



Australian College of
Midwives

ACM: For midwives. With women. For the future.

POSITION STATEMENT

For Bed-Sharing and Co-Sleeping

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The Australian College of Midwives' Position Statement for Bed-Sharing and Co-Sleeping

The Australian College of Midwives (ACM) supports the facilitation of women and their families making informed choices in maternity and child care, including decisions about where their baby sleeps.

The ACM advocates a risk minimisation approach in which the individual family's circumstances are considered when providing advice about infant care practices parents will use in caring for their baby. The ACM believes that in ensuring the safety of babies, it is crucial to respect and support cultural norms and practices.

The ACM does not support a risk elimination approach in which all parents are informed not to bed-share or co-sleep with their baby under any circumstances.

The ACM bases this position statement on best available evidence in 2014. The position statement will be reviewed regularly and revised as necessary if new evidence becomes available which necessitates an amendment.

Definition

There are various definitions that have been used in the literature to describe the practices of bed-sharing and co-sleeping¹.

The definitions used for co-sleeping and bed-sharing in this position statement are consistent with definitions used in safe sleeping guidelines nationally^{2,3} and internationally^{1,4} by health professionals and policy development, and allow for differentiation of the risks associated with solitary sleeping, room sharing and environments in which baby and caregiver share the same sleep surface.

Bed-sharing refers to bringing a baby onto a sleep surface when co-sleeping is possible, whether intended or not^{1,3-5}.

Co-sleeping is defined as a mother and/or her partner (or any other person) being asleep on the same sleep surface as the baby^{1,3,4}.

The ACM identifies 16 key principles for midwives who care for mothers and their babies and who provide parent education and advice relating to safe infant sleeping, including bed-sharing and co-sleeping practices.

Key Take Home Messages

- Bed-sharing and co-sleeping are common, valued infant care practices in both developed and developing countries across the world.

- Bed-sharing and co-sleeping are associated with many benefits however the risk of sudden unexpected death in infancy including SIDS and fatal sleeping accidents is increased in certain circumstances.
- Bed-sharing and breastfeeding are integrated infant care practices: breastfeeding promotes bed-sharing, while bed-sharing promotes breastfeeding.
- Many parents will fall asleep with their baby, whether they intend to, or not.
- All parents should be provided with clear and impartial information about the benefits and contraindications to sharing a sleep surface using risk minimisation guidelines in order to make informed decisions.

Key Principles

1. Co-sleeping and bed-sharing between mothers and their babies is an established and valued practice in most cultures; and considered the social norm for approximately 90% of the world's population⁶⁻¹⁰. Sharing a sleep surface with a baby is a common infant care practice in Australia, with rates reported between 51-80% depending on infant age at time of measurement^{5,11}.
2. Bed-sharing and co-sleeping with a baby has been associated with many benefits^{12,13}. Benefits include enhanced maternal-infant bonding and maternal responsiveness^{8,14-17}; improved settling with reduced crying¹⁵; improved maternal and infant sleep and increased arousals^{4,15,18,19}; increased duration of breastfeeding^{8,20-22}; and reduced formula supplementation^{16,22,23}. Longitudinal studies have suggested that those who shared the parental bed as babies and children become adults with higher self-esteem, and better social skills and emotional outcomes^{8,24,25}.
3. Bed-sharing and co-sleeping have been associated with an increased risk of sudden unexpected death in infancy (SUDI), including Sudden Infant Death Syndrome (SIDS) and fatal sleeping accidents, in certain circumstances^{12,17,26-32}. Please see Glossary for definitions used for SUDI, SIDS and fatal sleeping accidents.
4. The risk associated with shared sleep surfaces is significantly increased by the presence of other known risk factors for sudden infant death including antenatal and postnatal exposure to tobacco smoking, prone sleep position, parental drug (prescribed or illicit) and alcohol consumption, soft sleep surfaces, multiple bed-sharers, maternal sedation and obesity²⁷⁻³⁶. Midwives should advise parents that if they smoke, drink alcohol or take drugs or medication that their baby will have a lower risk of SUDI if s/he sleeps on a separate surface such as a cot next to their bed.

5. Sleeping on a sofa with a baby significantly increases the risk and should be avoided²⁷⁻³⁶.
6. Babies most at risk of SUDI are those born preterm, of low birth weight, and babies less than 11 weeks of age²⁷⁻³⁶.
7. In the interests of informed choice, midwives need to advise parents that in the absence of hazards, the risk of SUDI is not increased when parents bed-share with their baby. These hazards include if the parents are smokers, or have taken sedating drugs or medications, consumed alcohol prior to sleep or are sofa-sharing. Furthermore, there is evidence to suggest that bed-sharing in the absence of these hazards may have a significant protective effect for infants older than three months³⁰.
8. The *Sleep Safe, My Baby* public health recommendations are underpinned by evidence which demonstrates that avoidance of potentially modifiable risk factors will reduce the risk of sudden unexpected deaths in infancy for vulnerable infants. See Appendix A.
9. Room-sharing is associated with a reduced risk of SUDI. Parents should be encouraged to keep their babies in their bedroom at night for the first six to twelve months of life^{36,37}.
10. Breastfeeding is protective against SUDI³⁸. It is desirable to encourage and support exclusive breastfeeding; and bed-sharing is an infant care practice significantly associated with breastfeeding longevity¹⁰. Breastfeeding and sharing a sleep surface constitute an integrated care system which is mutually reinforcing; breastfeeding promotes shared sleep which increases breastfeeding frequency and extends duration of breastfeeding in months^{8,21,22,39-42}.
11. Mothers who bottle-feed their babies and babies who are bottle-fed exhibit different behaviours during sleep^{8, Ball 2003}. Current evidence suggests there is little benefit for a bottle-fed baby to bed-share and that the safest place for bottle-fed babies is to sleep on a separate surface next to the parent bed^{8,41}.
12. Many parents will bring their baby into bed as this helps them to care for their baby at night, particularly if they are breastfeeding. Many parents will fall asleep with their baby, whether they intend to, or not^{1,17,41-46}.
13. The ACM supports the facilitation of women and their families making informed choices in maternity and child care. Informed decision making, informed consent and right of refusal are accepted legal principles in Australia. Each and every woman and her family have the right to make informed decisions, including consent and refusal of any aspect of her care. Women and their families must be respected in the choices that they make.

14. Midwives have a primary responsibility to ensure that their decisions, recommendations and practices are focused on the individual needs and safety of the woman and her baby/babies.
15. Evidence has shown that health professionals are in a unique position to influence the behaviour of parents and caregivers, by modelling safe infant sleep practices in hospital and providing parents with information and support strategies, to ensure parent practices used at home are consistent with public health safe infant sleeping recommendations and risk minimisation strategies in shared sleeping environments^{11,22,34,35,46,47}. See Appendix B for risk minimisation strategies to reduce the risk of SUDI associated with shared sleeping in the home environment.
16. Compliance with safe sleeping recommendations and risk minimisation strategies for shared sleeping environments is reliant on the ability of midwives to engage parents, identify individual sleeping environments and provide evidence-based advice to parents that aims to reduce risk associated with all sleeping environments, particularly in circumstances where parent-infant sleep on the same sleep surface is likely to occur⁵.

Achieving best practice

To achieve best practice in ensuring parents are provided with unbiased evidence-based information in order to make an informed decision about the infant care practices they will use in caring for their baby, it is necessary for consumers (e.g. Australian Breastfeeding Association, parent consumers), professional colleges, support organisations (e.g. SIDS and Kids), education providers, health systems, Australian and State and Territory governments and policy makers to work together to:

- Ensure that midwifery practice is underpinned by national evidence-based safe infant sleeping recommendations. The *SIDS and Kids Safe Sleep My Baby* Australian public health campaign to reduce the risk of sudden unexpected death in infancy, including SIDS and fatal sleeping accidents³⁷ supports a risk minimisation approach to bed-sharing and co-sleeping. See Appendix A;
- Promote consistency of evidence-based information to parents about the benefits, contraindications and strategies to enhance safety associated with bed-sharing and co-sleeping environments so that parents and carers can make informed decisions regarding sleeping arrangements for their baby in the hospital and/or in the home environment;
- Provide parents with clear and impartial information on the benefits of, and contraindications to, sharing a sleep surface using risk minimisation guidelines^{3,9,10};

- Discuss the benefits and contra-indications to bed-sharing and co-sleeping with all mothers in the antenatal period (by 36 weeks gestation) and again in the early post-natal period up to 12 months of age to allow them to make a fully informed choice. This should include written information about safe infant sleeping and risk minimisation strategies associated with bed-sharing and co-sleeping in a format appropriate to their literacy and language needs. See Appendix B;
- Develop local evidence-based guidelines on mother-baby bed-sharing and co-sleeping for in-patient facilities including postnatal, residential care and paediatric tertiary facilities where families with young infants are cared for, in consultation with consumers;
- Implement a risk assessment of mothers and babies in inpatient facilities prior to mother taking baby into bed for feeding and/or settling which considers the clinical condition of both mother and baby, the safety of the physical environment, and the level of supervision required. Assessment should identify risks and risk minimisation strategies, and specifically address circumstances where co-sleeping is not recommended. Circumstances for mothers and babies may quickly change, therefore this risk assessment will need to be reviewed as required;
- Consider cultural, social and family circumstances which may impact on a caregiver's choice of infant sleep location and provide appropriate education and information relating to these environments to facilitate informed decision-making by parents;
- Provide educational opportunities to ensure that midwives maintain their clinical skills and knowledge of evidence-based parenting advice in co-sleeping and bed-sharing practice so that they are competent and confident to provide care for women and babies and discuss the issues objectively with women to enable informed decision-making;
- Undertake research into co-sleeping and bed-sharing practices. There is limited Australian research on the prevalence and incidence of bed-sharing and co-sleeping in contemporary Western societies and Indigenous communities using current definitions which differentiate between shared sleeping environments. Further research examining the unique nature of the postnatal maternity environment, factors which influence health professional current clinical practice, and the impact of health professional modelling in relation to ongoing maternal co-sleeping and bed-sharing behaviours is required⁴⁸.

Resources to Guide Practice

This position statement has been informed by a literature review which can be found at

<http://www.midwives.org.au/scripts/cgiip.exe/WService=MIDW/ccms.r?pageid=10209>

The ACM supports the use of the following resources to guide midwives in their practice:

- Clinical Skills Development Centre (2013) Safe Infant Sleeping (SUDI) eLearning Program. Collaboration between SIDS and Kids and QH Clinical Skills Development Centre. (Author: Professor Jeanine Young) Endorsed by Australian College of Midwives and Australian College of Nurses [5 Continuing Education Points]. Available <http://www.sdc.qld.edu.au/courses/126>
- Clinical Skills Development Centre (2013) Aboriginal and Torres Strait Islander Safe Infant Sleeping (Sleep Safe) eLearning Program. (Author: Professor Jeanine Young & Leanne Craigie) Available <https://www.sdc.qld.edu.au/courses/123>
- UNICEF UK Baby Friendly Initiative. (2012). Caring For Your Baby at Night: A guide for parents. In UNICEF UK Baby Friendly Initiative (Ed.). London: UNICEF. http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/caringatnight_web.pdf
- Blair P, Inch S. (2012) The health professional's guide to "Caring for your Baby at night". In UNICEF UK Baby Friendly Initiative (Ed.). London: UNICEF. http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/HPs_Guide_to_Coping_At_Night_Final.pdf
- UNICEF Leaflet 'Sharing a bed with your baby: A guide for breastfeeding mothers' (May 2008) available at <http://www.borstvoeding.com/files/sharingbedunicef.pdf>
- UNICEF UK Baby Friendly Initiative. (2004). *Babies sharing their mothers' bed while in hospital: A sample policy*. London: UNICEF UK Baby Friendly Initiative.
- SIDS and Kids (2012) Safe Sleeping: A guide to assist in sleeping your baby safely. Melbourne: SIDS and Kids. www.sidsandkids.org
- SIDS and Kids (2013) Information statement: *Sleeping with a baby*. First published September, 2007. Canberra: SIDS and Kids. <http://www.sidsandkids.org>
- Young J, Watson K, Ellis L, Raven L. (2012) Responding to the evidence: Breastfeed baby if you can – the sixth public health recommendation to

reduce the risk of sudden unexpected death in infancy. *Breastfeeding Review* 20(1): 7-15.

- Infant Sleep Information Source (ISIS): Information for Parents and Carers Collaboration between Durham University Parent-Infant Sleep Laboratory, La Leche League, National Childbirth Trust and UNICEF UK Baby Friendly Initiative funded by the Economic and Social Research Council (ESRC). <http://www.isisonline.org.uk/>
- NCT *Position statement: co-sleeping and bed-sharing*. Available from: <http://www.nct.org.uk/sites/default/files/Co-sleeping%20and%20bed-sharing.pdf>
- Royal College of Midwives (2004) *Bed-sharing and co-sleeping: Position Statement No. 8*
- Queensland Health. (2008) Safe infant care to reduce the risk of sudden unexpected deaths in infancy: Policy statement and minimum practice standards. Brisbane: Maternity, Child Health and Safety Branch, Queensland Health. [ISBN: 9781921447280] Available <http://www.sidsandkids.org/wp-content/uploads/Safe-Infant-Sleeping-Policy-Statement-and-Guidelines.pdf>
- Australian Breastfeeding Association (2013) Breastfeeding, Co-sleeping and Sudden Unexpected Deaths in Infancy. (Authors Kam R, Young J). Available from www.breastfeeding.asn.au/bfinfo/breastfeeding-co-sleeping-and-sudden-unexpected-deaths-infancy
- The Academy of Breastfeeding Medicine Protocol Committee (2008) ABM Clinical Protocol #6: Guideline on Co-sleeping and Breastfeeding. Revision, March 2008. *Breastfeeding Medicine* 3(1): 38-43.
- Queensland Health's Child Health Information Fact sheet entitled *Safe Sleeping* is available for distribution to parents and staff at <http://conditions.health.qld.gov.au/HealthConditions/6/Child-Health/183/Babies-Toddlers/542/Safe-sleeping> which addresses strategies to reduce risk associated with shared sleep environments.

Glossary

Definitions of terms used in this position statement and supporting documents

Term	Definition / Explanation / Details	Source
Bed-sharing	Bed-sharing refers to bringing baby onto a sleep surface when co-	UNICEF Leaflet "Sharing a bed with your baby: A guide for breastfeeding mothers" (May 2008) available at

Term	Definition / Explanation / Details	Source
	sleeping is possible, whether intended or not.	www.babyfriendly.org.uk/pdfs/sharिंगbedleaflet.pdf UNICEF U.K. Baby Friendly Initiative (2004). <i>Babies sharing their mothers' bed while in hospital: A sample policy</i> . UNICEF UK Baby Friendly Initiative, London. Infant Sleep Information Source (2013) Definitions of terms used on this site. Available 18 October 2013 from http://www.isisonline.org.uk/hcp/research_evidence/definitions/
Co-sleeping	Co-sleeping is defined as a mother and /or her partner (or any other person) being asleep on the same sleep surface as the baby.	UNICEF Leaflet "Sharing a bed with your baby: A guide for breastfeeding mothers" (May 2008) available at www.babyfriendly.org.uk/pdfs/sharिंगbedleaflet.pdf UNICEF U.K. Baby Friendly Initiative (2004). <i>Babies sharing their mothers' bed while in hospital: A sample policy</i> . UNICEF UK Baby Friendly Initiative, London. Infant Sleep Information Source (2013) Definitions of terms used on this site. Available 18 October 2013 from http://www.isisonline.org.uk/hcp/research_evidence/definitions/
Sharing the same sleep surface	Includes the practices of <i>bed-sharing</i> and <i>co-sleeping on the same sleep surface</i> . This terminology allows differentiation of the risks associated with solitary sleeping (baby sleeping in a separate room), room-sharing, and environments in which the baby and caregiver share the same sleep surface	SIDS and Kids (2014) Information Statement: <i>Sleeping with a baby</i> . Original. September, 2007. Melbourne: SIDS and Kids. Downloaded 18 th October 2013 from http://www.sidsandkids.org.au Queensland Health. (2008) Safe infant care to reduce the risk of sudden unexpected deaths in infancy: Policy statement and minimum practice standards. Brisbane: Maternity, Child Health and Safety Branch, Queensland Health. [ISBN: 9781921447280] http://www.sidsandkids.org/wp-content/uploads/Safe-Infant-Sleeping-Policy-Statement-and-Guidelines.pdf
SUDI	SUDI is defined as the "sudden, unexpected death of an infant usually occurring during sleep, in	The State of Queensland (Commission for Children and Young People and Child Guardian Queensland) (2013)

Term	Definition / Explanation / Details	Source
	<p>which the cause is not immediately obvious". SUDI is essentially a research classification, and refers to a broad category of sudden and unexpected deaths which include Sudden Infant Death Syndrome (SIDS), infections or anatomical or developmental abnormalities not recognised before death, fatal sleep accidents due to unsafe sleep environments, and sudden unexpected deaths that are revealed by investigations to have been the result of non-accidental injuries.</p>	<p><i>Annual Report: Deaths of children and young people, Queensland 2012-2013.</i> Commission for Children and Young People and Child Guardian Queensland, Brisbane.</p> <p>Sidebotham P, Bajanowski T, Keens T, Kenner T, Kerbl R, Kurz R, Mitchell EA, Moon R, Taylor B, Venneman M, Young J, Zotter H. (2010) Proposal for an international classification of SUDI: A response to Blair, Byard and Fleming. <i>Scandinavian Journal of Forensic Science</i> 16(1): 9-11.</p>
SIDS	<p>Sudden Infant Death Syndrome (SIDS) is defined as "the sudden and unexpected death of an infant under one year of age, with onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy and review of the circumstances of death and the clinical history." SIDS is a subset of SUDI and is a classification of exclusion.</p>	<p>The State of Queensland (Commission for Children and Young People and Child Guardian Queensland) (2013) <i>Annual Report: Deaths of children and young people, Queensland 2012-2013.</i> Commission for Children and Young People and Child Guardian Queensland, Brisbane.</p> <p>Krous H, Beckwith J, Byard R, Bajanowski T, Corey T, Cutz E, Hanzlick R, Keens T, Mitchell, E. (2004) Sudden infant death syndrome and unclassified infant deaths: a definitional and diagnostic approach. <i>Pediatrics</i> 114(1): 234-238.</p>
Term	Definition / Explanation / Details	Source
Fatal sleeping accident	<p>A death occurring during sleep, as a result of an accident, such as a fall, or suffocation, or mechanical asphyxiation. Fatal sleeping accidents are explained deaths that meet SUDI criteria.</p>	<p>Commission for Children and Young People and Child Guardian Queensland (2013) <i>Annual Report: Deaths of children and young people, Queensland 2012-13.</i> Commission for Children and Young People and Child Guardian Queensland, Brisbane.</p>
Passive smoking	<p>Refers to breathing tobacco smoke in the environment.</p>	<p>Centre for Community Child Health (2006) <i>Preventing Passive Smoking Effects on Children: Practice Resource.</i> Victorian Government: Centre for Community Child Health. www.rch.org.au/ccch</p>
Environmental tobacco	<p>Refers to smoke from the end of a lit cigarette or breathed out by a smoker.</p>	<p>Centre for Community Child Health (2006) <i>Preventing Passive Smoking Effects on Children:</i></p>

Term	Definition / Explanation / Details	Source
smoke (ETS)		Practice Resource. Victorian Government: Centre for Community Child Health.
Room sharing	Refers to sleeping the baby in a cot or other separate sleeping surface in the same room as the parents.	SIDS and Kids (2008) Information Statement: Room-sharing. September, 2008. Melbourne: SIDS and Kids. http://www.sidsandkids.org.au

Appendix A **Safe Sleep, My Baby Public Health Campaign 2012**

In Australia, SIDS and Kids launched the revised national public health campaign "Sleep Safe, My Baby" in May 2012 with six key messages^{36,45}:

1. Sleep baby on the back from birth, not on the tummy or side
2. Sleep baby with head and face uncovered
3. Keep baby smoke free before birth and after
4. Provide a safe sleeping environment night and day
5. Sleep baby in their own safe sleeping place in the same room as an adult care-giver for the first six to twelve months
6. Breastfeed baby

SIDS and Kids promotes a separate sleeping space in the same room as a caregiver for babies as the safest place for a baby to reduce the risk of SUDI, however acknowledges the many benefits of bed-sharing and co-sleeping including the support of breastfeeding. SIDS and Kids supports a risk minimisation approach that supports informed decision making by parents and provides evidence-based advice for parents who share a sleep surface with their baby^{2,37}. These strategies are consistent with those listed in Appendix B.

Appendix B

Risk Minimisation Approach for Home Environments: Suggested strategies to reduce the risk of sudden unexpected deaths in infancy, including SIDS and fatal sleeping accidents, associated with co- sleeping and bed-sharing environments once at home

In consideration of the many documented benefits of shared sleeping, the need to promote and support breastfeeding, the high prevalence of shared sleep environments in contemporary Australian society and the right of parents to make informed choices about their baby's care, the Australian College of Midwives supports the recommendation that parents should be provided with information that includes benefits, risks and strategies to reduce the risk and increase safety associated with shared sleep environments, should they decide or have no option but to share a sleep surface with their baby^{15,16,27,37,39,43-46}.

This recommendation is consistent with, and supported by, recommendations for health professional practice proposed by UNICEF^{1,9,10}, the Royal College of Midwives⁴⁹ and SIDS and Kids^{2,37}.

In order to provide parents with information to allow informed choices about safe sleeping practices relating to shared sleep environments, parent education should include the following information:

It is *not* safe to share a sleep surface with a baby if:

- Either parent is a smoker
- Either parent is under the influence of alcohol or illicit drugs
- Either parent is under the influence of medication that causes sedation, is excessively tired, or obese.

If parents choose to share a sleeping surface with their baby, the following strategies have been demonstrated to reduce the risk of sudden unexpected deaths in infancy, including SIDS and fatal sleeping accidents^{1,2,5,37,50}:

- Sleep baby on the back from birth – never on the tummy or side.
- If baby lies on his or her side to breastfeed, baby should be returned to the supine (back) position for sleep.
- Make sure the mattress is firm and flat (not tilted or elevated)
- Make sure that bedding cannot cover baby's face or overheat baby (use lightweight blankets and remove pillows, doonas and other soft items from the environment that could cover baby);
- Sleep baby beside one parent only, rather than between two parents, to reduce the likelihood of baby becoming covered by adult bedding (unless sleep enabler that provides for a separate sleep surface and infant bedding is being used)
- Ensure partner knows baby is in the bed.

- As an alternative to bedding, an infant sleeping bag may be used so that the baby does not share the adult bedding. (N.B. Do not *wrap* baby if sharing a sleep surface as this restricts arm and leg movement).
- Make sure baby cannot fall off the bed. A safer alternative is to place the mattress on the floor (be aware of potential situations where baby can become trapped). Do not place pillows at the side of the baby to prevent rolling off.
- Pushing the bed up against the wall can be hazardous. Babies have died after being trapped between the bed and the wall.
- Never place a baby to sleep in a bed with other children or pets (see SIDS and Kids Frequently Asked Questions for specific advice about the safest way to sleep twins at www.sidsandkids.org)
- **Babies must never be left alone on an adult bed or put to sleep on a sofa, bean bag, waterbed or soft, sagging mattress.**
- Three sided-cots (a cot with one side down) may be available for purchase that can be attached to the side of the bed at the same level so that the baby has a separate environment but is still in contact with a parent during sleep. *Please note that currently there is no Australian standard for three-sided cots.*

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