

# SAFE SLEEP

Where should your baby sleep? Chances are that you have your own ideas on the topic and that you've heard some opinions from others, too.

For most of human history, babies have slept next to their parents because it has been the practical thing to do for warmth and physical safety. Sharing sleep with your baby, for all or part of the night, can make both breastfeeding and parenting easier. As *THE WOMANLY ART OF BREASTFEEDING* states: "Once you can feed the baby while comfortably stretched out, you've eliminated much of the work of mothering for about eight of the twenty-four hours in a day."

But parents are often warned against sharing sleep with their infants, for a variety of reasons. Recent attacks on sharing sleep have come from researchers and governmental agencies who assert that sharing sleep may contribute to Sudden Infant Death Syndrome (SIDS). While such research has provided important insights into SIDS and potential hazards of cosleeping, the results do not seem to warrant a blanket condemnation of cosleeping.

Experts such as Dr. James McKenna, who heads a sleep lab at Notre Dame University in Notre Dame, Indiana, USA, point out that there are many flaws in research that has been used to condemn cosleeping.

- Researchers have treated both deaths that occurred in a parental bed and deaths that occurred in chairs and on couches as cosleeping deaths. Sleeping on a chair or couch increases the chances that a baby may fall or become entrapped in cushions. Those deaths may be incorrectly counted as SIDS instead of being properly attributed to suffocation or a head injury.
- Studies focus on cases where a tragedy has occurred without gathering information from families where cosleeping does not result in harm.
- Studies don't record whether any adult sleeping with the baby was drinking alcohol or taking medications that made him or her drowsy, which can increase the chances of a baby being smothered accidentally.
- Information is not gathered about other risk factors for SIDS, such as parental smoking.
- Such studies are done after the fact, so the data gathered relies on memories of past practices rather than day-to-day record-keeping, which is more accurate.

For more complete information about research practices and how they affect conclusions, check out Dr. McKenna's Web site, which is listed in the resources.

## Cosleeping Safely

- Make sure that your mattress is firm and fits tightly in the frame.
- Sheets should fit your mattress snugly.
- Loose pillows or soft blankets should be kept away from your baby's face.
- Always place your baby on his back or his side to sleep.
- No one who shares sleep with your baby should drink alcoholic beverages, take drugs, be exceptionally obese, or be on medication that makes him or her less alert.
- Consider keeping your young baby next to his mother only, because mothers seem to be especially aware of their babies in bed.
- Keep an adult between any older child and your baby.
- Use a crib or commercially available "sidecar" next to the bed.
- Make sure the sides of the bed are either tight against the wall or far enough away from the wall that your baby can't become trapped. Or use a bed rail on the side of the adult bed.
- Keep the bed low to the ground, maybe even on the floor, to minimize any falls.

Sources: *Good Nights* by Jay Gordon, MD and Maria Goodavage and *Sweet Dreams* by Paul Fleiss, MD

## A protective effect

In the ever-evolving field of research on SIDS, some studies show that breastfeeding protects against SIDS. One possible reason for this may be the protection breastfeeding provides against colds and the flu. (Such illnesses increase the risk of SIDS.) Another reason may be found in evidence that is starting to point toward some sort of error in regulating breathing as a possible cause of SIDS. Periods of apnea (times when automatic breathing stops for longer than normal) have been associated with an increased risk for SIDS. Dr. McKenna's research in the sleep lab shows that babies who cosleep with their mothers have fewer periods of apnea and more small arousals, so they breathe more

regularly. During cosleeping, babies' sleep cycles closely match their mothers. Dr. McKenna also states: "Routinely bedsharing mothers tuck their bodies up and lean toward their babies to face them in ways that make overlaying of their infants difficult." Dr. McKenna's Web site also offers more in-depth explanations of aspects of cosleeping and breastfeeding that seem to protect against SIDS.

## Product liability issues

Lots of furniture used for babies is, by its very nature, dangerous. Injuries can occur when using high chairs, changing tables, walkers, swings, and especially cribs. These dangers have been known for decades, yet when they are publicized, parents are not told to cease using those pieces of furniture. Instead, safety features are suggested and the public is educated about precautions to reduce the risk from these devices. Yet the recent research that seems to show a connection between cosleeping and SIDS has prompted researchers to suggest that parents should never allow their babies to sleep in an adult bed, without bothering to suggest ways to reduce any real or perceived risk.

One reason for the difference in the way furniture for babies is treated lies in the complex world of product liability lawsuits and insurance. Manufacturers of baby furniture wouldn't have a market if people stopped using their products, so those manufacturers object strongly to any news that is seen as bad publicity for their products. They also react quickly to improve the safety of their products when possible.

Whether or not babies sleep with their parents, manufacturers of adult-size beds will still have a market. It is financially safer for such manufacturers to remain silent on the subject of cosleeping with infants. If they made public statements defending cosleeping, it could be seen as warranting that their products were safe for that purpose. If they were to identify changes in bed design that might make beds more safe for infants, they would need to face the reality that making those changes could be seen as admitting to a potential past risk. Both speaking out and making safety improvements might actually increase the likelihood of a manufacturer being sued if a baby were hurt while sleeping in an adult-sized bed.

## Conclusion

While some parents may stop bringing their babies to bed with them as a result of warnings or because of pressure from friends and family, it would be impossible to stop mothers from sleeping while breastfeeding. The hormonal effects of breastfeeding can cause a mother to doze off even if she isn't lying down at the time!

In the face of conflicting opinions, what are parents to do? They will do what they have always done—evaluate the risks and benefits, and make the best choices they can in the context of their family's values.

Cosleeping is not for everyone. Each family needs to

"Health professionals who recommend against any and all forms of cosleeping underestimate the capacity of parents to understand that the safety of cosleeping depends on the conditions within which the activity occurs; they also underestimate parents' ability to respond to specific bedsharing hazards by eliminating them. Thus health professionals feel justified in making sweeping recommendations that no parent should ever share a bed with an infant. In doing so, they fail to support parents' right to make an informed choice."

– James J. McKenna, PhD

choose parenting practices that work for them. There is no one right answer that fits every family situation. However, practices such as cosleeping that tend to encourage breastfeeding should not be abandoned without clear and compelling evidence. Parents can take steps to increase the safety of cosleeping. In the context of loving, responsive, and responsible parents, cosleeping can be an effective and safe parenting tool that helps raise children who are happy, healthy, and well-adjusted.

## For more information:

- Feiss, P. *Sweet Dreams*. Chicago, IL: Contemporary Books, 2000.
- Gordon, J. and Goodavage, M. *Good Nights*. New York: St. Martin's Griffin, 2002.
- McKenna, J. Mother-infant co-sleeping with breastfeeding: Adaptive behaviors worth fighting for. BREASTFEEDING ABSTRACTS, November 2003, 3-4.
- Mosko, S., Richard, C., and McKenna, J. Maternal sleep and arousals during bedsharing with infants. *Sleep* 1997; 20(2):142-50.
- Pantley, E. *The No-Cry Sleep Solution*. Chicago, IL: Contemporary Books, 2002.
- Richard, C., Mosko, S., McKenna, J. et al. Sleeping position, orientation, and proximity in bedsharing infants and mothers. *Sleep* 1996; 19:685-90.
- Sears, W. NIGHTTIME PARENTING. Schaumburg, IL: LLLI, 2001.
- Sears, W. *SIDS: A Parent's Guide to Understanding and Preventing Sudden Infant Death Syndrome*. Boston: Little, Brown and Company, 1995.
- Thevenin, T. *The Family Bed*. Wayne, NJ: Avery Publishing Group Inc. 1987.
- Articles about cosleeping from past issues of NEW BEGINNINGS are available on the LLLI Web site at: [www.lalecheleague.org/NB/NBsleep.html/](http://www.lalecheleague.org/NB/NBsleep.html/)
- Dr. James McKenna's Web site on cosleeping issues is: [www.nd.edu/~jmckenn1/lab/](http://www.nd.edu/~jmckenn1/lab/)

For breastfeeding information, to order publications, or to find an LLL Leader near you, use our Web site at:

**[www.lalecheleague.org](http://www.lalecheleague.org)**

Or phone: 800 LA LECHE (9-5 Central Time) 847-519-7730 (24-hour messages)