

# Safe Infant Sleep Recommendations for the ISPID Website Evidence-based Guidelines

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Updated: 23rd Aug 2023

## A. Consensus guidelines between countries:

1. Always place infants to sleep on their back (day and night).<sup>1-4</sup> The supine position on a firm flat level surface is also recommended for infants with suspected or diagnosed gastroesophageal reflux.<sup>5</sup>
2. Never sleep with an infant on a sofa or chair.<sup>6</sup>
3. Keep the infant's environment tobacco-smoke free, before and after birth.<sup>7,8</sup>
4. Use a firm, flat, horizontal mattress in the crib or bed.<sup>9,10</sup>
5. Avoid placing the infant in an inclined or propped position (e.g. rockers, propped on pillows etc) either for sleep or whenever the infant is unobserved for any period of time.<sup>11-15</sup>
6. Avoid letting infants sleep in car seats when not in use in a vehicle.<sup>16,17</sup>
7. Keep the infant's head and face uncovered.<sup>18</sup>
8. Avoid loose blankets, soft bedding and placing items in the bed (e.g., no pillows, toys or bumpers. If blankets are used, these should be firmly tucked in).<sup>19,20</sup>
9. Always sleep the infant in the same room as the carer for at least the first 6 months.<sup>4,6</sup>
10. Encourage and support breastfeeding.<sup>21,22</sup>
11. Avoid overheating (dress the infant for the room temperature).<sup>23,24</sup>
12. Avoid the use of a hat indoors after 24 hours from birth unless there is a medical reason.<sup>4,25</sup>
13. Consider a baby's size and developmental age when choosing a sling or baby carrier, always keep the infant's nose free to breathe, avoid the chin to chest position and refer to the TICKS principles for safer baby-wearing. [Tight (sling should position baby high, upright -no slumping, with head support); In view at all times (keep baby's face in view), Close enough to kiss, Keep chin off the chest, with a Supported back]<sup>26</sup>

## B. Other guidelines about which opinions vary between countries regarding whether and how they should be adopted:

### 1. Shared Sleeping

An adult sharing sleep with an infant on the same surface is a common infant care practice and varies in different cultures<sup>27</sup>: in some countries there is a recommendation against this practice (risk elimination)<sup>28</sup>, while in others a risk minimisation approach is recommended advising against hazardous bed-sharing (when parents drink alcohol, take drugs, smoke or share a sofa with an infant and when infants are born preterm (<37 weeks) or with low birthweight (<2.5Kg).<sup>29-33</sup>,

### 2. In-bed devices

Some countries offer in-bed portable sleep spaces (*Pēpi-Pod*<sup>34</sup>, *Wahakura*<sup>35</sup> etc.) as part of a targeted sleep education programme to provide bed-sharing infants their own space in a shared sleep environment.

3. Sleeping bags

In some countries infant sleeping bags (fitted neck and arm holes) are actively recommended as an alternative to bedding, in other countries infant sleeping bags are offered as an option, while bedding recommendations advise that the blanket should be tucked well under the mattress at armpit height.<sup>36,37</sup>

4. Feet-to-foot

If placed to sleep in a cot (crib) or cot-type bed some countries recommend placing the infant to sleep in the lower third of the cot-type bed to reduce risk of head covering (feet to foot position).<sup>38</sup>

5. Pacifiers (dummies)

In some countries offering a pacifier (dummy) is recommended when placing the infant to sleep.<sup>39</sup> Other countries make no recommendation (parental choice). For breastfed infants, delay pacifier introduction until breastfeeding is firmly established. This is defined as having sufficient milk supply; consistent, comfortable, and effective latch for milk transfer; and appropriate infant weight gain as defined by established normative growth curves. The time required to establish breastfeeding is variable.<sup>40</sup> If attaching pacifier to clothing when the infant is awake and observed, use a short cord or clip that avoids encircling the infant's neck.<sup>40-42</sup>

6. Swaddling

Some parents use swaddling (wrapping) to help young infants to settle and sleep. Allow infant's hands to be free once the startle reflex has disappeared (usually 8-12 weeks) to allow hand-mouth behaviours important for optimal feeding outcomes and midline development. If swaddling, use thin materials such as muslin or cotton, avoid heavy blankets or bunny rugs. Ensure the infant's head remains uncovered; do not swaddle above the shoulders. Never place a swaddled infant to sleep on their front or side. Wrap an infant firmly (not tightly), allowing plenty of chest wall expansion, and hip movement.<sup>43</sup> Check the infant's temperature to ensure they do not get too hot. Avoid swaddling if an infant is sharing a sleep surface when sleeping or feeding (where falling asleep is possible). Stop swaddling as soon as the infant starts to show signs of attempting to roll.<sup>44,45</sup>

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