TIPS FOR SAFE INFANT SLEEP



Creating a safe sleeping environment not only protects your baby but also provides you with peace of mind, allowing you to rest better. Establishing a safe sleeping environment is crucial in reducing the risk of Sudden Infant Death Syndrome (SIDS) and other sleep-related dangers. Our occupational therapists at Michigan Pediatric Therapy are trained in safe sleep practices and are here to support all children and families.

Understanding the differences between bedsharing and co-sleeping can help you make informed decisions.

BEDSHARING

This is when the infant sleeps on the same surface as the parent. Bedsharing can be convenient for nighttime feeding, but strict safety guidelines must be followed, and both parents should agree.

COSLEEPING

This involves the parent and infant sleeping nearby, whether on the same surface or not, such as in a bassinet, crib in the same room, or an open-sided crib attached to the parent's bed.



VS



SAFE SLEEP PRACTICES

- Use a fitted sheet on a firm mattress.
- Keep bed or crib clear (remove pillows, blankets, toys).
- Always place baby on back for sleep.
- Ensure there are no gaps where the baby could get trapped.
- Parents should avoid alcohol, drugs, or medications that could impair their ability to respond to the baby.

- Stop swaddling once infant can roll.
- Follow safe sleep guidelines on products.
- Maintain a smoke- and vape-free environment.
- Avoid inclined or soft surfaces.
- Don't allow pets or other children to sleep with infant.



RECOMMENDED WAKE WINDOWS

Tracking your baby's wake windows—the time they spend awake between naps—can aid in recognizing sleep cues and promoting ideal sleep patterns.

	Naps	Wake Window	
0-3 M	Vary; spread throughout the day and night	45-90 minutes	
3-4 M	4-6 spread throughout the day (could be more)	MIL I III MINITE	
5-6 M	4-6; short naps are okay	1.5-2.5 hours	
7-9 M	3	2-3.5 hours	
9-12 M	2	2.5-4 hours	



RECOMMENDED AVERAGE AMOUNT OF SLEEP

	0-3 M	4-11 M
Recommended	14-17 hours	12-15 hours
May Be Appropriate	11-13 or 18-19 hours	10-11 or 16-18 hours
Not Recommended	Less than 11 or more than 19 hours	Less than 10 or more than 18 hours



UNDERSTANDING INFANT SLEEP CUES

EARLY SLEEP CUES

Yawning
Becoming fussy
Glazed eyes
Reddening ears/eyebrows
Eye rubbing

LATE SLEEP CUES

Pulling at ears
Pushing away
Arching back
Difficulty soothing
Requiring more
movement to fall
asleep





(248) 939-4030 • mipediatrictherapy.com info@mipediatrictherapy.com

27655 Middlebelt Rd, Suite 130, Farmington Hills, MI 48334 (in the AAI Building)

