



CLINICAL REVIEW

Parent-child bed-sharing: The good, the bad, and the burden of evidence

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SUMMARY

The practice of parent and child sharing a sleeping surface, or 'bed-sharing', is one of the most controversial topics in parenting research. The lay literature has popularized and polarized this debate, offering on one hand claims of dangers, and on the other, of benefits – both physical and psychological – associated with bed-sharing. To address the scientific evidence behind such claims, we systematically reviewed 659 published papers (peer-reviewed, editorial pieces, and commentaries) on the topic of parent-child bed-sharing. Our review offers a narrative walkthrough of the many subdomains of bed-sharing research, including its many correlates (e.g., socioeconomic and cultural factors) and purported risks or outcomes (e.g., sudden infant death syndrome, sleep problems). We found general design limitations and a lack of convincing evidence in the literature, which preclude making strong generalizations. A heat-map based on 98 eligible studies aids the reader to visualize world-wide prevalence in bed-sharing and highlights the need for further research in societies where bed-sharing is the norm. We urge for multiple subfields – anthropology, psychology/psychiatry, and pediatrics – to come together with the aim of understanding infant sleep and how nightly proximity to the parents influences children's social, emotional, and physical development.

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Child sleep practices

To bed-share or not to bed-share? This seemingly innocuous question has been labeled the 'single most controversial topic related to pediatric sleep' [1]. Bed-sharing (the practice of parent and child sharing a sleeping surface) and co-sleeping (shared sleep that includes room-sharing, bed-sharing, and everything in between) are hotly debated. The literature is often polarized, filled with interesting questions, creative designs, and ultimately, insufficient evidence.

Historically, humans have followed the mammalian pattern: mothers sleep in direct proximity to their young. In many cultures

around the world today, this practice persists and traditional wisdom condones and encourages it; a Korean proverb goes, "A baby must not sleep in an empty room alone, and an adult must keep watch next to it" [2]. In Tokyo, putting babies alone in a nursery is considered 'cold and cruel' [3]. Over the last two centuries, permanent dwellings and cribs became available in industrialized nations, and bed-sharing ceased to be necessary for infant survival. Shifting cultural values put increasing emphasis on individualism, romantic love, and the sanctity of marriage; bottle feeding and formula became viable feeding alternatives [4]. Bed-sharing began to be regarded as psychologically harmful [4]. From the 20th century until now, putting infants to sleep on a separate surface has been the norm throughout North America, Europe, and Westernized Asian nations. From the early 1990s, there has been a growing literature on sudden infant death syndrome (SIDS) risk when bed-sharing. Campaigns and interventions have been implemented in much of the West in response.

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Abbreviations

AAP	American Academy of Pediatrics
ASD	autism spectrum disorder
EW	epochal awakenings
GERD	gastro-esophageal reflux disease
HIV	human immunodeficiency virus
REM	rapid eye movement
SES	socioeconomic status
SIDS	sudden infant death syndrome
TA	transient arousals
WEIRD	Western, educated, industrialized, rich, and democratic (nations)
WPPSI–R	Wechsler preschool and primary scale of intelligence–revised

Controversy surrounding bed-sharing is not new. Mothers have been historically blamed for the death of the infant if it occurred in the shared bed [5]. The dangers of bed-sharing are referenced in the Bible (1 Kings iii, 19), as well as in the teachings of the Greek physician and medical writer Soranus of Ephesus (ca 100AD), who says, ‘*the newborn should not sleep with the wetnurse, especially in the beginning, lest unawares she roll over and cause it to be bruised or suffocated.*’ [6].

The past decades have presented conflicting medical recommendations to parents, and the debate over bed-sharing has anything but quieted. Hundreds of publications in some way address bed-sharing. Some offer a broad moral or cultural perspective [7]. A strongly phrased commentary piece in Pediatrics [8] argues Dr. Freud and Dr. Spock have encouraged a ‘cult of independence’: the belief that the most important developmental goal for children is to become independent at a very early age (p 271) (also see [9]).

Here we offer a narrative to guide the reader through the sub-literatures on co-sleeping, including research on sleep problems, autonomy, maternal mental health, and breastfeeding, as well as the predominant theme of research on SIDS risk. We illustrate the complexities of research in this field, and identify current gaps in knowledge. The ‘burden’ is on the multiple sub-disciplines to provide conclusive evidence in the risks versus benefits debate, evidence which can be informative to parents and practitioners alike.

Aims and method of the study

Following the taxonomy proposed by Cooper [10], this review is designed to exhaustively outline the research findings and associated debate on the topic of bed-sharing. Our goals are twofold: 1) to integrate the past literature, and 2) to identify central issues in the literature. The thorough and systematic review enabled us to create a world-wide ‘heat map’ (chloropleth) of bed-sharing prevalence. The review is organized thematically, grouping studies relating to the same idea and aiming for a neutral stance, first presenting arguments and evidence by the original authors and then reviewing this evidence critically. Our overall aim is to provide suggestions for progressing the field, including the adoption of a new subfield of inquiry, which we term *psychoanthropediatrics*.

Article selection

We conducted the search between November 2012 and January 2016. We used the following databases: PubMed, PsycInfo, ERIC, Google Scholar, and EMBASE; and an extensive set of keywords to capture as exhaustively as possible the literature in this field: “bed-

shar*”, “co-sle*”, “room-shar*”, “sleep location”, “unsafe sleep practices” (for a full list, please see Appendix 1). We selected all the scientific papers published from 1973 until the 1st of January 2016.

We included quantitative studies written in English, with a complete abstract, reported statistics, and participants <18 y and their parents. Commentaries, debates, and letters to the editor/author were included to capture the complexities of the debate. Reviews, meta-analyses, and all other research synthesis articles were also included. We excluded abstracts published in conference proceedings or symposia, to prevent overlap with published papers. We also excluded articles focused on bed-sharing involving humans and animals (e.g., bed-sharing with pets), between adults (e.g., bed-sharing with a spouse), and articles where the co-sleeping/bed-sharing/room-sharing practice was not clearly indicated. Peer-reviewed manuscripts presenting research based on tabulations of advice or themes in parenting and self-help books were included.

The search yielded 3092 papers of which 1816 were excluded on first pass because they did not address bed-sharing, 595 were subsequently excluded after careful reading of the text due to the exclusion criteria above, 22 could not be found in full text. The final number was therefore 659. For a decision tree of the inclusion process, see Fig. 1.

We chose not to employ meta-analytic approaches to this review. The most important reason for this decision was that the current empirical evidence within each of the specific reviewed subdomains (e.g., breastfeeding, maternal mood, SIDS) is prohibitive of conducting an informative meta-analysis. For example, papers reporting on the depressive symptoms of bed-sharing versus non-bed-sharing mothers do not provide sufficient information about the timing of the two variables to discern if depression precedes or follows (or emerges in tandem with) bed-sharing. The SIDS literature suffers from its own methodological flaws, which will be reviewed. A narrative review seems to be adequate and timely also for other reasons: 1) multiple topics are covered in the review, some of which have been recently meta-analyzed (e.g., SIDS; [11]); 2) a quantitative synthesis of previously published work cannot capture fully our intent to indicate the lasting limitations in the existing literature and; 3) the conceptual and methodological approaches to the research on bed-sharing have changed over time and show considerable heterogeneity and differences in quality. Thus, the primary focus of the current review is on thematic overview and does not aim to combine contradictory findings through quantitative integration.

Prevalence of bed-sharing around the world

To present the prevalence of bed-sharing practices around the globe, all studies were scrutinized for reported frequencies of bed-sharing. We used the following decision rules: we included only studies reporting prevalence rates for population-based (rather than clinical or high-risk) samples. For population-wide intervention studies, we considered the post-intervention sample prevalence rate, which was thought to provide the most recent stable estimate. If the intervention was applied to a small sample selected from a wider population-based sample, we used the pre-intervention prevalence statistic. Excluded were studies older than 20 y (published since 1995 or where samples were recruited after 1995), studies with samples smaller than 40, and studies that did not report on bed-sharing at or before 12 mo of infant age. Finally, when studies report bed-sharing prevalence at multiple ages of the infant, we used the test statistic that reflects highest prevalence in the first 12 mo of age.

In multi-ethnic random population-based samples, we included the prevalence statistic as reported. When one ethnic or

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