

Risks in sharing bed with kids

Mari Gibson

March 28, 2008 - 4:34PM

It's the middle of the night, you've just fed your baby and you're both feeling dozy; wouldn't it be nice to drop off to sleep together in bed? Well, yes - and

no. Welcome to the contentious issue of co-sleeping.

As with every other parenting decision you're likely to make, you're damned if you do and damned if you don't.

Robin Barker, child and family health nurse and author of *Baby Love*, says:

"Unfortunately sleep has

become extremely political and it's become a metaphor for the sort of parent you are.

"You've got two ends of the spectrum ... the end who says you must sleep with your baby and attend

to your baby all the time, and you must not do controlled crying because it can cause brain damage and

... the other end who say this is a lot of nonsense - if you don't want to sleep with your baby, don't

[and] do controlled crying for a few nights as it mostly works."

Health - Life & Style Home - smh.com.au 29/03/08 8:52 AM

<http://www.smh.com.au/news/health/risks-in-sharing-bed-with-kids/2008/03/28/1206207387505.html> Page 4 of 7

Whether you decide to co-sleep with your baby out of principle or a longing for a decent night's sleep,

there are risks. The bed-sharing circumstances are the key, says Dr Jeanine Young, a spokeswoman for

SIDS and Kids, and nursing director of research at the Royal Children's Hospital, Brisbane. There are

well-documented circumstances in which co-sleeping is risky, she says, but "if you are a breastfeeding,

non-smoking mother, there is no strong evidence to suggest - unless your child has other risk factors,

like they've been born prematurely or they are of low birth weight - that your baby is at an increased

risk.

"Some studies have demonstrated that it may even be protective. We do not have enough evidence to

say, 'Thou shalt not bed-share.'"

Barker says if safe-sleeping guidelines are in place, then it's OK to co-sleep. "In relation to co-sleeping

as a parenting style - a la attachment parenting - it is certainly an option but I still believe that in our

society most people prefer not to sleep on a regular basis with their babies and children," she says.

Why? "Western lifestyle, probably. Certainly in my practice, when I was at work, most people didn't

want to permanently sleep with their babies because they wanted the bed to themselves; they wanted

their husbands to themselves and they didn't want the [co-]sleeping as a permanent arrangement."

Barker has a warning for parents who co-sleep early on but don't want to continue: "Just make sure your baby's not in your bed after about three months because the longer they're in bed after that the more entrenched it becomes. There is no easy way of getting an older baby or toddler out of your bed.

It involves pain."

Reasons for co-sleeping include cultural practices, personal choice or simply practicality: there may be only one bed to be shared by mum, dad, baby, siblings and pets. Sadly, there is also another reason.

"What we're finding in the indigenous communities," Young says, "is that a lot of mothers don't want to leave babies to sleep separately because they're afraid of abuse - and we have to respect that." For cosleeping in busy beds, a bassinet beside mum on the bed is recommended.

If a parent chooses to bed-share, Young says, there are guidelines they should follow, which are listed

on the website www.sidsandkids.org. As she points out, "Babies [still] die in cots [and] babies are more

likely to be placed prone if they are in a cot. Often if they're in a bed-sharing environment, they've been

put on their back because they're breastfeeding.

"From an anthropological point of view, bed-sharing is the norm and is for 90 per cent of the world's

population," Young says. "It's only Western industrialised societies that conceptualise separate sleeping

as the norm and that's really only in the last 200 years. Then you have to look at SIDS rates; in China,

for example, they don't have a word for SIDS in the language."

What we don't do enough of in Australia, she says, is room share. "The safest place for a baby to sleep

is in a cot beside the parents' bed for the first six to 12 months of life," Young says.

Health - Life & Style Home - smh.com.au 29/03/08 8:52 AM

<http://www.smh.com.au/news/health/risks-in-sharing-bed-with-kids/2008/03/28/1206207387505.html> Page 5 of 7

is in a cot beside the parents' bed for the first six to 12 months of life," Young says.

Dr Kei Lui, director of newborn care at the Royal Hospital for Women, says the hospital views cosleeping

as a parental choice. For newborns in the hospital, he says: "Co-sleeping is not practical

because of safety - not that we are against it." Reasons involve maternal alertness: a woman who has

just undergone a prolonged labour (and been given pain-relieving drugs) or a woman who has had a

caesarean may have "reduced responses" towards her baby.

Hannah Dahlen, secretary of the NSW Midwives Association, says if guidelines are followed there can be

benefits (more sleep, easier breastfeeding). Parents who want to co-sleep could put their mattress on

the floor or invest in a king-size bed, she says.

Other risks of long-term co-sleeping (and the continual breastfeeding that can accompany it), according

to Barker, are child tooth decay and sleep deprivation for the mother.

However, she adds: "In the first three months, when babies are awake a lot and crying at night,

sometimes sleeping with them is the only way everyone's going to get some sleep."

Guidelines for sharing a bed

- * Put baby on the back to sleep (not the tummy or side).

- * Use a firm mattress.

- * Make sure bedding cannot cover baby's face.

- * Put baby at the side of one parent, not between two parents.

- * Do not put baby close to the edge of the bed or use pillows to prevent rolling off. Put mattress on

floor instead.

- * Pushing the bed against a wall can be hazardous.

- * As an alternative to bedding, a safe infant sleeping bag may be used.

- * Side-car cots that attach to the side of the bed provide closeness to enhance breastfeeding, while still

giving baby a separate surface.

Avoid co-sleeping where ...

- * The parent is a smoker.

- * There is adult bedding - doonas or pillows - that could cover a baby.

- * The baby could be trapped between the wall and the bed, could fall out of the bed or could be rolled

on.

- * The parent is under the influence of alcohol or drugs, or is overly tired.

- * There are other children or pets in the bed.

- * The sleep surface is a waterbed, beanbag, sofa or sagging mattress.

Source: SIDS and Kids

[Email](#)

[Print this story](#)

[Normal font](#)

[Large font](#)