

**Subject/Title: Best Practice Guidelines For:
Infant Sleep Practices – Bed-sharing**

Date: Initial July 13, 2007 / reviewed

Guideline Development Authors: Regional Infant Sleep Committee

Target Population: This guideline applies to all pre and post natal families (with infants up to 12 months of age)

PURPOSE

1. To provide staff with key safety recommendations for instructing families regarding safe infant sleep practices.
2. To provide consistency across the maternal\infant continuum of care services, in communicating and applying recommendations with respect to infant bed-sharing.

BACKGROUND

In Alberta in 2005 about 1 in every 1750 infant deaths were attributed to SIDS (1). The Canadian Paediatric Society and Health Canada recognize that the safest place for an infant to sleep, in the first year of life, is in a crib that meets Canadian Government Safety Standards¹. The Canadian Paediatric Society and the American Academy of Pediatrics recommended that the infant sleep in the parent's room for the first six months (2-4).

Many parents elect to share a sleeping surface such as an adult bed with their infant for breastfeeding or comforting. When parents bring their infant into bed to sleep (bed-sharing) there is a significant increased risk to the baby (5-7). The risks of bed-sharing such as, falling, getting trapped, suffocating, being rolled onto or over, and the increased risk of Sudden Infant Death Syndrome (SIDS) must be carefully explained to parents. Parents who choose to bed-share need to know methods for improving the safety of the sleeping environment, but should also be advised that "...when infants sleep in their own crib, they are significantly safer than when they bedshare." (2)

DEFINITIONS

Bed-sharing: "a sleeping arrangement in which the baby shares the same sleeping surface with another person." (2)

Room-sharing: a sleeping arrangement in which the infant shares the same room, but not the same sleeping surface, as their parents (2). Room sharing is suggested for the first six months.

¹ Crib safety standards are outlined in the Government of Canada booklet "Crib Safety" Health Canada. Crib Safety: Minister of Health; Report No.: Cat. H46-2/03-332.

Co-sleeping is another term used in the academic and popular literature. However this term is used inconsistently and can mean a variety of sleeping arrangements including sharing a room and/or bed-sharing. As such, we recommend not using this term, to avoid confusion in intended meaning.

Best Practice Guideline Endorsement:

The Calgary Health Region fully supports and endorses the best practice recommendations as detailed in this guideline – “to neither recommend nor endorse bed-sharing, as sleeping surfaces not intended for infants are not as safe as their own crib”.

Integration of Infant Sleep Guidelines into practice:

1. Staff Accountability

All Staff involved with pre and post natal families will:

- 1.1 Acquaint him/herself with the “*Infant Sleep Practices – Bed-Sharing*” guidelines on the Calgary Health Region’s Clinical Practice Guidelines website and be accountable for practicing according to the guidelines described within.
- 1.2 Verify parent’s understanding of the infant sleep practice message as described in the “*From Here Through Maternity*” manual or the pamphlet “*Safe Sleeping for your Baby’s first Year*”.

2. Family Education;

Family education is to include instruction on:

- 2.1 The safest position and place for a baby to sleep
- 2.2 The risks of bed-sharing
- 2.3 Reducing the risks of bed-sharing while breastfeeding
- 2.4 Circumstances where bed-sharing should absolutely be avoided

POINTS OF EMPHASIS

1. Safe Sleeping

Unless otherwise ordered by a physician or registered midwife, infants are placed on their backs to sleep. See “*Sleep Position: Infants*” Policy and Procedure in the *Women and Infant Health Manual*.

The Calgary Health Region and the Canadian Paediatric Society recommend that for the first year of life, the safest place for babies to sleep is in their own crib that meets Canadian Government Safety Standards(2). Safety standards specify that the infant’s crib should have:

- A firm, flat mattress that is in good condition and fits snugly into the crib
- A tight fitting bottom sheet
- Slats that are not more than 6cm (2 3/8 inches) apart
- A sticker indicating it was made after September 1986

It is further recommended that the infant sleep in the parent's room for the first six months (2, 8, 9). Room-sharing provides benefits such as increased breastfeeding and monitoring and a reduction in the risk of SIDS (8, 9).

Other surfaces such as adult beds, air mattresses, sofas, armchairs, recliners, loose cushions; soft surfaces such as a waterbed, bean bag chair or down comforter; and siblings' beds are not designed for a baby and should not be used as a sleeping surface (2, 3, 10, 11). A sofa is a particularly hazardous sleeping environment for an infant (2, 3, 5, 11) and parents should be told that this is not a safe alternative to sharing an adult bed.

2. Circumstances where bed-sharing should be absolutely avoided

The risk to an infant is significantly increased, and bed-sharing should never occur, when any of the bed sharers:

- is a smoker, whether they smoke around the baby or not. Exposure to smoke, before and after birth and during pregnancy, significantly increases the risk of SIDS (6, 11-14)
- is obese
- is overtired to the point that they may not respond to the baby
- has an illness or condition which affects awareness of the baby
- has taken any alcohol or drugs (over-the-counter, prescription, or street drugs) which would decrease the ability to respond to the baby (6, 12, 15)

If the baby was born preterm, or was small at birth, parents should not bed-share (10, 14).

3. Risks of Bed-sharing

Adult beds are not designed for infants and there are increased risks to the infant's safety if they are not returned to their own crib to sleep after breastfeeding or comforting (8, 11). Babies can fall, suffocate, get trapped or wedged between structures and are in danger of being rolled onto or over by others sharing the bed (16). There is an increased risk of Sudden Infant Death Syndrome (SIDS) associated with bed sharing (17). It is often difficult to distinguish between smothering and SIDS as the cause of death (18, 19) therefore, anything that increases the risk to the child should be avoided.

4. Reducing the risk of bed-sharing

Despite the increased risk, some parents may still choose to bed-share with their infant. If a parent makes an informed decision to bed-share, they should be given the following instructions to reduce the potential hazards:

- The mattress must be firm and flat (5)
- Infants must be placed on their backs for sleep (5, 6, 12-14, 20)
- The baby's sleeping area must be free from stuffed toys, pillows, and heavy covers (5)
- They must ensure that the baby will not fall out of bed or get stuck between the mattress and the wall, headboard or footboard (16)
- The room must not be too hot or the baby overdressed (12, 21)
- There must be no covers over the baby's head (5, 12)

- They must not use positioning devices such as wedges, rolled up towels or blankets
- The baby must not be left alone in the bed
- Any adults sharing the bed must know that the baby is in the bed (22)
- No other children should be in the bed (5)

While these measures may make bed-sharing safer, parents should be advised that “when infants sleep in their own crib, they are significantly safer than when they bedshare.”(2)

REFERENCES

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CROSS REFERENCES

Subject/Title	Number	Manual
Sleep Positions: Infants	4-S-3	Women's & Infant Health Manual
Breastfeeding Support	3-B-2	Women's & Infant Health Manual
From Here Through Maternity, CHR		Available to all pregnant women in Calgary Health Region, through physician offices, perinatal education, hospital maternity units and community health centres
Safe Sleeping for Your Baby's First Year		Available at 3 cheers website
Information for Professionals on Safe Infant Sleep Practices and Sudden Infant Death Syndrome (SIDS)		Available at 3 cheers website