



Newborn Visit



Birth Height _____

Birth Weight _____

Discharge Weight _____

First Office Visit Date _____

Height _____

Weight _____

Head Circumference _____



Breastfeeding — Common Concerns

One of the most common concerns of breastfeeding mothers is: how can I be sure my baby is getting enough milk? Well, there are several ways to tell. One is by the number of wet diapers he has in a day. Make sure he has at least six wet diapers per day with pale yellow urine, beginning around the third or fourth day of life.

Your infant should also have several small bowel movements daily (there may be one after every feeding in the first few weeks). During the first week of life, your infant should have at least two stools per day. From about 1 to 4 weeks old these should increase to at least five per day. As your baby gets older, bowel movements may occur less often, and may even skip a number of days. Bowel movements of breastfed babies usually smell somewhat sweeter than the stools of formula fed babies.

Your baby's feeding patterns are also an important sign that he is feeding enough. A newborn may nurse every 1½ to three hours around the clock. If your baby sleeps for stretches of longer than four hours in the first two weeks, wake him for a feeding. It is most important that your baby is latched-on properly during feedings. Listen for gulping sounds to know that your baby is actually swallowing the milk and not just sucking. Also look for slow, steady jaw movement.

Your baby should be steadily gaining weight after the first week of life. During the first week, some infants lose several ounces of weight, but they should be back up to their birth weight by the end of the second week. Your pediatrician's office will weigh your baby at each visit. Keep in mind that your baby may breastfeed more often during growth spurts.

Signs that baby is getting enough milk are as follows:

- At least six wet diapers per day and two to five loose yellow stools per day, depending on baby's age. (Your baby's stools should be loose and have a yellowish color to them. Be sure your child's stools are not white or clay-colored.)
- Steady weight gain, after the first week of age.
- Pale yellow urine, not deep yellow or orange.
- Sleeping well, yet baby looks alert and healthy when awake.

Most breastfeeding babies do not need any water, vitamins or iron in addition to breast milk for at least the first 6 months. Human milk provides all the fluids and nutrients a baby needs to be healthy. By about 6 months of age, however, you should start to introduce your infant to baby foods that contain iron.

If your baby cannot or will not nurse, or if you are having problems with breastfeeding, it is important that you call your pediatrician as soon as possible. Refusal to breastfeed may be a sign of illness that needs prompt attention.

Another frequent concern for mothers is engorgement. Engorgement is uncomfortable for the mother and can make nursing more difficult for a baby. Feeding on demand not only ensures that your baby's hunger is satisfied, but it also helps prevent engorgement. Engorgement occurs when your breasts become too full with milk. A little engorgement is normal, but excessive

engorgement can be uncomfortable or painful. If your breasts do become engorged, try the following:

- Express some milk before you breastfeed, either manually or with a breast pump.
- Soak a cloth in warm water and put it on your breasts. Or take a warm shower before feeding your baby. For severe engorgement, warmth may not help. In this case, you may want to use cold compresses as you express milk. Ice packs used between feedings can relieve your discomfort and reduce swelling.
- Feed your baby in more than one position. Try sitting up, then lying down.
- Gently massage your breasts from under the arm and down toward the nipple. This will help reduce soreness and ease milk flow.
- Do not take any medications without approval from your doctor. Acetaminophen (eg, Tylenol) may relieve pain and is safe to take occasionally during breastfeeding.

It is important to keep breastfeeding. Engorgement is a temporary condition and will be most quickly relieved by effective milk removal.

Once the engorgement passes, your breasts will become soft again. This is normal and is exactly what should happen.

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Bottlefeeding Types of bottlefeeding formulas

Most infant formulas are available in ready-to-feed liquid forms, concentrates, and powders. Although ready-to-feed formulas are convenient, they are the most expensive.

Formula made from concentrate is prepared by mixing equal amounts of concentrate and sterile water (i.e., one can of concentrate and one can of drinking water or one bottle at a time, leaving the can of concentrate covered in the refrigerator for no more than 48 hours).

Powder formula, the least expensive form, comes either in premeasured packets or in a can with a measuring scoop. To prepare it, you'll add one level scoop of powder for every 2 ounces of water, and then mix thoroughly to make sure there are no clumps of undissolved powder in the bottle. The solution will mix more easily and the lumps will dissolve faster if you use slightly warmed water. Aside from the price, one advantage of the powder is its light weight and portability. You can place a couple of scoops of powder in a bottle when you are going out with your baby, and then add water just before feeding. The powder will not spoil, even if it stays in the bottle several days before you add water.

In addition to coming in the styles mentioned above, formula also comes in several different types of bases: *cow's-milk*, *soy* and *specialized*.

Cow's-milk-based formulas account for about 80 percent of the formula sold today. Although cow's milk is at its foundation, the milk has been changed dramatically to make it safe for your baby. It is treated by heating and other methods to make the protein more digestible. More milk sugar (lactose) is added to make the concentration equal to that of breastmilk, and the fat (butterfat) is removed and replaced with vegetable oils and, in some formulas, animal fats that are more easily digested by infants.

Cow's milk formulas are available with added iron. Some infants do not have enough natural reserves of iron to meet their needs. So, the AAP recommends that iron-fortified formula be used for all bottle-fed infants from birth to one year of age. Soy formulas contain a different protein (soy) and different carbohydrate (glucose polymers or sucrose) from milk-based formulas. Pediatricians recommend soy formula most commonly for babies unable to digest lactose, the main carbohydrate in cow's milk formula. Many infants have brief periods when they cannot digest lactose, particularly following bouts of diarrhea. When these babies are placed on a lactose-free formula, their digestive enzymes have a chance to return to normal. Depending on the severity and type of diarrhea, your baby may need to stay on the lactose-free formula for as little as a week or, rarely, as long as several months. Your pediatrician will tell you when it's safe to return to milk-based formula.

Soy formulas today contain a good source of protein, but not quite as good as cow's milk (which, in turn, is not as good as human milk). Also, babies absorb calcium and some other minerals less efficiently from soy formulas than from milk-based formulas. Because premature infants have higher requirements for these minerals, they usually are not given soy formula at all. Healthy full-term infants should be given soy formula only when medically necessary. Some strict vegetarian parents choose to use soy formula because it contains no animal products.

A far less common reason for placing an infant on soy formula is milk allergy, which can cause colic, failure to thrive, and even bloody diarrhea. This reaction can be so dangerous to a newborn that some pediatricians prescribe soy formula from birth as a preventive measure when there is a strong family history of allergies to cow's milk. Unfortunately, as many as half the infants who have milk allergy are also sensitive to soy protein, and they must be given a specialized formula or breastmilk.

Specialized formulas are manufactured for infants with particular disorders or diseases. There also are formulas made specifically for premature babies. If your newborn has special needs, ask your pediatrician which formula is best. Also, be sure to check the package for details about feeding requirements (amounts, scheduling, special preparations), since these may be quite different from regular formulas.

You and your pediatrician should work together to select a formula that best suits your baby's needs. But be sure to give your baby formula, not cow's milk, for the first year of life. Young infants cannot fully digest regular cow's milk as completely or easily as formula. Cow's milk contains high concentrations of protein and minerals, which can stress a newborn's immature kidneys and can cause severe illness at times of heat stress, fever, or diarrhea. Also, this feeding lacks the proper amounts of iron and vitamin C that infants need. It may even cause iron-deficiency anemia in some babies, since protein can irritate the lining of the stomach and intestine, leading to loss of blood into the stools. For these reasons your baby should not receive any regular cow's milk for the first twelve months of life.

Preparing formula for bottlefeeding

Make sure all bottles, nipples, and other utensils you use to prepare formula, or to feed your baby, are clean. If the water in your home is chlorinated, you can simply use your dishwasher or wash the utensils in hot tap water with dishwashing detergent and then rinse them in hot tap water. If you have well water or nonchlorinated water, either place the utensils in boiling water for five to ten minutes or use a process called terminal heating.

In terminal heating you clean, but do not sterilize, the bottles in advance. You then fill them with the prepared formula and cap them loosely. Next, the filled bottles are placed in a pan with water reaching about halfway up the bottles, and the water is brought to a gentle boil for about twenty-five minutes.

Be sure to follow the manufacturer's directions exactly for the formula type you choose. Too much water and your baby won't get the calories and nutrients she needs for proper growth. Too little water and the high concentration of formula could cause diarrhea or dehydration and will give your infant more calories than she needs.

Next, bring the water you plan to use in the formula (concentrate or powder) to a rolling boil for approximately one minute. Then add it to the formula you're preparing.

A few families still prefer to prepare their own infant formula, but most pediatricians discourage this. It is unwise to give your baby homemade formula without your pediatrician's advice.

Any formula you prepare in advance should be stored in the refrigerator. If you don't use refrigerated formula within twenty-four hours, throw it out. Refrigerated formula doesn't necessarily have to be warmed up for your baby, but most infants prefer it at least at room temperature.

The easiest way to warm refrigerated or frozen milk is to place the container in warm water and rotate it frequently. To speed up this process, place the container in a pan of water at low heat on

the stove. You also can thaw milk by leaving it at room temperature, but this takes much longer and can lead to bacterial growth if left for many hours. Microwave ovens should not be used for heating bottles. Microwaving overheats the milk in the center of the container. Even if the bottle feels comfortably warm to your touch, the superheated milk in the center can scald your baby's mouth. Also, the bottle itself can explode if left in the microwave too long.

If you warm a bottle or use it immediately after terminal heating, test it in advance to make sure it's not too hot for your baby. The easiest way to test the temperature is to shake a few drops on the inside of your wrist.

Incidentally, once milk is thawed, its fat may separate, but it is still safe to drink. Just shake the container gently until the milk returns to a uniform consistency. Thawed milk should be used within four hours. Never refreeze it.



Crying

Crying serves several useful purposes for your baby. It gives him a way to call for help when he's hungry or uncomfortable. It helps him shut out sights, sounds and other sensations that are too intense to suit him. And it helps him release tension.

You may notice that your baby has fussy periods throughout the day, even though he's not hungry, uncomfortable or tired. Nothing you do at these times will console him, but right after these spells, he may seem more alert than before and shortly thereafter may sleep more deeply than usual. This kind of fussy crying seems to help babies get rid of excess energy so they can return to a more contented state.

Responding to Your Baby's Cries

Pay close attention to your baby's different cries, and you'll soon be able to tell when he needs to be picked up, consoled or tended to, and when he is better off left alone. You may even be able to identify his specific needs by the way he cries. For instance, a hungry cry is usually short and low-pitched, and it rises and falls. An angry cry tends to be more turbulent. A cry of pain or distress generally comes on suddenly and loudly with a long, high-pitched shriek followed by a long pause and then a flat wail. The "leave-me-alone" cry is usually similar to a hunger cry. It won't take long before you have a pretty good idea of what your baby's cries are trying to tell you.

Sometimes different types of cries overlap. For example, newborns generally wake up hungry and crying for food. If you're not quick to respond, your baby's hunger cry may give way to a wail of rage. You'll hear the difference. As your baby matures his cries will become stronger, louder more insistent. They'll also begin to vary more, as if to convey different needs and desires.

The best way to handle crying is to respond promptly to your infant whenever he cries during his first few months. You cannot spoil a young baby by giving him attention; and if you answer his calls for help, he'll cry less overall.

Consoling Techniques

When responding to your child's cries, try to meet his most pressing need first. If he's cold and hungry and his diaper is wet, warm him up, change his diaper and then feed him. If there's a shrieking or panicked quality to the cry, you should consider the possibility that a diaper pin is open or a strand of hair is caught around a finger or toe. If he's warm, dry, and well fed but nothing is working to stop the crying, try the following consoling techniques to find the ones that work best for your baby:

- Rocking, either in a rocking chair or in your arms as you sway from side to side
- Gently stroking his head or patting his back or chest
- Swaddling (wrapping the baby snugly in a receiving blanket)
- Singing or talking
- Playing soft music
- Walking him in your arms, a stroller or a carriage

- Riding in the car
- Rhythmic noise and vibration
- Burping him to relieve any trapped gas bubbles
- Warm baths (Most babies like this, but not all.)

Sometimes, if all else fails, the best approach is simply to leave the baby alone. Many babies cannot fall asleep without crying and will go to sleep more quickly if left to cry for a while. The crying shouldn't last long if the child is truly tired.

When Your Baby Is Inconsolable

If your baby is inconsolable no matter what you do, he may be sick. Check his temperature. If it is over 100 degrees Fahrenheit (rectally), he could have an infection. Contact your pediatrician.

The more relaxed you remain, the easier it will be to console your child. Even very young babies are sensitive to tension around them and react to it by crying. Listening to a wailing newborn can be agonizing, but letting your frustration turn to anger or panic will only intensify your infant's screams. If you start to feel that you can't handle the situation, get help from another family member or a friend. Not only will this give you needed relief, but a new face can sometimes calm your baby when all your own tricks are spent. No matter how impatient or angry you feel, do not shake the baby. Shaking an infant hard can cause blindness, brain damage or even death.

Above all, don't take your newborn's crying personally. He's not crying because you're a bad parent or because he doesn't like you. All babies cry, often without any apparent cause. Newborns routinely cry a total of one to four hours a day. It's part of adjusting to this strange new life outside the womb.

No mother can console her child every time he cries, so don't expect to be a miracle worker with your baby. Instead, take a realistic approach to the situation, line up some help, get plenty of rest and enjoy all those wondrous moments with your child.

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Jaundice and Your Newborn Congratulations on the birth of your new baby!

To make sure your baby's first week is safe and healthy, it is important that:

1. Your baby is checked for jaundice in the hospital.
2. If you are breastfeeding, you get the help you need to make sure it is going well.
3. Your baby is seen by a doctor or nurse at 3 to 5 days of age.

What is jaundice?

Jaundice is the yellow color seen in the skin of many newborns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or color.

Why is jaundice common in newborns?

Everyone's blood contains bilirubin, which is removed by the liver. Before birth, the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.

How can I tell if my baby is jaundiced?

The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight or under fluorescent lights. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms and legs as the bilirubin level increases. The whites of the eyes also may be yellow. Jaundice may be harder to see in babies with darker skin color.

Can jaundice hurt my baby?

Most infants have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and might cause brain damage. This is why newborns should be checked carefully for jaundice and treated to prevent a high bilirubin level.

How should my baby be checked for jaundice?

If your baby looks jaundiced in the first few days after birth, your baby's doctor or nurse may use a skin test or blood test to check your baby's bilirubin level. A bilirubin level is always needed if jaundice develops before the baby is 24 hours old. Whether a test is needed after that depends on the baby's age, the amount of jaundice, and whether the baby has other factors that make jaundice more likely or harder to see.

Does breastfeeding affect jaundice?

Jaundice is more common in babies who are breastfed than babies who are formula-fed, but this occurs mainly in infants who are not nursing well. If you are breastfeeding, you should nurse your baby at least eight to 12 times a day for the first few days. This will help you produce enough milk

and will help to keep the baby's bilirubin level down. If you are having trouble breastfeeding, ask your baby's doctor or nurse or a lactation specialist for help. Breast milk is the ideal food for your baby.

When should my newborn get checked after leaving the hospital?

It is important for your baby to be seen by a nurse or doctor when the baby is between 3 and 5 days old, because this is usually when a baby's bilirubin level is highest. The timing of this visit may vary depending on your baby's age when released from the hospital and other factors.

Which babies require more attention for jaundice?

Some babies have a greater risk for high levels of bilirubin and may need to be seen sooner after discharge from the hospital. Ask your doctor about an early follow-up visit if your baby has any of the following:

- A high bilirubin level before leaving the hospital
- Early birth (more than two weeks before the due date)
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scalp related to labor and delivery
- A parent or brother or sister who had high bilirubin and received light therapy

When should I call my baby's doctor?

Call your baby's doctor if:

- Your baby's skin turns more yellow.
- Your baby's abdomen, arms, or legs are yellow.
- The whites of your baby's eyes are yellow.
- Your baby is jaundiced and is hard to wake, fussy, or not nursing or taking formula well.

How is harmful jaundice prevented?

Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is undressed will lower the bilirubin level. Depending on your baby's bilirubin level, this can be done in the hospital or at home. Jaundice is treated at levels that are much lower than those at which brain damage is a concern. Treatment can prevent the harmful effects of jaundice.

Putting your baby in sunlight is not recommended as a safe way of treating jaundice. Exposing your baby to sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home because your baby will get cold, and newborns should never be put in direct sunlight outside because they might get sunburned.

When does jaundice go away?

In breastfed infants, jaundice often lasts for more than two to three weeks. In formula-fed infants, most jaundice goes away by two weeks. If your baby is jaundiced for more than three weeks, see your baby's doctor.

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Preparing Your Other Children for a New Baby

If you have other children, you'll need to plan carefully how and when to tell them about the new baby. A child who is 4 or older should be told as soon as you start telling friends and relatives. He also should be apprised of the basic facts about conception and pregnancy so he understands how he is related to his new brother or sister. Fables about storks and such may seem cute, but they won't help your youngster understand and accept the situation. Using one of the picture books published on the subject may help you to explain "where babies come from."

Preparing a Preschooler for a New Baby

If your child is younger than 4 when you become pregnant, you can wait awhile before telling him. When he's this young, he's still very self-centered and may have difficulty understanding an abstract concept like an unborn baby. Once you start furnishing the nursery, bringing his old crib back into the house, and making or buying baby clothes, he should be told what's going on. Also, take advantage of any questions he may ask about Mom's growing "stomach" to explain what's happening. Picture books can be helpful with very young children too. Even if he doesn't ask any questions, start talking to your older child about the baby by the last few months of pregnancy. If your hospital offers a sibling preparation class, take him so that he can see where the baby will be born and where he may visit you. Point out other newborns and their older siblings, and tell him how he's going to be a big brother soon.

Don't promise that things will be the same after the baby comes, because they won't be, no matter how hard you try. But reassure your child that you will love him just as much, and help him understand the positive side of having a baby sibling.

Preparing a Toddler for a New Baby

Breaking the news is most difficult if your child is between 2 and 3. At this age, he's still extremely attached to you and doesn't yet understand the concept of sharing time, possessions or your affection with anyone else. He's very sensitive to changes going on around him, and may feel threatened by the idea of a new family member. The best way to minimize his jealousy is to include him as much as possible in the preparations for the new baby. Let him shop with you for the layette and the nursery equipment. Show him pictures of himself as a newborn, and if you're recycling some of his old baby equipment, let him play with it a bit before you get it in order for the newcomer.

Any major changes in your preschooler's routine, such as toilet training, switching from a crib to a bed, changing bedrooms, or starting nursery school, should be completed before the baby arrives. If that's not possible, put them off until after the baby is settled in at home. Otherwise, your youngster may feel overwhelmed when the upheaval caused by the baby's arrival is added to the stress of his own adjustments.

Coping with Reactions to a New Baby

Don't be alarmed if news that a baby is coming, or, later, the baby's arrival, prompts your older child's behavior to regress a little. He may demand a bottle, ask to wear diapers again or refuse

to leave your side. This is his way of demanding your love and attention and reassuring himself that he still has it. Instead of protesting or telling him to act his age, simply grant his requests, and don't get upset about it. A 3-year-old toilet-trained child who demands a diaper for a few days, or the 5-year-old who wants his outgrown (you thought long-forgotten) security blanket for a week, will soon return to his normal routine when he realizes that he now has just as important a place in the family as his new sibling.

However busy or preoccupied you may be with your new arrival, make sure you reserve some special time each day just for you and your older child. Read, play games, listen to music or simply talk together. Show him that you're interested in what he's doing, thinking, and feeling, not only in relation to the baby but about everything else in his life.



**Babies are fragile. Please don't shake a child.
National Shaken Baby Syndrome Campaign**

The National Exchange Club Foundation is dedicated to educating the public on the dangers of shaking a baby. The Foundation has implemented a national campaign by distributing literature to parents, new parents, grandparents, caregivers, baby sitters, teenagers, siblings and licensed childcare providers throughout hundreds of communities. The campaign, which began in September 1998 in conjunction with Baby Safety Month, has resulted in the distribution of 1.5 million brochures, billboards, magnets and t-shirts. Shaken Baby Syndrome Brochures are also available in Spanish. The campaign has increased awareness nationwide, and will be conducted year-round. For more information, contact the Foundation office at 800.924.2643.

What is Shaken Baby Syndrome?

When a baby is vigorously shaken, the head moves back and forth. This sudden whiplash motion can cause bleeding inside the head and increased pressure on the brain, causing the brain to pull apart and resulting in injury to the baby. This is known as Shaken Baby Syndrome, and is one of the leading forms of fatal child abuse. A baby's head and neck are susceptible to head trauma because his or her muscles are not fully developed and the brain tissue is exceptionally fragile. Head trauma is the leading cause of disability among abused infants and children.

Shaken Baby Syndrome occurs most frequently in infants younger than six months old, yet can occur up to the age of three. Often there are no obvious outward signs if inside injury, particularly in the head or behind the eyes. In reality, shaking a baby, if only for a few seconds, can injure the baby for life. These injuries can include brain swelling and damage; cerebral palsy; mental retardation; developmental delays; blindness; hearing loss; paralysis and death. When a child is shaken in anger and frustration, the force is multiplied five or ten times more than it would be if the child had simply tripped and fallen.

How does it happen?

Often frustrated parents or other persons responsible for a child's care feel that shaking a baby is a harmless way to make a child stop crying. The number one reason a baby is shaken is because of inconsolable crying. Almost 25 percent of all babies with Shaken Baby Syndrome die. It is estimated that 25-50 percent of parents and caretakers aren't aware of the effects of shaking a baby.

What can you do to prevent a tragedy?

If you or someone else shakes a baby, either accidentally or on purpose, call 911 or take the child

to the emergency room immediately. Bleeding inside the brain can be treated. Immediate medical attention will save your baby many future problems . . . and possibly the baby's life.

Other Suggestions for Parents			
Never throw or shake a baby	Always provide support for the baby's head and neck	Place the baby in a crib, leave the room for a few minutes	Sit down, close your eyes and count to 20
Take the baby for a stroller ride	Play music, or sing to the baby	Ask a friend to "take over" for a while	Don't pick the baby up until you feel calm
Make sure the baby is fed, burped and dry	Gently rock or walk the baby	Check for discomfort of diaper rash, teething or fever	Call the doctor if you think the baby is sick
Make sure clothing is not too tight	Give the baby a pacifier	Offer a noisy toy or rattle	Hug and cuddle the baby gently

Safe Sleep for Your Baby: Ten Ways to Reduce the Risk of SIDS

What Is SIDS?

SIDS stands for sudden infant death syndrome. This term describes the sudden, unexplained death of an infant younger than 1 year of age.

Some people call SIDS "crib death" because many babies who die of SIDS are found in their cribs. But, cribs don't cause SIDS.

What Should I Know About SIDS?

Health care providers don't know exactly what causes SIDS, but they do know:

- Babies sleep safer on their backs. Babies who sleep on their stomachs are much more likely to die of SIDS than babies who sleep on their backs.
- Sleep surface matters. Babies who sleep on or under soft bedding are more likely to die of SIDS.
- Every sleep time counts. Babies who usually sleep on their backs but who are then placed on their stomachs, like for a nap, are at very high risk for SIDS. So it's important for everyone who cares for your baby to use the back sleep position for naps and at night.

Fast Facts About SIDS

- SIDS is the leading cause of death in infants between 1 month and 1 year of age.
- Most SIDS deaths happen when babies are between 2 months and 4 months of age.
- African American babies are more than two times as likely to die of SIDS as white babies. American Indian/Alaskan Native babies are nearly three times as likely to die of SIDS as white babies.

10 Ways That You and Others Who Care for Your Baby Can Reduce the Risk of SIDS

1. Always place your baby on his or her back to sleep, for naps and at night. The back sleep position is the safest, and every sleep time counts.
2. Place your baby on a firm sleep surface, such as on a safety-approved crib mattress, covered by a fitted sheet. Never place your baby to sleep on pillows, quilts, sheepskins or other soft surfaces.
3. Keep soft objects, toys and loose bedding out of your baby's sleep area. Don't use pillows, blankets, quilts, sheepskins and pillow-like crib bumpers in your baby's sleep area, and keep any other items away from your baby's face.
4. Do not allow smoking around your baby. Don't smoke before or after the birth of your baby, and don't let others smoke around your baby.
5. Keep your baby's sleep area close to, but separate from, where you and others sleep. Your baby should not sleep in a bed or on a couch or armchair with adults or other children, but he or she can sleep in the same room as you. If you bring the baby into bed with you to breastfeed, put him or her back in a separate sleep area, such as a bassinet, crib, cradle or a bedside cosleeper (infant bed that attaches to an adult bed) when finished.
6. Think about using a clean, dry pacifier when placing the infant down to sleep, but don't force the baby to take it. (If you are breastfeeding your baby, wait until your child is 1 month old or is used to breastfeeding before using a pacifier.)
7. Do not let your baby overheat during sleep. Dress your baby in light sleep clothing, and keep the room at a temperature that is comfortable for an adult.

8. Avoid products that claim to reduce the risk of SIDS because most have not been tested for effectiveness or safety.
9. Do not use home monitors to reduce the risk of SIDS. If you have questions about using monitors for other conditions talk to your health care provider.
10. Reduce the chance that flat spots will develop on your baby's head: provide "Tummy Time" when your baby is awake and someone is watching; change the direction that your baby lies in the crib from one week to the next; and avoid too much time in car seats, carriers and bouncers.

Babies Sleep Safest on Their Backs

One of the easiest ways to lower your baby's risk of SIDS is to put him or her on their back to sleep, for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SIDS when they sleep on their backs. Placing your baby on his or her back to sleep is the number one way to reduce the risk of SIDS.

But Won't My Baby Choke If He or She Sleeps on His or Her Back?

No. Healthy babies automatically swallow or cough up fluids. There has been no increase in choking or other problems for babies who sleep on their backs.

Spread the Word!

Make sure everyone who cares for your baby knows the Safe Sleep Top 10! Tell grandparents, babysitters, childcare providers and other caregivers to always place your baby on his or her back to sleep to reduce the risk of SIDS. Babies who usually sleep on their backs but who are then placed on their stomachs, even for a nap, are at very high risk for SIDS — so every sleep time counts!

Source: National Institute of Child Health and Human Development, National Institutes of Health

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