

Where Will the Baby Sleep?

In the United States, the rate of co-sleeping has nearly doubled from 5.5% to 12.5% with up to 70% of Americans reporting that they co-sleep at least one night within the first three years of a child's life. More infant sleep specialists are starting to see the merits of co-sleeping. Sleep experts such as Richard Ferber and Dr Spock have reversed their long-held stance on co-sleeping. In a statement released in 2006, Ferber stated that co-sleeping "can be suitable for some families," given that parents follow safe co-sleeping guidelines.

As more families co-sleep, it has sparked dialog and research about the best place for babies to sleep. One of the most frequent questions I get from parents is whether they should co-sleep, room share, or sleep separately from their baby. My answer is: there is no one answer; there are numerous factors that each family should consider. Deciding on your child's sleep location varies by family and culture.

The debate begins with the benefits of co-sleeping. Research shows that when a mom and baby sleep close together there is a natural increase in breast feeding frequency. This frequency can also help augment milk production. There is also the perk of easy breastfeeding; the mom can stay in bed, roll over, and sideline nurse. Recent research has indicated that there is can be a decrease in SIDS when mothers co-sleep. The sleep/wake cycle of mother and baby and the mother being present in the event of a sleep problem are the factors contributing to a lower SIDS risk. Finally, there is some research on children being more confident socially and more responsive to parents when they have co-slept with them as babies. It is important to note that there is additional research that refutes these findings.

The primary argument against co-sleeping is safety. The concern is the baby will be suffocated by blankets or parents rolling over and smothering the infant. The co-sleeping community has published safe sleeping guidelines to help prevent any such accident, but even the leading co-sleeper advocate, McKenna, states that if you cannot follow the guidelines then having the baby sleep on their own surface is preferred.

Many sleep experts have also described sleep association problems that can be coupled with co-sleeping. These problems include persistent night wakings and an excessive dependency on parental assistance for going to sleep and staying asleep. These perpetual wakings can cause sleep deprivation and this lack of sleep has been shown to contribute to the onset of post-partum depression and/or anxiety. Sleep deprivation can also have an adverse effect on spousal/partner relationship. Additionally, when parents are sleep deprived their ability to read their baby's cues and to respond to their baby with love and care is compromised. Research shows that when we respond to our baby's crying with anger or anxiety a baby develops attachment insecurity. When babies do not get enough sleep, there is significant research that the development of the hypothalamus is compromised, thus impacting a child's ability to regulate emotions. Finally, there have been

studies that indicate babies who sleep alone have a greater ability to self-soothe and are more resilient.

The middle of the road approach, room sharing, is now being touted by the American Pediatric Association as the preferred way to sleep. There is evidence showing room sharing decreases the risk of SIDS, and limited evidence indicates that sleeping in close proximity to parents helps facilitate the development of circadian rhythms (babies knowing day from night). Room sharing can also help parents who, for safety reasons, are scared to co-sleep with their baby but do not want to sleep away from their baby. With all room sharing can offer, there are babies who make a lot of noise at night. Although these noises are a part of the baby's sleep, it keeps parents awake.

For me, it comes down to what is going to work the best for the whole family. For some families, the joys of sharing the family bed are tremendous and for others it can cause suffering. A study conducted by Kathleen Dyer Ramos showed that the two happiest parenting groups were parents who either were committed co-sleepers or committed solitary sleepers. The group that had the most frustration and conflict were the "reactive co-sleeper" - the ones who perceived their children's night wakings as most problematic and would bring the child into bed to try to solve the problem.

I urge parents to follow what is best for their family. If you were committed to having your baby sleep solitarily and you find that you are sad about not having that extra snuggle time or are having difficulty breast feeding at night, co-sleeping might be an answer. If you are struggling with sleep issues and it is compromising your ability to function during the day or affecting your mental health, then having your baby sleep alone might be an answer. Having a hybrid approach where you co-sleep or room share for the first few months and then move your baby into his/her own room is fine as well.

If you do chose to co-sleep with your child here is a link to learn how to sleep safely:
<http://cosleeping.nd.edu/safe-co-sleeping-guidelines/>

If you chose to have your child sleep on their own surface either in their own room or room-sharing, here is AAP current guidelines: <https://www.aap.org/en-us/about-the-aap/aap-press-room/pages/american-academy-of-pediatrics-announces-new-safe-sleep-recommendations-to-protect-against-sids.aspx>

In closing, if you are thinking of moving your baby out of the family bed, there are multiple methods to use. The Millette Method is a multi-disciplinary approach that helps solve the issues that can arise when moving your baby to his/her own room or help the co-sleeping family sleep better at night. It uses a variety of gentle methods that consider baby temperament, family values, attachment, and parental well-being. If you need some help or support through the process, then call me to schedule a consultation.