ICEA Position Paper

Safe Infant Sleep

Position

All expectant parents should be given evidence-based information on normal maternal and infant physiology, behaviors surrounding feeding and sleep, and on naptime and nighttime safety in order to make informed decisions about where their babies will sleep.

Background

Holding a sleeping baby is one of the sweetest experiences of new parenthood. However, there are concerns about the safety of parents and infants falling asleep together. Prior to the early 1990s, health authorities realized that some babies died unexpectedly, often in cribs or cots, leading to a general fear of “cot death,” later defined as Sudden Infant Death Syndrome or SIDS. At that time, nearly all authorities recommended that parents place their babies prone (face down) to sleep, reasoning erroneously that if a supine (face-up) baby spit up, it could choke. In 1991, research in New Zealand revealed that 80% of babies who died unexpectedly had at least one of three factors in common: maternal smoking, prone (face-down) position of the baby, and formula-feeding. Health authorities reversed their advice on placing babies prone for sleep, and almost overnight “back to sleep” messages emerged.

SIDS and suffocation are two distinct and rare risks to infants in the early months. SIDS is a diagnosis of exclusion: no reason for the baby’s death can be found and circumstances. The highest risk factors for SIDS are well-documented: Smoking is the highest risk factor for SIDS\(^1\). Maternal smoking during pregnancy and/or smoking by anyone in the household, even if the smoker goes outside\(^2\), is a dose-dependent risk factor. Placing the baby prone for sleep is also a well-established risk\(^3\). Formula-feeding, even partial formula-feeding, increases SIDS risk\(^4\). Babies sleeping alone and unattended (out of sight and sound of a responsible caregiver), and babies in daycare are at increased risk\(^5\).

The majority of suffocation, entrapment, and smothering deaths (ASSB – Accidental Suffocation and Strangulation in Bed) during shared sleep occur on couches or sofas, and/or involve alcohol or drug use by the baby’s bed partner. ASSB during solitary sleep is more common when the baby is alone or unattended during sleep, including in day care situations\(^7,8\).

Confusing Definitions

“Co-sleeping”, which is often assumed to mean mother and baby sharing a bed, has no consistent, clear definition. The term does not define who the baby’s bed partner is, where the person is, the person’s condition, the safety of the baby’s sleep surface, and whether or not that surface is a bed. Co-sleeping can thus be done safely or unsafely. “Bedsharing” usually means that a baby is sharing a sleep surface with someone, but does not define who the person is, nor their condition, nor the surface. Bedsharing can thus be done safely or unsafely.
Many research articles and policy statements still confuse SIDS and smothering (ASSB), or lump them together under the more vague term SUID (Sudden Unexpected Infant Death) or SUDI (Sudden Unexpected Death in Infancy.) Conflating SIDS and ASSB weakens studies, causes parental confusion and fear, and can increase risk. Breastfeeding mothers may share a sleep surface with their babies at least part of the time, deliberately or accidentally. Parents who believe their bed is a risk factor for SIDS may move to the sofa or chair, which is a higher risk factor for ASSB.10,11

Understanding Normal Sleep

Pregnant women are quite familiar with broken sleep. That pattern continues into the postpartum months, regardless of how mothers feed their babies11. After birth, infants sleep in short (1 to 1½ hour) cycles. To thrive, they need milk frequently because of their very small stomachs and very rapid growth. Frequent nursing or feeding day and night is normal for babies. By 3 months, patterns have begun to emerge in the baby’s sleep and feeding cycles15.

Frequent kind touch and gentle holding for many hours a day is nearly as important to babies’ overall development as food.16 Breastfeeding ensures both. Breastfeeding is fundamental to a baby’s normal health and development.

Breastsleeping is a term that was developed to recognize the model of continuous contact between mother and infant including times of maternal sleep and frequent, unlimited access to the breast. This model was typical until recently when other factors became common in our society; eg smoking, alcohol and drug use and “decorating” the infant sleep environment.

Safety Issues

An infographic by La Leche League, “Safe Sleep Seven: Smart Steps to Safer Bedsharing,” lists seven criteria that vastly reduce the major SIDS and smothering risks. “If a mother is: 1) A non-smoker; 2) Sober; and 3) Breastfeeding ... And her baby is: 4) Healthy; 5) On his back; and 6) Lightly dressed and 7) unswaddled.

The following information will help explain how to educate parents on these steps:

- Prenatal smoking and environmental smoke represent the single greatest risk factor for SIDS.
- Alcohol and sedating drugs can impair an adult’s awareness during sleep. Many ASSB deaths involve alcohol or drug use by the baby’s caregiver.6
- Breastfeeding mother-baby dyads sleep differently from anyone else. The breastfeeding mother provides frequent stimulation through touching, shifting, and feeding throughout the night.
- Formula-fed babies rouse from sleep less readily than breastfed babies; have more than double the risk of (SIDS);4 and have many other health problems. Virtually every health authority in the world recommends exclusive breastfeeding for the first six months starting in the first hours after giving birth, then continued breastfeeding while adding family foods till the child is at least one to two years old.
• Babies should be lightly clothed (not overheated)

• Babies should not be swaddled for feedings or during sleep; swaddling prevents a baby from shifting his position as conditions change. Studies have reported swaddling as an independent risk factor for SIDS. Tight swaddling, as parents are often instructed to do to “mimic the feeling of being in the uterus”, can cause a restriction to breathing.

• Researchers who support and oppose early bedsharing agree that by 4 months bedsharing with a responsible, non-smoking caregiver (not necessarily the breastfeeding mother) carries no added risk to the baby.

• To create a safe surface, parents should avoid thick covers, toys, pets, and use a firm, clean, flat mattress. Any cracks or gaps should be widened or packed tightly, to avoid entrapment. Cords, strings, and sharp objects should be removed. Other children should not sleep next to the baby. A side-car attached to the bed can be a good option. A safe crib for the baby in the parents’ bedroom is safer than baby sleeping unattended in another room. (AAP)

• Sleep happens, and exhaustion sometimes overrules caution. ICEA strongly recommends baby-proof the family bed, even if they have no plans to bedshare.

• Adults should avoid lying down with a baby on a sofa or in a recliner, even “just for a minute” because the threat of suffocation, entrapment, or dropping the baby is especially high if the adult falls asleep. If a sofa or recliner is the only option for sleep, the adult can consider leaning back and fastening the baby securely to their chest (ensuring the wrap is not tight enough to restrict the infant’s breathing) with a scarf, shawl, wrap or soft carrier, to keep the baby chest-to-chest when the adult falls asleep.

• “Sleep training” programs attempt to get babies to sleep for unnaturally long stretches at night. Babies cry when they need to be touched held, fed, and nurtured, and cannot meet those needs themselves. Crying is a late sign of stress and should never be ignored. Sleep training programs have been shown to actually, increase parental stress and infant crying.


On October 24, 2016 the AAP released the policy statement with the following recommendations and suggests parents have open, non-judgmental conversations on safe infant sleep practices.

1. Breastfeeding is recommended to reduce the risk of SIDS and to enhance the health and well-being of the infant and the mother. The AAP recommends exclusive breastfeeding for 6 months (no formula, nutritional liquids or solid foods). Newer research demonstrates that exclusive breastfeeding can reduce the risk of SIDS by as much as 70%.

2. Skin to skin care is recommended for all mothers and newborns, regardless of feeding or delivery method...for at least an hour after birth

3. Room-sharing with the infant on a separate sleep surface is recommended. Keep
infants in close proximity to parents for the first 6 to 12 months of life.

4. The AAP recognizes that parents may fall asleep in bed after or during feeding their infant, so remove pillows, loose blankets, loose sheets, and move the bed away from walls to prevent entrapment, and follow remainder of safe sleep recommendations.

5. Avoid nighttime (and daytime if feeling at all sleepy) feeding on couches and armchairs which are not considered safe sleep surfaces at any time for infants.

6. Sleep position – It is important that anyone who cares for the infant puts the baby to sleep on their back. Prone sleeping (sleeping on the stomach) increases the risk of rebreathing the same air that is under the baby’s face which can increase the levels of carbon dioxide in their blood, not enough oxygen in their blood which can be potentially fatal.

Other recommended actions include:

Recommendations from the National Action Partnership to Promote Safe Sleep (in partnership with the AAP) recommends:

“Use a firm (this means not soft, cushiony) sleep surface, such as a mattress in a safety-approved crib covered by a fitted sheet, to reduce the risk of SIDS and other sleep-related causes of infant death. Firm sleep surfaces with no other bedding or soft objects. Nothing soft such as pillows etc. should be placed under the baby. Appropriate surfaces can include safety approved cribs, bassinets, and portable play areas. Safety approved cribs are those that have been manufactured and sold since the requirements went into effect on June 28, 2011. They have been designed to have the spaces between the bars too small for a baby’s head to get through and get stuck. Standards for other safety approved spaces such as bassinets, portable play areas and side cars (attachment to an adult bed that provides a separate, but close safe space) have also been developed by the U.S. Consumer Product Safety Commission.

1. Other considerations for safe sleep surfaces:

   a. Do not use bumper pads in a crib.

   b. Never place baby to sleep on soft surfaces, such as on a couch or sofa, pillows, quilts, sheepskins, or blankets.

   c. When using a sling to carry a baby, make sure the baby’s face is facing up in a sniffing position and their head is above the fabric completely uncovered and open to the air.

   d. Do not use a car seat, carrier, swing, or similar product as baby’s everyday sleep area.

   e. Infants should not be placed to sleep on adult beds. Portable bed railings intended to keep a child from falling off a bed should not be used for infants.

2. Avoid smoking, alcohol, and drugs during pregnancy and after birth

3. Devices marketed to reduce risk of SIDS such as monitors, wedges, devices or specific mattresses have not been shown to be preventive

4. Swaddling does not reduce the risk of SIDS and in some cases may increase the risk for overheating and SIDS
5. Consider offering a pacifier at nap or bed time, only after breastfeeding is firmly established (no specified time frame). If infant is not breastfed the family can introduce as soon as desired.

6. Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional shaping of the head.

7. End racial biases and inequities that undermine breastfeeding support and education in minority populations.

8. Connect with local mother/infant support groups to discuss safe sleep practices.

**Sources of Evidence Based Information**

- La Leche League International’s Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family – www.llli.org/ sweetsleepbook
- Dr. Helen Ball – Infant Sleep Information Source – https://www.basisonline.org.uk/
- Dr. James McKenna – Mother-Baby Behavioral Sleep Laboratory – http://cosleeping.nd.edu/
- Babywearing International – http://babywearinginternational.org/
- Safe to Sleep NICHD campaign – https://www.nichd.nih.gov/sts/Pages/default.aspx
Implications for Practice

Childbirth educators, lactation care providers, and doulas can help new families care for their babies safely during nights and naps by providing information, anticipatory guidance and research-based resources free from conflicts of interest and bias. Our mission of giving parents freedom to make decisions through knowledge of alternatives requires that students/clients are aware of the risks of unsafe sleep situations, unsafe bedsharing, tobacco smoking, alcohol use during pregnancy and postpartum, and other health risks. The educator, lactation care provider, or doula should be familiar with which facilities in her community are designated as Baby-Friendly Hospitals™ or birth centers, or are working toward this designation. The educator, lactation care provider, or doula should be familiar with resources that take into account the normal sleep patterns and behaviors of the breastfeeding mother-baby dyad. She should be able to refer childbearing families to the sources listed in this document.

ICEA’s goal is to provide education and care which are culturally competent. This is defined as the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses being aware of one’s own world view. Developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views. A synonym for cultural competency would be "respect." (http://makeitourbusiness.ca/blog/what-does-it-mean-be-culturally-competent).

References


Feldman-Winter L, Goldsmith JP, et al. Safe sleep and skin-to-skin care in the neonatal period for AWHONN (Association of Women’s Health, Obstetrics and Neonatal Nursing) suggests in their Tips for Nurses Teaching Safe Sleep in the Hospital Setting: “Be supportive even if parents do not think they can follow all of the recommendations, but also speak up when there is a serious risk for danger. Be conversational in your approach and use phrases such as “safer” and “safest”. Avoid “never” and other all-or-nothing terms as much as possible. That being said, there are some practices that are extremely dangerous, such as bed-sharing with a baby born premature or with parents that smoke, so at times stronger (but kind) words about the risk they will be taking need to be used.”


McKenna JJ, Gettler LT. There is no such thing as infant sleep, there is no such thing as breastfeeding, there is only breastsleeping. Acta Paediatr 2015;105:17–21.


Bartick M, Tomori C, Ball HL. Babies in boxes and the missing links on safe sleep: Human evolution and cultural revolution. Matern Child Nutr 2018;14:e12544


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