

When traveling, bring or request a safety-approved portable crib or bassinet. Hotel beds, couches, adult mattresses, and improvised padded spaces are not safe infant sleep environments. For childcare, grandparents, babysitters, and visitors, write down the sleep rules and repeat them kindly but firmly: back to sleep, separate firm flat surface, no soft items, no smoke exposure, and no sleeping on couches or chairs with the baby.