



Information Statement

CO-BEDDING TWINS IN NEONATAL INTENSIVE CARE UNITS AND AT HOME

To Reduce the Risk of Sudden Unexpected Deaths in Infancy (SUDI), including SIDS and Fatal Sleep Accidents

1. Sleep baby on the back from birth, **not on the tummy or side**
2. Sleep baby with face uncovered (no doonas, pillows, lambs wool, bumpers or soft toys)
3. Avoid exposing babies to tobacco smoke before birth and after
4. Provide a safe sleeping environment (safe cot, safe mattress, safe bedding)
5. Sleep baby in their own safe sleeping environment next to the parent's bed for the first six to twelve months of life

- Sometimes twins share the same cot in hospital in the first few weeks of life while in the care of health professionals
- Research has shown that the safest way to sleep twins in the **home** is in their own safe sleeping container (cot, portable cot, bassinette or cradle) in the parent's room for the first 6-12 months
- Sometimes twin babies are in temporary situations, such as while visiting or travelling, when separate cots are not possible. If the twins are sharing the same cot, do not use bedding and place them at opposite ends of the cot. An infant sleeping bag used for each baby may be useful in this situation.
- When the babies have reached the age where they can move freely around the cot, place them in separate cots

Definition

Co-bedding twins

Co-bedding means placing siblings from multiple births on the same sleep surface (cot or incubator).¹

Incidence of multiple births

Multiple births have increased in recent years as a result of delayed pregnancy and use of fertility therapy and there are increased numbers of premature and multiple-birth neonates cared for in Neonatal Intensive Care Units (NICUs)².

Below are the SIDS and Kids recommendations for sleeping twins safely. For higher order multiple births (triplets, quadruplets, quintuplets), please refer to your health professional for advice on providing a safe sleep environment for each baby.

Co bedding in the hospital setting

Although co-bedding has 'emerged as a NICU practice', in the US³, there are current unresolved controversies about the practice^{2,4-5}. Current research into the co-bedding of twins does not provide sufficient evidence to guide policy and guidelines for or against the practice in NICU². More research is required. Health professionals must weigh up the risks and benefits for each baby. A significant consideration in this risk/benefit assessment must be the care and safety of babies when they are discharged home as many parents will continue infant care practices modelled by hospital staff.¹

Premature and low birth weight babies are at increased risk of SUDI⁵⁻⁷. Blair et al (2006) concluded that 'the combined effects of SUDI risk factors in the sleeping environment and being pre-term or low birth weight generate high risks for these babies. Their longer postnatal stay allows an opportunity to target parents and staff with risk reduction messages.'⁵

Nursing staff using the back sleeping position for all babies prior to discharge establishes a safe sleeping model for parents to follow when their baby is discharged.

When the babies are ready for discharge, **ensure that the parents know how to reduce the risk of SUDI and fatal sleep accidents**. Do not assume parents have this information already as they may have missed other opportunities to learn about safe sleeping environments for babies.

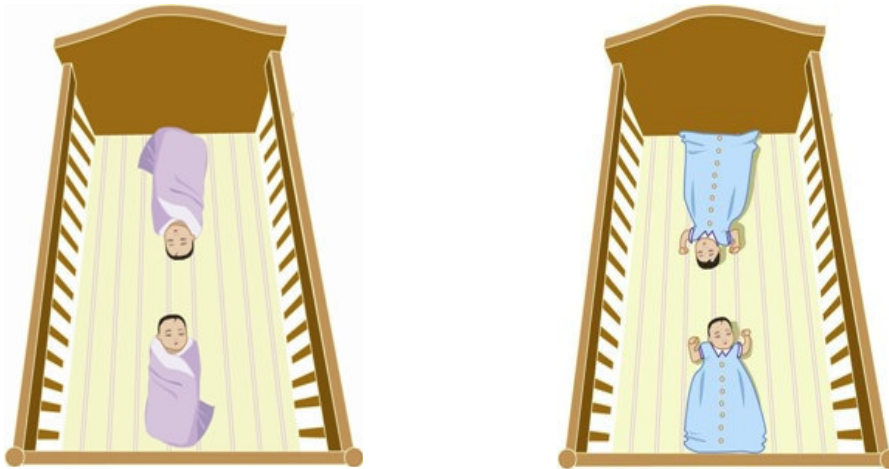
Sleeping twins safely at home

Current evidence shows that the safest way to sleep twins at home is to place them in their own cot and follow the SIDS and Kids safe sleeping guidelines to reduce the risk of SUDI, including SIDS and fatal sleep accidents

Co-bedding twins would be dangerous if one part of the body of one twin were able to accidentally cover the face of the other causing an interference with breathing. A small observational study of 10 twin pairs sleeping in various side by side and head to head configurations showed that twins sleeping side by side occasionally impinged on, although did not obstruct, the airway of the other twin⁸.

Sometimes parents and carers of twins may need to sleep twins in the same cot, for example when travelling or visiting, if there is insufficient space for two cots in the room. In these circumstances, **ways to minimise the risks for twin babies sharing the same cot include:**

- Place the babies head to head, at opposite ends of the cot
- Do not use bedding. Safe alternatives to bedding include:
 - Wrap the babies according to SIDS and Kids guidelines (from birth until showing signs of being able to roll over)
 - Sleep the babies in separate safe infant sleeping bags (for babies weighing 3.2kg and over)



When the babies are able to move freely around the cot, place them to sleep in separate cots.

For more information on the sleeping of twins at home visit the SIDS and Kids website at www.sidsandkids.org and Safe Sleeping Frequently Asked Questions

The SIDS and Kids Safe Sleeping program is based on scientific evidence and was developed by Australian SIDS researchers, paediatricians, pathologists, and child health experts with input from overseas experts in the field. The 87% drop in SIDS deaths and the 5,000 lives that have been saved is testament to the effectiveness of the program.

For further information visit the SIDS and Kids website at www.sidsandkids.org or phone us on 1300 308 307.

References:

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