

information statement

**red
nose**
saving little lives

soft toys in the cot

- Keep soft toys out of the sleeping environment for babies under seven months of age because they may cover the nose and mouth and interfere with breathing.
- The risk posed by suffocation by the presence of soft objects in the baby's sleeping environment outweighs any benefit to the baby from a soft toy. It is therefore advised not to place soft toys and other soft objects in the cot for babies under seven months of age.
- Seven month old babies are more likely to explore objects in their sleeping environments than younger babies. Some babies over seven months of age may appreciate a small object such as a soft toy to provide comfort and connection [transitional object¹] during times of separation from their parent.

¹Transitional objects, such as soft toys are created by the baby to 'build an illusion' to represent mother and all that mother represents. The object signifies that the infant has moved from a sense of his/herself merged with mother, to being a separate individual.

Source: Mahalski, PA, Silva PA, and Spears GFS. (1985) Children's Attachment to Soft Objects at Bedtime, Child Rearing, and Child Development. *Journal of the American Academy of Child Psychiatry*, 24, 442-46.

soft toys and babies under twelve months of age


Soft toys should never be placed in the sleeping environment of an infant under seven months of age. Soft objects in the cot can be a suffocation risk. Physiological studies indicate that facial obstruction by soft bedding may lead to complete airway obstruction, and/or hyperthermia,¹ and/or accidental suffocation by rebreathing². Current research supports infant safety guidelines to ensure that quilts, doonas, duvets, pillows, lambskins, soft toys and cot bumpers are not in the infant sleeping environment. The American Academy of Pediatrics³ recommends that soft surfaces and gas trapping objects, such as soft toys and lamb skins, be avoided in an infant's sleeping environment. Pillow-like objects have the potential for asphyxiation and have been used as a prop to keep babies on the side, and infants have subsequently rolled onto their stomachs⁴. The prone position significantly increases the risk of sudden and unexpected infant death, including SIDS. The United States Consumer Product Safety Commission (CPSC) recorded the death of a 4-month-old associated with prone sleeping position involving the closure of the child's airway by a stuffed toy. Soft toys can act in a similar way as a pillow⁵.





No soft surfaces or bulky bedding



-  soft toy
eg: teddy
-  pillow
-  cot bumper
-  lambs wool
-  doona

There have been cases of asphyxia in cots cluttered with soft toys and where an infant has slipped out of the sleeping environment onto toys and clothes placed near to the cot⁶. Small toys, toy parts and toys on strings are a major cause of asphyxial fatalities caused by accidental suffocation and strangulation in babies and choking episodes in young children⁷. Toys which are hung across the cot should be removed once the child can push on hands and knees or is 5 months of age; whichever comes earliest⁸. Toys can colonise infection when used for babies in Neonatal Intensive Care Units or Special Care Baby Units⁹. Parents and other carers are advised to keep soft toys out of the sleeping environment for babies under seven months of age as they may cover the nose and mouth and interfere with breathing.

soft toys for comfort and connection (transitional object) during times of separation from their parent for babies over seven months of age

Between eight and nine months of age babies begin to become aware of the separation between themselves and the parent figure. At this time babies may appreciate a small object such as a soft toy to provide comfort and connection during times of separation. Use of transitional objects however, is not universal and is influenced by cultural and socioeconomic differences¹⁰⁻¹¹ maternal personality and mother-infant interactions¹². Child rearing practices involving high contact e.g. breastfeeding, feeding on the babies' cue, co-sleeping, and holding the child during the transition to sleep are associated with lower use of transitional objects¹³. Younger babies are more likely to self sooth with a dummy or pacifier, and older babies are more likely to use a soft object. Seven month old babies are more likely to explore objects in their sleeping environments than younger babies¹⁴.

Studies examining children's attachments to various classes of objects¹⁰ found that strong attachment to blankets is rare around 3 months [8%], peaks at 18 and 24 months [32%], stays near this high level through 39 months, and diminishes steadily to 8% through 63 months. Consistent with these findings, Busch and colleagues found that attachment to blankets and cloths typically appears before 12 months of age while attachment to soft toys or stuffed animals appears around 18 months or later¹⁵.

Babies under six months of age do not engaged in exploring objects in their sleeping environment and are developmentally too young to take comfort from a toy or object to help them manage any separation from mother¹⁵.

Even an object as tactile as the security blanket does not have to be touched; visual contact alone evokes its soothing effects¹⁰.

On balance of the current evidence, the risk of suffocation posed by the presence of soft toys or objects in the baby's sleeping environment outweighs any benefit to the baby from the presence of a transitional object in the cot. It is therefore advised not place soft toys and other soft objects in the cot for babies under seven months of age.

The Red Nose Safe Sleeping program is based on scientific evidence and was developed by Australian SUDI researchers, paediatricians, pathologists, and child health experts with input from overseas experts in the field.

The 80% drop in SIDS deaths and the more than 9,000 lives that have been saved is testament to the effectiveness of the program.

references

1. Galligan, A.C. (1994). Transitional objects: a review of the literature. *Journal of Child and Adolescent Psychiatric Nursing*, 7(4), 5-14.
2. Kemp, J.S., Kowalski, R.M., Burch, P.M., Graham, M.A., & Thach, B.T. (1993). Unintentional suffocation by rebreathing: a death scene and physiologic investigation of a possible cause of sudden infant death. *Journal of Pediatrics*, 122(6), 874-80.
3. The American Academy of Pediatrics. (2005). The changing concept of Sudden Infant Death Syndrome: diagnostic coding shifts, controversies regarding the sleeping environment, and new variables to consider in reducing risk. *Pediatrics*, 116(5)1245-55.
4. Blair, P.S., Platt, M.W., Smith, I.J., Fleming, P.J. & CESDI SUDI Research Group. (2006). Sudden Infant Death Syndrome and sleeping position in pre-term and low birth weight infants: an opportunity for targeted intervention. *Archives of Disease in Childhood*, 91(2), 101-106.
5. U.S. Consumer Product Safety Commission (CPSC). (2004). *Toy-related deaths and injuries, Calendar year 2003*. Memorandum, CPSC, Washington DC. Retrieved from <https://www.cpsc.gov/Research--Statistics/Injury-Statistics#toys>
6. U.S. Consumer Product Safety Commission (CPSC). (2005). *Toy-related deaths and injuries, Calendar year 2004*. Memorandum, CPSC, Washington DC. Retrieved from <https://www.cpsc.gov/Research--Statistics/Injury-Statistics#toys>
7. Congiu, M., Cassell, E. & Clapperton, A. (2005). Unintentional asphyxia (choking, suffocation and strangulation) in children aged 0-14 years. *Hazard*, 60 (Winter), 1-20.
8. U.S. Consumer Product Safety Commission (CPSC). (2002). *Toy-related deaths and injuries, Calendar year 2001*. Memorandum, CPSC, Washington DC. Retrieved from <https://www.cpsc.gov/Research--Statistics/Injury-Statistics#toys>
9. Hanrahan, K.S. & Lofgren, M. (2004). Evidence-based practice: examining the risk of toys in the microenvironment of infants in the neonatal intensive care unit. *Advances in Neonatal Care*, 4(4),184-201.
10. Passman, R. H., and Halonen, J. S. (1979). A developmental survey of young children's attachments to inanimate objects. *Journal of Genetic Psychology*, 134, 165-78.
11. Morelli, G.A., Rogoff, B., Oppenheim, D. & Goldsmith, D. (1992). Cultural variation in infants' sleeping arrangements: Questions of independence. *Developmental Psychology*, 28(4), 604-613.
12. Steir, A.J. & Lehman, E.B. (2000). Attachment to transitional objects: role of maternal personality and mother-toddler interaction. *American Journal of Orthopsychiatry*, 70(3), 340-50.
13. Green, K., Grovesa, M. & Teganoa, D. (2004). Parenting practices that limit transitional object use: an illustration. *Early Child Development and Care*, 174(5), 427-436.
14. Burnham, M.M., Goodlin-Jones, B.L., Gaylor, E.E. & Anders, T.F. (2002). Nighttime sleep-wake patterns and self-soothing from birth to one year of age: a longitudinal intervention study. *Journal of Child Psychology and Psychiatry*, 43(6), 713-73.
15. Busch, F., Nagera, H., McKnight, J. & Pezzarossi, G. (1974). Primary transitional objects. *Journal of the American Academy of Child Psychiatry*, 12(2), 193-214.

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to reduce the risks of SIDS and fatal sleep accidents

1. Sleep **baby on the back from birth**, not on the tummy or side
2. Sleep baby with **head and face uncovered**
3. Keep baby **smoke free** before birth and after
4. Provide a **safe sleeping environment** night and day
5. Sleep baby in their **own safe sleeping place** in the **same room as an adult care-giver** for the first six to twelve months
6. **Breastfeed** baby



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Suggested Citation:
Red Nose. National Scientific Advisory Group [NSAG].
2013. Information Statement: Soft toys in the cot.
Melbourne, Red Nose. This information
statement was first posted in April, 2013 .

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