

AAP Safe Sleep Recommendations

These recommendations for safe infant sleep were published on October 17, 2011 in *Pediatrics*, the journal of the American Academy of Pediatrics, as part of a policy statement entitled “ SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment.” For the complete statement, please click [here](#).

Level A Recommendations

- Back to sleep for every sleep.
- Use a firm sleep surface.
- Room-sharing without bed-sharing is recommended.
- Keep soft objects and loose bedding out of the crib.
- Pregnant women should receive regular prenatal care.
- Avoid smoke exposure during pregnancy and after birth.
- Avoid alcohol and illicit drug use during pregnancy and after birth.
- Breastfeeding is recommended.
- Consider offering a pacifier at nap time and bedtime.
- Avoid overheating.
- Do not use home cardiorespiratory monitors as a strategy for reducing the risk of SIDS.
- Expand the national campaign to reduce the risks of SIDS to include a major focus on the safe sleep environment and ways to reduce the risks of all sleep-related infant deaths, including SIDS, suffocation, and other accidental deaths; pediatricians, family physicians, and other primary care providers should actively participate in this campaign.

Level B Recommendations

- Infants should be immunized in accordance with recommendations of the AAP and Centers for Disease Control and Prevention.
- Avoid commercial devices marketed to reduce the risk of SIDS.
- Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly (asymmetrical flattening of the skull).

Level C Recommendations

- Health care professionals, staff in newborn nurseries and NICUs, and child care providers should endorse the SIDS risk-reduction recommendations from birth.
- Media and manufacturers should follow safe-sleep guidelines in their messaging and advertising
- Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely.