

**Tip:**

Help families and caregivers reduce the risk of **Infant Death** (ID) from asphyxiation and **Sudden Infant Death Syndrome** (SIDS) in the first year of life with clear messages about safe sleep practices.

**SIDS** is the sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, including a complete autopsy, death scene investigation, and review of the clinical history (Willinger et al, 1991). SIDS occurs in families of all races, but is more prevalent among African Americans and American Indians than Caucasians or Hispanics. SIDS in the US has declined 50% since 1992 with the Back-to-Sleep Campaign's risk reduction strategy of placing infants supine for sleeping.

**Asphyxiation** may occur when an infant is trapped under an adult or another child's body or limb, or between a wall and a mattress, or has its face covered by bedding and cannot breathe.

### Risk reduction strategies for Infant Death and SIDS

**Promote early prenatal care and educate the family to provide a safe sleep environment when baby comes home.** Coordinate with community maternal/child health education and outreach programs. **Back-to-sleep from birth.** Don't assume the baby sleeps in a crib. Ask parents and caregivers, "How and where do you put your baby to sleep?" If the family does not have a crib, identify resources for parents to get a safe crib. **Emphasize that the infant sleeps safest alone.** To maximize prevention of asphyxiation, the infant should not be put to bed or sleep with another infant, child or adult, OR with loose bedding, such as pillows, quilts, comforters and stuffed animals.

- Affirm and demonstrate that the infant always be placed on its back to sleep, including naps.
- Review sleep position instructions given to parents or caretakers of NICU infants who may have been placed prone for sleep based on other medical conditions (e.g. upper airway abnormalities or gastroesophageal reflux).
- Encourage caregivers to consider offering a clean, dry pacifier (for breastfeeding infants, delay offering for one month, until breastfeeding is established) when placing the baby on his or her back to sleep.

#### A safe sleep environment.

- Advise parents to **avoid putting the baby to sleep on any adult sleep surface**, including couches, recliners and their own beds.
- Suggest that parents **keep baby's sleep area close to, but separate from where parents sleep.**
- Discuss the need to **monitor the temperature to keep the baby from getting too warm.** Keep it at a level that feels comfortable for an adult. Use a sleeper or a light blanket tucked in at the sides and bottom of the crib and pulled only to the baby's chest.

- NO SMOKING! by family, caregivers or visitors to **ensure a smoke-free environment for the baby.**
- **“Back-to-sleep, tummy-to-play”** at home and for any care provided outside the home or by babysitters. When baby is awake and supervised, emphasize putting babies on their stomachs to play to promote baby’s development and avoid “flat-head” (plagiocephaly).

## Special Considerations for Breastfeeding Mothers:

The American Academy of Pediatrics (AAP) recommends that **breastfeeding mothers who bring their babies to bed to nurse return the baby to the crib or bassinet when finished nursing.** AAP suggests keeping the baby’s crib or bassinet in the same room and next to parents’ bed.

## Resources

- American Academy of Pediatrics Policy Statement, *The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk*, PEDIATRICS Vol. 116 No. 5 November 2005, pp. 1245–1255 (doi:10.1542/peds.2005–1499)
- The National SIDS & Infant Death Project IMPACT: Contacts for state programs to find professional bereavement counselors, support groups and resources for safe sleep environments. (800) 930-7437; [www.sidsprojectimpact.com](http://www.sidsprojectimpact.com).



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The Association of Clinicians for the Underserved (ACU) is a non-profit, transdisciplinary organization of health professionals, advocates, and health care organizations united in a common mission to improve the health of America’s underserved populations and to enhance the development and support of the health care clinicians serving these populations.



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The National SIDS & Infant Death Project IMPACT, a partnership of the Association of SIDS & Infant Mortality Programs and the federal Maternal and Child Health Bureau, creates opportunities for collaboration among federal, state and local organizations in response to SIDS/ID risk reduction and bereavement support issues.