



‘Our baby sleeps in our bed’

Part 1. Safer shared sleep with infants: SUDI risk identified as low

Mel attended a 6-week check-up with baby Kobe. Child Health Nurse Sue asked how Kobe was sleeping. Mel shared how the last week had been difficult with Kobe waking a lot in the night and Mel and Sean, Kobe’s father, weren’t getting much sleep. Mel said for the last two nights she had brought Kobe into their bed and they had all slept much better. Mel wanted to keep doing this but knew from friends ‘not to co-sleep because of SIDS’. Sue reassured Mel that sharing a sleep surface with a baby is a strategy that many parents use and they could discuss how to minimise the risk of a sleep accident.

Sue explained that all sleep environments have risks and some simple strategies could prepare a safer sleep environment for Kobe – both in his cot or in their bed. Sue explained that even if Mel and Sean did not intend to bed-share it was important to have a plan to make it safer in case they did bring Kobe into bed at night and they all fell asleep. Sue explained the most important concept was to protect their baby’s airway. She described how:

- Sleeping on his back on a firm, flat, level surface meant that Kobe’s mechanisms of arousal and swallowing work most effectively
- Keeping his face up (not to the side) and clear of any bedding (pillows, doonas etc) helps to ensure his airways were open and clear from obstruction.

Understanding airway protection mechanisms promotes understanding and builds trust in messages

Easier to breathe - Safer to Sleep

Sue shared with Mel: ‘Remember the easier it is for Kobe to breathe the safer it is to sleep.’

Sue considered the SUDI risk factors and assessed that:

- Kobe was born at term
- Birthweight above 2500gr
- Kobe was breastfed
- Neither parent smoked tobacco
- Neither parent took any medication/ drugs which cause drowsiness
- There was no history of parental mental health or domestic violence issues.

Review the infant and family SUDI risk factors to tailor safer sleep advice to their situation

Also see: Part 2 Multiple SUDI risks identified.

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As the SUDI risk was low, Sue helped Mel plan for shared sleeping by creating a sleep environment that allowed Kobe to breathe easily and protect his airways from blockage. They discussed key risk minimisation strategies for shared sleeping including:

- Baby on their back
- Firm, flat, level surface
- Baby to side of one parent only
- Don’t wrap or swaddle when sharing sleep
- Dress baby with arms free, head uncovered
- Keep adult bedding/pillows away from baby
- If baby sidelying to breastfeed, ensure enough clear space for baby to return to their back
- Avoid propping baby against adult
- Different sleep plans for extreme fatigue or alcohol consumed (i.e. use bassinets)



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For more information see the [Safer Infant Sleep Guideline](#)

Sue offered to meet Sean to discuss any questions he may have. Sue also explained that as babies grow and develop the way they interact with their sleep environment changes, so Kobe’s sleep plan would need to be revised as he grew and started rolling, to ensure his safety.

Sue offered to visit Mel and Sean’s home to help Mel set up this space. After talking openly with Sue, Mel felt comfortable to accept Sue’s offer to visit. Information handouts and reliable source of online information were shared and provided for Mel to take home to Sean and Grandma.

What is Shared Sleep?

Shared sleep refers to an infant sharing a surface during sleep with another person. Shared sleeping can be intentional or unplanned. The term shared sleeping encompasses the commonly used terms of co-sleeping and bed sharing and often occurs with parents, siblings and sometimes pets. Shared sleeping is the cultural norm in many communities and a valued parenting practice in many families.¹

A recent study of infant care practices in Queensland found that 77% of parents of infants (approx. three months), reported that they had shared a sleep surface with their baby at some time since birth; while 50% had shared a sleep surface in the last two weeks.² For 57% of families, shared sleeping had not been planned. The QPQC reviewed 112 cases of SUDI that occurred during sleep (2013-2015), 50% of which occurred in setting of shared sleep. Over 90% of the deaths which occurred during shared sleep had 2 or more SUDI risk factors present. A risk minimisation approach to safer shared sleep is recommended.¹

References

1. Queensland Clinical Guidelines. Safer infant sleeping. Guideline No. MN22.71-V1-R27. Queensland Health. 2022. Available from: <http://www.health.qld.gov.au/qcc>
2. Cole R, Young J, Kearney L, Thompson JMD. Infant care practices and parent uptake of safe sleep messages: a cross-sectional survey in Queensland, Australia. BMC Pediatr 2020;20(1):27