

# information statement

## room sharing with baby

Room sharing reduces the risk of sudden unexpected death in infancy (SUDI), including sudden infant death syndrome (SIDS) and fatal sleep accidents during day-time and night-time sleeps.

The safest place to sleep a baby is in their own safe sleeping place in the same room as an adult care-giver.

**to Reduce the Risks of Sudden Unexpected Deaths in Infancy (SUDI), including SIDS and fatal sleep accidents, parents should:**

1. Sleep **baby on the back** from birth, not on the tummy or side
2. Sleep baby with **head and face uncovered**
3. Keep baby **smoke free** before birth and after
4. Provide a **safe sleeping environment** night and day
5. Sleep baby in their **own safe sleeping place** in the **same room as an adult care-giver** for the first six to twelve months
6. **Breastfeed** baby

The term Sudden Unexpected Death in Infancy (SUDI) is now used as this term refers to all cases of sudden and unexpected death in infancy and includes deaths from Sudden Infant Death Syndrome (SIDS) and fatal sleeping accidents. Safe sleeping recommendations target known risk factors associated with SUDI. Where studies specifically define the population as SIDS, this specific term will be used to describe the study findings.

### key points

Room-sharing with a baby has been shown to reduce the risk of SUDI.<sup>1-9</sup> Red Nose therefore recommends sleeping with a baby in a cot next to the parents' bed for the first six to twelve months of life. See Figure 1.

- Parents are advised to share the same room as their baby during the first 6-12 months of life as this practice reduces risk of SUDI.<sup>4-8</sup>
- Placing a baby in the sleep space on their back and keeping them under supervision is equally important for both night-time and day-time sleeps.<sup>4-5</sup>
- Room-sharing is recommended for all babies, although the room where baby sleeps should be kept smoke free.<sup>4,5,10</sup>
- Parents who are smokers are encouraged to room-share (but **not** share the same sleep surface), as long as the room that baby sleeps in is kept smoke-free.<sup>4-5,8</sup>
- Safety of the baby's sleep environment is a priority over sharing the same room as the baby for daytime sleeps.
- Sofa sharing with a baby significantly increases the risk of SUDI and should be always avoided.<sup>8,11</sup>

- Parents are not expected to observe their baby constantly. If your baby is sleeping in a separate room check baby regularly to ensure that the baby remains on the back and the head and face remain uncovered (as baby grows beyond 5-6 months they will move around the cot and roll over; settle baby to sleep on their back but let them find the sleep position they feel most comfortable in. A safe cot and safe sleep environment are still necessary for babies older than 5-6 months).

**safest place for baby to sleep is in a safe cot next to adult care giver's bed**

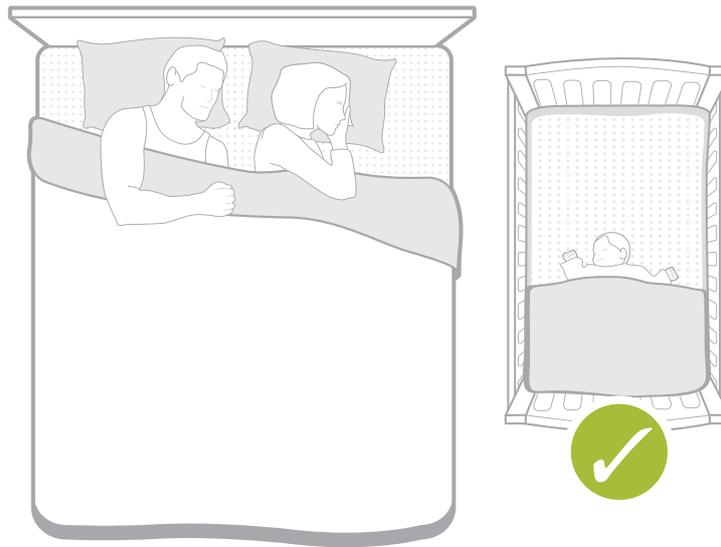


Figure 1

## evidence

Several studies have shown that when a committed caregiver sleeps in the same room, but not the same bed with their baby, the chance of the baby dying suddenly and unexpectedly is reduced by up to 50%<sup>1,3-5,9,12</sup> when compared to babies sleeping in a separate room (solitary sleeping).<sup>2-3, 9,12-14</sup> Three studies reported that babies sleeping in separate rooms from their caregivers had a three-fold increased risk of SUDI,<sup>3,9,13-14</sup> while a study by Blair and colleagues<sup>2</sup> demonstrated a 10-fold increased risk associated with solitary sleeping in their multivariate analysis of a large case-control study. Carpenter and colleagues have reported that for room-sharing breastfed babies placed on their back, whose parents did not smoke and had no other known risk factors, the risk of sudden infant death is predicted to be very low (0.08 / 1000 live births).<sup>7</sup>

Studies suggest that the protective effect of room-sharing does not generalise to room-sharing with siblings or other children.<sup>1,5,13,15-16</sup> These findings are consistent with epidemiological studies of Asian communities in which sudden infant death rates are low and cultural practices favour room-sharing with adults.<sup>17-22</sup>

Sudden unexpected infant death occurs more frequently in unobserved sleep periods.<sup>1-3,7-8,13</sup> Research has shown that babies who sleep in a separate room from their parents are at a greater risk of sudden infant death for both day-time and night sleeps.<sup>4</sup> Several studies<sup>4,8,23,28</sup> have found that babies who died suddenly and unexpectedly who were slept separately from their parents were more likely to be found with bedclothes covering their head. As well as this, those who were placed on their side to sleep were more likely to be found in the prone position (on the tummy), compared to babies who did not die and who slept in the same room as their caregiver.<sup>4,8</sup>

Infant care practices and sleeping environment often differ during the day and night with babies placed to sleep during the day in unsafe sleeping environments such as car seats, bouncinettes, hammocks, bean bags, pillows and sofas (lounges, couches).<sup>2,5-6,8-9</sup> These items were not designed as sleeping environments for babies. A portable cot which has been specifically designed as an infant sleeping environment and meets the Australian and NZ standard (AS/NZS 2195) for portable folding cots can be used for daytime sleeps and moved from room to room for adult supervision.

If this is not possible, safety of the baby's sleep environment should be viewed as a priority over sharing the same room as baby for daytime sleeps, i.e. place baby in their cot for day-time sleeps and check baby at regular intervals if baby is in a separate room, or have a nap at the same time but ensure that baby is in a safe sleeping environment (i.e. sharing a sofa with a baby for day-time sleep is **not** safe).

Babies of smokers are at an increased risk of sudden unexpected infant death. As room-sharing reduces the risk of sudden infant death, current advice should include that parents who are smokers are encouraged to room-share (but **not** share the same sleep surface), as long as the room that baby sleeps in is kept smoke-free.<sup>4,9</sup>

## a note about bassinets

Parents may also prefer to use a bassinet as they take up less room than a cot in the parent bedroom in those early months of baby's life. Bassinets do not have a separate Australian and NZ Standard and there is a variety of devices that are sold as bassinets. Babies grow fast and will grow out of a bassinet as early as a couple of months old. As each bassinet comes with different recommendations as to when to move to a cot it will also depend on how big your baby grows. Bassinets should not be used once your baby can roll over or pull themselves up the side of the bassinet, which is usually around 4-6 months of age. To find out more about keeping baby safe in a bassinet or cot refer to the *Keeping Baby Safe: A guide to infant and nursery products*<sup>24</sup> brochure and the resources available at [www.productsafety.gov.au](http://www.productsafety.gov.au).

## why is room sharing protective against sudden and unexpected infant death?

Room-sharing facilitates a rapid response to a baby's needs,<sup>6</sup> and supports breastfeeding,<sup>15-16,25-26</sup> and is more convenient settling and comforting of babies. It also provides closer mother-baby contact and communication.<sup>5,15,26</sup>

There is no specific evidence for moving an infant to their own room before one year of age; however, the first six months is particularly critical due to the rapid and dynamic development of babies during this period together with proportionally higher rates of sudden infant death and other sleep related deaths in the first six months.<sup>6</sup>

The protective effect of room sharing can be partially explained by increased adult supervision and observation of the baby.<sup>4,6,13,15,27</sup> While this does not guarantee the baby's safety, attentive and motivated parents may become aware of potentially dangerous situations such as the baby rolling into the tummy position or bedclothes covering the face and head,<sup>4,6,8,20,28</sup> or baby movement or distress.<sup>8,13,15</sup> Sensory stimulation of the baby through sharing the same room as a parent (e.g. sounds and smells) has been argued to increase arousals, reduce deep sleep, and support those protective airway mechanisms<sup>9,15,29-30</sup> that are thought to reduce risk of SUDI.

Studies of night-time mother-baby interactions have demonstrated that compared to mothers who sleep apart from their babies, babies and mothers who sleep in close proximity demonstrate increased physical contact, more breastfeeding episodes and increased arousals, with babies initiating most of these mother-baby interactions, suggesting a relatively high responsivity by the mother.<sup>22,26-27,29,31-33</sup>

In Australia, between 1990 and 2015 approximately 5,000 babies died suddenly and unexpectedly. Baby deaths attributed to SUDI have fallen by 80% and it is estimated that 9,500 infant lives have been saved as a result of the infant safe sleeping campaigns.

The Safe Sleeping program is based on strong scientific evidence, has been developed in consultation with major health authorities, SUDI researchers and paediatric experts in Australia and overseas, and meets the National Health & Medical Research Council rules for strong evidence.

For further information visit the Red Nose website at [rednose.com.au](http://rednose.com.au) or phone Red Nose in your State or Territory on 1300 998 698.

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