

# SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment

TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

## Summary of Recommendations with Strength of Recommendation

### A-level recommendations

Back to sleep for every sleep.

Use a firm sleep surface.

Breastfeeding is recommended.

Room-sharing with the infant on a separate sleep surface is recommended.

Keep soft objects and loose bedding away from the infant's sleep area.

Consider offering a pacifier at naptime and bedtime.

Avoid smoke exposure during pregnancy and after birth.

Avoid alcohol and illicit drug use during pregnancy and after birth.

Avoid overheating.

Pregnant women should seek and obtain regular prenatal care.

Infants should be immunized in accordance with AAP and CDC recommendations.

Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.

Health care providers, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk-reduction recommendations from birth.

Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.

Continue the "Safe to Sleep" campaign, focusing on ways to reduce the risk of all sleep-related infant deaths, including SIDS, suffocation, and other unintentional deaths. Pediatricians and other primary care providers should actively participate in this campaign.

### B-level recommendations

Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.

Supervised, awake tummy time is recommended to facilitate development and to minimize development of

positional plagiocephaly.

### **C-level recommendations**

Continue research and surveillance on the risk factors, causes, and pathophysiologic mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely.

There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.

- The following levels are based on the Strength-of-Recommendation Taxonomy (SORT) for the assignment of letter grades to each of its recommendations (A, B, or C).<sup>2</sup> Level A: There is good-quality patient-oriented evidence. Level B: There is inconsistent or limited-quality patient-oriented evidence. Level C: The recommendation is based on consensus, disease-oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening. Note: “patient-oriented evidence” measures outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, and quality of life; “disease-oriented evidence” measures immediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes (eg, blood pressure, blood chemistry, physiologic function, pathologic findings). CDC, Centers for Disease Control and Prevention.
  - Definitions of Terms

**Bed-sharing:** Parent(s) and infant sleeping together on any surface (bed, couch, chair).

**Caregivers:** Throughout the document, “parents” are used, but this term is meant to indicate any infant caregivers.

**Co-sleeping:** This term is commonly used, but the task force finds it confusing, and it is not used in this document. When used, authors need to make clear whether they are referring to sleeping in close proximity (which does not necessarily entail bed-sharing) or bed-sharing.

**Room-sharing:** Parent(s) and infant sleeping in the same room on separate surfaces.

**Sleep-related infant death:** SUID that occurs during an observed or unobserved sleep period.

**Sudden infant death syndrome (SIDS):** Cause assigned to infant deaths that cannot be explained after a thorough case investigation, including a scene investigation, autopsy, and review of the clinical history.<sup>1</sup>

**Sudden unexpected infant death (SUID), or sudden unexpected death in infancy (SUDI):** A sudden and unexpected death, whether explained or unexplained (including SIDS), occurring during infancy.