



Safe Sleep & the Breastfed Baby

INFORMATION SHEET NO. 3001

“We... challenge on several grounds the assumption that solitary infant sleeping is somehow optimal, when in worldwide and evolutionary terms it has not been the norm.”¹

Dr Helen L. Ball

A baby needs to breastfeed during the night for months and may need parental attention at night for years. Parents need to find ways of meeting their child's night-time needs whilst getting sufficient sleep themselves.

Breastfeeding can be easier at night when a mother takes her baby into bed with her and feeds lying down; many mothers say this can make night feeds a real pleasure, and they both sleep better this way.

Breastfeeding with bedsharing[†] is a traditional way of caring for an infant at night. However, sleeping with a young baby does not suit every family. You may prefer to keep your baby in a cot or crib beside you, and bring him into bed to feed. Some mothers find that sitting up in bed to breastfeed works best for them in the early weeks.

Babies often show strong preferences about where they do or do not want to sleep and parents tend to change their arrangements accordingly, because an unsettled baby means disturbed nights for the whole family.

Most babies sleep in a variety of places during the day and at night and each place needs to be looked at with safety in mind—see sleep safety tips overleaf.



Helpful recommendations?

Some authorities advise parents, whatever their circumstances, that placing a baby to sleep in a cot by the bed is safer than bedsharing. You may be told that there has been an increase in the risk of SIDS* when bedsharing. But research has shown that this is a proportional increase due to a reduction in SIDS in a cot environment, not an actual increase in the number of SIDS when sharing the parents' bed.² This 'one-size-fits-all' advice does not take into account important differences between families, in particular whether a baby is exclusively breastfed and whether parents smoke, have drunk alcohol or taken drugs. What is safe for one family, may not be safe (or even possible) for another. Each family needs information to help them choose the best and safest sleep options for them.

Parents may stop taking a baby into bed with them as a result of these warnings or because of pressure from family and friends. A mother who is discouraged from bedsharing may experience such difficulties at night that she gives up breastfeeding, with serious health implications for herself and her baby. A baby has a biological need to be in close physical contact with his mother for much of the time.³ He may become distressed if this need is denied. If a breastfeeding mother is afraid to take her baby into bed with her and he cries when placed in a cot, what is she to do?

Mothers often find it difficult to stop themselves falling asleep whilst breastfeeding. The hormonal effects of suckling a baby can cause a mother to doze off even if she isn't lying down in bed at the time! It is better that parents take steps to increase the safety of bedsharing than chance falling asleep in much more risky places, such as on a sofa. Research shows that in a period when the SIDS rate has halved, the number of infant deaths on sofas has nearly doubled.²

Infant sleep researchers including Dr Helen Ball of Durham University's Parent-Infant Sleep Lab (in the UK) and Dr James McKenna of the Mother-Baby Behavioral Sleep Laboratory of Notre Dame University (Indiana, USA) have strongly questioned these 'don't bedshare' recommendations.^{1,2,4,5}

What about dummies?

A recent article by Peter Blair and Peter Fleming, discusses the fact that SIDS rates have fallen at a time when dummy use has also declined. They claim that this undermines the theory that dummy use is protective against SIDS.²



Protective effects

Whilst no sleeping environment can be entirely risk free, studies by Dr Ball have found that mothers who sleep with their breastfed babies in bed adopt a protective position that makes overlaying difficult, and smothering by pillows or bedding unlikely.⁶ She also observes that babies “demonstrably do not overheat in this situation”; and that they breastfeed more successfully and for longer which has significant health benefits for mother and child.¹

Fast-acting bacteria, and cold and flu viruses can increase a baby's susceptibility to SIDS. Since breastfeeding helps protect babies against such illnesses, caution should be exercised before discouraging practices such as bedsharing that are known to increase the intensity and duration of breastfeeding.

Babies who are **not** breastfed are at an increased risk of SIDS and researchers recommend that breastfeeding should continue until at least 6 months when the risk of SIDS drops significantly.⁷

Dr McKenna's review of research states that babies who sleep close to a “committed, adult caregiver” have half the chance of SIDS, compared to those infants who sleep in a room alone, or even in a room with other children. This closeness may take the form of a cot by the bed, or bedsharing with mother. Dr McKenna points out that whilst we cannot say that bedsharing itself protects infants against SIDS, it is perfectly possible for an exclusively breastfeeding mother to take precautions against known risks, making bedsharing a safe and beneficial experience.⁴

Informed choice

It is important that parents are informed about the benefits as well as the possible risks associated with their baby's different sleeping places, in the context of their own family's circumstances. They can then do what parents have always done—evaluate the risks and benefits, and make choices for themselves.

The aim is easy breastfeeding, safe sleeping and a good night's rest for everyone—wherever the baby sleeps.

[†] Bedsharing implies a baby sharing an adult bed with one or both parents, co-sleeping implies a baby sleeping in close proximity to an adult care-giver, not necessarily in the same bed.

* Sudden Infant Death Syndrome—sometimes called cot death.

SLEEP SAFELY

Sleep tips

Do

- ✓ **Place** your baby to sleep on his back.
- ✓ **Avoid** exposing your baby to cigarette smoke at any time as this increases the risk of cot death.
- ✓ **Keep** your sleeping baby close day and night, not in a room alone.
- ✓ **Sleep** facing your baby in bed (your thigh should prevent him slipping under the covers).
- ✓ **Place** your baby with his feet to the foot of any cot, crib or pram.
- ✓ **Check** your baby's sleeping place for hazards:
 - Choose a firm, flat, clean, well-fitting mattress and cover with a close-fitting sheet.
 - Check for gaps he might get trapped in.
 - Ensure he can't fall out.
 - Choose nightclothes without strings or ties that might strangle.
- ✓ **Keep** pillows and your covers away from your baby.
- ✓ **Ensure** anyone in the bed knows your baby is there.
- ✓ **Keep** an adult between any older children and your baby in bed.
- ✓ **Check** your baby does not get too hot or too cold whilst sleeping. In hot weather, open a window or use a fan.
- ✓ **Keep** pets out of your baby's bed

Don't leave your sleeping baby:

- ✗ Near a fire or radiator, or in full sun.
- ✗ Wearing warm outdoor clothing when indoors.

Don't sleep with your baby:

- ✗ If he is swaddled.
- ✗ On a sofa or armchair.
- ✗ On a soft mattress. It isn't known whether memory foam mattresses are a problem.
- ✗ If any person in the bed has drunk alcohol, taken drugs (legal or illegal) that could make them extra sleepy, or is too exhausted to be aware of your baby.
- ✗ If any person in the bed is a smoker (even if they never smoke in bed).
- ✗ If any person in the bed has an illness or condition that affects their awareness of your baby.

“Once you can feed the baby while comfortably stretched out, you've eliminated much of the work of mothering for 8 of the 24 hours in a day.”⁸

Easy nights

Many mothers have found that being inventive with their sleeping arrangements can help make nights easier with a baby. Some of these ideas might make nights easier for you too. But because only you know your own circumstances, always keep safety in mind.

Extra space can help. Try:

- Using a cot designed for co-sleeping.
- Pushing your baby's cot right up to your bed. Lower the side and raise the base for easy access at night; tie the cot to your bed if you can.
- Using a king-size bed.
- Putting a single bed at the side for dad to sleep on—keep your baby away from the gap in the mattresses.
- Feeding on a mattress on the floor.

Avoid tumbles by:

- Putting a guard rail at the side of the bed.
- Taking the legs off the bed or putting the mattress on the floor—air daily to avoid condensation.

Keep comfortable by:

- Perhaps having separate bedding for each sleeper—but keep your own bedding away from your baby.
- Dressing your baby in light nightclothes to avoid overheating.
- Putting an extra thick nappy on your baby to avoid unnecessary changes in the night.
- Keeping a towel handy in case of damp nappies or leaking milk.

Learn to feed lying down by:

- Practising in the daytime!
- Keeping a low light on.
- Going to a La Leche League meeting and learning from other mothers.

These safety tips apply to healthy full-term breastfed infants. Preterm and low birth weight babies are more vulnerable. If your baby seems unwell, seek medical advice promptly.

Remember that safety tips can help reduce the risk of SIDS and accidents wherever your baby sleeps, but cannot eliminate the risk altogether.



Photo courtesy of Michelle Chalmers

Further Reading

THE WOMANLY ART OF BREASTFEEDING, Seventh edition. Schaumburg, IL: LLLI, 2004.

NIGHTTIME PARENTING, Sears, W. Schaumburg, IL: LLLI, 2001.

SLEEPING WITH YOUR BABY. McKenna, JJ. Washington DC: Platyplus Media, 2007.

LLL Information Sheets & Leaflets

DUMMIES AND BREASTFEEDING RHYTHMS & ROUTINES

All available from LLLGB SHOP, www.llgbbooks.co.uk

Online Information

La Leche League International: McKenna, JJ. Sleeping with your baby:

www.llli.org/NB/NBJanFeb09p4.html

University of Durham sleep lab: www.dur.ac.uk/sleep.lab

Dr James McKenna: www.nd.edu/~jmckenn1/lab/

References

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2. Blair, PS, et al. Hazardous cosleeping environments and risk factors amenable to change: case-control study of SIDS in south west England. *BMJ* 2009; 339: b63666.
3. Hrdy, SB. *Mother Nature: A History of Mothers, Infants and Natural Selection*. New York: Ballantine Books, 1999.
4. McKenna, JJ. & McDade, T. Why babies should never sleep alone: a review of the co-sleeping controversy in relation to SIDS, bedsharing and breast feeding. *Paediatr Respir Rev* 2005; 6(2):134-52.
5. McKenna, JJ. Mother-infant co-sleeping with breastfeeding: Adaptive behaviors worth fighting for. *Breastfeeding Abstracts* 2003; 23(1):3-5.
6. Ball, HL. Parent-infant bed-sharing behaviour: Effects of feeding type, and presence of father. *Human Nature* 2006; 17(3):301-18.
7. Vennemann, T, et al. Does breastfeeding reduce the risk of sudden infant death syndrome? *Pediatrics* 2009; 123(3):e406-10.
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La Leche League GB

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