

Make Baby's Room Safe: Parent Checklist



Every home is different, and *no checklist is complete and appropriate for every household*, however use this checklist to help ensure that the bedrooms in your home are safer for your child.

Changing Table

Although a changing table makes it easier to dress and diaper your baby, falls from such a high surface can be serious. Don't trust your vigilance alone to prevent falls; you should also consider the following recommendations.

- Choose a sturdy, stable changing table with a 2-inch (5-cm) guardrail around all four sides.
- The top of the changing table pad should be concave, so that the middle is slightly lower than the sides.
- Buckle the safety strap, but don't depend on it alone to keep your child secure. Always keep a hand on your baby. Never leave a child unattended on a dressing table, even for a moment, even if he is strapped.
- Keep diapering supplies within your reach—but out of your child's reach—so you don't have to leave your baby's side to get them. Never let him play with a powder container. If he opens and shakes it, he's likely to inhale particles of powder, which can injure his lungs.
- If you use disposable diapers, store them out of your child's reach and cover them with clothing when he wears them. Children can suffocate if they tear off pieces of the plastic liner and swallow them.

Suffocation Prevention

- Do not use baby or talcum powders on the baby. If inhaled, talcum-containing powders can cause severe lung damage and breathing problems in babies.
- Keep the crib free of all small objects (safety pins, small parts of toys, etc.) that she could swallow.
- Never leave plastic bags or wrappings where your baby can reach them.

- Don't have your baby sleep in your own bed next to you. Keep her in her crib.
- Instead of using loose blankets that your baby could get tangled in, dress her in appropriate-weight sleepwear (like a wearable blanket or sleep sack).
- Don't allow your baby to sleep on her stomach, nor should she sleep on a soft comforter or pillow. Place her to sleep only on her back.

Necklaces and Cords

- Don't let strings or cords dangle in or anywhere near the crib.
- Don't attach pacifiers, medallions, or other objects to the crib or body with a cord.
- Don't place a string or necklace around the baby's neck.
- Don't use clothing with drawstrings.

Cribs

Your baby usually will be unattended when in his or her crib, so this should be a totally safe environment. Falls are the most common injury associated with cribs, even though they are the easiest to prevent. Children are most likely to fall out of the crib when the mattress is raised too high for their height, or not lowered properly as they grow.

Use a crib manufactured after June 2011, when the current safety standards banning the manufacture or sale of drop-side rail cribs became effective. There is a good chance that an older crib no longer meets all the current safety standards, especially if it has a drop side.

No matter what the age of your crib, inspect it carefully for the following features:

- Slats should be no more than $2 \frac{3}{8}$ inches (6 cm) apart so a child's head cannot become trapped between them. Widely spaced slats can allow an infant's legs and body to fall through but will trap the infant's head, which can result in death.
- There should be no decorative cut-outs in the headboard or footboard, as your child's head or limbs could become trapped in them.
- If the crib has corner posts, they should be flush with the end panels, or they should be very, very tall (such as posts on a canopy bed). Clothing and ribbons can catch on tall corner posts and strangle an infant.
- All screws, bolts, nuts, plastic parts, and other hardware should be present and original equipment. Never substitute original parts with something from a hardware store; replacement parts must be obtained from the manufacturer. They must be tightly in place to prevent the crib from coming apart; a child's activity can cause the crib to collapse, trapping and suffocating her.
- Before each assembly and weekly thereafter, inspect the crib for damage to hardware, loose joints, missing parts, or sharp edges. Do not use a crib if any parts are missing or broken.

You can prevent other crib hazards by observing the following guidelines:

- The mattress should be the same size as the crib so there are no gaps to trap arms, body, or legs. If you can insert more than two fingers between the mattress and the sides or ends of the crib, the crib and mattress combination should not be used.
- If you purchase a new mattress, remove and destroy all plastic wrapping material that comes with it, because it can suffocate a child.
- Before your baby can sit, lower the mattress of the crib to the level where he cannot fall out either by leaning against the side or by pulling himself over it. Set the mattress at its lowest position before your child learns to stand. The most common falls occur when a baby tries to climb out, so move your child to another bed when he is 35 inches (89 cm) tall, or when the height of the side rail is less than three-quarters of his height (approximately nipple level).
- Periodically check the crib to be sure there are no rough edges or sharp points on the metal parts, and no splinters or cracks in the wood. If you notice tooth marks on the railing, cover the wood with a plastic strip (available at most children's furniture stores).
- Do not use bumper pads in cribs. There is no evidence that they prevent injuries, and there is a possible risk of suffocation, strangulation, or entrapment. Infant deaths in cribs have been associated with bumper pads. In addition, toddlers can use a bumper guard to help them climb and fall out.
- Pillows, quilts, comforters, sheepskins, stuffed animals, and other soft products should not be placed in a crib. Babies have suffocated on such items in the crib.
- If you hang a mobile over your child's crib, be sure it is securely attached to the side rails. Hang it high enough so your baby cannot reach it to pull it down, and remove it when he is able to get up on his hands and knees, or when he reaches five months, whichever comes first.
- Crib gyms are not recommended, as infants and toddlers may injure themselves falling forward onto the gym or pulling the gym down on top of their body.
- To prevent the most serious of falls and to keep children from getting caught in cords from hanging window blinds or draperies and strangling, don't place a crib—or any other child's bed—near a window. The Consumer Product Safety Commission recommends using cordless window coverings if possible.

What You Can Do: Recommendations for Infant Sleep Safety

- **Until their first birthday, babies should sleep on their backs for all sleep times—for naps and at night.** We know babies who sleep on their backs are much less likely to die of SIDS than babies who sleep on their stomachs or sides. The problem with the side position is that the baby can roll more easily onto the stomach. Some parents worry that babies will choke when on their backs, but the baby's airway anatomy and the gag reflex will keep that from happening. Even babies with [gastroesophageal reflux \(GERD\)](#) should sleep on their backs.

- Newborns should be placed [skin-to-skin](#) with their mother as soon after birth as possible, at least for the first hour. After that, or when the mother needs to sleep or cannot do skin-to-skin, babies should be placed on their backs in the bassinet. While preemies may need to be on their stomachs temporarily while in the NICU due to breathing problems, they should be placed on their backs after the problems resolve, so that they can get used to being on their backs and before going home.
- Some babies will roll onto their stomachs. You should always place your baby to sleep on the back, but if your baby is comfortable rolling both ways (back to tummy, tummy to back), then you do not have to return your baby to the back. However, be sure that there are no blankets, pillows, stuffed toys, or bumper pads around your baby, so that your baby does not roll into any of those items, which could cause blockage of air flow.
- If your baby falls asleep in a [car seat](#), stroller, swing, infant carrier, or sling, you should move him or her to a firm sleep surface on his or her back as soon as possible.
- **Use a firm sleep surface.** A [crib](#), bassinet, portable crib, or play yard that meets the safety standards of the [Consumer Product Safety Commission \(CPSC\)](#) is recommended along with a tight-fitting, firm mattress and fitted sheet designed for that particular product. Nothing else should be in the crib except for the baby. A firm surface is a hard surface; it should not indent when the baby is lying on it. Bedside sleepers that meet CPSC safety standards may be an option, but there are no published studies that have examined the safety of these products. In addition, some crib mattresses and sleep surfaces are advertised to reduce the risk of SIDS. There is no evidence that this is true, but parents can use these products if they meet CPSC safety standards.
- **Room share—keep baby's sleep area in the same room where you sleep for the first 6 months or, ideally, for the first year.** Place your baby's crib, bassinet, portable crib, or play yard in your bedroom, close to your bed. The AAP recommends room sharing because it can decrease the risk of SIDS by as much as 50% and is much safer than bed sharing. In addition, room sharing will make it easier for you to feed, comfort, and watch your baby.
- **Only bring your baby into your bed to feed or comfort.** Place your baby back in his or her own sleep space when you are ready to go to sleep. If there is any possibility that you might fall asleep, make sure there are no pillows, sheets, blankets, or any other items that could cover your baby's face, head, and neck, or overheat your baby. As soon as you wake up, be sure to move the baby to his or her own bed.
- **Never place your baby to sleep on a couch, sofa, or armchair.** This is an extremely dangerous place for your baby to sleep.
- **Bed-sharing is not recommended for any babies.** However, certain situations make bed-sharing even more dangerous. Therefore, you should not bed share with your baby if:
 - Your baby is younger than 4 months old.
 - Your baby was born prematurely or with low birth weight.
 - You or any other person in the bed is a smoker (even if you do not smoke in bed).

- The mother of the baby [smoked during pregnancy](#).
- You have taken any medicines or drugs that might make it harder for you to wake up.
- You drank any alcohol.
- You are not the baby's parent.
- The surface is soft, such as a waterbed, old mattress, sofa, couch, or armchair.
- There is soft bedding like pillows or blankets on the bed.
- **Keep soft objects, loose bedding, or any objects that could increase the risk of entrapment, suffocation, or strangulation out of the baby's sleep area.** These include pillows, quilts, comforters, sheepskins, blankets, toys, bumper pads or similar products that attach to crib slats or sides. If you are worried about your baby getting cold, you can use infant sleep clothing, such as a wearable blanket. In general, your baby should be dressed with only one layer more than you are wearing.
- **It is fine to swaddle your baby.** However, make sure that the baby is always on his or her back when [swaddled](#). The swaddle should not be too tight or make it hard for the baby to breathe or move his or her hips. When your baby looks like he or she is trying to roll over, you should stop swaddling.
- **Try giving a pacifier at nap time and bedtime.** This helps reduce the risk of SIDS, even if it falls out after the baby is asleep. If you are breastfeeding, wait until breastfeeding is going well before offering a [pacifier](#). This usually takes 2-3 weeks. If you are not breastfeeding your baby, you can start the pacifier whenever you like. It's OK if your baby doesn't want a pacifier. You can try offering again later, but some babies simply don't like them. If the pacifier falls out after your baby falls asleep, you don't have to put it back in.

What Moms Can Do: Recommendations for Prenatal & Postnatal

- **Do not smoke during pregnancy or after your baby is born.** Keep your baby away from smokers and places where people smoke. If you are a smoker or you smoked during pregnancy, it is very important that you do not bed share with your baby. Also, keep your [car and home smoke-free](#). Don't smoke anywhere near your baby, even if you are outside.
- **Do not use alcohol or illicit drugs during pregnancy or after the baby is born.** It is very important not to bed share with your baby if you have been drinking alcohol or taken any medicines or illicit drugs that can make it harder for you to wake up.
- **Breastfed babies have a lower risk of SIDS.** Breastfeed or feed your baby expressed breast milk. The AAP recommends breastfeeding as the sole source of nutrition for your baby for about 6 months. Even after you add solid foods to your baby's diet, continue breastfeeding for at least 12 months, or longer if you and your baby desire.

- **Schedule and go to all well-child visits.** Your baby will receive important immunizations at these doctor visits. Recent evidence suggests that immunizations may have a protective effect against SIDS.
- **Make sure your baby has tummy time every day.** Awake tummy time should be supervised by an awake adult. This helps with baby's motor development and prevents [flat head syndrome](#). See *Back to Sleep, Tummy to Play* for more information and ways to play with the baby during tummy time.

Use Caution When Buying Products

- **Use caution when a product claims to reduce the risk of SIDS.** Wedges, positioners, special mattresses and specialized sleep surfaces have not been shown to reduce the risk of SIDS, according to the AAP.
- **Do not rely on home heart or breathing monitors to reduce the risk of SIDS.** If you have questions about using these monitors for other health conditions, talk with your pediatrician.
- **There isn't enough research on bedside or in-bed sleepers.** The AAP can't recommend for or against these products because there have been no studies that have looked at their effect on SIDS or if they increase the risk of injury and death from suffocation.