

The Truth About Home Apnea Monitors for SIDS

When babies need them—and when they don't

SIDS stands for sudden infant death syndrome. It is the sudden, unexplained death of an infant under one year old.

SIDS is rare, but parents worry a lot about it. It is more common in babies that were premature ([/English/ages-stages/baby/preemie/Pages/Health-Issues-of-Premature-Babies.aspx](#)). There's also more risk if you had another baby who died of SIDS.

Home apnea monitors track the breathing and heart rate of sleeping babies. An alarm goes off if a baby's breathing stops briefly (apnea) or if the heart rate is unusually slow. This monitor might sound like a good idea to concerned parents. But most newborns do not need a monitor. Here's why:

Home apnea monitors give little or no protection from SIDS.

Research has not shown a clear link between apnea and SIDS. Even full-term newborns in the first few weeks of life may have brief periods of apnea. But this is not linked to SIDS.

Monitors cause unnecessary worry.

Home apnea monitors cause many false alarms. The noise can make parents worry too much and lose sleep.

Parents may actually feel more fear and anxiety if they often use medical equipment to check on their healthy baby. One study found that parents of monitored infants said they felt more depressed, compared to parents of infants that weren't monitored.

There are better ways to protect babies against SIDS.

There has been a lot of research on SIDS. Since the start of the "Back to Sleep" campaign in 1994, there are half as many SIDS deaths in the U.S. This campaign encourages two important steps to reduce the risk of SIDS ([/English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx](#)):

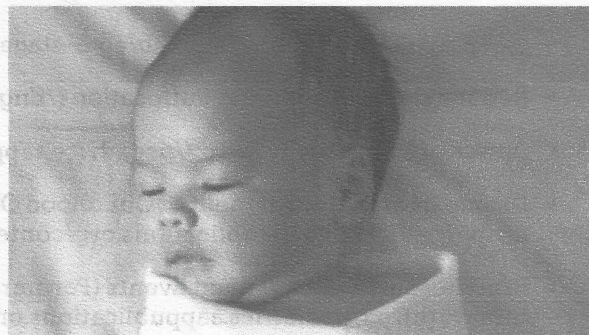
- You should always put your baby to sleep on his or her back ([/English/ages-stages/baby/sleep/Pages/Sleep-Position-Why-Back-is-Best.aspx](#))—not on the stomach.
- You should also use a firm crib mattress and keep pillows, blankets, and stuffed animals out of the crib. See *How to Keep Your Sleeping Baby Safe: AAP Policy Explained* ([/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx](#)) for more information and tips.

These steps help prevent "re-breathing." Re-breathing can happen when a baby is sleeping face down or trapped in soft bedding. As a result, the baby breathes more carbon dioxide instead of taking in oxygen-rich fresh air. This may be related to raising a baby's risk of getting SIDS.

When is a home apnea monitor a good idea?

In rare cases, your doctor may recommend a home apnea monitor for your baby. The device may be needed if:

- Your baby needs home oxygen ([/English/ages-stages/baby/preemie/Pages/When-Baby-Needs-Oxygen-At-Home.aspx](#)).



- Your baby has serious breathing problems.

Editor's Note: The American Academy of Pediatrics (AAP) released a list of specific tests or treatments that are commonly given to children, but are not always necessary, as part of the Choosing Wisely® campaign, an initiative of the ABIM Foundation. Infant home apnea monitors were identified; the full list (<http://www.choosingwisely.org/doctor-patient-lists/american-academy-of-pediatrics/>) gives more detail as to the reasons for taking a closer look at each item, and cites evidence related to each recommendation.

Additional Information & Resources:

- Sleep Apnea Detection (/English/ages-stages/baby/sleep/Pages/Sleep-Apnea-Detection.aspx)
- Reduce the Risk of SIDS & Suffocation (/English/ages-stages/baby/sleep/Pages/Preventing-SIDS.aspx)
- Apnea of Prematurity (<http://pediatrics.aappublications.org/content/137/1/e20153757>) (AAP Clinical Report)
- Diagnosis and Management of Childhood Obstructive Sleep Apnea Syndrome (<http://pediatrics.aappublications.org/content/130/3/e714>) (AAP Technical Report)
- Brief Resolved Unexplained Events (Formerly Apparent Life-Threatening Events) and Evaluation of Lower-Risk Infants (<http://pediatrics.aappublications.org/content/137/5/e20160590>) (AAP Clinical Practice Guideline)

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The information contained on this Web site should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.