

“The dangers of co-sleeping
with infants”

Maria Platis

Coastal Carolina University

Background

Co-sleeping is a common practice in many households across the world and in the United States. This practice can pose serious risks to a baby and toddlers yet parents are not decreasing their bed-sharing practices among many households. According to the Center for Disease Control (CDC) about 3,700 babies in the U.S. lose their lives due to sleep-related deaths each year (Kei 2019). According to Kei et al., this is “dependent on the sleeping arrangements which includes many factors such as, socioeconomic limitations and cultural beliefs” (2019). Co-sleeping has been recorded highest in areas of lower income households and single parented households, resulting into deaths. Stiffler et al, comments that cases are more prevalent in African American communities, where a black infant passes away every thirteen hours in the state of Indiana. Many African American families continue to practice co-sleeping due to their culture which advocates for co-sleeping (2018). This is a worrisome number that shows us the death rate in one specific state. Infants are an at-risk group, as they cannot make the choices themselves on whether or not to be put into the parent’s bed or crib. Instead they have that decision made by their caretakers. In addition, infants are especially at risk due to their small stature and their continuous need of care. Co-sleeping is often a result of tiredness, drug or alcohol use and or cultural habits. The American Academy of Pediatrics recommends, that “infants share a room with their parents without sharing a bed when sleeping” (Colson 2013). This will still give the parents a sense of security for the baby being in the same room, while decreasing the risk of co-sleeping fatalities. This will give the infant and parent the divided safe personal space that they both need for restful sleep.

With the rise of co-sleeping fatalities each year on the radar of the Center for Disease Control, that draws to question the reasons why guardians choose to sleep with their newborns and infants. The purpose of this literature is to educate on the dangers of co-sleeping with infants and educate others on the factors that are included with bedsharing. This literature review will answer the question on why parents co-sleep with their infants and explore the demographic that has the most unfortunate co-sleeping fatalities.

Methods

To begin this literature review, research was required in order to gather proper information on the existing literature on the topic of co-sleeping and the co-sleeping cultural attitudes within populations. The search for literature was done through Coastal Carolina University's Kimble Library database search engine. The research question addresses why we must place the baby in a proper sleeping area and why co-sleeping is prevalent in many low-income households in America. Research terms were centered around the research question in order to find literature that most related to the questions. The beginning search term was a general search for "co-sleeping", which resulted in not being specific enough to find literature to the research question. The term "co-sleeping" showed information pertaining to the topic and really focused on instructions on how to co-sleep. The search term "Co-sleeping complications with infants" utilized the phrase grouping operation and found results that were specific to not just co-sleeping complications, but those specifically infants. The search terms "Co-sleeping with infants demographics" and "Bed-sharing with infants" characteristics both utilized phrase groupings with quotations and developed the most resourceful literature that is the most related reasons why there are parents sleep with their infants and practice co-sleeping. The research that

has been done was narrowed down to specific criteria to make each result accurate to this point in time. The dates used were narrowed to between the years of 2007 and 2019 to ensure the literature is up to date and not discredited. Other criteria that was added to the search was limiting the search results to only peer reviewed journals and using only journals from the United States for a more specific demographic, which helped gathered the highest quality and most reliable sources.

Results

According to the available literature, four credible results were needed to answer the question of why do parents co-sleep with their infants. These four pieces of literature are the most relevant and up to date to answering the research question are as followed:

Name of Study	Brief Synopsis of Study
Trends and Factors Associated with Bed-Sharing: The National Infant Sleep Position Study (NISP)	Determining trends and factors associated with bed sharing. Main factors including age, race, income, infant age, bedding, and infant sleep positioning.
Accidental strangulation: Rare but Potential Risk of Co-sleeping	Accidental suffocation and information regarding SIDS and SUID. Potential suffocation dangers during sleep from hair and clothing.
Sudden Infant death and sleep practices in the black community	Black infants and living arrangements among low income households. Cultural beliefs and sleep practices.
Parent-Infant co-sleeping and its relationship to breast feeding	Risks involved with breast-feeding and tiredness of the parent

The study, “Trends and Factors Associated with Bed-Sharing: The National Infant Sleep Position Study” by Colson et al. focuses in on the deciding factors that play a role into bedsharing and the increased reports among many individuals across the nation. The study goes

on to conclude that their findings throughout the period of 1993-2010 show that among all races, Black and Hispanic Infants are who that were progressive in bed sharing over time. It also includes the ratios for the mothers age, mother's education, and mothers' race. Research done by Colson et al. compares to research done by Stiffler et al. titled "Sudden Infant death and sleep practices in the black community". Stiffler et al, comes to the conclusion that cultural upbringings and influences play a role in a baby sleeping place and talks about the personal attitude towards raising their child (Stiffler et al. 2018). Specifically, the study goes on to focus on the low-income households among many areas also talking about how not enough parents can afford proper bedding and supplies for their children. In conclusion, Stiffler et al. acknowledges, the socioeconomic impacts that many African American families face over time. Both Colson et al. and Stiffler et al. come to conclusion that African Americans have cultural beliefs that play a significant role in whether or not it is right to co-sleep with their infant. Research done by Stiffler et al. compares to research also done by Ket et al. titled "Accidental strangulation: Rare but Potential Risk of Co-sleeping" Specifically not only does he talks about the proper bedding, but Kei speaks upon the proper positioning of an infant in their bedding. Throughout his research he has found that co-sleeping increases the amounts of potential positional asphyxiations and objects coming in the way of air passageways. In conclusion many reports have stated strangulation of the neck and entangled objects around the baby has caused infants to grasp for air and die. The work done by Buswell et al. "Parent-Infant co-sleeping and its relationship to breast feeding" covers a counterclaim that many parents would take, it states how beneficial co-sleeping can be for the parent and the infant, but it also covers the dangerous causes and effect issues related. In conclusion, Buswell et al. prompts that many health officials must educate their patients from within the time they birth the baby and from the time they leave. In this research

they found that if more doctors spoke about it the less, they would engage in co-sleeping (Buswell et al.2007)

Conclusion

It appears that there are many factors that contribute to the decision making on whether or not to co-sleep with an infant and what community is impacted the most with co-sleeping practices. Among, the factors gathered, the most significant are the ethnic background and cultural influences of a race. The literature that focuses on this topic points towards the personal beliefs and the socioeconomic status within a community. Knowing the factors that influence a parent's decision to sleep with their newborn or infant helps with targeting our focus in educating and advocating to these groups. It is an important key to reaching these young parents regardless of the way they live, their cultural influences, financial needs and their education before bringing a baby home. Evidence shows that with the proper information and guidance unhealthy cultural practices can be avoided and lives can be changed. Healthy choices can be developed from an early start, including many hospitals, healthcare workers, and many pediatricians. Health care facilities create educational ways to impact an at-risk community that cannot afford special services. Providing educational services for minority communities, it will impact communities and educate others on the dangers of co-sleeping. With the proper educational specialists, health facilities, and outreach programs we will see the number of infant deaths go down in minority communities .

References

Buswell SD, & Spatz DL. (2007) Parent-infant co-sleeping and its relationship to breastfeeding. *Journal of Pediatric Healthcare*, 21 (1), 22-28.

Colson, E. R., Willinger, M., Rybin, D., Heeren, T., Smith, L. A., Lister, G., & Corwin, M. J. (2013, November). Trends and factors associated with infant bed sharing, 1993-2010: The National Infant Sleep Position Study. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3903787/>

Kei Wong, Tiyyagura, G., & Langhan, M. L. (2019). Accidental Strangulation: A Rare but Potential Risk of Co-Sleeping. *Pediatric Oncall Journal*, 16(1), 21-22. <https://doi.org/10.7199/ped.oncall.2019.2>

Stiffler, D., Ayres B., Fauvergue, C., & Cullen, D. (2018). Sudden Infant death and sleep practices in the Black community. *Journal for Specialists in Pediatric Nursing*, 23 (2), 1.