



MODULE 3: Explanations for AAP Recommendations

Sleep position

Babies should be placed on their backs every time they sleep by every caregiver until 1 year of age. In the past, there were recommendations that babies could sleep on their sides, but it is no longer recommended—they can easily roll onto their stomachs from the side position. Once babies can roll over in both directions on their own, they should be placed on their backs, but not wakened to turn them back over if they roll on their own.

Summary of why this recommendation is made:

- Babies sleeping on their stomachs have a 230%-1,300% greater risk of sleep-related death. In addition, if a baby is placed on the side to sleep but ends up prone, there is an 8.7 times greater risk of sleep-related death.
- Prone sleeping (sleeping on the stomach) increases the risk of rebreathing the same air that is under the baby's face. When this happens, if babies don't rouse and move their heads, they can end up with increasing levels of carbon dioxide in their blood (it is what they breathe out) and not enough oxygen in their blood. This can be potentially fatal.
- Sleeping on the stomach increases the risk of the baby getting overheated—not as much heat is given off to control temperature in this position and overheating has been associated with greater risk for unexpected death. (See recommendations related to overheating in separate handout).
- In young babies (2 to 3 months), sleeping on the stomach changes how the nervous system controls the cardiovascular system (how their hearts function) during sleep and can result in a decrease in the oxygen to the brain.
- It is important that anyone who puts the baby down to sleep places the baby on the back. A baby that usually sleeps on the back is at an elevated risk for SIDS the first time and every time he or she is put on the stomach for sleep. Studies have reported a risk of 8.7 to 45.4 times greater risk of sleep-related death for babies in this situation.

Sleep surface

1. *Use a firm (this means not soft or cushiony) sleep surface, such as a mattress in a safety-approved crib covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death. The mattress should be the one that comes with the crib or other sleep surface. No additional mattresses should be added to a crib or other sleep surface. Appropriate surfaces can include safety-approved cribs, bassinets, and portable play areas. Firm sleep surfaces should have no other bedding or soft objects, including stuffed animals, lovies, pillows and blankets. Nothing soft such as pillows, fluffy blankets (even tucked in to the mattress), etc. should be placed under the baby.*

Summary of why this recommendation is made:

- Using mattresses other than the one that comes with a safety-approved sleep surface can create gaps where the baby can get wedged or have breathing blocked.
- Pillow top mattresses, foam mattresses, and other soft surfaces are a problem because the baby's face can get pushed into them and breathing can be blocked.
- These items in the baby's sleep area can increase the risk of sleep-related death fivefold.

2. *Do not use bumper pads in a crib.*

Summary of why this recommendation is made:

- Bumper pads are a problem because the babies can get their faces stuck into soft ones and not be able to breathe or get wedged between firm ones and the crib side and not be able to breathe.
- There have been reports of babies getting caught in and strangled by the ties that hold the pads to the crib sides.

3. *Never place baby to sleep on soft surfaces, such as on a couch or sofa.*

Summary of why this recommendation is made:

- Couches, chairs, and sofas create danger because the babies can get their faces stuck in soft pillows or get wedged in corners or between the seat and the arms and not be able to breathe.
- If an adult is also on that surface, that person can lay over the baby and can cause the baby to suffocate.
- Sleeping with a baby on any of these is more of a risk than the adult bed.

4. *When using a sling or other product to carry a baby on your body, make sure the baby's face is facing up or out and is above the fabric completely uncovered and open to the air. An adult should not sleep with the baby in the sling or other such baby-wearing carrier.*

Summary of why this recommendation is made:

- If fabric from the product covers the baby's face or the baby's face is pressed into the adult's body, this can block breathing and the baby will not get enough oxygen.
- If the baby is curled up with chin on chest, this can also block breathing.

5. *Do not use a car seat, carrier, stroller, swing, bouncer or similar product as baby's sleep surface.*

Summary of why this recommendation is made:

- In car seats, swings, baby carriers, and other sitting devices, babies can get into positions that increase reflux, cause flattening of the head, and most importantly, especially for babies less than four months of age, get into a position that blocks the airway and causes them to not get enough oxygen.
- These types of equipment can tip over and cause a fall.
- There have been reports of infants who were strangled by the straps in car seats.

6. *Infants should not be placed to sleep on adult beds.*

Summary of why this recommendation is made:

- Babies can get their faces stuck in soft pillows, pillow top mattresses, and soft water bed surfaces and suffocate.
- Babies can get wedged in the space between the bed and the wall and suffocate.
- Blankets on the bed can cover the baby's face and cause suffocation.
- Babies can fall from adult beds. Portable bed railings intended to keep a child from falling off a bed should not be used for infants.

Breastfeeding

The current recommendations by the American Academy of Pediatrics (AAP) for breastfeeding and use of human milk are:

- *Exclusive breastfeeding for 6 months (no formula, other nutritional liquids, water, or solid foods).*
- *Breastfeeding for a minimum of one year and then beyond, based on the preferences of the mother and baby.*
- *It is important to note that most benefits are related to exclusivity and then the length of time the baby is breastfed, with demonstrated benefits through at least 2 years. Thus, the time lines in the recommendations.*

Summary of why this recommendation is made:

- Breastfeeding is associated with a reduced risk of sleep related death. The greater risk of formula feeding may be connected to the decreased number of infections and diarrhea related to breastfeeding and to the fact that babies who are breastfed do not sleep as deeply and could more easily arouse themselves if they are not getting enough oxygen.
- Breastfeeding protects babies from many disease risks including ear infections, upper and lower respiratory infections, asthma, and leukemia.
- Children who are breastfed for at least six months are less likely to become obese. Childhood obesity is a risk factor for adult obesity and a range of diseases including diabetes and heart disease.
- Infants exclusively breastfed for at least 3 months have 30% lower incidence of type 1 diabetes and 40% reported lower incidence of type 2 diabetes.
- Breastfeeding mothers have a reduced risk of reproductive cancers, including breast cancer, type 2 diabetes, and heart disease.

Sleep location

1. *Infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for the first year of life, but for at least the first six months. Other recommendations, such as back sleeping, should be implemented.*

Why this recommendation has been made:

- There is evidence that sleeping in the parents' room but on a separate sleep surface reduces the risk of SIDS by as much as 50%.
- Room-sharing supports continued breastfeeding and its protective effects and positive health benefits.
- Placing the crib close to the parents' bed allows parents to see and monitor the infant and can make feeding and comforting easier.
- Room-sharing infants have more small awakenings and this may keep them from sleeping very deeply in a way that increases the risk of sleep related death.

2. *Infants who are brought into the adult bed for feeding should be returned to their own separate sleep space when the parent is ready to go back to sleep.*
- AAP acknowledges that parents frequently fall asleep while feeding an infant, and it is less hazardous to fall asleep in the adult bed than on a chair or sofa.
 - It is important that families anticipate the possibility of and plan for reducing the risk of bed-sharing for some period of time, even if it is only for a few hours by removing items that create a danger to the baby beforehand.
 - To address hazards in the adult bed, parents who take infants into their bed to feed should make sure there are no pillows, blankets, or other items that could block the infant's breathing or cause overheating in the bed.
 - Bed sharing is much more common than is planned.
 - The infant should be placed back in its own sleep space as soon as the parent awakens.

Why this recommendation has been made:

- There is a risk that an adult will roll over on the infant or sleep so close that the infant's breathing is blocked and the baby will suffocate.
- Bed-sharing with an adult who smokes (or if the mother smoked during pregnancy) puts the baby at risk because of increased exposure to the smoke and the chemicals in it. Smoke exposure has a negative effect on the baby's ability to rouse itself if it is not getting enough oxygen. It also puts the baby at risk for respiratory infections and other health problems in general. E-cigarettes also known as "vaping" involve the same chemicals.
- Bed-sharing with someone who is impaired or has trouble rousing due to medications or substances, such as alcohol or illicit drugs, puts the baby at risk, because they may not notice an infant's distress if they roll over on the infant. Adults who are impaired in this way should not bed-share with the baby.
- Bed-sharing with people other than the parents, including other children, puts the baby at risk, because they may not be attuned to the dangers of rolling over on the infant. Also, more people in the bed may increase the risk of crowding leading to accidentally lying on the infant or the infant's face getting blocked.
- Bed-sharing has been associated with a two to four times greater risk for sleep-related death. The rates of SIDS and other sleep-related deaths, particularly those that occur in bed-sharing situations are highest in the first six months. Infants younger than 4 months and premature babies are especially vulnerable.

Smoking, using alcohol and drugs during and after pregnancy put the baby at risk

Why this recommendation has been made:

- Smoke exposure before the baby is born is related to being born too early and having low birth weight—both factors are risk factors for sleep-related death. Smoke exposure after the baby is born is related to sleep-related deaths due to the negative effect on the baby's ability to wake up if she is not getting enough oxygen and greater risk for respiratory and other infections that are associated with higher risk of sleep-related death.
- Using alcohol or drugs (including prescription or over-the-counter medications that cause drowsiness) impairs a parent's judgment in general, however, there appears to be a particular risk when bed-sharing—the parent is not as easily roused by and attuned to cues of distress from the baby.

Offer a pacifier at nap time and bed time. Use a pacifier that is cordless and not attached to a stuffed toy or baby's clothing to avoid a choking risk or strangulation on a cord around the baby's neck. If the pacifier falls out once the infant is asleep, there is no need to replace it. For breastfeeding infants, do not introduce the pacifier until breastfeeding is firmly established (i.e. when it is easy for baby to latch on to the breast and get plenty of milk).

Why this recommendation has been made:

- Studies have reported a decreased risk of sleep-related death ranging from 50%-90%.
- There is not yet a clear explanation about why this recommendation is useful, but it may be that the use of the pacifier helps with how the nervous system controls the body during sleep or helps keep the airway open.

Avoid overheating and head covering on infants

Why is this recommendation made?

- There is evidence that there is a greater risk of sleep-related deaths related to the amount of clothing the baby is wearing or the room temperature. There is no specific room temperature that can be recommended, and there is not sufficient evidence to recommend using fans to cool the room. It is also unclear how much of the risk from overheating is due to blankets or clothing such as hats that can cover the baby's face and lead to suffocation.
- For families who live in hot climates or come from countries where it is hot, this recommendation may be particularly confusing. It is important to share the idea that blankets and other clothing designed to keep babies warm in the U.S. are made to hold in body heat and the baby cannot kick off blankets or take off clothing as an adult might do when overheated. In addition, young babies' bodies are not yet efficient in regulating body temperature, and this can affect how their heart and other body systems function. Without this context, concerns about overheating may not make sense to families who come from hot climates.
- In some cultures, hot and cold have a specific meaning related to health and health events. It is important to understand what heat means to families you are serving.

This handout has been developed as a component of the Building on Campaigns with Conversations: An Individualized Approach to Helping Families Embrace Safe Sleep & Breastfeeding online curriculum. To view the entire curriculum, please visit: <https://www.ncemch.org/learning/building>.

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