



Association of SIDS and Infant Mortality Programs

Confronting the tragedy of infant and child death through counseling, education, advocacy, and research

BEDSHARING AND THE RISK OF SUDDEN UNEXPECTED DEATH IN INFANCY (SUDI): COUNSELING IMPLICATIONS

INTRODUCTION

In this paper, bedsharing is defined as an infant sleeping on the same surface with another person or persons. Sudden Unexpected Death in Infancy (SUDI) is the sudden and unexpected death of an infant due to natural or unnatural causes. Sudden Infant Death Syndrome (SIDS) is the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history. SIDS is a subset of SUDI.

Sudden Infant Death Syndrome (SIDS) is the major cause of death in infants between the age of one month and one year. In 1994 the Association of SIDS and Infant Mortality Programs (ASIP) joined with the American Academy of Pediatrics (AAP), the SIDS Alliance, and the U.S. Public Health Service to launch a national public health campaign entitled, *Back to Sleep*, to reduce the risk of SIDS. This campaign recommended placing healthy newborns to sleep on their back or side as a risk reduction strategy. In 1996 this recommendation was revised to endorse back sleeping as the best position for infants.

Since the inception of the *Back to Sleep* public health initiative, the SIDS rate has decreased 38% in the United States. This is a dramatic improvement compared to the previous average decrease in the SIDS rate of about 2% per year over the past 20 years.

As part of the *Back-to-Sleep* initiative, the AAP and the AAP Task Force on Infant Positioning and SIDS included recommendations regarding bedding and blankets, and stressed the overall importance of a safe sleep environment for infants. In regard to the controversial issue of bed-sharing, the AAP Task Force concluded that “there are no scientific studies demonstrating that bed-sharing reduces (risk for) SIDS. Conversely, there are studies suggesting that bedsharing, under certain conditions, may actually increase the risk of SIDS.”

Bedsharing is a complex issue and encompasses many other factors including infant care practices associated with breast feeding and cultural traditions. Key to this issue is identifying if bedsharing is always unsafe or, if in certain circumstances associated with breast-feeding, bed-sharing is compliant with safe sleeping guidelines. (See standards of safe sleep environment).

This paper is in response to case referrals and anecdotal reports brought to ASIP by infant mortality reviews and counseling work with bereaved families. ASIP encourages more broad discussion on this important topic among researchers, clinical practitioners and medical examiners/coroners. Additional scientific studies are needed to establish diagnostic criteria for overlay as a cause of death and to clarify the risks of some forms of bedsharing. Other forms of bedsharing, however, are clearly dangerous and parents and caregivers must be made aware of these risks associated with infant mortality.

BACKGROUND

Bedsharing With Adverse Consequences

Numerous studies have identified circumstances in which bedsharing is clearly unsafe and must be strongly discouraged. Some sudden and unexpected infant deaths (SUDI), for example, have been explained by death scene investigations identifying accidental entrapment of an infant under a sleeping adult or child (overlying). Infants put to sleep on couches or cushioned chairs have died of accidental suffocation as a result of being wedged in cushion creases or overlaid by a sleeping adult or child. The risk of SUDI for infants sleeping on a couch or cushioned chair has been reported to be almost 20 times greater than the risk with recommended cribs and bedding.

In 1999, the Consumer Product Safety Commission issued two safety alerts which recommended that infants should sleep in a crib that meets federal safety standards; the mattress should be a firm, flat surface that is covered by a tight fitting sheet; and stuffed toys, pillows, quilts, or duvets/comforters should be removed from the infant's sleep environment. This recommendation is based on various studies which reviewed the contributory factors of soft bedding to SIDS incidence and a study which cites the adverse consequences associated with placing infants in adult beds and unsafe bedsharing practices.

Bedsharing is especially hazardous when the caregiver is obese or conditions exist that would interfere with the caregiver's normal arousal response. This includes circumstances in which the caregiver is intoxicated from alcohol or impaired by drugs or medications that affect arousal; or the caregiver is extremely fatigued or ill which may produce a deep sleep.

Several studies have demonstrated an increased risk of SIDS when infants bedshare with mothers who smoke cigarettes. Research studies of infants have shown that exposure to cigarette smoke, both as a fetus and as an infant, impairs breathing and arousal responsiveness during sleep. Other research has shown that maternal smoking during pregnancy increases the risk for SIDS. Therefore, infant bedsharing which results in additional environmental smoke exposure may confer additional risk for SIDS.

Bedsharing as an Infant Care Practice

Recent data has provided additional information about the frequency of bedsharing and factors associated with this practice. At 1, 3, and 6 months of age, respectively, 22%, 14%, and 13% of infants shared a bed for most of the previous night. Among these bedsharing infants, 95% did so with a parent. Overall, bedsharing was more common among infants being breastfed or who were born to mothers that were young, unmarried, had a low income, or were from a minority group. Bedsharing is thus not uncommon and is influenced by breastfeeding, race/ethnicity, and socioeconomic factors. Bedsharing likely places infants at increased risk for SUDI if the nursing mother uses alcohol, sedative and/or narcotic drugs, or cigarettes. Additional study is needed to better understand bed sharing practices and the associated risks and benefits.

RECOMMENDATIONS

ASIP advises health care providers to include the following recommendations in their anticipatory guidance to parents. ASIP also encourages health care providers to discuss these recommendations frequently with parents and caregivers throughout the infant's first year of life. All verbal and written information given to parents must be culturally and linguistically competent and provided in the primary language of the parent.

Educate Parents and Caregivers About the Following Infant Care Practices and the Standards of a Safe Sleep Environment:

- Back is the best sleep position for all healthy infants.
- Infants should be placed on a firm, flat surface for sleep. Parents should avoid placing infants on waterbeds, pillows, soft materials or loose bedding.
- The infant's sleep environment must be free of quilts, comforters, pillows and stuffed animals.
- Soft bedding should never be placed under a sleeping infant.
- Infant sleepers may be considered since it eliminates the need for any covers over the baby.
- If a blanket is used to cover an infant, it should be a thin blanket.
- Placing the baby with his or her feet at the foot of the crib is another strategy to help prevent an infant's face becoming covered by the blanket. The blanket should be tucked around the crib mattress, extending only as far as the baby's chest. Care should be taken to assure that the head will not be covered.

Provide the Following Cautions to Parents and Caregivers:

- Sleeping with an infant on a couch, recliner or cushioned chair is dangerous, placing infants at substantial risk for asphyxia or suffocation.
- Infants should never be placed to sleep on a couch, cushioned chair or pillow.
- Bedsharing with an adult who is extremely fatigued, obese, or impaired by alcohol or (legal/illegal) drugs that impair arousal can be hazardous to the infant.
- Infants who bedshare with another child are at increased risk of SUDI due to accidental entrapment and suffocation as a result of overlying.
- Infant exposure to tobacco smoke diminishes the infant's arousal response and may increase the risk of SIDS when infants bedshare with mothers who smoke cigarettes.
- Infants, sleeping alone, should sleep only in cribs meeting federal safety standards.
- Adult beds are not designed to meet federal safety standards for infants and have been a significant cause of SUDI related to accidental entrapment and suffocation.
- Although SIDS is sometimes known as "crib death," cribs do not cause "crib death."

Considerations For Nursing Mothers

Alert the nursing mother to the risks of breastfeeding while bedsharing when she may have diminished arousal response, such as while extremely fatigued, sedated, or intoxicated. Other options to bedsharing have been suggested for nursing mothers. Additional research is needed, however, to clarify the extent to which these options are feasible and practical for nursing mothers, how these options affect breastfeeding success, and how they may increase or decrease the risk for SUDI.

These suggested options are to:

- Encourage nursing mothers to sit out of bed while breastfeeding.
- Have someone available to take the infant after breastfeeding is completed, if the nursing mother has elected to breastfeed while in bed.
- Place the infant in a crib next to the adult bed after nursing.

Finally, advise parents who choose to bedshare as part of their infant care practice based on racial, ethnic or other cultural factors to eliminate all possible risk factors for SIDS and SUDI as described above. Further data are needed to distinguish which infant care practices may be associated with either increased or decreased risk for SUDI, or which may be neutral in regard to risk for SUDI.

SUMMARY

A safe sleep environment is essential to continue decreasing the SIDS rate and preventing infant deaths due to SUDI.

Bedsharing may be associated with dangerous sleep environments that place infants at substantial risk for SUDI or SIDS.

Further studies are necessary to explain the role of specific modifiable risk factors, such as bedsharing, and to establish diagnostic criteria for overlay as a cause of death. Additional data are needed to clarify if routine bedsharing associated with breastfeeding or cultural/ethnic beliefs also places infants at increased risk for SUDI or SIDS.

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<p>The Association of SIDS and Infant Mortality Programs is a co-sponsor of the <i>Back to Sleep</i> campaign in partnership with the American Academy of Pediatrics (AAP), the SIDS Alliance, and the U.S. Public Health Service.</p>
<p>For additional information about the risk reduction campaign, contact the <i>Back to Sleep</i> campaign at 1-800-505-2742 or the Association of SIDS and Infant Mortality Programs at (631)444-3690, c/o New York State Center for SID, School of Social Welfare, Stony Brook University, Stony Brook, NY 11794-8232 © Association of SIDS and Infant Mortality Programs, 2001</p>
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