Reducing sleep-related infant deaths is a national priority

The American Academy of Pediatrics (AAP) issued recommendations in 2005 and, again, in 2011 to reduce sleep-related infant death, which includes room-sharing, but absolutely no bed sharing for sleep.
Infant sleep safety is an issue caught between two public health agendas.

**Safeguarding**
Especially prevention of infant death

**Well-being**
Promotion of breastfeeding, bonding, and infant mental development

Although these agendas intersect their recommendations can be contradictory.

Annually, in the U.S., there are 4,000 infant deaths/yr related to sleep.

2,200 (55%) due to sudden infant death syndrome (SIDS)

1,800 (45%) due to accidental suffocation or strangulation related to sleep often when a parent or other adult falls asleep next to an infant.
These two types of death are distinct entities, with separate but overlapping risk factors.

The AAP recommendation is intended to address both.

The leading modifiable risk factors for SIDS
- Smoking (prenatal and/or postnatal)
- Baby sleeping prone (face down),
- Formula feeding
- No pacifier use in formula fed babies
- Baby sleeping unattended
- Baby dressed too warmly
- Low birth rate or prematurity
- Poverty

The leading modifiable risk factors for suffocation and smothering
- Sofa-sleeping
- Parental use of alcohol and drugs
- Baby sleeping next to someone other than the breastfeeding mother
- Inappropriate bedding (soft mattress, fluffy pillows, thick blankets, etc.)
- Objects in sleeping area (bumper pads, stuffed animals, cords, etc.)
Conflicting information abounds on topics such as…

normal infant sleep development, sleep training, sudden infant death prevention, infant sleep location, and the use of sleep aids.

Lack of confidence in what to say about sleep safety has led to support workers and health professionals avoiding the topic as a whole.

In general there is a feeling that they are unable to provide accurate information and support to parents in these areas.

What do we need to know about infant sleep?
Human babies are baby humans. They are not miniature adults

Different nutrient needs,
Different exercise needs,
Different sleep needs!
Don’t you wish you could sleep like a baby?

No!

Adults need long periods of deep sleep.

Babies are not born with self-arousal mechanisms.

Babies need to stay in light sleep so that they don’t “forget” to wake up.
Keeping all five senses stimulated helps keep baby alive!

Sound
Touch
Taste
Smell
Sight

Where Do Babies Sleep?

The practice of bed sharing is not uncommon in our society and remains the routine sleeping arrangement in most of the world’s non-industrialized cultures.

Here’s what the data show:
• 25% of American families always, or almost always, slept with their baby in bed
• 42% slept with their baby “sometimes”
• 32% never co-slept with their baby.
67% of babies bedshare sometimes (or more!)

... and bed sharing is increasing in the U.S

Babies Sleep Where?

Some of the parents found bed sharing effective, yet were covert in their practices, fearing disapproval of health professionals and relatives.

The number of babies bed sharing, at least some of the time, may be much higher since families often don’t reveal their sleeping arrangements.

TYPICAL QUESTION:
Where does your baby usually sleep?

BETTER QUESTIONS:
Where does your baby start the night?
Where does your baby end the night?
At night, who do you usually share your bed with?
We need to address what happens when babies wake during the night!

**International Survey of Mothers’ Sleep and Fatigue**

*Where does baby start the night?* The majority of babies start in cribs.

*Where does baby end the night?* The majority of babies end the night in the parents’ bed.

58-64% of mothers cosleep at least some of the night.

[49% of babies were not yet sleeping through the night.]

At night, who do you usually share your bed with?

- 91% Partner
- 18% Other kids
- 21% Pets
Who is bed sharing?

The prevalence of bed sharing among **African-American** children was five times that of white children.

Bed sharing is more common in **Asian and Hispanic** households.

Bed sharing is more common in families of **low socioeconomic status**.

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Bed sharing varies by ethnicity

“**Always**” bed share:

- 43.1% African American
- 41.1% Hispanic
- 26.0% American
- 23.8% Asian/Pacific Islander
- 15.7% White

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Parents need to know how babies operate in order to make good choices!

Bedsharing Happens!

Cultural reasons
Ideological reasons
Practical reasons

Bed sharing is common, and it persists despite considerable pressure.

This is why we need to educate parents!
So where **should** babies sleep?

The experts speak loud and clear

“Don’t sleep with your baby or put your baby down to sleep in an adult bed. The **only safe place** for babies to sleep is **in a crib** that meets current safety standards and has a firm, tight-fitting mattress.”

--Chairwoman Ann Brown,
Consumer Product Safety Commission (CPSC),
September 1999
Infant Safe Sleep


Baby sleeps safest alone, on their back, in a crib.
Your baby sleeps safest alone
on her back in a crib or bassinet free of toys, blankets and pillows.

EVEN YEAR ABOUT 50 BABIES IN NYC DIE FROM A SLEEP-RELATED INJURY.

To learn more, call 311 or visit nyc.gov
and search “infant safety”

STAY CLOSE. SLEEP APART.

Does your baby SLEEP SAFE?
For too many babies in Baltimore City die before their first birthday. Many of these deaths happen while the baby is sleeping. Don’t put your baby at risk. Put your baby to sleep safe.


My son, Charlie, passed away on December 29th.
He turned one month old that day.

Knowing what I know now, Charlie should have slept in his own bed right instead of in our bed with us. I wish I could go back to that night and change it.

Alone
Most sleep-related deaths occur when babies sleep with an adult or another child in an adult bed. Share your room with your baby, but not your bed.

Back
The safest position for a baby to sleep is on his or her back. Babies are not more likely to choke on their backs. In fact, when a baby is on his or her stomach, anything spit up can block the air pipe and cause choking or breathing problems.

Crib
Your baby’s sleeping place should be clean and clear. No blankets, pillows, stuffed toys, or stuffed animals. Just a tight-fitting sheet or a firm mattress.

NO EXCEPTIONS
Your baby should ALWAYS sleep safe. Alone. On his or her Back. In a Crib. Every night. Every nap. It’s just not worth the risk of your baby dying.

If more for Healthy Babies is an innovative effort to reduce infant mortality in Baltimore City. It is co-sponsored by Mayor Stephanie Rawlings-Blake, the Baltimore City Health Department, and the Family League of Baltimore City.

EVERY BABY COUNTS ON YOU.
YOUR BABY SLEEPING WITH YOU CAN BE JUST AS DANGEROUS.

Babies can die when they are put to sleep with adults. Always put your baby to sleep alone, back in a crib. If you can’t afford a crib, call 608/269-0623.

FOR TOO MANY BABIES LAST YEAR, THIS WAS THEIR FINAL RESTING PLACE.

Think twice before sleeping with your baby. The safest place is in a crib.

City of Milwaukee Health Department, milwaukee.gov/safestep
These campaigns promote an unqualified recommendation against any and all bed sharing...

But is this always the best advice?
FOX6 TV: Is sharing a bed with your infant right or wrong?

Does the “one message” strategy make sense?

Where do we see co-sleeping deaths?

Two consistent features are associated with populations where bedsharing and high infant deaths coexist:

- extreme poverty
- stressful circumstances, including chaotic households.

McKenna, Ph.D., James. “Breastfeeding and Bedsharing: Still Useful (and Important) After All These Years.” Mothering Magazine Sept.-Oct 2002
Factors Associated with Co-Sleeping Deaths...

- Infant sleeping alone on adult beds with gaps or ledges around the bed frame or between the mattress, a wall, or piece of furniture
- Mother not breastfeeding
- Parental smoking
- Drug and alcohol use
- Chaotic lifestyle
- Lack of education and opportunities
- Infant sleeping alone on soft mattresses
- Dangerous furniture arrangements
- Infant sleeping next to toddlers
- Sofas with obese adults

Extrapolating the extremes

James J. McKenna, Ph.D.
Author, *Sleeping With Your Baby*  
Director, Mother-Baby Sleep Lab, University of Notre Dame

“Bedsharing deaths are especially high in the U.S. among poor African Americans living in large cities such as Chicago, Cleveland, Washington, D.C., and St. Louis—the four cities from which data were used to argue against the safety of all co-sleeping, regardless of circumstances. The well-established distinctions between bed sharing and dangerous couch sleeping have been ignored and used to inflate ‘bedsharing’ death statistics…”
The AAP statement: “Infants should not be placed on beds for sleep due to risk of suffocation or entrapment.” is based on just a few references, most of which have significant flaws.

*Ostfeld et al…* lumps sofas in with adult beds and fails to include alcohol or drug use by parents.

*Scheers et al…* also conflates sofas and other highly risky sleep surfaces with beds and fails to include smoking, alcohol, or drugs or feeding method.

*Tappin et al…* did not collect data on maternal alcohol use and, at times, counted a death as bedsharing, even when it occurred in a crib, as long as the infant had spent some time in his or her parent’s bed earlier that night.

**Elective Bedsharing vs. Chaotic Bedsharing**

If mothers elect to bed share for a purpose of nurturing and breast-feeding and are knowledgeable about safety precautions, we can expect that bedsharing will be protective, or reduce SIDS risk.

When bedsharing is not chosen as a childcare strategy, but rather is a necessity because there is no other place to put the baby, and mothers smoke, take drugs, and/or do not place an adult in between a toddler and a baby sharing a bed, increased risk of SIDS or asphyxiation can be predicted.
The results of the “never bedshare” message

Parents are getting the message... and simply ignoring it.
Parents are getting the message and, in an attempt to heed it, are endangering their babies.

- 25% of U.S. mothers in the Sleep and Fatigue survey admit to sometimes falling asleep in dangerous sleep locations (sofa, recliner, etc.) whilst mid-night feeding in an attempt to avoid bed sharing.

- Higher income and highly educated mothers are the ones most likely to feed their babies in chairs/recliners at night.

“Such recommendations prevent parents from gaining access to information on minimizing bedsharing risks…”

McKenna, J. J. and Gettler, L. T. (2016). There is no such thing as infant sleep, there is no such thing as breastfeeding, there is only breastsleeping. *Acta Paediatrica, 105*: 17–21. doi: 10.1111/apa.13161."
Co-sleeping is Not Always Dangerous…
It is Often the Best Choice!

• From 1980-1997, 75% of the mechanical suffocation deaths of U.S. infants with a known place of occurrence took place in cribs, while 25% took place in adult beds.

• It was actually less than half (42%) as risky, or more than twice as safe, for an infant to be in an adult bed as in a crib.

Benefits of Co-sleeping for the Breastfed Baby
(When Known Adverse Factors are Absent)

• Greater breast milk supply
• More frequent breastfeeding
• Longer breastfeeding sessions
• Longer breastfeeding period
• Increased safety
• Increased infant sleep duration
• Lower stress levels

• Temperature regulation
• Increased sensitivity to mother’s communication
Breastsleeping:
Humankind’s Oldest Sleeping Arrangement

Breastsleeping is a term coined by Dr.’s McKenna and Gettler defined as “breastfeeding mothers sharing the same or an adjacent sleep surface with their infants in the absence of all hazardous factors.”

Parents regularly ignore the message that they should never bed share because of four to six million years of evolution… Parents are emotionally and physiologically primed to share a sleep surface with their child because of the easy access for mother and child to breastfeeding. In addition to this evolutionary want to co-sleep a study in Great Britain found that “in the absence of hazardous factors bedsharing is not a significant risk and after three months of age may well be protective.”

McKenna, J. J. and Gettler, L. T. (2016), There is no such thing as infant sleep, there is no such thing as breastfeeding, there is only breastsleeping. Acta Paediatrica, 105: 17–21. doi: 10.1111/apa.13161.

Co-sleeping Promotes Breastfeeding

Breastfeeding on demand throughout the night helps mothers establish and maintain their milk supply.
Infants who are formula fed are twice as likely to die of SIDS than breastfed infants.

Breast milk contains immunoglobulin and cytokines, which may help *stave off infections* which are believed to contribute to SIDS.

It has also been shown that breastfed infants are *more easily aroused* than formula-fed babies, another mechanism which could help prevent SIDS.


Benefits of separate surface co-sleeping for the formula fed baby and parents

- Nurturing sleep environment
- Emotionally reassuring
- Safety
  (parental surveillance system)
- Lower stress
- More sleep
  (for both mother and child)
Where does this leave us?

In spite of tremendous effort to convince parents to always put their babies to sleep in a crib, the reality is that babies sleep in lots of different places.

It is imperative that parents know how to make different environments safe.

How NOT to bedshare safely!
“… harm reduction approaches have a much higher chance of compliance than do simplistic, negative saturation approaches.”

Safety Comes First

Do NOT Bedshare...

If you are obese. Obese parents are at a much greater risk of overlaying their babies.

If you smoked during your pregnancy or if you or your partner, smoke now.

If you sleep on a waterbed, recliner, sofa, armchair, couch or bean bag.

If you sleep on multiple pillows, a sagging mattress, a feather mattress, a sheepskin or if you use heavy bedding, such as comforters or duvets.
Do NOT Bed share…

If your room is too hot. Overheating is associated with higher rates of SIDS.

If you, or another adult who will be sharing your bed, are under the influence of drugs or alcohol.

If there are other children who can, or are likely to, climb into your bed.

If there are pets who can, or are likely to climb into your bed.

If there are stuffed animals on the bed that could cover the baby’s face.

The Consequences of Unsafe Bed Sharing

Do not bed share if there is any space between the bed and the wall where the baby could roll and become trapped. Make sure the mattress fits tightly against the headboard and footboard, and remove the bed frame if at all possible. Risks:

• Entrapment between bed and wall

• Entrapment between bed and object

• Entrapment in footboard of bed
Additional Safety Tips

Do not bed share if either parent is ill, tired to the point where it would be difficult to respond to the baby, or if either parent realizes that the primary caregiver is much more tired than usual.

Do not place babies in an adult bed alone and unsupervised. Never leave an infant alone on an adult bed.

Do not leave long hair down or wear nightclothes with strings or ties. These pose a strangulation risk to the baby.

Do not allow anything to cover the baby’s head or face.

Relationship between bedsharing and breastfeeding: *Longitudinal, population-based analysis*

“Given the likely beneficial effects of bed sharing on breastfeeding rates and duration, risk reduction messages to prevent sudden infant deaths should be targeted more appropriately to unsafe infant care practices such as sleeping on sofas, bed sharing after the use of alcohol or drugs, or bed sharing by parents who smoke and that advice on whether bed sharing should be discouraged needs to take into account the important relationship with breastfeeding.”

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Peter S. Blair, PhD, Jon Heron, PhD, Peter J. Fleming, FRCPCH, Pediatrics, Vol. 126 No. 5, November 2010, pp. e1119-e1126
Evidence-Based Conclusions from the Canadian Task Force on Preventive Health Care for specific clinical preventive actions

Canadian Pediatric Society, Recommendations for safe sleeping environments for infants and children, Pediatric Child Health. 2004 November; 9(9): 659–663

**Sleeping on the back** carries the lowest risk of SIDS.

Room-sharing lowers the risk of SIDS.

The risk of SIDS is increased when infants bed share with mothers who smoke cigarettes.

Bed sharing with an adult who is extremely fatigued or impaired by alcohol or drugs (legal or illegal) that impair arousal can be hazardous to the infant.

The use of soft bedding, pillows and covers that can cover the head increases the risk of death in all sleeping environments.

Sleeping with an infant on a sofa is associated with a particularly high risk of sudden unexpected death in infancy.

An infant is more at risk of sudden unexpected death if he/she bed shares with people other than his/her parents or usual caregiver.

To simply admonish parents not to sleep with their children—ever—under any circumstances, is unrealistic, quite possibly unethical, and does not provide the optimum in nutrition and sleep physiology.

Mothers and babies were made to be together. Help mom get as much sleep as she can by encouraging mom and baby to sleep in the same room as each other. This way mom and baby’s bodies will learn to be in sync with each other. That means as one is waking, so is the other, instead of mom being woken from a deep sleep by crying baby.

Keep your newborn in your room...

More Sleep, Naturally

Important neurological, physiological and emotional development occurs when babies sleep in the same bed as their mothers. Give your baby the best--and keep your newborn with you!

“OFTEN TIMES I FELT RIDICULOUS GIVING MY SEAL OF APPROVAL TO WHAT WAS IN REALITY SUCH A NATURAL THING TO DO, SORT OF LIKE REINVENTING THE WHEEL AND EXTOLLING ITS VIRTUES. HAD PARENTS’ INTUITION SUNK SO LOW THAT SOME STRANGE MAN HAD TO TELL MODERN WOMEN THAT IT WAS OKAY TO SLEEP WITH THEIR BABIES?”

--Dr. William Sears
“No one would suggest that because sleeping in a crib can be hazardous under certain conditions, no baby should sleep in a crib. By analogy, therefore, it is equally illogical to suggest that because, under certain circumstances, bed sharing can be hazardous, parents should not bed share with their babies. Given the near universality of the practice of bed sharing at some stage, it is far more logical to identify the conditions under which bed sharing is hazardous and to give parents information on how to avoid them.”

-- Peter Fleming Ph.D.


The human infant’s body continues to be adapted only to the mother’s body. No infant should sleep outside the supervision and company of a responsible adult caregiver. Co-sleeping, with night-time breastfeeding, remains clinically significant and potentially lifesaving.

The question placed before us should not be: “Is it safe to sleep with my baby?” but rather...

-- James J. McKenna PhD.

Is it safe not to co-sleep?
Our Job: Promoting Safer Sleep

It’s about education… there should be NO blank recommendations for encouraging, discouraging, or forbidding co-sleeping.

The goal is the elimination of risks!

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Infant Sleep Information Source

www.isisonline.org.uk

This website presents information about normal sleep for babies to parents and health professionals.

Offers a free app that features:

- Bedsharing decision tool to guide parents through key considerations for safe bed-sharing, explaining when it may or may not be advisable.

- Sleep log tool.
Great Resources

The Science of Mother-Infant Sleep: Current Findings on Bedsharing, Breastfeeding, Sleep Training, and Normal Infant Sleep
Wendy Middlemiss, Ph.D., and Kathleen Kendall-Tackett, Ph.D.
Praeclarus Press, 2013

Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family
Diane Wiessinger, Diana West, Linda J. Smith, Teresa Pitman
La Leche League, Int'l, 2014

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Platypus Media
Resources for Families, Teachers and Parenting Professionals

725 8th Street, SE
Washington, DC 20003
Work Phone: (202) 546-1674
Cell Phone: (202) 841-9946
Fax Number: (202) 546-2356
Dia@PlatypusMedia.com
www.PlatypusMedia.com
www.Facebook.com/PlatypusMedia
http://Twitter.com/PlatypusMedia
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