



*SUDDEN INFANT DEATH SYNDROME AND
THE CHILD CARE PROVIDER*

SETTING POLICY ON INFANT SLEEP POSITION

**Why Should I Set Rules
About How Babies Sleep?**

Since 1992 the American Academy of Pediatrics has recommended that infants sleep on their backs to reduce their risk of Sudden Infant Death Syndrome (SIDS). But some families still place babies on their stomachs to sleep.

To give babies the very best care, you should make it a rule that every child under one year old will always be placed for sleep on his back at your child care center.

Creating a policy on infant sleep position gives you a way to let families know about this rule. Your policy will also help teach families to place babies on their backs when they sleep at home.

**Sharing Your Policy with
Parents**

When you interview with parents who are looking for infant care, or begin providing care to a family who has a new baby, tell them about your rules for placing babies to sleep on their backs:

- Put your infant sleep position policy in writing and give a copy to parents. You may want to copy the standards from *Caring for Our Children*. Or you may want to write your own (just be sure to include each of the important points in the standards).

(--over for more --)

What Should an Infant Sleep Position Policy Say?

The American Public Health Association and the American Academy of Pediatrics have written guidelines for child care centers called *Caring for Our Children – National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*. They suggest using the following rules regarding infant sleep position and surroundings:

- Infants under 12 months of age shall be placed on their backs on a firm tight-fitting mattress for sleep in a crib.
 - Waterbeds, sofas, soft mattresses, pillows, and other soft surfaces shall be prohibited as infant sleeping surfaces.
 - All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib.
 - If a blanket is used, the infant shall be placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infant’s chest.
 - The infant’s head shall remain uncovered during sleep.
- (Caring for Our Children, Standard FA 190A)*
- Unless the child has a note from a physician specifying otherwise, infants shall be placed in a supine (back) position for sleeping to lower the risks of Sudden Infant Death Syndrome (SIDS).
 - When infants can easily turn over from the supine to the prone position, they shall be put down to sleep on their back, but allowed to adopt whatever position they prefer for sleep.
 - Unless a doctor specifies the need for a positioning device that restricts movement within the child’s crib, such devices shall not be used.
- (Caring for Our Children, Standard HP 006)*

This series was created by the Infant Mortality Risk Reduction Work Team of the National SIDS & Infant Death Program Support Center (NSIDPSC). You may copy it with proper credit. The NSIDPSC is a cooperative project of the SIDS Alliance, Inc. and the Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) Sudden Infant Death Syndrome/ Infant Death Program.



Sharing Your Policy with Parents . . .

- Begin the conversation by asking about the baby's sleep position at home.
- Tell the parents that you place all babies on their backs to sleep. Explain that this reduces the babies' risk of Sudden Infant Death Syndrome.
- Tell the parents that the American Academy of Pediatrics, the SIDS Alliance, the Association of SIDS and Infant Mortality Programs and the National Institutes of Health recommend back sleeping as the safest position for babies.
- Tell them that, even though most babies will be just fine, there is a higher risk of SIDS when an infant is placed to sleep on his stomach or side.
- If the parents have questions about SIDS and infant sleep position, give them a SIDS brochure and/or a "Back to Sleep" brochure or video. Or give them the toll-free telephone numbers for the SIDS Alliance (1-800-221-SIDS) and the national "Back to Sleep" campaign (1-800-505-CRIB). They can call these numbers and have someone who knows about SIDS answer their questions.
- A few babies do have medical conditions that require stomach sleeping. If the family insists that their baby should sleep on his side or stomach, tell them that you will need a note from the baby's doctor saying that this is how the baby should sleep.
- If the parents will not or cannot obtain a doctor's note, and they still insist that their baby sleep on his stomach or side, you might decide not to take care of their child. While it is difficult to lose a client, it is important to stick to your rules – especially rules that affect a child's safety. It is also important that the parents for whom you work respect your rules as a child care professional.
- Remember that, on occasion, you may need to reinforce your rules about sleep position with parents. Do not agree to place a baby to sleep on his stomach "just for a while" because he has a cold, is teething, prefers to sleep on his stomach, etc.

What Is SIDS?

Sudden Infant Death Syndrome (SIDS) is the sudden, unexpected death of an infant under one year of age which remains unexplained after a thorough investigation. SIDS is sometimes referred to as "crib death." However, cribs with safe bedding that follow the U.S. Consumer Product Safety Commission's guidelines are actually the *safest* places for infants to sleep.

About 77 of every 100,000 babies born alive in the U.S. die of SIDS. The causes of SIDS are unknown at this time. However, research has identified a number of factors that indicate an increased risk of SIDS. This information has helped health professionals to develop SIDS risk reduction campaigns. The incidence of SIDS in the U.S. has dropped by 42% since 1992, when the "Back to Sleep" risk reduction campaigns began.

For more information, contact: