

Explanation of Infant Sleep Position and the risk of aspiration

The purpose of this image and explanation is to clarify any confusion about babies who sleep on their backs vs. their tummies in regards to the risk of choking or aspiration.

Studies show that babies may actually clear secretions better when placed on their backs. Figures 3 and 4 show the orientation of the trachea to the esophagus in the back sleeping (figure 3) and in stomach sleeping (figure 4) positions. When a baby is in the back sleeping position the trachea lies on top of the esophagus. Anything regurgitate or refluxed from the esophagus must work against gravity to be aspirated into the trachea. Conversely, when a baby is in the stomach sleeping position, anything regurgitated or refluxed will pool at the opening of the trachea, making it easier for the baby to aspirate.

It is true that some infants who lie on their backs do not sleep as deeply as those who lie on their stomachs. Similarly, infants who are placed on their backs may be fussy or cry. However, the absence of very deep sleep is believed to help protect infants against SIDS. Babies who are placed on their stomachs sleep more deeply, are less reactive to noise, experience less movement, and are less able to be aroused than back sleeping infants. All of these characteristics put an infant at higher risk of SIDS. So even though comfort is important, the infant's safety is more important; the back sleep position should be used even if the infant seems to sleep less comfortably.

Some products (e.g, wedge) claim to be designed to keep a baby in one position and to reduce the risk of SIDS. These products and others have not been tested for safety or effectiveness. These items are not recommended unless prescribed by a physician.

