

BABIES SHARING THEIR MOTHERS' BED WHILE IN HOSPITAL

A SAMPLE POLICY

Introduction

Mothers take their babies into their beds in order to breastfeed, comfort, settle and get to know their baby. Bed-sharing encourages intimate contact between mother and baby which facilitates a close and loving bond. Successful breastfeeding and better sleep are more common among mothers and babies who share the same bed. Evidence suggests that bed-sharing is common among parents with new babies both in hospital and at home. However, to minimise the risk of accidents the safest place for a baby to sleep is in a cot by the mother's bed (or in a cot specially designed to clip onto the mother's bed). The risk of accidents applies both in hospital and at home if parents are unaware of how to manage bed-sharing safely. There is also a link between sudden infant death and bed-sharing if either parent is a smoker or if other risk factors are present. The sample policy and accompanying guidance below is offered so that hospitals can:

- allow mothers and babies to derive the benefits of bed-sharing in hospital while still ensuring the safest possible environment.
- reduce the risk of inappropriate bed-sharing in hospital and at home.
- provide parents with accurate information about the benefits, risk and alternatives to bed sharing
- increase the likelihood of appropriate and the safest possible bed sharing once mothers and babies return home.

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Definition

It is recognised that mothers take their baby into bed in hospital to feed and provide comfort and closeness without any intention of sleeping with their baby. While it is acknowledged that no activity is entirely without risk, in the absence of maternal sleep there is no evidence that this incurs any *greater* risk than the mother holding or feeding her baby elsewhere.

However, in certain circumstances mothers who bed-share may fall asleep whether or not they intend to. There is evidence to indicate that co-sleeping is associated with a greater incidence of accident or sudden infant death where certain risk factors are present.

Therefore, for the purpose of this policy the term **bed-sharing** will be used to cover bed-sharing when **co-sleeping is possible whether intended or not**.

The term **co-sleeping** is used to cover when a mother is **asleep** in bed with her baby.*

Rationale

Bed-sharing is associated with longer and more restful infant and maternal sleep (1, 2). It is also associated with successful breastfeeding (3). Babies who share a bed with their mother tend to feed more frequently and are more likely to be breastfeeding at three months of age (4). Bed-sharing is also prevalent among parents with new babies after discharge from hospital (5). However, there is an increased risk of accidents if bed-sharing is not managed appropriately. There is also an association between sudden infant death and bed-sharing if the parents are smokers or have impaired consciousness e.g. through drug taking or alcohol consumption (6). Sudden infant death is also associated with overheating, sleeping prone and the head becoming inadvertently covered (7). Therefore, this policy is intended to allow mothers and babies to derive the benefits of bed-sharing in hospital and at home, while protecting both mother and infant safety.

Objectives

1. To ensure the safest possible environment for mothers and babies.
2. To provide support and guidance to parents to allow them to make fully informed choices.
3. To encourage successful breastfeeding.
4. To reduce the risks associated with bed-sharing where it is contra-indicated.
5. To facilitate the successful implementation of the WHO/UNICEF Baby Friendly Initiative best practice standards for breastfeeding (8).
6. To be sensitive to the emotional and physical needs of the mother and her family.
7. To ensure that parents have all the information required to enable them to bed share as safely as possible with their baby at home.

Guidelines

Discuss the benefits of and contra-indications to bed-sharing with *all* mothers in the ante-natal period and again in the early post-natal period to allow them to make a fully informed choice. Ensure all mothers have the leaflet 'Sharing a bed with your baby' (10).

Individual risk assessment needs to be carried out for every mother and baby prior to bed-sharing (see appendix). It should be noted that mothers' and babies' circumstances can quickly change. Therefore, risk assessment will need to be reviewed as required.

Once the risk assessment has been carried out :

1. If the mother is using a duvet, remove and replace with cotton sheets and blankets. Ensure pillows are kept well clear of the baby.
2. Discuss the benefits of skin-to-skin contact with mother. Skin contact can help regulate the baby's temperature, calms the baby and encourages breastfeeding. Facilitate skin contact by undressing the baby and assisting with the mother's clothing as appropriate. Note: babies should never be swaddled in wraps or blankets when sharing a bed with their mother.

3. If breastfeeding, ensure the baby is attaching well to the breast (see breastfeeding guidelines *where these exist*).
4. Take measures to ensure that the physical environment is as safe as possible and that the baby is protected from falling out of bed (see appendix).
5. Ensure the mother has easy access to the call system in case of difficulty getting out of bed.
6. Assess and record the level of supervision required and then implement appropriately (see appendix).
7. When handing care to another member of staff, ensure that they are aware that mother and baby are sharing a bed and the level of supervision required.

On discharge from the unit, staff should ensure that *all* parents have a copy of the leaflet 'Sharing a bed with your baby' (10) and the following should be discussed with all parents regardless of whether the mother has shared a bed with her baby in hospital:

- The dangers of bed-sharing if *either* the mother or father is a smoker.
- The dangers of bed-sharing if *either* the mother or father have consumed alcohol or taken drugs which alter consciousness or cause drowsiness.
- The dangers of bed sharing when unusually tired (i.e. to a point where parents would find it difficult to respond to their baby).
- The dangers of sleeping with a baby on a sofa, waterbed, bean bag or a sagging mattress.
- The dangers of letting a baby sleep alone in an adult bed.
- The dangers of letting a baby sleep with other children or pets and the ways to reduce the risk of accidents.
- The importance of ensuring that the baby does not overheat whilst bed-sharing.
- The benefits of bed-sharing to successful breastfeeding in the absence of contra-indications.
- The benefits of bed-sharing for settling and comforting babies.
- The benefits of rooming-in.

* It should be noted that definitions vary, therefore, careful note should be taken when reading primary research literature to avoid misinterpretations

Guidelines for assessing the level of risk when mothers and babies are sharing a bed in hospital

The level of risk depends on the following factors at the time that bed sharing will occur:

- Clinical condition of the mother.
- Other contra-indications to co-sleeping.
- Feeding method.
- The safety of the physical environment.

A. Clinical condition of the mother.

Any mother who may be unable to remain awake or sustain consciousness or who may have restricted movement or severe difficulty with spatial awareness will require supervision when sharing a bed with her baby. It is not advisable for these mothers to co-sleep unless constantly supervised.

Examples of such mothers would include those who are:

- Under the effects of a general anaesthetic.
- Immobile due to spinal anaesthetic.
- Under the influence of drugs which cause drowsiness.
- Ill to the point that it may affect consciousness or ability to respond normally e.g. High temperature, following large blood loss, severe hypertension.
- Excessively tired to the point that would affect ability to respond to the baby.
- Suffering any condition that would affect spatial awareness e.g. Conditions that would severely affect mobility and sensory awareness such as multiple sclerosis or paralysis, or conditions affecting spatial awareness such as blindness.
- Very obese (individual assessment will be required, preferably with the mother, based on the mother's mobility, spatial awareness and the space available in the bed).
- Likely to have temporary losses of consciousness e.g. Insulin dependant diabetic, epileptic.

The level of supervision required will depend on the severity of the mother's condition. This will need to be assessed by a suitably trained health professional. When possible, this assessment should be carried out in consultation with the mother. It is **not** advisable for these mothers to sleep with their baby unless **constantly** supervised.

B. Other contra-indications to co-sleeping.

Any mother or baby to whom any of the following applies will require some level of supervision when bed-sharing, as there is evidence to suggest that **co-sleeping for these mothers may cause an increased risk of sudden infant death or accident** :

- Mothers who smoke.
- Baby is premature or ill.*

These mothers should be informed that it is advisable to avoid sleeping with their baby. Mothers should be asked to inform staff when taking their baby into bed if there is a possibility that they may fall asleep. Some level of supervision will be then be required until the baby is put back in the cot to ensure that mother and baby are well and the mother has not fallen asleep (see appendix).

*An ill or premature baby may require professional supervision over and above that outlined in this policy. These babies are at increased risk of Sudden Infant Death and it is not known whether co-sleeping increases this risk further. Therefore, a cautionary approach is recommended.

C. Feeding method

There is evidence to suggest that breastfeeding mothers sleep facing their babies and adopt a protective sleeping position. However, mothers who are artificially feeding can sometimes turn their backs on their babies once they have fallen asleep. Therefore, whilst bottle feeding mothers may take their baby into bed for comforting and settling, it is probably safest to advise that the baby be put back in the cot before going to sleep, as at present it is unknown whether teaching safe sleeping positions to bottle feeding mothers is feasible and effective (9). These mothers should be asked to inform staff when taking their baby into bed if there is a possibility that they may fall asleep. Some level of supervision will be then be

required until the baby is put back in the cot to ensure that mother and baby are well and the mother has not fallen asleep.

A breastfeeding mother with **none** of the contra-indications listed in A or B whose baby is healthy and term may find it helpful to bed-share in order to allow her to rest or sleep while the baby feeds. She should be asked to inform staff when taking her baby into bed if there is a possibility that she may fall asleep. If the mother wishes to co-sleep with her baby then appropriate sleeping positions should be discussed - see the leaflet 'Sharing a bed with your baby' (10). An assessment should be carried out by a suitably qualified health professional in conjunction with the mother, and in light of availability of suitable safety equipment to determine the level of supervision required during bed-sharing. When the mother is asleep, checks will be required to ensure that the baby's head remains uncovered and, when not feeding, the baby is in the supine position and that no other risk factors are present.

D. The safety of the physical environment.

It is important that babies are protected from falling out of the bed. In hospital the bed should always be lowered as far as possible and the bed clothes tucked around mother and baby. Some units use cot-sides / bed-guards to prevent the baby falling out of bed. These have proved successful and popular with mothers. However, some cot-sides / bed-guards leave a gap between the side and the bed which presents a danger of entrapment. Therefore, care should be taken when choosing the design of the cot-side. The use of three-sided clip-on cots may also be used. These allow the mother easy access to her baby and can prevent the baby falling out of bed.

For some mothers, depending on clinical condition, the use of such equipment as a clip-on cot or cot-side will make it possible for the mother and baby to be left unsupervised for longer periods. Additionally, for some mothers, suitable family members can be asked to supervise the mother to ensure the baby's safety. The health professional must use professional judgement to assess the family member's willingness and suitability and give basic instruction. The presence of a family member or suitable equipment does not negate the professional responsibility and accountability for safety.

Level of supervision required

The level of supervision required for mothers when bed-sharing will vary depending on the above factors. Categories of supervision would include:

- Constant supervision for mothers whose clinical condition means that they cannot take any responsibility for their baby.
- Frequent supervision, e.g every 5-10 minutes for mothers who can be left for short intervals only.
- Intermittent checks to ensure that the mother has not fallen asleep if she is bed-sharing when co-sleeping is contra-indicated, e.g. mothers who smoke.
- Intermittent checks for breastfeeding mothers with none of the contra-indications listed in A and B who are sleeping to ensure that no dangers are present for the baby.

The level of supervision and frequency of checks required must be decided by a suitably qualified health professional based on the factors listed from A to D above.

It is important to ensure that the bed-sharing policy is fully implemented for all mothers and babies who are bed-sharing (see 1-7 of the bed-sharing policy guidelines). Ensuring that mothers and babies can be easily seen when bed-sharing will assist staff to make the necessary checks easily and quickly without disturbing the mothers and babies. Keeping curtains slightly open and low level lighting can help with this.

References

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