

AAP Statement Expands SIDS Guidelines on Safe Sleeping Environment

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Clinical Context

The prevalence of sudden infant death syndrome (SIDS) decreased after recommendations from the American Academy of Pediatrics (AAP) were issued in 1992. The most important guideline from these recommendations was the exclusive use of nonprone sleep position for infants. However, the authors of the current policy statement note that the prevalence of SIDS is not declining as dramatically in recent years. In addition, new insights into the prevention of SIDS have mandated an update to the recommendations from AAP. These recommendations are summarized in the "Study Highlights" section.

Study Synopsis and Perspective

The AAP has expanded its recommendations to ensure a safe sleeping environment for infants and to further reduce the risk for SIDS in a new policy statement.

The recommendations were announced here at the AAP 2011 National Conference and Exhibition by pediatrician and SIDS researcher Rachel Moon, MD, from the Children's National Medical Center, Washington, DC, who led the task force that updated the policy statement.

Since 1992, when the AAP recommended that all babies be placed on their backs to sleep, deaths from SIDS have declined dramatically; however, sleep-related deaths from other causes, including suffocation, entrapment, and asphyxia, have increased, Dr. Moon said.

She told *Medscape Medical News* that the new policy statement has 3 important changes.

Dr. Rachel Moon

First and foremost is the recognition that breastfeeding protects against SIDS.

"In 2005, there was a lot of evidence that breastfeeding was great for preventing infant mortality in general, but not SIDS specifically. But since 2005, there has been a lot of research that has shown that breastfeeding is protective against SIDS, and we wanted to emphasize that and make that change," Dr. Moon said.

The second change is an emphasis on immunization.

"There's been a lot of press out there about how immunizations may cause SIDS. Again, there's been research to show that this is absolutely not the case. In fact, if you are immunized, your risk of SIDS drops by 50%. We wanted to make that clear; we wanted to put that out there," she said.

The third big change, Dr. Moon said, is the recommendation against using bumper pads in cribs to reduce accidental smothering.

"We have expanded the recommendations in the policy statement to focus not only on SIDS, but on other deaths that can occur. That is why we are recommending against the cushions that go along the sides of the crib," she said. "Children can be suffocated by them."

Other key recommendations are:

- Always use a firm sleep surface. Car seats and other sitting devices are not recommended for routine sleep.
- The baby should sleep in the same room as the parents, but not in the same bed (room sharing without bed sharing).
- Keep soft objects or loose bedding out of the crib.
- Wedges and positioners should not be used.
- Offer a pacifier at nap time and bedtime.
- Avoid covering the infant's head or overheating.
- Do not use home monitors or commercial devices marketed to reduce the risk for SIDS.
- Supervised, awake tummy time is recommended daily to facilitate development and minimize the occurrence of positional plagiocephaly (flat heads).

Eve R. Colson, MD, from the Yale University School of Medicine, New Haven, Connecticut, told *Medscape Medical News* that she is very happy to see this focus on preventing accidental deaths.

"As a director of our nursery and somebody who is really into medical education of families and of staff, I am glad to see this because we have seen lots of accidental deaths," Dr. Colson, who was not a member of the policy statement task force, said.

"We, at Yale, have been so upset by the increased number of deaths in beds happening in New Haven and surrounding areas. In my opinion, the adult bed is not a safe place and I'm glad they've come out with this recommendation." Dr. Colson said she understands "totally" that parents like to be close to their babies, and she encourages this. She said she takes a very sensitive approach when explaining to parents why the adult bed is not safe for babies.

"We get SIDS deaths in our emergency room, but we also get babies who have suffocated because somebody rolled on them or they have ended up underneath a pillow or got trapped between the mattress and the wall. This is what we have seen and we want to prevent that."

Dr. Moon and Dr. Colson have disclosed no relevant financial relationships.

American Academy of Pediatrics (AAP) 2011 National Conference and Exhibition. Presented October 17, 2011.

Pediatrics. Published online October 17, 2011. [Policy Abstract](#), [Report Abstract](#)

Related Link

The American Academy of Pediatrics provides a downloadable [A Parent's Guide to Safe Sleep](#) that may be used for patient education.

Study Highlights

- There are no randomized trials regarding interventions to prevent SIDS and other sleep-related deaths, so the recommendations are based primarily on results of case-control studies.
- The recommendations apply to children up to 1 year old.
- The supine sleep position is advised whenever the infant is put down for sleep, particularly for preterm infants. Preterm infants should be placed in the supine position for sleep as soon as is safely possible in the neonatal intensive care unit.
- The supine position does not increase the risk of choking or aspiration among infants, even among those with gastroesophageal reflux.
- Once the child can roll from supine to prone, the child can sleep in any position that he or she chooses.
- The recommended sleeping surface is a firm mattress covered with a fitted sheet. Infants should sleep on these firm surfaces and should not be permitted to sleep on beds. Infants who fall asleep in sitting devices such as a car seat should be transferred to a crib, particularly when they are younger than 4 months.
- The parent or provider should not attempt to fix broken parts of a crib, as these defects are associated with a higher risk for SIDS.
- Soft materials should not be used in the sleep environment of infants, even if they are covered by a sheet.
- Room-sharing without bed-sharing is recommended. This practice may reduce the risk for SIDS by as much as 50%. Devices promoted to make bed-sharing safe are not recommended.
- Bed-sharing is particularly high risk when the infant is younger than 3 months, a parent is a smoker or may have an altered level of consciousness, or the sleeping surface is very soft.
- There is no evidence that bumper pads reduce the risk for injury to young infants, and these devices are not recommended because of the potential for entrapment or strangulation.
- Breast-feeding reduces the risk for SIDS and should be continued for at least the first 6 months of life.
- Pacifiers appear to reduce the risk for SIDS, although the mechanism of this effect is unclear. The protective effect persists throughout the sleep period, even if the pacifier falls out of the infant's mouth. The pacifier does not need to be reinserted if it falls out, and the infant should not be forced to take the pacifier.
- The pacifier should not be introduced until the pattern of breast-feeding is firmly established, at approximately 3 to 4 weeks. There is insufficient evidence that finger-sucking is protective against SIDS.
- Although infants should not be overbundled, there is insufficient evidence to support the use of fans to prevent SIDS.
- Routine immunizations may have a protective effect against SIDS.

- Commercial devices, including cardiorespiratory monitors and positioning devices, promoted to prevent SIDS should be avoided.
- Supervised tummy time is recommended on a daily basis to facilitate development, which may reduce the risk for SIDS.
- Public education efforts need to continue to alert caregivers about ways to reduce the risk for SIDS. These efforts are most critical in communities in which SIDS is more common, including African American and American Indian/Alaskan Native communities.

Clinical Implications

- Means to reduce the risk for SIDS espoused by the current recommendations from the AAP include supine sleep position at all times, routine immunizations, breast-feeding, and room-sharing without bed-sharing. Soft materials in infants' sleep environment, commercial devices promoted to reduce the risk for SIDS, and fixing broken cribs at home are specifically discouraged.
- Pacifiers appear to reduce the risk for SIDS. The protective effect persists throughout the sleep period, even if the pacifier falls out of the infant's mouth. The pacifier does not need to be reinserted if it falls out, and the infant should not be forced to take the pacifier. The pacifier should not be introduced until the pattern of breast-feeding is firmly established, at approximately 3 to 4 weeks.

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