Safe Sleep vs. Breastfeeding: Why is this Issue still Controversial?

Linda J. Smith, MPH, IBCLC

**Background**

- Over 75% of breastfeeding mothers bedshare with their babies at least part of the night.
- Exclusively breastfed babies have the lowest rates of Sudden Infant Death Syndrome (SIDS), sudden unexpected deaths in infancy (SUDI), and all-cause infant mortality in the United States and worldwide.

**Objectives**

- Describe unintended consequences of safe sleep messages that may result in increased risk to infants.
- Describe flaws and limitations in research studies that are used as the basis of safe sleep policies.
- Describe conflicts of interest related to SIDS, safe sleep and infant mortality groups.

**Methods**

- Literature search using PubMed and Google Scholar for the terms “SIDS,” “sudden infant death syndrome,” “bedsharing,” “co-sleeping,” “breastfeeding,” “unintended consequences” and “sleep-related deaths.”
- Monitoring of internet, social media sites and parenting publications from January 2003 through October 2013.
- Examination of SIDS-support, crib distribution, and safe sleep internet sites; national, state and local SIDS and safe sleep initiatives; published policies and position statements of international, national, and state professional associations and public health agencies relevant to maternal-child health.

**Results**

- Bedsharing and breastfeeding are closely linked. “Longer duration of bedsharing, indicated by a larger cumulative bedsharing score, was associated with a longer duration of any breastfeeding.”
- Mothers use multiple arrangements and strategies to manage sleep and continue breastfeeding.
- SIDS and bedsharing are two different entities, but are used interchangeably in some research studies. For example: “Given the risk of sudden infant death syndrome related to bedsharing, multironged strategies to promote breastfeeding should be developed and tested.”
- SIDS is not related to bedsharing: the most central risk factors for SIDS are maternal smoking during pregnancy, prone position, formula feeding, and non-proximity to a responsible caretaker during sleep.
- Infant smothering deaths are most commonly associated with couches, alcohol or drug use in the bedpartner, or sleeping with non-parents.
- Statements that suggest that “bedsharing is lethal” may be dismissed or ignored by minorities and nursing mothers. When an adult bed is thought to be dangerous, mothers tend to use unplanned surfaces, especially sofas which pose a greater risk for smothering.
- Inconsistent, missing and confusing definitions were found. For example: “Bed sharing was defined as a shared sleep surface consisting of either a bed or sofa.”

**Discussion & Recommendations**

- Responsible parents are caught between two public health agendas: Safeguarding (prevention of harm) vs. Well-being (promotion of health including breastfeeding).
- Breastfeeding initiatives mostly lack “safe bedsharing” guidelines.
- Infant-mortality and SIDS-reduction initiatives fail to name breastfeeding as a SIDS risk factor. California Department of Public Health’s policy could be used as a national model.
- There is an urgent need for AAP and other public health associations and agencies to develop safe bedsharing guidelines that acknowledge different risk factors for breastfeeding, non-smoking, sober mothers, and communicate these widely.
- Stakeholders must work together and acknowledge parent’s rights to full information on safety that supports their individual family needs.
- Safe bedsharing, increasing breastfeeding, and reducing SIDS and SUDI are compatible goals.

**References**


Linda J. Smith, MPH, IBCLC
Bright Future Lactation Resource Centre & Wright State University
Lindaj@bflrc.com or Linda-Smith@wright.edu
937-438-9458