

POSITION STATEMENT

Safe Infant Sleep Practices

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

- Families often consider a wide variety of factors, including feeding practices and cultural norms, when making choices about infant sleep.
- Room-sharing, in which the infant sleeps in the same room but not in the same bed as the parent(s), can reduce the risk of sudden infant death syndrome (SIDS) by 50%.¹
- Bed-sharing, in which the infant sleeps on the same surface as the parent(s), is a common practice worldwide.
- Research on bed-sharing has shown both benefits and risks. Benefits include increasing the duration of breastfeeding/chestfeeding and heightening maternal vigilance, the latter of which may lower the risk of SIDS. Risks include potentially increasing hazardous conditions leading to overheating or airway obstruction that may lead to increased risk for SIDS or other accidental infant death, such as suffocation.²
- Bed-sharing and nighttime breastfeeding/chestfeeding are closely related, and those who are breastfeeding/chestfeeding 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, nonbiased information and to elicit parental and cultural preferences regarding the infant sleep environment.

Background

In 1992, following research linking SIDS and stomach sleeping, the American Academy of Pediatrics (AAP) recommended placing infants on their backs for sleep.³ The Back to Sleep campaign, which is now known as Safe to Sleep, that followed in 1994 helped reduce the rate of SIDS by nearly 50%, from 4073 infant deaths from SIDS in 1994 to 2643 deaths from SIDS in 1999.⁴ In 2000, the AAP further expanded recommendations to include parameters regarding bedding in cribs, pacifier use at time of sleep, bed-sharing, and smoking.⁵ In the most recent safe infant sleep guidelines published in 2016, the AAP recommended placing the infant to sleep on his or her back in a crib in the parent's/parents' room. Sharing the adult bed was not recommended.¹

In 2016, the AAP also provided specific definitions of room-sharing and bed-sharing. *Room-sharing* is when the parent and infant sleep in close proximity on different surfaces, whereas *bed-sharing* is when the infant sleeps on the same surface with another person. Room-sharing was recommended over bed-sharing, the latter of which can lead to certain hazardous conditions, such as overheating, airway obstruction, head covering, and exposure to tobacco smoke. The AAP acknowledged that co-sleeping is a common term; however, they recommend using the term room-sharing or bed-sharing, as appropriate, to prevent confusion.⁶

Bed-sharing is commonly used by breastfeeding/chestfeeding parents globally, including in the United States. Despite the progress made in reducing the number of SIDS cases, many infant development experts, psychologists, and anthropologists object to the AAP's position on bed-sharing and argue that this practice improves maternal vigilance,⁷ does not pose significant risk,⁸⁻¹¹ and conflicts with parental¹²⁻¹⁴ and cultural¹⁵ preferences. Moreover, women who breastfed were found to be 3 times more likely to bed-share than were those who bottle-fed.¹⁶ The number of breastfeeding/chestfeeding parents who bed-share may be underestimated because people often withhold this information if they believe the infant's primary care provider will not be supportive.¹⁶ In studies asking about reasons for bed-sharing, ease of breastfeeding was the most common response.^{16,17} Multiple studies have shown that bed-sharing is associated with a longer breastfeeding duration.¹⁷⁻¹⁹ Moreover, infants who sleep in close proximity to their breastfeeding/chestfeeding parent experience more sensory stimulation, which can reduce the risk of SIDS.⁷ Bed-sharing infants are intermittently exposed to elevated carbon dioxide levels as a result of maternal respiration, which may stimulate infant respiration. Proximity allows mothers to monitor and respond to infant needs and appears to decrease stomach positioning of the infant.⁹

There are known factors that increase risk of SIDS when bed-sharing, including smoking, adults being under the influence of drugs or alcohol, or use of an atypical sleep surface, such as an armchair or sofa. There is also an increased risk of SIDS in infants who are premature, of low birth weight, or are less than 12 weeks old and bed-sharing.⁶

Midwives and other health care providers can help promote safe sleep practices by addressing infant sleep arrangements in an open and nonjudgmental way during prenatal care appointments.⁶ The Safe to Sleep campaign provides recommendations for safe sleep environments, including positioning the infant on their back on a firm surface with no additional bedding.²⁰ Midwives can use these recommendations to help guide conversations with parents.

Parents' responsiveness to infant needs, along with cultural norms and family preferences, strongly influence sleep arrangements.²¹ All families should be provided information related to safe bed-sharing, as studies have shown that bed-sharing is common; it was found in one study that 60% of parents report bed-sharing at least once from birth to 1 year of age.¹ In addition, as many as 44% of families practice "unintentional" bed-sharing, during which parents fall asleep unintentionally while caring for an infant.²² Providers discussing infant sleep practices with parents should provide unbiased, evidence-based information for parents to make an informed choice. Parents should be counseled on the specific factors that increase the risk of SIDS and advise against bed-sharing when a parent smokes, is under the influence of alcohol or drugs, or is sleeping on a couch, sofa, or chair. P

Discussing the current evidence on safe sleep arrangements for infants is an important responsibility of health care providers and gives parents the information they need to make informed decisions. Because bed-sharing is common, particularly among breastfeeding/chestfeeding couplets and certain cultural subgroups, providers can best serve the needs of these families by encouraging open conversations about infant sleep arrangements, providing safe infant sleep recommendations, and discussing how to practice safe bed-sharing.

Best Practices for Bed-Sharing^{17,23,24}

Breastfeed your infant exclusively for 6 months.

- Place the infant to sleep next to the breastfeeding/chestfeeding parent and not between parents.
- Place the infant on their 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 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 for 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; sleep aids, such as zolpidem (Ambien); or narcotics, such as fentanyl, oxycodone, or oxycodone plus acetaminophen (Percocet).

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

References

1. Moon RY, Darnall RA, Feldman-Winter L, Goodstein MH, Hauck FR. SIDS and other sleep-related infant deaths: evidence base for 2016 updated recommendations for a safe infant sleeping environment. *Pediatrics*. 2016;138(5):e1-e34. doi:10.1542/peds.2016-2940
2. Mileva-Seitz VR, Bakermans-Kranenburg MJ, Battaini C, Luijk MPCM. Parent-child bed-sharing: the good, the bad, and the burden of evidence. *Sleep Med Rev*. 2017;32:4-27. doi:10.1016/j.smr.2016.03.003
3. American Academy of Pediatrics AAP Task Force on Infant Positioning and SIDS: positioning and SIDS. *Pediatrics*. 1992;89(6 Pt 1):1120-1126.
4. Eunice Kennedy Shriver National Institute of Child Health and Human Development. Progress in reducing SIDS. National Institutes of Health, US Department of Health and Human Services. Accessed April 13, 2022. <https://safetosleep.nichd.nih.gov/activities/SIDS/progress>
5. American Academy of Pediatrics. Changing concepts of sudden infant death syndrome: implications for infant sleeping environment and sleep position. *Pediatrics*. 2000;105(3):650-656. doi:10.1542/peds.105.3.650

6. Moon RY, Darnall RA, Feldman-Winter L, Goodstein MH, Hauck FR. SIDS and other sleep-related infant deaths: updated 2016 recommendations for a safe infant sleeping environment. *Pediatrics*. 2016;138(5):2-12. doi:10.1542/peds.2016-2938
7. Richard C, Mosko S, McKenna J, Drummond S. Sleeping position, orientation, and proximity in bedsharing infants and mothers. *Sleep*. 1996;19(9):685-690. doi:10.1093/sleep/19.9.685
8. Mosko S, Richard C, McKenna J. Maternal sleep and arousals during bedsharing with infants. *Sleep*. 1997;20(2):142-150. doi:10.1093/sleep/20.2.142
9. Mosko S, Richard C, McKenna J, Drummond S, Mukai D. Maternal proximity and infant CO₂ environment during bedsharing and possible implications for SIDS research. *Am J Phys Anthropol*. 1997;103(3):315-328. doi:10.1002/(SICI)1096-8644(199707)103:3<315::AID-AJPA2>3.0.CO;2-P
10. Ball H. Airway covering during bed-sharing. *Child Care Health Dev*. 2009;35(5):728-737. doi:10.1111/j.1365-2214.2009.00979.x
11. McKenna JJ, McDade T. Why babies should never sleep alone: a review of the co-sleeping controversy in relation to SIDS, bedsharing and breast feeding. *Paediatr Respir Rev*. 2005;6(2):134-152. doi:10.1016/j.prrv.2005.03.006
12. Ward TCS. Reasons for mother-infant bed-sharing: a systematic narrative synthesis of the literature and implications for future research. *Matern Child Health J*. 2015;19(3):675-690. doi:10.1007/s10995-014-1557-1
13. McKenna JJ, Volpe LE. Sleeping with baby: an internet-based sampling of parental experiences, choices, perceptions, and interpretations in a Western industrialized context. *Infant Child Dev*. 2007;16(4):359-385. doi:10.1002/icd.525
14. Goldberg WA, Keller MA. Co-sleeping during infancy and early childhood: key findings and future directions. *Infant Child Dev*. 2007;16(4):457-469. doi:10.1002/icd.522
15. Gaydos LM, Blake SC, Gazmararian JA, Woodruff W, Thompson WW, Dalmida SG. Revisiting safe sleep recommendations for African-American infants: why current counseling is insufficient. *Matern Child Health J*. 2015;19(3):496-503. doi:10.1007/s10995-014-1530-z
16. McCoy R, Hunt C, Lesko S, et al. Frequency of bed sharing and its relationship to breastfeeding. *J Dev Behav Pediatr*. 2004;25(3):141-149. doi:10.1097/00004703-200406000-00001
17. Academy of Breastfeeding Medicine Protocol Committee. ABM clinical protocol #6: guideline on co-sleeping and breastfeeding. *Breastfeed Med*. 2008;3(1):38-43. doi:10.1089/bfm.2007.9979
18. Ball HL, Howel D, Bryant A, Best E, Russell C, Ward-Platt M. Bed-sharing by breastfeeding mothers: who bed-shares and what is the relationship with breastfeeding duration? *Acta Paediatr*. 2016;105(6):628-634. doi:10.1111/apa.13354

19. Huang Y, Hauck FR, Signore C, et al. Influence of bedsharing activity on breastfeeding duration among US mothers. *JAMA Pediatr.* 2013;167(11):1038-1044. doi:10.1001/jamapediatrics.2013.2632
20. Eunice Kennedy Shriver National Institute of Child Health and Human Development. About SIDS and safe infant sleep. National Institutes of Health, US Department of Health and Human Services. Published 2022. Accessed April 13, 2022. <https://safetosleep.nichd.nih.gov/safesleepbasics/about>
21. Duncan J, Byard R, eds. *SIDS Sudden Infant and Early Childhood Death: The Past, the Present and the Future.* University of Adelaide Press; 2018.
22. Doering JJ, Lim PS, Salm Ward TC, Davies WH. Prevalence of unintentional infant bedsharing. *Appl Nurs Res.* 2019;46:28-30. doi:10.1016/j.apnr.2019.02.003
23. UNICEF United Kingdom. *Caring for Your Baby at Night: A Guide for Parents.* Updated July 2021. Accessed April 13, 2022. <https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2018/08/Caring-for-your-baby-at-night-web.pdf>
24. Mother-Baby Behavioral Sleep Laboratory. Safe cosleeping guidelines. University of Notre Dame; 2022. Accessed April 13, 2022. <https://cosleeping.nd.edu/safe-co-sleeping-guidelines/>

Note. The terms *midwifery* and *midwives* as used throughout this document refer to the education and practice of certified nurse-midwives (CNMs) and certified midwives (CMs) who have been certified by the American Midwifery Certification Board (AMCB).

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