

This information sheet summarises research-based evidence about the risks and benefits of babies sharing an adult bed with a parent or parents and about babies' safety.

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Many parents bring their baby into their bed to sleep, but for most UK babies this is not where they always or usually sleep. Bed-sharing usually happens for part of the night, or for a couple of nights a week, although some babies sleep all night every night in their mother's or parents' bed.

Although many new parents think they will never sleep with their baby, research shows that many do so, for all kinds of reasons. About 50% of UK babies have bed-shared by the time they are 3 months old, and on any night of the week a fifth of all babies sleep with a parent. Most of these are babies who are being breastfed, and three quarters (70-80%) of breastfed babies sleep with their mother or parents some of the time in the early months. It is important that ALL parents are informed about bed-sharing and have thought about how they will manage night-time care.

Why do people bed-share?

People bed-share for many reasons, and in many different circumstances. Bed-sharing can happen more -- or less -- safely. When done accidentally, without thought for babies' safety, it can be very dangerous. Some babies are also vulnerable due to specific risk factors.

The most common reason for bed-sharing is to breastfeed in the night. Breastfed babies nurse frequently because human milk is easily digested, and they need to do so night and day. Frequent night-time nursing helps mothers to make sufficient milk. Many breastfeeding mothers find bed-sharing makes night-time nursing less disruptive after the first few weeks, and mothers who bed-share generally breastfeed for more months than those who do not.

Other people bed-share for bonding, especially if they have to leave their baby during the day for work; some do so when their baby is ill, to be able to pay close attention. Many families from around the world bed-share because this is their normal cultural practice. Sometimes people bed-share because they cannot afford to buy a cot/crib, or because they are sleeping in a temporary place without one (e.g. visiting friends/family or on holiday).

Sometimes people fall asleep with their babies accidentally, or without meaning to. This can be very dangerous, especially if it happens on a couch/sofa or arm-chair, or after consuming alcohol or drugs. Because every night is different, parents should think about their baby's bed-sharing safety every time!

Many studies have shown that falling asleep with a baby -- whether planned or by accident -- is very dangerous when the adult has been drinking alcohol, or has consumed drugs (including medication that affects awareness during sleep), or when they are on a sofa or arm-chair.

IT IS NOT SAFE TO SLEEP WITH YOUR BABY IN THESE SITUATIONS



Bed-sharing, SIDS and risk factors

Although some bed-sharing (or sofa-sharing) infant deaths involve accidents relating to unsafe behaviour, others have no explained cause and are called SIDS (Sudden infant death syndrome), also known as 'cot death'. SIDS deaths happen wherever babies sleep, but studies have shown that some babies are more vulnerable than others.

Several studies around the world found that babies whose deaths were unexplained (SIDS) were more likely to have slept with an adult. More detailed investigations have shown that bed-sharing SIDS cases usually involve a combination of bed-sharing and other factors. Smoking increases the risk of SIDS wherever a baby sleeps, but the risk is greater still when combined with bed-sharing. The biggest risk-factor for bed-sharing SIDS is mothers' smoking in pregnancy, followed by exposure to cigarette smoke after birth. In a large UK study the ratio of odds for SIDS to a smoker (compared to a non-smoking mother) was 5 to 1. The odds ratio for a bed-sharing smoker was 12 to 1. Avoiding the combination of smoking and bed-sharing therefore reduces the chance of SIDS. Avoiding smoking has the biggest impact.

Other factors that increase SIDS-risk when bed-sharing include infant prematurity, and low birth-weight. There is some discussion about whether bed-sharing with a young infant (under 12 weeks of age) may increase SIDS risk, but the research evidence is not clear cut. Although it is clear that breastfed babies (in all sleep environments) have a lower risk of SIDS than those who are not breastfed, it is not clear how the combination of breastfeeding and bed-sharing affect SIDS-risk as many other factors are usually involved.

Two recent meta-analyses (large studies which combine data from a number of smaller studies) have attempted identify whether bed-sharing *in the absence of known risk factors* increases SIDS risk. Both studies identified a small increase in risk (the most recent indicated an increase from 1 SIDS death in 10,000 without bed-sharing, to 2 in 10,000 with bed-sharing). However both studies were affected by significant problems with the data (including lack of information on alcohol use or feeding type), and must therefore be considered with caution.

How bed-sharing works



Adult beds are not designed to keep babies safe. Parents must do this! Look at the bed and where it is: make sure baby can't fall into gaps between the bed and wall or other furniture. Keep baby away from any pillows. Remove heavy bedding that might cover the baby. Think about the height of your bed and whether you have a hard floor in case baby falls.

Studies of breastfeeding mothers and babies who routinely bed-share show that they automatically sleep close together, facing one another and waking at the same time. Mothers place the baby on its back to sleep, level with their breasts, on the mattress surface (away from pillows). The mother adopts a protective position in the bed, curled around the baby, with her arm above his head and her knees bent under his feet. This protects the baby from cold, heat, bedding and bed-partners.

One study showed that mothers who did not breastfeed often placed their babies high in the bed, at parents' face-height, positioned between, or on top of pillows. They did not consistently face the baby or adopt the "protective" sleep position. This suggests that bed-sharing may be less safe for non-breastfeeders, unless the above behaviour can be learned, which is unknown. A three-sided 'bedside', or 'side-car', crib which attaches to your bed may be a suitable option if you want to be close to your baby, but you have concerns about bed-sharing safety.

Before you bed-share, consider whether you are happy it is safe for YOUR baby.