

# American Academy of Pediatrics (AAP) Updated Infant Safe Sleep Guidelines Several Notable Additions

Nancy Maruyama, RN, BSN, NCBF

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- Infants must be placed on their back for every sleep event, and the surface must be firm and flat and NOT BE INCLINED more than 10%, unless specifically ordered by a physician. (1) This means it is not safe for an infant to sleep in a bouncer, car seat, or any item that can compromise the infant’s airway by having infants’ chin resting on their chests. (2) Although reclining sleeper/nappers by Fisher Price and other companies have been recalled and are no longer being sold in stores; there are other avenues where they can be obtained. An infant should sleep in a safe environment alone in the parent’s room.
- In-bed sleepers are not recommended due to a lack of risk reduction evidence.(1) Some in-bed sleepers contain all the elements known to be unsafe due to soft, pillowy products that increase the risk of death due to accidental suffocation, positional asphyxiation, entrapment, and overlay.
- There are only three spaces that meet all the current safety standards set by the Consumer Product Safety Commission (CPSC)
  - Full-size crib with stationary rails, manufactured after 6/28/11 (<https://www.cpsc.gov/Regulations-Laws-Standards/Rulemaking/Final-and-Proposed-Rules/Full-Size-Crib>)
  - Bassinets manufactured after 4/23/14 (<https://www.cpsc.gov/Regulations-Laws-Standards/Rulemaking/Final-and-Proposed-Rules/Bassinets>)
  - Portable Play-yards manufactured after 2/28/13 (<https://www.federalregister.gov/documents/2012/08/29/2012-21168/safety-standard-for-play-yards>)
- Weighted blankets and weighted wearable blankets are NOT recommended. 1 There has been some confusion with parents and home visitors thinking that *sleepsacks or wearable blankets* are not considered safe, which is untrue. (Private conversation with health educators on 8/17/22). Wearable blankets that are NOT weighted are considered safe to use with infants as long as they are wearing the correct size. Dressing the baby appropriately for sleep is a safety issue. The number of layers you wear, plus one thin layer for sleep, is a good way to teach parents. The baby’s head and face must be uncovered, especially during sleep. Hats are no longer advised for babies while indoors except for the first few hours of life or in the NICU. (1)
- Parents, grandparents, and caregivers must be consistently reminded that “Just because they sell it, does not mean it is safe), a misconception by many because of social media and the ease of selling and purchasing items. There are items targeted to sell to new parents and grandparents that do not follow the AAP Safe Sleep Recommendations, and we need to keep that in mind when teaching safe sleep.
- Breast/Chest/Bottle feeding of human milk is recommended for at least the first six months of the infant’s life. (3)
- The use of over-the-counter home cardio-respiratory monitors is increasing. There are no specific contraindications to home use, but parents must be made aware that these are not FDA-approved, so they are not considered medical devices. The concern may be that those who use the OTC monitors on the infant may not follow the safe sleep recommendations, incorrectly thinking it is OK to bring the baby to the parent’s bed for sleep because the monitor will let them know if the baby stops breathing. Researchers still are not able to predict or prevent an actual SIDS death. However, all the current recommendations will help reduce the risk of SIDS and prevent other sleep-related infant deaths.
- Tummy time for babies is critical in helping baby meet their milestones. Some parents, many young and teens, do not want to do tummy time until the umbilicus falls off or the baby is much older. Many opportunities have been missed, so parents must know they can begin tummy time at birth in short interval. (1)

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As a bereaved mother (my son died in 1985 – SIDS), a healthcare professional, and a SIDS advocate, one of the most important things I have learned is that we must model the behavior we wish to see when working with pregnant and newly delivered parents. They will not always remember what they are told when it comes to safe sleep but will remember what they saw the staff do when caring for their newborns. It is imperative that we not simply recite to them what the safe sleep guidelines are but also explain the “why” of the recommendations

If we are truly to make a difference to the families we serve, we must understand it is not only **OUR NEED** for them to follow the safe sleep guidelines but to help them to find **THEIR NEED** to follow the safe sleep guidelines. We must always be aware of our implicit and explicit biases because that will help us “meet the family where they are” while respecting their cultural norms and mores.

**References:**

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2. Moon RY, Darnall RA, Feldman-Winter L, et al. SIDS and other sleep-related infant deaths: updated 2016 recommendations for a safe infant sleeping environment. *Pediatrics*. 2016;138(5):e20162938. <https://doi.org/10.1542/peds.2016-2938>
3. Feldman-Winter L. Breastfeeding: AAP policy explained. Accessed July 19, 2022. <https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Where-We-Stand-Breastfeeding.aspx>

**Disclosures:** No disclosures noted.

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Nancy Maruyama, RN, BSN, NCBF  
Mother of Brendan 6/1/85 – 10/18/85 SIDS  
Executive Director  
Sudden Infant Death Services of Illinois, Inc.  
6010 State Route 53, Suite A  
Lisle, IL 60532  
630-541-3901 office  
630-541-8246 fax  
Website: [www.sidsillinois.org](http://www.sidsillinois.org)  
Email: [nancy@sidsillinois.org](mailto:nancy@sidsillinois.org)