

## SIDS prevention tips US



### Understanding SIDS and sleep-related risk

SIDS is diagnosed only after other causes are not found through investigation, medical history, and, when appropriate, autopsy. Families often hear SIDS discussed alongside suffocation or entrapment because these events can look similar at first and because they share some preventable environmental risks. This is why safe sleep advice uses a broad risk-reduction approach rather than a single cause-and-effect explanation.

Researchers describe SIDS risk as multifactorial. An infant may have a vulnerable developmental stage, an underlying physiologic susceptibility, and an external stressor during sleep. External stressors can include prone sleeping, soft bedding, rebreathing exhaled air, overheating, or airway obstruction. Parents cannot control every biologic factor, but they can reduce many environmental hazards.

Risk is highest in early infancy, especially during the first several months, but safe sleep practices are recommended throughout the first year. Consistency matters: naps, nighttime sleep, daycare, grandparents' homes, and travel settings should all follow the same safety principles.

## **Use the back-sleeping position every time**

For most babies, the supine infant sleep position means placing the baby fully on the back for every sleep. Side sleeping is not considered a safe substitute because babies can roll from the side onto the stomach. Caregivers should use the back position even if a baby spits up; healthy infants have airway anatomy and protective reflexes that help reduce aspiration risk when sleeping on the back.

If a baby rolls independently from back to stomach and stomach to back, caregivers should still start sleep on the back, but usually do not need to reposition the baby repeatedly once independent rolling is established. The sleep space should remain free of soft items because a rolling baby needs a clear surface.

Some infants have medical conditions that require individualized positioning advice, such as certain airway, neurologic, or gastrointestinal disorders. These situations should be discussed directly with the child's pediatrician or specialist rather than managed by changing sleep position without guidance.

## **Choose a firm, flat infant sleep surface**

A firm, flat infant sleep surface is one of the central SIDS and suffocation risk-reduction steps. Use a safety-approved crib, bassinet, portable crib, or play yard with a tight-fitting mattress and a fitted sheet. The surface should be level and non-inclined; products that hold babies at an angle can allow the head and neck to flex forward, which may compromise airflow.

Keep the sleep area empty. That means no pillows, quilts, comforters, loose blankets, weighted blankets, bumper pads, stuffed animals, positioners, or nursing pillows. These objects may look comforting, but they can obstruct the nose or mouth, increase rebreathing, or contribute to overheating.

Adult beds, couches, recliners, and armchairs are not safe infant sleep surfaces. Falling asleep with a baby on a sofa or cushioned chair is especially hazardous because the baby can become wedged between the caregiver and cushions or slip into a position that obstructs breathing. If you think you might fall asleep while feeding, plan ahead: feed in a safer location, remove soft bedding

from the area, and return the baby to the crib or bassinet as soon as you are awake and able.

### **Room-sharing without bed-sharing**

Room-sharing without bed-sharing means the baby sleeps in the caregiver's room, close to the bed, but on a separate infant sleep surface. This setup can make feeding, comforting, and observation easier while avoiding hazards associated with adult mattresses, pillows, blankets, gaps, and sleeping adults.

Bed-sharing is particularly risky when a caregiver is very tired, smokes or uses nicotine, has used alcohol, cannabis, opioids, sleep medications, or other sedating substances, or when the sleep surface is soft. Premature and low-birth-weight infants are also more vulnerable in shared sleep environments. Even when families do not plan to bed-share, sleep deprivation can make accidental sleep more likely, so nighttime care plans should be realistic.

Consider placing the bassinet or crib within arm's reach, using a dim light for night feeds, and agreeing in advance which adult will take over if one caregiver is too drowsy. These small systems can support safe sleep practices during the hardest weeks of newborn care.

### **Feeding, pacifiers, and breastfeeding**

Breastfeeding is associated with a lower risk of SIDS and provides many immune and developmental benefits. Any amount of human milk may be beneficial, and exclusive breastfeeding, when possible and desired, may offer additional protection. Families who use formula should not feel blamed; safe sleep practices remain essential and effective regardless of feeding method.

Offering a pacifier at nap time and bedtime is also associated with reduced SIDS risk. If breastfeeding is being established, many clinicians suggest waiting until feeding is going well before introducing a pacifier, unless the pediatrician or lactation professional recommends otherwise. If the pacifier falls out after the baby falls asleep, it does not need to be reinserted.

Pacifiers should not be attached to strings, clips, stuffed animals, or cords during sleep because these can create strangulation or suffocation hazards. Do

not use sweet substances on pacifiers. If a baby refuses a pacifier, forcing it is unnecessary; focus on the other safe sleep measures.

### **Temperature, swaddling, and wearable blankets**

Overheating during infant sleep is a modifiable risk factor. A baby generally needs only one more layer than an adult would wear in the same room, though this depends on room temperature and clothing. Signs of overheating can include sweating, flushed skin, damp hair, heat rash, or a chest that feels hot rather than comfortably warm. Hats should not be used indoors for routine sleep once the baby is home unless a clinician gives specific instructions.

A wearable blanket for infant sleep, also called a sleep sack, can provide warmth without loose bedding. If swaddling is used, the baby should always be placed on the back, the swaddle should allow hip movement, and it should not be weighted or too tight around the chest. Swaddling should stop as soon as the baby shows signs of attempting to roll, which can occur earlier than many parents expect.

Weighted swaddles, weighted sleep sacks, and products that restrict movement or claim to prevent rolling should be approached cautiously and discussed with a pediatric professional. The safest approach is a clear, firm, flat sleep space with clothing chosen to maintain a comfortable temperature.

### **Avoid smoke, nicotine, alcohol, and sedating substances**

A smoke-free newborn sleep environment is important before and after birth. Prenatal exposure to tobacco smoke and postnatal exposure to secondhand smoke are associated with increased SIDS risk. Nicotine exposure from vaping or other products is also a concern, and caregivers should speak with healthcare professionals about cessation support.

Alcohol, cannabis, opioids, benzodiazepines, some sleep medications, and other sedating substances can impair arousal and increase the risk of unsafe sleep situations, especially bed-sharing or falling asleep while holding a baby. If a caregiver has used any sedating substance, another unimpaired adult should manage infant sleep and feeding whenever possible.

These recommendations are not about judging families. They are about recognizing predictable physiologic effects: reduced alertness, slower reaction time, and deeper sleep can make it harder to notice infant positioning or breathing problems.

### **Car seats, swings, and travel sleep**

Car seats are essential for transportation, but they are not intended for routine sleep outside the vehicle. Swings, bouncers, strollers, slings, and carriers can also allow babies to fall asleep in a flexed or slumped position. If a baby falls asleep in one of these devices, move the baby to a firm, flat sleep surface as soon as practical and safe.

During travel, bring a portable crib or confirm that a safe sleep space is available. Hotel cribs, borrowed bassinets, or secondhand products should be checked for stability, missing parts, recalls, and a properly fitted mattress. Avoid improvising with pillows, couch cushions, air mattresses, or adult beds.

Childcare settings should follow the same recommendations. Parents can ask providers how infants are positioned for sleep, whether sleep spaces are kept clear, how overheating is prevented, and what the plan is if a baby falls asleep in a car seat or swing.

### **Build a realistic safe sleep routine**

Safe sleep is easiest when it is prepared before everyone is exhausted. Set up the crib or bassinet early, keep extra fitted sheets nearby, and place feeding supplies where they do not require searching at 3 a.m. If multiple caregivers help, share the same rules in simple language: back, flat, firm, clear, smoke-free, and separate from adult sleep surfaces.

Supervised tummy time while the baby is awake helps strengthen neck, shoulder, and trunk muscles and can reduce positional flattening of the head. Tummy time is not for sleep; if the baby becomes drowsy, transition to the safe sleep space on the back.

Families with premature infants, babies who required neonatal intensive care, infants with reflux concerns, or babies using medical equipment should ask

their pediatric team for individualized safe sleep instructions. Devices marketed as home monitors or breathing trackers should not be used as substitutes for recommended sleep practices unless specifically prescribed for a medical reason.