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NURSES FOR CHILDREN AND
YOUNG PEOPLE OF AOTEAROA

Journal philosophy

The journal is the official publication of Australian and New Zealand professional nursing groups caring for babies, children and their families. The four organisations represent a diversity in nursing, ranging from intensive care nursing to the community-based nursing services, found in cities and remote areas throughout Australia and New Zealand.

The journal will endeavour to reflect this diversity by its content. Neonatal, paediatric and child health nursing have many different aspects that may be relevant to more than one sector of the membership. In addition to clinically oriented material, including research, the journal also provides a forum for articles on professional aspects of nursing that apply to all nurses and in particular to nurses working with babies, children and families.

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Guest Editorial

Dr Merryl E Harvey

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One of the parameters often used to determine whether a baby can be described a “good” baby, is whether or not they sleep through the night. The general view is the sooner a newborn baby does this, the better. Indeed, we often use the phrase “sleeping like a baby” to describe a deep, restful and prolonged period of sleep. However, whilst the evidence regarding the sleep patterns of infants tells us that during the first year of life, the average total amount of sleep in a 24-hour period is just under 13 hours; this sleep often occurs in short bursts of time¹. Expectations that a newborn baby will sleep straight through the night are, therefore, unrealistic. Nevertheless, getting a good night’s sleep can become an all-consuming focus for new parents, particularly if they are under pressure because of work commitments or social pressure from family and friends to report that their baby sleeps through the night.

There are two stand-out messages for me in the paper by Armari and her colleagues². The first is just how tired new mothers are and the impact of sleep deprivation on themselves, their babies and the wider family. The participants in this study report a number of issues in relation to this, including a lack of routine, problems getting their baby to sleep and the strategies they adopt. Using bed-sharing was reported by just under half of the mothers, particularly in cases of disturbed sleep patterns. These findings make me wonder if we provide new parents with sufficient information and guidance about coping with and managing newborn sleep. The nature of information and support to new parents is the second stand-out message from Armari *et al.*’s study²; and it is a salutary lesson. Given the extent of the sleep deprivation reported by these new mothers, it is perhaps not surprising that some adopted “last resort” strategies and took their baby into their bed with them; albeit that this practice is contrary to the prevention of Sudden Infant Death Syndrome (SIDS) guidelines³. Whilst we might know about best practice in relation to minimising the risk of SIDS, we are reliant on families implementing this best practice in the community.

The unexpected death of an apparently healthy baby must surely be a parent’s worst nightmare and one of the most devastating experiences that they may encounter; SIDS changes the lives of the affected family for ever. A multitude of international studies over the last three decades have identified causative and associated risk factors. These studies have led to the development of standards and guidelines that have dramatically reduced the incidence of SIDS internationally. In some countries the incidence has fallen by 50–70%⁴. My career in neonatal nursing and nurse education has run in parallel to this journey through the SIDS research as we have learned about the impact of a range of factors

including sleep position, the type of mattress, the amount and type of bedding, use of dummies and room temperature. We have also encountered erroneous information and some urban myths along the way.

The impact of bed-sharing has also been explored in the SIDS research. The general view is that it should be discouraged, especially if it occurs in conjunction with compounding risk factors such as parental smoking, alcohol consumption and drug use³. It should, however, be acknowledged that physiological benefits to bed-sharing have been reported, particularly in relation to the facilitation of breast-feeding. Some have also questioned the risk of bed-sharing in the absence of the compounding risk factors⁵. Nevertheless, Armari *et al.*’s study² reveals that mothers do take their babies into their bed with them to sleep at night. This has important implications for health care professionals regarding health promotion and health education, particularly in relation to the known compounding risk factors. It would also be prudent to consider providing new parents with alternative strategies for getting their baby to sleep and coping with sleep deprivation. Health workers have professional responsibilities here. Evidence-based practice is not only about having the evidence; it is also about disseminating that evidence in such a way that it is translated into practice, in this case, by the parents. In all of this there may be another message. Perhaps health care professionals have regarded guidance and support to new parents about coping with and managing newborn sleep as a low priority, or perhaps there is an assumption that this is a subject that everyone already knows about. Armari *et al.*’s paper² tells us that it is perhaps time to think again.

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Bed-sharing with infants in a time of SIDS awareness

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Abstract

Objective Risks associated with maternal–infant bed-sharing are widely documented and promoted. This study aims to examine sleep patterns and strategies including bed-sharing.

Methods Women aged over 18 who have infants aged up to 24 months were eligible to participate in an anonymous online questionnaire in March 2010. A representative sample of 1,000 respondents was randomly selected from a total sample of 2000.

Results The challenge of facilitating infant sleeping was highlighted, with 92% of respondents having difficulties at some point. Almost all (97%) felt sleep-deprived at some time, with almost half reporting that they were always or regularly deprived of sleep. Sleep deprivation exacerbated exhaustion or feeling run down (75%), irritability (70%), made mothers less patient with their infants (63%) and put additional strain on their relationship with their partner (37%). Strategies to facilitate infant sleeping included rocking and patting (50%), giving a dummy/comforter (46%) and allowing the baby to fall asleep in their arms (47%) or after feeding (45%). Just under half (41%) utilised bed-sharing as a sleep strategy at night. Bed-sharing was more likely to be used if babies experienced frequent waking at night and unstable sleep patterns.

Conclusions Maternal–infant bed-sharing continues to be an infant sleep strategy used by mothers, despite the risks involved.

Implications This study highlights that mothers still continue to bed-share despite preventative health campaigns and the known risks. Thus, health promotion should be modified to include a stronger emphasis on risk minimisation strategies.

Keywords: bed-sharing, sleep, infant, sudden infant death syndrome.

What is known about this topic

- Much debate exists over the benefits and risks associated with bed-sharing. Bed-sharing can act as a proxy for increased parental proximity and, conversely, is associated with sudden infant death syndrome (SIDS).
- Parental smoking, alcohol and drug use can greatly increase the chances of SIDS during bed-sharing.
- Several Australian and New Zealand infant safe sleep campaigns have been used in an attempt to minimise infant deaths. Bed-sharing is identified as a significant risk factor and is actively discouraged within the campaigns.

What this paper adds

- Despite continued health campaigns and preventative education, mothers still resort to bed-sharing with an infant.
- Exhaustion, tiredness and stress generated from a lack of sleep significantly influence a mother's decision to bed-share. These factors should be addressed and integrated within preventative health education.
- Modification of preventative health education is needed to increase parental bed-sharing risk minimisation knowledge.

Declarations

Competing interests Nil to declare.

Funding Nil to declare.

Ethical approval Participation in the online questionnaire was voluntary, anonymous and posed negligible risk to respondents. Ethical approval was not deemed necessary by the university's health research ethics committee.

Guarantor CH.

Contributions

EA Study collection and design, data collection and analysis, drafting of manuscript, critical revisions of manuscript, administrative, technical or material support.

CF Study collection and design, data collection and analysis, drafting of manuscript, critical revisions of manuscript, administrative, technical or material support, and supervision.

CH Study collection and design, data collection and analysis, drafting of manuscript, critical revisions of manuscript, statistical expertise, administrative, technical or material support, and supervision.

Acknowledgements The Pampers Nappies Sleep Report was conducted nationally by Galaxy Research on behalf of Procter & Gamble in conjunction with Tresillian Family Care Centre in March 2010. A total of 2000 mothers with babies and toddlers aged between 0 and 2 years were surveyed.

Introduction

Infant sleep patterns rapidly evolve and change during the first years of life¹. An unsettled infant frequently results in parental distress and the seeking of parenting assistance. The difficulty for parents and health professionals relates to concerns regarding the appropriateness and safety of methods used to reduce an infant's distress and to facilitate sleep^{2,3}. Bed-sharing is one of these contentious practices^{4,5}. While an intrinsic and sometimes cultural practice, research has accentuated several potential risks related to bed-sharing, particularly an association with sudden infant death syndrome (SIDS)^{6,7}. Despite this, anecdotally, mothers bed-share in an effort to settle their baby and also obtain some much-needed sleep for themselves.

SIDS is the sudden and unexpected death of an infant under one year of age during sleep that remains unexplained⁸. In Australia, 46 infants died unexpectedly in 2008⁹. The mechanism by which bed-sharing increases the risk of SIDS is unknown, though it has been suggested that airway obstruction, thermal stress, head covering and hypoxia due to re-breathing of expired gases are possible mechanisms⁶. A number of epidemiological studies have documented a considerable connection between the prone sleep position and unexpected infant death, and highlight reduced rates of SIDS as a consequence of modifying bed-sharing practices¹⁰⁻¹³.

Consequently, several SIDS prevention campaigns have been launched within Australia and New Zealand to advocate safe infant sleeping practices. Such campaigns largely encourage the supine sleeping position¹⁰, in addition to safe and firm sleeping environments, reduced tobacco exposure and advice against bed-sharing, albeit, having a cot next to a parent's bed is recommended when an infant is less than 12 months old¹⁴.

During the 13-year period of public health campaigns, SIDS-related infant deaths in NSW have fallen from 104 deaths in 1996 to 46 deaths in 2008⁹. Whilst this is a notable achievement, mothers still continue to bed-share with young infants despite potential risks. The NSW Child Death Review Team found that of the 123 infants who died suddenly and unexpectedly between 1996 and 2008, 60% were in unsafe sleep environments (such as co-sleeping), with 36% of these infants also being exposed to tobacco smoke. This report further emphasises the risk of unsafe sleeping environments, particularly when a mother is tired and highlighted the need for more understanding about co-sleeping practices in Australia to help inform public health policy.

Method

A descriptive study was undertaken using an online, anonymous questionnaire administered by Galaxy Research on behalf of Procter & Gamble in conjunction with Tresillian Family Care Centres. The research data used was collected by Galaxy Research, a market research company. The second author assisted in the questionnaire development process as Tresillian's representative and reviewed the completed Galaxy report. Permission was given by Procter & Gamble for the use of these data by the second author and the UTS research team she is involved with. Procter & Gamble has not seen the paper or made comment on the paper or influenced the interpretation of the data contained in this paper. All correspondence with Procter & Gamble was through a public relations company.

Participation in the online questionnaire was voluntary, anonymous and posed negligible risk to respondents. Ethical approval was not deemed necessary when discussed with the university's human research ethics committee representative.

Participants and setting

The online questionnaire was conducted in March 2010 among a representative sample of Australian mothers. To be eligible to participate, respondents had to be over 18 years of age and have at least one infant aged up to 24 months.

There were more than 2000 eligible participants who were randomly selected using a permission-based panel approach, where the online survey was emailed for completion. Participants were paid a nominal amount of \$1-\$2 each time they responded to a survey.

Data collection

The questionnaire comprised 30 questions separated into three sections relating to demographics, sleep patterns and