



# BRIGHT FUTURES HANDOUT ► PARENT

## 1 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

### ✓ HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Ask us for help if you have been hurt by your partner or another important person in your life. Hotlines and community agencies can also provide confidential help.
- Tobacco-free spaces keep children healthy. Don't smoke or use e-cigarettes. Keep your home and car smoke-free.
- Don't use alcohol or drugs.
- Check your home for mold and radon. Avoid using pesticides.

### ✓ FEEDING YOUR BABY

- Feed your baby only breast milk or iron-fortified formula until she is about 6 months old.
- Avoid feeding your baby solid foods, juice, and water until she is about 6 months old.
- Feed your baby when she is hungry. Look for her to
  - Put her hand to her mouth.
  - Suck or root.
  - Fuss.
- Stop feeding when you see your baby is full. You can tell when she
  - Turns away
  - Closes her mouth
  - Relaxes her arms and hands
- Know that your baby is getting enough to eat if she has more than 5 wet diapers and at least 3 soft stools each day and is gaining weight appropriately.
- Burp your baby during natural feeding breaks.
- Hold your baby so you can look at each other when you feed her.
- Always hold the bottle. Never prop it.

#### If Breastfeeding

- Feed your baby on demand generally every 1 to 3 hours during the day and every 3 hours at night.
- Give your baby vitamin D drops (400 IU a day).
- Continue to take your prenatal vitamin with iron.
- Eat a healthy diet.

#### If Formula Feeding

- Always prepare, heat, and store formula safely. If you need help, ask us.
- Feed your baby 24 to 27 oz of formula a day. If your baby is still hungry, you can feed her more.

### ✓ HOW YOU ARE FEELING

- Take care of yourself so you have the energy to care for your baby. Remember to go for your post-birth checkup.
- If you feel sad or very tired for more than a few days, let us know or call someone you trust for help.
- Find time for yourself and your partner.

### ✓ CARING FOR YOUR BABY

- Hold and cuddle your baby often.
- Enjoy playtime with your baby. Put him on his tummy for a few minutes at a time when he is awake.
- Never leave him alone on his tummy or use tummy time for sleep.
- When your baby is crying, comfort him by talking to, patting, stroking, and rocking him. Consider offering him a pacifier.
- *Never hit or shake your baby.*
- Take his temperature rectally, not by ear or skin. A fever is a rectal temperature of 100.4°F/38.0°C or higher. Call our office if you have any questions or concerns.
- Wash your hands often.

**Helpful Resources:** National Domestic Violence Hotline: 800-799-7233 | Smoking Quit Line: 800-784-8669  
Information About Car Safety Seats: [www.safercar.gov/parents](http://www.safercar.gov/parents) | Toll-free Auto Safety Hotline: 888-327-4236

# 1 MONTH VISIT—PARENT



## SAFETY

- Use a rear-facing-only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- Make sure your baby always stays in her car safety seat during travel. If she becomes fussy or needs to feed, stop the vehicle and take her out of her seat.
- Your baby's safety depends on you. Always wear your lap and shoulder seat belt. Never drive after drinking alcohol or using drugs. Never text or use a cell phone while driving.
- Always put your baby to sleep on her back in her own crib, not in your bed.
  - Your baby should sleep in your room until she is at least 6 months old.
  - Make sure your baby's crib or sleep surface meets the most recent safety guidelines.
  - Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- Swaddling should be used only with babies younger than 2 months.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Keep hanging cords or strings away from your baby. Don't let your baby wear necklaces or bracelets.
- Always keep a hand on your baby when changing diapers or clothing on a changing table, couch, or bed.
- Learn infant CPR. Know emergency numbers. Prepare for disasters or other unexpected events by having an emergency plan.

## WHAT TO EXPECT AT YOUR BABY'S 2 MONTH VISIT

### We will talk about

- Taking care of your baby, your family, and yourself
- Getting back to work or school and finding child care
- Getting to know your baby
- Feeding your baby
- Keeping your baby safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition

For more information, go to <https://brightfutures.aap.org>.

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The information contained in this handout should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances. Original handout included as part of the *Bright Futures Tool and Resource Kit*, 2nd Edition.

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# Back to Sleep, Tummy to Play

Back to sleep all of the time, every time.

## What are the 2 most important things to remember about safe sleep practices?

1. Healthy babies are safest when sleeping on their backs at nighttime and during naps. Side sleeping is not as safe as back sleeping and is not advised.
2. Tummy time is for babies who are awake and being watched. Your baby needs this to develop strong muscles.

Remember...Back to Sleep, Tummy to Play

## How much tummy time should an infant have?

Beginning on his first day home from the hospital or in your family child care home or center, play and interact with the baby while he is awake and on the tummy 2 to 3 times each day for a short period of time (3-5 minutes), increasing the amount of time as the baby shows he enjoys the activity. A great time to do this is following a diaper change or when the baby wakes up from a nap.

Tummy time prepares babies for the time when they will be able to slide on their bellies and crawl. As babies grow older and stronger they will need more time on their tummies to build their own strength.

## What if the baby does not like being on her tummy?

Some babies may not like the tummy time position at first. Place yourself or a toy in reach for her to play with. Eventually your baby will enjoy tummy time and begin to enjoy play in this position.

## Doesn't sleeping on her back cause the baby to have a flat head?

Parents and caregivers often worry about the baby developing a flat spot on the back of the head because of sleeping on the back. Though it is possible for a baby to develop a flat spot on the head, it usually rounds out as they grow older and sit up. There are ways to reduce the risk of the baby developing a flat spot:

1. Alternate which end of the crib you place the baby's feet. This will cause her to naturally turn toward light or objects in different positions, which will lessen the pressure on one particular spot on her head.
2. When the baby is awake, vary her position. Limit time spent in freestanding swings, bouncy chairs, and car seats. These items all put added pressure on the back of the baby's head.
3. Spend time holding the baby in your arms as well as watching her play on the floor, both on her tummy and on her back.
4. A breastfed baby would normally change breasts during feeding; if the baby is bottle fed, switch the side that she feeds on during feeding.

## How can I exercise the baby while he is on his tummy?

There are lots of ways to play with the baby while he is on his tummy.

1. Place yourself or a toy just out of the baby's reach during playtime to get him to reach for you or the toy.
2. Place toys in a circle around the baby. Reaching to different points in the circle will allow him to develop the appropriate muscles to roll over, scoot on his belly, and crawl.
3. Lie on your back and place the baby on your chest. The baby will lift his head and use his arms to try to see your face.
4. While keeping watch, have a young child play with the baby while on his tummy. Young children can get down on the floor easily. They generally have energy for playing with babies, may really enjoy their role as the "big kid," and are likely to have fun themselves.

## How do I create a safe sleep environment?

Follow these easy steps to create a safe sleep environment in your home, family child care home, or child care center:

1. Always place babies on their backs to sleep, even for short naps.
2. Place babies on a firm sleep surface that meets current safety standards. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://www.cpsc.gov).
3. Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation from the baby's sleep area.
4. Make sure the baby's head and face remain uncovered during sleep.
5. Place the baby in a smoke-free environment.
6. Do not let babies get too hot. Keep the room where babies sleep at a comfortable temperature. In general, dress babies in no more than one extra layer than you would wear. Babies may be too hot if they are sweating or if their chests feel hot. If you are worried that babies are cold, use a wearable blanket such as a sleeping sack or warm sleeper that is the right size for each baby. These are made to cover the body and not the head.
7. If you are working in a family child care home or center, create a written safe sleep policy to ensure that staff and families understand and practice back to sleep and other safe sleep practices in child care, such as those to reduce the risk of sudden infant death syndrome (SIDS) or suffocation. If you are a parent with a child in out-of-home child care, advocate for the creation of a safe sleep policy.

## National SIDS Resources

### Healthy Child Care America (A former program of the American Academy of Pediatrics)

Visit [www.healthychildcare.org/sids.html](http://www.healthychildcare.org/sids.html) to download a free copy of *Reducing the Risk of SIDS in Child Care Speaker's Kit*, AAP policy and research articles, and more.

### Caring for Our Children, National Health and Safety Performance Standards

Visit the National Resource Center for Health and Safety in Child Care and Early Education Web site at <http://nrckids.org> for more information.

### National Institute of Child Health and Human Development Safe to Sleep Campaign

<http://www.nichd.nih.gov/sids>

### CJ First Candle

[www.cjfirstcandle.org](http://www.cjfirstcandle.org)

### Association of SIDS and Infant Mortality Programs

[www.asip1.org](http://www.asip1.org)

### Centers for Disease Control and Prevention

[www.cdc.gov/sids](http://www.cdc.gov/sids)

## From Your Doctor



NATIONAL CENTER ON

Early Childhood Health and Wellness

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Illustration by  
Billy Nuñez, age 16

# PARENTING YOUR INFANT

## PARENTING AN INFANT COMES WITH BIG REWARDS AND CHALLENGES

All infants:

- Love to explore the world around them, so you have to make your home safe.
- Have their own personalities, which may be different from their parents'.
- Put new and stressful demands on parents, so parents may need to ask for help.
- Need routines that match their unique abilities, and parents may need to adjust their schedules to fit this new individual.

**Y**our baby is now smiling and cooing and will soon start to move around more. These are signs of your baby's personality and the start of a lifelong learning process.

### INFANTS DO TALK

When infants begin to babble, they like the people around them to talk back. Have fun talking with your baby.

- Make silly noises.
- Play peek-a-boo games.
- Sing songs.
- Show and talk about simple picture books.

This is the way your baby learns how to talk.

Enjoy playing and talking  
with your baby  
and watching your baby  
learn about the world!

### INFANTS LOVE TO EXPLORE

You may have noticed that your baby is becoming interested in everything within reach, especially simple toys with bright colors and ones that make noise. It seems that whatever infants grab, it finds its way into their mouths.

By age 3 or 4 months, infants are drooling and chewing on the things they put into their mouths. This is how they learn about the world around them.

Make sure that you never give infants a toy so small that it fits entirely in their mouths or a toy with parts that can break off easily. This can lead to choking!

### INFANTS HAVE PERSONALITIES

Even very tiny infants act in very individual ways. Some are loud and active, others are quiet and passive. Some are easygoing and cuddly, others are very serious. Some are relaxed, others are more high-strung. As a parent, you already know your baby's unique personality.

Think about this personality when you are caring for your baby.

- If your baby is naturally fussy and has difficulty calming down, avoid too much stimulation.
- If your baby is sensitive to changes in routines, make sure that your days are not too busy or filled with lots of changes.



If your baby's personality is different from yours, remember that what makes your baby comfortable and happy may not feel right for you.

## INDEPENDENCE IS STARTING

As infants get older, they:

- Begin to roll over.
- Reach for toys, spoons, and other objects.
- Want to sit up.

This is the beginning of independence, but babies do not know what might put them in danger. Keeping your baby in a safe place, such as in a crib or in a playpen, will prevent falls, burns, poisoning, choking, and other injuries. Childproofing your home can also help keep your baby safe.

## SOME COMMON PROBLEMS

Most infants will go through the following difficulties, which can be very frustrating for parents, but they will soon outgrow them.

- **Colic.** This is not caused by anything you have done. This usually goes away at about age 4 to 5 months.
- **Trouble sleeping.** Some infants will have trouble either falling asleep or waking up often during the night.
- **Clinging to parents.** When infants don't see certain people (even close friends and grandparents) very often, they may become afraid of them.

Even though these problems will go away, it can be very upsetting while they are occurring. Talk with your pediatrician about ideas that will work for you and your baby until these problems go away.

Babies are not trying to be a pain or difficult on purpose; they are just exploring and trying to talk with you in the only way they know!

**Never yell at, hit, or shake your baby!**

## INFANTS THRIVE IN HAPPY FAMILIES

Just like adults, infants do best with happy and healthy people around them. Look for parent/baby groups, support groups, or organizations in your community where parents with common interests can meet and get to know each other.

If things are not going well in your family, if you need help finding groups in your neighborhood, or if you are worried about your baby, talk with your pediatrician. You are not alone; many other parents have these same concerns.

## STARTING NEW ROUTINES

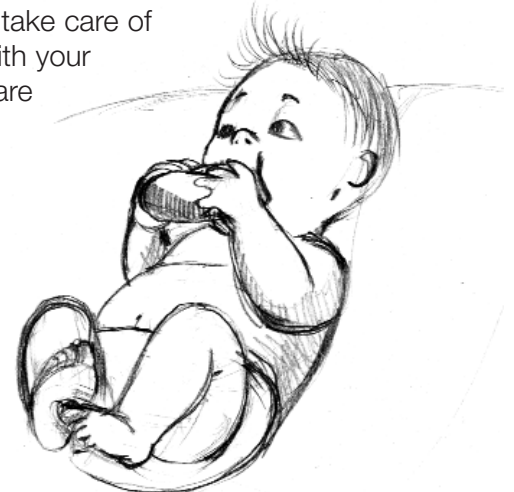
Now that you are beginning to know your baby's patterns, your family, like many others, may be starting new routines. Here are some tips to help you.

### **Taking care of yourself is important.**

Even though infants usually are lovable, most parents have moments of frustration, and even anger, with their baby. Feeling this way is common and normal. What is important is how you deal with these feelings. When this happens to you, place your baby in a safe place like a crib or playpen and do something to relax and calm down—have a cup of tea or coffee, listen to music, call a friend or spouse, read, or meditate. These feelings of stress are natural and will pass.

### **Reach out to family and friends, or make new friends with other parents.**

Having other adults to share the experience of raising a child can make all the difference in the world. If you are at home with your baby every day, it is a good idea to leave your baby with another trusted adult once in a while. Use this time to take care of yourself or be with your partner. Babies are delightful, but all parents need a break!



**Let your baby learn about being with other people early on.**

Besides helping you out, having other adults in your baby's life will teach your baby how to relate with others. As infants get a little older, they begin to cry and feel restless when left with another adult. Developing a relationship with an adult other than you early on will help your baby have less of this discomfort later on.

**If you need child care, find a setting where the same 1 or 2 adults will be caring for your baby every day.**

Find a place that is safe and nurturing, where the adults really enjoy being with infants. Your pediatrician can help you think about what to look for in child care.



Connected Kids are Safe, Strong, and Secure

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# Immunizations: What You Need to Know

Vaccines (immunizations) keep children healthy. Vaccines are safe. Vaccines are effective. Vaccines save lives.

However, parents may still have questions about why vaccines are needed, and some parents may be concerned about vaccine safety because they have been misinformed.

Read on for answers from the American Academy of Pediatrics (AAP) to some common questions parents have about vaccines. The AAP is a source you can trust for reliable medical information.

## Q: What vaccines does my child need?

A: Children need all the following vaccines to stay healthy:

- **Hepatitis A and hepatitis B vaccines** to help protect against serious liver diseases.
- **Rotavirus vaccine** to help protect against the most common cause of diarrhea and vomiting in infants and young children. Rotavirus is the most common cause of hospitalizations in young infants due to vomiting, diarrhea, and dehydration.
- **DTaP and Tdap vaccines** to help protect against diphtheria, tetanus (lockjaw), and pertussis (whooping cough).
- **Hib vaccine** to help protect against *Haemophilus influenzae* type b (a cause of spinal meningitis and other serious infections).
- **Pneumococcal vaccine** to help protect against bacterial meningitis, pneumonia, and infections of the blood.
- **Polio vaccine** to help protect against a crippling viral disease that can cause paralysis.
- **Influenza vaccine** to help protect against influenza (flu), a potentially fatal disease. This vaccine is recommended for all people beginning at 6 months and older.
- **MMR vaccine** to help protect against measles, mumps, and rubella (German measles), all highly contagious and potentially very serious diseases.
- **Varicella vaccine** to help protect against chickenpox and its many complications, including flesh-eating strep, staph toxic shock, and encephalitis (an inflammation of the brain).
- **Meningococcal vaccine** to help protect against very serious bacterial diseases that affect the blood, brain, and spinal cord.
- **HPV (human papillomavirus) vaccine** to prevent cancers of the mouth and throat, cervix, and genitals.

Remember, vaccines prevent diseases and save lives. It's important to follow the schedule recommended by the AAP. Contact your child's doctor if you have any questions.

## Q: Why are some of these vaccines still needed if the diseases are not as common anymore?

A: Many of these diseases are not as common as they once were because of vaccines. However, the bacteria and viruses that cause them still exist and can still make children very sick.

For example, before the Hib vaccine was developed in the 1980s, there were about 20,000 cases of Hib disease in the United States a year. Today there are fewer than 100 cases a year. However, the bacteria that causes Hib disease still exists. That is why children still need the vaccine to be protected.

In the United States, vaccines protect children from many diseases. However, in many parts of the world vaccine-preventable diseases are still common. Because diseases may be brought into the United States by Americans who travel abroad or by people visiting areas with current disease outbreaks, it's important that your child is vaccinated.

## Q: Chickenpox is not a fatal disease, so why is the vaccine needed?

A: Chickenpox is usually mild. However, there can be serious complications. In fact, before the vaccine was licensed in 1995, there were about 4 million cases, 11,000 hospitalizations, and 100 deaths each year from chickenpox. Chickenpox is also very contagious. Most children feel miserable and miss 1 week or more of school when infected. It is because of the vaccine that the number of cases of chickenpox and its complications, including deaths, have gone down so dramatically.

## Q: Does my baby need immunizations if I am breastfeeding?

A: Yes. While breastfeeding gives some protection against many diseases (and is the best nutrition for your baby), it is not a substitute for vaccines. In fact, breastfeeding and vaccines work well together. Studies show that breastfed babies respond better to vaccines and get better protection from them than babies who are not breastfed. And breastfeeding during or right after immunizations may help calm babies upset by the shots.

## Q: Do vaccines even work? It seems like most of the people who get these diseases have been vaccinated.

A: Yes. Vaccines work very well. Millions of children have been protected against serious illnesses because they were immunized. Most childhood vaccines are 90% to 99% effective in preventing disease. Children who aren't vaccinated are much more likely to get a disease if they are exposed to it. And if a vaccinated child does get the disease, the symptoms are usually milder with fewer complications than in a child who hasn't been vaccinated.

## Q: When should my child get immunized?

A: Children should get most of their shots during their first 2 years of life. This is because many of these diseases are the most severe in the very young. Most newborns receive their first shot (hepatitis B) at birth before leaving the hospital, and more are given at well-child checkups in the first 6 months of life. Other shots are given before children go to school. Older children and teens need vaccines to continue to protect them throughout adolescence and early adulthood. (Parents and caregivers also need vaccines so that they



can prevent bringing infections home to their children and to keep themselves healthy so that they can care for their children!)

Children who are not immunized or who are behind on their shots are at risk of getting many of these diseases. They can also spread these diseases to others who have not yet been immunized. Ask your child's doctor if your child is up-to-date. Keep track of the vaccines each child receives and bring this information to each doctor visit.

### **Q: What side effects will my child have after getting a vaccine? Are they serious?**

A: There may be mild side effects, such as swelling, redness, and tenderness where the shot was given, but they do not last long. Your child may also have a slight fever and be fussy for a short time afterward. Your doctor may suggest giving your child pain medicine to help relieve discomfort. It is very rare for side effects to be serious. However, you should call your child's doctor if you have any concerns after vaccines are given.

### **Q: Should some children not be immunized?**

A: Children with certain health problems may need to avoid some vaccines or get them later. In most cases, children with cancer, those taking oral or injected steroids for lung or kidney conditions, or those who have problems with their immune systems should not get vaccines that are made with live viruses. To protect these children, it is very important for others to be vaccinated. On the other hand, a child with a minor illness, such as low-grade fever, an ear infection, cough, a runny nose, or mild diarrhea, can safely be immunized.

### **Q: Does the MMR vaccine cause autism?**

A: No! The MMR vaccine does not cause autism spectrum disorder (ASD). Many research studies have been done to address this issue. There may be confusion because children with ASD are often diagnosed between 18 and 30 months of age—around the same time the MMR vaccine is given. This has led some people to assume that the vaccine is the cause. Increasing evidence shows that even though the symptoms of ASD may not be visible until the second year of life or later, ASD starts before a baby is born.

### **Q: Do vaccines cause SIDS?**

A: No! Babies get many of their first vaccines between 2 and 4 months of age. This is also the peak age for sudden infant death syndrome (SIDS), which is why some people feel they might be related. However, careful scientific studies have confirmed that vaccinations not only do not cause SIDS but may help prevent it.

### **Q: How do we know vaccines are safe?**

A: The safety and effectiveness of vaccines are under constant study. Because vaccines are designed to be given routinely during well-child care visits, they must be safe. Safety testing begins as soon as a new vaccine is considered, continues until it is approved by the US Food and Drug Administration (FDA), and is monitored indefinitely after licensure. The AAP works closely with the Centers for Disease Control and Prevention (CDC) to make recommendations for vaccine use.

### **Q: What is thimerosal and does it cause neurologic problems?**

A: In the 1930s a preservative called thimerosal was added to vaccines to prevent contamination of vaccines. Thimerosal contains very small amounts of mercury, but it is in a different form than the potentially harmful mercury we are all exposed to in the environment. Even after many studies, the type of mercury in thimerosal has never been shown to cause health problems other than rare allergic reactions in some people. Thimerosal does not cause neurologic problems. Since 2001 all vaccines for infants either are thimerosal-free or contain only trace amounts of the preservative. Many are available in single-dose, preservative-free forms.

### **Q: Is it safe to give more than one vaccine at a time?**

A: Yes! Your child's immune system is capable of handling multiple vaccines. Many years of experience and careful research have shown that routine childhood vaccines can be given together safely and effectively. Side effects are not increased when vaccines are given together.

### **Q: Where can I find more information?**

A: Be sure your information comes from reliable and accurate sources. You cannot trust everything you find on the Internet. Credible sources include

#### **American Academy of Pediatrics**

[www.HealthyChildren.org](http://www.HealthyChildren.org)

#### **CDC-INFO Contact Center (English and Spanish)**

800/232-4636 (800/CDC-INFO)

#### **CDC Vaccines & Immunizations**

[www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

#### **Children's Hospital of Philadelphia Vaccine Education Center**

[www.chop.edu/centers-programs/vaccine-education-center](http://www.chop.edu/centers-programs/vaccine-education-center)

#### **Immunization Action Coalition**

[www.immunize.org](http://www.immunize.org)

#### **Infectious Diseases Society of America**

[www.idsociety.org](http://www.idsociety.org)

### **From Your Doctor**



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# Safe Sleep and Your Baby:

## How Parents Can Reduce the Risk of SIDS and Suffocation

About 3,500 babies die each year in the United States during sleep because of unsafe sleep environments.

Some of these deaths are caused by entrapment, suffocation, or strangulation. Some infants die of sudden infant death syndrome (SIDS). However, there are ways for parents to keep their sleeping baby safe.

Read on for more information from the American Academy of Pediatrics (AAP) on how parents can create a safe sleep environment for their babies. This information should also be shared with anyone who cares for babies, including grandparents, family, friends, babysitters, and child care center staff.

**NOTE:** These recommendations are for healthy babies up to 1 year of age. A very small number of babies with certain medical conditions may need to be placed to sleep on their stomach. Your baby's doctor can tell you what is best for your baby.

### What You Can Do

#### • Place your baby to sleep on his back for every sleep.

- ° Babies up to 1 year of age should always be placed on their back to sleep during naps and at night. However, if your baby has rolled from his back to his side or stomach on his own, he can be left in that position if he is already able to roll from tummy to back and back to tummy.
- ° If your baby falls asleep in a car safety seat, stroller, swing, infant carrier, or infant sling, he should be moved to a firm sleep surface as soon as possible.
- ° Swaddling (wrapping a light blanket snugly around a baby) may help calm a crying baby. However, if you swaddle your baby before placing him on his back to sleep, stop swaddling him as soon as he starts trying to roll.

#### • Place your baby to sleep on a firm sleep surface.

- ° The crib, bassinet, portable crib, or play yard should meet current safety standards. Check to make sure the product has not been recalled. Do not use a crib that is broken or missing parts or that has drop-side rails. For more information about crib safety standards, visit the Consumer Product Safety Commission Web site at [www.cpsc.gov](http://www.cpsc.gov).
- ° Cover the mattress with a fitted sheet.
- ° Do not put blankets or pillows between the mattress and fitted sheet.
- ° Never put your baby to sleep on an armchair, a sofa, a water bed, a cushion, or a sheepskin. (Parents should also make sure not to fall asleep on an armchair or a sofa while holding a baby.)

#### • Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the crib.

- ° Pillows, quilts, comforters, sheepskins, bumper pads, and stuffed toys can cause your baby to suffocate.

**NOTE:** Research has not shown us when it's 100% safe to have these objects in the crib; however, most experts agree that these objects pose little risk to healthy babies after 12 months of age.

#### • Place your baby to sleep in the same room where you sleep but not the same bed.

- ° Keep the crib or bassinet within an arm's reach of your bed. You can easily watch or breastfeed your baby by having your baby nearby.
- ° The AAP cannot make a recommendation for or against the use of bedside sleepers or in-bed sleepers until more studies are done.
- ° Babies who sleep in the same bed as their parents are at risk of SIDS, suffocation, or strangulation. Parents can roll onto babies during sleep, or babies can get tangled in the sheets or blankets.

#### • Breastfeed as much and for as long as you can. This helps reduce the risk of SIDS.

- ° The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. When you add solid foods to your baby's diet, continue breastfeeding until at least 12 months. You can continue to breastfeed after 12 months if you and your baby desire.

#### • Schedule and go to all well-child visits. Your baby will receive important immunizations.

- ° Recent evidence suggests that immunizations may have a protective effect against SIDS.

#### • Keep your baby away from smokers and places where people smoke. This helps reduce the risk of SIDS.

- ° If you smoke, try to quit. However, until you can quit, keep your car and home smoke-free. Don't smoke inside your home or car, and don't smoke anywhere near your baby, even if you are outside.

#### • Do not let your baby get too hot. This helps reduce the risk of SIDS.

- ° Keep the room where your baby sleeps at a comfortable temperature.
- ° In general, dress your baby in no more than one extra layer than you would wear. Your baby may be too hot if she is sweating or if her chest feels hot.
- ° If you are worried that your baby is cold, use a wearable blanket, such as a sleeping sack, or warm sleeper that is the right size for your baby. These are made to cover the body and not the head.

#### • Offer a pacifier at nap time and bedtime. This helps reduce the risk of SIDS.

- ° If you are breastfeeding, wait until breastfeeding is going well before offering a pacifier. This usually takes 3 to 4 weeks. If you are not breastfeeding, you can start a pacifier as soon as you like.

- It's OK if your baby doesn't want to use a pacifier. You can try offering a pacifier again, but some babies don't like to use pacifiers.
- If the pacifier falls out after your baby falls asleep, you don't have to put it back in.
- Do not use pacifiers that attach to infant clothing.
- Do not use pacifiers that are attached to objects, such as stuffed toys and other items that may be a suffocation or choking risk.
- **Do not use home cardiorespiratory monitors to help reduce the risk of SIDS.**
  - Home cardiorespiratory monitors can be helpful for babies with breathing or heart problems, but they have not been found to reduce the risk of SIDS.
- **Use caution when using products that claim to reduce the risk of SIDS.**
  - Products such as wedges, positioners, special mattresses, and specialized sleep surfaces have not been shown to reduce the risk of SIDS.

◦ Remember to hold your newborn skin to skin while breastfeeding. If you can, do this as soon as you can after birth. Skin-to-skin contact is also beneficial for bottle-fed newborns.

## Remember Tummy Time

Give your baby plenty of "tummy time" when she is awake. This will help strengthen neck muscles and help prevent flat spots on the head. Always stay with your baby during tummy time, and make sure she is awake.

## From Your Doctor

## What Expectant Moms Can Do

- Schedule and go to all prenatal doctor visits.
- Do not smoke, drink alcohol, or use drugs while pregnant or after the birth of your newborn. Stay away from smokers and places where people smoke.

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