Sleep safety for infants and toddlers

The staff wants you to know that patient safety and preventing infection are high priorities at St. Jude Children’s Research Hospital. An important part of patient safety is preventing injury. Using the right beds for patients younger than 36 months old helps ensure their safety and decreases their risk for infection. To help ensure your child’s safety, you need to understand the hospital’s policy for bed safety for infants and toddlers.

Hospital policy for infant and toddler bed safety

- Cribs will be used for any child age 24 months or younger.
- When a child between the ages of 25–36 months is in the hospital as an inpatient, a clinician (nurse, nurse practitioner, physician’s assistant, or doctor) will decide the right size bed for that child. A parent or guardian must stay with a child at all times if a crib is not in use.
- To reduce the risk of infection, no one including parents should sleep in the crib or bed with the patient. (See “Do you know… How to prevent infection.”)

How staff evaluates child for bed type

- If the patient is less than 24 months, the child must be in a crib during hospital care.
- If the patient is 25–36 months of age, a clinician will decide the right size bed based on the child’s height, potty training status, and the type of bed used at home.

Safe sleeping for infants and toddlers

- According to the American Academy of Pediatrics, cribs should be used until a child can pull up and is taller than 90 centimeters (35 inches)
- Cribs have mattresses that are not as soft as adult bed mattresses. The American Academy of Pediatrics states that placing infants in cribs reduces the risk of smothering.
- The American Academy of Pediatrics also warns that sharing a bed with an infant or toddler increases the risk of the child becoming trapped and the risk of sudden infant death syndrome (SIDS).
- Studies have also shown that infants and toddlers who share a bed with parents sleep less and rest less. Young children who do not sleep in cribs also have a greater risk of falling out of bed.
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- There should be no soft materials or loose bedding in the crib or bed of an infant or toddler such as toys, pillows and blankets. These items put your child at risk for suffocating. Always keep an infant’s face uncovered during sleep.
- Use clothing rather than blankets to keep infants and toddlers warm.
- Try not to overheat your infant. If using a blanket, place your baby with her feet at the foot of the crib. Tuck a thin blanket around the crib mattress, reaching only as far as her chest.

Guidelines for infant and toddler safe sleeping at St. Jude

- If your child requires monitoring or complex medical equipment, she must sleep alone in a crib or bed.
- Your child should always sleep in the crib or bed rather than on a bedside chair, sofa, or floor mattress.
- Your child’s immune system may be weaker while in the hospital. Your child needs to sleep alone to decrease the risk of getting an infection. (See “Do you know… How to prevent infection.”)

How can I help my child make the transition to being in a bed or crib alone?

- Place your child in the crib when drowsy but still awake. Your child will learn to go back to sleep on her own.
- Make middle-of-the-night feedings brief and boring. If you play with your child during night feedings, she will become too excited to fall back to sleep easily.
- Make the night time routine the same. Bath, massage, rocking, stories, or soft music. Put the child in the crib as a part of that routine when she is drowsy but not asleep. The child will learn to fall asleep on her own. Say your good nights and leave the room.
- Your child may cry for a moment but will soon calm down and fall asleep after the bedtime routine is established.
- If your child is still crying after 5–10 minutes, go in and comfort your child, letting her know you are close by, but don’t stay longer than a minute or 2. Slow strokes on your child’s body or legs may help to calm.
- Follow this routine every night.
- When your child wakes in the night, give a few minutes for your child to fall back asleep on her own.
- If your child continues to cry, talk and comfort her, but don’t bring her to your bed

Questions?

If you have questions or concerns about sleep safety for infants and toddlers at St. Jude, please talk to your child’s doctor or nurse.

This document is not intended to take the place of the care and attention of your personal physician or other professional medical services. Our aim is to promote active participation in your care and treatment by providing information and education. Questions about individual health concerns or specific treatment options should be discussed with your physician.