**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH**

**Policy Recommendation: Safe Infant Sleep Practices**

**July 2018**

Each year, approximately 30-40 Massachusetts infants die due to sudden unexpected infant death (SUID)[[1]](#footnote-1). Reviews of these deaths by local Massachusetts child fatality review teams indicate that many of them occur in sleep positions and environments that are considered unsafe for infants. The Massachusetts Department of Public Health (MDPH) makes the following recommendations related to sleep position, environment, and practices to help reduce the risks and the number of preventable infant deaths. This policy recommendation is based on the American Academy of Pediatrics (AAP) revised safe sleep guidelines, as well as evidence-based best safe sleep practices for infants up to one year of age.

**Safe Sleep Policy Recommendation**

**The safest place for an infant to sleep is flat on his or her back, in the same room with a parent or caregiver, but on a separate sleep surface, such as a safety-approved crib or bassinet.**

**Sleep Position**

* Place an infant flat on their backs for every sleep (both naps and bedtime) by all caregivers. Substantial research demonstrates that this reduces the risks of SUID.
* Stomach sleeping can lead to higher risk for aspirating reflux, and blocked airways. While infants may appear to sleep more soundly on their stomach, it is likely because they are getting less oxygen.
* Side sleeping can lead to an increased risk of rolling onto their stomachs, leaving them unable to roll on their backs again, and putting them at risk of SUID.
* Place a pre-term infant to sleep on their back for every sleep as soon as it is medically possible.
* Place an infant that experiences gastroesophageal reflux on their backs for every sleep because their airway anatomy protects them from aspirating any reflux in that position, unless they have a type three or four laryngeal cleft.[[2]](#footnote-2)
* Once an infant can roll from back to belly and belly to back, they can stay in the sleep position they assume, including stomach sleeping.

**Devices Used for Sleeping**

* Place an infant to sleep in a safety-approved crib, bassinet, or Pack and Play (these are referred to as the safe sleep space for the remainder of this document) with a firm mattress and a fitted sheet made for the safe sleep space.
* Look for and follow safety information on all devices and related infant items, especially bedding.
* Cribs that are broken or missing parts have been associated with sleep-related infant deaths.
* Co-Sleepers that are placed in the bed or attached to the side of the bed are not known to reduce the risk of SUID. Review the American Academy of Pediatrics[[3]](#footnote-3) (AAP) and Consumer Product Safety Commission[[4]](#footnote-4) (CPSC) infant safe sleep recommendations for additional guidance.
* Avoid placing anything in or around an infant’s sleep space especially for the first year of life. The following items in particular can increase risk of suffocation, head entrapment, or strangulation of an infant:
* soft mattresses or cushions;
* blankets, comforters, pillows or other soft bedding items;
* bumper pads or portable bed rails;
* wedges or positioning devices;
* stuffed animals or toys;
* plastic sheets or plastic bags; and
* strings, cords, or ropes.
* Never place an infant on the following objects for sleep because the objects put infants at high risk of SUID. Use these devices only as directed as they can place an infant in a position that block their airways if the infant falls asleep:
* soft surfaces such as sofas, futons, recliners, or cushioned chairs;
* small surfaces;
* carriers such as a sling or Baby Bjorn;
* car seats, strollers, bouncy chairs, or swings; and
* waterbeds.

**If an Infant Falls Asleep in an Unsafe Sleep Position or Location**

* Move the infant to a safe sleep space as soon as possible.
* If the infant cannot be moved right away, supervise the infant, make sure their head and face are uncovered, and that their neck is extended.

**Room Conditions**

* Keep an infant’s safe sleep space in the same room as a parent or caregiver (also known as room-sharing), particularly for the first six months after birth. Substantial research demonstrates that room-sharing, but not bed-sharing, can decrease the risk of Sudden Infant Death Syndrome (SIDS) by as much as 50 percent.
* Keep the room temperature between 68-72 degrees Fahrenheit (20-22.2 degrees Celsius).
* Do not place the safe sleep space near a furnace, space heater, or any other heat source.
* Smoking should not occur near or in the same space as an infant.

**Bed-Sharing**

* No Infant should share a bed or sleep surface with anyone, including parents or caregivers, siblings, or pets because it increases the risk of SUID for infants.

MDPH acknowledges that there will be times when parents or caregivers bed-share with their infant for cultural, personal, and/or circumstantial reasons. The Department recommends that parents and caregivers be informed about the following:

* Bed-sharing can lead to the harm or death of an infant.
* Everything and everyone, including siblings, parents, caregivers, and pets, should be kept away from an infant while they are sleeping to help prevent suffocation, strangulation, or entrapment.
* There is an increased risk of SUID when parents, caregivers, siblings, and pets bed-share with an infant especially if the individual:
* is not a breastfeeding parent;
* is obese;
* smokes;
* is using medications that cause drowsiness;
* is using any amount of alcohol, marijuana, or other drugs; or
* is sick or unusually tired.
* Falling asleep while holding an infant on a sofa, armchair, or couch is extremely dangerous[[5]](#footnote-5).
* There is an increased risk of SUID while bed-sharing when the infant:
	+ is younger than 4 months old;
	+ is pre-term, or low birthweight;
	+ has a cold or is congested;
	+ has a birthmother who smoked during pregnancy; or
	+ is exposed to cigarette smoke.
* If a parent cannot stay awake while feeding or holding their infant, co-sleeping in an adult bed, with all blankets, pillows, sheets, or other soft objects removed is a safer location than a sofa or armchair.
* If parents or caregivers awaken while holding an infant, immediately move the infant to a safe sleep space.

**Breastfeeding**

Breastfeeding is a protective factor against SUID. MDPH strongly supports breastfeeding and encourages breastfeeding parents to follow safe sleep guidelines. Breastfeeding is often cited as a reason why parents bed-share, and some data suggest that bed-sharing is associated with longer duration of breastfeeding. However, bed-sharing can be dangerous and is not essential for successful breastfeeding. The Department recommends that breastfeeding parents be informed that:

* Bed-sharing, even while breastfeeding, can lead to the harm or death of an infant.
* If an infant falls asleep during or after breastfeeding, move the infant to their safe sleep space and place them on their back as soon as possible.
* If a parent cannot stay awake while breastfeeding, moving to an adult bed, with all blankets, pillows, sheets, or other soft objects removed, is a safer location than a sofa, futon, or armchair.
* If parents or caregivers awaken during or after breastfeeding, immediately move the infant to a safe sleep space.

**Other Practices to Prevent SUID**

* Practice tummy time (placing an infant on their stomachs while awake and supervised by a responsible adult) to promote development of head control as well as neck, shoulder, and arm strength, and to avoid head flattening.
* Dress an infant in a sleeper or a sleep sack to avoid over-bundling and overheating, which increases risk of SUID.
* Swaddling an infant correctly before they sleep can calm or soothe them, avoid hip dysplasia, and reduce suffocation risks from blankets. Place a swaddled infant only on their backs to sleep.
* Do not swaddle an infant who can roll or who shows signs of rolling over.
* Avoid cigarette smoking while pregnant.
* Keep the environment, particularly the room(s) where the infant sleeps, free of tobacco smoke, including cigarettes and cigars.
* Pacifier use, if initiated after breastfeeding is established, helps protect against SUID as long as the pacifier is not attached to a cord or stuffed animal while the infant is sleeping.
* Placing an infant directly on bare skin (“skin-to-skin”) immediately after delivery with appropriate assessments and monitoring in the hospital setting, and with clear guidance of safe skin-to-skin after discharge can help protect against SUID. Continued skin-to-skin throughout the newborn period is encouraged as long as the caregiver does not fall asleep.

For more guidance on infant safe sleep, visit DPH’s infant safe sleep website at [www.mass.gov/infant-safe-sleep](http://www.mass.gov/infant-safe-sleep).

To order infant safe sleep materials that can be shared with parents and caregivers, please visit the Massachusetts Health Promotion Clearinghouse (<http://massclearinghouse.ehs.state.ma.us/category/INJ.html>) and NICHD’s Safe to Sleep campaign <https://www1.nichd.nih.gov/sts/Pages/default.aspx>.

**Resources**

* American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death Syndrome. Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment; *Pediatrics* 2016; Volume 138, Number 5: 1-12.
* American Academy of Pediatrics (AAP) Task Force on Sudden Infant Death Syndrome. Technical Report: SIDS and Other Sleep-Related Infant Deaths: Evidence Base for 2016 Updated Recommendations for a Safe Infant Sleeping Environment; *Pediatrics* 2016; Volume 138, Number 5: e1-e34.
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* Winter-Feldman L, Golsmith JP; American Academy of Pediatrics Committee on Fetus and Newborn. Safe sleep and skin-to-skin care in the neonatal period for healthy term newborns. Pediatrics. 2016;138(3):e20161889
1. SUID deaths are mostly composed of Sudden Infant Death Syndrome (SIDS) –a death where no clear cause is found-, Accidental Strangulation or Suffocation in Bed (ASSB), and Undetermined causes. [↑](#footnote-ref-1)
2. American Academy of Pediatrics (AAP), Updated 2016 Recommendations for a Safe Infant Sleeping Environment. e3. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938> [↑](#footnote-ref-2)
3. American Academy of Pediatrics (AAP), Updated 2016 Recommendations for a Safe Infant Sleeping Environment. E9. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938> [↑](#footnote-ref-3)
4. Consumer Product Safety Commission, [www.cpsc.org](http://www.cpsc.org) [↑](#footnote-ref-4)
5. American Academy of Pediatrics (AAP), Updated 2016 Recommendations for a Safe Infant Sleeping Environment. <http://pediatrics.aappublications.org/content/early/2016/10/20/peds.2016-2938> [↑](#footnote-ref-5)