

UNICEF UK INFOSHEET

STATEMENT ON CO-SLEEPING FOLLOWING PUBLICATION OF NEW NICE POSTNATAL GUIDANCE

December 2014



The National Institute for Health and Care Excellence (NICE) has issued updated guidelines on Sudden Infant Death Syndrome (SIDS) and co-sleeping (sleeping with a baby on a bed, sofa or arm-chair). This update forms part of NICE guidance 37: Routine Postnatal Care of Women and their Babies (NICE, 2014). The following statement updates previous statements on bed-sharing and co-sleeping made by the UNICEF UK Baby Friendly Initiative.

Key messages from NICE

- The new NICE guidance advises that parents should be informed of an association between co-sleeping and SIDS.¹²³
- The guidance does not advise telling parents that they must never sleep with their baby, but rather instructs health professionals to give parents balanced information to help them make decisions about where their baby sleeps.⁴
- Those parents who need the most careful guidance are those who smoke or did so in pregnancy.
- There is a potential association between SIDS and co-sleeping for babies born prematurely, with low birth weight, or with parents who have consumed alcohol or drugs.

¹ An association is described as an observed statistical relationship between a factor and an outcome that does not necessarily infer a cause. This is opposed to a 'risk' which infers a cause and effect relationship (causality).

² Analysis of twelve international case-control studies and two individual patient data sets detected an association between SIDS and co-sleeping. However, the evidence is not robust enough to claim a causal link (risk).

³ The association was detected when all co-sleeping environments were considered together (beds, sofas and chairs). There is some evidence that sofas are particularly hazardous (Rechtman et al, 2014; Blair et al, 2014) but a lack of data prevented a separate recommendation being made related to sofa sharing.

⁴ The guideline committee acknowledged that many factors influence co-sleeping including maintaining breastfeeding, cultural and traditional practices and socio-economic factors. It was also acknowledged that co-sleeping can be planned or unplanned.

Points for consideration

- The guideline is clear on the need to give parents balanced information to allow informed decision making. In order for this to happen, a parent-centred discussion on caring for babies at night, tailored to individual circumstances, is required. Instructing health professionals to simply 'tell' all parents not to bed-share does not fulfil the recommendations made in the guideline or support parents to keep their baby safe.
- The guideline defines the difference between an association and a risk. It is therefore important that this be considered when planning staff training and the information to be provided for parents. Keeping key messages related to co-sleeping and SIDS proportionate and contextualized within a broader discussion on night time care will do much to help parents relate the guidance to the reality of their lives.
- The needs of breastfeeding mothers and babies were not considered as part of this guideline. Breastfeeding has many advantages for mothers and babies and increasing breastfeeding rates is an agreed priority. Breastfed babies feed frequently both day and night in the early weeks following birth. There is a positive association between bed sharing and breastfeeding (Blair, Heron & Fleming, 2010), as this makes frequent feeding possible for mothers who also need to rest. Given the profound effect on maternal and child health that breastfeeding can have, it is important that discussions with parents on night time care acknowledge and address the particular needs of breastfeeding mothers.
- The guideline defines co-sleeping as 'parents or carers sleeping on a bed or sofa or chair with an infant'. Parents can share beds, sofas and chairs with a baby while asleep, awake, sitting upright, lying down, in contact or not in contact with the baby. It is therefore 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. We suggest that health professionals use language appropriate to the individual situation: co-sleeping refers only to situations where both are asleep, bed-sharing is only used to refer to when an actual bed is shared, and sofa-sharing is used to refer to the situations where parents share a sofa with their baby and to distinguish it from bed-sharing.
- It is known that a large proportion of UK parents sleep with their baby at some point, whether they intended to or not (Bolling et al, 2007; Blair & Ball, 2004). Acknowledging this reality is important, as it will help form the basis of honest conversations between health professionals and parents, based on individual circumstances and needs.
- There is evidence that co-sleeping on a sofa is riskier than co-sleeping in a bed (Rechtman et al, 2014; Blair et al, 2014), even though there was a lack of sufficiently detailed data for NICE to make separate recommendations on this. It is therefore important that health

professionals do not inadvertently drive tired parents to feeding and caring for their baby on a sofa by overstating the risks of staying in bed.

- The guideline committee was asked to consider co-sleeping in relation to SIDS only. Therefore, other considerations such as general SIDS prevention or preventing accidents are not included in the guidance. When discussing night time care with parents it is important that health professionals consider safety issues as well as those related to SIDS. This relates to cots, beds, sofas and chairs.

Current Unicef UK recommendations for health professionals on discussing bed-sharing with parents – under review

Outlined below are Unicef UK's current recommendations to health professionals on the key information to be discussed with all parents, in order to protect babies. These are intended to be used in conjunction with the leaflet [Caring for your baby at night](#) (Unicef UK Baby Friendly Initiative, 2013). These recommendations will be reviewed shortly in order to ensure that they are in line with the new NICE guidance.

Simplistic messages in relation to where a baby sleeps should be avoided; neither blanket prohibitions nor blanket permissions reflect the current research evidence.

The current body of evidence supports the following key messages, which should be conveyed to all parents:

- The safest place for your baby to sleep is in a cot by your bed
- Sleeping with your baby on a sofa puts your baby at greatest risk

Your baby should not share a bed with anyone who:

- is a smoker
- has consumed alcohol
- has taken drugs (legal or illegal) that make them sleepy.

The incidence of SIDS (often called "cot death") is higher in the following groups:

- Parents in low socio-economic groups
- Parents who currently abuse alcohol or drugs
- Young mothers with more than one child
- Premature infants and those with low birthweight

Parents within these groups will need more face to face discussion to ensure that these key messages are explored and understood. They may need some practical help, possibly from other agencies, to enable them to put them into practice.

References

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