ICEA Position Paper

Safe Infant Sleep

Position

All expectant parents should be given evidence-based information on normal maternal and infant physiology, behaviors surrounding feeding and sleep, and on naptime and nighttime safety in order to make informed decisions about where their babies will sleep.

Background

Holding a sleeping baby is one of the sweetest experiences of new parenthood. However, there are concerns about the safety of parents and infants falling asleep together. Prior to the early 1990s, health authorities realized that some babies died unexpectedly, often in cribs or cots, leading to a general fear of "cot death," later defined as Sudden Infant Death Syndrome or SIDS. At that time, nearly all authorities recommended that parents place their babies prone (face down) to sleep, reasoning erroneously that if a supine (face-up) baby spit up, it could choke. In 1991, research in New Zealand revealed that 80% of babies who died unexpectedly had at least one of three factors in common: maternal smoking, prone (face-down) position of the baby, and formula-feeding. Health authorities reversed their advice on placing babies prone for sleep, and almost overnight "back to sleep" messages emerged.

SIDS and suffocation are two distinct and rare risks to infants in the early months. SIDS is a diagnosis of exclusion: no reason for the baby's death can be found and circumstances. The highest risk factors for SIDS are well-documented: Smoking is the highest risk factor for SIDS[1]. Maternal smoking during pregnancy and/or smoking by anyone in the household, even if the smoker goes outside[2], is a dose-dependent risk factor. Placing the baby prone for sleep is also a well-established risk[3]. Formula-feeding, even partial formula-feeding, increases SIDS risk[4]. Babies sleeping alone and unattended (out of sight and sound of a responsible caregiver), and babies in daycare are at increased risk.[5]

The majority of suffocation, entrapment, and smothering deaths (ASSB – Accidental Suffocation and Strangulation in Bed) during shared sleep occur on couches or sofas, and/or involve alcohol or drug use by the baby's bed partner. ASSB during solitary sleep is more common when the baby is alone or unattended during sleep, including in day care situations.[7,8]

Confusing Definitions

"Co-sleeping", which is often assumed to mean mother and baby sharing a bed, has no consistent, clear definition. The term does not define *who* the baby's bed partner is, *where* the person is, the person's *condi- tion*, the *safety* of the baby's sleep surface, and whether or not that surface is a *bed*. Co-sleeping can thus be done safely or unsafely. "Bedsharing" usually means that a baby is sharing a sleep surface with someone, but does not define *who* the person is, nor their *condition*, nor the *surface*. Bedsharing can thus be done safely or unsafely.

Many research articles and policy statements still confuse SIDS and smothering (ASSB), or lump them together under the more vague term SUID (Sudden despite autopsy and a thorough investigation of scene Unexpected Infant Death) or SUDI (Sudden Unexpected Death in Infancy.) Conflating SIDS and ASSB weakens studies, causes parental confusion and fear, and can increase risk. Breastfeeding mothers may share a sleep surface with their babies at least part of the time[9], deliberately or accidentally. Parents w2ho believe their bed is a risk factor for SIDS may move to the sofa or chair, which is a higher risk factor for ASSB.[10,11]

Understanding Normal Sleep

Pregnant women are quite familiar with broken sleep. That pattern continues into the postpartum months, regardless of how mothers feed their babies[13]. After birth, infants sleep in short (1 to 1½ hour) cycles. To thrive, they need milk frequently because of their very small stomachs and very rapid growth. Frequent nursing or feeding day and night is normal for babies. By 3 months, patterns have begun to emerge in the baby's sleep and feeding cycles[15].

Frequent kind touch and gentle holding for many hours a day is nearly as important to babies' overall development as food.[16] Breastfeeding ensures both. Breastfeeding is fundamental to a baby's normal health and development.

Breastsleeping is a term that was developed to recognize the model of continuous contact between mother and infant including times of maternal sleep and frequent, unlimited access to the breast. This model was typical until recently when other factors became common in our society; eg smoking, alcohol and drug use and "decorating" the infant sleep environment.

Safety Issues

An infographic by La Leche League, "Safe Sleep Seven: Smart Steps to Safer Bedsharing," lists seven criteria that vastly reduce the major SIDS and smothering risks. "*If a mother is:* 1) A non-smoker; 2) Sober; and
3) Breastfeeding ... *And her baby is:* 4) Healthy; 5) On his back; and 6) Lightly dressed and 7) unswaddled.

The following information will help explain how to educate parents on these steps:

- Prenatal smoking and environmental smoke represent the single greatest risk factor for SIDS.
- Alcohol and sedating drugs can impair an adult's awareness during sleep. Many ASSB deaths involve alcohol or drug use by the baby's caregiver.[6]
- Breastfeeding mother-baby dyads sleep differently from anyone else. The breastfeeding mother provides frequent stimulation through touching, shifting, and feeding throughout the night.
- Formula-fed babies rouse from sleep less readily than breastfed babies; have more than double the risk of (SIDS);[4] and have many other health problems. Virtually every health authority in the world recommends exclusive breastfeeding for the first six months starting in the first hours after giving birth, then continued breastfeeding while adding family foods till the child is at least one to two years old.

- Babies should be lightly clothed (not overheated)
- Babies should not be swaddled for feedings or during sleep; swaddling prevents a baby from shifting his position as conditions change. Studies have reported swaddling as an independent risk factor for SIDS. Tight swaddling, as parents are often instructed to do to "mimic the feeling of being in the uterus", can cause a restriction to breathing
- Researchers who support and oppose early bedsharing agree that by 4 months bedsharing with a responsible, non-smoking caregiver (not necessarily the breastfeeding mother) carries no added risk to the baby
- To create a safe surface, parents should avoid thick covers, toys, pets, and use a firm, clean, flat mattress. Any cracks or gaps should be widened or packed tightly, to avoid entrapment. Cords, strings, and sharp objects should be removed. Other children should not sleep next to the baby. A side- car attached to the bed can be a good option. A safe crib for the baby in the parents' bedroom is safer than baby sleeping unattended in another room. (AAP)
- Sleep happens, and exhaustion sometimes overrules caution. ICEA strongly recommends baby-proof the family bed, even if they have no plans to bedshare.
- Adults should avoid lying down with a baby on a sofa or in a recliner, even "just for a minute" because the threat of suffocation, entrapment, or dropping the baby is especially high if the adult
- falls asleep. If a sofa or recliner is the only option for sleep, the adult can consider leaning back and fastening the baby securely to their chest (assuring the wrap is not tight enough to restrict the infant's breathing) with a scarf, shawl, wrap or soft carrier, to keep the baby chest-to-chest when the adult falls asleep.
- "Sleep training" programs attempt to get babies to sleep for unnaturally long stretches at night. Babies cry when they need to be touched held, fed, and nurtured, and cannot meet those needs themselves. Crying is a late sign of stress and should never be ignored. Sleep training programs have been shown to actually, increase parental stress and infant crying.

The American Academy of Pediatrics Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment

On October 24, 2016 the AAP released the policy statement with the following recommendations and suggests parents have open, non-judgmental conversations on safe infant sleep practices.

1. Breastfeeding is recommended to reduce the risk of SIDS and to enhance the health and well- being of the infant and the mother. The AAP recommends **exclusive** breastfeeding for 6 months (no formula, nutritional liquids or solid foods). Newer research demonstrates that exclusive breastfeeding can reduce the risk of SIDS by as much as 70%.
2. Skin to skin care is recommended for all mothers and newborns, regardless of feeding or delivery method…for at least an hour after birth
3. Room-sharing with the infant on a separate sleep surface is recommended. Keep

infants in close proximity to parents for the first 6 to 12 months of life.

4. The AAP recognizes that parents may fall asleep in bed after or during feeding their infant, so remove pillows, loose blankets, loose sheets, and move the bed away from walls to prevent entrapment, and follow remainder of safe sleep recommendations.
5. Avoid nighttime (and daytime if feeling at all sleepy) feeding on couches and armchairs which are not considered safe sleep surfaces at any time for infants.
6. Sleep position – It is important that anyone who cares for the infant puts the baby to sleep on their back. Prone sleeping (sleeping on the stomach) increases the risk of rebreathing the same air that is under the baby's face which can increase the levels of carbon dioxide in their blood, not enough oxygen in their blood which can be potentially fatal.
   Other recommended actions include:

   Recommendations from the National Action Partnership to Promote Safe Sleep (in partnership with the AAP) recommends:

   "Use a firm (this means not soft, cushiony) sleep surface, such as a mattress in a safety- approved crib covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death. Firm sleep surfaces with no other bedding or soft objects. Nothing soft such as pillows etc. should be placed under the baby. Appropriate surfaces can include safety approved cribs, bassinets, and portable play areas. Safety approved cribs are those that have been manufactured and sold since the requirements went into effect on June 28, 2011. They have been designed to have the spaces between the bars too small for a baby's head to get through and get stuck. Standards for other safety approved spaces such as bassinets, portable play areas and side cars (attachment to an adult bed that provides a separate, but close safe space) have also been developed by the U.S. Consumer Product Safety Commission.

   1. Other considerations for safe sleep surfaces:
      a. Do not use bumper pads in a crib.
      b. Never place baby to sleep on soft surfaces, such as on a couch or sofa, pillows, quilts, sheepskins, or blankets.
      c. When using a sling to carry a baby, make sure the baby's face is facing up in a sniffing position and their head is above the fabric completely uncovered and open to the air.
      d. Do not use a car seat, carrier, swing, or similar product as baby's everyday sleep area.
      e. Infants should not be placed to sleep on adult beds. Portable bed railings intended to keep a child from falling off a bed should not be used for infants.
   2. Avoid smoking, alcohol, and drugs during pregnancy and after birth
   3. Devices marketed to reduce risk of SIDS such as monitors, wedges, devices or specific mattresses have not been shown to be preventive
   4. Swaddling does not reduce the risk of SIDS and in some cases may increase the risk for overheating and SIDS

5. Consider offering a pacifier at nap or bed time, only after breastfeeding is firmly established (no specified time frame). If infant is not breastfed the family can introduce as soon as desired
6. Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional shaping of the head.
7. End racial biases and inequities that undermine breastfeeding support and education in minority populations
8. Connect with local mother/infant support groups to discuss safe sleep practices

Sources of Evidence Based Information

- La Leche League International's Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family – www.llli.org/ sweetsleepbook
- Dr. Kathy Kendall-Tackett – http://www. uppitysciencechick.com/sleep. html
- Dr. Helen Ball – Infant Sleep Information Source – https://www.basisonline.org.uk/
- Dr. James McKenna – Mother-Baby Behavioral Sleep Laboratory – http://cosleeping.nd.edu/
- Babywearing International – http://babywearinginternational.org/
- Academy of Breastfeeding Medicine Protocol #6 – http://www.bfmed.org/Media/Files/Protocols/ Protocol_6.pdf
- Safe to Sleep NICHD campaign – https://www. nichd.nih.gov/sts/Pages/default.aspx
- American Academy of Pediatrics – https://www. aap.org/en-us/advocacy-and-policy/federal-advocacy/Pages/breastfeeding.aspx; https://www. healthychildren.org/English/ages-stages/baby/ sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx
- American Academy of Pediatrics, 2013 – Swaddling: Is it safe? – Elk Grove Village, IL
- American Academy of Pediatrics. First Candle.n.d. Safe sleep image guidelines. Forest Hill, MD: First Candle. Safe to Sleep® Public Education Campaign. 2014. What does a safe sleep environment look like? Reduce the risk of SIDS and other sleep-related causes of infant death. Bethesda, MD: Eunice Kennedy Shriver National Institute of Child Health and Human Development Task Force on Sudden Infant Death Syndrome, Moon RY. 2011. SIDS and other sleep-related infant deaths: Expansion of recommendations for a safe infant sleeping environment. *Pediatrics, 128*(5):1030-1039 (policy statement); e1341-e1367 (technical report).
- https://awhonn.files.wordpress.com/2015/10/ tips-for-nurses-teaching-safe-sleep-in-the-hospital setting.pdf

- https://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

Implications for Practice

Childbirth educators, lactation care providers, and doulas can help new families care for their babies safely during nights and naps by providing information, anticipatory guidance and research-based resources free from conflicts of interest and bias. Our mission of giving parents freedom to make decisions through knowledge of alternatives requires that students/clients are aware of the risks of unsafe sleep situations, unsafe bedsharing, tobacco smoking, alcohol use during pregnancy and postpartum, and other health risks. The educator, lactation care provider, or doula should be familiar with which facilities in her community are designated as Baby-Friendly Hospitals™ or birth centers, or are working toward this designation. The educator, lactation care provider, or doula should be familiar with resources that take into account the normal sleep patterns and behaviors of the breastfeeding mother-baby dyad. She should be able to refer childbearing families to the sources listed in this document.

ICEA's goal is to provide education and care which are culturally competent. This is defined as the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses being aware of one's own world view. Developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views. A synonym for cultural competency would be "respect." (http://makeitourbusiness.ca/blog/what-does-it-mean-be-culturally-competent).

AWHONN (Association of Women's Health, Obstetrics and Neonatal Nursing) suggests in their Tips for Nurses Teaching Safe Sleep in the Hospital Setting: "Be supportive even if parents do not think they can follow all of the recommendations, but also speak up when there is a serious risk for danger. Be conversational in your approach and use phrases such as "safer" and "safest". Avoid "never" and other all-or- nothing terms as much as possible. That being said, there are some practices that are extremely dangerous, such as bed-sharing with a baby born premature or with parents that smoke, so at times stronger (but kind) words about the risk they will be taking need to be used."

References

Huang Y, Hauck FR, Signore C, et al. Influence of bedsharing activity on breastfeeding duration among US mothers. JAMA Pediatr 2013;167:1038–1044.

Ball HL, Howel D, Bryant A, et al. Bed-sharing by breastfeeding mothers: Who bed-shares and what is the relationship with breastfeeding duration? Acta Paediatr 2016;105:628–634

Task Force on Sudden Infant Death Syndrome. SIDS and other sleep-related infant deaths: Updated 2016 recommendations for a safe infant sleeping environment. Pediatrics 2016;138:e20162938

Bovbjerg ML, Hill JA, Uphoff AE, et al. Women who bedshare more frequently at 14 weeks postpartum subsequently report;onger durations of breastfeeding. J Midwifery Womens Health 2018;63:418–424.

.Feldman-Winter L, Goldsmith JP, et al. Safe sleep and skin-to-skin care in the neonatal period for

healthy term newborns. Pediatrics 2016;138:e20161889.

Lullaby Trust, Baby Sleep Info Source (Basis), Public Health England, UNICEF UK Baby-Friendly Hospital Initiative. Safer sleep for babies: A guide for parents. London, 2019. https://www.unicef.org.uk/babyfriendly/wpcontent/uploads/sites/2/2018/08/Caring-for-your-baby-atnight-web.pdf

Crenshaw JT. Healthy Birth Practice #6: Keep mother and baby together: It's best for mother, baby, and breasfeeding. J Perinatal Edu 2014;23:211–217.

Baddock SA, Purnell MT, Blair PS, et al. The influence of bed-sharing on infant physiology, breastfeeding and behaviour: A systematic review. SleepMed Rev 2019;43:106–117.

Moon RY, Mathews A, Joyner BL, et al. Impact of a randomized controlled trial to reduce bedsharing on breastfeeding rates and duration for African-American infants. J Community Health 2017;42:707–715.

Mitchell EA, Thompson JM, Zuccollo J, et al. The combination of bed sharing and maternal smoking leads to a greatly increased risk of sudden unexpected death in infancy:The New Zealand SUDI Nationwide Case Control Study. N Z Med J 2017;130:52–64.

Bartick M, Tomori C. Sudden infant death and social justice: A syndemics approach. Matern Child Nutr 2019;15:e12652.

Moon RY, Corwin MJ, Kerr S, et al. Mediators of improved adherence to infant safe sleep using a mobile health intervention. Pediatrics 2019;143:e20182799.

Bronheim S. Building on Campaigns with Conversations: An Individualized Approach to Helping Families Embrace Safe Sleep and

Breastfeeding. Washington,DC: National Center for Education in

Maternal and Child Health, 2017.

UNICEF UK Baby-Friendly Hospital Initiative. Cosleeping and SIDS: A Guide for Health Professionals. London: UNICEF UK, 2019

Thompson JMD, Tanabe K, Moon RY, et al. Duration of breastfeeding and risk of SIDS: An individual participant data meta-analysis. Pediatrics 2017;140:e20171324.

Torres LH, Balestrin NT, Spelta LEW, et al. Exposure to tobacco smoke during the early postnatal period modifies receptors and enzymes of the endocannabinoid system in the brainstem and striatum in mice.

Toxicol Lett 2019;302:35–41.

Erck Lambert AB, Parks SE, Cottengim C, et al. Sleeprelated infant suffocation deaths attributable to soft Bedding, overlay, and wedging. Pediatrics 2019;143:e20183408.

Kellams A, Parker MG, Geller NL, et al. TodaysBaby Quality Improvement: Safe Sleep Teaching and Role Modeling in 8 US Maternity Units. Pediatrics 2017;140:e20171816.

Moon RY, Hauck FR, Kellams AL, et al. Comparison of text messages versus e-mail when communicating and querying with mothers about safeiInfant sleep. Acad Pediatr 2017;17:871–878.

Goldstein RD, Blair PS, Sens MA, et al. Inconsistent

classification of unexplained sudden deaths in infants and children hinders surveillance, prevention and research:Recommendations from The 3rd International Congress

on Sudden Infant and Child Death. Forensic Sci Med Pathol 2019;4:622–628

Marinelli KA, Ball HL, McKenna JJ, et al. An integrated analysis of maternal-infant sleep, breastfeeding, and sudden infant death syndrome: Research supporting a balanced

discourse. J Hum Lact 2019;35:510–520.

McKenna JJ, Gettler LT. There is no such thing as infant sleep, there is no such thing as breastfeeding, there is only breastsleeping. Acta Paediatr 2015;105:17–21.

European Foundation for the Care of Newborn Infants. Safe Sleep. Munich, Germany: EFCNI, 2018.

Tomori C. Breastsleeping in four cultures: Comparative analysis of a biocultural body technique. In: Breastfeeding: New Anthropological Approaches, Tomori C, Palmquist

AE, Quinn E, eds. Abington, NY: Routledge, 2017, pp. 55–68.

Bartick M, Tomori C, Ball HL. Babies in boxes and the missing links on safe sleep: Human evolution and cultural revolution. Matern Child Nutr 2018;14:e12544

Shepherd CCJ, Li J, Cooper MN, Hopkins KD, et al. The impact of racial discrimination on the health of Australian Indigenous children aged 5–10 years: Analysis of national

longitudinal data. Int J Equity Health 2017;16:116.

NICE (National Institute for Health Care Excellence). Appendix A CG37: Summary of New Evidence from Surveillance, Post-natal Care Up to 8 Weeks After Birth.

London: NICE, 2015.

Red Nose National Scientific Advisory Group. Information statement: Sharing a sleep surface with a baby. Published 2018. Available at https://rednose.org.au/article/sharing-asleep-

surface-with-a-baby (accessed September 13, 2019).

Authors:

Prepared for ICEA by Linda J. Smith, MPH, IBCLC

With input from

Diane Wiessinger, MS, IBCLC, Myra Lowrie, RN, IBCLC & Donna Walls, RN, IBCLC

Revised June, 2020 by Donna Walls RN, IBCLC, ANLC

International Childbirth Education Association
110 Horizon Drive, Ste. 210 • Raleigh, NC 27615 • Phone: 919.674.4183 • www.icea.org

06/2020