

NIH-funded study lends support to SIDS reduction advice

Tuesday, February 9, 2016



The NIH's [Safe to Sleep](#)[®] campaign advises that babies sleep near, but separately from, parents or caregivers—in the same room, but in their own safety-approved crib, bassinet or play yard.

What:

Following advice to sleep in the same room with their infants—but not in the same bed—does not appear to discourage new mothers from breastfeeding, as some experts had feared, according to a new study funded by the National Institutes of Health.

The study was published online in *Academic Pediatrics* and conducted by researchers at Boston University, the University of Virginia and Yale University.

Infants who sleep in a bed with their mothers or another individual are at higher risk for Sudden Infant Death Syndrome ([SIDS](#)) and other kinds of sleep-related infant death. The NIH's [Safe to Sleep](#)[®] campaign advises that babies sleep near, but separately from, parents or caregivers—in the same room, but in their own safety-approved crib, bassinet or play yard. However, many infant care and public health experts have feared that avoiding bed sharing might interfere with [breastfeeding](#), recommended because it also protects against SIDS and provides other health benefits.

The researchers conducted a nationally representative survey of more than 3,000 mothers and found that the majority (65.5 percent) reported room sharing without bed sharing, while 20.7 percent reported bed sharing. Thirty percent of women reported exclusively breastfeeding. Among these women, 58.2 percent room-shared and did not bed-share.

The authors also found that mothers were more likely to follow the recommendations for room sharing and exclusive breastfeeding if they had received advice to do so. The women were asked if they received advice from any of these sources: family, baby's doctors, nurses at the hospital where the baby was born, and the media. The greater the number of sources a mother had heard from, the more likely she was to follow the recommendations.

Who:

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Institute of Child Health and Human Development (NICHD). (Dr. Willinger is the NICHD program official for the study.)

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About the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD): The NICHD sponsors research on development, before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation. For more information, visit the Institute's website at <http://www.nichd.nih.gov/>.

About the National Institutes of Health (NIH): NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <http://www.nih.gov/>.

Co-Sleeping Can Mean Danger for Babies and Parents

In May, six-week-old Evan Berney was smothered by his grandmother in Minnesota. She allegedly rolled onto him while they slept.

In August, two-month-old baby Lailanni Amkha died sleeping with her dad on the couch. She was the sixth Milwaukee baby killed this year sleeping with an adult.

Across the county, the number of infants killed sleeping with a parent or caregiver is on the rise. Most of these deaths are considered tragic accidents. But when alcohol or drugs are involved, prosecutors often see these deaths as a crime.

Bed Sharing Dangers

Throughout history babies have slept with their parents. The practice is called co-sleeping or bed-sharing. It's considered the norm in many countries. Advocates say it promotes breastfeeding and family-bonding.

But the danger of babies being smothered when bed-sharing can't be denied. Adults can roll onto the baby, the adult's movement may cause the baby to roll face-down, or the baby can get tangled in bedding.

A recent [study](#) by investigators at the [US Centers for Disease Control and Prevention](#) showed that the number of US infant deaths from strangulation and smothering in bed quadrupled over the last 20 years. The data from 2003-2004 indicated that most of these deaths occurred during bed-sharing when someone rolled on top of or against the infant while sleeping.

Accidental or Criminal

Most of these cases are viewed as tragic accidents. Some officials say that baby co-sleeping is a health issue that calls for public education not criminal prosecution. During a two-year period in Philadelphia, 57 babies died co-sleeping with adults. The city responded by launching a media campaign telling parents to never sleep with their babies.

When alcohol or drugs are involved, prosecutors take a firmer stand on the issue. Last month, the Minnesota grandma, Tina Miller-Steiner, was charged with two counts of manslaughter in the smothering death of her grandson Evan. Police say she mixed alcohol with prescription drugs before she fell asleep on the baby.

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A person can be charged with manslaughter or criminal negligence for disregarding a substantial risk of causing death or serious bodily harm. A Georgia court of appeals found that this legal test was met in a case where a baby was smothered when sleeping between her drunken parents. Even though it was the father who rolled onto the baby, the mother was convicted of involuntary manslaughter for bringing the baby into their bed.

Difficulty in Prosecuting Co-Sleeping Cases

These cases are especially difficult to prosecute. There is often a lack of physical evidence and family and friends are reluctant to testify against the caregiver. A Florida man admits that he killed his daughter by rolling onto her in a drunken stupor. But he was acquitted of manslaughter last month after his sister failed to show up to testify that he was the one who put the baby in the bed.

Another factor making prosecution difficult is that jurors tend to sympathize with the grieving parents. Many feel that the loss of the baby is punishment enough.

Safe Baby Sleep Guidelines

The [American Academy of Pediatrics](#) recommends the following tips to help make sleeping safe for your baby:

- **Back to sleep.** Lay your baby on its back to sleep, not its side or tummy.
- **Separate but close.** Put your baby to sleep in its own crib or bassinet. Keep it near the parents' bed to make breastfeeding and cuddling easy. Babies shouldn't sleep with a sibling, parent or caregiver.
- **No cuddling on drugs or alcohol.** Never bring a baby into your bed if you are overly tired or you are using drugs or alcohol that could impair your alertness.
- **Firm sleep surface.** A crib mattress covered only with a sheet is best. Babies shouldn't sleep on couches, chairs, adult beds or other soft surfaces.

- **No soft bedding.** Keep pillows, sheepskins, and stuffed toys out of the crib.
- **No loose blankets.** Secure blankets so they don't cover your baby's face. Better yet, use infant sleepwear or sleep sacks for warmth.
- **Avoid overheating.** Your baby may be too hot if you see flushed cheeks, damp hair, or sweating.
- **No smoking.** Don't smoke during pregnancy. Put your baby down to sleep in a smoke-free room.

You can learn more about safe sleep practices for infants at the [American Academy of Pediatrics website](#). Follow these tips, and make sure family members and other caregivers follow them too, to keep your baby safe

Safe Sleep Myths & Facts

Jason Jarzembowski, MD, PhD,
Children's Hospital of Wisconsin

MYTH: Co-sleeping is only a problem in African American community.

FACT: Co-sleeping tragedies have struck families of all races, ethnicities, and socioeconomic backgrounds. Between 2005 and 2008, there were 88 infants who died in unsafe sleep environments – 37 percent were Hispanic, 30 percent were white and only 18 percent were black.

MYTH: Co-sleeping is only risky if the adult has been drinking or taking drugs.

FACT: Co-sleeping is dangerous even if you're not impaired. In 80 percent of co-sleeping deaths, the parent or caregiver has been sober and drug-free.

MYTH: People are forced to co-sleep because they don't have cribs or Pack 'N Plays® where they can put their babies.

FACT: Of the 23 infant deaths occurring in unsafe sleep environments last year, 17 happened in homes that had cribs or Pack 'N Plays that were not being used or were being used incorrectly. Programs like Cribs for Kids offer free or low cost cribs to families in need, along with education on how to use them.

MYTH: Babies are less likely to choke or gag when they're on their tummies.

FACT: Babies are safer on their backs. Your airway is in front of your esophagus. When you swallow, your epiglottis – a flap at the root of the tongue – flips forward to cover your airway and keep food or liquid from entering. When a baby is on his or her back, the airway is on top of the esophagus, so food and fluid run back into the stomach and not down to the lungs.

MYTH: Families in other cultures have historically co-slept without any problems.

FACT: This is not necessarily true or relevant. First, we don't have good data to understand how common co-sleeping was (we don't even know how often it happens in modern-day Milwaukee). Second, infectious disease was more common and poorly treated, so many deaths were thought to be caused by illness instead of unsafe sleep. Also, regardless of what did happen or is happening in other cultures and populations, what's important is what's going on here – infants are dying in unsafe sleep environments.

MYTH: Co-sleeping is beneficial because it promotes breastfeeding.

FACT: Breastfeeding is good, but co-sleeping is bad. Breastfeeding provides the best nutrition for your baby, builds his or her immune system and promotes mother-child bonding. But breastfeeding can make the mother sleepy, so it needs to be done outside of the bed – in a chair, for example – and baby needs to be placed back in the crib once feeding time is finished. Unfortunately, two babies have died already in 2012 because they were co-sleeping after breastfeeding.
