

This information sheet summarises research-based evidence about the risks and benefits associated with some of the most commonly used 'sleep aids' for babies.

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Throughout history, parents have used a wide range of items which they feel (or they are told) will benefit their babies' sleep. In this information sheet we summarise the research evidence currently available regarding three of the most commonly used and recommended sleep aids: dummies (or pacifiers), swaddling, and baby sleep bags.

Dummies: Sleep & Sudden Infant Death Syndrome (SIDS)

Dummies (also known as pacifiers) have long been used by parents who feel they help soothe or settle their baby. Recently some studies have suggested they may reduce the risk of SIDS.



Research has shown that sucking (e.g. breastfeeding, finger-sucking or dummy use) has a **calming and soothing effect** on babies, including a reduced response to pain.

Some studies have found that dummy use is associated with a **lower risk of SIDS**, and so some authorities now suggest that parents think about using a dummy when settling their baby to sleep. However, **it is not known how dummies reduce SIDS risk**. Some theories include

preventing babies from turning their face into bedding, altering the way babies' hearts work, or stopping them from sleeping too deeply. These theories are also among those used to explain why breastfeeding reduces SIDS risk. It might also be that there is something else - that we don't know yet - about people who are more likely to use dummies which puts their babies at lower risk. They may, for example, be more likely to check regularly on their babies while they sleep, or to keep their babies in the same room. Their babies may be less likely to sleep deeply, and therefore at lower risk of SIDS to start with. In some of the SIDS studies it was only babies who didn't have a dummy - but normally used one - that were more vulnerable. **Those babies who never had a dummy were not at higher risk, which may suggest that if you start giving your baby a dummy for sleep then you must always give it.**

Studies have shown that **dummy use can have unwanted effects**. Some studies, but not all, have found that dummy use can lead to less breastfeeding and earlier weaning from the breast. Breastfeeding in itself reduces the risk of SIDS, along with other diseases, and helps with mother-baby bonding. There is also a link between dummy use and infections of the middle-ear, particularly in babies over 6 months, and dental problems - again in older children.

For these reasons, along with the lack of information about how dummies reduce SIDS, and in which groups of babies they might have most effect, the UK Department of Health does not recommend dummy use as a way of reducing the risk of SIDS. However, some countries and organisations do, emphasising that the dummy can be offered at birth for bottle-fed babies, and from 3-4 weeks for breastfed babies, to allow breastfeeding first to become established.

Swaddling

Swaddling (firm wrapping in a cloth or blanket) is an ancient and widely used baby-care tool.

Some research studies have found that swaddling can help **calm and soothe** babies and help them sleep. Researchers have suggested that swaddling can help babies settle on their backs and prevent them turning on to their front or getting their heads covered by bedding.

Recently, however, some research has suggested that swaddling might not always be safe:

- Babies that are swaddled may **sleep more deeply**. While this may appear to be good it may put babies at higher risk of SIDS. The **ability to arouse (begin to wake) from sleep is key to a baby's ability to cope with things in their environment** that might otherwise put them at risk of SIDS. Research shows that swaddling reduces this ability much more among babies for whom swaddling is a **new experience** – ie. have **NOT** been swaddled since birth.
- One review found swaddling increased SIDS risk if the baby was on its front and decreased it for babies sleeping on their back. However, another UK study found an increased risk of SIDS for all swaddled babies, including those sleeping on their back. Thus, **the current evidence is contradictory**.
- Studies have suggested that swaddling can put babies at higher risk of bone-development problems, chest infections and overheating. It is also **not considered to be a good idea to swaddle a baby when bed-sharing**. Babies need to be able to use their arms and legs to alert adults who get too close, and to move covers from their faces. Swaddling prevents a bed-sharing baby from doing this.
- A review of swaddling also suggested that **swaddling may negatively impact breastfeeding** by reducing feeding frequency, and thus it may disrupt maternal milk production.

If you decide to swaddle...

- ✓ Wrap firmly but not too tightly.
- ✓ Baby's legs & feet must be able to move freely & bend at the hip.
- ✓ Leave hands free for babies over 3 months for self-soothing.
- ✓ Keep baby's head uncovered.
- ✓ Don't let baby get too hot.
- ✓ Remove swaddling if you bring baby into bed.
- ✓ Always place baby to sleep on their back.
- ✓ Swaddling is safest from birth, don't suddenly start when SIDS-risk is highest (2-3 months old).
- ✓ Stop using swaddle once baby starts to roll.

Baby sleep bags

Baby sleep bags are very popular with parents, and are promoted as a way of reducing the risk of SIDS.

The main reason is that sleep bags may prevent babies getting their heads covered with bedding during sleep. It is important to ensure babies are not placed in bags that are too big, that they could slide down into. Many parents feel they help babies sleep better, by preventing them from wriggling out of bedding or kicking off blankets. However, the only study that has compared night-time sleep when using sleep bags vs blankets, found no difference in the amount of sleep had by either baby or mother.

In the UK and elsewhere, studies have shown that **overheating increases the risk of SIDS** compared to sleeping at cooler temperatures. It is claimed that the use of baby sleep bags could help avoid overheating, but very little research has examined whether they actually do keep babies' temperature at a safe level or reduce the risk of SIDS. One study from 1998 suggested sleep bag use was associated with lower SIDS risk. Research looking at body temperature has produced conflicting results for day-time sleep (naps), and the only study to look at babies' overnight body temperature found no difference when using a sleeping bag vs traditional blankets.