

Not Designed to Sleep Alone

by Dr. Jay Gordon

The official position jointly proposed by the CSPC and the crib manufacturers' lobbyists will cost many babies their lives. Here's why:

Babies sleeping on a safe surface with sober, nonsmoking parents respond to their parents, and the parents respond to them. The chance of SIDS occurring in this situation is as close to zero as we can measure. For better or worse, most babies have never sneezed in their parents' beds without their parents knowing it. How could they possibly stop breathing without our immediately being aware of the problem and quickly stimulating them back to a regular, safe respiratory pattern?

Babies in a crib or in a room away from their parents will breastfeed less and are at greater risk of infections, including life-threatening ones. We have politely begun calling crib death "SIDS" (Sudden Infant Death Syndrome) to remove the stigma many parents have felt about their use of cribs. If there were a disease or cause of infant fatality called "chair death," we would certainly think twice before placing our children in chairs in a separate room for eight or ten hours.

The medical profession, as it often does, is approaching the entire idea of the family bed backward. A baby in the same bed with his or her parents is surrounded by the best possible surveillance and safety system. It must be the responsibility of the manufacturers and proponents of cribs and separated sleep to prove that such disruption is safe, not the other way around. The combined wisdom and experience of governmental "experts" is dwarfed by that of James McKenna, Director of the University of Notre Dame's Mother-Baby Sleep Laboratory. His research and writing explain very clearly that no sleeping situation is 100 percent safe, but that many more babies have suffocated in cribs than in beds shared with their parents.

In 23 years of pediatric experience, I have never had a case of SIDS in my practice. I might be a pretty good doctor, but I'm not that good. Vitality, all of the families I have cared for sleep in the same bed with their babies for either the entire night or the major part of it. These families succeed at breastfeeding and succeed at raising babies and children with fewer episodes of ear infection, pneumonia, and other illnesses than they would be expected to have, according to medical texts.

Newborn babies breathe in irregular rhythms and even stop breathing for a few seconds at a time. To put it simply, they are not designed to sleep alone.

Jay Gordon, MD, FAAP, IBCLC, is the author of two books, both published in July 2002: [Good Nights: The Happy Parents' Guide to the Family Bed \(and a Good Night's Sleep\)](#) (St Martin's Press) and [Listening to Your Baby](#) (Penguin/Putnam Press). He practices in Santa Monica, California, and is proud to be the first male to become a certified lactation consultant. His website is www.drjaygordon.com

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