

Where should the baby sleep?

Where the infant should sleep may be a contentious issue, however, the American Academy of Pediatrics has summarized the evidence and made updated recommendations for Safe Sleep (AAP, 2011).

Level A recommendations for Safe Sleep include:

1. Back to sleep for every sleep (not side or tummy)
2. Separate firm sleep surface
3. Room sharing (sleeping in close proximity) without bed-sharing
4. Breastfeeding
5. Avoidance of soft object and loose bedding
6. Avoidance of overheating
7. Avoidance of smoke exposure, alcohol, or illicit drug use
8. Use of pacifier at bedtime or naptime once breastfeeding is well established
9. Raise awareness of Safe Sleep

Definitions

Co-sleeping encompasses various sleeping situations with “having a responsive adult within proximity of the infant” (ie same room) being paramount. Because the term “co-sleeping” is often misunderstood, clearer terms such as sleeping in proximity, or room-sharing without bed-sharing should be used.

Bedsharing is sleeping in the same bed.

Research Findings

The results of fascinating research by McKenna & Mosko (1994) suggest that sleeping in proximity is associated with enhanced infant arousals and striking temporal overlap (synchronicity) in infant and maternal arousals, and that, possibly as a result, breastfeeding mothers that sleep in close proximity to their infants spend more time in the same sleep stage or awake condition. This synchronicity assists mothers to cope with broken sleep - the infant isn't rousing them at a time when they are in their quiet sleep phase.

Now that's significant!

Perhaps of even more significance to mothers is the finding of Engler and colleagues (2012) that human milk contains the sleep hormone melatonin, and despite more frequent awakenings exclusively breastfed newborns have greater duration of total sleep time and less colic than their formula fed counterparts.

Your Hospital Policy on Sleep

You have a legal responsibility to adhere to your hospital policy on safe sleep and bed-sharing and ensure that the mother is aware of this for her hospital stay.

Now that you have read the research about safe sleep and breastfeeding, you may feel more confident about the many benefits and even infant safety advantages of breastfeeding, room-sharing, and back to sleep. Remember hospital beds and recliners are unsafe sleep environments for newborns. The AAP also does not recommend devices made to make bed-sharing “safe” such as infant co-sleepers that connect to the bed to make a bed one sleep surface. Sleeping newborns should be placed back to sleep in their bassinets within view of the mother while rooming-in.

Remember too, that mothers are very sleepy post-partum and this sleepiness can be exaggerated by use of pain medications. Therefore it is important to regularly monitor mothers and their newborns to be sure mothers do not fall asleep while breastfeeding or holding their newborns, and instead place their infants in the bassinet or allow their support person to hold the baby while they sleep. Mothers can sleep soundly while their newborns are safely placed in the bassinet alongside of them, and you can reassure your mothers that their newborns will be regularly monitored as if they were in a separate nursery.

Do you have a bed-sharing policy?

Go to the AAP Policy on safe sleep environment to be sure your hospital has policies and practices that protect infants from unsafe sleep practices such as bed-sharing.

Also read the Guideline for Co-sleeping and Breastfeeding from the Academy of Breastfeeding Medicine for a more global perspective of safe sleep, understanding that the ABM is an organization representing physicians from all over the world. Bed-sharing in non-Western parts of the world may be the standard practice and the evidence for safety may be very different given the cultural practices and norms for bed-sharing and bedding. Therefore, it is important not to confuse guidelines intended for use outside of the United States as being applicable to US hospital environments.

What do you tell mothers about Safe Sleep?

You need to inform mothers about your hospital policy on safe sleep, and you should provide accurate information about continuing safe sleep habits after they return home. Use open ended conversations to reveal any plans that may cause concern and provide culturally sensitive advice on breastfeeding and safe sleep. Your hospital may be able to use a brochure developed by your own hospital team or one produced by your State Health Department to reinforce the learning.

References:

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