

Received Date : 28-Jun-2016
Accepted Date : 05-Jul-2016
Article type : Short Commentary

No bed sharing or *safer* bed sharing?

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Results from the New Zealand cot death study played a pivotal role in the introduction of advice to reduce the risk of sudden infant death syndrome (SIDS) in the early 1990s. Advice to abandon the prone sleeping position for infants was followed by a dramatic reduction in the incidence of SIDS and

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. Please cite this article as doi: 10.1111/apa.13517

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post-neonatal mortality in New Zealand, as well in the other countries that followed the country's example. However, as described by Mitchell et al in this issue, the decline in post-neonatal mortality in New Zealand plateaued in the 2000s (1).

In order to further reduce infant mortality, a Safe Sleep Programme was launched in 2009, which focused on providing education about sudden unexpected death in infancy, developing a safe sleep policy and preventing accidental suffocation. This included the targeted provision of portable, infant bassinet-like safe sleep devices that can be placed in, or beside, the parents' bed, to prevent accidental suffocation. The Safe Sleep Programme was followed by a significant reduction in post-perinatal mortality in New Zealand, by 29% from 2008 to 2015, with the greatest reductions in Maori residents and in regions with the most intensive programmes. The authors believed that the components of the Safe Sleep Programme had contributed to the fall in post-perinatal mortality to varying degrees. I find it convincing that the reduction in infant mortality could be attributed to a successful Safe Sleep Programme and the New Zealand initiative can almost certainly be used in other countries as well.

The lessons from New Zealand also have a bearing on another topic under debate, as *Acta Paediatrica* recently published a paper that promoted bed sharing in order to facilitate breastfeeding (2). Without a doubt, breastfeeding is facilitated by bed sharing, although bed sharing is by no means a prerequisite for successful breastfeeding. However, the present paper by Mitchell et al (1), as well as a previous paper in this journal from our group (3), draw attention to the fact that bed sharing may be associated with an increased risk of sudden unexpected death in infancy. The possible hazards posed by bed sharing have to be dealt with and should not be overlooked.

Unfortunately, the climate of the debate has sometimes been hostile between those who promote bed sharing and those who advise mothers with young babies not to bed share. A take-home message from the New Zealand experience may be that we need to make bed sharing as safe as possible for those mothers who have decided that they want to do it, rather than dissuade them from the practice. In line with this conclusion, it is interesting that Mitchell et al report that it was the concept of *safer* bed sharing rather than *no* bed sharing that turned out to be the successful approach in the Safe Sleep Programme (1).

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