

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 also the rest of the tribe. A baby who has to fully wake in the night to feed will scream, signaling not only to mom, but to any potential predators. 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.

The Benefits of Co-Sleeping

1. Infants who are close to their mothers can breastfeed more frequently to meet their nutritional needs easily.
2. Co-sleeping benefits a mother's milk supply. Infants who co-sleep suckle more and feed more during the night, increasing mom's milk supply.
3. Being close encourages certain physiological mechanisms. Because infants are born before they have fully

developed, they are not physiologically mature. During this time, 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.

4. Your infant gets lots of touch. Co-sleeping enables touch, something your infant requires lots of.
5. Moms tend to get more sleep. Co-sleeping mothers (who breastfeed) report getting as much if not more sleep than their non-co-sleeping counterparts. Being close to your infant enables you to breastfeed on demand and even with the frequent rousings, you still get more sleep.
6. Bonding. Many families today are separated for a large part of the day, allowing minimal time to bond. Co-sleeping provides the opportunity to bond at night with your infant.

Anti-Co-Sleeping Campaigns

If co-sleeping is historically the norm and physiologically beneficial, why would people be saying it's dangerous? The answer is that our society has changed over the past couple hundred years and some of these changes have made co-sleeping unsafe. There are factors that we now know increase the risk of death by suffocation or SIDS when infants co-sleep when these factors are present.



What these campaigns ignore is that the research has found 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. In fact, countries with high bedsharing rates, like Japan, also have some of the lowest rates of SIDS worldwide.

Alternatives to Bedsharing

1. Side-along beds/cribs. These three-sided cribs attach to the side of your bed and provide many of the benefits of co-sleeping without having the infant in bed with you.
2. A mattress next to yours. If you're low enough to the floor, it is possible to put your infant on his/her own smaller mattress on the floor next to yours, within arm's reach.
3. In-bed 'bassinette'. There are special mattresses and bassinets that go into the bed and provide a buffer for infants, while keeping them close.
4. A bassinette in the room next to the parental bed. Many people opt for this for the first few months followed by a crib in the parent's room.



Note that pack 'n plays not designed for sleep and car seats are NOT acceptable alternatives.



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 taken alcohol or any other medication (legal or not) that interferes with wakefulness (e.g., some cold medications cause drowsiness and are not recommended).
3. Sleeping on sofas, waterbeds, or other soft surfaces.
4. 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.
5. Pre-term infant. Pre-term infants should not co-sleep for the first few months.
6. Sleeping next to anyone other than mom. This is particularly true for other siblings or younger children.
7. You are extremely overtired. Being overly tired is as bad as being drunk or high with respect to diminishing your capacity to rouse when necessary.
8. Weight. Infants sleeping with large women (even just large breasted women) have a higher risk of suffocation.

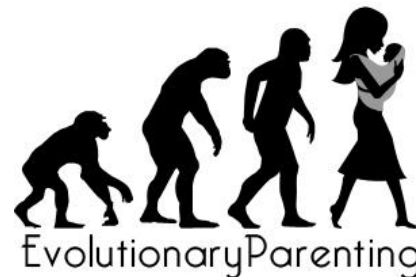
If any one of these apply to you, you should not co-sleep, but rather choose one of the alternatives listed on the previous page.



Safety First

Even if you do not have any of the risk factors, you still need to ensure you create a safe sleeping environment.

1. Place your baby on his/her back next to you and “spoon” around your baby.
2. If another person besides mom and baby is in the bed, make sure that baby is not between the two people, but rather on the other side of mom.
3. Use a firm mattress.
4. Use a sleep sack instead of sheets and always place your infant on top of the sheets, not under them.
5. Do not cover your infant’s head. Covering your infant’s head can result in overheating and death by hyperthermia.
6. Keep your mattress low to the ground. The lower the bed is to the ground, the safer it is for your baby. If your bed is not low to the ground, place your baby between mom and a wall or bedrail.
7. Do not use a headboard as your infant can get stuck in between the mattress and headboard.
8. Keep the temperature in the room close to 68°F or 20°C, the optimal temperature for babies.



©Kirill Federspiel

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, 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?

*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. There are also numerous internet sites (e.g., kellymom.com, *The Natural Parent Magazine*) that provide information on co-sleeping.*