SPECIAL ISSUES: CO-SLEEPING

Co-Sleeping: Assessing The Data

Carol Berkowitz, M.D., FAAP, President Elect
of the American Academy of Pediatrics

In a recent issue of the ICAN/NCFR Newsletter, Unified Response, several authorities discussed the issue of deaths from co-sleeping and overlays, SIDS and "undetermined." Because this issue is so timely and dynamic, reprinted here is the introductory article Dr. Carol Berkowitz, M.D., FAAP. Dr. Berkowitz is the Associate Chair of the Department of Pediatrics at Harbor/UCLA Medical Center in Los Angeles, California.

The controversy surrounding co-sleeping dates from Biblical times when the following injunction appeared in Kings I 3:19:

And this woman's child died in the night, because she overlaid it….

The alternative perspective emphasizes the survival benefit when infants co-sleep with their parents.

The term co-sleeping includes sleeping in the same room as the parents. Bed sharing refers to sleeping in the same bed. In recent years, the decline in SIDS, a direct result of the "Back-to-Sleep" campaign, has called attention to the subset of infants who appear to have succumbed to SIDS, but have actually died as a consequence of accidental asphyxia from bed sharing. Although the incidence of accidental asphyxia as related to bed sharing is not known, the Consumer Product Safety Commission (CPSC) reported a three fold increase in co-sleeping related deaths for the time period 1986-1990, compared to 1980-1985, and a six-fold increase by 1991-1995. Overall, they noted 515 cases of deaths related to co-sleeping for the years 1990 to 1997. One hundred and twenty-one of these deaths were related to suffocation by another person, while 394 deaths were related to sleeping on improper surfaces, including soft bedding, waterbeds and pillows, and bed rails through which infants could become wedged. Sleeping on an inappropriate surface is a definite contributing factor to infant deaths associated with bed sharing.

There are also other contributing factors specifically related to the presence of another person in the bed. Death in the presence of another person may be related to occlusion of the infant's airway, compression of the blood vessels in the infant's neck, or compression of the infant's thorax. Maternal weight appears to be a risk factor for infant demise. Increased maternal weight is reported to be associated with an increased incidence of co-sleeping deaths. Infants and mothers who co-sleep spend 64% of the time in a face-to-face position with their faces about 20 cm. apart. The investigators noted increased levels of carbon dioxide in the space between the infant's face and mother's face, presumably the exhaled breath from the mother. Additionally, there appeared to be pockets of increased carbon dioxide related to areas of trapped breath created by pillows and blankets. A third factor that has been associated with increased risk of death from asphyxia with co-sleeping is parental intoxication with alcohol or drugs.

Co-sleeping has been promoted as a means of supporting breast-feeding, particularly among working mothers whose sleep is disrupted by nighttime awakenings and feedings. Breast-feeding is also promoted as a means of reducing the incidence of SIDS. A study out of Southwestern Australia raised concern about maternal fatigue, particularly among breast-feeding mothers, as a contributing factor to infant demise from co-sleeping. The study reported 28 infant deaths. Nine of the deaths were due to SIDS. Three

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of the "SIDS" deaths were directly attributed to accidental asphyxia. Breast-feeding and maternal fatigue were deemed contributing factors.

Are there ways to achieve the benefits associated with co-sleeping without increasing the risk of infant demise? It is helpful to explore the prevalence of co-sleeping in different cultures and learn from these examples. There is a wide prevalence of co-sleeping among different cultures with a range of 12 - 88%. Cultures with a higher percentage of co-sleeping tend to co-sleep for longer periods of time. Co-sleeping may occur in traditional Western beds, or on other surfaces. For instance, in the Korean culture, parents may sleep with their child on a *yo*, a floor mat. Such a mat reduces the danger associated with inappropriate surfaces such as pillows and soft mattresses. Other recommendations suggest that nursing mothers keep the infant in a bassinet or other object adjacent to their bed. In addition, it is recommended that the mother sit in a chair next to the bed to reduce the risk of falling asleep on her infant. Alternatively she may awaken her partner to monitor her wakefulness.

The challenge for clinicians is to broach the issue of co-sleeping with parents prior to the birth of their infant, or during the nursery visit. Advice should be given about safe sleeping practices, which include sleeping on the proper surfaces, without pillows, blankets, or stuffed toys. Parents should be cautioned about the potential risks that bed sharing with young infants carries, but that the incidence of this occurrence is unknown. They should be encouraged to breast-feed their infants, allow their infants to sleep on appropriate surfaces, and discuss with their clinicians questions or concerns they have related to infant care practices.