

Editorial submission:

Empowering families to make informed choices about infant sleep safety

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Competing Interests Disclosure

Professor Ball was a topic-specific member of NICE Standing Committee B, which conducted the update of the NICE guidance on postnatal care, focusing specifically on SIDS and co-sleeping. She founded and directs the Parent-Infant Sleep Lab, Anthropology Dept, Durham University. She co-founded and co-runs the Infant Sleep Information Source website (www.isisonline.org.uk) with funding from the Economic and Social Research Council. She serves on the NCT Research Advisory Group and the La Leche League Panel of Professional Advisers (voluntary positions). She has received speaker fees to speak on the topic of SIDS and cosleeping and has served as an expert witness.

In December (3/12/14) the National Institute for Health and Care Excellence (NICE) issued updated recommendations for healthcare professionals on Sudden Infant Death Syndrome (SIDS) and co-sleeping (sleeping with a baby on a bed, sofa or arm-chair) (NICE Clinical Guideline 37 Addendum, 2014). This was the result of a 'rapid' (year-long) review prompted by a study in *BMJ Open* that hit the headlines in 2013. The update forms part of NICE Guidance 37: Routine Postnatal Care of Women and their Babies, which should be familiar to all midwives, health visitors and GPs.

The new guidance advises that parents should be informed, during antenatal and postnatal contacts, of the statistical association between co-sleeping and SIDS, but does **not** tell parents to never sleep with their babies. The key message is that health professionals must give parents balanced information to help them make decisions about where their babies sleep (NICE Press Release 2014). Those parents who need the most careful guidance are those who smoke or did so during pregnancy—the association with SIDS is strongest in this group (NICE Postnatal Care Guidance: Recommendation 1.4.47). Evidence also suggests a potential association between SIDS and co-sleeping for babies born prematurely, with low birth weight, or with parents who co-sleep after consuming alcohol or drugs, so these situations also warrant special attention (NICE Postnatal Care Guidance: Recommendations 1.4.48 and 1.4.49).

The NICE emphasis on informed choice is a departure from previous national messaging around co-sleeping which discouraged parents from sleeping with their babies (Department of Health 2009), prompting many NHS Trusts to implement 'never bed-share' policies. Such approaches have been criticised for failing to provide parents with essential sleep safety information (e.g. Ball & Volpe, 2013; Bergman, 2013; Fetherston & Leach 2013; Bartick & Smith, 2014) especially given the large proportion of UK parents who occasionally or regularly spend all or part of the night sleeping with their babies (Blair & Ball, 2004; Bolling et al , 2007).

There are two reasons for this change: firstly, a rigorous analysis of the relationship between SIDS and co-sleeping across 12 international case-control studies and 2 individual patient data analyses did not find robust evidence of increased risk. Although an association between SIDS and co-sleeping was detected when all co-sleeping environments were considered as a whole (sofas, chairs and beds), the evidence that co-sleeping was causally linked to Sudden Infant Death Syndrome was not compelling (NICE Clinical Guideline 37 Addendum, section 2.1.5). Although there is some evidence that co-sleeping on sofas is particularly hazardous (Rechtman et al, 2014; Blair et al, 2014) a lack of studies with sufficiently detailed data prohibited separate recommendations about bed versus sofa co-sleeping (NICE Clinical Guideline 37 Addendum, section 2.1.3.1).

Secondly, there is growing recognition that many UK babies sleep with their parents at least occasionally, for a wide range of reasons, both deliberate and unintentional. The new guidance therefore begins by recommending that health professionals discuss the circumstances of co-sleeping with parents and carers, as individual families may need to consider different things. A recent systematic narrative review

of 36 studies exploring why parents choose to sleep with their babies found that facilitating night-time breastfeeding was (by far) the most prominent explanation as intentional co-sleeping allows mothers to accommodate their own need for sleep with their baby's need for frequent nursing. Other motivations included respecting cultural tradition, soothing infant crying, and protecting babies from environmental hazards (Ward 2014)

There will be disappointment that these guidelines do not differentiate between breastfeeding and non-breastfeeding babies with regards to SIDS and co-sleeping—a feature of much panel discussion, as well as many stakeholder comments received in the consultation phase of this update (NICE GC37.1 Stakeholder Comments). Although there is some evidence that any association between SIDS and co-sleeping in the context of breastfeeding is small to non-existent, there were insufficient data addressing this relationship to underpin a specific recommendation (NICE CG37.1, section 2.1.3.4). As evaluation of the benefits of co-sleeping to breastfeeding were outwith the scope of this update the panel recommended that this topic should be examined when the NICE guidance on breastfeeding is next updated (NICE Standing Committee B Minutes 23.9.14).

It is important to note that this guidance update was restricted to SIDS only, and did not cover accidental infant deaths, which sometimes occur in hazardous co-sleeping environments. Such deaths, although rare, have been previously linked with the intoxication of an infant's carer, and with makeshift or unplanned sleeping arrangements (Blair et al, 2009; Chu et al, 2015). In health professional training, and in discussions with parents, attention should be paid to awareness of accidents as well as SIDS. To support health professionals who provide antenatal and postnatal infant care information to parents, NICE are evaluating and endorsing a selection of resources for use with parents, and in staff training for implementation of this guidance (NICE Postnatal Care Tools & Resources, 2014).

As a topic-specific member of the panel my remit was to present the views of parents who intentionally choose to co-sleep with their babies: my experience as a co-sleeping mother, and 20-years as a parent-infant sleep researcher, informed my contributions. Other topic-specific panel members presented the views of paediatricians, midwives, health visitors and parents bereaved by SIDS. Together with the standing members of the panel (representing a wide range of clinical, research and lay backgrounds) we reached a consensus agreement for our recommendation—that health professionals should not be required by their Trusts to tell parents where babies must sleep, but should be encouraged to empower parents with information to make their own choices.

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