Sudden infant death and co-sleeping: a better message

The editorial in the 11 December 2009 issue NZMJ suggests that the Ministry of Health has taken a “softly-softly approach” to the prevention of SIDS and that a “different, stronger and no nonsense approach” should be taken. Ed Mitchell and Coroner Evans advise parents not to bed-share with infants at all for the first 6 months of life. I am proposing a different approach to this message that will allow bed-sharing yet mitigate much of the risk for this group of mainly Māori infants who continue to die of SIDS.

Firstly, Mitchell reminds us that smoking in pregnancy is presently the overriding risk factor for SIDS. Perhaps then, the “softly-softly” approach that successive governments have taken to the marketing and sale of tobacco is our primary problem. Nevertheless, it is where the mother smoked in pregnancy that bed-sharing or co-sleeping becomes a significant risk. Some recent work by Mitchell, myself and others in Auckland showed that 53% of pregnant Māori women smoke and 70% of Māori infants have a period of bed-sharing greater than two hours a night. The non-Māori comparison is 8% for smoking in pregnancy and 20% for bed-sharing. This demonstrates the huge risk for the ‘bed-sharing when mother smoked in pregnancy’ risk factor and that this is modifiable, is the basis of my proposal.

Secondly, that these high risk babies die both in shared beds and in the recommended cots and bassinets implies that there is something about the wider sleeping environment that deserves attention. The American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome discusses the sleeping environment in some length and makes evidence based recommendations about the risks of pillows, blankets over the head, toys and cot bumpers in the bassinet, multiple bed-sharers, sofas and couches, the role of alcohol and over-tiredness and also the positive effects of room sharing. The ‘Safe Sleeping Environment’ is central to my argument.

The wahakura is a 36 × 72 cm bassinet like structure woven from flax. It is a culturally attractive, practical solution based around the concept of making the shared sleeping environment safer. Its appeal is in its ‘Māori-ness’ and the ability for it to be placed in the bed. It comes with set of ‘rules’ that include back sleeping, keeping the face clear, using a firm mattress without pillows, maintaining a smoke free environment and an ‘every place-every sleep’ message to promote a consist sleep environment. Although ‘the rules’ recommend keeping inebriated, excessively tired people or younger siblings at bay while baby sleeps, the evidence on accidental suffocation is not strong.

There is not yet, however, any research based evidence that the wahakura does in fact save lives and, needless to say, this initiative is not yet publicly supported by health policy. In England, the SIDS prevention campaign took on board a message that was not evidence-based when it recommended placing an infant with its feet touching the bottom of the cot so that it would not wriggle down under the blankets - in other words, it ‘made sense’. Likewise, I am advocating that the wahakura should be promoted as a viable safe sleeping environment option alongside the cot, the bassinet
and the clip-on because it simply ‘makes sense’. Full marks go to McIntosh, Tonkin and Gunn and Ed Mitchell himself who have noted, in print, the wahakura as the ‘Māori option’ for safer sleeping. The Ministry of Health must now be brave enough to go the next step and promote and fund the wahakura for the high risk Māori infants of mothers who smoked in pregnancy.

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References: