In June, 1994, a national “Back to Sleep Campaign” was initiated in the United States to reduce the risk of Sudden Infant Death Syndrome (SIDS). Since that time the number of infants dying of SIDS has dropped by more than half. Putting infants to sleep on their backs is a simple and effective practice for reducing the risk of SIDS. But the other part of the “Back to Sleep Campaign” message is “Tummy to Play.” Many infants are not getting enough “tummy time.”

Why is “Tummy Time” important?
Infants now miss out on the 12 hours of tummy time that they used to get when sleeping on their tummies. Many infants also spend long hours in swings, car and infant seats when awake. Because of these practices, some infants are developing motor delays. Tummy time is important because it helps infants:

- stretch and strengthen the head, neck, shoulder and back muscles they will need to learn important motor skills (for instance, how to push up, roll over, sit up, crawl, and pull to a stand).
- develop their sensory-perceptual, social-emotional, problem solving, balance, visual, and hearing abilities.
- develop normally-shaped heads (infants who spend most of their time on their backs when asleep and in infant seats when awake are at risk for developing flat spots on the backs of their heads).

How can we make sure infants get enough “Tummy Time” when they are awake?
The way to prevent these problems is to make sure infants spend plenty of time on their tummies, in the “prone” position, starting when they are newborns. Some infants get fussy when they are put on their tummies because they are not used to it, and it is hard work for an infant to hold his head up. Unless babies are put on their tummies (prone) to play from the first days and week of life, they may not easily accept “tummy time.”

Tips for making tummy time more interesting:

- Lay the infant over your leg while you are sitting on the floor
- Buy an exercise ball* that is 60 centimeters in diameter. Lay the infant over the ball on his tummy and move him gently back and forth and from side to side by rolling the ball carefully, and move him up and down by pushing down gently on his back.
• Put the infant on her tummy on a blanket on the floor. Make the floor interesting by choosing a blanket with an interesting pattern or texture, or a special tummy time mat. Lie down on the floor with the infant. She will enjoy exploring you as well as the toys on the floor.

• Lie down with the infant on your chest tummy-side down.

• Carry the infant around on his tummy instead of upright.

• Make a bolster by rolling up a towel. Place the bolster under the infant's chest and armpits with her arms over the bolster. You can move the infant gently back and forth on the bolster.

• Older infants can be placed lengthwise on the bolster (with an arm and a leg on either side of the bolster) and rolled gently from side to side.

Remember, a happy infant develops best.

If an infant starts to fuss, try to make tummy time more interesting through gentle movement or a change of toys. Rhythm and movement together work wonders for infants' development, so turn on some music for tummy time. At first, you may have to try tummy time for several short periods during the day until the infant gets used to being on his tummy.

When to seek help

Infants should be holding up their heads and pushing up on their arms by the end of three months. Infants who are getting enough tummy time and are still delayed in reaching these milestones should be evaluated by their health care provider.

*Make sure that the infant doesn’t pull the plug on the ball that holds the air in as the plug could be a choking hazard

Resources


National Institute of Child Health and Human Development, Tummy Time
www.nichd.nih.gov/health/topics/tummy_time.cfm


American Physical Therapy Association (2008), Lack of time on tummy shown to hinder achievement of developmental milestones, say physical therapists. Available online at: www.apta.org/AM/Template.cfm?Section=Home&CONTENTID=50858&TEMPLATE=/CM/ContentDisplay.cfm

Vickie Leonard, RN, FNP, PhD and Alanna Freeman, OTR