



Department of Health Position Statement on Bed Sharing

The Department of Health has chosen to follow the current recommendations of the American Academy of Pediatrics that women should not bed share. The recommendations state that infants should sleep separately from their parents but nearby. Having the infant sleeping in the same room as the mother reduces the risk of SIDS. Parents will be instructed that infants can be brought into bed for nursing or comforting but should be returned to their own bed or bassinet when the parent is ready to return to sleep. Women will be informed that bed sharing is especially dangerous if they smoke, have used drugs or alcohol, have taken medicine that causes drowsiness, are excessively tired, or are overweight.

Since the “Back to Sleep” campaign began in 1992, the number of infant deaths from Sudden Infant Death Syndrome (SIDS) has decreased by over 40%. While sleep position continues to be a significant risk factor for SIDS, additional risk factors for SIDS and other types of sudden unexplained infant deaths have emerged. One of the biggest and most controversial of these risk factors is bed sharing.

Bed sharing is the practice of adults sleeping on the same surface as infants. It is one form of co-sleeping, the term used for the many ways in which parents can sleep in close proximity to their infants. Bed sharing is common in many cultures and is quite prevalent among women in Florida. According to data from the 2005 Florida Pregnancy Risk Assessment Monitoring System (PRAMS) survey, 44% of women reported that they engaged in bed sharing for some period of time. Bed sharing is more common among African American women with nearly 70% reporting that they bed share at least some of the time. It is also more common in younger women with 59% of women aged 19 and younger and 55% of women aged 20 to 24 indicating that they bed share.

In Florida, there are twelve state funded Fetal and Infant Mortality Review (FIMR) projects that provide retrospective reviews of a sample of infant deaths. Evidence from these projects suggests that bed sharing is a risk factor for SIDS and suffocation. The table below shows infant deaths by cause that occurred while sleeping on a shared surface.

	# SIDS cases	% Shared Sleep	Suffocation	% Shared Sleep
2006	59	49%	25	56%
2007	40	40%	12	25%

Numerous studies have determined that bed sharing increases the risk for SIDS and suffocation. Earlier studies found an increased risk only for mothers who smoke or for very young infants but more recently the European Concerted Action on SIDS study examined 17 variables and found that bed sharing doubled the risk of SIDS for both breastfed and bottle fed infants even when the mother did not smoke (Carpenter, 2006). An eight year population based case control study by McGarvey, et. al of 287 SIDS cases and 831 case controls between 1994 and 2001 found that 49% of cases occurred when the infant was sharing a bed with an adult compared with only 12% of healthy matched control infants. They calculated that bed sharing increases the risk of SIDS nearly four times (Rauscher, 2006).

Studies have also found that African American infants are at higher risk of dying from SIDS or suffocation. In a population-based U.S. study of infant deaths in the St. Louis area between 1994 and 1997, death scene information and medical examiners' investigations were retrospectively reviewed of infant deaths with the diagnosis of SIDS, accidental suffocation and undetermined cause. Both SIDS and suffocation deaths were found to be much higher in the African American infants. Infant deaths occurring on a sleep surface shared by others was much more common in African American infants than in non-African American infants (67.1% vs 35.1%) (Unger, et. al. 2003).

In a more recent retrospective population-based study of 239 New Jersey SIDS cases from 1996-2000, 38.9% involved bed sharing. It was found that the bed sharing group had a higher proportion of risk factors for SIDS. In the multivariate logistic regression model, black race, maternal age < 19 years, gravida >2, and maternal smoking were significantly associated with bed sharing. Higher breastfeeding rates were not associated with bed sharing (Ostfeld, et. al. 2006).

Racial differences in bed sharing may be due in part to cultural child rearing practices in which sleeping in the same bed with an infant is the norm. These differences may also be the result of reduced access to risk reduction information. In interviews and surveys with African American mothers, they have expressed a basic distrust of the health care profession, preferring to rely on advice from family and friends regarding infant sleep practices. Other reasons given for bed sharing were lack of cribs or purposely not using cribs to avoid crib death. Lower income women also have higher rates of depression which can have a negative affect on parenting. Depressed women are more likely to smoke and use substances which increase the risk of death while bed sharing.

Even though bed sharing with infants has been associated with higher risk of death from SIDS and suffocation, many believe that there is not sufficient evidence to recommend against bed sharing. It is argued that many suffocation deaths are occurring on sofas and chairs rather than in bed. Bed sharing is commonly recommended to facilitate breastfeeding. Proponents of bed sharing believe it is a safe and beneficial practice for mothers who are exclusively breastfeeding and have no other risk factors such as smoking or obesity. Sleep studies have shown that breastfeeding mothers arouse 30% more frequently when they bed share and are able to respond to their infants more quickly. Breastfeeding mothers usually place their infants in the supine position, which reduces the risk of SIDS. It is also believed that bed sharing enhances parent-infant attachment. A systematic review of the benefits and harms associated with the practice of bed sharing published in 2007 found a positive association between bed sharing and an increase in the rate and duration of breastfeeding. The evidence also suggests that infants who bed share awaken more frequently during the night which is thought to be protective against SIDS. However, the largest on-going U.S. and international case-control studies of SIDS have not yet found evidence to support this finding, and the Department supports the American Academy of Pediatrics recommendation not to support this approach.

In October 2005, the American Academy of Pediatrics Task Force on SIDS revised their recommendations on SIDS risk reduction and recommended that infants sleep in close proximity to their parents but not in the same bed. After reviewing the evidence, they concluded that bed sharing as practiced in the United States is more

hazardous than the infant sleeping on a separate sleep surface. The task force recommended that the infant's bed or bassinet be placed in the parents' bedroom to make it more convenient to breastfeed and provide physical contact.

A number of breastfeeding organizations, nursing organizations and pediatricians have expressed opposition to the recommendation. There is concern that simply advising parents not to bed share without giving information about how to cope with young infants will increase risk. The Academy of Breastfeeding Medicine and the UNICEF UK Baby Friendly Initiative both recommend giving information about the risks and benefits of bed sharing as well as information about unsafe sleeping situations so that parents can make their own decision.

Prior to the 2005 AAP recommendations, the Department of Health in conjunction with the Department of Children and Families and Healthy Families Florida developed a brochure entitled "All Babies Need a Safe Place to Sleep." The purpose of the brochure was to expand the "back to sleep" message to include the importance of a safe sleeping environment. Information was provided about the dangers of sleeping in adult beds because of the risk of suffocation from soft bedding, from overlay or from entrapment between the mattress and the wall or bed frame. Room sharing was suggested as the best way to be close to an infant at night. The brochure advised against bed sharing for adults who smoke; are overly tired; have used drugs, alcohol, or medication that causes drowsiness; or who are overweight.

The Department of Health has also developed training on risk reduction for SIDS and accidental death. It includes information on how to reduce risk as well as information for parents on how to deal with sleep difficulties in infants. This training has been provided to Healthy Start programs and statewide meetings of child care professionals. A joint training was also developed by Infant, Maternal and Reproductive Health (IMRH) and the Women, Infants and Children (WIC) program on breastfeeding and safe sleeping. This training discussed the importance of encouraging breastfeeding while at the same time providing information on safe sleep practices. Both of these slide presentations are available on the Department of Health web site. A number of Healthy Start Coalitions have implemented special projects in their communities to reduce the number of sudden unexpected infant deaths. They have instituted "Cribs for Kids" programs and developed public awareness campaigns targeting high risk populations. They also provide community education and professional training on SIDS risk reduction.