AMERICAN COLLEGE of NURSE-MIDWIVES
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POSITION STATEMENT

Safe Infant Sleep Practices

The American College of Nurse-Midwives (ACNM) affirms the following:

- The risk of sudden infant death syndrome (SIDS) can be reduced 50% by placing an infant on his or her back to sleep and by having the infant sleep in the same room as the parent (co-sleeping) but not in the same bed.
- Bed-sharing, a form of co-sleeping in which the infant sleeps on the same surface as the parent, is common practice in certain cultures. While bed-sharing may be practiced safely within certain parameters, this practice may increase the risk of hazardous conditions, such as overheating and airway obstruction, that subsequently increase the risk of SIDS.
- However, bed-sharing increases frequency and duration of breastfeeding and heightens maternal vigilance, which may reduce the risk of SIDS, particularly in certain subgroups.
- Bed-sharing makes night time feeding easier, which increases maternal sleep time; therefore, all women, particularly those who are breastfeeding, should be counseled on best practices for bed-sharing.
- Prenatal and postpartum visits are an ideal time for certified midwives/certified nurse-midwives to provide clear, evidence based, non-biased information and to elicit parental and cultural preferences regarding infant sleep environment.

Background

In 1992, in response to a significant increase in the rate of SIDS, the American Academy of Pediatrics (AAP) recommended placing infants on their backs for sleep.[1] The Back to Sleep campaign that followed in 1994 helped to reduce the rate of SIDS by nearly 50% from 4,073 infant deaths from SIDS in 1994 to 2,643 in 1999.[2] In 2000, the AAP further expanded recommendations to include parameters regarding bedding in cribs, pacifier use at time of sleep, bed-sharing, and smoking.[3] In the most recent safe infant sleep guidelines published in 2011, the AAP recommended placing the infant to sleep on his or her back in a crib in the parent's room; sharing the adult bed was not recommended.[4]

In 2011, the AAP also provided specific definitions of co-sleeping and bed-sharing.[4] Co-sleeping occurs when the parent and infant sleep in close proximity on different surfaces, whereas bed-sharing occurs when the infant sleeps on the same surface with another person.[4] To prevent confusion, the AAP advised using the term *room-sharing* instead of co-sleeping. Room-sharing was recommended over bed-sharing, which can lead to certain hazardous conditions, such as overheating, rebreathing of carbon dioxide, airway obstruction, head covering, and exposure to tobacco smoke.[4]

Bed-sharing is commonly used by breastfeeding women globally, including in the United States. Despite the progress made in reducing the number of SIDS deaths, many infant development experts, psychologists, and anthropologists object to the AAP position on bed-sharing and argue that this practice improves maternal vigilance,[5] does not pose significant risk,[6-9] and conflicts with parental[10-12] and cultural preferences.[13] Moreover, women who breastfed were 3 times more likely to bed-share than those who bottle fed.[14] The number of breastfeeding women who bed-share may be underestimated because women often withhold this information if they believe the infant's primary care provider will not be supportive.[14] When women were asked about their reasons for bed-sharing, ease of breastfeeding was the most common response.[14,15] Bed-sharing infants breastfed twice as often as infants who slept alone,[16] and bed-sharing was associated with longer breastfeeding duration.[17,18] Moreover, infants who sleep in close proximity to their mothers experience more sensory stimulation, which can reduce the risk of SIDS.[6] Bed-sharing infants are intermittently exposed to elevated carbon dioxide levels as a result of maternal respiration, which may stimulate infant respiration. Close proximity allows mothers to monitor and respond to infant needs and appeared to decrease prone (on the stomach) positioning of the infant.[7]

Bed-sharing however, may increase the risk of SIDS if parents are smokers or if the infant is younger than 12 weeks old. Parents should be warned against bed-sharing if either parent smokes,[19] is under the influence of drugs or alcohol, or uses a sleep surface such as an armchair or sofa.[20]

Parents' perceptions of infant needs strongly influence sleep arrangements. Given that some parents are resistant to abandoning bed-sharing altogether,[21] it is best to educate them about safe bed-sharing practices. Warnings against prone positioning are necessary components of safe bed-sharing and SIDS risk education. It should be noted that the duration of bed-sharing is also a consideration. Infants who are brought into the adult bed for a short time to feed, bond, or be comforted have not been shown to be at higher risk for SIDS.[17]

Midwives and other women's health care providers can help promote safe bed-sharing practices by addressing infant sleep arrangements during prenatal care appointments.[22] It may also be helpful to discuss and demonstrate safe bed-sharing during the postpartum period. Contradictory information from health care providers may create confusion for women and families. Some professionals have called for unified endorsement of the AAP's recommendations to minimize this confusion.[23] What is evident from the research is that many families, particularly breastfeeding mothers, African American mothers, and American Indian/Alaskan Native mothers, choose to ignore advice about solitary crib sleeping.[19,24-26] These groups in particular should be advised against bed-sharing if they smoke, and warnings against prone positioning should be reinforced.

Discussing the current evidence on safe sleep arrangements for infants is an important responsibility of women's health care providers and gives parents the information they need to make informed decisions. Because the rate of bed-sharing is high, particularly among breastfeeding couplets and certain cultural subgroups, providers can best serve the needs of these families by encouraging candid conversations about infant sleep arrangements and safe ways to sleep with an infant.

Best Practices for Bed-sharing[27-29]

- Breastfeed your infant exclusively for 6 months.
- Place the infant to sleep next to the mother and not between parents.
- Place the infant on his or her back when sleeping.
- Never leave your infant alone while asleep in an adult bed.
- Remove heavy blankets and pillows from the bed. Use a light blanket and adjust the room temperature for comfort.
- Make sure that there are no spaces between the mattress and the wall or headboard.
- Use the largest adult bed you can afford and take precautions to prevent the infant from falling out of bed.
- Do not place the infant's bed/crib near a heater and turn off any electric blankets when the infant is in bed.
- Do not overdress your infant. Overheating is associated with an increased risk of SIDS.
- Do not bed-share if overly tired or sleep deprived.
- Check bed and remove other hidden dangers, such as small toys, plastic bags, ribbons, or string.
- Tie back loose, long hair to prevent accidental suffocation.
- Do not bed-share with your child if you are under the influence of drugs, alcohol, or sleep aids such as Ambien or narcotics such as Fentanyl, Oxycodone, or Percocet.

Note. It is not safe to sleep with your infant on a couch, armchair, recliner, beanbag, or waterbed.

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Note. Midwifery as used throughout this document refers to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American College of Nurse-Midwives (ACNM) or the American Midwifery Certification Board, Inc. (AMCB).

Source: Clinical Practice and Documents Section DOSP

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