

Table 1. American Academy of Pediatrics Safe Sleep Recommendation and Key Training Concepts code book.

Category Name	AAP Recommendation ⁴	Examples	Quotes	Frequency (%)
1. Position	Back to sleep for every sleep.	Back/supine, [not] tummy/prone, [not] side.	<ul style="list-style-type: none"> • Waking periodically is developmentally appropriate and stomach sleeping can inhibit that. • About the choking on back versus choking on stomach. 	7 (3)
2. Firm, flat, non-inclined surface	Use a firm, flat, noninclined sleep surface to reduce the risk of suffocation or wedging/entrapment.	Firm mattress; [not] soft mattress; [not] memory foam; flat/level surface; non-inclined; not propped up; may include location information if emphasis is on firm, flat, [not] inclined.	<ul style="list-style-type: none"> • That babies should not be positioned inclined to sleep. • Inclined surfaces are not recommended, even for reflux. 	10 (5)
3. Breast/Chest Feeding	Feeding of human milk is recommended because it is associated with a reduced risk of SIDS.	Breastfeeding; chestfeeding; human milk; lactation; bottle feeding; [not] formula.	<ul style="list-style-type: none"> • Breastfeeding reduces SIDS. • Only human milk for the 1st 6 months helps reduce risk of SIDS. 	7 (3)
4a. Location	It is recommended that infants sleep in the parents' room, close to the parents' bed.	Parent room; Room sharing; [not] nursery.	<ul style="list-style-type: none"> • The increase risk bedsharing has and SIDS even if mom doesn't smoke or breastfeed. 	1 (<1)
4b. Separate surface	But on a separate sleep surface designed for infants, ideally for at least the first six months.	Crib; bassinet; portable crib; safety approved surface; [not] baby sleep box; [not] bed sharing; [not] car seat; [not] swing; [not] chair or couch; priority theme if parent room and crib (or specific surface) are both listed.	<ul style="list-style-type: none"> • More about car seat safety and sleeping. • Breastfed babies should still be in their own crib. • Twins need separate beds. 	21 (10)

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4c. Location and Separate surface	It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate sleep surface designed for infants, ideally for at least the first six months.	Both 4a and 4b (parent room; separate sleep surface).	<ul style="list-style-type: none"> • The recommendation for same room separate bed. • Infants should be placed in separate bed, same room for at least 6 mo. of age. 	6 (3)
5. Bedding	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.	Fitted sheet; [no] blankets; [no] weighted blanket; [no] pillows; [no] bumpers, including mesh; [no] stuffed animals; [no] loose bedding; [no] sheepskins; [no] quilt; [no] u-shaped/ breastfeeding pillows.	<ul style="list-style-type: none"> • Bumpers are bad and should never be used. • Do not clutter baby beds with pillows, soft animals, toys, diapers & wipes, etc. and put baby in the bed with all of this. 	6 (3)
6. Pacifier	Offering a pacifier at naptime and bedtime is recommended to reduce the risk of SIDS.	Pacifier; paci; binky; dummy.	<ul style="list-style-type: none"> • Information about the pacifier and light sleeping. • Pacifiers have demonstrated protective factors against SUID. 	9 (4)
7. Tobacco	Avoid smoke and nicotine exposure during pregnancy and after birth.	Second-hand smoke; third-hand smoke; [no] smoking; [no] vaping; [no] pipe; [no] chewing tobacco.	<ul style="list-style-type: none"> • No smoking before and after pregnancy can help baby not die of SIDS. 	2 (1)
8. Substances	Avoid alcohol, marijuana, opioids, and illicit drug use during pregnancy and after birth.		<ul style="list-style-type: none"> • Children of mothers who drink or use drugs while pregnant are at an increased risk of SIDS. 	0 (0)

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9. Temperature	Avoid overheating and head covering in infants.	Wearable blanket; sleep sack; one layer more than adults; [no] weighted wearable blanket [no] hat; fan; ambient temperature; [no] car seat covers. NOT wearable blankets with swaddle feature.	<ul style="list-style-type: none"> • Fans don't do anything for SIDS but air circulation is important. • Preterm babies in NICU being places on belly that it helps regulate heat. • Using a wearable blanket is safe use for an infant. 	27 (13)
10. Prenatal Care	It is recommended that pregnant people obtain regular prenatal care.	Check-up; ob/gyn; prenatal appointment; prenatal care.	<ul style="list-style-type: none"> • Risk of SIDS is lower for those engaged in care. 	0 (0)
11. Immunizations	It is recommended that infants be immunized in accordance with guidelines from the AAP and CDC.	Vaccine; vaccination; immunize; immunization; shots.	<ul style="list-style-type: none"> • Being up to date on immunizations can help reduce SIDS. 	1 (<1)
12. Home Cardio-respiratory Monitors	Do not use home cardio-respiratory monitors as a strategy to reduce the risk of SIDS.	Owlet®; pulse oximeter; pulse ox; smart sock; vital signs monitor.	<ul style="list-style-type: none"> • Heart monitoring devices do not reduce risk of SIDS, sometimes "alarm" sounds when it's too late. • Owlets aren't proven to help. • Foot monitor system has not been tested to really benefit and detect SIDS. 	12 (6)
13. Tummy Time	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	Tummy time; supervised on stomach.	<ul style="list-style-type: none"> • But using tummy time can assist with strength of neck muscles. 	1 (<1)

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	soon after hospital discharge, increasing incrementally to at least 15 to 30 min total by age seven weeks.			
14. Education	It is essential that physicians, nonphysician clinicians, hospital staff, and childcare providers endorse and model safe infant sleep guidelines from the beginning of pregnancy.	Direct education on safe sleep; Professionals teach patients/clients; professionals model behavior; daycare requirements; best practices for teaching different groups.	<ul style="list-style-type: none"> • Beginning education early is best for educating families. 	1 (<1)
15. Messaging/Marketing	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.	Indirect promotion of infant sleep; TV shows; TV commercials; magazine ads; news articles; social media posts.	<ul style="list-style-type: none"> • Social media push for co-sleeping isn't as safe or evidenced based as they advertise it to be. • Just because you see something announced it does not make it safe to use. 	2 (1)
16. Campaign	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.	NICHD; "Back to Sleep" or "Safe to Sleep" brochures; "Sleep Baby, Safe and Snug" board book; handouts; videos; materials.	<ul style="list-style-type: none"> • Resources for education. • Where I can find information. • AAP Guidelines. 	4 (2)
17. Commercial Devices	Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.	[No] Rock 'n play®; [no] wedges; [no] positioners; [no] inclined sleeper; Nest® sleeper; Dock A Tot®; consumer product safety	<ul style="list-style-type: none"> • Deaths/infant fatalities related to marketed baby devices "rock n plays", etc. • Devices are not as highly recommended as previously thought. 	17 (8)

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		commission (CPSC); recalls/bans. NOT: Owlet®; home cardio-respiratory monitor.	<ul style="list-style-type: none"> • I now know where to get specific information on products. 	
18. Swaddling	There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.	Swaddle; wearable (blanket) swaddle; stop swaddling.	<ul style="list-style-type: none"> • Swaddling must stop when infants can roll over. • Babies should not be swaddled when they show signs of beginning to roll over. 	5 (2)
19. Research	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.	Earlier research related to SIDS, sleep related deaths, disparities, etc. or areas where additional research is needed.	<ul style="list-style-type: none"> • The %'s where more is needed to decrease SIDS. • The risk of SIDS can be reduced 68% by following safe sleep guidelines. • That fatigue and sleep deprivation is actually one of the tops that puts babies at risk for SIDS. 	14 (7)
Category Name	Key Training Concept Category Definition	Examples	Quotes	Frequency (%)
20. ABCs	Mnemonic that infants should be put to bed Alone, on the Back in a Clutter-free Crib.	ABCs; ABCs of safe sleep; Alone, Back, Crib NOT: Individual components of safe sleep (e.g., back).	<ul style="list-style-type: none"> • Breastfeeding reducing SIDS does not mean you can ignore the ABCs of safe sleep. • ABC- alone, back, in a crib. 	5 (2)
21. Safe Sleep Instructor Training Components	Specific skills, training mechanism or content beyond the AAP recommendations included in the Safe Sleep Instructor Conference.	Safe Sleep Instructor program purpose or requirements; components of training (professional training; caregiver training; crib demonstration; crib clinic; community baby shower);	<ul style="list-style-type: none"> • How to set up a crib demonstration and the 4 components that go along with it. • Ways to speak to parents about the risks of cosleeping. 	24 (12)

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		secondary trauma; grant writing; accessing local data.	<ul style="list-style-type: none">• Difference between SIDS and SUID.	
22. Other	Other information that does not fit under any of the previous 20 categories.	The crib demonstration.	<ul style="list-style-type: none">• Give infant opportunity to stretch periodically.• Babies are not discharged until they are able to sleep supine.	23 (11)

Abbreviations: AAP – American Academy of Pediatrics; CDC – Centers for Disease Control and Prevention; NICHD – Eunice Kennedy Shriver National Institute for Child Health and Development; SIDS – Sudden Infant Death Syndrome; SUID – Sudden Unexpected Infant Death