

It's so hard to know what to believe – Manufacturers' Claims versus Scientific Evidence

Parents only want the best for their baby and might assume, especially here in Australia, that everything available for infants must be safe; otherwise it wouldn't be on the market, right?

Unfortunately, not right...

Recent press releases have highlighted the dangers of infant sleeping products with recalls and reports of infant deaths connected to them rising in six months from 32 to [73](#). That relates only to the US with as yet unknown figures for the many countries where these products are sold, including here in Australia. Although two brands have been recalled here, they are still being sold online with no warnings of their potential risks.

These reports coming out of the US recently showing babies are dying because products claiming purported benefits are being sold without sufficient, or in some cases, [any safety assessments](#) made. It can be confusing to know whether any product is safe for your baby.

Everyday social media feeds are filled with another infant product that is new, different, better, improved – or all of the above – and it is difficult to know what to believe. These can be pillows, head and neck supports, nest or cocoon type products, inclined sleepers, sleep positioners or even items which are not designed as sleeping environments but if baby falls asleep in them, you could be tempted to leave them sleeping there.

Some of these manufacturers' claims we have found are:

- [Reduces Flathead \(plagiocephaly\)](#)
- [Facilitates digestion](#)
- [Reduces reflux](#)
- Design benefits
 - [Helps with colic](#)
 - [Allows baby to have bottle and sleep in same place](#)
 - [Same height as a standard bed](#)
- [Provides comfort](#)
- [Helps prevent startle reflex](#)
- [Reduces risk factors associated with SIDS](#)
- [Makes baby feel secure](#)
- [Helps support baby's back](#)
- [Helps baby's brain development and ability to pay attention](#)

These claims are incorrect, misleading and definitely not best practice and any purported benefits are outweighed by the potential risks posed by these products.

Below we look at these claims for some sleeping products and examine those stated benefits, the information they say supports these claims, compare it with the [scientific evidence](#), highlight what hazards these products might present and give you some tips based on best practice – what you can do – tips that that are *simple to follow, safer for your baby and will save you money!*

Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
¹ ¹⁰ Reduces plagiocephaly (flat head)	¹ Head rest/ support designed by paediatrician distributes pressure evenly over skull and neck – helps develop proper head shape and prevents the risk of flat-head syndrome	For the majority of infants, positional plagiocephaly describes a flattened spot on an infant’s head and can develop if a baby lies with their head in one position for long periods of time during the first few months of life. Positional plagiocephaly may be prevented or treated by simple repositioning techniques and by minimising pressure on the head when baby is awake ³ . Positional plagiocephaly does not affect the development of a baby’s brain ² .	If baby rolls into the soft side of a product, or rolls over and is face-down into a soft surface: <ul style="list-style-type: none"> • Suffocation (Mechanical asphyxiation) • Carbon dioxide rebreathing • Positional asphyxiation (Chin to chest position) • Overheating • Entrapment 	² Alternate baby’s head position when putting down to sleep, e.g. place your baby at alternate ends of the cot to sleep or change the position of the cot in the room Give baby lots of supervised tummy play from birth Vary holding and carrying positions for baby

It is well known that putting baby on the back to sleep, for every sleep day or night, reduces the risk of SIDS and sleeping accidents. In those first two to three months, your baby will not be strong enough to roll or change position by his or herself. When he/she is slept on the BACK and then also placed in the same position (back) on a rug to play, because baby’s head is also very soft and malleable at this early age, it increases the possibility of baby’s head becoming misshapen (also called [positional plagiocephaly](#)²⁴) if baby is put down in the *same position* every time. For the majority of babies, a “flat head” can be prevented or treated simply by changing baby’s head position when placed to sleep, and increasing appropriate forms of supervised tummy play time from birth.

Simply by popping baby down to sleep with the head in alternate positions (facing to the left for one sleep, to the right for the next), the risk can be minimised. Another strategy is to put baby at different ends of the cot or move the cot around the nursery so when they wake, they are looking at another view.



A wonderful opportunity to build baby’s muscles and create some bonding time with your baby is to give him/her lots of supervised tummy time. Another way to reduce the possibility of plagiocephaly, especially when bub is very young, is to vary the way you hold and carry baby or alternate sides when feeding. When baby is awake, carrying baby over your forearm, or up against your shoulder as you wander around the house or garden, or laying him/her over your knee when you are watching TV are also ways of having tummy time.

Potential hazards of using a soft padded products, e.g. pillows or padding, include becoming entrapped and unable to move freely away and out of danger. The soft surface can contour around an infant or young child’s face. This increases the risk of overheating, the covering of their airways, mechanical suffocation if they turn their

head, and carbon dioxide rebreathing. If an infant’s head is pushed forward, creating the chin to chest position, their airway can become blocked by the tongue, thereby causing slow or rapid suffocation.

Unless there is another underlying problem causing your baby’s head to become flattened, your baby’s head will usually regain his/her natural shape as he/she begins to sit and move around. However, if you are concerned at all, visit your GP or maternal child health nurse to ensure there is no other medical reason for this occurring.

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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
¹ Facilitates digestion by raising the legs	To help with baby’s digestive discomfort by an adjustable positioning cushion that raises the legs of your little one	⁴ Babies will naturally keep their hips flexed until 6 months at least so will always have either legs raised (a neurological tonic position)	In an unsupervised sleep environment: <ul style="list-style-type: none"> • Entrapment • Suffocation 	⁴ Pushing back and cycling baby’s legs is a way to help them pass gas For babies who vomit a lot with reflux, hold them for 30 mins after feeds before placing in a sleep environment Visit RISA for more tips
^{1,10} Facilitates digestion by tilting baby in an upright position	Helps newborns digest milk better and infants with colic or congestion sleep better by a positioning cushion that tilts baby’s upper body higher	Placing baby on the BACK on a firm and flat surface (not tilted or elevated) is the safest position to sleep	Promotes chin-to-chest positioning, increasing the risk of asphyxiation	²⁰ Don’t let bub become too hungry Make feeding time calm and relaxing Give them smaller amounts to drink Make sure the teat doesn’t allow the fluid to flow too quickly or slowly if bottle feeding Burp bub when he/she takes a break from suckling Make sure nappy isn’t too tight and puts pressure on baby’s tummy

Spitting up or reflux is common for young babies and in most cases, it will resolve by itself; however, if you are concerned, it is important that you seek support and advice from your health professional.

While no scientific papers could be found to support or refute the manufacturer’s assertion, Clinical Nurse Consultant, Michele Meehan from [Parenting Matters](#), advises that babies naturally keep their hips flexed until around six months of age so will always have legs raised in this neurological tonic position. Putting them into a cocoon-type sleeper will not facilitate digestion any better than lying them on their back. If your babe has colic, Michele suggests you gently push back and cycle baby’s legs to help them pass wind. For babies who throw up a lot with reflux, hold them upright for thirty minutes or so after a feed before putting them down. You can also find more tips on [reducing the effects of reflux](#) from the Reflux Infants Support Association (RISA) Inc.

Although it may appear raising a surface would help with digestion of milk, no information on how an inclined or similar sleeping product would help with this or provide relief for infants suffering from colic or congestion sleep better has been provided by the manufacturer, with any perceived benefits outweighed by the risk of sleeping accidents such as entrapment or suffocation. While some digestive aids or decongestant medications given orally to a baby may alleviate the symptoms of colic or congestion, no research supporting a sleeping device helping digestion could be found.

Ways you can help baby with his/her feeding are to:

- Feed baby before he/she gets too hungry to avoid them gulping down his/her feed
- Use feeding time as a relaxing and calm time for you both to enjoy this wonderful experience
- Give smaller amounts and gradually build to a full feed, especially if baby has a tendency to regurgitate, or suffers from colic
- If you are bottle feeding, make sure the teat size is neither too large, which will allow the fluid to flow too quickly, leading to baby ingesting lots of air, nor too small which causes fluid to flow slowly and may cause baby to become frustrated sucking too hard and taking in too much air
- Burp baby often to help get rid of any air ingested; do this when baby takes a break from suckling to avoid interrupting the natural flow of feeding
- Pressure on baby’s tummy can cause discomfort, so make sure his/her nappy isn’t too tight
- To help digestion and reduce the chance of possetting, hold baby upright for thirty minutes



Seek advice from a medical practitioner if you have any concerns.

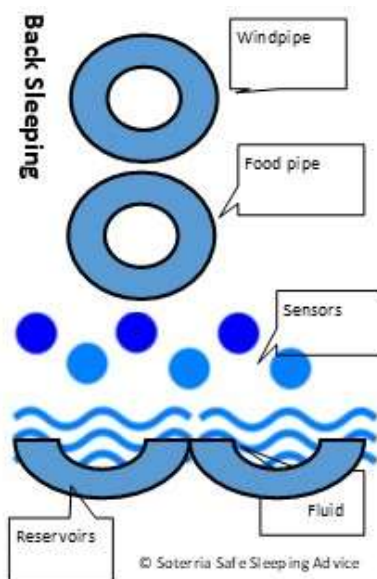
The danger with nest or cocoon-type products, or indeed any padded product, is their soft surfaces present a real suffocation hazard and do not follow the safe sleeping guidelines which state no soft objects should be put with a sleeping baby – no comforters, no bumpers, no soft toys, no loose bedding, no lambskins – just place baby on the BACK on clean, flat and firm surface to sleep.

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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
^{1,10} Reduces reflux	Inclined position helps reduce reflux	Inclining the sleeping surface to sleep baby does not reduce reflux and is not recommended ⁹ Inclining the sleeping surface can cause baby to slip down and become covered by bedding ⁹ Using pillows to incline baby can create a suffocation hazard ⁹	In an unsupervised sleep environment: <ul style="list-style-type: none"> • Entrapment • Suffocation (Mechanical asphyxiation) • Risk of positional asphyxiation increases when baby is in the chin-to-chest position 	Sleep baby on the BACK on a clean, firm, flat surface No toys, bumpers, soft comforters, loose bedding or accessories Sleep baby with face and head uncovered and airways clear Keep baby smoke free Breastfeed baby Hold baby upright for 30 mins after a feed before placing in a sleep environment Visit RISA for more tips

Also referred to “spitting up”, “possetting” or “spilling”, regurgitation after a feed is very common with babies and although it is present in gastro-oesophageal reflux (GOR) or gastro-oesophageal reflux disease (GORD)^{14, 17}, it normally resolves itself by the age of six months. If the reflux of gastric (stomach) contents causes worrying signs and/or difficulties, you should seek a medical examination to diagnose if it is GORD.

For a number of years, the prevailing advice was to incline a vomiting baby at 30 degrees. Research⁹ has since found this advice is **no longer valid** and that the safest position to sleep baby is on the BACK on a flat surface, whether he/she has GOR or GORD (in severe cases, be guided by your health professional). It might appear logical that tilting a baby who suffers from reflux would help prevent him/her choking.



However, research¹⁵ has shown that by placing baby to sleep on the back (supine), anatomically the food pipe lies below the windpipe and the little reserves (piriform fossae) provide a temporary reservoir for any regurgitation while baby is sleeping. Babies also tend to swallow more frequently on their back during sleep if possetting occurs. By tilting or elevating your baby, other risks can arise.

As shown, the safest way to sleep baby is on the BACK on clean, firm, flat surface with no toys, bumpers, soft comforters, loose bedding or accessories. Ensure baby’s head and face are uncovered. Keep baby smoke-free as parental smoking may also be a cause of GOR in babies¹⁶. Research has discovered breastfeeding reduces GOR¹⁷. After feeding, holding your baby before placing in a sleep environment for thirty minutes can help.

Visit [RISA](#) for more tips

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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
¹⁰ Design benefits	(Inclined position) Allows newborns/infants to look around, drink bottle and fall asleep in same place	¹⁸ Choking or suffocation can occur, particularly if pillows or other soft items are added. Over/underfeeding can occur because baby unable to control holding bottle or flow of contents	Soft surfaces raise risk of suffocation ²⁵ ²² Risk of positional asphyxiation increases when baby is in the chin-to-chest position Risk of infections from fluids pooling around baby’s ears, neck, etc. Aspiration (food being breathed into lungs) causing chest infections	Always supervise baby when he/she feeds, either by holding baby in an upright position or, if he/she is able to hold a bottle, by always being close enough to observe at all times Take the bottle away as soon as baby has had enough to prevent aspiration or tooth decay Check the amount of food baby is consuming is adequate for his/her age

Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
¹⁰ Design benefits	Height of product same as standard bed (can keep it beside bed and reach infant easily, give bottle and let them fall asleep in same place)	As above Additionally, there have been deaths from fatal sleep accidents in unsafe sleeping products	As above Additionally, unstable free-standing frame, creating potential fall hazard False sense of security with baby within reach of caregiver	Safest place to sleep baby is in a cot which meets current AU/NZS mandatory standards in your room
			Developing teeth decaying due to acid damage from milk/saliva/juice, etc	Do not put baby to sleep with a bottle

In our busy lives, it can be tempting to prop bub up with a bottle while you get tasks done. This short-term solution comes with some sobering downsides¹⁸ – apart from the obvious risk of choking, there are other more, and less, apparent dangers outlined below.

There is evidence to show that prop-fed infants have more ear infections and dental caries. Although there is no evidence at this stage that prop feeding increases the risk of SIDS, it can result in choking and should be avoided²².



Choking: Even if bub is a little older and able to hold his/her bottle, being able to control the flow of fluid, even when not ready to swallow, can be beyond his/her ability. Choking can be ‘silent’ (as often occurs in the chin-to-chest position) and unless you are closely supervising your baby, you might not notice if this is happening.

Suffocation: Should baby be too young to hold his/her own bottle, propping the bottle up might *seem* a sensible option. By adding a pillow or other device into the situation, the risk of baby rolling into it or having it fall

over his/her face is significant and suffocating or being smothered is highly possible.

Aspiration: When food or drink goes into a baby’s lungs instead of his/her tummy, this may cause him/her to feel unwell or lead to chest infections, or worse, hospitalisation. Again, not observing baby closely while he/she drinks his/her bottle may risk ‘silent’ choking.

Ear infections: A less obvious hazard is bottle-feeding babies without supervision can leave them more prone to milk and bacteria pooling at the back of their mouths. This risks entering the eustachian tubes and creating ear infections which are very painful for baby.

Tooth decay: As baby’s teeth begin to erupt, it is important not to allow milk to stay in his/her mouth as this can combine with saliva to create acid which can damage developing teeth. There is evidence to show that prop-fed infants have more ear infections and dental caries. Although there is no evidence at this stage that prop feeding increases the risk of SIDS, it can result in choking and should be avoided²².

Over/under feeding: Because babies cannot control bottles to sufficient degree either to push it from their mouth if they have had enough, or the bottle falls from their mouth before they have finished

drinking what they need, this can create either over or under feeding. Over feeding may increase the risk of vomiting or choking on their vomit, or cause obesity. Under feeding can impact on their growth and development.

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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
1, 10 Provides comfort	Made from soft breathable fabric – keeps back and neck areas of baby cool	5 Lying surface must be flat and firm (rather than soft and plush-like)	If baby rolls into the soft side of a product, or rolls over and is face-down into a soft surface: <ul style="list-style-type: none"> • Suffocation (Mechanical asphyxiation) • Carbon dioxide rebreathing • Positional asphyxiation (Chin to chest position) • Overheating • Entrapment 	Always place baby to sleep on a clean, firm, flat surface (23 check if this surface meets the AS/NZS voluntary safety standard) Do not use bumpers, toys, soft comforters, loose bedding or accessories in baby’s sleep space Keep baby’s head and face uncovered (babies regulate their temperature through their heads13)
	Soft padding ‘cuddles and soothes’ baby	As above	As above	As above
	Rocking motion comforts and soothes baby to sleep	27 Locking mechanism must be in place and tilt of rocker must NOT be greater than 10 degrees	Deaths of unsupervised infants in rocking sleeping devices have been recorded	26 Ensure rocker has child-resistant locking mechanism Always supervise when baby is in rocker Check it has a tilt limiter (to only 10 degrees) Follow manufacturer’s guidelines on weight and size of baby Regularly check bolts and screws are tight

No evidence was uncovered to support the claim that soft breathable fabric keeps baby’s back and neck cool or what specific benefit this offers a baby. There is strong evidence, however, that there is a much greater risk of harm from baby suffocating when soft padding is placed in the sleeping environment. Additionally, we know babies control their temperature predominantly through the face and head. Sleeping baby on the back with the head and face uncovered is the best way to protect baby from overheating.

Beginning with research undertaken in the 1990s, there is substantial evidence²⁷ of the risks inherent in rocking devices and the additional of ‘hands-free’ rocking has not diminished those hazards. There is an increased danger that a baby being rocked can roll and become trapped on their side or tummy as US research has found⁵ with many deaths being recorded in the US from these rocking-type inclined sleepers.

Another claim is that it cradles babe as a mother would – but there is nothing more comforting to a baby than his/her mother’s arms, the sound of her voice or her touch as he/she drifts off to sleep.



So, at the risk of repeating ourselves, we say to place baby to sleep on a clean, firm, flat surface for every sleep, day and night, and keep soft items like bumpers, toys, comforters, lambswool underlays etc out of baby’s cot.

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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
¹ Helps prevent startle reflex	Built in cushioned edges create cocoon feel – reassures baby and prevents startle reflex	Involuntary startle response, called the Moro reflex, is a normal developmental stage ⁶ Startle reflex usually disappears after around 3 or 4 months	In an unsupervised sleep environment: <ul style="list-style-type: none"> • Entrapment • Suffocation 	⁶ Swaddle wrap your baby from birth using safe techniques to give him/her a sense of comfort and security ⁷ Keep your baby close to your body when laying him/ her down Give your baby supervised tummy time while they are awake with space to stretch his/her arms and legs to help them tone and strengthen his/her muscles
	Kept in foetal position such as baby experienced in the womb	Babies do not need to use airways in the womb; following birth, need to be flat to ensure airways remain open and clear	Positional asphyxiation (Chin to chest position)	Always place baby to sleep on a clean, firm, flat surface

Seeing your little one suddenly flinch while he/she is sleeping can be disconcerting and, having got him/her to sleep, the last thing you want is for bub to wake up in fright. However, this involuntary startle response, called the Moro reflex², is perfectly normal and usually disappears around three or four months. As a natural part of a baby’s development, while a nest or cocoon-type product *may* soothe baby, there is no evidence using this type of product will prevent baby from being startled. Many promote the benefit that baby is kept in a similar foetal position baby was in the womb. However, the C-position where baby’s chin moves towards the chest can restrict baby’s breathing and cause asphyxiation.

Also, any benefit of calming your baby is outweighed by the risk of the cushioned edges creating a suffocation and overheating hazard. If these products are restrictive to baby moving legs freely or one

using restraints to keep baby in a particular position, it may be present negatives, such as hip dysplasia (e.g. if the shape of the swaddle-type product is too tight around the hips) or the straps may become entrapment devices.



Traditional swaddling has been a strategy used by parents over the ages to give babies a sense of comfort and security and if used from birth, is an effective way to keep baby feeling safe and reassured as he/she drifts off to sleep.

Remember to follow safe strategies when swaddling and ensure babies arms are out of the swaddle by four (4) months of age or when the startle reflex disappears. Swaddling must be ceased when an infant shows signs of beginning to roll. Another suggestion to help baby stay asleep when you are putting them into a cot is to hold your baby close to your body as you lay him/her down.

Giving an awake baby plenty of supervised tummy play is ideal to give your baby space to stretch his/her arms and legs which will help tone and strengthen muscles as he/she develops.

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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
<p>^{1,10}Reduces risk factors associated with SIDS (¹Claims from Lavishmoms recently removed from website)</p>	<p>^{1,8}-Sold with packaging or promotion that indicated product reduces SIDS risk factors</p>	<p>No scientific research shows any specific product reduces the risk of SIDS. SIDS risks are reduced through: B – Always place baby on the BACK for all sleeps, day and night A – Always keep AIRWAYS clear C – Sleep baby in own COT in parents’ room K – KEEP baby smoke-free before and after birth</p>	<ul style="list-style-type: none"> • Providing parents with incorrect messaging and misinformation • Giving false sense of security to caregivers 	<p>Also follow the other safe sleeping recommendations, including: Sleep baby on the BACK on a clean, firm, flat surface No toys, bumpers, soft comforters, loose bedding or accessories Sleep baby with face and head uncovered and airways clear Breastfeed baby</p>

To parents of a new baby, SIDS is a very scary possibility and it is only natural to want, hope, believe a particular product might prevent this tragedy from happening. Over the past thirty or forty years, so many products have promised to reduce the risk of SIDS; however, these claims remain unproven. Through much rigorous scientific research, factors that reduce the risk of SIDS and fatal sleeping accidents have been identified and all parents and carers are encouraged to follow the verified guidelines:

- B** – Always place baby on the BACK for all sleeps, day and night:
- A** – Always keep AIRWAYS clear
- C** – Sleep baby in own COT in parents’ room
- K** – KEEP baby smoke-free before and after birth

Other recommendations include baby sleeps on a clean, firm, flat surface; no toys, bumpers, soft comforters, loose bedding or accessories; sleep baby with face and head uncovered and breast is best.



It is important that parents assess the risks and benefits of any product they may be considering for their child.

- What potential hazards does this product have, e.g. suffocation, choking or entrapment hazards?
- Do the benefits outweigh the hazards?
- Will I be using this product according to the manufacturer’s recommendations? If I don’t, what risks will that cause?
- Is what my baby doing in this product creating any potential risks, e.g. can he/she roll into a soft surface?

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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
¹⁰ Makes baby feel secure	Deep seat (replicating the womb) to hold newborn securely	^{9, 25} Lying surface must be flat and firm (rather than soft and plush-like)	Soft surfaces raise risk of suffocation ²⁵ Risk of positional asphyxiation increases when baby is in the chin-to-chest position	⁶ Swaddle wrap your baby from birth using safe techniques to give him/her a sense of comfort and security Sleep baby on the BACK on a clean, firm, flat surface No toys, bumpers, soft comforters, loose bedding or accessories Sleep baby with face and head uncovered and airways clear

Manufacturers foster a belief that by being cocooned either by cushioning or a deep seat replicating the womb which keeps baby in the foetal or curved position, makes a baby feel secure, and therefore sleep better. There is insufficient evidence to support this and inclined sleep products, particularly those designed with deep seats, allow an infant to lie in the chin-to-chest position which has been shown to increase the risk of positional asphyxia significantly.



To ensure a baby feels secure, swaddling is a recognised method to help baby settle from birth. Placing baby on the BACK and sleeping baby on a clean, firm, flat surface with no toys, bumpers, soft comforters, loose bedding or accessories and having his/her head and face uncovered is the safest way to sleep baby.

Remember to follow safe strategies when swaddling and ensure babies arms are out of the swaddle by four (4) months of age or when the startle reflex disappears. Swaddling must be ceased when an infant shows signs of beginning to roll. Another suggestion to help baby stay asleep when you are putting them into a cot is to hold your baby close to your body as you lay him/her down.

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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
¹⁰ Supports baby's back	Supportive plastic insert under fabric covering	⁵ Inclined position on a non-rigid surface may make it easier for babies to roll over, but harder for them to roll back ⁵ <i>Babies who ... rolled over had to exert ... as much as 200% more core strength than (lying flat) in a crib under the same conditions</i>	Soft surfaces raise risk of suffocation ²⁵ Risk of positional asphyxiation increases when baby is in the chin-to-chest position Entrapment	Sleep baby on a clean, firm, flat surface No toys, bumpers, soft comforters, loose bedding or accessories Sleep baby with face and head uncovered and airways clear

A claim made by a recently recalled inclined sleeping product, at first glance, appears to have merit.

A deeper look reveals the dangers that sleeping on an incline present. A study⁵ noted that babies, even when placed on the back to sleep, “rolled over — many for the first time — and were found dead on their stomachs.” To remain upright, therefore not slip into the unsafe chin-to-chest position, according to the biomechanical tests, babies had to exert “as much as 200% more core strength...” than they needed to lay flat in a cot.

This study also concluded none of the inclined products they reviewed were considered to be safe and recommended they all be removed from sale. Because their designs vary significantly, from hammock or sling styles to more structured types, compliance with any proposed manufacturing standards will be difficult.

The fundamental recommendations of sleeping baby on the BACK on a clean, firm, flat surface, no toys, bumpers, soft comforters, loose bedding or accessories, and with face and head uncovered are the safest way to put baby to sleep, day and night.



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Benefit Claimed	What they say	What the evidence shows	What the hazards might be	What you can do
¹⁰ Helps baby's brain development and ability to pay attention	Stimulates vestibular (inner ear) system by gentle rocking movement, textures and sounds	Stimulating the vestibular system develops muscle tone, because it teaches a baby which muscles to stabilize to keep his body balanced in different positions. ¹¹	If baby rolls into the soft side of a product, or rolls over and is face-down into a soft surface: <ul style="list-style-type: none"> • Suffocation (Mechanical asphyxiation) • Carbon dioxide rebreathing • Positional asphyxiation (Chin to chest position) • Overheating • Entrapment 	¹¹ Give your newborn tummy time and your older infant time to practice rolling and sitting. Rock your baby, dance, bounce on your lap, and gently swing around. Follow your crawler around the house or chase your wobbly new runner through the park.
	Stimulates baby's senses Provides sense of comfort and bedtime routine while soothing baby to sleep	<i>No research found refuting or supporting this claim</i>		¹² Be flexible about when your baby sleeps and feeds When it feel right, then begin doing things in a similar order each day: <ul style="list-style-type: none"> • Take time for talk and play • Offer a feed • Give baby a bath, massage²¹ • Change your baby's nappy Put your baby back down for sleep

Although research has shown that babies given regular vestibular (inner ear) stimulation in the earliest years of life display improved brain and body development¹⁹, no information on **how** these types of products promote the development of muscle tone or balance in infants is provided by the manufacturer. Good balance plays an important role in baby's development, their spatial awareness and coordination.



By enjoying plenty of tummy time, rocking your little one, dancing and bouncing him/her on your lap, you are providing a safer and fun way for this development as well as the joy that comes with playing with bub.

No research could be found either to support or refute the claim that this type of sleeping product “stimulates baby's senses or provides a sense of comfort and bedtime routine while soothing baby to sleep¹⁹”, with the only logical explanation being the sling or

rocking style designs may assist a baby to fall asleep; however, most experts contend settling baby into familiar routine¹¹ will help him/her fall asleep.

You can do this by being flexible about when baby sleeps and feeds but start doing things in a similar order each day. This way baby becomes familiar with his/her routine and usually recognises this leads to being put to bed and going to sleep.

There is no prescriptive way to do this – just the way it suits you and your family. Taking time to talk and play with just bub or with his/her siblings, making sure it is as relaxed as possible, giving baby a feed, putting bub into a nice, warm bath, following with a calming massage²¹ or changing into a fresh nappy before placing baby in his/her cot to sleep are some examples of what your routine might look like.

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Now it's up to you

The important take-away message for parents and caregivers is to have a critical view of any and all claims manufacturers make regarding their products, whether it is for sleeping, transporting or any other purpose you need for your baby.

Do *not* take their claims at face value but become a Sherlock Holmes and investigate – with the resources available today, let Google be your best friend and search reputable websites ([Choice](#), [ACCC](#), [Kidsafe](#), [INPAA](#) for example), before you use any nursery product.

Arm yourself with information and then decide if the benefits touted are valid and, especially, whether they outweigh any potential harm that could happen to your baby.

[List of References below](#)

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