

Changing baby sleep conversations in the UK

Basis

Baby sleep info source

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Professor Helen L Ball

Durham Infancy & Sleep Centre

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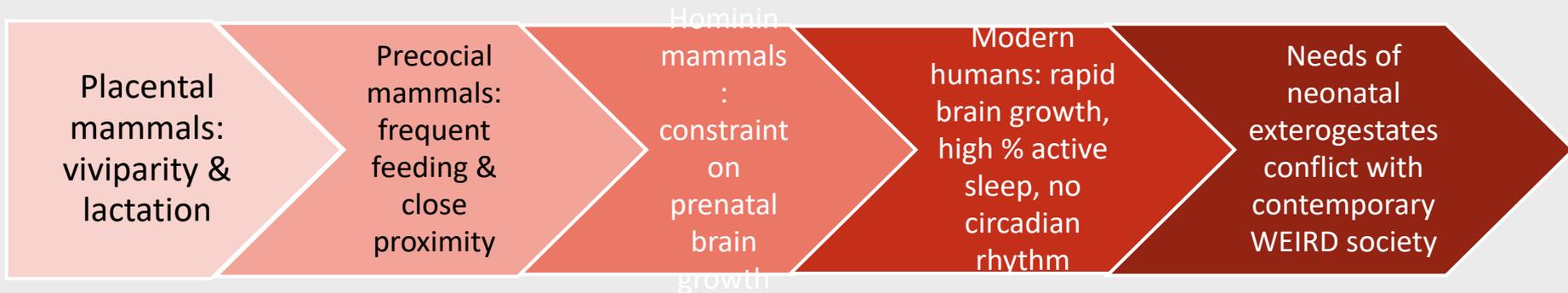
- Established in 2000 as the Parent-Infant Sleep Lab, and rebranded as DISC in 2018
- Home to a team of anthropology researchers studying babies, sleep, & infant care issues.
- Key areas of research =
 1. SIDS & Sleep Safety, especially bed-sharing
 2. Breastfeeding and sleep, including role of bed-sharing
 3. Risk minimisation approach to SIDS prevention
 4. Normalising infant sleep and supporting parents
- Key outreach / impact = Baby Sleep Info Source
 - Unicef UK Baby Friendly Initiative, UK Breastfeeding Support Organisations
 - Lullaby Trust, Scottish Government, NHS Trusts, NICE – safer sleep guidance



We work between the theoretical perspectives of evolutionary biology and practical aspects of night-time infant care



Applying evolutionary perspectives to 21st century parent-infant sleep



Ball, H.L. & Russell, C.K. (2012). Night-time nurturing: an evolutionary perspective on breastfeeding and sleep. In *Evolution, Early Experience and Human Development: From Research to Practice and Policy*. Narvaez, D et al. Oxford University Press. 241-261.

Our approach to 'biologically normal' parent-baby sleep involves...

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... considering the intersection between evolved infant biology and culturally determined patterns of night-time infant care, and recognising that parent-offspring conflicts produce tension between the needs of the infant, and the ability or willingness of the parent(s) to meet those needs--to understand the ways in which parents manage night-time care.

Understanding parent-baby sleep behaviour



What do parents do with their newborns at night?

How does night-time care vary?

Why do they choose different sleep strategies?

How do they implement them?

What trade-offs do parents make in night-time care?

How can we use this understanding to change policy & improve practice?

Ball HL (2018) The Infant Sleep Myth. Society Now (ESRC Magazine) Feb 2018. 118-19

For instance, sleeping with the baby

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Is a common night-time care strategy. Our research explored who bed-shares, why, and how. We identified why it might be practiced more or less safely. We highlighted the importance of how practitioners talk to parents about it.

We explored parent-infant sleep behaviour in homes, hospital postnatal ward, and our sleep lab

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The results of this research has informed public health guidance, hospital policy and practice, information for parents and international debate about bed-sharing safety over the past 25 years.

It also led us into research considering whether the sleep of breastfeeding mothers and babies differs from that of non-breastfeeding dyads, and what 'normal' infant sleep entailed.

How has guidance and practice changed in response to the research and outreach?



1. Provision of bed-sharing information, particularly for breastfed babies
2. Adoption of side-car cribs and bed-sharing policies in hospitals – acceptance that separation at night is not beneficial for mothers or babies
3. Recognition that in aligning babies' needs and parental lives parents' sleep strategies vary, and why
4. Incorporation of our work into guidelines and recommendations
5. Development of the Baby Sleep Information Source

(1) Provision of bed-sharing information, particularly for breastfed babies

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The evidence and rationale
for the UNICEF UK
Baby Friendly
Initiative standards

4.5. Standard 5: Support parents to have a close and loving relationship with their baby

Introduction

Investing in the early years

Supporting healthy relationships

Caring for the baby at night

Infant sleep behaviours

Where babies sleep

Bed-sharing and breastfeeding

Conclusion

UNICEF UK Baby Friendly Initiative has been a key driver in changing conversations about sleep and breastfed babies.

(1) Provision of bed-sharing information, particularly for breastfed babies

CARING FOR YOUR BABY AT NIGHT



A guide for parents



IF YOU DECIDE TO SHARE A BED WITH YOUR BABY

Some parents choose to sleep with their baby in bed and some fall asleep with their baby during the night while feeding and comforting whether they intend to or not. Therefore it is very important to consider the following points:

- Keep your baby away from the pillows.
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall.
- Make sure the bedclothes cannot cover your baby's face or head.
- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position.

BEWARE

- It is not safe to bed-share in the early months if your baby was born very small or pre-term.
- Do not sleep with your baby when you have been drinking any alcohol or taking drugs that may cause drowsiness (legal or illegal).
- Do not sleep with your baby if you or anyone else is a smoker.
- Do not put yourself in a position where you could doze off with your baby on a sofa or armchair.

HEALTH PROFESSIONALS' GUIDE TO: "CARING FOR YOUR BABY AT NIGHT"

PROFESSOR HELEN BALL, BSC, MA, PHD
DR PETER S BLAIR BSC (HONS), MSC (LEIC), PHD (BRISTOL)

CARING FOR YOUR
BABY AT NIGHT



A guide for parents



(1) Provision of bed-sharing information, particularly for breastfed babies

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Sharing a bed with your baby

UNICEF UK Baby Friendly Initiative
with the Foundation for the Study of Infant Deaths



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ইউনিফেফ ইউকেফে ডাউনলোডের সাথে শিশুর জন্য স্বাস্থ্যকর প্রথম প্রচেষ্টা,
শিশুদের সম্পর্কে সমীক্ষা/অন্যান্য প্রায়োগিক উদ্দেশ্যে



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بچے کو اپنے ساتھ بستر میں سلانا

یونیسف یو کے ایف کے ساتھ شিশو کے لیے پہلا قدم
ہر اشتراک ادارہ برائے مطالعہ، اموات اطفال



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Safe Sleep & the Breastfed Baby

INFORMATION SHEET NO. 3001

"We... challenge on several grounds the assumption that solitary infant sleeping is somehow optimal, when in worldwide and evolutionary terms it has not been the norm."¹

Dr Helen L. Ball

Helpful recommendations?

Some authorities advise parents, whatever their circumstances, that placing a baby to sleep in a cot by the bed is safer than bedsharing. You may be told that there has been an increase in the risk of deaths from SIDS² when co-sleeping. But research has shown that this is a proportional increase due to a reduction in SIDS deaths in a cot environment, not an actual increase in the number of SIDS deaths when sharing the parents' bed.² This 'one-size-fits-all' advice does not take into account important differences between families, in particular whether a baby is exclusively breastfed and whether parents smoke, have drunk alcohol or taken drugs. What is safe for one family, may not be safe (or even possible) for another. Each family needs information to help them choose the best and safest sleep options for them.

Parents may stop taking a baby into bed with them as a result of these warnings or because of pressure from family and friends. A mother who is discouraged from bedsharing may experience such difficulties at night that she gives up breastfeeding, with serious health implications for herself and her baby. A baby has a biological need to be in close physical contact with his mother for much of the time.³ He may become distressed if this need is denied. If a breastfeeding mother is afraid to take her baby into bed with her and he cries when placed in a cot, what is she to do?

Mothers often find it difficult to stop themselves falling asleep whilst breastfeeding. The hormonal effects of suckling a baby can cause a mother to doze off even if she isn't lying down in bed at the time! It is better that parents take steps to increase the safety of bedsharing than chance falling asleep in much more risky places, such as on a sofa. Research shows that in a period when the SIDS rate has halved, the number of infant deaths on sofas has nearly doubled.²

Infant sleep researchers including Dr Helen Ball of The University of Durham Parent-Infant Sleep Lab (in the UK) and Dr James McKenna of the Mother-Baby Behavioral Sleep Laboratory of Notre Dame University (Indiana, USA) have strongly questioned these 'don't bedshare' recommendations.^{1,2,4,5}

What about dummies?

A recent article by Peter Blair and Peter Fleming, discusses the fact that SIDS rates have fallen at a time when dummy



Protective effects

Whilst no sleeping environment can be entirely risk free, studies by Dr Ball have found that mothers who sleep with their breastfed babies in bed adopt a protective position that makes overlaying difficult, and smothering by pillows or bedding unlikely.⁶ She also observes that babies "demonstrably do not overheat in this situation"; and that they breastfeed more successfully and for longer which has significant health benefits for mother and child.¹

Dr McKenna suggests fast acting bacteria, and cold and flu viruses can increase a baby's susceptibility to SIDS. Since breastfeeding helps protect babies against such illnesses, caution should be exercised before discouraging practices such as bedsharing that are known to increase the intensity and duration of breastfeeding.

Babies who are not breastfed are at an increased risk of SIDS and researchers recommend that breastfeeding should continue until at least 6 months when the risk of SIDS drops significantly.⁷

Dr McKenna's research has shown that babies who sleep close to a "committed, adult caregiver" have half the chance of dying from SIDS, compared to those infants who sleep in a room alone, or even in a room with other children. This closeness may take the form of a cot by the bed, or bedsharing with mother. Dr McKenna points out that whilst we cannot say that bedsharing itself protects infants against SIDS, it is perfectly possible for an exclusively breastfeeding mother to take precautions against known risks, making bedsharing a safe and beneficial experience.⁴

Informed choice

It is important a mother is informed about the benefits as well as the possible risks associated with her baby's different sleeping places, in the context of her own family's circumstances. She can then do what parents have always done—evaluate the risks and benefits, and make choices for herself.

The aim is easy breastfeeding, safe sleeping and a good night's rest for everyone—wherever the baby sleeps.

¹ Bedsharing implies a baby sharing an adult bed with

SLEEP SAFELY

Sleep tips

Do

- ✓ Place your baby to sleep on his back.
- ✓ Avoid exposing your baby to cigarette smoke at any time as this increases the risk of SIDS.
- ✓ Keep your sleeping baby close day and night, not in a room alone.
- ✓ Sleep facing your baby in bed (your thigh should prevent him slipping under the covers).
- ✓ Place your baby with his feet to the foot of any cot, crib or pram.
- ✓ Check your baby's sleeping place for hazards:
 - Choose a firm, flat, clean, well-fitting mattress and cover with a close-fitting sheet.
 - Check for gaps he might get trapped in.
 - Ensure he can't fall out.
 - Choose nightclothes without strings or ties that might strangle.
- ✓ Keep pillows and your covers away from your baby.
- ✓ Ensure anyone in the bed knows your baby is there.
- ✓ Keep an adult between any older children and your baby in bed.
- ✓ Check your baby does not get too hot or too cold whilst sleeping. In hot weather, open a window or use a fan.
- ✓ Keep pets out of your baby's bed.

Don't leave your sleeping baby:

- ✗ Near a fire or radiator, or in full sun.
- ✗ Wearing warm outdoor clothing when indoors.

Don't sleep with your baby:

- ✗ If he is swaddled or in a sleeping bag.
- ✗ On a sofa or armchair.
- ✗ On a soft mattress. It isn't known whether memory foam mattresses are a problem.
- ✗ If any person in the bed has drunk alcohol, taken drugs (legal or illegal) that could make them extra sleepy, or is too exhausted to be aware of your baby.
- ✗ If any person in the bed is a smoker (even if they never smoke in bed).
- ✗ If any person in the bed has an illness or condition that affects their awareness of your baby.

"Once you can feed the baby while comfortably stretched out, you've eliminated much of the work of mothering for eight of the 24 hours in a day."

Easy nights

Many mothers have found that being inventive with their sleeping arrangements can help make nights easier with a baby. Some of these ideas might make nights easier for you too. But because only you know your own circumstances, always keep safety in mind.

Extra space can help. Try:

- Using a cot designed for co-sleeping.
- Pushing your baby's cot right up to your bed. Lower the side and raise the base for easy access at night; tie the cot to your bed if you can.
- Using a king-size bed.
- Putting a single bed at the side for your partner to sleep on—keep your baby away from the gap in the mattresses.

Avoid tumblers by:

- Using a guard rail.
- Taking the legs off the bed or putting the mattress on the floor.

Keep comfortable by:

- Perhaps having separate bedding for each sleeper—but keep your own bedding away from your baby. A front opening cardigan can help your arms stay warm.

- Dressing your baby in light nightclothes to avoid overheating.

- Putting an extra thick nappy on your baby to avoid unnecessary changes in the night.
- Keeping a towel handy in case of damp nappies or leaking milk.

Learn to feed lying down by:

- Practising in the daytime!
- Keeping a low light on.
- Going to a La Leche League meeting and learning from other mothers.

These safety tips apply to healthy full-term breastfed infants. Preterm and low birth weight babies are more vulnerable. If your baby seems unwell, seek medical advice promptly. Remember that safety tips can help reduce the risk of SIDS and accidents wherever your baby sleeps, but cannot eliminate the risk altogether.



Further Reading

SWEET SLEEP: NIGHTTIME AND NAPTIME STRATEGIES FOR THE BREASTFEEDING FAMILY, LLLI, London: Pinter & Martin, 2014.
THE WOMANLY ART OF BREASTFEEDING, LLLI, London: Pinter & Martin, 2015.
WHY YOUR BABY'S SLEEP MATTERS, Ockwell-Smith, S. London: Pinter & Martin, 2016.
LLL Information Sheets & Leaflets RHYTHMS & ROUTINES SMOKING AND BREASTFEEDING All available from LLLGB SHOP, www.laleche.org.uk

Online Information

LLLGB articles & information www.laleche.org.uk/supporting-families-leaflets Infant Sleep Information Source www.slsonline.org.uk UNICEF ERI Co-Sleeping and SIDS: Guide for Health Professionals https://nprurl.com/ycc663ly LLLI article by Helen Ball www.breastfeedingtoday.com/infant-sleep/

References

1. Ball H. L., & Russell, C. K. (2012). Nighttime Nurturing : An Evolutionary Perspective on Breastfeeding and Sleep. In D. Narasim, J. Parkkko, A. Schore, A. T. Glesson (Eds.), Evolution, Early Experience and Human Development: From Research to Practice and Policy (pp. 241–261). Oxford University Press: http://dx.doi.org/10.1017/9780191787878
2. Sleep patterns and fatigue in new mothers and fathers. Gay et al., 2004.
3. Ball, H. L. et al (2016). Bed-sharing by breastfeeding mothers: who bed-shares and what is the relationship with breastfeeding duration? Acta Paediatrica, DOI: 10.1111/apa.13354.
4. Blair PS, Scobie P, Ewasch-Coombs C et al (2009) Hazardous to sleeping environments and risk factors amenable to change: case-control study of SIDS in south west England. BMJ, 339:b3666
5. Ball HL. Parent-Infant bed-sharing behaviour: Effects of feeding type, and presence of father. Human Nature 2006; 17(3):301–18.
6. Blair, P. S. et al (2014) Bed-Sharing in the Absence of Hazardous Circumstances: Is There a Risk of Sudden Infant Death Syndrome? An Analysis from Two Case-Control Studies Conducted in the UK. DOI: 10.1371/journal.pone.0107799

Written by Sue Candus, Karen Butler, Sue Lupton & mothers of La Leche League GB



La Leche League GB

INFORMATION SHEET NO. 3001 www.laleche.org.uk

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Membership & general information LLLGB, www.laleche.org.uk, PO Box 29, West End, Nottingham NG2 7NP, enquiries@laleche.org.uk
Orders and prices LLLGB SHOP, www.laleche.org.uk, PO Box 29, West End, Nottingham NG2 7NP, 0845 455 4555, books@laleche.org.uk
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Registered office 120a Midland Boulevard, Wollaton Park, Nottingham NG8 1PW

(2a) Adoption of side-car cribs and bed-sharing policies in hospitals (UK)

Wirral Comm

Chelsea and Westminster Hospital  NHS Foundation Trust

West Middlesex University Hospital

WEST MIDDLESEX UNIVERSITY HOSPITAL

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Committee approval:	Maternity Services Forum	Date:	July Forum
Distribution:	West Middlesex University Hospital		
Location:	Maternity Service		
Related Documents:	Infant Feeding Policy Antenatal Care 16/40 week appointment Postnatal Care Katie Arneil- Infant Feeding Co-ordinator, West Middlesex Un		

Document Title: MANAGEMENT OF BED SHARING FOR MOTHERS AND BABIES

Document Reference/Register no: 09091

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Review Date: 11th December 2021

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Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4)

Issuing Division/Directorate: Women's & Children's

Author/Contact: (Asset Administrator) Cher Smith, Specialist

Hospital Sites: (tick appropriate box/es to indicate status of policy review i.e. joint/inv) 10,11

Consultant: X ME

October 2018

November 2018

Website

In creating this guideline, evidence and research has been reviewed from a variety of sources including the Infant Sleep Information Source (ISIS), NICE and The Lullaby Trust. We acknowledge that we have drawn heavily on material produced by ISIS and have summarised information pertaining directly to midwifery care within this guideline. Therefore, ISIS remains the comprehensive evidence base that staff and parents should rely upon for further reading. This resource is continually updated when new research is published so is the most up-to-date place for information.

We would like to thank ISIS for allowing us to use their published materials and their professional support in reviewing the guideline for its accuracy.

(2b) Acceptance that night-time separation is detrimental for breastfeeding (AAP-US)

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Baby sleep info source

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy
of Pediatrics
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Safe Sleep and Skin-to-Skin Care in the Neonatal Period for Healthy Term Newborns

Lori Feldman-Winter, MD, MPH, FAAP, Jay P. Goldsmith, MD, FAAP, COMMITTEE ON FETUS AND NEWBORN, TASK FORCE ON SUDDEN INFANT DEATH SYNDROME

Skin-to-skin care (SSC) and rooming-in have become common practice in the newborn period for healthy newborns with the implementation of maternity care practices that support breastfeeding as delineated in the World Health Organization's "Ten Steps to Successful Breastfeeding." SSC and rooming-in are supported by evidence that indicates that the implementation of these practices increases overall and exclusive breastfeeding, safer and healthier transitions, and improved maternal-infant bonding. In some cases, however, the practice of SSC and rooming-in may pose safety concerns, particularly with regard to sleep. There have been several recent case reports and case series of severe and sudden unexpected postnatal collapse in the neonatal period among otherwise healthy newborns and near fatal or fatal events related to sleep, suffocation, and falls from adult hospital beds. Although these are largely case reports, there are potential dangers of unobserved SSC immediately after birth and throughout the postpartum hospital period as well as with unobserved rooming-in for at-risk situations. Moreover, behaviors that are modeled in the hospital after birth, such as sleep position, are likely to influence sleeping practices after discharge. Hospitals and birthing centers have found it difficult to develop policies that will allow SSC and rooming-in to continue in a safe manner. This clinical report is intended for birthing centers and delivery hospitals caring for healthy newborns to assist in the establishment of appropriate SSC and safe sleep policies.

INTRODUCTION

Definition of Skin-to-Skin Care and Rooming-In

Skin-to-skin care (SSC) is defined as the practice of placing infants in direct contact with their mothers or other caregivers with the ventral skin of the infant facing and touching the ventral skin of the mother/

abstract

FREE

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FIGURE 1
Side-car bassinet for in-hospital use. Photo courtesy of Kristin Tully, PhD.

(3) Recognition that in aligning babies' needs and parental lives, sleep strategies and info needs vary



Suffolk Safer Sleep Strategy - FAQs

Introduction

These FAQs have been developed by Public Health Suffolk and Suffolk Local Safeguarding Children Board. The aim is to equip professionals with the knowledge they need to provide relevant and up to date information on safer sleeping practice to parents.

What is the Suffolk Safer Sleeping Campaign?

Sudden Infant Death Syndrome (SIDS) (often referred to as cot death) accounts for approximately 300 infant deaths each year in the UK. The Suffolk Safer Sleeping Campaign aims to raise awareness of SIDS and reduce the risk of it happening.

To achieve this, Suffolk Health and Wellbeing Board and its partners are championing a simple set of safer sleep messages that will help parents make informed choices about their baby's sleeping arrangements and minimise the risks.

The messages are,

1. Keep your baby smoke free during pregnancy and after birth.
2. Put your baby to sleep on their back with their feet to the foot of the cot.
3. Place your baby to sleep in a cot, crib or Moses basket – never fall asleep with them on a sofa or chair.
4. Never fall asleep with your baby after drinking or taking drugs/medication.
5. Keep your baby's head and face uncovered and make sure they don't get too hot.
6. Breastfeed your baby if you can – support is available.

These messages are available as a [leaflet for parents](#).

What advice should I give to parents about co-sleeping?

- Research suggests that many parents co-sleep. For some this a conscious decision and for others it is unintended and unplanned. For example, falling asleep during or after breastfeeding or co-sleeping when the baby is unwell or teething.
- It is important to help parents make informed choices which take into account the evidence about the risks of co-sleeping, the potential benefits and their personal circumstances.
- It is also important to help parents plan if they think co-sleeping could be a possibility. This will avoid parents doing something in the middle of the night, or at other times that is based on a poorly thought through choice.

It isn't helpful to tell parents what they must or mustn't do; instead, listen carefully and offer information appropriate to their needs. A non-judgemental and holistic approach will help parents discuss these issues openly and make choices that are right for them.

If a parent chooses to co-sleep, guidance is available to help them do this safely. Please see the links on the next page under the Resources section.

Are there any cultural differences in safer sleeping practice?

Yes. The care of infants is deeply rooted to cultural, religious and personal beliefs. For example, in some cultures co-sleeping is a common practice.

There is some evidence that parents are likely to dismiss inflexible recommendations that they don't agree with, or can't comply with for cultural reasons.² So whilst it is important to make all parents aware of the risks associated with co-sleeping, cultural beliefs will influence the choices parents make.

How can I promote both breastfeeding and safe sleep practice?

Many parents and professionals think that bed sharing has a number of benefits, including coping with frequent night time feeds. There is some research evidence to suggest that bed sharing may facilitate longer term breastfeeding.³ However, there are also risks associated with bed sharing.

As with other decisions regarding safer sleeping, it is important that parents are made aware of how their individual circumstances affect risk and how these may change from night-to-night. Guidance is available about how to minimise the risks should a parent decide to bed share.

Please see the links on the next page under the Resources section.

²Volpe, Ball et al (2013) Night-time parenting strategies and sleep related risks to infants. *Social Science and Medicine* 79: 92-100.

³https://www.isisonline.org.uk/hcp/where_babies_sleep/parents_bed/why_parents_bedshare/bedsharing_and_breastfeeding/

Press and media

Press release archive

03 December 2014

Empowering families to make informed choices on co-sleeping with babies

← Share

Print

The National Institute for Health and Care Excellence (NICE) updates guidance to clarify the association between co-sleeping and Sudden Infant Death Syndrome (SIDS).

- **More than 200 babies in England and Wales die unexpectedly in their sleep every year.**
- **There have been long-standing doubts over whether co-sleeping - parents or carers falling asleep with their baby on a bed, sofa or chair - is completely safe.**
- **Updated guidance from the National Institute for Health and Care Excellence (NICE) clarifies the association between co-sleeping and Sudden Infant Death Syndrome (SIDS) to help parents understand the potential risks.**

“

Parents have the right to know about the association between SIDS and co-sleeping. It will help them weigh up the possible risks and benefits so that they can make a decision that is right for them.”

Susan Bewley, Professor of Complex Obstetrics at King's College London”

UNICEF/Lullaby Trust/Basis Infographic

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CO-SLEEPING* AND SIDS: A guide for health professionals

~700,000

babies are born each year
in England and Wales¹

~350,000

babies will have slept together in an adult
bed with one or both parents by three
months, whether intended or not²

Sleeping in close contact helps babies
to settle and supports breastfeeding,^{3,4,5}
which in turn protects babies from
**Sudden Infant Death Syndrome
(SIDS)**.⁶

On any night, 22% of babies will bed-
share⁹ – so 154,000 babies will be in
bed with their parent tonight.²

IN 2016, 219 BABIES DIED OF SIDS IN THE UK: 0.03% OF ALL BIRTHS⁷

Previous UK data suggests:

- around half of SIDS babies die while sleeping in a cot or Moses basket.
- around half of SIDS babies die while co-sleeping. **However, 90% of these babies died in hazardous situations which are largely preventable.**^{4,8}

	1 IN 3,180	The risk of SIDS for all babies in England & Wales ¹
	1 IN 174	The risk of SIDS while co-sleeping on a sofa ^{1,9}
	1 IN 174	The risk of SIDS while co-sleeping after consuming alcohol or drugs ^{1,9}
	1 IN 787	The risk of SIDS while co-sleeping with a regular smoker ^{1,9}

IF NO BABY CO-SLEPT IN HAZARDOUS SITUATIONS, WE COULD POTENTIALLY REDUCE CO-SLEEPING SIDS DEATHS BY NEARLY 90%⁸

unicef.uk/safesleeping

*Co-sleeping: an adult and a baby sleeping together on any surface (such as a bed, chair or sofa).

◊ Bed-sharing: sharing a bed with one or both parents while baby and parent(s) are asleep.

Using SIDS by sleeping environment from the latest case-control study conducted in England.

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UNITED KINGDOM



SAFER SLEEPING

Twins trust.

How to keep all babies safe when sleeping - including twins, triplets and more...

Please follow our safer sleeping advice whenever your babies are sleeping or napping, **not just at night time.**

SAFER SLEEPING FOR ALL BABIES

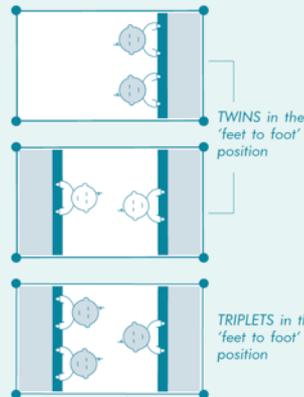
tips for all babies **including** multiples

- ✓ Keep your babies in the same room as you for the first six months.
- ✓ Always place your babies on their backs to sleep.
- ✓ Use a firm, flat, waterproof mattress in good condition.
- ✓ Always unwrap babies and remove their hats when you go from a cold to a warm place.
- ✓ Make sure the cot is free from toys, pillows and loose bedding.
- ✓ Breastfed babies have a lower risk of SIDS. For details visit: www.lullabytrust.org.uk/breastfeeding

SAFER SLEEPING FOR MULTIPLES

additional tips for twins, triplets and more

- ✓ Place your twins, triplets or more in the 'Feet to Foot' position (with their feet at the foot of the cot).



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SAFER SLEEPING FOR ALL BABIES

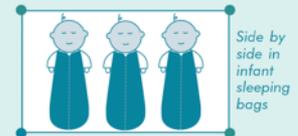
(continued)

- ✗ Do **NOT** smoke during pregnancy or let anyone smoke in the same room as your babies.
- ✗ Do **NOT** share a bed with your babies if:
 - you are a smoker
 - you are excessively tired
 - you've been drinking alcohol
 - you've taken drugs
 - they were born prematurely before 37 weeks or were under 2.5kg (5.5lbs) at birth.
- ✗ **NEVER** sleep with your babies on a sofa or an armchair.
- ✗ Do **NOT** let your babies get too hot when sleeping - keep their heads uncovered.
- ✗ Do **NOT** use pillows or duvets for babies under one year old.
- ✗ Do **NOT** leave your babies unsupervised on a bed or on a sofa.

SAFER SLEEPING FOR MULTIPLES

(continued)

- ✓ In the early weeks, before your twins, triplets or more learn to roll they can all be placed side-by-side on their backs in the 'Feet to Foot' position.
- ✓ Make sure each blanket is tucked in securely. Alternatively you can use infant sleeping bags.



- ✗ Do **NOT** use rolled up blankets or towels etc to prop up your babies in their cot.
- ✗ Do **NOT** co-bed multiples once one or more baby is rolling.
- ✗ Co-bedding in a Moses basket is **NOT** recommended due to the limited space and the risk of overheating.

For more information about sleep for multiples please visit the sleep section on the Twins Trust website: twinstrust.org/let-us-help/parenting/under-1s/sleep.html. Twins Trust also runs regular sleep webinars which are suitable for twelve months plus: twinstrust.org/course-listings/_course/sleep-webinar.html



Basis
Baby sleep info source

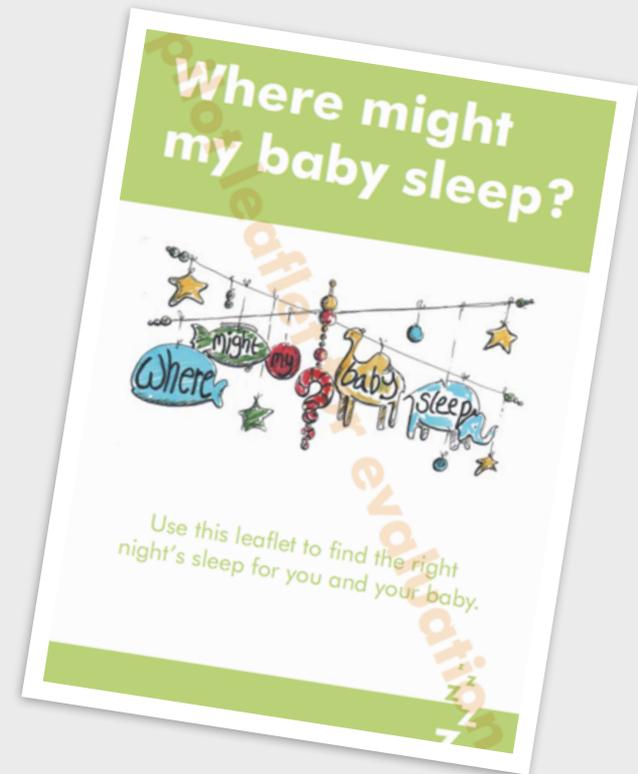
Twins trust.

www.twinstrust.org
01252 332344
@twinstrust
Twins Trust, Manor House, Church Hill,
Aldershot, Hants, GU12 4JU
Registered Charity Numbers: 1076478 and SC041055
Registered Company Number: 3688825

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Where might my baby sleep?

- Coproduced intervention designed with Blackpool and Lancashire NHS Trusts
- Discussion and safe sleep self-assessment tool
- Supports negotiated, face-to-face, education
- Used by antenatal health providers to engage women in discussion about sleep locations



Before bed-sharing ask yourself these questions. ^z ^z ^z

Do either you or your partner EVER smoke? → ANSWER YES

Have you or your partner recently drunk any alcohol? → ANSWER YES

Did you smoke in pregnancy? → ANSWER YES

Have you or your partner taken any medication or drugs that might make you sleep heavily? → ANSWER YES

Are you excessively tired? (e.g have had less than 4 hours sleep in the last 24 hours?) → ANSWER YES

Are you formula feeding your baby? → ANSWER YES

Was your baby small at birth? (Born before 37 weeks, or weighing less than 2½ kg or 5½ lb at birth) → ANSWER YES

Remember, people sometimes bed-share accidentally as well as intentionally... circumstances also change...so complete this checklist and assess YOUR risk. ^z ^z ^z

→ Smoking increases your baby's risk of Sudden Infant Death Syndrome whilst bed-sharing. 

→ Alcohol increases the risk of Sudden Infant Death Syndrome and accidental death whilst bed-sharing. 

→ Smoking during pregnancy increases your baby's risk of Sudden Infant Death Syndrome whilst bed-sharing. 

→ Taking drugs or medication which impair your consciousness increases the risk of accidental death whilst bed-sharing. 

→ Excessive tiredness affects the way you sleep and increases the risk of accidental death. 

→ If you formula-feed, you may not naturally adopt the protective 'C' position whilst bed-sharing. See page 11. 

→ Some evidence suggests that small at birth babies may have an increased risk of Sudden Infant Death Syndrome when bed-sharing with no-smoking parents. There is a dramatically increased risk of Sudden Infant Death Syndrome for small at birth babies who bed-share with parents who smoke. 



If you answer 'Yes' to any of these questions then bed-sharing is NOT advisable.



Instead, consider either using a 3-sided cot that attaches to your bed, or having baby in a cot near your bed.'



SAFER INFANT SLEEP

A practice support tool for healthcare professionals

To be used in combination with PSBC's "Safe Sleep Environment Guideline for Infants 0-12 months of Age" and the companion parent resource "Safer Sleep for my Baby"



Safer Infant Sleep | Bedsharing

Opening a discussion about bedsharing

Bedsharing: A sleeping arrangement in which the baby shares the same sleep surface as a parent/caregiver.

Some families may choose to bedshare with their baby. Others might not plan to, yet the realities of caring for an infant might lead to unplanned or reactive bedsharing. Bedsharing can pose a serious risk to babies if done unsafely.

If a parent has an intent to bedshare, read on for some important points to consider to support safer infant sleep.

Parent/Caregiver Questionnaire

Encourage parents/caregivers to use this tool to help create a safer sleep plan for their baby as circumstances or sleep arrangements change.



Do you or anyone in your household ever smoke?

If YES:

Smoking increases your baby's risk of sleep-related death, especially while bedsharing. For support in quitting smoking, visit www.quitnow.ca.

About vaping, e-cigarettes and cannabis (marijuana):

There is not enough research to provide any guidance around these substances as they relate to safer infant sleep. Using a precautionary principle, avoiding tobacco, vaping, e-cigarettes and cannabis use around infants is recommended. Infants' smaller bodies and quicker rate of breathing makes exposure to these substances more risky. Chemicals from the vapour and smoke can rest on bedding, toys, furniture and floors, increasing the infant's exposure.



Have you or your partner recently drunk any alcohol?

If YES:

Heavier sleep after drinking alcohol increases the risk that you will roll over onto your baby, which can cause suffocation. It's best to have another adult on hand to help with your baby if you have drunk any alcohol.



Did you smoke while you were pregnant?

If YES:

Smoking during pregnancy increases your baby's risk of sleep-related death, especially while bedsharing.



Have you or your partner recently used any drugs or taken any medicine that might make you sleep heavily?

If YES:

Heavier sleep increases the risk that you will roll over onto your baby which can cause suffocation. It's best to have another adult on hand to help with your baby if you have taken any drugs or medicines that make you less alert.



Was your baby born premature (before 37 weeks) or small-at-birth (weighing less than 2.5 kg or 5.5 lbs when born)?

If YES:

Premature and small-at-birth babies have an increased risk of sleep-related death when sharing a bed, even with parents who don't smoke.

Bedsharing and Breastfeeding



Most breastfeeding mothers naturally sleep facing their baby with their knees drawn up under the baby's feet and arm above the baby's head (the "C" position). This protects the baby from moving down under the covers or up under the pillow.

If you have never breastfed and/or do not naturally sleep in this position with your baby, it is safer for your baby to sleep on his/her own sleep surface in your room.

If parents answered YES to any of these questions then bedsharing is NOT advisable as it may increase a baby's risk of sleep related death.

Adapted with permission from : Professor Helen Ball & Dr. Charlotte Russell, Durham University Parent-Infant Sleep Lab

(4) Incorporation of our work into guidelines and recommendations

BREASTFEEDING MEDICINE
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Bedsharing and Breastfeeding: The Academy of Breastfeeding Medicine P Revision 2019

Peter S. Blair,¹ Helen L. Ball,² James J. McKenna,^{3,4} Lori Feldman-Winter,⁵ Kat
Melissa C. Bartick,⁶ and the Academy of Breastfeeding Medicine

Abstract

A central goal of the Academy of Breastfeeding Medicine is the development of clinical common medical problems that may impact breastfeeding success. These protocols, for the care of breastfeeding mothers and infants and do not delineate an exclusive serve as standards of medical care. Variations in treatment may be appropriate according to individual patient.

Purpose

BEDSHARING PROMOTES BREASTFEEDING INITIATION,¹ duration,²⁻⁷ and exclusivity.^{7,8} Medical and public health organizations in some countries recommend against bedsharing, citing concerns over increased risk of sleep-related infant death.^{9,10} However, bedsharing may only be a risk in hazardous circumstances as demonstrated by epidemiological study (Table 1).¹¹ We aim to clarify the currently available evidence regarding the benefits and risks of bedsharing, and offer evidence-based recommendations that promote infant and maternal health through increased breastfeeding duration.¹² The recommendations in this protocol apply to mother–infant dyads who have initiated breastfeeding and are in home settings, and are not intended for use in hospitals or birth centers.

Summary and Recommendations

Summary

Levels of evidence (1–5) from the Oxford Centre for Evidence Based Medicine¹³ are listed in parentheses, and are based on the citations as described below in the supporting material. See the supporting material for the ways in which we define

“bedsharing,” “SIDS,” and “this protocol.” “Breastfeeding” Overall, the research conducted breastfeeding indicates that ni breastfeeding duration and e Discussions about safe bedsha into guidelines for pregnancy isting evidence does not supp sharing among breastfeeding causes sudden infant death syn of known hazards (level 3) (s with appropriate controls are n tionship between bedsharing an of known hazards at different a vidualy modifiable after birth (suffocation death is extremely t feeding infants in the absence (levels 2–3),²⁰ and must be wei of separate sleep. There are co with separate sleep (even with the risk of early weaning, the supply from less frequent nig intentional bedsharing (levels concerning bedsharing must ta



NEW ZEALAND COLLEGE OF MIDWIVES

Consensus Statement: Safe Sleeping

The NZCOM supports the following recommendations to ensure every safe sleep, in every place, at every sleep. The College supports the messages about safe sleeping and considers that midwives have a mothers/ families/ whanau about the following recommendations.

Rationale
Sudden unexpected death of an infant (SUDI) is a risk to babies until the old. Some babies are more vulnerable than others. It is important that and given information on how to ensure safe sleeping for their baby[1].
Practice Notes
Midwives should advise women/ partners/whanau to ensure all of the following:
<ul style="list-style-type: none">• Position: place baby to sleep lying face up (on their back)• Airway: ensure baby's face is clear and will stay clear throughout the• Development: ensure baby is smokefree both during pregnancy and• Environment: place baby to sleep in their own safe space, preferable babies such as a cot, bassinet, wahakura or other types of 'baby bed• Closeness: have baby in the same room as a parent (when the parent the baby is at least six months old.• Nutrition: exclusively breastfed baby• Watchful: check for potential hazards (what might change) in a baby environment
Face-up + face clear + smokefree
Face-up position protects arousal in babies during a critical stage of development.
Face clear protects from asphyxia in the sleeping environment.
Smokefree reduces vulnerability.
Further practice advice for the newborn period:
<ul style="list-style-type: none">• Ensuring skin to skin contact at birth (within safety guidelines). Placing next to mother or skin to skin is an option if the woman is alert and

NZCOM Consensus Statement – Safe Sleeping for Baby



Australian Breastfeeding Association

Position Statement on Safe Infant Sleeping

Position statement number: PS003.201206

Responsibility:

- ABA Board
- ABA breastfeeding counsellors and community educators
- ABA members

Definitions¹

- **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.

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.² SIDS and Kids Australia will be adding a sixth message to the safe sleeping campaign to be launched in 2012: *Breastfeed baby if you can*. 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.^{3,4,5} Babies are checked by their mother and breastfeed more frequently when co-sleeping than when room-sharing.^{6,7}
- 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.^{8,9,10}
- 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.^{11,12}
- 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.^{13,14,15,16}
- 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.^{17,18}
- Most SUDI deaths occur when a baby is sleeping alone outside the supervision of a committed, adult.¹³
- 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).^{19,20} 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.

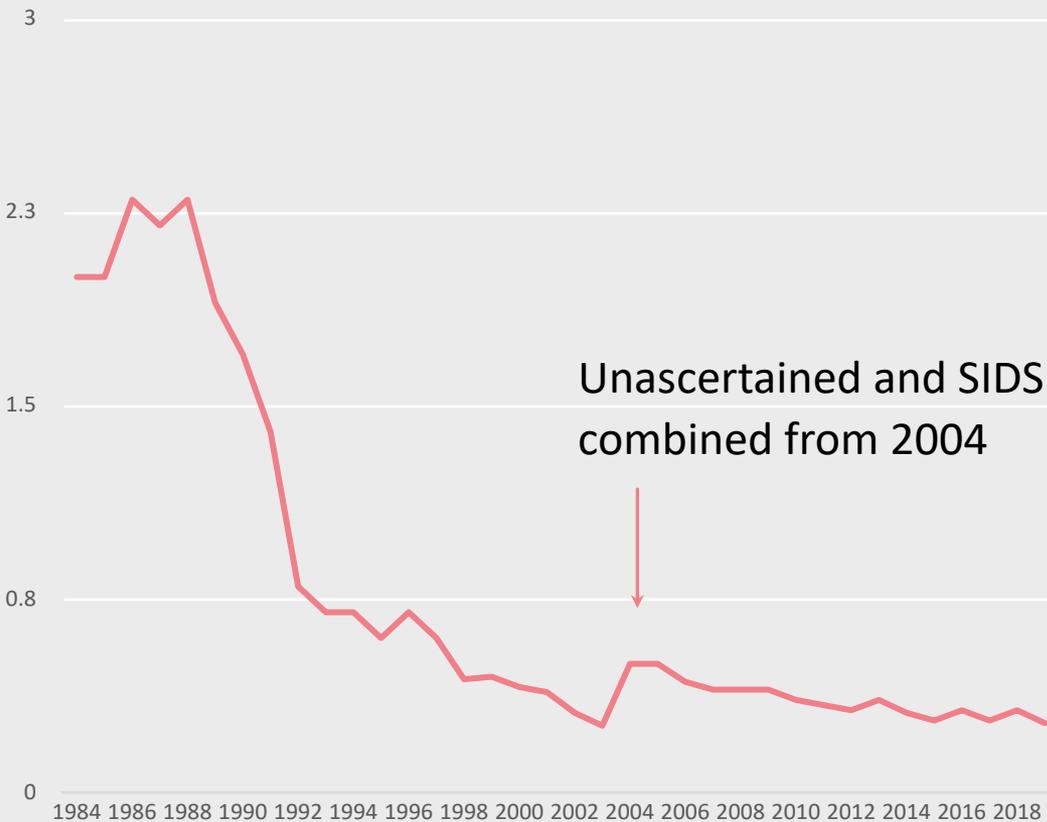
New UK National Safer Sleep Guidance 2019

Basis
Baby sleep info source



New UK National Safer Sleep Guidance 2019

Sudden Infant Deaths England & Wales 1984-2019



- Today's new parents have little first-hand experience of SIDS. 'Reducing the risk of cot death' is not compelling to them
- While South Asian mothers in our studies believe SIDS guidance applies only to 'the English mothers' the 'English' mothers argued "It doesn't apply to mothers like me".
- Parents found the long list of safe sleep messages overwhelming and difficult to implement.
- They objected to guidance without explanations, and rejected idealised recommendations
- They wanted to know what is safer when safest isn't attainable.

New UK National Safer Sleep Guidance 2019

Basis
Baby sleep info source

Aimed to:

- provide guidance consistent with those of NICE, including parents' right to make an informed choice,
- streamline guidance to focus on the key risks in the UK based on the most up-to-date UK research,
- be responsive to parents' concerns and help parents understand the reasons for the guidance given.
- prioritise avoidance of the most hazardous infant sleep practices contributing to the greatest proportion of infant deaths by emphasising:
 - a) baby being on his/her back,
 - b) in a clear flat sleep space,
 - c) smoke free day and night.

Public Health England sponsored the materials and approved the approach taken.



New UK National Safer Sleep Guidance 2019

Safer sleep for babies

The information in this booklet about safer sleep has saved many babies' lives. It is all backed by research that has shown how to reduce the chance of a baby dying suddenly with no explanation (SIDS or sudden infant death syndrome, SIDS). To reduce the chance of SIDS, families should follow this key advice for baby sleep. It is important that all parents and anyone involved in the care of a baby are aware of this advice.

Put them on their **BACK** for every sleep

In a **CLEAR, FLAT SLEEP SPACE**

Keep them **SMOKE-FREE** day and night

Always place your baby on their back for sleep

- Put your baby down on their back – not their front or side – for every sleep
- No special equipment or products are needed to keep them on their back
- Once they start to roll from front to back by themselves, you can leave them to find their own position for sleep
- Tummy time while awake helps to strengthen their muscles and helps them learn to roll

Reason: many more babies have died suddenly when placed to sleep on their front or side, than on their back. Since the Back to Sleep campaign in 1991, the rate of SIDS has dropped by 79%

Give your baby a clear, safe sleep space, in the same room as you

For most babies, a clear sleep space will mean a cot or a Moses basket which are designed to keep babies safe.

Whatever space you choose, it needs to be:

- A firm, flat mattress with no raised edges or cushioned areas
- No pillows, blankets or bumpers
- No toys or positioning devices
- Make sure your baby's head is kept uncovered so they don't get too hot. Try to keep the room temperature between 16 and 20 degrees so your baby does not get too hot or cold and make sure bedding is appropriate for the time of year

- Place baby at the bottom of the cot so that they cannot wriggle over the covers – this is called 'foot to the footboard'

- Ensure that the sleep space is kept clear of all items and there is nothing within reach of the space e.g blind cords, nappy sacks or soft toys

- Babies should always be in the same room as you for the first six months for sleep, day and night. This doesn't mean you can't leave the room to make a cup of tea or go to the toilet, but for most of the time when they are sleeping they are safest if you are close by

- Babies should not be allowed to sleep in Bouncy Chairs and babies should not be left sleeping in the car seat when not travelling in the car. Car seats are not to be used as sleep spaces in the house.

Reason: soft or raised surfaces, pillows or quilts can increase the chance of SIDS by making it difficult for babies to breathe or cool down. The chance of SIDS is lower when babies sleep in a room with an adult than when they sleep alone.

Three clear simple messages

Guidance

Explanation



Remember: if using a sleeping bag, no extra bedding is needed.

New UK National Safer Sleep Guidance 2019

- Keeping baby smoke free, and breastfeeding, are both strongly associated with lower chances of SIDS therefore information is provided on these important ways in which parents' behaviours and choices interact with SIDS.
- Co-sleeping is also a complex parental behaviour associated with SIDS and accidental infant deaths, that can be practised more or less safely.
- UK Child Safeguarding SUDI Review (2020) concludes "co-sleeping is both too common and too complex to apply a simple ban".
- New guidance acknowledges that bedsharing happens and offers parents information on how to prioritise baby's safety in the bed environment.
- Encourages open discussion, information sharing, and planning ahead.

Keep you before a

- Smoking in chance of S make every smoking pr
- You should others' smc if your part to quit too
- Keep your l home, car :

Reason: exposed to before or much greater than babies smoke-free

Breastfe

- Breastmilk provide all baby needs and protect and disease
- Breastfeedi of SIDS

Bed-sharing

Whether you cho or it is unplanned, key risks you shou
It is dangerous to your baby if:

- you or anyone i recently drunk :
- you or anyone i
- you or anyone i any drugs that i
- your baby was i (before 37 week weighed under when they wen

Things to re if bedsharin

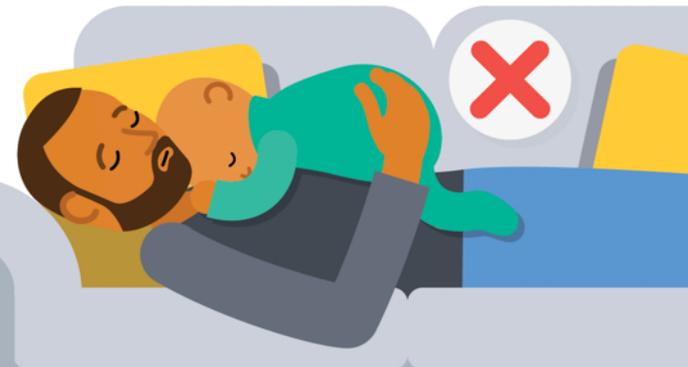
Keep pets away from the bed and do not have other children sharing the bed

Keep pillows and adult bedding away from baby

Never sleep with your baby on a sofa or armchair

Sofas and armchairs are dangerous places to fall asleep with your baby – move somewhere safer if you might fall asleep.

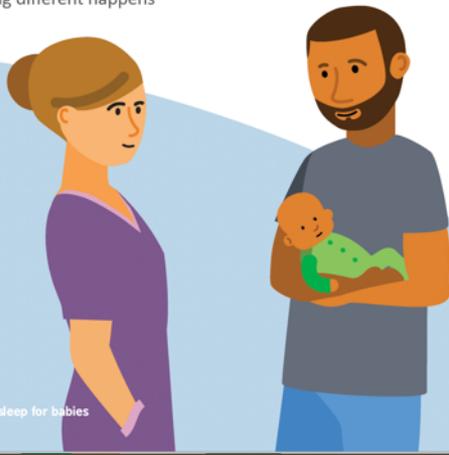
Reason: the risk of SIDS is 50 times higher for babies when they sleep on a sofa or armchair with an adult. They are also at risk of accidental death as they can easily slip into a position where they are trapped and can't breathe.



New UK National Safer Sleep Guidance 2019

Key principles:

- Be open and non-judgemental, as families bed share at any give time for a wide variety of reasons. Shock messages that increase fear do not work
- Beware of assumptions – breastfeeding families are not automatically 'safe' bed sharers, and nor are formula fed babies always at a much higher risk. Both groups need guidance
- Explore – why is the family bed sharing? Do they have an alternative safe sleep place for their baby should they need it? Help them find one if not
- Plan – every family needs a plan to avoid unsafe accidental bed sharing, and those nights when something different happens
- Do not be afraid to tell families if their circumstances mean they are in a high-risk group and should not bed share (if they are smokers, if the baby was born pre or low birth weight, if they use drugs or drink alcohol)
- If a family's risk for SIDS is high it is important to explain why. We know from our research and discussions with parents that they are much more likely to follow advice if they understand the reason
- Give all families the tools and information to make an informed decision with clear advice



Practitioners Guide: Saving Babies' Lives

- The Professionals' Guide offers information on non-judgemental conversations, personalising information and emphasising contextual risks.
- In a pilot evaluation of these materials, families who initially denied bedsharing with their baby were willing to reveal that they had done so after seeing the leaflets and realising this was a topic they could discuss.
- This allows practitioners and families to have meaningful conversations about reducing high risk situations.
- A programme of training is available for practitioners who wish to increase knowledge and confidence.
- Next step = systematic evaluation of how practitioners and parents are receiving and engaging with these materials.

Creation of Baby Sleep Info Source



Basis
Baby sleep info source

▼ About Us

▼ [Baby sleep info](#)

▼ Resources

[Co-sleeping image bank](#)

[News](#)

The baby sleep info source

For parents who wish to make informed
choices about infant sleep and night-time care.

[About us](#)



Welcome to Baby Sleep info

This website presents research evidence about biologically normal sleep for human babies.

We discuss how infant sleep may vary due to cultural behaviours and expectations such as what babies are fed, where they sleep, and how we interpret their needs. This information is for;

- a) parents who wish to make informed choices about infant sleep and night-time care
- b) health practitioners who wish to share evidence-based information with parents about infant sleep.

Basis does not address clinical sleep problems or provide individual sleep advice and parents should contact a health practitioner with any concerns about their baby's health. For information about the organisations and funding that support Basis please see ['About Us'](#).

HOW BABIES SLEEP



WHERE BABIES SLEEP



SLEEP & SAFETY



TWINS & SLEEP



Resources for Parents



Safer Sleep Info 2019

Basis has collaborated with Lullaby Trust, Unicef UK Baby Friendly Initiative, and Public Health England to produce new Safer Sleep information for 2019. This will be offered to all new parents in Baby Friendly Hospitals in the UK.

[See more](#)



Infant Sleep Info App

The *NEW 2017* Infant Sleep Info App provides key information from the Basis website in a handy format for mobile devices.

[See more](#)



Basis Information Sheets

Our Info Sheets on 'Where Babies Sleep' and 'Bedsharing & Safety' have been endorsed by NICE as suitable resources for health professionals to use in implementation

For parents

- [Infant Sleep Info App](#)
- [Basis Information Sheets](#)
- [Where might my baby sleep?](#)
- [Sleep, Baby & You](#)

Resources for Practitioners



Infant Sleep Info App

The *NEW 2017* Infant Sleep Info App provides key information from the Basis website in a handy format for mobile devices.

[See more](#)



Basis Information Sheets

Our Info Sheets on 'Where Babies Sleep' and 'Bedsharing & Safety' have been endorsed by NICE as suitable resources for health practitioners to use in implementing the new NICE cosleeping and SIDS recommendations in UK.

[See more](#)



Infant Sleep Workshops

The Durham Infancy & Sleep Centre research team offer full or half day training workshops for health and child

For practitioners

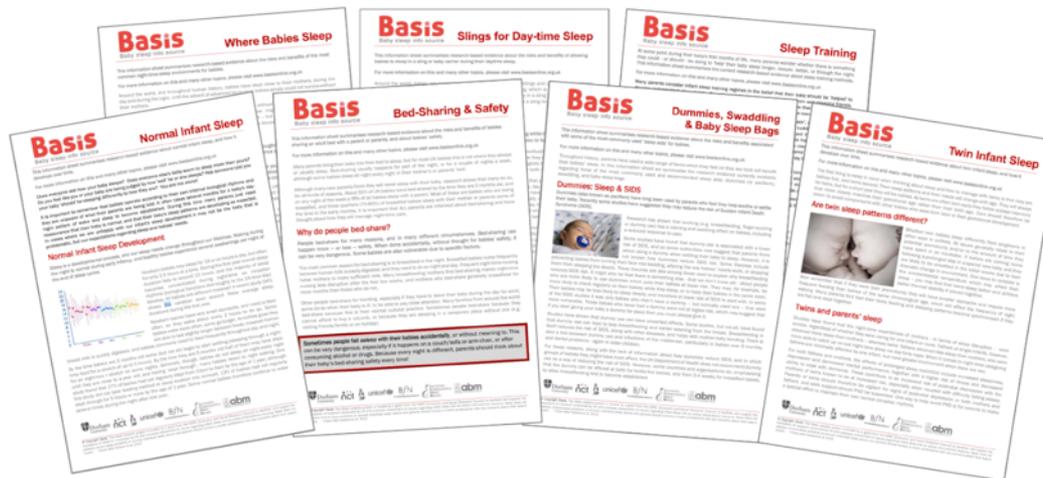
- Key Research Summaries
- Research summaries 2014-2016
- Key Research 2012-2013
- Research 2010 – 2011
- Research 2005-2009
- Research Published Before 2005
- How to Interpret Research
- Case Control Studies
- Odds Ratios

Basis Information Sheets

Basis information sheets are provided for you to download and print as required, free of charge.

Download and/or print our latest [A5 flyer](#) - ideal for introducing Basis to parents or colleagues.

Our Info Sheets on 'Where Babies Sleep' and 'Bedsharing & Safety' have been endorsed by NICE as suitable resources for health practitioners to use in implementing the new NICE cosleeping and SIDS recommendations in UK. See <http://www.nice.org.uk/guidance/cg37> for the revised guidance, and <http://www.nice.org.uk/guidance/cg37/resources> for the link from NICE to the endorsed resources.



Information sheet 1: [Normal Infant Sleep](#)

Information sheet 2: [Where babies sleep](#)

For practitioners

- Key Research Summaries
 - Research summaries 2014-2016
 - Key Research 2012-2013
 - Research 2010 - 2011
 - Research 2005-2009
 - Research Published Before 2005
- How to Interpret Research
 - Case Control Studies
 - Odds Ratios
 - Interpreting Case Control Studies
- Definitions of Terms Used on This Site
- Cited References
- Infant Sleep Worksheets

This information sheet summarises research-based evidence about the risks and benefits of the most common night-time sleep environments for babies.

For more information on this and many other topics, please visit www.basionline.org.uk

Around the world, and throughout human history, babies have slept close to their mothers, during the day and during the night. Until the advent of advanced technology babies simply could not survive without their mothers.

Nowadays we are able to keep babies alive, warm, fed, and safe, without their mothers' bodies. How we incorporate babies into our 21st century world, and how we might adapt today's lifestyles to accommodate babies needs, are not things we often think about – but perhaps we should. Where we expect, encourage, and enable babies to sleep is just one of these issues.

Parents' room or Baby's own room?

Sleep is a developmental process, and our sleep needs change throughout our lifetimes. Waking during the night is normal during early infancy, and healthy babies experience several awakenings per night at the end of sleep cycles.



Having your baby sleep near you is associated with less chance of Sudden Infant Death Syndrome, during day-time naps as well as at night, and makes night-time care easier.

Having your baby sleep in a cot in the same room as you until they are at least 6 months old is a key piece of advice given to new parents. There are two main reasons for this:

Firstly, a number of studies across Europe, in England, the United States and New Zealand have shown that babies sleeping in their parents' room experience fewer sudden unexplained deaths compared to babies sleeping in a separate room.

- One study, that compared 745 SIDS babies with 2411 control babies across Europe, estimated that 36% of SIDS deaths could have been prevented if the babies had slept in a cot in the same room as the parents.
- An English study, comparing 325 SIDS babies with 1300 control babies, found that 75% of the day-time SIDS deaths occurred while babies were alone in a room.

There is no evidence to show that baby alarms, or movement monitors, prevent SIDS.

Secondly, many parents find that caring for their baby is easier when they share a room: Night-time feeding is easier; babies cry less when close to their parent/s; and both parents and babies get more sleep. Research suggests babies find separation stressful, even if they appear to be asleep.

This information sheet summarises research-based evidence about the risks and benefits of babies sharing an adult bed with a parent or parents, and about babies' safety.

For more information on this and many other topics, please visit www.basionline.org.uk

Many parents bring their baby into their bed to sleep, but for most UK babies this is not where they always or usually sleep. Bed-sharing usually happens for part of the night, or for a couple of nights a week, although some babies sleep all night every night in their mother's or parents' bed.

Although many new parents think they will never sleep with their baby, research shows that many do so, for all kinds of reasons. About 50% of UK babies have bed-shared by the time they are 3 months old, and on any night of the week a fifth of all babies sleep with a parent. Most of these are babies who are being breastfed, and three quarters (70-80%) of breastfed babies sleep with their mother or parents some of the time in the early months. It is important that ALL parents are informed about bed-sharing and have thought about how they will manage night-time care.

Why do people bed-share?

People bed-share for many reasons, and in many different circumstances. Bed-sharing can happen more – or less – safely. When done accidentally, without thought for babies' safety, it can be very dangerous. Some babies are also vulnerable due to specific factors.

The most common reason for bed-sharing is to breastfeed in the night. Breastfed babies nurse frequently because human milk is easily digested, and they need to do so night and day. Frequent night-time nursing helps mothers to make sufficient milk. Many breastfeeding mothers find bed-sharing makes night-time nursing less disruptive after the first few weeks, and mothers who bed-share generally breastfeed for more months than those who do not.

Other people bed-share for bonding, especially if they have to leave their baby during the day for work; some do so when their baby is ill, to be able to pay close attention. Many families from around the world bed-share because this is their normal cultural practice. Sometimes people bed-share because they cannot afford to buy a cot/crib, or because they are sleeping in a temporary place without one (e.g. visiting friends/family or on holiday).

Sometimes people fall asleep with their babies accidentally, or without meaning to. This can be very dangerous, especially if it happens on a couch/sofa or arm-chair, or after consuming alcohol or drugs. Because every night is different, parents should think about their baby's bed-sharing safety every time!



Naomi Wallis Sanandres reviewed [Baby Sleep Info Source - Basis](#)  

5★

29 October 2017 · 

You are a valuable highly scientific resource in today's society putting the science of normal biological infant sleep out there within a research context. We need more of you and your work- you help countless families follow their instincts and understand what normal behaviour and guidance looks like. Keep up with tl

 Baby S



Meggie Ross reviewed [Baby Sleep Info Source - Basis](#) – 

26 April 2017 · 

I'm a public health maternity nurse and LC in BC Canada and refer parents to your website all the time. Our own messaging still leans towards 'just don't sleep with your baby' so when parents are interested in learning more of the nuances to guide their parenting they go to you. Thank-you for all that you do. Update

October 29, 2017(ear and it is a huge imp you for being a lead and resources.

  Baby Sleep Info



Katie Hemming reviewed [Baby Sleep Info Source - Basis](#) – 

16 November 2017 · 

I couldn't have come across your website at a better time. I've read it word for word and it has reassured me immensely that I actually don't need to be doing anything other than following my 12 week old baby's lead when it comes to sleep. I was beginning to feel the pressure of approaching the 3 month mark and thinking that meant I needed to crack out the video monitor from its unopened box and start setting up a sleep routine, even though i don't feel ready yet. But the detailed info from your research has completely changed my mind and validated my feelings that I don't need to be separated from my baby until we are both ready. Thankyou.

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Normal Infant Sleep



SIDS & Sleep Safety



Supporting Parents with Infant Sleep



Recognition of the importance of this work for babies and families

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ESRC Celebrating Impact Awards: Outstanding Impact in Society 2013

Meet the Finalists

Outstanding Impact in Society
Research that has made a contribution benefiting society more widely or a specific group of the public

Professor Helen Ball, Durham University



Professor Helen Ball has addressed how the care behaviour and environment associated with infant sleep is understood by parents, health professionals,

policymakers and those who advise these groups.

Parents' experiences of infant sleep, such as night-time breastfeeding and sleep disruption, did not match up with their expectations and infant health recommendations.

Professor Ball has collaborated with research user organisations, including UNICEF's UK Baby Friendly Initiative, for the Infant Sleep Information Source (ISIS) project. ISIS translates academic research on normal infant sleep into

an authoritative online resource to support ongoing education and engagement.

Professor Ball contributed to the re-evaluation of guidance to parents, clinical and public health policy, and engaged in discussion about infant sleep at every level from schools to government departments.

"We value Professor Ball's input to the development of our policies and guidance. The Baby Friendly Initiative has worked with her over many years to disseminate the results of her infant sleep research"

Sue Ashmore, Programme Director,
UNICEF UK Baby Friendly Initiative

Recognition of the importance of
this work for babies and families

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Queen's Anniversary Prize for Higher Education, awarded Feb 2018



Summary



- Durham University's infant sleep research has influenced policy and practice in UK and further afield over the past 25 years
- It is possible to change policy and practice, but it can take a very long time to see the evidence of change
- Sometimes change is explicitly recognized with fanfare, sometimes quiet & subtle.
- Mutually beneficial relationships – UNICEF, Breastfeeding orgs, some NHS trusts
- Some relationships have taken time to develop e.g. Lullaby Trust, Safeguarding Boards.
- Much work still to do in normalizing infant sleep behaviour and promoting responsive night-time care.