



## Physician Directive for Alternative Infant Sleep Position

The American Academy of Pediatrics (AAP)\*, National Institute of Child Health and Human Development (NICHD) and the Minnesota Sudden Infant Death (SID) Center at Children’s Hospitals and Clinics of Minnesota recommend back sleeping for babies to reduce the risk of sudden unexpected infant deaths (SUID) due to sudden infant death syndrome, suffocation, and other sleep related causes. The 2011 AAP recommendation further states that an alternative sleep position be considered only for the rare exception of infants for whom the risk of death when sleeping on the back is greater than the risk of SUID when sleeping on the stomach.

### Babies sleep safest on their backs.

Minnesota law requires that licensed providers place infants to sleep in a crib, directly on a firm mattress. The provider must place the infant on his/her back for sleep unless the provider has a signed directive from a physician for an alternate sleep position for the infant. Car seats, swings, couches, the floor on a blanket, etc. are **not** acceptable as an alternative sleep position.

### This form is the approved format to direct an alternative sleep position and must remain on file at the licensed location.

In addition, Minnesota law requires licensed providers to use a fitted crib sheet that fits tightly on the mattress and overlaps the underside of the mattress so it cannot be dislodged by pulling on the corner of the sheet with reasonable effort. Nothing may be placed in crib with the infant except the infant’s pacifier. These requirements apply to license holders serving infants up to one year of age. Licensed providers may only use cribs that meet requirements specified in statute and must inspect cribs monthly to assure they are safe.

**I understand that back sleeping is recommended and is safest for babies. I am directing an alternative position for this infant for the reason(s) stated below. By signing this form I am acknowledging that I am directing only an alternative sleep position and that the infant must always be placed in an approved crib to sleep.**

NAME OF CHILD	DATE OF BIRTH
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\_\_\_\_\_ Place this infant on his/her STOMACH for sleep periods (**not recommended**); **OR**

\_\_\_\_\_ Place this infant on his/her SIDE for sleep periods (***not recommended***)

Medical Reason(s) for alternate sleep position:

\_\_\_\_\_  
(Attach information if necessary)

Expected duration of need for alternate sleep position:

\_\_\_\_\_

List the date the infant will be re-evaluated for the need for an alternative sleep position by a physician:

\_\_\_\_\_

PRINTED NAME AND SIGNATURE OF PHYSICIAN	DATE
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**(Licensed providers must place an infant in a crib to sleep. Car seats, swings, couches, the floor on a blanket, etc. are not acceptable as an alternative sleep position.)**

## ALTERNATIVE INFANT SLEEP POSITION PARENT AND PROVIDER INFORMATION

One of the easiest ways to lower a baby's risk of Sudden Unexpected Infant Death (SUID) due to sudden infant death syndrome (SIDS), suffocation, and other sleep related causes is to put the baby on the back to sleep for naps and at night. Health care providers used to think that babies should sleep on their stomachs, but research now shows that babies are less likely to die of SUID when they sleep on their backs. Since the recommendation to place a baby on their back for sleep began, the SIDS rate in the United States has dropped by more than 50 percent. Placing babies on their back to sleep is the best way to reduce the risk of SUID.

### The following are recommended for Safe Sleep for Your Baby:

1. Always place a baby on his or her back to sleep, for naps and at night. The back sleep position is the safest position for all babies and every sleep time counts.
2. A baby should be put to sleep in a safety-approved crib on a firm mattress covered by a fitted sheet appropriate to the mattress size.
3. Keep soft objects, toys, loose bedding, pillows, blankets, quilts, sheepskins and crib bumpers out of the baby's sleep area. The only item that should be placed in the crib with the baby is a pacifier. **Please note: In licensed programs, the only item allowed in a crib with an infant is a pacifier.**

- As the parent providing this physician signed form I am acknowledging that I have read the above information regarding the AAP and NICHD recommendations for sleeping babies safely, Minnesota's requirements for licensed providers, and recommendations from **Safe Sleep for Your Baby**.

The Safe Sleep for Your Baby Brochure may be viewed at:

[https://www1.nichd.nih.gov/publications/pubs/Documents/Safe\\_Sleep\\_Brochure\\_GeneralOutreach\\_2013.pdf](https://www1.nichd.nih.gov/publications/pubs/Documents/Safe_Sleep_Brochure_GeneralOutreach_2013.pdf)

- As the parent providing this physician signed form I am acknowledging that I am aware that placing a baby on her/his back for sleep has been recommended by health experts to be the safest way to place a baby for sleep.
- As the parent providing this physician signed form I am acknowledging that I am aware that since the recommendation to place babies on their back for sleep began, the SIDS rate in the United States has dropped by more than 50 percent.
- As the parent providing this physician signed form I am acknowledging that I am aware that placing a baby on the stomach or side, places the baby at greater risk for dying from Sudden Unexpected Infant Death (SUID).
- As the parent providing this physician signed form I am acknowledging that I am aware that Minnesota Statute, Section 245A.1435, requires licensed providers to position an infant on the back for sleep unless the provider has a signed directive from a physician for an alternate sleep position.

SIGNATURE OF PARENT	DATE
SIGNATURE OF PROVIDER	DATE

\*Moon RY, American Academy of Pediatrics, Task Force on Sudden Infant Death Syndrome. Technical Report - SIDS and other sleep related infant deaths: expansion of recommendations for a safe infant sleeping environment. *Pediatrics* 2011. 128(5) available at [www.pediatrics.org/cgi/content/full/128/5/e](http://www.pediatrics.org/cgi/content/full/128/5/e)