

Safe Sleep Practices and Swaddling

With Excerpts from CDC, AAP & CCDF Health and Safety Standards

Maryland State Department of Education

Division of Early Childhood

Office of Child Care



Safe Sleep Practices and Swaddling in Child Care Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome (SIDS) is the leading cause of deaths in infants between one month and one year of age. Most SIDS deaths happen when the babies are between 1 month and 4 months of age. Each year about 4000 infants die unexpectedly during sleep time. The causes of Sudden Infant Death Syndrome-SIDS (sleep related deaths) include suffocation, asphyxia, entrapment, strangulation, and other unspecified causes.

The leading cause of death of infants aged one (1) to twelve (12) months include:

1. Unknown Cause

2. Accidental Suffocation and Strangulation in Bed (ASSB). The causes include Suffocation by soft bedding (pillow, sheet/bed linen covering an infant's mouth and nose), overlay due to another person rolling on top or against the infant, wedging or entrapment compressing the infant with mattress, wall, bed frame or furniture, and strangulation when an infant's head and neck caught between crib railings.

Swaddling

There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS. Swaddling, or wrapping the infant in a light blanket, is often used as a strategy to calm the infant. If swaddled, baby should be on the back and STOP swaddling as soon as the baby starts turning/rolling. There is a high risk of death if a swaddled infant is placed- in or rolls to the prone position(on stomach ,face down).

Decisions about swaddling should be recommended by a Health Care Provider.

Safe Sleep Practices

Safe sleep practices reduce SIDS risks and promote protective effects against SIDS. The recommended safe sleep practices include:

Sleep Position: Always place babies on their backs when putting them to sleep or naps.

Sleep Surface: Infants should sleep in a Safety-Approved Crib, or Portable Crib. Cribs should be with no pillows, pillow like toys, crib bumper, stuffed animals, quilts, comforters, sheepskins, loose bedding, and other loose items. Blankets are not allowed instead layered baby clothing (one additional layer) may be allowed to keep the baby warm.

Bedding: Infants sleep on a FIRM SURFACE. Bed should be firm with well and tightly fitted sheet. Bedding should meet safety standards. Bedding should be without any soft or loose bedding. Pillows, quilts, and comforters should never be in the infant's sleep environment.

Wedges /Position Devices/Bumper Pads: These devices cause suffocation and not approved in infant's crib.

Smoking: Smoking is prohibited in an infant's room or child care area.

Breast Feeding: Breastfeeding reduces the vulnerability to SIDS and promote protective factors.

Immunization: Vaccination may have a protective effect against SIDS.

Swaddling: Swaddling is not recommended in child care. Swaddling is prohibited unless it is part of a medical plan for a special reason and must have Health Care Provider's written order.

Pacifiers: Pacifier use at naptime promotes a protective effect against SIDS.

Overheating and Ventilation: Babies should be dressed in sleep clothing, such as a wearable blanket designed to keep him or her warm without the need for loose blankets in the sleep area. Caregivers should watch for signs of overheating, such as sweating or the baby's chest feeling hot to the touch.

Reference Resources:

1. AAP (2016). SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment TASK FORCE ON SUDDEN INFANT DEATH SYNDROME. PEDIATRICS, 138(5), November 2016: e 20162938
2. AAP (2011). SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. [pediatrics.aappublications.org/Volume 128](http://pediatrics.aappublications.org/Volume%20128), November 5.
3. APHA (2017). Updated recommendations aimed at keeping infants safe from SIDS. The Nation's Health January 2017 vol. 46 no. 10 E59
4. Caring for our Children : National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, Third Edition. Chapter 3: Health Promotion and Protection 3.1.4 Safe Sleep and STANDARD 3.1.4.2: Swaddling
5. 5. CCDF Health and Safety Requirements Brief #4: Reducing the Risk of Sudden Infant Death Syndrome and Using Safe Sleeping Practices
6. CDC: PEDIATRICS, 138 (5), November, 2016.
7. CDC: Sudden Infant Death Syndrome (SIDS) from SUID and SIDS from CDC's Division of Reproductive Health @<https://www.cdc.gov/features/sidsawarenessmonth/>
8. NIH : Safe to Sleep Public Education Campaign

Chapter 3: Health Promotion and Protection

3.1 Health Promotion in Child Care

3.1.4 Safe Sleep

3.1.4.2: Swaddling

In child care settings, swaddling is not necessary or recommended.

RATIONALE

There is evidence that swaddling can increase the risk of serious health outcomes, especially in certain situations. The risk of sudden infant death is increased if an infant is swaddled and placed on his/her stomach to sleep (1,2) or if the infant can roll over from back to stomach. Loose blankets around the head can be a risk factor for sudden infant death syndrome (SIDS) (3). With swaddling, there is an increased risk of developmental dysplasia of the hip, a hip condition that can result in long-term disability (4,5). Hip dysplasia is felt to be more common with swaddling because infants' legs can be forcibly extended. With excessive swaddling, infants may overheat (i.e., hyperthermia) (6).

COMMENTS

Most infants in child care centers are at least six-weeks-old. Even with newborns, research does not provide conclusive data about whether swaddling should or should not be used. Benefits of swaddling may include decreased crying, increased sleep periods, and improved temperature control. However, temperature can be maintained with appropriate infant clothing and/or an infant sleeping bag. Although swaddling may decrease crying, there are other, more serious health concerns to consider, including SIDS and hip disease. If swaddling is used, it should be used less and less over the course of the first few weeks and months of an infant's life.

TYPE OF FACILITY

Center, Early Head Start, Large Family Child Care Home, Small Family Child Care Home

RELATED STANDARDS

[3.1.4.1](#) Safe Sleep Practices and Sudden Unexpected Infant Death (SUID)/SIDS Risk Reduction

REFERENCES

1. Pease AS, Fleming PJ, Hauck FR, et al. 2016. Swaddling and the risk of sudden infant death syndrome: A Meta-analysis. *Pediatrics*;137(6):e20153275.
2. Richardson, H. L., A. M. Walker, R. S. Horne. 2010. Influence of swaddling experience on spontaneous arousal patterns and autonomic control in sleeping infants. *J Pediatrics* 157:85-91.
3. Contemporary Pediatrics. 2004. *Guide for parents: Swaddling* 101. http://www.aap.org/sections/scan/practicingsafety/Toolkit_Resources/Module1/swadling.pdf.
4. Van Sleuwen, B. E., A. C. Engelberts, M. M. Boere-Boonekamp, W. Kuis, T. W. J. Schulpen, M. P. L'Hoir. 2007. Swaddling: A systematic review. *Pediatrics* 120:e1097-e1106.
5. Mahan, S. T., Kasser J. R. 2008. Does swaddling influence developmental dysplasia of the Hip? *Pediatrics* 121:177-78.
6. Franco, P., N. Seret, J. N. Van Hees, S. Scaillet, J. Groswasser, A. Kahn. 2005. Influence of swaddling on sleep and arousal characteristics of healthy infants. *Pediatrics* 115:1307-11.