

Safe Sleep Tips for your Baby

Support for All Momkind®

At Boppy, our purpose is to empower, support and educate Mom throughout her journey of motherhood. We've teamed up with First Candle, a leading national nonprofit dedicated to the survival of babies through the first year of life, to educate caregivers on the importance of safe sleep practices for infants.

Create a Safe Sleep Environment for Your Baby



Place baby's separate, safe sleep space near your bed. No bed sharing!



Use a crib that meets current safety standards. The mattress should be firm and fit snugly in the crib.



Make sure baby's room is well-ventilated and a comfortable temperature.



What is SIDS?

Sudden Infant Death Syndrome (SIDS) refers to the sudden and unexpected death of an apparently healthy infant under one year of age. Infants are at their highest risk of SIDS while they sleep. The provided advice has been proven to greatly reduce the risk of SIDS.

Safe Sleep at Home and Away

Share this printable with caregivers and relatives so they know how you want to keep baby safe. For more info visit: www.boppy.com/pages/safe-product-use.



Never put anything soft, loose or fluffy in baby's sleep space, including Boppy® Pillows.



Never place baby to sleep on top of any soft surface. This includes adult beds, sofas, chairs, pillows, cushions, comforters and sheepskins.



Never expose baby to cigarette smoke!

Putting Baby Safely to Bed



Always place baby to sleep on back.



Always dress baby in clothing that fits — nothing too loose.



Always put baby in a wearable blanket when sleeping — even for naps. Make sure it fits snugly without being too tight.



To prevent baby from overheating, don't overdress baby or use blankets.



Give a pacifier if baby hasn't yet learned to self-soothe.



Caregiver Notes

PARENT CONTACT INFO

Mom _____
Cell _____
Dad _____
Cell _____
Address _____

IN CASE OF EMERGENCY

Fire _____
Police _____
Pediatrician _____
Preferred Hospital _____
Emergency Contact _____

CHILDREN

Name _____
Age _____ DOB _____
Name _____
Age _____ DOB _____

OUTING DETAILS

Where we'll be _____
Phone Number _____
When we'll be back _____

FEEDINGS

Time	Amount
_____	_____
_____	_____
_____	_____

DIAPER CHANGES

Time

NAPS

Time	Length
_____	_____
_____	_____
_____	_____

IMPORTANT NOTES

ADDITIONAL INFO:

