



Parents and caregivers want to keep their children safe at all times, which includes ensuring their children are sleeping in a safe environment. There are special considerations that all parents and caregivers should be aware of before putting their child to sleep. The B.C. Coroners Service has indicated that one or more unsafe sleep risk factors were identified in a majority of sudden infant death cases, making it all the more important for parents and caregivers to be aware of ways to protect their child while they sleep.

### **Remember the ABC's of infant safety — a baby should be placed Alone on his Back in a Crib:**

- » **Alone** — Keep the sleep area free of unnecessary items such as toys, bumper pads, sheepskins, pillows, loose blankets and clothing.
- » **Back** — Put the baby "back to sleep". Babies are safest sleeping on their backs rather than on their sides or tummies.
- » **Crib** — The baby should sleep on a firm, flat, well-fitting mattress on a surface designed for infant sleep, such as a crib, playpen or bassinette.

### **Things you need to know when choosing where a baby sleeps:**

- » Do not put the baby to sleep on a waterbed, sagging mattress, feather bed, air mattress, sofa, couch, daybed or any other surface that is very soft.
- » The sleep surface should have no spaces between the mattress and the head/footboard, walls, railings or other neighbouring surfaces. This prevents a baby from becoming wedged between the two surfaces.
- » Do not sleep with the baby while sitting or lying on a sofa, recliner or chair. The baby could fall between the cushions and suffocate, or fall on the floor.
- » Make sure the baby does not get too warm. Use only a light blanket or dress the baby in sleepers if the room is cool.
- » Do not put the baby down to sleep on or beside a pillow.
- » Do not leave the baby alone on an adult bed or let other children sleep in the same bed as the baby.
- » Car seats and infant carriers should not replace the crib as a sleep surface. Safety harnesses may lead to increased risk of airway obstruction.

**Co-sleeping** refers to the sleeping arrangement where the baby sleeps in the same room as a parent or other caregiver, but not in the same bed. Having the baby share your room, particularly at night, is recommended by the Canadian Paediatric Society and may help lower the risk of Sudden Infant Death Syndrome (SIDS). Being close can also help to calm the baby if he/she is unsettled.

**Bed-sharing** means the baby shares the same sleep surface with another person, usually a parent or other caregiver. In many areas of the world it is a common practice for mothers to sleep with their babies so they can watch them, breastfeed them and be near them. According to the Canadian Paediatric Society, having the baby in bed with you makes breastfeeding easier and the baby can feed more often. However, **co-sleeping** protects against SIDS and this type of sleeping arrangement **is a safer alternative to bed-sharing**. It is important to be aware of the risks of bed-sharing and consider them each time you choose where your baby sleeps.

### **The Canadian Paediatric Society (CPS) Recommendations**

The CPS released recommendations that discourage bed-sharing. They recommend that for the first year of life, under all circumstances, infants should sleep on their back in cribs that meet the safety standards of the Canadian government.

Sharing a bed with a baby can increase the risk of accidental smothering, especially if you are very tired or have been drinking alcohol or using drugs that might make it more difficult to awaken. This includes medications that can cause drowsiness, such as those designed to relieve symptoms of a cold or flu.

Despite the risk factors, some parents will choose to share a bed with their baby. You should **not** share a bed with a baby if you (or any other person in the bed):

- » Are a smoker or the baby is exposed to second-hand smoke;
- » Have been drinking alcohol or using drugs;
- » Have taken any medicines that could make you extra sleepy;
- » Are very tired, to the point where you would not be able to respond to the baby;
- » Are ill or have a medical condition that might make it difficult to respond to the baby;
- » Have long hair that is not tied back;
- » Are obese.

### **Infants Living with Foster Families**

The sleeping arrangements for infants and young children are specified in the child's plan of care. The ministry document, Standards for Foster Homes, states that all children in care sleep in their own bed, crib or cradle that meets all safety regulations. In general, infants and children in care sleep in their own bedroom. However, as noted previously, the Canadian Paediatric Society recommends that a baby under the age of one year sleep in the same room as his caregiver to lower the risk of SIDS.

Foster parents do not bed-share with an infant. Foster parents should always discuss any changes to the infant's sleeping arrangements with the child's worker and their resource worker.