

Safe Infant Sleep

A Short Course of
When and Why to
Consider Cosleeping...
and How to Do it Safely

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Babies are Different from 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 have not yet developed
self-arousal mechanisms.

They 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

Smell

Sight

Taste



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



**Babies can wake up
anywhere!**

**Look What I See!
Where Can I Be?**





...and babies can sleep anywhere!



Where Do Babies Sleep?

The practice of bedsharing 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;" and**
- **32% never co-slept with their baby.**

Where Do Babies Sleep?

**67% of babies bedshare sometimes (or more!) ...
... and bedsharing is increasing in the U.S.:**

The proportion of infants sharing an adult bed **doubled**
between 1993 and 2000 (5.5% to 12.8%).

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

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

USUAL 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!

Findings From “Where Do Babies Sleep? An International Survey of Mothers’ Sleep and Fatigue”

Where does your baby start the night?

The majority of babies start the night in cribs.

Where does your baby end the night?

The majority of babies in 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

The Results of the “Never Bedshare” Message

- A) Parents are getting the message...
and simply ignoring it.



The Results of the “Never Bedshare” Message

B) Parents are getting the message... and in an attempt to heed it are endangering their babies.

- 25% of US 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 bedsharing.

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

**In the attempt to get moms to use cribs,
we are placing children in danger!**

Who is bedsharing?

The prevalence of bedsharing among African-American children was five times that of white children.

Bedsharing is more common in Asian and Hispanic households.

Bedsharing is more common in families of low socioeconomic status.

Bedsharing Varies by Ethnicity

“Always” bedshare

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

Lahr, M.B., Rosenberg, K.D., & Laipidus, J.A. (2005), Bedsharing and maternal smoking in a population-based survey of new mothers. *Pediatrics*. 116(4), e530-42

Bedsharing Happens!

- Cultural reasons
- Ideological reasons
- Practical reasons

Bedsharing is common—and 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

Does your baby SLEEP SAFE?

Far 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.

SLEEP SAFE – Alone. Back. Crib. No exceptions.

“

*My son, Charlie,
passed away on
December 29th.*

He turned one month
old that day.

”



Knowing what I know now, Charlie would have slept in his crib that night 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 or on a sofa. 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 its 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, fluffy toys or stuffed animals. Just a tight-fitting sheet on 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.

B'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, with funding from CareFirst BlueCross BlueShield.

 **B'more for
Healthy Babies.**
Every baby counts on you

EVERY BABY COUNTS ON YOU.

YOUR BABY SLEEPING WITH YOU CAN BE JUST AS DANGEROUS.

Babies can die when sleeping in adult beds. Always put your baby to sleep on his back, in a crib. If you can't afford a crib, call (414) 286-8620.



CITY OF MILWAUKEE
HEALTH
DEPARTMENT

But Is This Always the Best Advice?

- **FOX6 TV:**
Is sharing a bed with your infant right or wrong?
- <http://www.youtube.com/watch?v=zL1FliOyL8Y>

Does the “one message” strategy make sense?

Extrapolating the Extremes

“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 cosleeping, regardless of circumstances.”

“The well-established distinctions between bedsharing and dangerous couch sleeping have been ignored and used to inflate “bedsharing” death statistics...”

—James J. McKenna, Ph.D.

Where Do We See Cosleeping Deaths?

Two consistent features are associated with populations where bedsharing and high infant deaths co-exist:

- extreme poverty, and
- stressful circumstances,
including chaotic households.

Factors associated with cosleeping deaths

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

Elective Bedsharing vs. Chaotic Bedsharing

- If mothers elect to bedshare for a purpose of nurturing and breastfeeding 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 do not place an adult in between a toddler and a baby sharing a bed, **increased risk of SIDS or asphyxiation can be predicted.**

McKenna, Ph.D., James. "Breastfeeding and Bedsharing: Still Useful (and Important) After All These Years.

•
Mothering Magazine Sept/Oct 2002

Cosleeping is Not Always Dangerous... **It is Often the Best Choice!**

From 1980-1997, 75% of the mechanical suffocation deaths of US 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 Cosleeping for the Breastfed Baby (When Known Adverse Factors are Absent)

- Greater breastmilk 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

Cosleeping 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.**

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

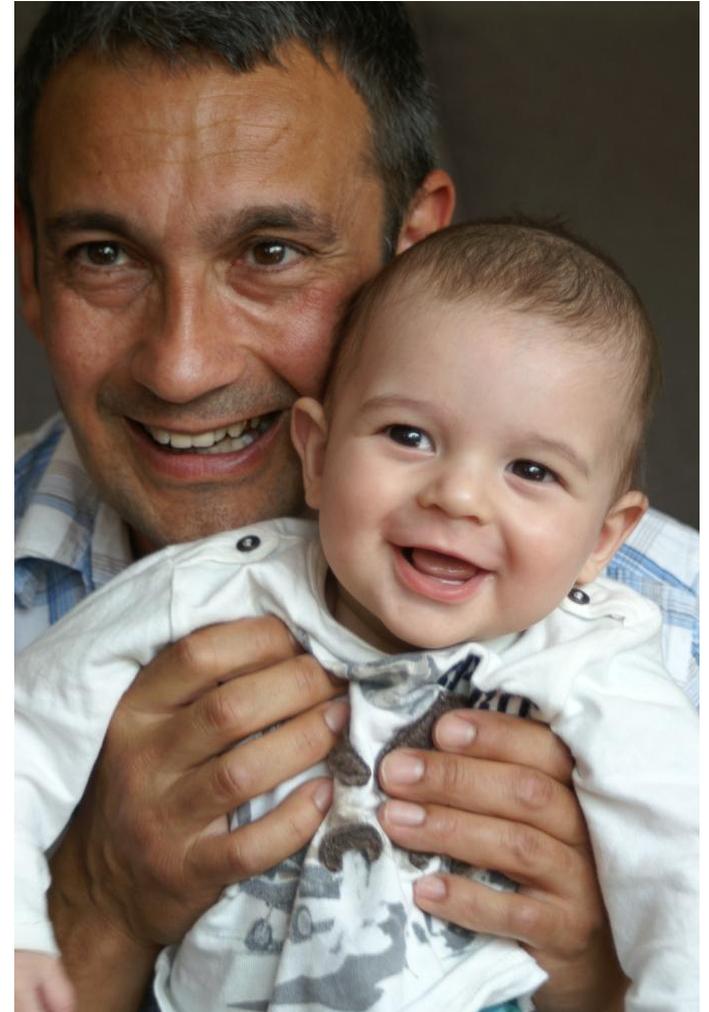
It has also been shown that breastfed infants are **more easily aroused** than formula-fed babies, another mechanism which could help prevent SIDS.

Benefits of Cosleeping for the Breastfeeding Mother (When Known Adverse Factors are Absent)

- Greater breastmilk supply
- Increased protection from breast and other reproductive cancers
- More rapid excess weight loss after pregnancy
- Enhanced attachment and parental fulfillment
- Reassurance that baby is safe
- Increased sleep duration for mother
- Lower stress levels
- Increased sensitivity to baby's communication

Benefits of Separate Surface Cosleeping 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.

Safety Comes First



Do not Bedshare...



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



- If you smoked during your pregnancy. 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 Bedshare...



- 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 Bedsharing

Do not bedshare 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. If you do not take proper precautions, this could happen to your baby:



- Entrapment between bed and wall.



- Entrapment between bed and object.



- Entrapment in footboard of bed.

Additional Safety Tips



- Do not bedshare 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 bed sharing and breastfeeding: Longitudinal, population-based analysis

“Given the likely beneficial effects of bedsharing 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, bedsharing after the use of alcohol or drugs, or bed sharing by parents who smoke and that **advice on whether bedsharing should be discouraged needs to take into account the important relationship with breastfeeding.**”

Evidence-Based Conclusions

from the Canadian Task Force on Preventive Health Care
for specific clinical preventive actions

- **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 bedshare with **mothers who smoke cigarettes**.
- Bedsharing 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 bedshares with **people other than his/her parents** or usual caregiver.

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

Morgan, K. et al, The Controversy About What Constitutes Safe and Nurturant Infant Sleep Environments, JOGNN (2006) <http://onlinelibrary.wiley.com/doi/10.1111/j.1552-6909.2006.00099.x/abstract>

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

Keep your newborn in your room...

More Sleep, Naturally



Safer Sleep

“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 bedsharing can be hazardous, parents should not bedshare with their babies. Given the near universality of the practice of bedsharing at some stage, **it is far more logical to identify the conditions under which bedsharing is hazardous and to give parents information on how to avoid them.**”

-Peter Fleming Ph.D.

Is it safe not to cosleep?

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. Cosleeping, 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, "Is it safe not to do so?"

-James J. McKenna P.h.D.

It is not SAFE SEX, it is SAFER SEX...

We talk about SAFE SEX, but the reality is there is no such thing as safe sex. You have to look at the individual situation, look at the obstacles, and propose DOABLE actions. What we are promoting is SAFER SEX.

By the same token, we need multiple approaches and many strategies to achieve the objective of SAFER SLEEP. The pro-crib establishment doesn't understand that babies sleep during the day and no one even considers where they are sleeping. If we went for SAFER SLEEP, we would be giving more appropriate information to those who choose to put their baby in a separate room.

The single-message public health campaigns actually BACKFIRE because parents put their babies in a separate room thinking that is what "YOUR BABY SHOULD SLEEP ALONE" means. The better approach is making ALL potential sleeping places safer while trying to discourage the least safe (e.g. crib in a separate room).

—Susan E. Burger, IBCLC
President, New York Lactation Consultant Association

...It is not SAFE SLEEP, it is SAFER SLEEP!

Our Job: Promoting Safer Sleep

It's about education...there should be NO blank recommendations for encouraging, discouraging, or forbidding cosleeping. The goal is elimination of risks!



Bibliography

- Blair, PhD., Peter S., Heron, PhD., Jon, Fleming, Ph.D. Peter J., “Relationship Between Bed Sharing and Breastfeeding: Longitudinal, Population-Based Analysis,” *Pediatrics*, Vol. 126 No. 5 November 2010, pp. e1119-e1126
http://pediatrics.aappublications.org/cgi/content/abstract/126/5/e1119?ijkey=e39f0b00da34680ba08375cbd5d27c88e822c8dd&keytype=tf_ipsecsha
- Canadian Paediatric Society. “Recommendations for Safe Sleeping Environments for Infants and Children” *Pediatric Child Health*.2004 November; 9(9): 659–663.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2724135/>
- Fleming, Ph.D., Peter. “Where Should Babies Sleep At Night? A Review of the Evidence from the CESDI SUDI Study” *Mothering Magazine*. Sept/Oct 2002
- Fox News: “Is Sharing a Bed With Your Infant Right or Wrong?”
<http://www.fox6now.com/news/witi-100503-bed-sharing,0,7099533.story>, May 3, 2010
- Kendall-Tackett, Kathleen, “Where Do Babies Sleep? An International Survey of Mothers’ Sleep and Fatigue” *La Leche League of Southern California/ Nevada* (2011)
- Kimmel, Ph.D., Tina, “How the Stats Really Stack Up: CoSleeping is Twice as Safe”, *Mothering Magazine*. Sept/Oct 2002. No. 114

Bibliography (continued)

- Lahr, M.B., Rosenberg, K.D., & Laipidus, J.A. (2005), Bedsharing and maternal smoking in a population-based survey of new mothers. *Pediatrics*. 116(4), e530-42
- Morelli, G.A.; Rogoff, B.; Oppenheim, D.; Goldsmith, D. "Cultural variation in infant's sleeping arrangements: Questions of Independence". *Developmental Psychology*. 1992. (4): 604–613
- McKenna, Ph.D., James. *Sleeping with Your Baby: A Parent's Guide to Cosleeping*. Platypus Media. Washington, D.C: Jun 2007.
- McKenna, Ph.D., James. *The Quick Guide to Safely Sleeping with Your Baby*. Platypus Media. Washington, D.C: Jun 2007
- McKenna, Ph.D., James. "Breastfeeding and Bedsharing: Still Useful (and Important) After All These Years. *Mothering Magazine* Sept/Oct 2002
- Morgan, K. et al, The Controversy About What Constitutes Safe and Nurturant Infant Sleep Environments, *JOGNN* (2006)
<http://onlinelibrary.wiley.com/doi/10.1111/j.15526909.2006.00099.x/abstract>
- UNICEF UK Baby Friendly Initiative with the Foundation for the Study of Infant Deaths
http://www.babyfriendly.org.uk/items/research_detail.asp?item=6721
- Vennemann MM, Bajanowski T, Jorch G, Mitchell EA, "Does Breastfeeding Reduce the Risk of Sudden Infant Death Syndrome?" *Pediatrics* Vol. 123, No. 3, March 2009, pp e406-e410.
<http://pediatrics.aappublications.org/cgi/content/full/123/3/e406>

Additional Resources

- Academy of Breastfeeding Medicine. (2008). ABM clinical protocol no.6” guideline on co-sleeping and breastfeeding. Revision, March 2008. *Breastfeeding Medicine*, 3(1), 38 – 43.
- Hauck, F.R., Signore, C., Fein, S.B., & Raju, T.N. (2008). Infant sleeping arrangements and practices during the first year of life. *Pediatrics*. 122 Suppl 2, S113-120.
- McCoy, R.C., Hunt, C.E., Vesko, S.M., Vszina, R., Corwin, M.J., Willinger, M., Hoffman, H.J., & Mitchell, A.A. (2004). Frequency of bed sharing and its relationship to breastfeeding. *Journal of Development & Behavioral Pediatrics*, 25(3), 141 – 149.
- Sanderson, C.A., Cowden, B., Hall, D.M.B., Taylor, E.M., Carpenter, R.G., & Cox, J.L. (2002). Is postnatal depression a risk factor for sudden infant death? *British Journal of General Practice*, 52, 636 – 640.
- Shapiro-Mendoza, C.K., Kimball, M., Tomashek, K.M., Anderson, R.N., & Blanding, S. (2009). US infant mortality trends attributable to accidental suffocation and strangulation in bed from 1984 through 2004: Are rates increasing? *Pediatrics*, 123(2), 533-539.
- Tappin, D., Ecob, R., & Brooke, H. (2005). Bedsharing, roomsharing, and sudden infant death syndrome in Scotland: A case-control study. *Journal of Pediatrics*, 147(1) 32 – 37.

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