

## Babies sharing their mother's bed while in hospital

### Key Points

- The guideline, whilst encouraging bed-sharing, does not endorse co-sleeping by the mother and her baby whilst on the postnatal ward.
- The safest place for a baby to sleep is in a cot next to the mother's bed for the first six months of its life. This helps the mother to initiate breastfeeding and protects the baby against sudden infant death.
- Babies should never be swaddled in wraps or blankets when sharing a bed with their mother.

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### Abbreviations

NNU	Neonatal Unit
TCU	Transitional Care Unit
UNICEF	United Nations International Children's Emergency Fund
WHO	World Health Organisation

**Contents**

<b>1. Definition .....</b>	<b>3</b>
<b>2. Background .....</b>	<b>3</b>
<b>3. Objectives .....</b>	<b>4</b>
<b>4. Important points to consider when the mother is bed-sharing with her baby in hospital .....</b>	<b>4</b>
<b>5. Assessment of mother and baby prior to bed-sharing.....</b>	<b>4</b>
<b>6. General guidance .....</b>	<b>5</b>
<b>7. Monitoring .....</b>	<b>6</b>
<b>8. Communication.....</b>	<b>6</b>
<b>References.....</b>	<b>7</b>
<b>Full version control record.....</b>	<b>9</b>

## 1. Definition

The baby sharing his/her mother's bed in hospital for skin-to-skin contact or to either breastfeed or bottle feed. For the purpose of this guideline, the term bed-sharing is used to cover bed-sharing when co-sleeping is possible whether intended or not. The term co-sleeping is used when a mother is asleep with her baby.

The guideline, whilst encouraging bed-sharing does not endorse co-sleeping by the mother and her baby whilst on the postnatal ward. This is because it is not possible, within a busy ward environment, to offer the level of supervision required to ensure the continued safety of the mother and baby.

This guideline should be read in conjunction with the guideline on 'Skin-to-skin' <sup>(1)</sup>

## 2. Background

It is recognised that mothers take their baby into bed in hospital to feed and to provide comfort and closeness without any intention of sleeping with their baby.

The safest place for a baby to sleep is in a cot next to the mother's bed for the first six months of its life. This helps the mother to initiate breastfeeding by responding to her baby's feeding cues. It also protects the baby against sudden infant death, otherwise known as 'cot death.' All parents should be advised to keep the baby in their bedroom at night for at least the first six months, regardless of how the baby is fed<sup>(4,5)</sup>. This advice should be always reinforced to parents.

Bed-sharing is associated with longer periods of rest for the mother and her baby<sup>(6,7)</sup>. Bed-sharing can help to settle the baby and the mother. It is also associated with successful breastfeeding<sup>(8)</sup> and can be helpful when the baby wants to feed frequently. Babies who share a bed with their mother tend to feed more frequently and are more likely to be breastfeeding at three months of age<sup>(9)</sup>. It is known that bed-sharing is prevalent among parents with new babies after discharge from hospital<sup>(10)</sup>.

However, there is an association between sudden infant death and bed-sharing; if the parents are smokers or have impaired consciousness, e.g., through drug taking or alcohol consumption<sup>(11)</sup>. Sudden infant death is also associated with overheating, sleeping prone and the head becoming inadvertently covered<sup>(12)</sup>.

Adult beds are not designed with infant safety in mind. Babies can die if they get trapped or wedged in the bed or if a parent lies on them, therefore the safest place for a baby to sleep is in the cot next to the mother's bed<sup>(2,3)</sup>.

This guideline is intended to allow mothers and healthy babies to enjoy the benefits of bed-sharing in hospital (and at home), while protecting both mother and infant safety.

### 3. Objectives

- To ensure a safe environment for mothers and babies.
- To encourage successful breastfeeding.
- To promote maternal and infant rest, e.g., if the baby is unsettled or wishing to breastfeed frequently.
- To facilitate the successful implementation of WHO/UNICEF Baby Friendly Initiative Standards for breastfeeding<sup>(13)</sup>.
- To provide support and guidance to parents to allow them to make fully informed choices.
- To be sensitive to the emotional and physical needs of the mother and her family.
- To ensure that parents have all the information required to enable them to bed-share safely with their baby at home.

### 4. Important points to consider when the mother is bed-sharing with her baby in hospital

- Use cotton sheets and blankets, not duvets. Ensure pillows are kept well clear of the baby. The bed clothes should be tucked around mother and baby.
- Discuss the benefits of skin-to-skin contact with the mother<sup>(1)</sup>.
- If breastfeeding, ensure the baby is attaching well at the breast. Offer help if requested by the mother.
- Ensure the physical environment is as safe as possible and that the baby is protected from falling out of bed, ensure cot sides in place.
- Always lower the bed as far as possible.
- Ensure that the curtains are pulled back so that the mother and baby can be seen.
- Ensure that the mother has access to the call system in case of difficulty getting out of bed. Check the call bell is working.
- If the mother has fallen asleep then her infant should be lifted gently and put back in the cot. The mother should be informed on deciding to bed-share that, if there is a possibility of her falling asleep, the infant will be returned to the cot by a member of staff.
- Assess and record the level of supervision required.
- On handing over care of the mother to another member of staff, ensure that they are aware the mother and baby are sharing a bed and the level of supervision required.
- Staff should be vigilant when in the bays and frequently check the well-being of the mother and baby who are bed-sharing. If the mother is awake and the baby not breastfeeding, ensure the baby is in the supine position and that his/her head is not covered. If concerned, suggest the mother gently lifts her baby back into the cot.

Babies should never be swaddled in wraps or blankets when sharing a bed with their mother.

### 5. Assessment of mother and baby prior to bed-sharing

In the following circumstances bed sharing is **not** recommended due to the mother's potential altered state or restricted mobility:

#### 5.1 Clinical condition of the mother for consideration

- Mothers who are sedated, e.g., following analgesia with a sedative effect or following a general anaesthetic or if mother is a known drug misuser.
- Mothers who are extremely tired, e.g., after a long, difficult labour, where this may affect her ability to respond to her baby. Mothers with poor mobility due to spinal anaesthetic.
- Mothers with any condition which could alter her level of consciousness, e.g., epilepsy, unstable diabetes.
- Mothers with any other condition which could make her less aware of or less able to respond to her baby, such as large blood loss, severe hypertension.

- Mothers who are very obese. Individual assessment will be required, preferably with the mother, based on her mobility, spatial awareness, and the space available in the bed.
- Maternal pyrexia.
- Any sign of illness in the mother.

If the mother falls in this category, then it is not advisable for her to bed-share with her baby unless constantly supervised

#### 5.2 Other considerations affecting the safety of the mother or the infant:

- Mothers who smoke.
- Babies with pyrexia.
- Any sign of illness in the baby.
- Preterm baby and low birth weight babies

These mothers should be informed that it is advisable to avoid bed-sharing with their baby. They should be asked to inform the staff when taking their baby into bed to feed or settle if there is a possibility that they might fall asleep.

Staff need to be vigilant until the baby is back in the cot to ensure that the mother has not fallen asleep. There is evidence to suggest that co-sleeping for these mothers may cause an increased risk of sudden infant death or accident<sup>(14)</sup>.

#### 5.3 Consideration of method of feeding:

Evidence suggests that breastfeeding mothers sleep facing their babies and adopt a protective sleeping position. However, mothers who are artificially feeding can sometimes turn their backs on their babies once they have fallen asleep. Therefore, whilst bottle feeding mothers may take their baby into bed with them for comfort and settling, it is safest to advise that the baby be put back in the cot before going to sleep<sup>(15)</sup>.

## 6. General guidance

For some mothers, suitable family members can be asked to supervise the mother to ensure the baby's safety at home. The health professional must use professional judgement to assess the family member's willingness and suitability and give basic instructions. The presence of a family member does not negate the professional responsibility and regard for safety whilst mother and baby remain in hospital.

It is important to ensure that the bed-sharing guideline is fully implemented for all mothers and babies who are bed-sharing. Ensuring that mothers and babies can easily be seen will assist the staff to make the necessary checks easily and quickly without disturbing the mothers and their babies. Keeping bed curtains open and low-level lighting will help with this.

On discharge from hospital, staff should ensure that all mothers are signposted to the Lullaby Trust website, *Safer Sleep for babies: a Guide for Parents and Carers*. Available at: <https://www.lullabytrust.org.uk/professionals/publications/> (Accessed: 02 January 2024)<sup>(17)</sup>

The following aspects should be discussed with all parents, and recorded in the notes on Epic, regardless of whether the mother has shared a bed with her baby in hospital:

- The dangers of bed-sharing if either the mother or father is a smoker.
- The dangers of sleeping with the baby after immediate discharge from NNU or TCU or if the baby is preterm or low birth weight.

- The dangers of bed-sharing if either the mother or father have consumed alcohol or taken drugs which alter consciousness or cause drowsiness. This includes both prescribed medications, over the counter medication purchased from a pharmacy for example, and illicit substances.
- The dangers of bed sharing when unusually tired (i.e., to a point where parents would find it difficult to respond to their baby).
- The dangers of sleeping with a baby on a sofa, waterbed, beanbag or a sagging mattress.
- The dangers of letting a baby sleep alone in an adult bed as even young babies can wriggle into a dangerous position.
- The dangers of letting a baby sleep with other children or pets and the ways to reduce the risk of accidents.
- The importance of ensuring that the baby does not overheat whilst bed-sharing.
- The benefits of bed-sharing to successful breastfeeding in the absence of contraindications.
- The benefits of bed-sharing for settling and comforting babies.
- The benefits of keeping the baby close so that the mother can respond to early feeding cues.

## **7. Monitoring**

This guideline will be monitored in line with the unit's Infant Feeding guideline.

## **8. Communication**

If there are communication issues (e.g., English as a second language, learning difficulties, blindness/partial sightedness, deafness) staff will act appropriately to ensure the patient (and her partner, if appropriate) understand the actions and rationale behind them.

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## Full version control record

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This guideline has been registered with the Trust. However, clinical guidelines are guidelines only. The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician. If in doubt, contact a senior colleague or expert. Caution is advised when using guidelines after the review date.

This guideline is for use in Frimley Health NHS Foundation Trust hospitals only. Any use outside this location will not be supported by the Trust and will be at the risk of the individual using it.

## Version History

Version	Date	Guideline Lead(s)	Status	Comment
1.0	May 2017	I Ridgers, Infant Feeding Lead Midwife, FPH	Final	First cross site version - Joint guideline development
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## Related Documents

None