

3 in the bed and the little one said.....

This was one of the first “controversial” areas we ventured into. There is a lot of misinformation about co-sleeping and bed sharing in books, on the net, and from professionals. It is very very difficult to make an evidence-based decision about bed sharing – if it is what you think you may want to do.

When pregnant I was adamant that I would never put X in bed with us. What if I rolled onto him? Don't all the guidelines say never sleep with your baby? But I developed Bursitis in my shoulder from lifting X in and out of his Moses basket to feed him. I was knackered from trying to feed sitting up as I worried about falling asleep if I fed lying on my side. I even had raw elbows from propping myself up in bed on my elbow to check on him in the night... is he still breathing??

So, we had to make a call – do we put the baby in bed with us or not?

Advice on Bed-sharing

The Federation for Sudden Infant Death Syndrome (FSIDS) clearly states:

A key message to keep your baby safe and healthy is that the safest place for your baby to sleep - night and day - is in a crib or cot in a room with you for the first six months.

Don't forget, accidents can happen too:

- *you might roll over in your sleep and suffocate your baby*
- *your baby could get caught between the wall and the bed*
- *your baby could roll out of your bed and be injured*

It's very dangerous to sleep together with a baby on a sofa, armchair or settee and it is also risky to sleep a baby alone in an adult bed.

Their later advice, in their FAQ section is somewhat more clearly evidence based:

There are dangers in bed sharing. The safest place for your baby to sleep is in a cot in your bedroom for the first six months. There is a proven risk in bed sharing if you or your partner smoke (even if you never smoke in bed or at home), have been drinking alcohol, take drugs or medication that make you drowsy, or have had little sleep, or if your baby was born premature or was small at birth. If your baby does come into your bed, use lightweight blankets and keep your baby's head uncovered and remember that accidents can happen. Never sleep together with your baby on a sofa or armchair.

The American Association of Paediatrics states:

Bed sharing between an infant and adult(s) is a highly controversial topic. Although electrophysiologic and behavioral studies offer a strong case for its effect in facilitating breastfeeding and the enhancement of maternal-infant bonding, epidemiologic studies of bed sharing have shown that it can be hazardous under certain conditions. Several case series of accidental suffocation or death from undetermined cause suggest that bed sharing is hazardous. A number of case-control studies of SIDS deaths have investigated the relationship of SIDS with parent(s) and/or other adults or children sleeping with an infant. Some of these studies have found the correlation between death and bed sharing to reach statistical significance only among mothers who smoked. However, the European Concerted Action on SIDS study, which was a large multisite study, found that bed sharing

with mothers who did not smoke was a significant risk factor among infants up to 8 weeks of age. Similarly, a more recent study conducted in Scotland found that the risk of bed sharing was greatest for infants younger than 11 weeks, and this association remained among infants with non-smoking mothers. The risk of SIDS seems to be particularly high when there are multiple bed sharers and also may be increased when the bed sharer has consumed alcohol or is overtired. Also, the risk of SIDS is higher when bed sharing occurs with young infants. It is extremely hazardous when adults sleep with an infant on a couch. Finally, the risk of bed sharing is higher the longer the duration of bed sharing during the night. Returning the infant to his or her crib was not associated with an increased risk in 2 studies, and in another, the risk was significant only when the bed sharing occurred for more than 1 hour or for the whole night. There is growing evidence that room sharing (infant sleeping in the parent's room) without bed sharing is associated with a reduced risk of SIDS. Data from the European Concerted Action on SIDS study led to the recommendation by its authors that the most protective sleep setting for an infant is in a crib in the parents' room. On the basis of their study results, investigators in Scotland endorsed the United Kingdom Department of Health's advice that the safest place for an infant to sleep is in a crib in the parents' room for the first 6 months of life.

It is interesting that the recommendation, cited above, of the authors from the European Concerted Action on SIDS article¹⁹ was a blanket veto on bed-sharing. Their findings were actually as follows:

Highly significant risks for SIDS were associated with:

- Prone sleeping
- Turning from the side to the prone position
- The mother smoking,
- Bed-sharing, especially during the first weeks of life, which was partly attributable to the mother's consumption of alcohol.
- Mother's alcohol consumption was significant only when baby bed-shared all night
- For mothers who did not smoke during pregnancy the risk for bed-sharing was very small and only significant during the first 8 weeks of life.
- About 16% of cases of SIDS were attributable to bed-sharing and roughly 36% to the baby sleeping in a separate room.

Of course, most of us get our advice from books and websites, as well as official recommendations (and our GPs, midwives etc). We used "What to Expect When You're Expecting" a great deal when pregnant, so "What to Expect in Your First Year" was a logical next step. They give a pretty balanced view on the two sides of the argument, and give advice on safe bed-sharing.

Dr Sears (www.askdrsears.com) is one of my favourite websites, he defines co-sleeping as mother and baby being within arms reach of each other, and is an advocate, although he acknowledges that it doesn't work for everyone – I love his statement: "There is no right or wrong place for babies to sleep. Wherever all family members sleep the best is the right arrangement for you and your baby". I totally agree.

Gina Ford's Contented Baby website has this to say:

Getting your baby settled into his own room sooner rather than later can help you avoid disrupting and unsettling him at some stage down the line when he is used to being in your room. We have all heard tales of parents struggling to get a two-year-old out of their bed. While you and your partner might not mind sharing a room or bed with your baby, you must ask yourself whether you are doing so for your own sake or your baby's.

In her book *The Complete Sleep Guide for Contented Babies and Toddlers* she also states that “Bed sharing . . . more often than not ends up with parents sleeping in separate rooms” and exhausted mothers, which “puts enormous pressure on the family as a whole”.

I have not seen research based evidence for these statements, and, while I am sure she has seen families who have had difficulties following bed-sharing, (and, undoubtedly, families with difficulties who did not bed-share), I am aware of many people who have bed-shared without problems later in life.

I would agree with Ford, you must always ask yourself whether you are doing something for your own sake or your baby’s – some baby’s would hate not to be within reaching distance of the person they spent 9 months inside of. Others prefer their own space. It has to be a family decision.

Background Research

But, if you want to make an informed decision, you will need to first look at the evidence. The most recent piece of research came out just after we started to sleep with X in our bed – or in a bed nest right next to it.

The research itself was published in the *British Medical Journal* in October 2009¹. It is important to remember that this study used 79 cases of SIDS – this is not a very large sample size. But it is the most recent study and the one that the newspapers have most recently used to discuss the argument against bed-sharing.

Let’s look at the table that breaks down the places where the baby was sleeping prior to SIDS:

Sleeping environment for last sleep	SIDS infants (%)
In cot*:	
Parent in room	12/79 (15)
Parent not in room	18/79 (23)
In parental bed:	
Cosleeping with adult	30/79 (38)
Sleeping alone	2/79 (3)
On sofa:	
Cosleeping with adult	13/79 (16)
Sleeping alone, with parent in room	2/79 (3)
Other:	
Pushchair, baby chair, or bouncy chair	2/79 (3)
Floor, with parent in room	0/79 (0)

*Including cradle, crib, or Moses basket.

So, 15% of SIDS occurred when the baby was in a cot with the parent in the room, and 23% were in a cot without the parent in the room, that is 38% in total. 38% were bed-sharing. (The 3% who were in alone their parents’ bed and the 19% who were on the sofa were *not* bed-sharing.)

Now, of the 38% who were sleeping with their parents in their parents’ bed, the researchers note that drugs and alcohol had been consumed by a proportion of these parents (I am sure drugs or alcohol may also have been consumed by some of the parents where the children were in their cot, but that is less likely to contribute to SIDS on those situations, so we can ignore that).

Variable	SIDS infants (%)
Alcohol >2 units:	
Mother	19/77 (25)

Partner	18/78 (23)
Drugs:	
Mother	5/77 (6)
Partner	7/76 (9)
Alcohol >2 units or drugs	
Either parent	30/79 (38)

This table, sadly, includes babies on a sofa as well as those in bed with their parents. As I said before, sleeping on a sofa with your baby is not bed-sharing. It is highly risky and should be avoided.

But, we can assume from the paper that some of the parents who co-slept in their bed with their baby had taken drugs or alcohol prior to doing so. This means that, out of the 38% of deaths in the parental bed, some percentage were bed-sharing unsafely.

My conclusion is, therefore, that 38% of SIDS occurred in cots, and a number less than 38% occurred when the parents were bed-sharing with their children. The overall conclusion I would draw from this most recent research? Bed-sharing is no more dangerous than putting your baby in a cot (it may even be safer).

This is not the only paper on the potential negative consequences of bed-sharing. Others have asserted that it is stressful for the baby². Concerns are also raised about the interference of having a baby in the bed on the parents' own relationship (in particular their sex life), and that modern day bedding is not suitable for bed sharing with young babies. Studies that link bed-sharing with SIDS often do not control for (i.e. they don't adequately take into account when analysing their findings) other important aspects, such as weight, smoking, alcohol and drug consumption in the parents. All of which are risk factors when sharing a bed with your baby. The importance of these factors were demonstrated in a well designed piece of research which took place over 3 years and included data from 325 infant deaths. They concluded that "the risk associated with being found in the parental bed was not significant for older infants (> 14 weeks) or for infants of parents who did not smoke and became non-significant after adjustment for recent maternal alcohol consumption (> 2 units), use of duvets (> 4 togs), parental tiredness (infant slept <4 hours for longest sleep in previous 24 hours), and overcrowded housing".

In America, many authorities, including the Academy of Paediatrics has branded bedsharing unsafe, largely based on a report from the United States Consumer Products Safety Commission that concluded that 515 babies had died over an eight-year period while sharing a bed with parents. They concluded that children under 2 years should only ever sleep in cots. Many have criticised the research and its conclusion. This research has been well analysed by Dr Sears <http://www.askdrsears.com/html/10/t102200.asp>, so I will not repeat it here.

It is important to note that there is sometimes a conflict of interest in the researchers – try and see whether the research you are looking at is commissioned by a company which may have a vested interest in you not bed-sharing with your baby. A cot-manufacturer for example.

The study that concluded that bed-sharing is stressful for babies is interesting. They found that, for babies who "long-term" bed-share when they are forced to sleep alone, at 5 weeks they had more "quiet sleep" and 6 months these babies had less active sleep, and less arousal when they were in active sleep, and overall less wakefulness. They infer that, as these sleep patterns have been associated with stress; this must mean that these babies are stressed by bed-sharing. These findings were not supported by other studies into the sleep patterns of bed-sharing babies³⁴.

There is a real problem with some of the research which doesn't adequately define SIDS – for example, a baby being trapped on a sofa and dying of asphyxiation, or a baby in bed with a parent and dying as a result of overlaying, is not SIDS. SIDS, by definition, is a death which cannot be adequately explained by medical history, a postmortem examination, or a death scene investigation. However, it appears that an autopsy cannot always discern between SIDS and asphyxiation¹⁸. For more information on this subject, see <http://www.phdinparenting.com/2008/06/05/faulty-logic-from-the-ontario-corer-regarding-bed-sharing/>

A study¹⁸ looking at deaths of babies between 1980 to 1983 and 1995 to 1998 concluded that having your baby sleep on any surface not designed for a baby significantly increases their risk of death. The table below describes this:

Location	1980–1983 (N = 513)	1995–1998 (N = 883)
Crib	192 (37%)	107 (12%)
Adult bed	152 (30%)	391 (44%)
Sofa/chair	33 (6%)	110 (12%)
Playpen/portable crib	17 (3%)	45 (5%)
Bassinet	7 (1%)	22 (2%)
Other	10 (2%)	81 (9%)
Not reported	102 (20%)	127 (14%)

The following table describes how these infants died:

	Totals		Crib		Adult Bed		Sofa / Chair	
	1980s (N = 377)	1990s (N = 608)	1980s (N = 192)	1990s (N = 107)	1980s (N = 152)	1990s (N = 391)	1980s (N = 33)	1990s (N = 110)
Entrap/wedge	64.7% (244)	46.5% (283)	75.0% (144)	59.8% (64)	58.6% (89)	48.1% (188)	33.3% (11)	28.2% (31)
Overlaying	2.9% (11)	16.9% (103)	0.5% (1)	–	4.6% (7)	17.9% (70)	9.1% (3)	30.0% (33)
Bedding	3.7% (14)	9.0% (55)	2.6% (5)	22.4% (24)	5.3% (8)	5.9% (23)	3.0% (1)	7.3% (8)
Plastic	6.4% (24)	4.6% (28)	5.2% (10)	3.7% (4)	8.6% (13)	5.9% (23)	3.0% (1)	0.9% (1)
Other	11.4% (43)	4.4% (27)	3.1% (6)	1.9% (2)	17.7% (27)	5.4% (21)	30.3% (10)	3.6% (4)
Strangulation	4.0% (15)	1.6% (10)	6.8% (13)	7.5% (8)	1.3% (2)	0.5% (2)	–	–
Nonspecific	6.9% (26)	16.8% (102)	6.8% (13)	4.7% (5)	3.9% (6)	16.4% (64)	21.2% (7)	30.0% (33)

– Indicates no deaths reported.

While very difficult to read, it seems that entrapment is the major risk factor when it comes to bed sharing with your baby. These were usually between the bed and the wall, or the infant being wedged, for example between headboard or footboard and the mattress.

In terms of the risks of overlaying, this is what the authors of the paper have to say on the subject:

The diagnosis by medical examiners and coroners that overlaying of an infant while sharing an adult bed was the "cause of death" remains controversial. More overlaying deaths were reported by medical

examiners and coroners in the 1990s (70 deaths) than in the 1980s (7 deaths). In approximately 40.3% of the cases (31 of 77), the narratives reported that a third party found the infant covered by an adult or a child, there were compression marks on the infant, or other findings suggesting the likelihood of overlying (e.g., infant sleeping in twin bed with 2 adults). In both decades, overlying deaths were associated with very young infants, with an average age of 1.9 months. Only 1 overlying death occurred after 6 months of age, a report of a 10-month-old found with another child over him.

So, two things strike me about this. Firstly, it highlights that you should never let another child sleep with your baby in your bed. Secondly, something odd is going on with the cause of death rulings – how could it be 70 in the 1990s but only 7 in the 1980s? This subject is also discussed at <http://www.phdinparenting.com/2008/06/05/faulty-logic-from-the-ontario-coroner-regarding-bed-sharing/>

I note, as well, that this paper did not control for how the babies were put down to sleep (the risk of SIDS is dramatically decreased by placing the baby on its back), or the weight, smoking or drinking histories of the parents. Also, whether the baby lay next to mother, father, or between the two was not noted (it is much safer to put him/her next to Mum only), or whether someone other than the parents (sibling, other family member) was bed-sharing with the baby.

There are some people who also worry that bed-sharing will lead to the baby having attachment problems – that you'll never get the baby to sleep on his/her own if you bed-share. I could only find one study which looked into this and they concluded that children that had co-slept were more self-reliant and more socially independent than non bed-sharing children¹⁵. While it would be very hard to separate bed-sharing from other parental behaviours which may have given rise to such positive attributes, it does seem to indicate that bed-sharing will not lead to a maladjusted child.

Finally, in terms of concerns about bed-sharing, people worry that if you bed-share, your baby will never learn how to relax and self-soothe on their own. This is a whole other article! Some people believe that a baby will learn this in their own time and are happy to wait for them and to continue to rock, cuddle or nurse the baby to sleep. Others feel that babies need to be taught how to self-soothe by leaving them to independently settle in one way or another. I will discuss this in another article in future.

What about the evidence for co-sleeping or bed-sharing?

It is worth bearing in mind that co-sleeping is just that – sleeping at the same time as your baby. It is taken to mean the baby has to be in the bed with you (bed-sharing) but there is more than one way to co-sleep with your baby, including “side-car” cots, having the baby on their own mattress next to yours with your mattress on the floor....

For centuries in this country and still in many countries around the world it was and is considered totally normal to put the baby in bed with his/her parents.

Research suggests that bed-sharing aids breastfeeding and promotes mother-baby bonding⁵¹⁶¹⁷, ensures that the family get more sleep, and actually helps prevent SIDS⁶. The case for helping prevent SIDS is compelling – studies show that infants that co-sleep have more regular breathing patterns, more stable temperatures and regular heart rhythms⁷⁸⁹¹⁰¹¹¹². There is also evidence that the mother's breathing right next to the baby “reminds” the baby's system to breathe¹³¹⁴¹⁰.

Safe bed-sharing

The fact is, at some point, you and your baby will probably fall asleep together on the same surface, whether you officially bed-share, co-sleep or not. With this in mind, you should consider making your sleeping environment as safe as possible.

You must never bed-share if you have taken drugs or consumed alcohol. This has always been recommended. In fact, it is one of several situations when you should not bed-share with your baby.

Please, do not bed-share if you:

- Smoke
- Are significantly overweight
- Have taken drugs or alcohol
- Are extremely tired
- Have a waterbed

Also:

- Avoid bed-share on soft surfaces
- Use a big bed – King size is ideal (or bigger!)
- Do not sleep with more than one child in the bed
- Do not put your baby's head on a pillow
- Keep duvets and very heavy blankets away from your baby (we scoot all covers under me and let X have his own space in the bed, sleeping in a grobag. But others find that their baby is fine under their covers with them)
- Keep curtains and dangly things (fairy lights? Strings for blinds?) away from your baby.
- Avoid putting your baby where there is a crevice – i.e. between the mattress and the wall, where they could get trapped
- Never co-sleep on a sofa
- Don't put your baby between you and your partner – he/she is safer next to Mummy. As a Mum you usually find yourself curling yourself round your baby in a C-shape with your baby nestled in the curve.

So where should your baby sleep?

The simple answer: wherever it feels right for you and your family.

Think about how your baby may feel at night – where would you want to sleep if you were he or she? Are they the kind of baby that likes space and may sleep better away from you? Is that where you will sleep better? Will feeding be easier if the baby is next to you? Will you have a more restful night if you can touch and hear your baby easily? Weigh up the evidence and decide what you are most comfortable with.

Our solution was to buy a “side car cot” which attaches to our bed- the baby is within arm's reach and close for checking, breastfeeding etc, but has his own space. We bought <http://www.bednest.com/> and it was great – their customer service was also brilliant. I still scoot X in with me at some point in the night. He grew out of his bed nest recently and we simply took the side down and adjusted the height of his cot so it is flush with our mattress. As long as the two mattresses are flush and tight together, I consider it safe.

When will he leave our bed or bedroom? We're not sure right now. Probably not while I am still breastfeeding so often at night. Will he sleep with us forever? I doubt it – how many 13 year old

boys still want to sleep with their parents? I am in no hurry though, and nor is he – as far as he is aware he sleeps next to his two favourite people in the whole world. So do I.

Other links you may find helpful if you are considering bed-sharing:

<http://www.phdinparenting.com/2008/06/05/faulty-logic-from-the-ontario-coroner-regarding-bed-sharing/> and <http://www.phdinparenting.com/2009/01/11/co-sleeping-safety/>

<http://www.askdrsears.com/html/10/T102200.asp>

<http://pediatrics.aappublications.org/cgi/content/full/112/4/883?ijkey=51faeb0ee6b682b31171de00c81dcb46c42311ad#SEC1>

References:

1. Blair, P, Sidebotham, P, Carol Evason-Coombe, C, Edmonds, M, Heckstall-Smith, EMA, Fleming, P, 2009 Hazardous cosleeping environments and risk factors amenable to change: case-control study of SIDS in south west England. *British Medical Journal*
2. Hunsley, M. 2002 The sleep of co-sleeping infants when they are not co-sleeping: evidence that co-sleeping is stressful. *Dev Psychobiol.* 40(1):14-22.
3. Mosko, S, Richard C, McKenna J, Drummond S. 1996. Infant sleep architecture during bedsharing and possible implications for SIDS. *Sleep.* 1996;19:677–684
4. Mao, A., Burnham, M.M., Goodlin-Jones, B.L., Gaylor, E.E., Anders, T.F. 2004. A Comparison of the Sleep–Wake Patterns of Cosleeping and Solitary-Sleeping Infants. *Child Psychiatry Hum Dev.* 04; 35(2): 95–105.
5. Quillin, SI, Interaction between feeding method and co-sleeping on maternal-newborn sleep. *J Obstet Gynecol Neonatal Nurs.* 2004 Sep-Oct;33(5):580-8.
6. McKenna J. 1994. Experimental studies of infant-parent co-sleeping: mutual physiological and behavioral influences and their relevance to SIDS (sudden infant death syndrome). *Early Hum Dev.* 15;38(3):187-201.
7. McKenna, J., and T. McDade, 2005. Why babies should never sleep alone: A review of the co-sleeping controversy in relation to SIDS, bed sharing, and breastfeeding *Paediatric Respiratory Review* 6, 2005, p. 134-152
8. Farooqi, S. (1994). Ethnic differences in infant care practices and in the incidence of sudden infant death syndrome. *Early Human Development*, 38(3): 215–20.
9. Mitchell, E. A., et al. (1997). Risk factors for sudden infant death syndrome following the prevention campaign in New Zealand: a prospective study. *Pediatrics*, 100(5): 835–40.
10. Mosko, S., Richard, C. & McKenna, J. (1997). Maternal sleep and arousals during bedsharing with infants. *Sleep* 20(2): 142–150.
11. Nelson, E. A. and Chan, P. H. (1996). Child care practices and cot death in Hong Kong. *New Zealand Med.* 109(1020): 144–6.
12. Skragg, R. K., et al. (1996). Infant room-sharing and prone sleep position in sudden infant death syndrome. New Zealand Cot Death Study Group. *Lancet*, 347(8993): 7–12.
13. McKenna, J.J. (1990). Evolution and Sudden Infant Death Syndrome: I. Infant responsivity to parental contact. *Human Nature*, 1(2): 145–177. (See all his references at www.nd.edu/~alfac/mckenna)
14. Richard, C., Mosko, S., & J.J. McKenna (1996). Sleeping position, orientation and proximity in bedsharing infants and mothers. *Sleep*, 19(9): 685–90.

15. Keller, M., Goldberg, W.A 2004. Co-sleeping: Help or hindrance for young children's independence? *Infant and Child Development*. 13:5 pp369-38
16. Mosko S, Richard C, McKenna J. 1997 Infant arousals during mother-infant bed sharing: implications for infant sleep and sudden infant death syndrome research. *Pediatrics*. 100 :841 –849
17. McKenna JJ, Mosko SS, Richard CA. 1997 Bedsharing promotes breastfeeding. *Pediatrics*. 100 :214 –219
18. Scheers NJ, Rutherford GW, Kemp JS. 2003 Where should infants sleep? A comparison of risk for suffocation of infants sleeping in cribs, adult beds, and other sleeping locations. *Pediatrics*. 112 :883 –889
19. Carpenter RG, Irgens LM, Blair PS, et al. 2004 Sudden unexplained infant death in 20 regions in Europe: case control study. *Lancet*. 363 :185 –191
20. Blair PS, Fleming PJ, Smith IJ, et al. 1999 Babies sleeping with parents: case-control study of factors influencing the risk of the sudden infant death syndrome. CESDI SUDI research group. *BMJ*. 319:1457-146