



## From the Editor

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# Sharing a Room: Updated Recommendations for a Safe Infant Sleeping Environment

Each year approximately 3,500 infants in the United States die from sleep-related infant deaths, including sudden infant death syndrome (SIDS) (American Academy of Pediatrics [AAP] Task Force on Sudden Infant Death Syndrome, 2016). A 50% reduction in deaths followed the 1994 Back to Sleep Campaign (now called Safe to Sleep), which encourages parents to have their infants sleep on their backs to reduce the risk of SIDS. Rates declined steadily throughout the 1990s, but since then, have plateaued.

In an effort to further reduce SIDS rates, the AAP recently updated its policy statement concerning safe sleeping environments for infants. Although many recommendations were carried over from the 2011 policy statement, the 2016 statement includes a new recommendation for room sharing without bed sharing. Evidence indicates that sleeping in the parents' room but on a separate surface decreases the risk of SIDS by as much as 50% (Blair et al., 1999; Carpenter et al., 2004; Mitchell & Thompson, 1995; Tappin, Ecob, & Brooke, 2005). Mitchell and Thompson (1995) point out that this protective factor does not generalize to co-sleeping in proximity to siblings.

## Reasoning Behind the Concept of Room Sharing

Some reasons are obvious. With parents close by, roomsharing reduces the possibility of suffocation, strangulation, and entrapment that may occur when the infant is sleeping in the adults' bed. But there are other factors.

The biology underlying breastfeeding behavior, which is now the Western feeding norm, apparently acts as a hidden regulator, increasing nighttime mother-infant proximity,

whether sleeping in the same bed or within arms' reach on a different surface (McKenna & McDade, 2005). Mother and infant have increased sensory contact and proximity that induces potentially beneficial behavioral and physiological changes in infants. McKenna and McDade (2005) suggest the following:

*Such changes, observed by mothers probably explain why within days of arriving home after giving birth, mothers adopt one of two forms of co-sleeping, roomsharing or bedsharing, for part or all of the night. Mothers report less infant crying, more maternal and infant sleep, and increased milk supply due to the increased frequency of nighttime breast feeding that close contact provides (p. 135).*

Sleep studies that have compared exclusively breastfeeding, bedsharing, and solitary sleeping mothers show that mothers aroused 30% more frequently when they bedshared, even during the deepest stages of sleep (Mosko, Richard, & McKenna, 1997). A high percentage of maternal arousals overlap the infant's arousals, and in about two-thirds of those times, the infant clearly aroused first. This suggests a relatively high responsivity in the mother, which might increase the chances that the mother could more quickly detect and intervene against a life-threatening event that nighttime separation from the baby precludes.

## Recommendations About Room Sharing

According to the new policy statement, the AAP recommends that parents place the infant's crib, portable crib, play yard, or bassinet in their bedroom until the child's first birthday (AAP Task Force on Sudden

Infant Death Syndrome, 2016). Although no specific evidence exists regarding moving infants to their own rooms before 1 year of age, the first 6 months are particularly critical. The rates of SIDS and other sleep-related deaths are higher in the first 6 months. The crib should be placed close to the bed with the infant in view and in reach to facilitate infant feeding, comforting, and monitoring.

It is interesting to note that so much research about the benefits of room sharing dates back to the 1990s, and yet only now has it really captured the pediatric community and the public's attention. Nurses played a significant role in promoting and implementing the Back to Sleep/Safe to Sleep Campaign. Similar efforts will be needed to see that parents are aware of this evidence-based, potentially life-saving recommendation. ■

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