Population-Based Survey Showing That Breastfed Babies Have a Lower Frequency of Risk Factors for Sudden Infant Death Syndrome Than Nonbreastfed Babies

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Abstract

Justification: Breastfeeding provides the best infant food, and closeness to the mother is crucial for successful breastfeeding. However, sharing parents’ beds and sleeping on the stomach poses a high risk for sudden infant death syndrome (SIDS). There is little information on these practices regarding the Spanish population.

Objective: To explore breastfeeding and bed-sharing practices in the study population

Materials and Methods: A cross sectional observational study was conducted through an anonymous telephone survey with a representative random sample of babies born in the Health Area of La Marina Baixa, Alicante, between 2018 and 2019. A previous-day strategy was implemented to determine the feeding and bed-sharing variables.

Results: The total breastfeeding and formula-feeding rates were 47.0% and 52.9%, respectively. The overall bed-sharing rate was 66.5%. The breastfeeding rate was 86.4% with bed-sharing and 13.6% without bed-sharing. The rate of prone sleeping position in children younger than 6 months of age was 9.3–3.5% with breastfeeding and 5.8% with formula feeding. Lower frequencies of tobacco, alcohol, and nonsupine sleeping positions were observed among mothers who practiced breastfeeding and bed-sharing.

Conclusions: We found a close relationship between breastfeeding and bed-sharing and a lower frequency of SIDS risk factors associated with both practices. Families should be informed about the risk factors associated with SIDS to encourage safe bed-sharing while avoiding recommendations that discourage breastfeeding.

Keywords: breastfeeding, bed-sharing, risk factors, sudden infant death syndrome

Introduction

Exclusive breastfeeding for the first 6 months of life is the best feeding regimen for babies.¹² There is strong debate in scientific forums about the possible relationship between bed-sharing, understood as sharing the bed during nighttime sleep with babies aged younger than 6 months, and sudden infant death syndrome (SIDS). Some authors claim to have demonstrated that bed-sharing increases the risk of SIDS in babies aged younger than 3 months,³ despite concurrent protective factors associated with bed-sharing, such as breastfeeding, while others claim the opposite.⁴ It must be highlighted that all the data on which current recommendations are based come from countries with cultures and habits somewhat different from those of the European Mediterranean population.

The little data published about the Spanish population are incomplete and outdated, making it difficult to compare with prevalence rates in other countries with similar socioeconomic status. The Spanish Association of Pediatrics (Asociación Española de Pediatría; AEPED), following the position of the American Association of Pediatrics (AAP),⁵ recommends avoiding bed-sharing and laying babies on their backs to prevent sudden infant death. It also recognizes a greater risk of SIDS before the age of 4 months without distinction by types of feeding. The AAP accepts

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BREASTFEEDING AND BED-SHARING-RELATED SIDS RISK FACTORS

Breastfeeding, with a level of evidence A, as a preventive factor for SIDS but advises against sharing the bed, stating instead that the baby should sleep in a crib next to the parents, avoiding sofas and armchairs during the first year of life.

It also states that “infants who are brought into the bed for feeding or comforting should be returned to their own crib or bassinet when the parent is ready to go back to sleep.” Other risk factors include the use of soft surfaces, pillows, sofas, couches, prone and sideways sleeping positions, smoking, and the consumption of alcohol and other addictive substances. The Academy of Breastfeeding Medicine (ABM) warns about risk factors that should be avoided during bed-sharing, while the National Institute for Health and Care Excellence of the United Kingdom, the Swiss Society of Pediatrics, and the Argentine Society of Pediatrics have chosen not to unilaterally advise against bed-sharing, but inform parents of the risks associated with it as well as the conditions necessary for safe bed-sharing.

The SIDS rate varies across nations. In the United Kingdom in 2014, the rate was 0.3/1,000 live births. The limited data published for some regions of Spain indicate a relatively low rate of 0.23/1,000 live births in 1989. Still, the tragedy of the death of a baby has a great impact on the family and society.

There is scientific evidence for the interrelation between breastfeeding and bed-sharing, or the proximity between the mother and her child during sleep, and the bidirectional relationship between infant sleep and biosocial environment factors. Similarly, there is also evidence regarding the correlation between the protective effect of breastfeeding against SIDS and the baby’s supine sleeping position. In a case-control study in southern England, Fleming and Blair found that bed-sharing does not increase the number of cases of SIDS without the coexistence of other factors, such as consumption of tobacco, alcohol, and addictive substances by the mother and father or the use of unsuitable surfaces, such as sofas, or armchairs.

Since 2015, midwives in the Health Area of La Marina Baixa, Alicante, Spain, have promoted breastfeeding and informed mothers about the practice of safe bed-sharing, following the guidelines of the Ministry of Health, Consumer Affairs, and Social Welfare of Spain and UNICEF.

The present study sought to determine the rates of breastfeeding and its relationship with the practice of bed-sharing as well as the known risk factors for SIDS in La Marina Baixa.

The objectives of this study were twofold: first, to determine the rates of breastfeeding during the first 2 years of life and of the introduction of complementary foods before 6 months of age and, second, to understand the practices related to nighttime sleep of parents and children up to 24 months of age. Our hypotheses were as follows: (1) breastfeeding and bed-sharing are related practices, and (2) there is a lower frequency of risk factors for SIDS among breastfed children in the study population. Regarding variable analysis, we assumed that bed-sharing is not among the other explored risk factors for SIDS.

Materials and Methods

**Design**

This was a cross-sectional observational study in the form of an anonymous telephone survey with prior verbal informed consent. We used a validated questionnaire with dichotomous questions except for those of a continuous type that referred to age and weight. The questionnaire consisted of two parts: (1) demographic data of the parents and the last child younger than 2 years of age and (2) data on eating practices and habits during nighttime sleep in relationship to bed-sharing. To inquire about these, we used the previous-day strategy: “Did the baby breastfeed yesterday?” “Did you bed-share with your baby yesterday?” “In what position did your child sleep last night?”

**Variables**

The variables were (1) breastfeeding not supplemented with formula feeding; (2) breastfeeding supplemented with formula feeding; (3) formula feeding without the use of other types of milk (the term “exclusive” was avoided due to its restrictive nature and difficulty in compliance); (4) supine position, which implied that the infants slept on their backs; (5) prone position, which implied that the infants slept on their stomachs; and (6) type of surface used for baby sleep the previous night.

Five additional variables were created: (1) overall bed-sharing—that is, sharing a surface in any way during nighttime sleep; (2) “usual”—that is, if bed-sharing occurred five or more nights per week; (3) “occasional”—that is, if bed-sharing occurred four or fewer nights per week; (4) “non-supine,” which encompasses the prone and side sleeping positions considered a risk for SIDS; and (5) who slept with the baby when bed-sharing. The latter two variables were used only for analyzing children younger than 6 months of age. We used demographic data related to the toxic habits of parents on the variable analysis. The Research Ethics Committee of Sant Joan d’Alacant Hospital approved this study protocol.

**Sample size and origin**

To calculate the sample size, we used StatCalc—Sample Size and Power of Epi Info version 7.2.2.6. For a target population of 1,150 registered births in the Marina Baixa Health Area during 2 consecutive semesters of 2018 and 2019*, an expected frequency for any type of breastfeeding of 40%, and a margin error of 5%, 272 participants were found. Due to the universal type of health care, most population sectors were represented in the sample. More than 70% of babies are delivered in the public hospital in the study area. In addition, those born in private centers are registered in the Population Information System. Parents registered in the area usually take their children to public primary care centers for health check-ups.

*Correction added on February 8, 2022 after first online publication of December 16, 2021: The years in the second line of the paragraph have been updated to 2018 and 2019 respectively.

**Inclusion criteria and selection of participants**

The inclusion criteria were as follows: (1) healthy mother-child dyad, (2) single delivery, (3) children without conditions that make breastfeeding impracticable, (4) birth registrations in the study area during the established period,
and (5) attending health controls in the primary care center of the health area. Participants who did not meet these criteria were excluded from the study.

Participants were selected using a systematic random sampling method, and the final sample consisted of 285 participants.

**Data collection**

Three midwives from the Marina Baixa Health Area were in charge of collecting data by telephone from the selected sample of newborns registered in the census of the aforementioned period.

**Data analysis and management**

To analyze the results, we used a chi-square test ($\chi^2$), two-tailed Fisher’s exact test, and Kruskal–Wallis test to examine the difference in means between two groups within homogeneous variances. The dichotomous variables were coded with a value of 1 when the answer was “YES” and 2 when the answer was “NO.” Accordingly, in the $2 \times 2$ table, the value 1 is placed in box “a” (true positive). For the bivariable analysis, we used the following outcome variables: (1) breastfeeding and (2) overall bed-sharing. In the multivariable logistic regression analysis, dummy variables were used only for breastfeeding and bed-sharing. Variables with statistical differences in the bivariable analysis were introduced into the model. Overall, variables with more than 1.4% of missing data were not included in the statistical analysis.

The person who entered the information in the database (Microsoft Excel®) did not participate in the survey. Data analysis was performed using the statistical package Epi Info version 7.2.2.6, provided by the CDC of Atlanta, Georgia.

**Results**

The initial selection consisted of 317 candidates; 13 were not contacted, 16 refused to participate, and 3 were eliminated (twins). The sample comprised 285 participants. No responses were obtained for 4.4% of the questions. A total of 73.5% of the participants answered the question “Who slept with the baby?” In relationship to babies aged 6 months or younger, 74.4% of the participants responded. A total of 66% responded to the question “Where did your infant sleep last night?”

Table 1 shows the sociodemographic data of parents and infants. The frequency of previous-day breastfeeding was 134 (47.0%); without supplements, 101 (35.4%); with formula feeding, 151 (52.9%); and with formula feeding only, 118 (41.4%). Among those younger than 6 months, 43.7% had breastfed without formula feeding supplements, 26% took only formula feeding, and 30.3% fed both types of milk.

During nighttime sleep, 66.0% used the crib, and 11.0% slept in a separate room; none of the infants in the latter case were younger than 6 months. The overall bed-sharing rates were 66.3%, and the usual and occasional rates were 58.7% and 41.3%, respectively ($p < 0.001$). A total of 33.5% of the participants had never practiced bed-sharing. Of those who had bed-shared, 60.3% were breastfeeding and 39.7% were not ($p < 0.0001$). A total of 75.7% had practiced bed-sharing all through the night ($p < 0.001$).

Among children younger than 6 months, 73.9% were breastfeeding (Table 2). Of those who practiced bed-sharing, 67.4% had breastfed. Without bed-sharing, the breastfeeding rate was 33.3% ($p < 0.001$). In this age group, bed-sharing was practiced in 70.5% of cases—usually in 59.3% and occasionally in 40.7% ($p < 0.001$). Among bed-sharing participants, 72.9% did it all through the night, and 27.1% bed-shared only for a part of the night ($p < 0.003$).

Of those responding bed-sharers with infants younger than 6 months (69%), 96.6% had the infants sleeping in their parents’ beds. The prone sleeping position was

**Table 1. Sociodemographic Data of Parents and Infants**

| Parents          | Mothers ($n = 285$) | Fathers ($n = 280$) | $p$  |
|------------------|---------------------|---------------------|------|
| Age, years       |                     |                     |      |
| Mean (SD)        | 32.8 (5.5)          | 36.4 (6.5)          | —    |
| Range            | 17–49               | 19–57               |      |
| Origin           |                     |                     |      |
| Spain            | 182 (63.9)          | 188 (67.6)          | —    |
| EU               | 18 (6.3)            | 16 (5.8)            | —    |
| Outside EU       | 85 (29.8)           | 74 (26.6)           | —    |
| Education level  |                     |                     |      |
| None             | 17 (6.0)            | 21 (7.5)            | <0.04 |
| Low              | 73 (25.7)           | 109 (38.9)          | <0.001|
| Medium           | 108 (38.0)          | 101 (36.1)          | <0.03 |
| High             | 86 (30.3)           | 49 (17.5)           | <0.04 |
| Use of additive substances | | | |
| Tobacco          | 53 (18.7)           | 109 (40.4)          | <0.0001|
| Daily consumption | 37 (13.1)         | 95 (35.2)           | <0.001|
| Pregnancy        | 36 (12.7)           | —                   |      |
| Alcohol          | 46 (16.3)           | 95 (35.2)           | <0.001|
| Daily consumption | 14 (4.9)           | 35 (13.0)           | <0.001|
| Other additive substances | 1                   | 1                   |      |

| Infants          |                     |                     |      |
|------------------|---------------------|---------------------|------|
| Gender           |                     |                     |      |
| Female           | 128                 | 156                 |      |
| Age, months, mean (SD) | 11.3 (6.8) | 9.6 (6.2) | 0.07 |
| Range            | 2–22                | 2–22                |      |
| Birth weight, g  |                     |                     |      |
| Mean (SD)        | 3198.1 (466.7)      | 3388.8 (514.3)      | <0.01 |
| Range            | 1,640–4,500         | 1,800–5,000         |      |
| Gestational age  |                     |                     |      |
| Weeks            | 39.2                | 39.3                | —    |
| Range            | 34–42               | 34–42               |      |
| Less than 37 weeks, % | 18 (52.9) | 16 (47.1) | —    |

**Table 2. Infant Sleep and Pacifier Use**

| BF (%) | FF (%) |
|--------|--------|
| Nighttime use | Overall = 157 | 45 (28.6) | 112 (71.3) | <0.0001 |
| Age ≤6 months | 33 (47.1) | 42 (82.3) | <0.001 |

BF, breastfeeding; EU, European Union; FF, formula feeding; SD, standard deviation.
reported by 9.3% of respondents. A total of 3.5% slept face down when they were breastfeeding and 5.8% when they were formula-fed (Table 3).

The bivariable analysis found that Spanish mothers were less likely to breastfeed than non-European mothers (odds ratio [OR] = 0.51, 95% confidence interval [CI]: 0.31–0.87), while smoking mothers were less likely to breastfeed than nonsmokers (OR = 0.24, 95% CI: 0.12–0.49). Similarly, there was a lower probability of breastfeeding with alcohol consumption (OR = 0.30, 95% CI: 0.15–0.63). The probability of breastfeeding was higher with overall bed-sharing (OR = 6.50, 95% CI: 3.60–11.73); likewise, the probability of breastfeeding was higher when bed-sharing was usual (OR = 3.03, 95% CI: 1.65–5.56). Furthermore, the probability of breastfeeding increased when it was adjusted for duration of bed-sharing (OR = 7.3, 95% CI: 4.07–13.2).

Mothers with higher education were more likely to breastfeed (OR = 1.98, 95% CI: 1.08–3.62). Babies who slept on their backs were 4.4 times more likely to be breastfed (95% CI: 1.52–13.7). Regardless of bed-sharing, children younger than 6 months, who were not laying on their backs, were less likely to be breastfed (OR = 0.42, 95% CI: 0.19–0.91). Similarly, there was a lower probability of breastfeeding with the use of a pacifier (OR = 0.18, 95% CI: 0.11–0.31).

Bed-sharing was less likely among formula-fed babies (OR = 0.16, 95% CI: 0.08–0.32). Smoking mothers were less likely to practice bed-sharing (OR = 0.47, 95% CI: 0.26–0.88). Children who did not sleep in a supine position were less likely to bed-share than those who slept on their backs when adjusting for breastfeeding (OR = 0.20, 95% CI: 0.10–0.39). Among those younger than 6 months, the probability of bed-sharing was higher after adjusting for breastfeeding (OR = 1.52, 95% CI: 1.02–2.28). The probability of bed-sharing was lower with the use of a pacifier (OR = 0.46, 95% CI: 0.28–0.78; Table 4).

In the multivariable analysis, no association with overall bed-sharing was observed when the outcome variable was breastfeeding. There was a positive association with the usual practice of bed-sharing (OR = 3.08, 95% CI: 1.20–7.91), while the association was negative with the use of a nighttime pacifier (OR = 0.19, 95% CI: 0.10–0.36) and prone sleeping position (OR = 0.17, 95% CI: 0.04–0.69). When the outcome variable was bed-sharing, a negative association with maternal smoking was found (OR = 0.19, 95% CI: 0.04–0.92). There was a positive association between bed-sharing and breastfeeding (OR = 7.72, 95% CI: 3.75–15.9; Table 5).

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### Table 2. Data on Infant Feeding Pattern

| Type of feeding | BF (%) | FF (%) | BF+FF (%) |
|-----------------|--------|--------|-----------|
| Overall         | 134 (47.0) | 151 (52.9) | —         |
| Not supplemented| 101 (35.4) | 118 (41.4) | —         |
| Supplemented    | 32 (11.6)  | 19 (6.7)  | 51 (17.7) |

| Age, months     | N          | BF (%) | FF (%) | BF+FF (%) |
|-----------------|------------|--------|--------|-----------|
| 2–3             | 34         | 11 (32.3) | 5 (14.7) | 16 (47.0) |
| 4–5             | 85         | 41 (48.2) | 26 (30.6) | 67 (78.3) |
| 6–12            | 71         | 9 (12.7)  | 44 (62.0) | 53 (74.6) |
| 13–24           | 95         | 23 (24.2) | 60 (63.2) | 83 (87.4) |

Initiation of complementary feeding: Age 3–5 months

| Type of surface | BF (%) | FF (%) | BF+FF (%) |
|-----------------|--------|--------|-----------|
| Parents bed     | 11 (15.7) | 18 (34.6) | p < 0.03 |

*Growing up milk or whole cow’s milk.
BF, breastfeeding; FF, formula feeding.

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### Table 3. Data on Sleeping Pattern

| Sleeping and bed-sharing features | n | %       | P       |
|-----------------------------------|---|---------|---------|
| Overall crib use (n = 198)        |   |         |         |
| Slept in parent’s room            | 157 | 66.0   | —      |
| Slept in separated room           | 31  | 11.0   | —      |
| Overall bed-sharing               |   |         |         |
| Total                             | 189 | 66.3   | —      |
| With BF                           | 114 | 60.3   | <0.0001|
| Without BF                        | 75  | 39.7   |        |
| Frequency: Usual                  | 111 | 58.7   | <0.001 |
| Occasional                        | 78  | 41.3   |        |
| Duration: All through the night   | 143 | 75.7   | <0.001 |
| Part of the night                 | 45  | 23.8   |        |
| Type of surface                   |   |         |         |
| Parent’s bed                      | 130 | 68.8   | —      |

Infants aged ≤ 6 months (N = 122)

| Type of surface | n | %       | P       |
|-----------------|---|---------|---------|
| Parent’s bed    | 57 | 96.6   | —      |
| Armchair        | 1  | 1.7    |        |
| Sidecar crib    | 1  | 1.7    |        |
| Sofa            | 0  |        | —      |

Infant sleeping position with OBS (n = 85)

| Supine          | 58 | 67.4   | —      |
|-----------------|----|--------|--------|
| On a side       | 19 | 22.1   |        |
| Prone           | 8  | 9.4    |        |
| Prone with BF   | 3  | 3.5    | —      |
| Prone without BF| 5  | 5.8    |        |

Who slept with the baby?d

| Mother          | 18 | 28.1   | —      |
|-----------------|----|--------|--------|
| Father          | 2  | 3.1    |        |
| Both parents    | 44 | 68.8   |        |
| Other           | 0  | —      | —      |

*No infant ≤ 6 months slept in separated room.
A total of 73.5% answered among OBS babies, and 74.4% among babies aged ≤ 6 months.
Overall bed-sharing = usual and occasional.
A total of 64 (74.4%) of cases responded.
BF, breastfeeding; OBS, overall bed-sharing.
Discussion

Our results highlight the association between high bed-sharing rate and breastfeeding. This rate was higher for babies younger than 6 months of age. We found a lower frequency of risk factors for SIDS among breastfed children. However, the breastfeeding rates were below those recommended by international organizations. The breastfeeding rates were lower than those found in our study, could be related to a reduced breastfeeding practice or the type of face-to-face survey in health centers. Other studies have shown an interaction between bed-sharing and breastfeeding. In our study, this association was positive when the weekly frequency of bed-sharing was analyzed. When analyzing the practice of bed-sharing and adjusting for its duration—that is, all through the night versus part of the night—the likelihood of breastfeeding almost doubled, suggesting a dose-dependent relationship.

The association between breastfeeding and bed-sharing was also positive among infants below 37 weeks, probably in connection with the practice of Kangaroo Mother Care during previous hospitalization. A German study found a lower risk of SIDS among children breastfed in the first month of life. In our study, this association was positive when the weekly frequency of bed-sharing was analyzed. When analyzing the practice of bed-sharing and adjusting for its duration—that is, all through the night versus part of the night—the likelihood of breastfeeding almost doubled, suggesting a dose-dependent relationship.

Another Spanish study based on a cohort of more than 1,900 participants found a bed-sharing rate of 34% for the first month of life with a subsequent decrease. These rates, which are lower than those found in our study, could be related to a reduced breastfeeding practice or the type of face-to-face survey in health centers. Other studies have shown an interaction between bed-sharing and breastfeeding. In our study, this association was positive when the weekly frequency of bed-sharing was analyzed. When analyzing the practice of bed-sharing and adjusting for its duration—that is, all through the night versus part of the night—the likelihood of breastfeeding almost doubled, suggesting a dose-dependent relationship.

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A case-control study in a Spanish Health Center on bed-sharing practices found 49.5% of respondents to practice bed-sharing with a positive association with breastfeeding.
BREASTFEEDING AND BED-SHARING-RELATED SIDS RISK FACTORS

Table 5. Logistic Regression Multivariable Analysis

| Exposure variables                      | OR   | CI       | p   |
|-----------------------------------------|------|----------|-----|
| Outcome: Breastfeeding                  |      |          |     |
| Mother tobacco use                       | 0.60 | 0.09–3.96| 0.60|
| Mother alcohol use                       | 0.52 | 0.15–1.84| 0.31|
| Mother education level                   | 1.34 | 0.94–1.91| 0.10|
| Origin of the mother                     | 1.23 | 0.86–1.76| 0.26|
| Daily maternal tobacco and alcohol use² | 1.61 | 0.48–5.40| 0.44|
| Overall bed-sharing                      | 1.09 | 0.26–4.58| 0.90|
| Bed-sharing frequency                    | 3.08 | 1.20–7.91| <0.02|
| Overall bed-sharing duration             | 2.10 | 0.83–5.27| 0.11|
| Nighttime pacifier use                   | 0.19 | 0.10–0.36| <0.0001|
| Prone position during nighttime sleep    | 0.17 | 0.04–0.69| <0.02|
| Outcome: Overall bed-sharing             |      |          |     |
| Mother tobacco use                       | 0.19 | 0.04–0.92| <0.04|
| Mother alcohol use                       | 0.69 | 0.26–1.82| 0.47|
| Mother education level                   | 0.87 | 0.63–1.22| 0.44|
| Origin of the mother                     | 0.85 | 0.61–1.20| 0.35|
| Daily maternal tobacco and alcohol use² | 0.47 | 0.17–1.25| 0.13|
| Breastfeeding                            | 7.00 | 3.54–13.81| <0.0001|
| Gestational age                          | 1.17 | 0.98–1.40| 0.08|
| Nighttime pacifier use                   | 0.80 | 0.43–1.49| 0.49|
| Prone position at sleeping               | 2.32 | 0.75–7.24| 0.15|

²Maternal daily consumption of tobacco and alcohol.

Conclusions

The practice of breastfeeding without supplements in the study area remains below the rate recommended by international organizations. Mothers who breastfed practiced bed-sharing more frequently. Like findings of other studies, these practices were accompanied by a lower frequency of risk factors for SIDS. Low breastfeeding rates highlight the need to promote and support nursing mothers with favorable social policies. Due to the close relationship between breastfeeding and bed-sharing, nursing mothers and their families should be informed about how to bedshare safely, particularly with premature babies, avoiding recommendations that may hinder breastfeeding. Further studies that provide detailed information about risk practices in our population and updated data on SUID/SIDS are needed.

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