

Clinical Guideline

# BED SHARING AND CO-SLEEPING WITH NEWBORN BABIES

<b>SETTING</b>	Maternity Services
<b>FOR STAFF</b>	Midwives, midwifery assistants, nurses working in the maternity services
<b>PATIENTS</b>	Babies and their mothers, or other carers, within the maternity services

## GUIDANCE

### Introduction

Parents take their babies into their beds in order to breastfeed, comfort, settle, and get to know their baby. Bed sharing encourages intimate contact between mother and baby, which facilitates a close and loving bond. There is an important and positive association between bed sharing and successful breastfeeding.

The term co-sleeping (rather than 'bed sharing') is used to cover when a parent is actually asleep with their baby. There is evidence to indicate that co-sleeping is associated with a greater incidence of accident or sudden infant death syndrome (SIDS). This association is greater when certain risk factors are present, such as a parent who smokes. Co-sleeping on a sofa carries significantly more risk of SIDS than co-sleeping on a bed. Breastfeeding appears to significantly reduce the risk of SIDS.

Evidence suggests that bed sharing is common among parents with new babies both in hospital and at home. It is recognised that parents take their baby into bed to feed and provide comfort and closeness, without any intention of sleeping with their baby. However, it is known that a large proportion of UK parents fall asleep with their baby at some point, whether they intend to or not, and that this can be in bed, or on a sofa or chair. The potential risks of bed sharing in a hospital environment may be different to the risks in a home environment.

Evidence indicates that in any setting, the safest place for a baby to sleep for the first six months of life is in a cot next to the mother's bed.

### Objectives

The guidance below is offered so that staff can:

- Provide parents with accurate information about the benefits and risks of bed sharing and co-sleeping, that is appropriate to their individual circumstances.
- Help parents to understand the potential differences between bed-sharing and/or co-sleeping in hospital compared to at home.
- Support mothers and babies to enjoy the benefits of bed-sharing in hospital, while still ensuring the safest possible environment.
- Assess and reduce the risk of inappropriate or unintentional co-sleeping in hospital.
- Equip parents with the information required in order to allow them to make fully informed choices regarding bed-sharing and co-sleeping at home.

## Advising parents

It is important to give parents balanced information in order to facilitate informed decision making. In order for this to happen, a parent-centred discussion tailored to individual circumstances is required. Understanding that there is no single simple message that is optimal for all families and all situations is an important component to understanding the issue and helping families make informed choices. Acknowledging the reality that co-sleeping is not always planned or intentional will also help form the basis of honest conversations between health professionals and parents.

It is important that health professionals define co-sleeping clearly when talking to parents, as otherwise parents could gain the impression that any contact with their baby is risky. Emphasising the impact of environmental (and other individual) risk factors is vital. For example, overstating the risks of staying in bed may inadvertently drive tired parents to feed and care for their baby on the sofa, where the risks of unintentional co-sleeping are actually higher.

A discussion with parents should take place within 24 hours of their baby's birth, and at each postnatal contact. This is in order to give them information on the association between co-sleeping and SIDS appropriate to their situation, to identify changes in their circumstances which may have an impact on the safety of bed sharing and/or co-sleeping, and to support them in making informed and conscious decisions about bed sharing and/or co-sleeping as they adjust to life with their new baby.

## The Benefits

The benefits of bed-sharing and the opportunity this offers for closeness between parents and their baby, including skin to skin contact, is clear. Parents may go on to co-sleep with their baby because they choose to, because it happens by accident, or because they have no alternative. Cultural or socio-economic factors may have an impact upon a decision to co-sleep in bed. In addition, evidence has found that mothers identify 'ease and convenience of breastfeeding' as an overwhelming reason for sleeping with their infants at night. For those committed to breastfeeding, sleeping with their babies often becomes one of the means by which mothers cope with frequent night-time feeding and later settling. Babies who share a bed with their mother are more likely to be breastfeeding at three months of age.

## Assessing the risk

The level of risk depends on the following factors at the time that bed sharing will occur:

1. Condition of the mother (or parents);
2. Pre-existing contra-indications to co-sleeping;
3. The physical environment;
4. Feeding method.

### 1. Condition of the mother or parents

The risk of bed-sharing (or sharing a chair or sofa) is that it may lead to unintentional co-sleeping, and this co-sleeping may not be safe when all risk factors are taken into consideration. Parents may be excessively tired soon after a birth and more inclined to fall asleep accidentally or unexpectedly, whether at home or in hospital.

If the mother has had medications during her labour, or is taking new medication as part of her

recovery these may have an effect on her that she is not used to, and alter her ability to respond to her baby, either physically (if her movement is restricted), or consciously. This may also apply to mothers who are acutely or chronically unwell, for example septic, severely anaemic, or epileptic. It is the responsibility of staff in a hospital environment to be mindful of these individual factors and advise the mother of the risks of bed sharing and/or co-sleeping accordingly. In a home environment it will be just as important to help parents assess the potential for unsafe co-sleeping and find ways of preventing it.

Parents should be advised not to bed share with their baby if either of them have recently drunk alcohol or taken any drugs (including prescription drugs) which may alter their consciousness. This is because the association between co-sleeping and SIDS may be higher in these situations.

## 2. Pre-existing contra-indications to co-sleeping

The association of co-sleeping and SIDS appears to be greater when:

- The mother smoked in pregnancy;
- Either parent currently smokes, even if this is away from the baby;
- The baby has been born prematurely (<37 weeks gestation);
- The baby was born with a low birth weight (<2.5kg, or/and birthweight <10th centile for gestational age).

Parents should be advised against co-sleeping if one or more of these circumstances apply, and the risks of bed sharing and unintentional co-sleeping explained very carefully.

## 3. The physical environment

Bed-sharing in hospital may carry more risk than bed-sharing at home because beds tend to be higher, narrower and unfamiliar to parents, and babies may therefore be at more risk of falling or rolling onto a hard floor and sustaining accidental injury as a result. Staff should support parents in being mindful of these factors in hospital and ensure that the environment is made as safe as possible in order to support them should they wish to bed-share, for example by lowering the bed as much as possible and helping them to remove trip hazards around it. If she is on her own, ensure the mother has easy access to the call bell system in case of difficulty getting out of bed.

To minimise the risk of accidents in hospital the safest place for a baby, when the mother is asleep, is in a cot by the mother's bed (or in a cot specially designed to clip onto the mother's bed, if available). Ensure the mother understands that we do not recommend co sleeping with her baby whilst in hospital.

If/when parents move from a hospital to a home environment they should be helped to reassess the altered risks accordingly in order to make informed choices about bed-sharing and co-sleeping. In particular, parents sharing a sofa or very soft chair or bed at home should be informed of the increased association between this and SIDS, and also reminded of the fact that the chance of unintentional co-sleeping still exists or may even be higher in a home environment. Should they choose to co-sleep (having been given help to consider all factors) they should be given support to make their environment as safe as possible.

A high proportion of infants that die as a result of SIDS are found with their head covered by loose bedding. Parents choosing to bed share and/or co-sleep should be advised that it is vital to ensure that there are no pillows, sheets, blankets or any other items in the bed that could

obstruct their babies breathing or cause them to overheat.

#### 4. Feeding method

There is evidence to suggest that breastfeeding mothers sleep facing their babies and adopt a protective sleeping position. However, mothers who are artificially feeding can turn their backs on their babies once they have fallen asleep. Therefore, whilst bottle feeding mothers may take their baby into bed for comforting and settling, it is safest to advise against co-sleeping. If the mother wishes to co-sleep with her baby then appropriate sleeping positions should be discussed. All parents should be given the leaflet 'looking after your baby', which includes further guidance on this topic.

### Other sources of information for staff and parents

The Lullaby Trust promotes expert advice on safer baby sleep and raises awareness on sudden infant death, as well as providing specialist support for bereaved families.

[www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

UNICEF leaflet: Caring for your baby at night: A guide for parents via:

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/>

The Infant Sleep Information Source (ISIS) provides online access to up-to-date research based evidence about infant sleep, for both parents and health professionals. [www.isisonline.org.uk](http://www.isisonline.org.uk)

**RELATED DOCUMENTS**      [UHBristol Infant Feeding Policy \(2017\)](#)  
UH Bristol leaflet [‘Looking after your baby’](#)

**SAFETY**                      Parents may inadvertently put their babies at an increased risk of SIDS if they are not fully informed and supported in their decision whether to bed share or co-sleep.

**QUERIES**                    Contact Infant Feeding Specialist Midwives ext 25164

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