



## Information Statement

### ROOM SHARING WITH BABY

#### ROOM SHARING REDUCES THE RISK OF SIDS, SUDI AND FATAL SLEEP ACCIDENTS DURING DAY-TIME AND NIGHT-TIME SLEEPS.

#### To Reduce the Risks of SIDS, Sudden Unexpected Deaths in Infancy (SUDI) and Fatal Sleep Accidents

1. Sleep baby on the back from birth, not on the tummy or side
2. Sleep baby with face uncovered (no doonas, pillows, lambs wool, bumpers or soft toys)
3. Avoid exposing infants to tobacco smoke before birth and after
4. Provide a safe sleeping environment (safe cot, safe mattress, safe bedding)
5. Sleep baby in their own safe sleeping environment next to the parent's bed for the first six to twelve months of life

Room-sharing with a baby has been shown to reduce the risk of sudden unexpected infant death.<sup>1-8</sup> SIDS and Kids therefore recommends sleeping with a baby in a cot next to the parents' bed for the first six to twelve months of life.

#### Summary Points

- 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 sudden infant death.<sup>4,6</sup>
- Placing a baby in the supine position and keeping them under supervision is equally important for night-time and day-time sleeps.<sup>4</sup>
- Room-sharing is recommended for all babies, although the room where baby sleeps should be kept smoke free.<sup>4,6,8</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</sup>
- Safety of the baby's sleep environment is a priority over sharing the same room as the baby for daytime sleeps.
- Parents are not expected to observe baby constantly. If baby is sleeping in a separate room check baby regularly to ensure that the infant remains on their 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 is still necessary for older babies).



## 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 from sudden infant death syndrome is reduced by up to 50%<sup>1-3,9</sup> when compared to babies sleeping in a separate bedroom (solitary sleeping).<sup>2,3,10</sup> Three studies reported that babies sleeping in separate rooms from their caregivers had a three-fold increased risk of SIDS,<sup>3,10,11</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.

Studies suggest that the protective effect of room-sharing does not generalise to room-sharing with siblings or other children.<sup>1,9,10</sup> These findings are consistent with epidemiological studies of Asian communities in which SIDS rates are low and cultural practices favour room-sharing with adults.<sup>12-16</sup>

Sudden unexpected infant death occurs more frequently in unobserved infant sleep periods.<sup>1,3,4,10</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> A large case-control study<sup>4</sup> found that SIDS babies who slept separately from their parents were more likely to be found with bedclothes covering their head compared to control babies. In addition, SIDS babies who slept separately from their parents and 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</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, bouncinets, hammocks, bean bags, pillows and sofas (lounges, couches).<sup>2,4,17</sup> These items were not designed as sleeping environments for babies. A bassinette or travel cot which has been specifically designed as an infant sleeping environment 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>4,8</sup>

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

Room-sharing facilitates a rapid response to a baby's needs, more convenient settling and comforting of babies, and closer mother-baby contact and communication.<sup>9</sup>

The protective effect of room sharing can be partially explained by increased adult supervision and observation of the baby.<sup>4,9,10</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>4,9</sup> or baby movement or distress.<sup>10</sup> 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 responsiveness by the mother.<sup>18-21</sup>

**The SIDS and Kids Safe Sleeping program is based on scientific evidence and was developed by Australian researchers, paediatricians, pathologists, and child health experts with input from overseas experts in the field. The 87% drop in deaths attributed to SIDS and the 5,000 lives that have been saved is testament to the effectiveness of the program.**

For further information visit the SIDS and Kids website at [www.sidsandkids.org](http://www.sidsandkids.org) or phone us on 1300 308 307.

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