





Clinical Practice Guideline	 		
	Policy Name: Infant/Child-Parent Bed-Sharing and Safe Sleep in the Hospital Setting (WRHA & HSC)	Guideline Number: 095.001	Page 1 of 6
	Approval Signature: Shared Health Executive/WRHA Executive	Section: 350.135 Admission / Transfer / Discharge	
Level: SHARED HEALTH/WRHA - Applies to all Shared Health/WRHA staff at the site indicated in the document name.	Date: October 2023	Supersedes:   80.135.047& 110.000.310	

1.0 PURPOSE:

- 1.1 To reduce risk to infants and children by establishing a safe sleeping environment for infants and children in the hospital setting, and ensure families receive education about safe sleeping practices to make an informed decision.
- 1.2 To support parents to commit to safe sleep practices in order to decrease the risk of sleep-related death (SIDS, SUID, SUDI) in the home following discharge.

2.0 DEFINITIONS:

- 2.1 Bed Sharing: When an infant or child sleeps on the same sleeping surface as an adult.
- 2.2 Infant/Child: All inpatients who are assigned a crib or bassinette during hospitalization (are <3 years of age and/or <89 cm tall).
- 2.3 Sleeping Surface: chair, sofa, stretcher, bed, bassinette, or cot.
- 2.4 Sudden Infant Death Syndrome (SIDS) is an unexplained death, usually during sleep, of a seemingly healthy baby less than one year old.
- 2.5 Sudden Unexpected Infant Death (SUID) and Sudden Unexpected Death in Infancy (SUDI) are terms used to describe the sudden and unexpected death of a baby less than one year old where the cause is not obvious prior to the investigation.

3.0 POLICY:

- 3.1 Infants/children shall not occupy a bed or any other sleeping surface with a sleeping adult during hospitalization. Exceptions shall be hospital care provided during infant/child palliative care situations as appropriate, or during skin-to-skin/kangaroo care under supervision of a nurse, staff or support person. See 4.9 for more information.
- 3.2 All staff shall provide infant/child care that facilitates appropriate and safe sleeping during hospitalization to ensure infant/child safety in hospital and model safe sleep behaviours to promote safe sleeping in the home, such as safe use of blankets and not using rolled up blankets to prop up baby.

DISCLAIMER: Please be advised that printed versions of any policy, or policies posted on external web pages, may not be the most current version of the policy. Although we make every effort to ensure that all information is accurate and complete, policies are regularly under review and in the process of being amended and we cannot guarantee the accuracy of printed policies or policies on external web pages. At any given time the most current version of any Shared Health policy will be deemed to apply. Users should verify that any policy is the most current policy before acting on it.

SH Guideline Name: Infant/Child-Parent Bed-Sharing and Safe Sleep in the Hospital Setting (WRHA & HSC)	Guideline Number: 095.001	Date: October 2023	Page: 2 of 6
--	-------------------------------------	------------------------------	-----------------

4.0 PROCEDURE:

- 4.1 Staff shall provide families with information about the risks of bed-sharing in the hospital setting and general education about safe sleeping practices including written resources that promote informed decision making (see 6.0 Resources). This should be done in a non-judgmental manner in consideration of the context of the family (cultural norms such as, cradle boards or moss bags, socio/economic status, etc).
- 4.2 Staff shall ensure that infants/children are placed in their own bassinette or crib to sleep. Infants under one year old should always be placed on their back to sleep. Once an infant can roll over in both directions, they do not need to be repositioned.
Note: Cradleboards and moss bags are considered culturally appropriate places for infants to sleep and can be placed in the crib or bassinet depending on size.
- 4.3 Sleep surfaces should not be inclined unless medically indicated (physician order, OT or PT recommendation).
- 4.4 The bassinette or crib should be void of soft objects such as pillows, stuffed animals, large blankets, and medical supplies. Positioning aids such as flannel rolls should only be used when recommended by OT/PT and ordered by a physician with the following exceptions:
 - 4.4.1 Provide therapeutic positioning to all infants who weigh less than 1800 grams or are less than 34 week gestation (corrected age), or who demonstrate physiologic instability when in supine position. See [Safe Sleep for Neonates in NICU](#) for therapeutic positioning options. Do not use positioning devices such as bean bags as a mattress or pillow under the baby, or as a restraint on top of the baby.
 - 4.4.2 Elevate the head of bed for infants who are receiving respiratory support either invasive or noninvasive to prevent ventilator associated pneumonia. Flatten the mattress when the respiratory support is discontinued, even if the infant continues to require therapeutic positioning, see [Safe Sleep for Neonates in NICU](#)
 - 4.4.3 Assess all infants who weigh >1800 grams and are at least 34 weeks gestation (corrected age) for tolerance of supine sleep positioning. Begin transitioning these infants to supine safe sleep practices.
- 4.5 Avoid tightly swaddling the infant and provide guidance to the parent/caregiver on preventing overheating. Instead, dress the infant/child for sleep in appropriate sized clothing that will provide warmth but prevent overheating. Use no blanket, or a maximum of one light, appropriately sized blanket. If using a blanket, tuck the side of the blanket under the side of the mattress, ensuring that the infants' arms are free.
- 4.6 If swaddling is required to assist the infant to maintain sleep, provide safe swaddling using a properly fitted sleep or swaddle sack designed for this purpose. If using a blanket or swaddling cloth, follow safe swaddling best practice guidelines. For more information see Safer Swaddling and Choosing Safe Sleep Sacks on the Healthy Parenting Winnipeg site.
- 4.7 Staff shall instruct parents to return the infant/child to their bassinette or crib if the parent/caregiver is planning to sleep.

SH Guideline Name: Infant/Child-Parent Bed-Sharing and Safe Sleep in the Hospital Setting (WRHA & HSC)	Guideline Number: 095.001	Date: October 2023	Page: 3 of 6
--	-------------------------------------	------------------------------	-----------------

- 4.8 Staff shall move the infant/child to their bassinette or crib if the infant/child is found with a sleeping parent/caregiver.
- 4.9 Exception for HSC and St. B Women's Health and Neonatal Intensive Care Units (NICUs): Infants may remain skin-to-skin/kangaroo care with a parent/designated support person while they sleep as long as an additional support person or nurse is present to ensure the safety of the infant.

See Shared Health/WRHA [Skin-to-Skin/Kangaroo Care Clinical Practice Guideline](#).

- 4.10 In a situation where a parent/caregiver refuses to comply with this policy, staff will document the informed decision-making conversation with the parent/caregiver in the patient's chart as a progress note.

Documentation should include the risks of bed sharing/co-sleeping which include:

- 4.10.1. Suffocation due to bedding or pillows
- 4.10.2. Becoming entrapped between the side rail and mattress
- 4.10.3. Injury from falling out of bed
- 4.10.4. Suffocation by being overlaid by the parent/caregiver
- 4.10.5. Parent/caregiver's movements causing dislodgement of the child's medical device(s) (e.g. IV line, NG tube, monitoring devices)

See Appendix A: Script for Safe Sleep Conversation on Inpatient Areas in Children's Hospital and Postpartum Units

- 4.11 Using a harm reduction approach, provide education of how to reduce risk to the infant if parent/caregiver has made an informed decision to bed-share in the hospital setting. Risk is highest for bed-sharing infants when:
- 4.11.1 Sleeping with an infant/child on a sofa, chair, with a pillow, or with thick covers
 - 4.11.2 Infant is prone to sleep
 - 4.11.3 Parent/caregiver is under the influence of medication, drugs, alcohol, or is a smoker
 - 4.11.4 Infant was born prior to 37 weeks or born at < 2.5 kg (5.5 lbs)
 - 4.11.5 Infant is under 4 months of age
 - 4.11.6 Parent/caregiver is overly-tired or sick
 - 4.11.7 Parent/caregiver is obese

- 4.12 Staff will continue to monitor parent/caregiver and infant/child as per standard of care.

5.0 **AUTHORS:**

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SH Guideline Name: Infant/Child-Parent Bed-Sharing and Safe Sleep in the Hospital Setting (WRHA & HSC)	Guideline Number: 095.001	Date: October 2023	Page: 4 of 6
--	-------------------------------------	------------------------------	-----------------

6.0 **RESOURCES:**

- 6.1 HSC Children's Hospital Safety in the Hospital – Information for Families and Caregivers Handout (Index # 140.03.01)
- 6.2 HSC/St. Boniface Women's Health Program We Care About Your Safety: Here's How You Can Help (Form # W-00486)
- 6.3 Healthy Parenting Winnipeg. Safe sleep and your baby. (2020). Winnipeg Regional Health Authority. Available from: <https://healthyparentingwinnipeg.ca/safe-sleep-and-your-baby/>
- 6.4 Public Health Agency of Canada. Safe sleep for your baby. (2014). Available from: https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/pdf/sleep-sommeil-eng.pdf
- 6.5 Canadian Paediatrics Society. Safe sleep for babies. (2016). Available from: https://www.caringforkids.cps.ca/handouts/safe_sleep_for_babies
- 6.6 Winnipeg Regional Health Authority (2021). Safe Sleeping for Your Baby. Available from: [Safe-Sleep-Handout-V2-11-Oct-15-2021.pdf \(healthyparentingwinnipeg.ca\)](https://www.winnipeg.ca/health/parenting/parents/safe-sleeping-for-your-baby.pdf)
- 6.7 Nursing Skills On-line: Safe Sleep Practices (Neonatal) and Safe Sleep Practices (Pediatric)
- 6.8 Safer Swaddling <https://healthyparentingwinnipeg.ca/safer-swaddling/>
- 6.9 Choosing Safer Sleep Sacks <https://healthyparentingwinnipeg.ca/choosing-safer-sleep-sacks/>

7.0 **REFERENCES:**

- 7.1 Lavallee L, Scannell M. (2017). Infant bed-sharing: supporting parents to make an informed decisions. Nursing Standard, 31: 42-51. DOI: 10.7748/ns.2017.e10427
- 7.2 Government of Canada. (2011). Joint statement of safe sleep: preventing sudden infant deaths in Canada. Available from: https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/pdf/jsss-ecss2011-eng.pdf
- 7.3 Blair P, Ball H, McKenna J, Feldman-Winter L, Marinelli K, Bartick M, et al. (2019). Bedsharing and breastfeeding: the academy of breastfeeding medicine protocol #6. Available from: <https://abm.memberclicks.net/assets/DOCUMENTS/PROTOCOLS/6-cosleeping-and-breastfeeding-protocol-english.pdf> DOI: 10.1089/bfm.2007.9979
- 7.4 Centres for Disease Control and Prevention. (2022). About SUID and SIDS. Available from <https://www.cdc.gov/sids/about/index.htm>

SH Guideline Name: Infant/Child-Parent Bed-Sharing and Safe Sleep in the Hospital Setting (WRHA & HSC)	Guideline Number: 095.001	Date: October 2023	Page: 5 of 6
--	-------------------------------------	------------------------------	-----------------

Appendix A: Script for Safe Sleep Conversation on Inpatient areas in Children’s Hospital and Postpartum Units

When you are in the hospital, it is not safe for you and your baby to sleep together in your hospital bed.

This is because **hospital beds:**

- are made for 1 adult only; they are too narrow for both you and your baby
- have blankets and pillows that can accidentally smother your baby
- have side rails that baby can get caught in and strangle your baby
- are high; falls from this height can cause serious injury to your baby

This is also because **mothers after giving birth:**

- are often very tired and do not wake or respond to baby quickly
- may take medicines that increase sleepiness

And finally, **newborns:**

- are not strong enough to move their head and open their airway when it is blocked by your body, blankets/pillows, or side rails

Newborns have died when sleeping with mothers in hospital beds.

Please return your baby to his/her crib when you are planning to sleep.

SH Guideline Name: Infant/Child-Parent Bed-Sharing and Safe Sleep in the Hospital Setting (WRHA & HSC)	Guideline Number: 095.001	Date: October 2023	Page: 6 of 6
--	-------------------------------------	------------------------------	------------------------

APPENDIX B: Example of an Acronym Expansion for EPR

The infant was found sleeping on/in a hospital bed with _____. The risks of bed-sharing and co-sleeping were discussed with the parent/caregiver based on the Infant/Child-Parent Bed-Sharing and Safe Sleep in the Hospital Setting guideline 095.001.

The following information was taught to parent/caregiver upon admission and is reinforced, as necessary.

- Hospital beds are for single patient use
- Infants may get caught under the caregiver's bedding or pillows
- Infants may get trapped between the side rail and mattress
- Infants may fall out of bed
- Parent/caregiver can roll onto infants
- Parent/caregiver may roll on infant's medical device(s), causing possible dislodgement of the device (e.g. IV-line, NG tube, monitoring devices).

The parent/caregiver has been informed on safe sleeping practices and wishes to continue co-sleeping/co-bedding. The following was taught to the parent/caregiver as a way to reduce harm once they made an informed decision to bed-share in the hospital setting:

- Infant/child is at a greater risk of harm if co-sleeping on a sofa, chair, with a pillow, with thick covers or toys in the bed
- Infants should be placed supine to sleep
- Infant/child is at a greater risk of harm if sleeping with a parent/caregiver under the influence of medication, drugs, alcohol, or who smokes
- The infant is at greater risk of harm if born prior to 37 weeks or born at 2.5 kg (5.5 lbs)
- Infant is at greater risk of harm if under 4 months of age
- Infant/child is at a greater risk of harm if the parent is overly tired or sick
- Infant is at a greater risk for harm if the parent is obese
- Position the hospital bed flat and have it at the lowest level
- Sleep positioners should be avoided as they increase the risk of harm