education regarding modifiable risk factors for sleep-related infant death may be needed.

11. It is recommended that infants be immunized in accordance with guidelines from the AAP and Centers for Disease Control and Prevention (CDC). There is no evidence that there is a causal relationship between immunizations and SIDS.[124–127] Instead, vaccination may have a protective effect against SIDS.[128–131]
12. Avoid the use of commercial devices that are inconsistent with safe sleep recommendations. Be particularly wary of devices that claim to reduce the risk of SIDS or other sleep-related deaths. There is no evidence that any of these devices reduce the risk of these deaths. Importantly, the use of products claiming to increase sleep safety may provide a false sense of security and complacency for caregivers. It is important to understand that use of such products does not diminish the importance of following recommended safe sleep practices. Information about a specific product can be found on the CPSC Web site (www.cpsc.gov). The AAP concurs with the US Food and Drug Administration (FDA) and CPSC that manufacturers should not claim that a product or device protects against sleep-related infant death unless there is scientific evidence to that effect.
13. Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS. Use of cardiorespiratory monitors has not been documented to decrease the incidence of SIDS.[132–135] These devices are sometimes prescribed for use at home to detect apnea, bradycardia, and, when pulse oximetry is used, decreases in oxyhemoglobin saturation for infants at risk for these conditions, including some preterm infants with an unusually prolonged course of recurrent, extreme apnea.[136] In addition, routine, in-hospital cardiorespiratory monitoring before discharge from the hospital has not been shown to detect infants at risk for SIDS. Direct-to-consumer heart rate and pulse oximetry monitoring devices, including wearable monitors, are sold as consumer wellness devices. A consumer wellness device is defined by the FDA as one intended "for maintaining or encouraging a healthy lifestyle and is unrelated to the diagnosis, cure, mitigation, prevention, or treatment of a disease or condition."[137] Thus, these devices are not required to meet the same regulatory requirements as medical devices and, by the nature of their FDA designation, are not to be used to prevent sleep-related deaths. Although use of these monitors may give parents "peace of mind,"[138] and there is no contraindication to using these monitors, data are lacking to support their use to reduce the risk of these deaths. There is also concern that use of these monitors will lead to parent complacency and decreased adherence to safe sleep guidelines. A family's decision to use monitors at home should not be considered a substitute for following AAP safe sleep guidelines.
14. Supervised, awake tummy time is recommended to facilitate infant development and to minimize development 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 minutes total daily by 7 weeks of age.[139–142]
    a. Diagnosis, management, and other prevention strategies for positional plagiocephaly, such as avoidance of excessive time in car seats and changing the infant's orientation in the crib, are discussed in detail in the AAP clinical report on positional skull deformities.[143]
15. There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS. Swaddling, or wrapping the infant in a light blanket, is often used as a strategy to calm the infant and encourage use of the supine position. There is a high risk for death if a swaddled infant is placed in or rolls to the prone position.[120,144,145] If infants are swaddled, always place them on the back. Swaddling should be snug around the chest but allow for ample room at the hips and knees to avoid exacerbation of hip dysplasia. Weighted swaddle clothing or weighted objects within swaddles are not safe and therefore not recommended. When an infant exhibits signs of attempting to roll (which usually occurs at age 3 to 4 months but may occur earlier), swaddling is no longer appropriate because it could increase the risk of suffocation if the swaddled infant rolls to the prone position.[120,144,145] There is no evidence with regard to risk of SIDS related to the arms being swaddled in or out. Parents can decide on an individual basis whether to swaddle and whether the arms are swaddled in or out, depending on the behavioral and developmental needs of the infant.
16. It is essential that physicians, nonphysician clinicians, hospital