

Night vision

Is sharing a bed with your baby really so bad? We take a look at current evidence on the practice of co-sleeping

Nuzzling up to your sleeping baby can be one of the most precious, gratifying experiences of parenthood. Co-sleeping with your child also provides another opportunity to bond, but is it safe? Or do the benefits outweigh the (perceived) risks?

In a recent article on bed-sharing in NCT's *New Digest*, Helen Ball, Professor of Anthropology at Durham University, acknowledges that there is a range of conflicting information and advice available, from the benefits in bonding and establishing breastfeeding to concerns over preventing accidental death or SIDS [Sudden Infant Death Syndrome]: "Advocates on both sides of the discussion have the interests of parents and babies at heart, but the messages are sometimes contradictory, causing confusion and anxiety for parents, health professionals, and parenting support organisations who sometimes feel caught in the cross-fire."

The NCT has called for more information to be available to parents so that they can make an informed decision. Around half of all UK mothers sleep in bed with their baby at least some of the time in the first six months so it is important for parents to know how to share their bed as safely as possible, and to know about the

circumstances when bed-sharing has been shown to involve increased risks.

Western ways

Helen believes that the relatively recent Western culture of 'infant independence' has contributed to a suspicion of co-sleeping. Having a baby who sleeps through the night and in a separate room is seen as effective parenting, although it is historically recent and would be viewed very differently in other cultures. However, research shows that the impact of early physical contact between parent and baby is important, causing growing numbers of professionals to question these Western attitudes.

Helen says "[There is a] renewed recognition of the importance of contact and touch for babies in the context of improving breastfeeding initiation and duration; an increased awareness of the role that close parental proximity and monitoring of babies plays in reducing SIDS and neglect, and the impact of early mother-infant separation on long-term mental health."

Why bed-share?

So, why do a significant number of parents decide to share their bed with their baby? Helen and her colleagues have carried out several studies which show that most





ENCOURAGING SLEEP: A GUIDE

During the early months, parents often use feeding as a way to settle their baby to sleep, including during the night when the baby wakes up. Young babies need frequent feeds day and night. As they get older they can last longer between feeds.

There are gentle ways of encouraging your baby to sleep and to settle back to sleep if they wake briefly between phases of night sleep, without being fed or held. However, some babies are more relaxed, so respond more readily, some are more sensitive and find it more difficult to settle.

Breastfeeding at night when you're still sleepy, such as when sharing the same bed or with the baby very close by so she can be scooped up easily, is one way mother and

baby can return to sleep with minimal disruption. Breastfeeding hormones help women return to sleep more quickly.

However, babies who are regularly fed until they drop off can associate being fed with the onset of sleep and many then find it difficult to settle without being fed. Some parents enjoy sharing their bed for the first year or two, and are happy with co-sleeping and feeding their baby to sleep. Others seek a gentle alternative where baby sleeps close but separately for most of the night and learns to go off to sleep without feeding.

If you want to encourage your baby to go to sleep without feeding her, or without being present, you could try one or more of the following approaches.

- Placing your baby awake in her cot with a favourite toy or comfort blanket has been shown in studies to increase the proportion of babies who go to sleep without a parent being present and the length of time babies sleep.
- As babies become more aware, introducing a regular bedtime routine such as a bath, bedtime clothes, singing or reading a book together, are also found to assist settling and sleep.
- In young babies, some people find that additional feeds during the evening, or semi-waking the baby for a feed between 10pm and midnight, can help babies sleep for longer stretches at night.

prospective parents don't anticipate sleeping with their newborn baby, but by three months after birth, the majority of parents had done so. This is particularly the case for breastfeeding mothers who are often unprepared for the frequency of feeds or how long night-time breastfeeding is likely to continue. Her research shows that "breastfed babies are generally still feeding as frequently throughout the night at three months as they were at one month". As a result "For those committed to breastfeeding, sleeping with their babies becomes one of the means by which mothers cope with frequent night-time feeding".

To examine how mother-baby sleep contact may help breastfeeding mothers, the research team conducted a randomised controlled trial. They found that babies who slept in their mother's bed or a three-sided crib attached securely to the mother's bed while in hospital breastfed more frequently than those placed to sleep in a separate cot. The cot was a barrier between mother and baby that prevented contact, inhibited the baby's ability to root and initiate suckling, obscured the baby's cues from the mother, and prevented mothers from retrieving their babies without either assistance or the need to get out of bed. When they were 16 weeks old, 43 per cent of babies in a separate cot on the postnatal ward were breastfed compared with 73 per cent of the crib group and 79 per cent of the bed group.

CO-SLEEPING GUIDELINES

The Department of Health advises that bed-sharing (or co-sleeping) should be avoided if one or both parents:

- is a smoker
- has consumed alcohol
- has taken mind-altering drugs or drowsiness-inducing medication
- has a condition that can cause an altered consciousness e.g. diabetes or unstable epilepsy
- is very obese
- is excessively tired

Or

- if either parent, or the baby, has a fever or has any signs of illness
- Wherever they are sleeping, babies should sleep on their backs, and shouldn't get too hot, so keep their heads uncovered.

The way mothers co-sleep with their children can facilitate breastfeeding

Helen says that prompt response to babies' feeding signals and frequent suckling in the early days are essential elements in ensuring successful milk production — a process controlled by the hormone prolactin. The mother produces more prolactin each time her baby feeds, so frequent attempts are key. These are facilitated by close proximity. This is especially important at night since breastfeeding at night triggers greater prolactin release than daytime feeding.

Instincts in action

Helen has observed that the way mothers co-sleep with their children can also facilitate breastfeeding and help to avoid presumed hazards of sleeping in adult beds. "Breastfeeding mothers and babies have been observed displaying consistent bed-sharing behaviour. Mothers sleep facing their baby, and curled up around them. Babies are level with their mother's breasts, in the space created between the mother's arm (positioned above her baby's head) and her knees (drawn up under her baby's feet)." This appears to be an instinctive behaviour by breastfeeding mothers to create a space for their baby to sleep.

Mothers who have previously breastfed tend to sleep in the same position characteristic of breastfeeders, but mothers who have never breastfed and fathers do not always sleep in this fashion. In families filmed sleeping at home, formula-fed babies were generally high in the bed, on top of or between the parent's pillows. Formula-feeding mothers spent less time facing their baby and they did not adopt the "protective" sleep position as often. Helen says, "For the time being some authorities

suggest that non-breastfeeders keep their baby in a cot by the bed for sleep."

Concerns have been raised that parent baby bed-sharing is a questionable practice regarding risk of SIDS and/or accidental death. Helen explains that babies sleeping on their front, parental smoking, poverty, and young maternal age are all well-known factors that are associated with an increased risk of unexpected infant death. Helen also notes that estimates of the risk of SIDS when bed-sharing vary widely: "Assessments of the impact of bed-sharing on SIDS-risk in the UK range from no increased risk to babies of non-smoking parents to a 12-fold increase for infants sharing a sofa for sleep with a parent who smokes."

There is as yet no definitive 'one size fits all' advice for parents but, as Helen points out, all parents should be provided with clear information about both the factors known to increase the risk of SIDS when bed-sharing (see box) and the aspects of adult beds that should be modified with baby safety in mind: such as gaps between bed and wall or other furniture, how near the baby is to pillows, and the type of bedding used. NCT is challenging misinterpretation of research studies and helping to get accurate messages put across in the media.

SLEEP SOUNDLY

If you would like further information and guidance on the issue, check out the UNICEF leaflet *Sharing a Bed with your Baby* and nct.org.uk/info-centre

