

## Authors' Response

Sir:

Doctors Lahr's and Rosenberg's commentary on our work centered on the inclusion of co-sleeping as a variable in the study. They state that "the authors do not know the prevalence of bedsharing in the population . . . [and] have no way to know whether bedsharing was a risk factor or a protective factor for SIDS." Our paper clearly stated that the "study was not undertaken to determine the risk factors for SIDS." The intention was solely to report the prevalence of co-sleeping, sleep surface, and sleep position in a population of infants that met the study criteria for death due to sudden infant death syndrome (SIDS). We clearly acknowledged our lack of a control population and explicitly stated that our data do not support a "generalized recommendation against co-sleeping." However, we stand by the result that SIDS was rare for an infant sleeping supine, alone, and in a crib.

They contend that a "more serious problem" with the study is reporting of the prevalence of co-sleeping in the study population despite the controversy surrounding this variable in the literature. Are the authors really suggesting that it is inappropriate for research to present objective data on controversial issues such as co-sleeping? Although Doctors Lahr and Rosenberg may object to data that clearly show SIDS is rare in the context of an infant sleeping alone, supine, and in a crib, we believe that our study methodologies are reasonable and clearly stated, and our conclusions are sound and solidly reasoned. The finding that SIDS is rare outside the context of a sleep-related risk factor has been verified by other studies within the literature (1,2).

Their objections to our study are difficult to understand when a review of their own SIDS research reveals similar limitations (3). Despite the fact that their population-based survey of bedsharing in Oregon failed to address the incidence of co-sleeping with someone other than the mother, did not control for unsafe sleeping surfaces or dangerous bedding materials, and excluded data from infants that died, they conclude that infants under 3 months of age should not co-sleep (3).

Notwithstanding their published conclusion that infants under 3 months of age should not co-sleep, Doctors Lahr and Rosenberg in

their current letter consider co-sleeping with a nonsmoking mother an "acceptable option." A large, well-designed, case-control study from Europe has found that co-sleeping with a nonsmoking mother posed a significantly increased risk of death to infants younger than 8 weeks (4). The American Academy of Pediatrics Task Force on Sudden Infant Death Syndrome recently concluded that co-sleeping is hazardous and recommend that infants sleep alone, supine, and on a firm sleep surface lacking soft objects and loose bedding (5). The recommendations of the American Academy of Pediatrics are absolutely consistent with our finding that SIDS is rare in the setting of an infant sleeping alone, supine, and in a crib.

## References

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4. Carpenter RG, Irgens LM, Blair PS, England PD, Fleming P, Huber J, et al. Sudden unexplained infant death in 20 Regions in Europe: case control study. *Lancet* 2004;363:185-91.
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