Ensuring Safe Sleep for Infants

Ethan Williams
Okanagan College
PNSG 411
April 2, 2011

This is a sample paper using APA Manual (6th ed.)
Nurses have a responsibility to provide evidence-based information on a safe environment for new infants. This information is needed in the hospital setting and when parents seek advice on their baby’s sleeping environment. The evidence for current best practice on co-sleeping and bed sharing is important knowledge for nurses.

During the 20th century, infants in Western societies became separated from their mothers. Birth took place in hospitals and hospital nurseries ensured that infants were protected from dangers and infections. In the hospital nursery babies were expected to sleep alone, away from their mothers (Garpiel, 2002). In the last two decades women and their families are demanding more contact with their babies including breastfeeding on demand and sleeping close to their babies (Garpiel, 2002). Bed sharing is a common and routine sleeping arrangement in many cultures and even in North America some families choose to bed share (Ashton & Watters, 2005). With many Canadians foreign-born the cultures of other countries plays a role in parent expectations. Sleeping arrangements are “influenced by parental values, socioeconomic factors and cultural diversity” (Leduc, Côté, & Woods, 2004, p. 1).

The terms co-sleeping and bed sharing may be used interchangeably by some authors but they have different meanings. Co-sleeping refers to the many ways in which infants sleep in close contact with their parent(s). Sleeping in the same room, but not in the same bed, is co-sleeping. Bed sharing is a form of co-sleeping and includes sharing a sleep surface – mattress, mat, futon, sofa or floor (Leduc et al., 2004; Thach, 2009).

Garpiel argues co-sleeping increases the protective behaviours of the mother (2002). Infants that co-sleep have less deep sleep than when they sleep alone and this may help protect the infant at risk for Sudden Infant Death Syndrome (SIDS) (Ashton & Watters, 2005).
ENSURING SAFE SLEEP

Sleeping in the same room as the baby also promotes bonding with the parents, encourages breastfeeding on demand, increases maternal responsiveness to the baby’s cues, and regulates the sleeping cycle of both the baby and the mother [American Academy of Pediatrics [AAP], 2011]. However the Academy is strongly opposed to bed sharing [AAP, 2011].

Several case studies have reported on infant deaths during bed sharing. However it was not the bed sharing that was the most hazardous but rather the specific circumstances of the bed sharing [Blair, Sidebotham, Berry, Evans, & Fleming, 2006]. These circumstances include the use of soft surfaces and pillows, sharing with others than the parent(s) alone, sofa sharing, recent parental consumption of alcohol and/or drugs, or extreme parental tiredness [Blair et al., 2006]. Additionally, exposure to chemical air fresheners, second hand smoke, parental or infant illness, waterbeds and bean bags, and significant parental obesity have been implicated (Blair et al., 2006; Mermer, 2000). Bed sharing for the first time presents the highest risk for infant sudden death (Leduc et al., 2004). The number of hazardous circumstances that can occur during bed sharing has led the AAP to oppose bed sharing as Academy policy.

Newborns are very efficient at producing heat, but have great difficulty maintaining core temperature because of their greater surface area to mass (Lowdermilk & Perry, 2004). At birth, nurses routinely dry the baby to reduce loss of heat through evaporation, Nurses worry about temperature variations and historically have swaddled babies when they are placed in their bassinets. Swaddling makes it easier to pass the infant to his mother for feeding but the nurse must also think about the added warmth that will be generated by the mother. If the mother is in a hospital bed there will also be the added warmth of the bed coverings and new mothers may be reluctant to uncover such effective swaddling (Lowdermilk & Perry, 2004). Infant overheating has been implicated in some SIDS cases (Thach, 2009). Leduc et al. (2004) recommend dressing
ENSURING SAFE SLEEP

infants in sleepers rather than using blanket swaddling. New mothers should be told why their baby is wrapped or unwrapped so they can learn to make good judgments about the coverings necessary for current conditions (Lowdermilk & Perry, 2004).

Health and wellness promotion are a part of nursing practice. It is important to be able to provide new parents with accurate information about co-sleeping and bed sharing and to handle infant sleep in hospitals appropriately. Infants under six months are safest when sleeping within arm’s length of the parent, in the same room. Bed sharing can be dangerous under some conditions although those dangers can be reduced with some precautions. Those precautions include an appropriately dressed infant sleeping with the parent on a firm surface and without soft pillows or bedding. Bed sharing continues to be dangerous with the parent is extremely tired, has consumed alcohol or drugs, is obese, or second hand smoke is involved. Current best practice is to recommend against bed sharing while encouraging co-sleeping.


