"Don't Sleep with Big Knives"

Interesting (and Promising) Developments in the Mother-Infant Sleep Debate

Share this:

Editorial

The city of Milwaukee launches their most recent infant sleep campaign.

On November 9, 2011, amid much fanfare and media attention, the city of Milwaukee unveiled their latest campaign to promote safe infant sleep. The images are disturbing to say the least—they were designed that way.

> "Co-sleeping deaths are the most preventable form of infant death in this community," Barrett said. "Is it shocking? Is it provocative?" asked Baker, the health commissioner. "Yes. But what is even more shocking and provocative is that 30 developed and underdeveloped countries have better (infant death) rates than Milwaukee."

A campaign such as this has a noble goal: to prevent infants from dying. But does this type of campaign keep infants safe? The tragic answer is "no." In less than two months after this campaign was launched, two more infants had died in Milwaukee in what the press described as "cosleeping deaths." http://www.jsonline.com/news/milwaukee/ad-campaign-unveiled-as-another-cosleeping-death-is-announced-s030073-133552808.html

On January 3, 2012, WITI-TV, the affiliate Fox News in Milwa-ukee reported this:

> **One-Month-Old Infant Dies in Co-Sleeping Incident**
>
> *Medical Examiner's Report Says Baby Was Sleeping On Floor with Three Other Children*

The second death was of a 10-day-old infant who had died while sleeping with three other children on an adult bed. Neither of these infant sleep locations was safe and should not be classified as "bedsharing deaths." The sad take-away we can learn from these cases is that "simple messages," may be headline-grabbing. But in the end, they do not communicate what parents need to know to keep their infants safe while sleeping.

In the same month as the Milwaukee campaign was launched, the American Academy of Pediatrics issued their new policy statement and follow-up technical

report (American Academy of Pediatrics & Task Force on Sudden Infant Death Syndrome, 2011a, 2011b) on infant sleep-related deaths. In their press release, they stated that they were "expanding [the AAP guidelines] on safe sleep for babies, with additional information for parents on creating a safe environment for their babies to sleep." http://aappolicy.aappublications.org/cgi/content/full/pediatrics;105/3/650

When I first read through this statement, it didn't seem to differ all that much from previous statements, particularly on the issue many of us are interested in—namely, their recommendations regarding bedsharing. That recommendation did not really change. But in reading the full statement, there were some interesting, and dare I say hopeful, developments.

The AAP Policy Statement (2011a) lists their Levels A, B, and C recommendations. A-Level recommendations are those with the strongest evidence. Number 3 of their Level-A Recommendations is that parents and infants room share, but not bedshare (p. 1031). They based their recommendation on the results of a new meta-analysis of 11 studies comparing 2,404 cases where infants died (28.8% of whom bedshared) with 6,495 healthy controls (13.3% of whom bedshared). They calculated the odds ratio and found that it was 2.89 (95% CI, 1,99-4.18).[1] Based on their calculation, bedsharing increased the risk of SIDS by almost three times. But wait.....The authors noted that there was "some heterogeneity in the analysis" (p. 45). The heterogeneity in question referred to the fact that *several of the studies included infant deaths that took place on a chair or couch* (a situation that greatly increases the risk of infant death), not just those that took place in an adult bed with a non-smoking, non-impaired parent.

This issue has, of course, dogged the bedsharing debate for more than a decade. The authors themselves acknowledged that this was a difficulty (Vennemann et al., 2012).

> Only recent studies have disentangled infants sleeping with adults in a parental bed from infants sleeping with an adult on a sofa. This is certainly a limitation of the individual studies and hence of the meta-analysis (p. 47).

Hopeful sign number 1: the AAP statement specifically differentiates between bedsharing and the broader term, "cosleeping," which often includes all deaths that take place outside of a crib. I hope that this distinction will trickle down into future research studies.

And there's more. Vennemann et al. (2012) noted that bedsharing was much more hazardous with a smoking mother (OR=6.27; 95% CI, 3.94-9.99) than a non-smoking mother (OR=1.66; 95% CI, 0.91-3.01). So there was still some increased risk if an infant slept with a non-smoking mother. But remember that this analysis included studies where babies died on couches and chairs. The next analysis was by age of infant. For infants <12 weeks, the odds ratio was 10.37 (95% CI, 4.44-24.21). But for older infants, 1.02 (95% CI, 0.49-2.12), i.e., no increased risk. Another analysis looked at whether bedsharing was routine. They found that if bedsharing was routine, the odds ratio was 1.42 (95% CI, 0.85-2.38). If bedsharing was not routine, but happened on the last night, the odds ratio was 2.18 (95% CI, 1.45-2.38). The authors noted that the risk was NOT significantly elevated in the routine-bedsharing group (although I note that there does seem to be some elevation in risk, probably due to the studies that included couch sharing).

The next interesting issue is regarding their recommendations on chair or couch sharing with an infant. This has been a long-standing concern of mine due to the massively increased risk of infant death if parents fall asleep with infants on these surfaces. In fact, I have spoken with quite a few parents who routinely do this because they want to avoid bedsharing. Here's what AAP says.

> Because of the extremely high risk of SIDS and suffocation on couches and armchairs, infants *should not be fed* on a couch or armchair when there is a high risk that the parent might fall asleep (AAP, 2011a, p. 1033).

Further, they acknowledge—and seem to affirm—*feeding* babies in bed, but putting them in their own cribs for sleep.

> Therefore, if the infant is brought into the bed for feeding, comforting, and bonding, the infant should be returned to the crib when the parent is ready for sleep (AAP, 2011a, p. 1033).

Unfortunately, this statement does not acknowledge that it's quite easy to fall asleep in bed: 70% of mothers in our study who fed their babies in bed said that they fall asleep there (Kendall-Tackett, Cong, & Hale, 2010). And many a new parent would argue that that is

[1] An odds ratio of 1.0 indicates no increased risk. Above 1.0 means increased risk. The higher the number, the worse the risk.

precisely the point. There needs to be some recognition of, and planning for, that contingency. But other than that, I am happy to see this recommendation included.

The final point that I would like discuss is the role of breastfeeding in SIDS prevention, and how bedsharing has a role in sustaining breastfeeding. For example, Helen Ball (2007) found, in her longitudinal study of 97 initially breastfed infants, that breastfeeding for at least a month was significantly associated with regular bedsharing.

We, in the breastfeeding world, have been saying this for a very long time (Academy of Breastfeeding Medicine, 2008; McKenna & McDade, 2005; McKenna & Volpe, 2007). But now the *SIDS researchers* are saying it too. For example, Vennemann et al. (2009) found that breastfeeding reduced the risk of SIDS by 50%. (Yes, this is the same Vennemann whose meta-analysis was cited above.) Regarding breastfeeding, Vennemann et al. (2009) said the following.

> We recommend including the advice to breastfeed through 6 months of age in sudden infant death syndrome risk-reduction messages (p. e406).

Peter Blair and colleagues (Blair, Heron, & Fleming, 2010) went further and highlighted the role of bedsharing in maintaining breastfeeding. (Peter Blair is also a co-author on Vennemann et al., 2012.)

> Advice on whether bed sharing should be discouraged needs to take into account the important relationship with breastfeeding (p. 1119).

So I am hopeful that we may be reaching a possible accord on this issue. While the AAP will probably never come straight out and recommend bedsharing, it would be helpful if they acknowledged that it will likely continue, and that our role is to help all parents sleep as safely as possible—either with or near their infants. Such a statement is possible. I'd like to close with the words from the Canadian Paediatric Society (Canadian Paediatric Society & Committee, 2004/2011).

> Based on the available scientific evidence, the Canadian Paediatric Society recommends that for the first year of life, the safest place for babies to sleep is in their own crib, and in the parent's room for the first six months. However, the Canadian Paediatric Society also acknowledges that some parents will, nonetheless, choose to share a bed with their child.....
>
> The recommended practice of independent sleeping will likely continue to be the preferred sleeping arrangement for infants in Canada, but a significant proportion of families will still elect to sleep together.....
>
> The risk of suffocation and entrapment in adult beds or unsafe cribs will need to be addressed *for both practices* to achieve any reduction in this devastating adverse event (emphasis added).

References

Academy of Breastfeeding Medicine. (2008). ABM clinical protocol #6: Guideline on co-sleeping and breastfeeding. *Breastfeeding Medicine, 3*(1), 38-43.

American Academy of Pediatrics, & Task Force on Sudden Infant Death Syndrome. (2011a). Policy Statement: SIDS and other sleep-related deaths: Expansion of recommendations for a safe infant sleeping environment. *Pediatrics, 128*(5), 1030-1039.

American Academy of Pediatrics, & Task Force on Sudden Infant Death Syndrome. (2011b). Technical Report: SIDS and other sleep-related deaths: Expansion of recommendations for a safe infant sleeping environment. *Pediatrics, 128*(5), e1-e27.

Kathleen Kendall-Tackett, Ph.D., IBCLC, RLC, FAPA is a health psychologist, IBCLC, and Fellow of the American Psychological Association. Dr. Kendall-Tackett is Editor-in-Chief of Clinical Lactation, clinical associate professor of pediatrics at Texas Tech University Health Sciences Center, and owner of Praeclarus Press. More information on the mother-infant sleep debate can be found at http://praeclaruspress.com/sense-sensibility.html

Ball, H. L. (2007). Bed-sharing practices of initially breastfed infants in the first 6 months of life. *Infant & Child Development, 16*, 387-401.

Blair, P. S., Heron, J., & Fleming, P. J. (2010). Relationship between bed sharing and breastfeeding: Longitudinal, population-based analysis. *Pediatrics, 126*(5), e1119-e1126.

Canadian Paediatric Society, & Committee, C. P. (2004/2011). Recommendations for safe sleeping environments for infants and children. Retrieved from http://www.cps.ca/english/statements/cp/cp04-02.htm#Recommendations

Kendall-Tackett, K. A., Cong, Z., & Hale, T. W. (2010). Mother-infant sleep locations and nighttime feeding behavior: U.S. data from the Survey of Mothers' Sleep and Fatigue. *Clinical Lactation, 1*(1), 27-30.

McKenna, J. J., & McDade, T. W. (2005). Why babies should never sleep alone: A review of the co-sleeping controversy in relation to SIDS, bedsharing, and breastfeeding. *Paediatric Respiratory Reviews, 6*, 134-152.

McKenna, J. J., & Volpe, L. E. (2007). Sleeping with baby: An internet-based sampling of parental experiences, choices, perceptions, and interpretations in a Western Industrialized context. *Infant & Child Development, 16*, 359-386.

Vennemann, M. M., Bajanowski, T., Brinkmann, B., Jorch, G., Yucesan, K., Sauerland, C.,...the GeSID Study Group. (2009). *Does breastfeeding reduce the risk of sudden infant death syndrome. Pediatrics, 123*, e406-e410.

Vennemann, M. M., Hense, H.-W., Bajanowski, T., Blair, P. S., Complojer, C., Moon, R. Y., & Kiechl-Kohlendorfer, U. (2012). Bedsharing and the risk of sudden infant death syndrome: Can we resolve the debate? *Journal of Pediatrics, 160*, 44-48.

New WHO Report on Reducing Maternal and Newborn Deaths

The World Health Organization (WHO) has just released its document, *Essential Interventions, Commodities and Guidelines for Reproductive, Maternal, Newborn and Child Health.* This global consensus outlines 56 essential interventions to be used by health care workers and communities to significantly reduce the risk for death of mothers, infants, and children. Among the recommendations on essential interventions for newborns, skin-to-skin care and breastfeeding in the first hour are listed at the top.

Although the primary target audience for this study is decision-makers in low- and middle-income countries, the recommendations are best practices suitable for all communities. This new document is another excellent reference for IBCLCs and other health professionals seeking to build and retain lactation services in hospital, clinic, and community settings. The document can be at http://www.who.int/pmnch/topics/part_publications/201112_essential_interventions/en/index.html