

## Historical Perspective

For the vast majority of human history, women have been co-sleeping, or bedsharing, with their infants. When hunter-gatherer tribes were the norm for human society, sleeping with an infant was a necessity. With wild animals and other dangers, leaving an infant alone or separating the infant from his or her mother would most likely result in his or her death, and thus co-sleeping helped ensure the safety and survival of babies.

Not only did co-sleeping ensure the survival of the infant, but the rest of the tribe as well. A baby who has to fully wake in the night to feed will scream, signaling not only to mom, but to any potential pray as well. A mother sleeping next to her infant, however, can offer her breast to quell a child's cries quickly or even avoid them altogether. Therefore, co-sleeping, or bedsharing, is as old as human history. It is not abnormal or a new parenting technique.

## Physiological Perspective

Simply because something has been done for the vast majority of human history does not mean that it is automatically best. However, there is a reason to consider that having an infant in close proximity to a mother offers benefits in today's society as well.

First, infants who are close to their mothers can breastfeed easier. Human breastmilk has a lower fat content than other mammalian breastmilk and in turn requires that infants feed

frequently in order to meet their nutritional needs. Being close to mom allows for infants to suckle as they please, serving to both provide them with nutrients and ensure mom doesn't have milk supply problems. In fact, infants who co-sleep have been found to feed more during the night and in turn their moms have reported fewer supply problems.

A second reason co-sleeping serves the infant is because infants are born before they have fully developed. Compared to other mammals, newborns are woefully underdeveloped, however they are born when they are because waiting any longer would make them too large to pass through the birth canal. It is not until the infant is mobile that this period can be said to be completed. During this time, the infant's needs can be served best by being close to his or her mother—the mother's warmth helps regulate the infant's temperature and it has even been suggested that her breathing helps regulate the infant's breathing. Infants require touch and closeness in the first few months (and beyond), and co-sleeping is one way to increase the amount of touch a baby receives.



## Anti-Co-Sleeping Campaigns

You've probably heard of the campaigns against co-sleeping by now or seen the pictures. They are common and becoming even more common. If

co-sleeping is historically the norm and physiologically beneficial, why would people be saying it's dangerous? The answer has to do with the ways in which our society has changed over the past couple hundred years. The home environment is no longer as baby-friendly as it used to be with respect to co-sleeping (though in many ways it's safer.)



The campaigns against co-sleeping stem from research that has suggested there is an increased risk of death for infants who share the bed with a parent. Two areas are considered: overlaying or suffocating the infant, and SIDS. What these campaigns ignore is that the research has consistently found that there are factors that make these risks a possibility, but that for families where these factors are not an issue, there is no increased risk of death. In fact, for some children with breathing disorders (such as apnea), co-sleeping provides a level of safety as a mother is able to monitor her child's breathing and help him or her breathe should it become necessary.

However, the risk factors are real and if you find that any of the factors apply to you, you should not co-sleep. Period.

## So you want to Co-Sleep?

[image here – Leah Missbach Day photo if I can get permission]

Information on Co-Sleeping: History, Perspective, and Education.

*Disclaimer: This pamphlet provides information on the practice known as bedsharing, or co-sleeping. While the information provided inside is based on scientific reviews and research, nothing can completely eliminate the risk of SIDS. If you are unsure about where your child should sleep, I think the recommendation from Dr. Sears is best: Think about how you would feel if your child never woke up. Could you live with your decision, whatever that decision may be?*

### Risk Factors

If you find that any of the following apply to your situation, you should not co-sleep until the situation has changed:

1. You or your partner smoke. Smoking is one of the biggest risk factors for SIDS for infants who co-sleep.
2. You have been drinking or taking any illicit drugs or even prescription or over the counter medication.
3. Sleeping on sofas, waterbeds, or other soft surfaces.
4. Sleeping with anyone other than mom. This is particularly true for other siblings or younger children.
5. You are incredibly tired. Being overly tired is as bad as being drunk or high.
6. You are obese. Large women have been known to have their infants suffocate on the folds of fatty skin.
7. You bottle-feed. Both the positioning of the infant and the instinctual response to the infant are compromised during co-sleeping for mothers who do not breastfeed.

### Safety First

Even if you do not have any of the risk factors, you still need to ensure you create a safe sleeping environment. Here are some things you should do to ensure your infant remains safe:

1. Place your baby on his/her back next to you and “spoon” around your baby.

2. Use a firm mattress.
3. Use a swaddling blanket or sleep sack instead of sheets and always place your infant on top of the sheets, not under them.
4. Do not cover your infant’s head. Covering your infant’s head can result in overheating and death by hypothermia.
5. Place your baby between mom and a wall or bedrail (if your bed is not up against the wall).
6. Keep your mattress low to the ground. The lower the bed is to the ground, the safer it is for your baby.
7. Keep the temperature in the room as close to 68°F or 20°C, the optimal temperature for babies.

For more information on how to co-sleep safely, you can read *Sleeping With Your Baby: A Parent’s Guide to Co-Sleeping* by Dr. James McKenna (available at most bookstores and at Amazon.com).

### Alternatives

If you cannot co-sleep safely, the next best thing is to have your infant in the room with you. You can use a bassinette up against your bed, or you can purchase an official Co-Sleeper (<http://www.armsreach.com>) which is a three-sided crib that attaches to the adult bed, putting your infant in arm’s reach. Speak to your care provider for more information.