



Safe Sleep in Child-Care Settings

Recommendations for reducing
the risk of sudden infant death



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number HRSA-17-094.

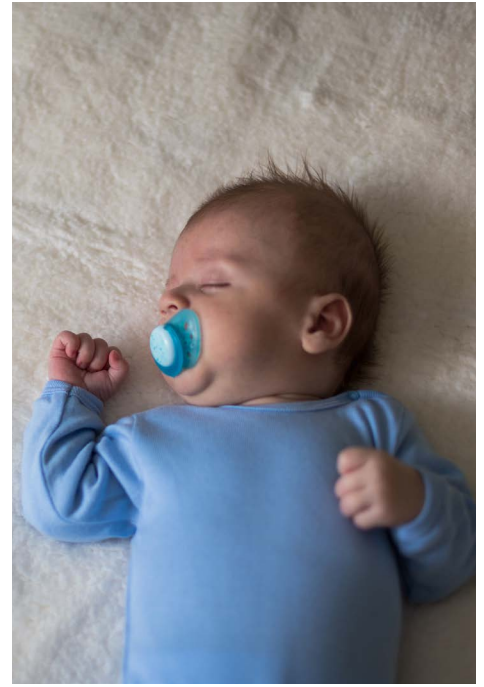
The Importance of Safe Sleep

A safe sleep environment can lower the chances of an infant dying of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes.

We developed this handout and FAQ for non-parental caregivers in child-care settings. It is useful for centers and family child-care homes. Some of the recommendations may also be true for parents and families in their homes. Others are specific to the child-care environment.

This handout is designed to educate child-care providers to:

- Define Sudden Infant Death Syndrome (SIDS) and Sudden Unexpected Infant Death (SUID) and know how to reduce the risk of sleep-related infant deaths.
- Always protect children in your care by creating a safe sleep environment.
- Promote the Safe to Sleep message in all child-care programs.
- Raise awareness and change practices in family child-care homes, center-based child-care programs and to pass along the Safe Sleep message to parents and family members.

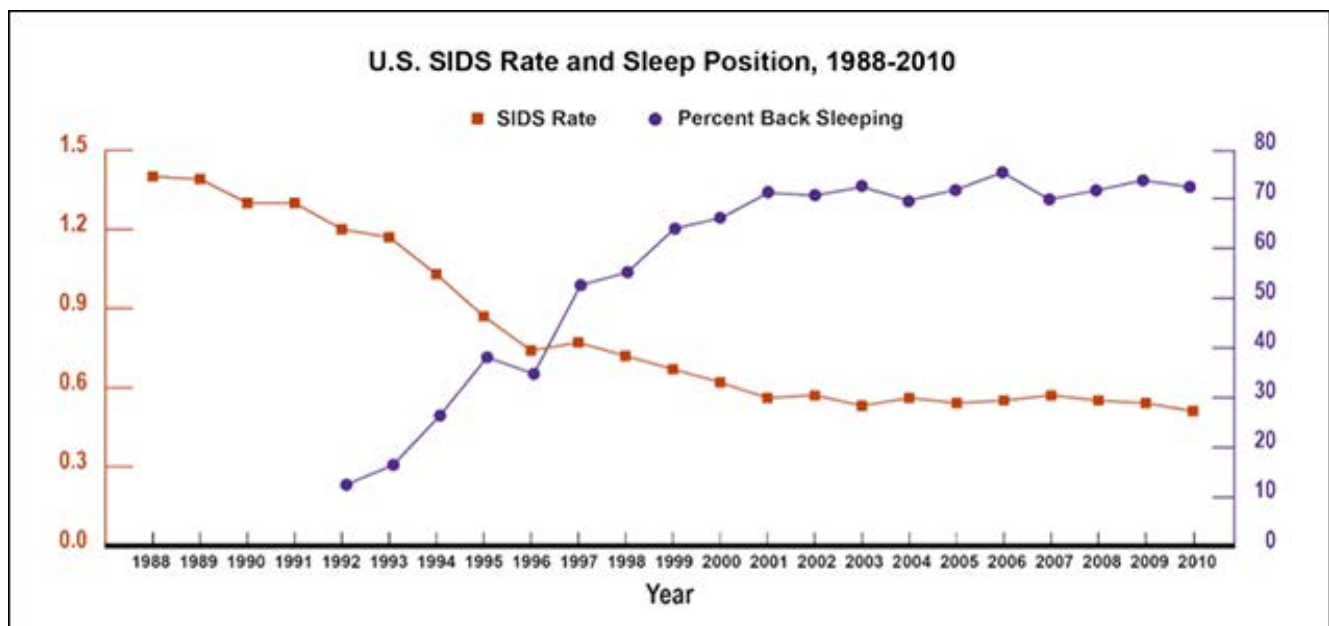


To ensure that all babies are sleeping in a safe environment, please review and comply with state laws and follow recommendations from the American Academy of Pediatrics: Infants should be placed for sleep wholly on their back for every sleep by every caregiver until the child reaches 1 year of age.



According to the National Institute of Health, **Sudden Infant Death Syndrome (SIDS)** is the sudden, unexplained death of a baby younger than 1 year of age that doesn't have a known cause even after a complete investigation. This investigation includes performing a complete autopsy, examining the death scene, and reviewing the clinical history. **Sudden Unexpected Infant Death (SUID)** is the death of an infant younger than 1 year of age that occurs suddenly and unexpectedly. After a full investigation, these deaths may be diagnosed as suffocation, entrapment, infection, ingestion, metabolic diseases, cardiac arrhythmias, trauma (accidental or non-accidental) or SIDS. (<https://safetosleep.nichd.nih.gov/safesleepbasics/faq>)

We have made great progress in reducing SIDS. The largest decline in SIDS rates occurred between 1992 and 1999. Between 1994, when the Safe to Sleep® campaign (formerly known as the Back to Sleep campaign) started, and 1999, the overall SIDS rate in the United States dropped by more than 50 percent. During that same time period, the rates of back sleeping more than doubled:



<https://safetosleep.nichd.nih.gov/activities/SIDS/progress>

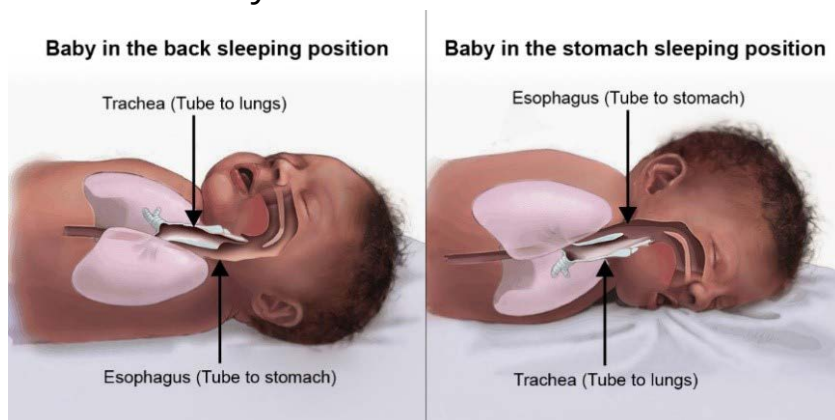
Frequently Asked Questions



If I put a baby to sleep on their back, won't they be more likely to choke?

No. A healthy baby will naturally swallow or cough up fluids—it's a reflex all people have in order to keep the airway clear. Thanks to their anatomy, a baby may be better able to clear fluids when sleeping on their back!

Here's how it works: When the baby is sleeping on their back, the baby's airway (the trachea, a tube to the lungs) lies on top of the esophagus (the tube to the stomach). When a baby is on their back, anything coming up from the stomach will be forced by gravity to the lowest point, which is the esophagus. The airway is protected because it sits above the esophagus when the baby is on the back. When the baby is sleeping on their stomach, liquids coming up from the stomach can pool at the tracheal opening. That makes choking and aspiration (fluid getting into the lungs) much more likely.



<https://ct1.medstarhealth.org/content/uploads/sites/10/2017/08/BabyAnatomy-Safe-Sleep.jpg>

- Place all babies on the back for sleep unless the child has a signed doctor's note that says not to.
- Back sleeping will not cause the baby to choke—it protects against choking!
- The signed doctor's note should include detailed sleep instructions as well as an end date on the note.

My mom put me on my stomach, and I turned out fine, so is it that big of a deal?

Your caregivers were following advice based on the evidence available at that time. Since then, research has shown that sleeping on the stomach increases the risk for SIDS. This research also shows that sleeping on the back carries the lowest risk of SIDS. That's why we recommend all infants sleep on their backs!

Some babies are more at risk for death if they sleep on their tummy. There's no test we can do to find out who is and who isn't safe sleeping on their tummy. We don't want to find out a baby was at risk by having them die—so we put all babies to sleep on their backs.

When a baby can roll over on their own, can they sleep in any position they want?

Even when a baby can turn over from back to tummy and from tummy to back, place them on their back for sleep. They may not have the upper body control to move their bodies to get more air if their airway gets blocked. Keep the sleep environment clutter-free. If they roll over, you do not need to turn them back onto their back. Allow the baby to adopt the sleep position they prefer.

Make sure that there are no blankets, pillows, bumper pads, or other items in the crib. The baby can roll up against them and suffocate.

Babies usually begin to roll when they are 4-6 months old, which is also the age at which the chance of SIDS decreases. (Every baby is different. Some achieve this milestone as early as three months.) While the risk of SIDS drops a lot after six months, it does not go away completely until 12 months of age.

If you have a baby who can roll, you might want to put a note on the crib or in the child's file saying so. When licensing inspectors visit, it helps them know which infants might be on their stomach because they rolled over.

Won't the baby be fine, if I just keep an eye on them?

Let's be honest, it's hard to keep track of a lot of things at once. And we can't tell from a distance (or sometimes, even up close) that something is wrong with a baby's breathing. Make sure you do both. Put the baby on their back and keep an eye on the baby while they sleep.



Why can't the baby have a blanket? What about hats?

Blankets and other soft items in the crib are hazardous. Unlike adults and older children, a baby can't roll over or move the item out of the way if it blocks their airway. This means they could suffocate while sleeping on their tummy.

Hats and other soft items can slide off and block the airway, too.

So, what do you do to make sure the baby stays warm?

Instead of using loose blankets, use a sleeper, wearable blanket, or other sleep clothing. You can also dress the baby in layers. If the baby becomes flushed and sweaty take a layer off!

You can also make sure the temperature in the room is set just right! The temperature in the room where the baby sleeps should be comfortable for a lightly clothed adult. A temperature of at least 68 degrees Fahrenheit must always be maintained in all rooms occupied by children. (It's better for the environment to be cooler than warmer.)

What's wrong with letting the baby sleep in a bouncer or car seat?

If a baby falls asleep in a car seat, stroller, swing, carrier, or sling, move the baby to a firm sleep surface as soon as possible.

Sleeping in bouncers or car seats puts the baby at risk for what we call positional asphyxiation. That means the baby can move or slip into a position that blocks the airway. Babies don't have the strength to move their heads when their bodies shift into positions that block their airway. This means the baby can suffocate and die in a car seat or bouncer.





Can I put the baby to sleep on their side?

Nope! Side sleepers can easily fall forward onto their tummies. If the baby is a tummy or side sleeper, there is a 2 to 3 times higher risk for SIDS. The side position is as dangerous as placing the baby on the tummy.

When a baby who normally sleeps on their back gets placed to sleep on their tummy, they are 18 times more likely to die from SIDS.

When you change babies from their usual position of sleeping on a tummy to their back, guess what? They are not at a greater risk of SIDS.

Should a baby be swaddled?

Some state rules say swaddling in the daycare setting is OK, others do not.

Even if your state rules allow swaddling, it is not necessary or recommended in the daycare setting. Learn more in the Caring for Our Children standards at <https://nrckids.org/CFOC>.

There are risks and benefits to swaddling. Swaddling has been associated with increased back sleeping and helps to calm fussy babies. However, swaddling can increase the risk of SIDS/SUID if the baby is placed on the tummy or side to sleep, as well as hip dysplasia (where the hip joints do not develop correctly) and overheating.

If you worry about the child not being warm or snuggled enough, put the baby in a one-piece sleeper or a sleep sack.

If you DO swaddle, be sure to stop swaddling when the baby starts showing signs that they are ready to roll or flip while sleeping!

Should a preemie be swaddled? I've heard that they should be.

Every child is different. With infants, especially preemies, you want to be sure you, the parent and the primary care doctor are all on the same page when it comes to safe sleep!

Even though you may have heard swaddling is best for preemies, have a conversation with the family first before you swaddle the infant. Ask if there are any doctor's notes or orders for the child. If there are none, work with the parents and follow any state regulations about swaddling. Also, if you or the parents have concerns about the premature infant's sleep at all, partner with the family and reach out to the primary care doctor.

Doesn't back sleeping cause a flat head?

Pressure on the same part of the baby's head can cause flat spots if you lay a baby down in the same position too often or for too long. Flat spots are usually not dangerous and usually go away on their own once the baby starts sitting up.

Make sure the baby gets enough Tummy Time. Limiting the time spent in car seats (once the baby is out of the car!) and changing the direction the baby lays in the sleeping area from week to week also can help to prevent these flat spots.

You can check out <https://safetosleep.nichd.nih.gov/safesleepbasics/tummytime> for other ways to help prevent flat spots on your baby's head.

Doesn't a baby startle more easily when on their back?

Kind of—but that could be a good thing! Research has shown that a baby who sleeps on the tummy sleeps longer and deeper. That deep sleep can be dangerous for some infants. If the baby has a problem breathing while asleep, they will have more difficulty waking up when in a deep sleep.

Sleep-related deaths may occur when a baby does not have enough oxygen. It can also happen when a baby breathes too much carbon dioxide. Researchers think that this may be why sleeping on the tummy increases a baby's risk of death.

Parents sometimes tell me that they sleep with their babies. I've heard that is dangerous, but I don't know exactly how to talk about it with parents! What is the difference between co-sleeping, bed-sharing, and room-sharing? Are any of them safe?

Co-sleeping includes both surface sharing and room sharing! Although it is a common term, it is also a confusing one. Surface sharing is when the parent or caregiver shares a bed, couch, or any sleep surface with the baby, which is not recommended. Room sharing is when the baby sleeps on their own bed/crib/bassinet in the same room where the parent sleeps.

The American Academy of Pediatrics (AAP) recommends room-sharing without surface sharing or bedsharing. Room-sharing may lower the baby's risk of SIDS and other sleep-related causes of death.



How important is it for me, as a child-care provider, to support mothers who are breastfeeding?

Really important! Breastfeeding is the number one protective factor against SIDS. Encourage your moms to continue to breastfeed at home, and pump to provide milk for you to feed the baby while in your care.

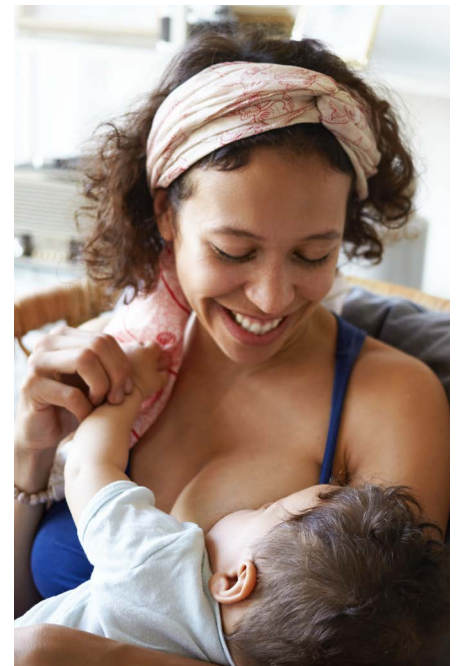
The Public Health Law Center has shared the following ways child-care providers can support moms who choose to breastfeed:

- Let moms know that they are supported, in culturally appropriate ways, by talking to them about their breastfeeding plans.
- As part of the plan and preferences, discuss options for staff to avoid feeding infants shortly before mom arrives to take them home (so she can feed at the breast).
- Make sure mothers have a quiet and private place to breastfeed or pump at your center and that you have a freezer or refrigerator where they can store milk.
- Have a written policy that sets forth support for breastfeeding and guidelines that will be followed. Communicate that policy to staff, parents, visitors, and expectant mothers
- Train staff about infant feeding practices, safe handling/storage of breast milk, and on breastfeeding support.
- Remember it is also important to support employees who are breastfeeding after maternity leave

Breastfeeding also provides a number of health benefits for both moms and babies—including lowering the rates of diabetes and certain cancers for mothers and reducing the risks of asthma and obesity for babies.

For more information on supporting breastfeeding, visit:

- [The Public Health Law Center Brief: Breastfeeding and Child Care Programs](#)
- [Supporting Breastfeeding Mothers and Infants in Child Care, from eXtension Alliance for Better Child Care Community of Practice](#)



Resources

From the American Academy of Pediatrics (AAP):

The [AAP Policy Statement](#) “SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment,” and [Technical Report](#), draws on new research and serves as the first update to Academy policy since 2011. Parents may find it helpful to read: [How to Keep Your Sleeping Baby Safe: AAP Policy Explained](#).

Additional helpful resources include:

[Safe Sleep for Babies - HealthyChildren.org](#)

American Academy of Pediatrics (AAP) video on safe sleep environments for babies.

[Back to Sleep, Tummy to Play - HealthyChildren.org](#)

American Academy of Pediatrics (AAP) discusses safe sleep and tummy to play practices for babies.

Training

Reducing the Risk of SIDS and SUID in Early Education and Child Care

The AAP provides a free online learning module for early education and child-care providers regarding safe sleep. You can learn more about this free course [here](#).

Research Articles

[Infant Sleep Environments Depicted in Magazines Targeted to Women of Child-bearing Age](#)

[Reducing the Risk of Sudden Infant Death Syndrome in Child Care and Changing Provider Practices: Lessons Learned From a Demonstration Project](#)

[State Child Care Regulations Regarding Infant Sleep Environment Since the Healthy Child Care America Back to Sleep Campaign](#)

Additional Resources

- [Centers for Disease Control and Prevention](#)
- [SUID/SIDS Gateway](#) from the National Center for Education in Maternal and Child Health, Georgetown University
- [Grief/bereavement resources](#)