

# Position Statement on Safe Infant Sleeping

## Applies to

- All ABA staff and volunteers

## Definitions

Word or Phrase	Definition
Sudden Unexpected Death in Infancy (SUDI)	The sudden, unexpected death of a baby, in which a cause of death is not immediately obvious. SUDI is a research classification which includes both SIDS and fatal sleeping accidents
Sudden Infant Death Syndrome (SIDS)	The sudden and unexpected death of a baby under 1 year of age, with onset of the lethal episode apparently occurring during sleep, that remains unexplained after a thorough investigation including performance of a complete autopsy and review of the circumstances of death and a clinical history
Co-sleeping	A mother and/or her partner (or any other person) being asleep on the same sleep surface as the baby
Room-sharing	The baby sleeps in a cot or other separate sleeping surface in the same room as the parents

## Objectives

- Encourage successful breastfeeding.
- Provide support and guidance to parents to allow them to make fully informed choices.
- Be sensitive to the emotional, physical and cultural needs of the mother and her family.
- Ensure that parents have all the information required to allow them to make informed decisions about how and where their baby sleeps.

## Principles

- The Australian Breastfeeding Association provides mothers with practical mother-to-mother support, enabling them to establish a loving relationship with their babies through breastfeeding.
- Breastfeeding is protective against SIDS.<sup>2</sup> Studies show more frequent arousals in both mothers and babies when they co-sleep, and some researchers have suggested that this may be protective against SUDI.<sup>3,4,5</sup> Babies are checked by their mother and breastfeed more frequently when co-sleeping than when room-sharing.<sup>6,7</sup>
- Breastfeeding and co-sleeping mutually support each other. Research shows that mothers who co-sleep with their baby tend to breastfeed longer and maintain exclusive breastfeeding longer than those who do not.<sup>8,9,10</sup>

- Many parents co-sleep with their babies. Even when parents, prior to their baby's birth, do not intend to co-sleep with their baby, it is still common for parents to do so at least at some point overnight.<sup>11,12</sup>
- Cross-cultural differences exist in relation to the incidence of SUDI. Indeed, there are cultural groups where co-sleeping is traditional practice and smoking rates are low, where low rates of SUDI are reported. This emphasises the need for caution against generalising SUDI risk factors across populations with differing risk factor profiles.<sup>13,14,15,16</sup>
- A blanket statement about the safety or otherwise of co-sleeping is likely to put babies at risk. This is because it may lead parents to swap co-sleeping on a bed to a more dangerous practice of co-sleeping on a sofa.<sup>17,18</sup>
- Most SUDI deaths occur when a baby is sleeping alone outside the supervision of a committed, adult.<sup>13</sup>
- There is a lower risk of SIDS when a baby room-shares with parents as compared to a baby sleeping alone in another room (solitary sleeping).<sup>19,20</sup> Sids and Kids Australia recommends that babies sleep in their own safe sleeping environment next to the parent's bed for the first 6-12 months of life.

### Position statement

The Association aims to provide factual and up-to-date information on safe sleeping practices so that parents who choose to co-sleep with their baby can do so fully informed about the potential risks and benefits for their particular circumstances.

Co-sleeping can benefit babies by supporting breastfeeding and therefore a baby's health. The challenge is to lower infant death rates without compromising breastfeeding thus avoiding exposing the baby to the nutritional, immunological and developmental risks of not breastfeeding, including an increased risk of SIDS. It is unlikely that co-sleeping per se is a risk factor for SUDI but rather the particular circumstances in which co-sleeping occurs.<sup>13</sup>

If a parent decides to co-sleep with their baby, they should be made aware of the following:

- Keep pillows away from their baby.
- Ensure that their baby cannot fall out of the bed or become trapped between the mattress and wall.
- Ensure their baby's face and head does not become covered.
- Place the baby on his back to sleep.
- Use a firm, flat mattress (waterbeds are not safe).
- Do not wrap or swaddle a baby if co-sleeping as it can contribute to over-heating and also restricts a baby's ability to move.<sup>11</sup>
- Ensure that each parent is aware that the baby is in the bed.

It is **not safe** for a parent to co-sleep with their baby under the following circumstances:

- if any parent is a smoker or if the mother smoked during pregnancy<sup>20,21,22</sup>
- when a parent has consumed any alcohol or taken illegal or sleep-inducing drugs<sup>20,21</sup>
- on a sofa/couch/armchair/beanbag or similar (ie furniture not designed for sleeping on)<sup>23,24</sup>
- in the early months if their baby was born very small or prematurely<sup>25</sup>
- if the parent is obese<sup>26</sup>
- when a parent is likely to have temporary losses of consciousness (eg is an insulin dependent diabetic or epileptic)<sup>27</sup>
- if persons other than the parents are present eg a sibling(s)<sup>2</sup>
- if a pet(s) is present<sup>28</sup>
- if the baby is formula fed.<sup>26</sup>

It is also **not safe** to leave a baby unattended on an adult bed.<sup>13</sup>

### Approved by

ABA Board

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## Revision history

Revision	Date	Description of modifications
PS003.201206	Aug 19 2012	Approved by ABA Board meeting 154
V2	24 <sup>th</sup> Nov 2013	Position Statement reformatted for website template. Minor change to wording in principals. Approved at ABA board meeting 159.
V2.1	8 <sup>th</sup> March 2014	Minor change to dot point on alcohol or sleep inducing drugs