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A Comparison of Infant Sleep Safety Guidelines in Nine Industrialized Countries

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Abstract
Many countries have guidelines that recommend safety practices for infant sleep. However, it is not known whether guidelines between countries are similar or different. The purpose of this paper is to compare national public health infant sleep safety guidelines among highly developed countries. Criteria for inclusion were: countries defined by United Nations as "very high human development," guideline related to infant sleep position and safety practices, evidence of it being a national guideline, and published in English. Guidelines from nine countries met inclusion criteria, and data were extracted across 13 categories. All guidelines recommended the supine sleep position and avoidance of smoke exposure. While most guidelines addressed the remaining 11 categories, specific recommendations varied among guidelines. These findings can inform the broad context of SIDS reduction work, offer opportunities for collaboration among countries, and promote multi-country and global conversations about how research evidence is translated into recommendations for practice.

Keywords Infant · Sleep · Safety · Sudden Infant Death Syndrome

Introduction

While most developed countries have seen significant declines in infant mortality rates over the past century, Sudden Infant Death Syndrome (SIDS, or "cot death"), remains a leading cause of postneonatal mortality among many developed countries [1, 2]. Epidemiological studies support a triple risk model to help explain SIDS, which suggests that SIDS may occur from the intersection of three risk factors: (1) an underlying vulnerability in the infant, (2) during a critical developmental period, and (3) environmental stressor(s) [3]. Researchers continue to improve understanding of the underlying physiologic mechanisms of these deaths, but the mainstay of risk reduction remains a focus on the reduction of environmental stressors, especially during the highest period of vulnerability, between the ages of two and four months [1, 4, 5]. For example, in the 1990s, epidemiological studies identified that prone sleep position significantly increased risk for SIDS [1]. Consequently, widespread adoption of "Back to Sleep" campaigns in the United States (US), United Kingdom (UK), and many other countries dramatically reduced SIDS rates [1]. In 2012, based on the most recent epidemiological studies, the US National Institute of Child Health and Human Development and American Academy of Pediatrics expanded their public education campaign to Safe to Sleep® to emphasize infant sleep environment as well as back sleeping [6].

Although developed countries have achieved international consensus on research priorities for SIDS [2], consensus has not been achieved for recommended infant sleep practices. Ball has noted differences in how the UK and the US have translated epidemiological studies into recommendations for practices that reduce the risk for SIDS [7]. While the US recommends "the safest place for an infant to sleep is on a separate sleep surface designed for infants close to the parents' bed," (p. 5) [8], the UK National Institute for Health and Care Excellence (NICE) notes that cosleeping can be intentional or unintentional and that "there is an association between cosleeping and SIDS," with greater associations between cosleeping and smoking, alcohol and drug use, and among low birth weight and premature infants (p. 767) [7]. Furthermore, some countries have sought to incorporate cultural traditions into their public education campaigns. For

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example, New Zealand incorporated Māori families' strong cultural tradition of bed-sharing by developing a woven bassinet-like sleeping device (the wahakura) to facilitate a close but separate sleep surface for infants [9–11].

Purpose

The purpose of this paper is to compare national public health infant sleep safety guidelines among highly developed countries. This comparison may be useful as countries begin to consider to what degree there is alignment in recommendations and how to support international consensus to advance research, science, and practice across international boundaries. Given the prevalence of transnational migration and diversity of infant sleep position and placement practices, understanding the areas of alignment and divergence may also assist public health and health care providers to better understand parent needs and concerns when individuals and families have originated from or moved to countries with differing cultural and familial practices.

Methods

We defined "highly developed countries" using the United Nations' definition of "very high human development"[12], which takes into account the indicators of a long and healthy life, education, and standard of living. Since infant health is an important component of life expectancy at birth, this cluster of countries theoretically represents countries having public health infrastructures that are generally supportive of infant health. We conducted an online search of national infant sleep guidelines and compared similarities and differences among the guidelines. In our review, we included the following:

- Countries defined as "very high human development" according to the United Nations 2016 [12] report;
- Evidence of the guideline being related to infant sleep position and safety practices;
- Evidence the guideline was a national guideline, meaning created or hosted by a nationally recognized department or ministry of health, or a guideline created by a professional organization that was clearly supported by the national department or ministry of health when no other guideline was identified; and
- Guideline published in English or translated from the country's language into English by the country itself. English language was chosen given emerging evidence that English is a global language [13].

There were several countries that were excluded from this analysis either because there was no discernable national guideline or the guideline was not published in English. We opted to not use any translation tools, because important meanings of words and practices would be at risk of not being accurately translated into English. Several guidelines were found that were not believed to be a "national" guideline, because they were noted to represent a parent or professional organization, a specific health system or type of insurance, or a single governmental entity within that country that could not be discerned to be representative of the nation.

Procedures

Fifty-two countries are identified as "very high human development" in the 2016 United Nations Human Development Report [12]. To find guidelines for each country, the search engines Google, Yahoo, and Bing were used to search each country using all combinations of the following keywords: infant sleep safety, infant sleep safety guidelines, infant health, infant sleep, sleep guidelines, safe sleep, SIDS, cot death, and unexpected cot death. We also checked the "National Recommendations for SIDS Prevention" section of the International Society for the study and prevention of Perinatal and Infant Death (ISPID) for guidelines that were published in English [13]. Of 52 very high human development countries, guidelines were found in 9 countries that met the inclusion criteria: Australia, Canada, Denmark, Hong Kong, Italy, New Zealand, Republic of Ireland (Ireland), the US, and the UK. We chose the UK (including the countries of England, Northern Ireland, Scotland, and Wales) guideline instead of guidelines from each separate country, because the National Institute for Health and Care Excellence (NICE) provides guidance across the UK. Some guidelines were parent-focused and others were provider-focused. When both parent-focused and healthcare provider-focused materials were available in English for a specific country, we chose to extract data from the healthcare provider-focused document.

Of the nine sets of national guidelines met that met our inclusion criteria [8, 14–21], six were written for an audience of parents or infant caregivers (Australia, Denmark, Hong Kong, Ireland, Italy, New Zealand), and three appeared to be written for an audience of healthcare or public health professionals (Canada, UK, US). Six guidelines were published in 2016 or later (Australia, Hong Kong, Ireland, New Zealand, UK, US). Canada's guidelines were published in 2014, Denmark's in 2010, and Italy's in 2009. Most guidelines were focused specifically on SIDS reduction (Australia, Canada, Denmark, Hong Kong, Ireland, Italy, New Zealand, US); one was embedded into broader maternal and infant health care guidelines (UK). Documents varied in length, from two pages (Australia, Denmark, Italy) to 63 pages (UK),

dependent on the topic (SIDS reduction versus broad infant care) and the audience. A summary of categories addressed in each guideline is presented in Table 1.

Analysis

Categories for extraction were generated first from the US guideline, that being the American Academy of Pediatrics (AAP) infant sleep safety guideline, because it appeared to address the greatest number of categories, thereby allowing for the broadest opportunity for comparison [8]. Categories included: sleep position, sleep surface; location of sleep surface; placement of infant in crib; items in sleep environment; coverings, clothing and room temperature; immunizations; infant feeding, smoking; alcohol and other substances; pacifier use, and shared sleep surface (i.e., bed-sharing). Additionally, although a recommendation about the placement of the infant within the crib (e.g., infant location in the crib when a blanket is used) was not a category in the US guideline, it was specifically discussed in several other guidelines and so was included as a category. After establishing the categories, each country's guideline was systematically reviewed and data were extracted verbatim into a detailed evidence table.

Findings

Sleep Position

All countries emphasized supine positioning as a priority for safe infant sleep, and except for Italy, guidelines included rationale for placing infants supine to sleep. For example, the UK document stated: "some factors are known to make SIDS more likely. These include placing a baby on their front or side to sleep" (p. 33) [14]. Qualifying adjectives were also commonly used. For example, six countries emphasized that supine positioning should be used for "every sleep" or "always" (Canada, Denmark, Hong Kong, Ireland, New Zealand, US) and Australia stated that supine positioning was to be used by "all" caregivers in "all" settings. Similarly, Italy advised "never" allowing infants to sleep prone or on their side. Australia, Canada, Denmark, Ireland and the US stipulated that once infants are able to roll over, they should still be placed supine for sleep but may be allowed to find their own sleeping position.

Some countries specifically acknowledge reasons when parents might consider a prone sleeping position for their infants. For instance, Denmark and the US noted that certain medical conditions may require prone sleeping, in which case parents should follow recommendations from health-care providers. Ireland and the US advocated for constant adult supervision when infants are placed prone for "tummy time." Australia, Denmark, and Ireland suggested turning the infant's head slightly to one side or the other while lying supine to prevent plagiocephaly.

Sleep Surface

The need for a firm sleeping surface was described by all countries except Canada and the UK. Australia, Canada, New Zealand, and the US recommended that infants should only sleep in cribs/cots that meet the respective country's safety standards. In addition, five countries (Australia, Hong Kong, Ireland, New Zealand, and the US) recommended using a mattress that fits snugly within the walls of the sleep

Table 1 Categories addressed within each country's national infant sleep guidelines

	Australia [15]	Canada [16]	Denmark [17]	Hong Kong [19]	Ireland [21]	Italy [18]	New Zealand [20]	UK [14]	US [8]
Sleep position	X	X	X	X	X	X	X	X	X
Sleep surface	X	X	X	X	X	X	X	–	X
Location of sleep surface	X	X	–	X	X	X	X	–	X
Placement of infant within crib	X	–	–	–	X	–	X	–	–
Items in sleep environment	X	X	–	X	X	–	X	–	X
Coverings, clothing, and room temperature	X	X	X	X	X	X	X	–	X
Infant feeding	X	X	–	X	X	–	X	X	X
Immunizations	–	–	–	X	–	–	X	X	X
Smoking	X	X	X	X	X	X	X	X	X
Alcohol and other substances	–	X	–	X	X	–	X	X	X
Pacifier use	–	X	–	X	X	X	–	X	X
Shared sleep surface	X	X	–	X	X	X	X	X	X
Parent focused	X	–	X	X	X	X	X	–	–

environment. Canada and the US further added that the mattress is covered by a fitted sheet. Four countries advocated for infant sleeping surfaces to be flat (Canada, Ireland, New Zealand, US). Most of these countries specifically advised against using sitting devices, such as car seats, for sleep, suggesting that infants be moved to a safe sleep environment as soon as possible (Canada, Ireland, US). Ireland and the US also discussed gastroesophageal reflux and warned parents that sleeping surfaces should not be elevated. On the other hand, Hong Kong's guidelines advised adding a pillow under the mattress to elevate it after infant feeding for infants who experience reflux. Adult beds are noted as unsafe by Canada, New Zealand and the US; the US added the need to avoid portable bed rails due to the risk of entrapment. Couches and armchairs were described as especially dangerous sleep surfaces by Australia, Ireland, New Zealand, and the US.

Location of the Sleep Surface

Five countries (Australia, Canada, Ireland, New Zealand, US) recommended that infants sleep in a separate space, but in the same room as the parents/caregivers, until the infant is at least 6 months old. Hong Kong and Italy included this guideline, but without any mention of age. Hong Kong and the US specified that the infant's bed should be placed close to the parents' bed. Denmark and the UK did not mention location of the sleep surface within their guidelines.

Placement of Infant within Crib

Three countries (Australia, Ireland, New Zealand) identified the safest placement of an infant within the crib/cot, namely with the feet near the bottom end, or feet to foot. Because these countries did not specifically advise against using blankets or coverings, this guideline is intended to prevent the infant's head from being covered by blankets. Placement of infant within the crib was not mentioned in the US guidelines, perhaps because the US guidelines recommended there be no blankets or other covering of the infant within the infant sleep environment.

Items in Sleep Environment

Six countries' guidelines (Australia, Canada, Hong Kong, Ireland, New Zealand, US) suggested specific items that should not be placed in the infant's sleep environment. All six countries specifically addressed pillows and loose bedding, listed as quilts, comforters, duvets, or doonas. Bumper pads were also discouraged by those six countries. Other examples of items to avoid included soft toys (Australia, Canada, Hong Kong, Ireland, New Zealand, US); sheepskins or lamb's wool (Australia, US); wedges or sleep positioners (Ireland, US); and mattress toppers (US). Denmark, Italy, and the UK did not make any recommendations about items in the sleep environment.

Coverings, Clothing, and Room Temperature

All countries, except for the UK, discussed safe coverings for infants during sleep; seven also described the need to avoid "over bundling" or "overheating" (Canada, Denmark, Hong Kong, Ireland, Italy, New Zealand, US). Pertaining to coverings, a variety of recommendations were given. A wearable blanket, infant sleeping bag, or one-piece sleepwear was recommended by four countries (Australia, Canada, Ireland, US). Canada and the US specifically stated that no other blankets are required and could cause overheating or accidental suffocation. Several countries specified that if blankets are used, to ensure the blankets are lightweight (Canada, Ireland, Italy), tucked in securely below the infant's shoulders (Australia, Ireland), and not wrapped too tightly (Italy). Four countries specified always keeping the infant's face and head uncovered (Australia, Hong Kong, Ireland, US). Six countries advised against overdressing the infant and provided various specifications regarding the safest type of sleepwear (Australia, Canada, Hong Kong, Ireland, New Zealand, US). Some guidelines included strategies for evaluating whether an infant is overheating (Denmark, Ireland, New Zealand, US), and caring for a febrile infant (Denmark, Ireland, Italy). In addition, five countries gave recommendations for the temperature of the room (Denmark, Hong Kong, Ireland, Italy, New Zealand), however, recommendations differed. For example, Denmark noted "baby should sleep in a cool – not draughty place" (p. 2) while Hong Kong noted room temperature should be "comfortable for a lightly clothed baby" (p. 4). Three countries provided specific temperature recommendations: 16–20° Celsius (Ireland), 18–20 °C (Italy), 20 °C (New Zealand). Ireland and Italy also suggested keeping infants away from heat sources.

Infant Feeding

Several countries' guidelines recommended exclusive breastfeeding, with emphasis on the need to return infants to their separate sleep environment once feeding is complete (Australia, Canada, Hong Kong, Ireland, New Zealand, US). The UK advocated for breastfeeding but did not explicitly link it to a reduction in the risk of SIDS. Italy and Denmark did not mention infant feeding within their guidelines.

Immunizations

Three countries advised that infants should receive all immunizations on time, citing recent evidence indicating a possible protective effect against SIDS (Hong Kong, New Zealand, US). The UK advocated for routine immunizations

to be offered, but does not link their recommendation to SIDS risk reduction. Five countries did not address immunizations.

Smoking

All nine countries advised against exposure to smoke during pregnancy and after birth, and several guidelines indicated that risk of SIDS is the rationale for avoiding smoke exposure (Australia, Canada, Denmark, Hong Kong, Ireland, UK, US).

Alcohol and Other Substances

New Zealand and the US recommended that caregivers of infants should avoid using alcohol, sedating medications, or illicit drugs. Five countries also suggested that the risk for SIDS is higher when adults who have consumed alcohol, sedating medications, or illicit drugs share a bed with an infant (Canada, Hong Kong, Ireland, UK, US). Three countries did not address alcohol or other substances.

Pacifier Use

Five countries (Canada, Hong Kong, Ireland, Italy, US) suggested that the use of a pacifier/soother/dummy during infant sleep could reduce the risk of SIDS, although they stipulated that the pacifier should not be reinserted if it falls out. Other recommendations included not forcing pacifier use (Hong Kong, Ireland, Italy, US) and using it consistently for every sleep (Canada, Ireland). UK included a statement that use of a dummy should not be stopped abruptly during the first six months.

Shared Sleep Surface

Denmark is the only country whose guidelines did not address sharing a sleep surface. The other eight countries indicated a separate cot as the safest sleeping environment for an infant (Hong Kong, Ireland, and New Zealand), and/or specified that it is unsafe for an infant to share any sleeping surface—bed, mattress, sofa, couch, armchair, beanbag—with an adult (Australia, Canada, Ireland, Italy, UK, US). The terms used to describe sharing a sleep surface varied; for example, the US guidelines used the term "bed-sharing," defining it as "parent(s) and infant sleeping together on any surface (bed, couch, chair)" (p. 12), while the UK guidelines used the term "co-sleeping," defining it as "parents or carers sleeping on a bed or sofa or chair with an infant" (p. 63). Other countries used broader terms such as "sharing a bed" (Hong Kong, Ireland), "sleep in bed with your baby" (New Zealand), "in your bed with you" (Italy), or "sharing a sleep surface" (Canada).

UK's guidelines recommended that parents and caregivers should be informed of the known association between sharing a sleep surface and SIDS. Some also mentioned risks related to infants bed-sharing with non-parental caregiver and other children (Hong Kong, Ireland, New Zealand, US). Hong Kong and New Zealand's guidelines acknowledged that some parents will choose to bed-share with their infant, and recommended that a separate sleep space be placed in the parents' bed (e.g., wahakura or cradle). Australia recommended the infant sleep in a cot, but did not explicitly emphasize a separate sleep surface except for one statement about avoiding sleeping on a couch with infant.

Several guidelines also described specific situations in which bed-sharing is especially dangerous. These included infants younger than four months old (Canada, Ireland, US); preterm or low birth weight infants (Ireland, UK, US); adults who are overtired or sick (Canada, Hong Kong, Ireland); and adults who smoke (Canada, Ireland, US, UK), or use alcohol or illicit/sedating drugs (Canada, Hong Kong, Ireland, UK, US). Six countries recognized that parents may choose to feed the infant in bed (Australia, Canada, Hong Kong, Ireland, New Zealand, US). Five of these advocated that infants should be returned to their separate sleep environment once feeding is complete to avoid unintentional bed-sharing (Canada, Hong Kong, Ireland, New Zealand, US). Australia's recommendation stated "it's still very important to follow safe sleeping practices" (p. 1) [15].

Discussion

Our purpose was to compare national public health infant sleep safety guidelines among highly developed countries. Overall, we found limited alignment among guidelines, and wide variation across several of the categories. It was clear that all countries included in this analysis recommended supine sleep position and avoidance of smoke exposure. These two recommendations; however, were the only consensus items identified. For example, while all the guidelines addressed in some manner the topics of sleep surface, coverings/clothing/room temperature, and shared sleep surface, the recommendations within these categories varied across countries. Of the (seven) countries that addressed location of the sleep surface (flat and separate), items in sleep environment (there should be none), and infant feeding (breast milk recommended and return infant to separate space after feeding), there was general agreement within these categories. Recommendations related to the placement of the infant in a crib, immunizations and alcohol and other substances were the categories most often absent from country guidelines.

Direct comparisons between countries may help individual countries identify gaps in their own guidelines they seek to fill. By seeing the depth and breadth of the

topics addressed and the language and phrasing used across multiple countries, individual countries may make more informed decisions about how to improve upon their guidelines. Countries may also decide whether a category addressed by other countries is relevant to their country context. For example, there is wide variation both in SIDS rates among countries and in differences in how deaths are categorized [1, 2], which may affect a country's health priorities. Thus, for a country reporting few SIDS deaths, guidelines to reduce the risk of SIDS may not be as helpful as guidelines that focus on topics that are more relevant and urgent to the country's health priorities.

Given the finding that some countries had both provider-focused and parent-focused guidelines and some had only one type, one recommendation is that countries develop both provider-focused and parent-focused guidelines. Careful attention should be paid to the health literacy level of parent-focused guidelines to ensure caregivers of infants have the clearest language available for the interpretation of national recommendations [22]. Providing accurate, accessible, and actionable information is a strategy endorsed by multiple countries as a way to mitigate the effects of limited health literacy on health-related decision-making [23].

Our analysis focused only on guidelines that were published in English to ensure that terms were translated as intended by the publishing country. However, this limited the number of available guidelines to only nine. To address this limitation in the future, we encourage countries who are not represented in this analysis to translate and publish their guidelines in English or other agreed upon common language. Another challenge related to language translation had to do with the terms "co-sleeping" and "bed-sharing". At least one country used the clearer language of "sleeping in bed with your baby." A limitation of our analysis is that we extracted data assuming these terms were somewhat interchangeable. Given the potential for confusion in the scientific and lay literature surrounding the definitions of these terms, [7, 24] greater attention is needed to ensure as much clarity as possible in definition as well as the accuracy of their translation into specific languages.

As noted previously, guidelines (available in English) varied widely regarding intended audience (parent versus provider), topic (broad infant focus versus specific SIDS reduction), and guideline length. These wide variations made direct comparisons more challenging. An additional limitation is that when countries had guidelines that were both provider and parent-focused we did not compare the internal consistency between these documents for each country. Instead, we opted to review the provider-focused guideline thinking that a provider-focused guideline would provide maximum detail to facilitate better comparison to other countries.

Regardless of these limitations, this paper is a first approach to begin to delineate the areas of agreement and divergence among available (English-translated) guidelines. As Ball states, such a paper is useful in helping healthcare professionals understand "the larger contextual picture on this topic" (p. 755) [7]. Moreover, it can help professional and government health organizations see how the same evidence may be interpreted differently among countries. Organizations such as ISPID are taking steps to begin to share information across countries [13]. Such efforts are helpful for informing the international dialogue around efforts to reduce risks associated with SIDS and sleep-related infant deaths.

Conclusions

While there is agreement across nine national infant sleep guidelines regarding the importance of the supine sleep position and avoiding smoke exposure, there is much divergence regarding how other categories or potential risk factors are addressed. There have been international efforts to align research priorities around SIDS [2] and to begin to share national guidelines (via ISPID). This paper expands these efforts by identifying areas of agreement and divergence among available national guidelines in an effort to further inform these international efforts. There are multiple opportunities to further extend this work, for example, by countries providing an English-version document on the ISPID website, and to engage in conversations regarding how evidence is translated in each country [7]. Moreover, it can inform future efforts to systematically address these areas within and between countries, perhaps with the goal of increasing areas of agreement based on the most recent evidence.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

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