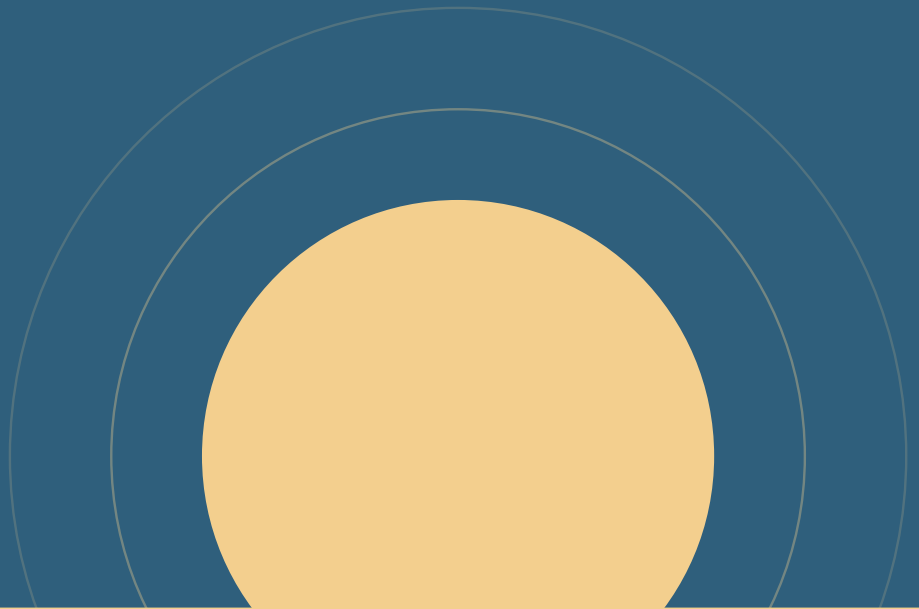


Mamavela

Safe Baby Sleep 0-24 Months

Safe sleep rules from the AAP and NHS, realistic routines by age, and gentle answers to night wakings.



Free sample

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Before you begin

You are holding this book because sleep, or the lack of it, has become the centre of your days and nights. Perhaps you are expecting and want everything ready. Perhaps your baby is three weeks old and you have just googled "is it normal for a newborn to wake every two hours" at four in the morning. Perhaps your toddler has started climbing out of the cot and you are not sure what comes next. Wherever you are, this book was written to be the one calm, trustworthy place you can turn to.

It is built on two promises.

First, safety always comes first. Every routine, every schedule example and every settling idea in these pages sits inside the safe sleep rules of the American Academy of Pediatrics (AAP), the NHS and The Lullaby Trust. Nothing here asks you to put your baby on their front, to add a cushion, a wedge or a bumper, or to make your baby sleep "deeper" than is natural for their age. If any advice you read elsewhere contradicts those rules, the rules win.

Second, every figure is sourced. When this book says that room-sharing is recommended for at least six months, that the recommended room temperature in the UK is 16 to 20 °C, or that a study followed 225 families for five years, the source is named in the text and listed in full at the end with its web address. Where official bodies disagree or use slightly different numbers, you will see both, side by side, so that you can understand the difference rather than wonder which forum to believe.

This book informs; it does not replace your baby's doctor.

Your pediatrician, family doctor, midwife or health visitor knows your baby. If your baby was born early, has a medical condition, or if a professional has given you specific instructions about sleep, follow their advice. When something feels wrong, call: in the US, your pediatrician or 911 in an emergency; in the UK, NHS 111, your GP, or 999 in an emergency.

A note on US and UK words

This book is written for families on both sides of the Atlantic. The meaning is the same, but the words change:

United States	United Kingdom
Crib	Cot
Bassinet	Moses basket or crib
Play yard / portable crib	Travel cot
Pacifier	Dummy
Diaper	Nappy

United States	United Kingdom
Wearable blanket / sleep sack	Baby sleeping bag / sleep bag
Pediatrician	GP or paediatrician, with your health visitor for everyday questions
Emergency: 911	Emergency: 999; urgent advice: NHS 111

Temperatures are given in Celsius and Fahrenheit where the source does so. Heights and measurements are given as the source states them.

How to use this book

You do not need to read it in order. If your baby is a newborn, start with Chapters 1 to 4. If you are struggling with night waking at eight months, Chapters 5, 8 and 9 will speak to you first. If you are about to travel, go straight to Chapter 11. Chapter 1 is the one chapter every adult who looks after your baby should read, including grandparents and babysitters: there is a one-page checklist for them at the end of Chapter 2.

The last part of the book is a two-week sleep diary. Fill it in when you want to see patterns, when you are about to talk to a professional, or simply when you need proof that things are slowly changing.

Chapter 1. The safe sleep foundation

Why this chapter comes first

In the United States, around 3,500 infants die each year of sleep-related infant deaths, a group that includes sudden infant death syndrome (SIDS), ill-defined deaths and accidental suffocation and strangulation in bed. That figure comes from the 2022 policy statement of the American Academy of Pediatrics, written by Dr Rachel Moon and colleagues (Moon et al., Pediatrics, 2022). In the UK, The Lullaby Trust states that around 210 babies die of SIDS every year.

These are not numbers to frighten you. The same sources are clear that SIDS is rare, and that the risk can be lowered substantially by a handful of habits that cost nothing. The Lullaby Trust explains that before 1991 parents were advised to put babies to sleep on their fronts; once families followed the new back-sleeping advice, the rate of SIDS fell. The AAP's policy statement explains a "triple risk model": SIDS is thought to happen when a baby with an underlying vulnerability meets an outside trigger, such as an unsafe sleep environment, during a critical period of development. You cannot see or change the vulnerability. You can control the environment, every single sleep.

The ABCs of safe sleep.

The Lullaby Trust sums it up as: **A**lways sleep your baby on their **B**ack in a **C**lear cot or sleep space. The AAP adds a fourth letter on its parent pages: **A**lone, **B**ack, **C**rib, **D**on't smoke. Two ways of saying the same thing.

Rule 1. On the back, for every sleep

Place your baby on their back to sleep, for naps and at night, every time.

- The AAP explains that babies who sleep on their backs are much less likely to die suddenly and unexpectedly than babies who sleep on their stomachs or sides, and that the side position is just as dangerous as the stomach position, partly because a baby placed on the side can roll more easily onto the stomach.
- Safe to Sleep, the campaign of the US National Institute of Child Health and Human Development (NICHD), notes that if a baby who usually sleeps on the back is put on the stomach or side, for example for a nap, the risk of SIDS increases by up to 45 times. The Lullaby Trust makes the same point: babies who are usually slept on their backs but sometimes slept on their fronts are at higher risk. This is why consistency matters so much, and why every carer needs to know the rule.
- A common worry is choking. The AAP states that babies will not choke on their backs, because their airway anatomy and gag reflex protect them, and that even babies with gastro-oesophageal reflux disease should sleep flat on their backs. The Lullaby Trust adds that

no research has found back-sleeping babies more likely to choke on their sick.

- NICHD's Safe to Sleep advice applies to all babies, including those born preterm and those with reflux, until they are one year old.

What about when your baby starts rolling? Keep placing your baby on their back at the start of every sleep. NICHD explains that once babies can roll from back to stomach and from stomach to back on their own, you can leave them in the position they choose. If they can only roll one way, you can reposition them onto their back. The NHS phrases it the same way: move your baby onto their back if they roll, until they can roll onto their front and back again by themselves. The Lullaby Trust adds a kind reassurance: the first few times your baby rolls onto their tummy you might gently turn them back, but you do not have to get up all night to check.

Babies born early. Some very premature babies are placed on their fronts in a neonatal unit for medical reasons, under constant monitoring. The AAP and The Lullaby Trust both say that by the time your baby comes home, they should be sleeping on their back. Only continue front-sleeping if your baby's doctor tells you to for a medical reason.

Rule 2. A firm, flat surface of their own

Your baby should sleep on a firm, flat, level surface that is designed for infant sleep: a crib, bassinet, play yard or cot in the US; a cot, crib or Moses basket in the UK.

- **Firm** means it does not indent under your baby. The AAP says a firm surface should not indent when your baby is lying on it. NICHD describes it as a surface that "returns to its original shape quickly if pressed on". The Lullaby Trust gives a practical test: your baby's head should sink no more than a few millimetres into the mattress.
- **Flat** means not inclined. The AAP states that any surface that inclines more than 10 degrees is not safe for your baby to sleep on. NICHD explains why: on an incline, a baby's body can slide down and the head can slump forward, which can block the airway. The Lullaby Trust advises not to incline, tilt or prop the mattress, cot or baby, and notes that tilting does not help with reflux.
- **Their own** means a separate sleep space. Soft surfaces such as sofas, armchairs, waterbeds, memory foam, air and pillow-top mattresses, quilts, thick blankets and sheepskins are not safe for babies to sleep on (NICHD).

In the United States, the Safe Sleep for Babies Act, signed into law in May 2022, made inclined sleepers for infants and crib bumpers banned hazardous products. The law defines an inclined sleeper as a product with an inclined sleep surface greater than ten degrees intended for infants up to 1 year old. The AAP also points to a June 2021 Consumer Product Safety Commission (CPSC) rule requiring that all infant sleep products meet the federal safety standards for cribs, bassinets, portable cribs or play yards. In the UK, The Lullaby Trust recommends products that meet British Standards, such as BS EN 16890:2017+A1:2021 for cot, travel cot and crib mattresses.

Rule 3. A clear sleep space

The Lullaby Trust puts it simply: babies need just two items in their cot, a firm, flat, waterproof mattress and lightweight bedding. The AAP recommends a fitted sheet only, with nothing else in the crib, and suggests a wearable blanket or layers of clothing if you are worried about your baby getting cold.

Keep out of the sleep space:

- pillows and pillow-like toys
- quilts, comforters and duvets
- mattress toppers
- non-fitted sheets and loose blankets
- soft toys, including loveys
- bumpers and anything that attaches to the slats or sides
- pods, nests, wedges, positioners, straps and rolled towels
- weighted blankets, weighted swaddles and weighted sleepers

The Lullaby Trust reports that soft or bulky bedding such as quilts, pillows and duvets has been shown to increase the risk of SIDS by three times. NICHD lists the categories of danger: things that are soft or squishy, things that go under or over the baby, things that are non-fitted, even if small or "tucked in", and things that are weighted.

Rule 4. Same room, separate bed, for at least six months

The AAP, NHS, NICHD and The Lullaby Trust all recommend that your baby sleeps in your room, in their own sleep space, for at least the first six months, for naps as well as at night.

- The AAP states that room-sharing can decrease the risk of SIDS by as much as 50 percent and is much safer than bed-sharing. It also makes night feeds and comforting easier.
- The Lullaby Trust reassures parents that this does not mean you can never leave the room to make a cup of tea or go to the toilet. It means your baby is safest when you are close by most of the time. It also notes that there is no device on the market that can replace a parent or carer being in the same room.

Rule 5. Never on a sofa or armchair

This is the one rule all sources state with special force. The AAP explains that the risk of sleep-related infant death is up to 67 times higher when infants sleep with someone on a couch, soft armchair or cushion. NICHD calls couches and armchairs "never safe places for babies to sleep", alone, with you, with someone else or with pets. The Lullaby Trust explains that a baby can easily slip into a position where they are trapped and cannot breathe.

If you feel yourself drifting off

while feeding on the sofa, put your baby down on their back in their own sleep space before you close your eyes. If you might fall asleep, it is safer to be in a prepared adult bed than on a sofa or armchair. That is not a recommendation to bed-share; it is about choosing the less dangerous option when exhaustion wins.

Rule 6. Not too hot

Overheating is linked to a higher risk of SIDS (NHS, AAP, The Lullaby Trust).

- **UK:** keep the room between 16 and 20 °C and check with a room thermometer (NHS, The Lullaby Trust).
- **US:** the AAP's sleep habits page mentions that the AAP and other medical organisations recommend avoiding overheating and head covering, and temperatures between 68 and 72 °F for infants and children. The AAP's general rule is that your baby needs only one more layer than you would wear in the same environment.
- **How to check:** feel your baby's chest or the back of the neck. Hands and feet usually feel cooler, which is normal (NHS, The Lullaby Trust). Signs of being too hot include sweating, a hot chest and flushed skin (AAP).
- **No hats indoors** once you are home from hospital (AAP, The Lullaby Trust). Remove hats and outdoor clothing when you come indoors or get into a car, bus or train, even if it means waking your baby (NHS).
- Never a hot water bottle or electric blanket, and never next to a radiator, heater, fire or in direct sunlight (NHS).

Rule 7. Smoke-free, before and after birth

Smoking in pregnancy and smoke around your baby after birth are significant risk factors for SIDS (AAP, NHS, The Lullaby Trust). The AAP includes vaping and e-cigarettes that contain nicotine, and advises not smoking anywhere near your baby, even outside. The Lullaby Trust notes that smoke clings to clothes, hair and skin, and advises not to hold a baby straight after smoking. If you or your partner smoke, it is especially important not to share a bed with your baby (AAP, NHS).

Protective habits

Beyond the environment, the sources list several things that are linked with a lower risk:

- **Breast milk.** The AAP states that human milk reduces the risk of SIDS and that the longer you give breast milk, the more protection it gives. The Lullaby Trust says research shows any amount of breastfeeding reduces the risk. Both stress that if you formula feed and follow the other safer sleep advice, you still lower the risk for your baby.
- **A pacifier or dummy at sleep times.** The AAP says pacifiers help reduce the risk of SIDS, even if the pacifier falls out after your baby is asleep. If you breastfeed, wait until breastfeeding is

well established; The Lullaby Trust says this is usually when your baby is around four weeks old. Do not force it, do not put it back in if it falls out, never coat it with anything sweet such as honey, and never attach it with a cord or clip during sleep (AAP, NICHD, The Lullaby Trust). The Lullaby Trust suggests gently stopping between six and twelve months.

- **Routine vaccinations.** The AAP notes evidence that infant vaccinations may help protect against SIDS; the NHS advises keeping your baby up to date with routine NHS vaccinations.
- **No alcohol or drugs.** The AAP advises avoiding alcohol, marijuana, opioids and illicit drugs during pregnancy and after birth.

Products that promise to prevent SIDS

The AAP is direct: there is no evidence that products claiming to reduce the risk of SIDS do so. Home cardiorespiratory monitors and consumer wellness devices such as wearable heart-rate and pulse-oximetry monitors have not been shown to decrease SIDS risk. If you like using one, the AAP says that is fine, as long as it does not replace the safe sleep rules or give you a false sense of security. The Lullaby Trust adds that a product claiming "no baby has ever died of SIDS while using it" proves nothing, because SIDS is now rare.

Bed-sharing: how US and UK advice differ

This is the one area where the official messages are worded differently, and it is worth understanding why.

The AAP (United States) recommends that parents avoid bed-sharing under any circumstances, including with twins and multiples. If you bring your baby into your bed to feed or comfort them, put them back in their own sleep space before you go to sleep. If there is any chance you might fall asleep with your baby in your bed, remove pillows, blankets and sheets that could cover your baby, and move your baby back to their own space as soon as you wake.

The NHS and The Lullaby Trust (United Kingdom) say that the safest place for a baby is a separate cot or Moses basket in your room, and they also give advice on how to co-sleep more safely, recognising that many parents do share a bed, by choice or by accident.

Both sides agree completely on the situations where sharing a bed is especially dangerous:

Do not share a bed with your baby if	Source
Your baby was born before 37 weeks or weighed under 2.5 kg (5.5 lb) at birth	NHS, The Lullaby Trust; the AAP says risk is 2 to 5 times higher for preterm or low birth weight babies
You or your partner smoke, even if never in bed, or your baby was exposed to smoke in pregnancy	NHS, The Lullaby Trust, AAP
You or your partner have drunk alcohol (the NHS says 2 or more units) or taken recreational drugs	NHS, AAP
You or your partner have taken medicine that makes you drowsy	NHS, AAP
You are extremely tired	AAP, NICHD

Do not share a bed with your baby if	Source
Your baby is younger than 4 months	AAP: risk while bed-sharing is 5 to 10 times higher under 4 months; NICHD lists it as high risk regardless of other factors
You are on a sofa or armchair	All sources: never

The AAP adds that the risk of sleep-related infant death is more than 10 times higher when babies bed-share with someone who is fatigued, has taken medications that make it harder to wake, or has used alcohol or drugs.

If you do co-sleep in the UK, the NHS lists the conditions for doing so more safely: a firm, flat mattress; baby on their back; pillows, sheets and blankets away from your baby; no swaddling (a baby sleeping bag is safer); no other children or pets in the bed; never leave your baby alone in an adult bed; and make sure your baby cannot fall out or become trapped between the mattress and the wall.

A planning tip from The Lullaby Trust

whether or not you intend to co-sleep, have a cot or Moses basket ready for the nights when sharing a bed would be high risk, and think ahead about what you will do if you are very tired.

Car seats, swings, slings and bouncers

Car seats are essential for travel, but they are not beds. Both the AAP and The Lullaby Trust say it is fine for your baby to fall asleep in a car seat while you are travelling, and that you should take them out and put them on a firm, flat surface as soon as you arrive. NICHD adds that sitting devices (car seats, strollers) and carrying devices (carriers, slings) should not be used for regular sleep or naps. If your baby falls asleep in a swing or bouncer, The Lullaby Trust advises moving them onto their back in their own sleep space.

The reason is the airway. NICHD explains that a young baby who sits slumped with the chin on the chest can have their airway blocked. The Lullaby Trust reports research from the University of Bristol, published in 2017, finding that preterm and young babies may be at risk of breathing difficulties if travelling upright in car seats for long periods. More on journeys in Chapter 11.

For slings, the NHS recommends the T.I.C.K.S. rules: **T**ight enough to hug your baby close; **I**n view, so you can always see your baby's face; **C**lose enough to kiss; **K**ee the chin off the chest; **S**upport the back so it is comfortably upright. The NHS adds that it is not safe to feed your baby while they are in a sling.

Chapter 1 checklist: every sleep, day and night

- ☐ On the back, never on the front or side
- ☐ Firm, flat, level mattress that fits the cot, crib or basket
- ☐ Only a fitted sheet, plus a well-fitting sleep bag or a thin blanket tucked in no higher than the

shoulders

- ☐ No pillows, bumpers, toys, pods, nests, wedges or positioners
- ☐ In my room, in their own sleep space, for at least the first six months
- ☐ Never asleep with my baby on a sofa or armchair
- ☐ Room at 16 to 20 °C (UK guidance), baby not too hot, no hat indoors
- ☐ Smoke-free and vape-free home and car
- ☐ Out of the car seat, swing or bouncer and into their own bed once we arrive
- ☐ Every person who looks after my baby knows these rules

End of the sample

Thank you for reading this far. We hope these first pages already feel useful, and that you can see how the rest of the book is built: clear steps, pages to fill in, sources you can check.

The full book has 56 pages.

Get it here: <https://mamavela.com/shop/safe-baby-sleep/>

One-time payment, instant PDF.