

This information sheet summarises research-based evidence about the risks and benefits of babies sharing an adult bed with a parent or parents, and about babies' safety.

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Many parents bring their baby into their bed to sleep, but for most UK babies this is not where they always or usually sleep. Bed-sharing usually happens for part of the night, or for a couple of nights a week, although some babies sleep all night every night in their mother's or parents' bed.

Although many new parents think they will never sleep with their baby, research shows that many do so, for all kinds of reasons. About 50% of UK babies have bed-shared by the time they are 3 months old, and on any night of the week a fifth of all babies sleep with a parent. Most of these are babies who are being breastfed, and three quarters (70-80%) of breastfed babies sleep with their mother or parents some of the time in the early months. A survey completed in 2023 by the Lullaby Trust showed that almost all parents had co-slept at some point with their baby, but less than half had discussed how to co-sleep safely with a health professional. **It is important that ALL parents are informed about bed-sharing** and have thought about how they will manage night-time care.

Why do people bed-share?

People bed-share for many reasons, and in many different circumstances. Bed-sharing can happen more – or less – safely. When done accidentally, without thought for babies' safety, it can be very dangerous. Some babies are also vulnerable due to specific factors.

The most common reason for bed-sharing is to breastfeed in the night. Breastfed babies nurse frequently because human milk is easily digested, and they need to do so night and day. Frequent night-time nursing helps mothers to make sufficient milk. Many breastfeeding mothers find bed-sharing makes night-time nursing less disruptive after the first few weeks, and mothers who bed-share generally breastfeed for more months than those who do not.

Other people bed-share for bonding, especially if they have to leave their baby during the day for work; some do so when their baby is ill, to be able to pay close attention. Many families from around the world bed-share because this is their normal cultural practice. Sometimes people bed-share because they cannot afford to buy a cot/crib, or because they are sleeping in a temporary place without one (e.g. visiting friends/family or on holiday).

Sometimes people fall asleep with their babies accidentally, or without meaning to. This can be very dangerous, especially if it happens on a couch/sofa or arm-chair, or after consuming alcohol or drugs. Because every night is different, parents should think about their baby's bed-sharing safety every time!

Bed-sharing and potential risks

Although some bed-sharing (or sofa-sharing) infant deaths involve accidents relating to unsafe behaviour, others have no explained cause and are called SIDS (Sudden Infant Death Syndrome), also known as 'cot death'. SIDS deaths happen wherever babies sleep, but studies have shown that some babies are more vulnerable than others.

Several studies around the world found that babies whose deaths were unexplained (SIDS) were more likely to have slept with an adult. More detailed investigations have shown that bed-sharing or co-sleeping SIDS cases usually involve a combination of bed-sharing and other factors. **Smoking is associated with SIDS** wherever a baby sleeps, but the association is stronger when combined with bed-sharing. Maternal smoking during pregnancy appears to have the biggest influence, followed by mother or partner smoking after birth. Avoiding the combination of smoking and bed-sharing therefore reduces the chance of SIDS. As yet there are no studies on the effects of e-cigarettes or vaping on SIDS-risk.

Other factors associated with SIDS when sleeping with a baby include **infant prematurity and low birthweight**, parental consumption of **alcohol or drugs**, and **sofa sleeping**. Although it is clear being breastfed is associated with lower rates of SIDS (for both cot-sleeping and bed-sharing babies) than those who are not breastfed, it is not clear how the combination of breastfeeding and bed-sharing affect SIDS-risk as many other factors are usually involved.

How bed-sharing works



Adult beds are not designed to keep babies safe. Parents must do this! Look at the bed and where it is: make sure baby can't fall into gaps between the bed and wall or other furniture. Keep baby away from any pillows. Remove heavy bedding that might cover the baby. Think about the height of your bed and whether you have a hard floor in case baby falls.

Studies of breastfeeding mothers and babies who routinely bed-share show that they automatically sleep close together, facing one another and waking at the same time. Mothers place the baby on its back to sleep, level with their breasts, on the mattress surface (away from pillows). The mother adopts a protective position in the bed, curled around the baby, with her arm above his head and her knees bent under his feet. This protects the baby from cold, heat, bedding and bed-partners. **Be sure your partner is aware if you have placed the baby between you.**

One small study showed that mothers who did not breastfeed often placed their babies high in the bed, at parents' face-height, positioned between, or on top of pillows. They did not consistently face the baby or adopt the "protective" sleep position. This suggests that bed-sharing may be less safe for non-breastfeeders. A three-sided 'bedside', or 'side-car', crib which attaches to your bed may be a suitable option if you want to be close to your baby, but you have concerns about bed-sharing safety.

Before you bed-share, consider whether you are happy it is safe for YOUR baby.

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