

Bed-sharing, co-sleeping, and parent education - a time for change

Abstract

The past 18 months have seen several notable developments in the world of co-sleeping research, some of which will have far-reaching implications for parents, health-care professionals, policy makers, and volunteers working with parents. This article reviews these developments, and outlines the key points relevant to those who practice.

Introduction

Since the early 1990s, bed-sharing (defined as an adult caregiver and infant sharing a bed for sleep) has been associated with SIDS (Sudden Infant Death Syndrome) — the unexpected and unexplained death of infants (Mitchell, 2009). Over more than two decades, researchers learned more about the circumstances under which bed-sharing is most dangerous, and identified several factors which, combined with bed-sharing or co-sleeping on the same surface, significantly increase the likelihood of an infant dying unexpectedly (smoking in pregnancy or postnatally, consumption of alcohol or drugs, or co-sleeping on a sofa). During the same period, McKenna hypothesised that SIDS was a phenomenon related to solitary infant sleep in Western societies, based on an evolutionary understanding of the mother-infant relationship and infant physiological development (McKenna, 1986).

While co-sleeping in the form of room-sharing (without bed-sharing) is now well-accepted as being associated with a reduced risk of SIDS (McKenna, 2005), what had not been addressed until recently was whether, in the absence of smoking, alcohol or drug consumption, bed-sharing presented any additional risk to infants. In May 2013, an article published in *BMJ Open* (Carpenter et al., 2013), concluded that bed-sharing babies of non-smoking parents were five times more likely to experience SIDS than those who did not bed-share. Despite the significant limitations of this research (link) this dramatic headline sparked a media frenzy, and also prompted a National Institute for Health and Care Excellence (NICE) review of the post-natal care guidelines relating to co-sleeping (defined as an adult caregiver and infant sharing any surface to sleep, including bed, sofa or chair). Revised guidelines clarifying the association between co-sleeping and SIDS were released on the 3rd December 2014 (NICE Guidance CG37), based on a review of published research relating to co-sleeping and SIDS. These will support a wide-scale shift in the way in which bed-sharing is discussed with parents.

NICE guidelines - key points

NICE reviewed research evidence relating to co-sleeping and SIDS during the first year of life. Some of the evidence suggested that babies co-sleeping with adults were more likely to experience SIDS, however NICE considered that it did not necessarily indicate a causal relationship. For this reason, rather than talking about 'risk', NICE recommend the use of the term 'association' which notes a statistical relationship, but does not infer causality.

The key message from NICE is that parents need up-to-date information, based on the best evidence available, to help them make **informed choices** about where their baby sleeps.

NICE recommend that advisors:

- Recognise that co-sleeping can happen deliberately or accidentally, and discuss this with parents/carers.
- Discuss the association between co-sleeping and SIDS
- Inform parents/carers that this association is likely to be greater when they smoke.

- Inform parents/carers that the association may be greater when alcohol has recently been consumed; drugs are used; or low-birthweight / premature infants are involved.

The guidance is *not*, therefore, to tell parents never to sleep with their babies; rather it emphasises discussion about the fact that parents can and do co-sleep, and that there are associated safety factors that need to be considered. It also reflects differences in the evidence base relating to strongly-evidenced associations (co-sleeping with smoking) and less well-evidenced associations (co-sleeping with alcohol, drugs and prematurity/low-birthweight). The prominence placed on informed choice contrasts with previous messaging strategies which have emphasised a 'never bed-share' message.

It is important to note that NICE did not differentiate between bed-sharing, and co-sleeping on other surfaces (sofa, chair) due to a lack of studies separating these factors, so the association refer to co-sleeping —bed-sharing and sofa-sleeping combined— rather than bed-sharing specifically. Potential interaction with breastfeeding or artificial milk feeding was not considered for the same reasons.

Parent-infant bed-sharing - where are we now?

Despite consistent advice to avoid the practice, 50% of all babies will bed-share by 3 months of age, rising to 75% of babies who are breastfed. We have learned much about why parents bed-share (Ward, 2014), the relationship between breastfeeding and bed-sharing (Ball, 2006; Russell et al., 2013), and the reasons why bed-sharing cannot be considered to be a simple modifiable behaviour (Ball and Volpe, 2013). Because of very small sample sizes remaining in SIDS case-control studies when smoking, alcohol, drugs and sofa-sharing are controlled for, it is doubtful whether questions relating to any possible association between SIDS and low-risk bedsharing will be answered with any statistical certainty, any time soon; even more so when the question of breastfeeding vs artificial milk feeding is considered. The risk, for healthy term breastfed babies, not sleeping on a sofa or with an adult who has smoked or consumed drugs or alcohol, is likely to be infinitesimally small, if not non-existent: A recent study, found, for the first time, effect in the direction of protection with bed-sharing for infants over 3 months of age, and no increased risk for infants under 3 months (Blair et al., 2014).

For many years, we at the Parent-Infant Sleep Lab have worked with health-care professionals who have struggled to know how best to talk with parents about bed-sharing. In some regions, HCPs must confirm that they have advised parents not to bed-share. Our recent work has revealed that some HCPs are reluctant to mention any benefits of bed-sharing —or even mention bed-sharing at all— for fear of repercussions should an adverse event occur. The revised NICE guidelines should reassure policy-makers and all those who work with parents that co-sleeping, its risks and benefits, is a topic that must be discussed, and cannot be avoided.

INFANT SLEEP INFORMATION SOURCE

Readers can find further information about normal infant sleep based upon the latest UK and worldwide research at the Infant Sleep Information Source: www.isisonline.org.uk

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Box

'Bed-sharing' means infants sleeping for at least some of the night in the same bed as a parent or parents.

'Co-sleeping' means parents and infants sleeping in close proximity, but not necessarily on the same surface (e.g. sofa-sharing, or a cot in the parents' room).

In some studies sofa-sharing and other same-surface sleeping arrangements are subsumed into bed-sharing, however according to the definition used here, and by NICE, should be defined as co-sleeping. Bed-sharing is a sub-set of co-sleeping, but not all co-sleeping is bed-sharing.