factor; working closely with communities to identify possible unknown risk factors; and engaging health care and public health professionals in thoughtful and respectful conversations with families about safe infant sleep will be important in improving understanding of the most effective strategies to promote adoption of safe infant sleep practices among various populations.

The recommendations outlined herein were developed to reduce the risk of sleep-related death. Table 2 summarizes each recommendation and provides the strength of the recommendation, which is based on the strength-of-recommendation taxonomy.[11] It should be noted that, because there are no randomized controlled trials with regard to SIDS and other sleep-related deaths, case-control studies are the best evidence available. Table 3 lists changes in the 2021 recommendations.

The recommendations are based on studies that include infants aged up to 1 year. Therefore, recommendations for sleep position and the sleep environment, unless otherwise specified, are for the first year after birth. When discussing sleep practices, physicians and nonphysician clinicians are encouraged to have open and nonjudgmental conversations with families and others who care for infants. Individual medical conditions may warrant that a clinician recommend otherwise after weighing the relative risks and benefits.

The guidance in this policy statement is intended to be inclusive of all families. Gendered language is used occasionally, such as "mothers" and "breastfeeding," particularly when discussing or quoting published articles that used these terms.[12] However, we acknowledge that parents may be of any gender and that transgender men and nonbinary-gendered individuals may also give birth and/or may want to breastfeed or feed at the chest.

For the search strategy and methodology, background literature review, and data analyses on which this policy statement and recommendations are based, refer to

TABLE 2 Summary of Recommendations With Strength of Recommendation

A level recommendations:
Back to sleep for every sleep.
Use a firm, flat, noninclined sleep surface to reduce the risk of suffocation or wedging/entrapment.
Feeding of human milk is recommended because it is associated with a reduced risk of SIDS.
It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for at least the first 6 mo.
Keep soft objects, such as pillows, pillow-like toys, quilts, comforters, mattress toppers, fur-like materials, and loose bedding, such as blankets and nonfitted sheets, away from the infant's sleep area to reduce the risk of SIDS, suffocation, entrapment/wedging, and strangulation.
Offering a pacifier at naptime and bedtime is recommended to reduce the risk of SIDS.
Avoid smoke and nicotine exposure during pregnancy and after birth.
Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth.
Avoid overheating and head covering in infants.
It is recommended that pregnant people obtain regular prenatal care.
It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC.
Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.
Supervised, awake tummy time is recommended to facilitate development and to minimize the risk of positional plagiocephaly. Parents are encouraged to place the infant in tummy time while awake and supervised for short periods of time beginning soon after hospital discharge, increasing incrementally to at least 15 to 30 min total daily by age 7 wk.
It is essential that physicians, nonphysician clinicians, hospital staff, and child care providers endorse and model safe infant sleep guidelines from the beginning of pregnancy.
It is advised that media and manufacturers follow safe sleep guidelines in their messaging and advertising to promote safe sleep practices as the social norm.
Continue the NICHD "Safe to Sleep" campaign, focusing on ways to reduce the risk of all sleep-related deaths. Pediatricians and other maternal and child health providers can serve as key promoters of the campaign messages.
B level recommendations:
Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
C level recommendations:
There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.
Continue research and surveillance on the risk factors, causes, and pathophysiological mechanisms of sleep-related deaths, with the ultimate goal of eliminating these deaths entirely.

Based on the strength-of-recommendation taxonomy for assignment of letter grades to each of its recommendations (A, B, C)[11]: level A, the recommendation is on the basis of consistent, good-quality, patient-oriented evidence; level B, the recommendation is on the basis of inconsistent or limited-quality, patient-oriented evidence; level C, the recommendation is on the basis of consensus, usual practice, opinion, disease-oriented evidence, or case series for studies of diagnosis, treatment, prevention, or screening. Patient-oriented evidence measures outcomes that matter to patients: morbidity, mortality, symptom improvement, cost reduction, and quality of life. Disease-oriented evidence measures immediate, physiologic, or surrogate end points that may or may not reflect improvements in patient outcomes (eg, blood pressure, blood chemistry, physiologic function, pathologic findings). NICHD, Eunice Kennedy Shriver National Institute of Health and Human Development.