

# CO-SLEEPING\* AND SIDS:

## A guide for health professionals

**~700,000**

babies are born each year in England and Wales<sup>1</sup>

**~350,000**

babies will have slept together in an adult bed with one or both parents by three months, whether intended or not<sup>2</sup>

Sleeping in close contact helps babies to settle and supports breastfeeding,<sup>3,4,5</sup> which in turn protects babies from **Sudden Infant Death Syndrome (SIDS)**.<sup>6</sup>

On any night, 22% of babies will bed-share<sup>0</sup> – so 154,000 babies will be in bed with their parent tonight.<sup>2</sup>

**IN 2016, 219 BABIES DIED OF SIDS IN THE UK: 0.03% OF ALL BIRTHS<sup>7</sup>**

Previous UK data suggests:

- around half of SIDS babies die while sleeping in a cot or Moses basket.
- around half of SIDS babies die while co-sleeping. **However, 90% of these babies died in hazardous situations which are largely preventable.**<sup>#,8</sup>

	<b>1 IN 3,180</b>	The risk of SIDS for all babies in England & Wales <sup>1</sup>
	<b>1 IN 174</b>	The risk of SIDS while co-sleeping on a sofa <sup>1,9</sup>
	<b>1 IN 174</b>	The risk of SIDS while co-sleeping after consuming alcohol or drugs <sup>1,9</sup>
	<b>1 IN 787</b>	The risk of SIDS while co-sleeping with a regular smoker <sup>1,9</sup>

**IF NO BABY CO-SLEPT IN HAZARDOUS SITUATIONS, WE COULD POTENTIALLY REDUCE CO-SLEEPING SIDS DEATHS BY NEARLY 90%<sup>8</sup>**

[unicef.uk/safesleeping](http://unicef.uk/safesleeping)

\*Co-sleeping: an adult and a baby sleeping together on any surface (such as a bed, chair or sofa).

0 Bed-sharing: sharing a bed with one or both parents while baby and parent(s) are asleep.

# Using SIDS by sleeping environment from the latest case-control study conducted in England.

©Unicef UK. Registered charity England & Wales (1072612) | Scotland (SC043677)

# CO-SLEEPING AND SIDS:

## A guide for health professionals

As a health professional tasked with discussing co-sleeping and Sudden Infant Death Syndrome (SIDS) with parents (as recommended by NICE (2014) CG37),<sup>10</sup> it is easy to feel overwhelmed.

The messages can seem complex, controversial and at odds with the reality of parents' lives. You may also fear getting it wrong, as this could result in the loss of a baby's life and/or serious consequences for your career. It can, therefore, feel safest to either simply tell all parents to never co-sleep or just to say nothing at all.

Unfortunately, this approach is not safe. It can increase the risks to babies because:

- Young babies wake frequently at night and need to be fed and cared for somewhere. In most homes this will be in bed or on a sofa or armchair, simply because there is no other comfortable place. Parents can easily choose the more dangerous sofa over the less dangerous bed because they are trying to follow advice to never bed-share.
- Mothers can try and sit up rather than lay in bed to breastfeed in order to stop themselves falling asleep. As most babies breastfeed frequently, mothers risk falling asleep in a more dangerous position than if they had been lying down. Many abandon breastfeeding altogether as they are so exhausted, thereby depriving themselves and their baby of all the benefits that breastfeeding brings.
- Babies thrive on closeness and comfort. Many parents end up co-sleeping, whether they intended to or not, as it settles their baby and so enables everyone to sleep.

- While some young babies settle easily in a cot or Moses basket between feeds, others do not. Some parents who choose not to co-sleep may decide to encourage their baby to learn to sleep independently using the controlled crying method, which is not recommended. This approach can be distressing for the parents and their baby, be detrimental to the baby's growth and development and can undermine breastfeeding.

### So what to do?

SIDS is very rare (0.03% of all births) and it will never be possible to eliminate all risk. However, with sensible, parent-centred communication, we could potentially reduce co-sleeping SIDS deaths by nearly 90%.

**Remember** that it isn't helpful to tell parents what they must or mustn't do; instead, listen carefully and offer information appropriate to their needs. You may find the Unicef UK 'Having meaningful conversations with mothers' guide helpful (available at [unicef.uk/safesleeping](https://www.unicef.uk/safesleeping)).

**Acknowledge** that young babies wake and feed frequently in the night and that this is normal and not modifiable, as young babies are not capable of 'learning' to defer their needs. Accepting this reality can be helpful, as parents are reassured that their baby is normal and they aren't doing anything wrong. It can also relieve the pressure to find 'solutions'.

# CO-SLEEPING AND SIDS:

## A guide for health professionals

**Give** parents (or talk through with parents) the Unicef UK leaflet 'Caring for your baby at night', which covers all the safety issues and offers practical tips (available at [unicef.uk/safesleeping](https://www.unicef.uk/safesleeping)). Durham University's [Baby Sleep Information Source website](#) can also be suggested. It is most important to **explain** that around half of all parents will sleep with their baby at some point, be this planned or unplanned, and, although SIDS is very rare, it is much more likely to happen in certain circumstances.

Therefore:

- Sleeping on a sofa or chair with a baby is very dangerous<sup>9</sup> and should always be avoided. If parents fall asleep with their baby they are much safer in a bed than on a sofa or chair.\*
- SIDS is more likely if parents co-sleep after drinking or taking drugs;<sup>9</sup> having an open conversation can help them to understand why they should be very careful not to fall asleep with their baby after drinking or taking drugs. Drink and drugs also affect normal functioning and decision-making. Discuss the importance of planning care for their baby at such times, for example by asking a sober adult to help.
- Co-sleeping is much more dangerous when parents smoke or have smoked during pregnancy;<sup>9</sup> help parents understand this and offer every support

for them to cut down or stop, especially in pregnancy.

- SIDS is more common in babies who were born low birthweight or premature; therefore parents of these babies should avoid co-sleeping especially in early infancy.<sup>9</sup>

Try and take time to discuss the issues with these parents and to help them look for practical solutions to issues that are affecting them such as lack of a cot, bed or space for sleeping. Breaks in routine, such as visiting friends and family overnight or going on holiday can also present an extra risk to babies. Suggesting that parents think about what they are going to do at such times can therefore be helpful.

Remember, shocking messages that imply that all/any co-sleeping leads to death are not helpful. They do not reflect the evidence, and they frighten parents and staff, induce guilt and close down honest conversations.

\*Adult beds are not designed to keep babies safe – parents must keep babies safe. Please refer to Unicef UK's 'Caring for your baby at night' booklet and health professionals' guide for more information.

Please turn over for references.

## UNICEF.UK/SAFESLEEPING

# CO-SLEEPING AND SIDS:

## A guide for health professionals

### References

1. Office for National Statistics, "Birth Summary Tables, England and Wales: 2016." <https://www.ons.gov.uk/releases/birthsummarytablesinenglandandwales2016>
2. Blair, PS & Ball, HL (2004), "The prevalence and characteristics associated with parent-infant bed-sharing in England." *Archives of Disease in Childhood*, 89(12):1106-10. doi:10.1136/adc.2003.038067
3. Ball, HL, Howel, D, Bryant, A, Best, E, Russell, C, & Ward-Platt, M (2016), "Bed-sharing by breastfeeding mothers: Who bed-shares and what is the relationship with breastfeeding duration?" *Acta Paediatrica, International Journal of Paediatrics*, 1–7. <http://doi.org/10.1111/apa.13354>
4. Ball, HL, Ward-Platt, M, Heslop, E, Leech, SJ, & Brown, KA (2006), "Randomised trial of infant sleep location on the postnatal ward." *Archives of Disease in Childhood*, 91(12), 1005. <http://doi.org/10.1136/adc.2006.099416>
5. Ball, HL (2003), "Breastfeeding, bed-sharing, and infant sleep." *Birth (Berkeley, Calif.)*, 30(3), 181–8. <http://www.ncbi.nlm.nih.gov/pubmed/12911801>
6. Vennemann, MM, Bajanowski, T, Brinkmann, B, Jorch, G, Yücesan, K, Sauerland, C, & Mitchell, EA (2009), "Does breastfeeding reduce the risk of sudden infant death syndrome?" *Pediatrics*, 123(3), e406–10. <http://doi.org/10.1542/peds.2008-2145>
7. Office for National Statistics, "Unexplained Deaths in Infancy, England and Wales: 2016." <https://www.ons.gov.uk/peoplepopulationandcommunity/births-deathsandmarriages/deaths/bulletins/unexplaineddeathsininfancyenglandandwales/2016>
8. Blair, PS, Sidebotham, P, Evason-Coombe, C, Edmonds, M, Heckstall-Smith, EM & Fleming, P (2009), "Hazardous co-sleeping environments and risk factors amenable to change: case-control study of SIDS in south west England." *BMJ* 339:b3666. doi:10.1136/bmj.b3666
9. Blair, PS, Sidebotham, P, Pease, A & Fleming, P (2014), "Bed-Sharing in the Absence of Hazardous Circumstances: Is There a Risk of Sudden Infant Death Syndrome? An Analysis from Two Case-Control Studies Conducted in the UK." *PLOS One*. <http://dx.doi.org/10.1371/journal.pone.0107799>
10. NICE 2014 CG37: <https://www.nice.org.uk/guidance/cg37>

Last updated: October 2018  
©Unicef UK. Registered charity England  
& Wales (1072612) | Scotland (SC043677)