



Safe Sleep Recommendations

Babies should be placed on their back for every sleep

- Babies should always be placed on their back to sleep. Placing babies on their belly or on their side to sleep is not recommended as it increases the risk of suffocation.
- Babies will not choke when they're on their back because their anatomy and gag reflex prevents that from happening.
- If a baby can roll from their back to their belly and from their belly to their back, they should still be placed to sleep on their back. If they assume a new sleep position during sleep, they can be allowed to remain in that position.

Babies should sleep on a firm, flat sleep surface

- A crib, bassinet, portable crib, or playard that meets the safety standards of the Consumer Safety Product Commission is recommended, along with a tight-fitting, firm mattress and fitted sheet designed for that product. Nothing else should be in the crib except for the baby.
- A firm surface maintains its shape and will not indent when the infant is placed on the surface.
- The sleeping environment should be free of hazards, such as dangling cords, toys, electric wires, or other cushions and bedding to avoid the risk of strangulation or suffocation.
- Car seats, sofas, armchairs, futons, chairs, strollers, swings, infant carriers, and infant swings are not recommended for sleep. Babies should not be placed or left unattended in car seats or similar products with the straps unbuckled or partially buckled. Sofas and armchairs are extremely dangerous places for a baby, with an extraordinarily high risk for infant death, and should never be used for sleep.

Caregivers should give babies tummy time

- [Tummy time](#) is an important way to help babies grow and develop. Babies should be laid down on their stomach while they are awake and someone is watching them.
- Caregivers should start with two or three short (3- to 5-minute) tummy time sessions each day.
- The baby's total daily amount of tummy time should be increased to at least 15-30 minutes by 7 weeks of age.

Caregivers should not sleep with their babies

The AAP does not recommend bringing babies into the caregiver's bed under any circumstances. This includes twins and other multiples.

- If the baby is brought into their caregiver's bed to feed or comfort them, they should be placed in their own sleep space when the caregiver is ready to go to sleep.
- Caregivers should avoid falling asleep with a baby in other spots, too. The risk of sleep-related infant death is up to 67 times higher when infants sleep with another person on a couch, soft armchair, or cushion.

It's extra important not to share a bed with a baby if:

- Caregivers have been drinking alcohol or taken any medicines or substances. The risk of sleep-related infant death is more than 10 times higher for babies who bedshare with someone who is fatigued or has taken medications that make it harder for them to wake up, or who has used substances such as alcohol, medications, or drugs.
- The baby is very young, small, or was born prematurely. The risk of sleep-related infant death while bedsharing is 5 to 10 times higher when a baby is younger than 4 months old, and 2 to 5 times higher when a baby was born preterm or with a low birthweight.

Babies should share a room with their caregiver, ideally for at least the first 6 months

- The baby's crib, bassinet, portable crib, or playard should be placed in the caregiver's bedroom, close to the caregiver's bed.
- If babies are brought into their caregiver's bed to feed or comfort them, they should be placed in their own sleep space when the caregiver is ready to go to sleep.

Caregivers should avoid letting their babies get overheated

- Caregivers should check their baby for signs of overheating such as sweating, flushed skin, or a hot chest.
- Once a baby is home from the hospital, a hat should not be put on the baby while indoors.

If caregivers plan to swaddle their baby, they should follow guidelines to swaddle safely

- Babies should always be placed on their back when swaddled.
- The swaddle should not be too tight or make it hard for the baby to breathe or move their hips.
- When the baby looks like they are trying to roll over, caregivers should stop swaddling due to risk of suffocation. Some swaddles that leave the baby's arms free may still be appropriate for use; caregivers should check the product instructions or consult with their healthcare provider to assess what is best for their baby.

Soft and loose objects should be kept out of the baby's sleep area

- All pillows, pillow-like toys, quilts, comforters, and loose bedding should be removed from the baby's sleep area to avoid risk of suffocation, strangulation, and wedging/entrapment.
- Blankets, hats, and other coverings used to keep a baby warm are not recommended because they increase the risk of entrapment and strangulation in the sleep space.
- To keep a baby warm, caregivers can consider dressing them with layers of clothing, using a wearable blanket, swaddle, or similar infant sleep clothing.

Cradleboarding babies

The National Institute of Child Health and Human Development suggests cradleboards as a culturally appropriate infant safe sleep surface. If planning to cradleboard a baby, care should be taken so that the baby does not overheat due to overbundling. The following steps can be taken to prevent hip dysplasia:

- Have caregivers consult with tribal elders and community members: Different Native American communities have unique cultural practices and traditions, and it is important to seek input from elders and community members to understand the appropriate way to cradleboard infants safely.
- Select a cradleboard that allows for movement: Infants should not be kept in a single position for prolonged periods of time. The cradleboard should be designed to allow for movement and changes in position.
- Avoid tight swaddling: Tight swaddling can restrict movement and increase the risk of hip dysplasia. Instead, caregivers should use a soft, breathable material to line the cradleboard.
- Monitor the baby's development: Parents and caregivers should be aware of the signs of hip dysplasia and should have their baby's hips checked regularly by a healthcare provider.

Feeding of human milk is recommended

- Unless it is [not safe to do so](#), or the parent is unable to do so, it is recommended that infants be fed with human milk.