

The Benefits of Co-Sleeping

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What Research Shows

When it comes to research about co-sleeping, there's good news and there's bad news. The good news is that there is research to suggest that there are benefits to parents and infants who share a bed (or room) through the night. The bad news is that, beyond the research into the connection between co-sleeping and SIDS prevention, there's not much being done which inquires into its qualitative or long-term aspects. Until this type of research is done, we must continue to draw from the good work that is being done within the American culture, as well as from studies conducted in other cultures abroad.

Benefits for infants:

Co-sleeping promotes physiological regulation.

The proximity of the parent may help the infant's immature nervous system learn to self-regulate during sleep. (Farooqi, 1994; Mitchell, 1997; Mosko, 1996; Nelson, 1996; Skragg, 1996) It may also help prevent SIDS by preventing the infant from entering into sleep states that are too deep. In addition, the parents' own breathing may help the infant to "remember" to breathe.(McKenna, 1990; Mosko, 1996; Richard, 1998).

Parents and infants sleep better.

Because of the proximity of the mother, babies do not have to fully wake and cry to get a response. As a result, mothers can tend to the infant before either of them are fully awake. As a result, mothers were more likely to have positive evaluations of their nighttime experiences (McKenna, 1994) because they tended to sleep better and wake less fully (McKenna & Mosko, 1997).

Babies get more care giving.

Co-sleeping increases breast feeding (Clements, 1997; McKenna, 1994; Richard et al., 1996). Even the conservative American Academy of Pediatrics (AAP) admits to the breast feeding advantages of co-sleeping (Hauck, 1998). Mothers who co-sleep breast feed an average of twice as long as non-co-sleeping mothers (McKenna). In addition to the benefits of breast feeding, the act of sucking increases oxygen flow, which is beneficial for both growth and immune functions.

Co-sleeping infants also get more attention and protective care. Mothers who co-sleep exhibited five times the number of "protective" behaviors (such as adjusting the infant's blanket, stroking or cuddling) as solitary-sleeping mothers (McKenna & Mosko, 1997). These mothers also showed an increased sensitivity to the presence of the baby in the bed (McKenna).

Long-term Benefits

Higher self-esteem. Boys who co-slept with their parents between birth and five years of age had significantly higher self-esteem and experienced less guilt and anxiety. For women, co-sleeping during childhood was associated with less discomfort about physical contact and affection as adults (Lewis & Janda, 1988). Co-sleeping appears to promote confidence, self-esteem, and intimacy, possibly by reflecting an attitude of parental acceptance (Crawford, 1994).

More positive behavior. In a study of parents on military bases, co-sleeping children received higher evaluations from their teachers than did solitary sleeping children (Forbes et al., 1992). A recent study in England showed that among the children who "never" slept in their parents bed, there was a trend to be harder to control, less happy, exhibit a greater number of tantrums, and these children were actually more fearful than children who always slept in their parents' bed, all night (Heron, 1994).

Increased life satisfaction. A large, cross-cultural study conducted on five different ethnic groups in large U.S. cities found that, across all groups, co-sleepers exhibited a general feeling of satisfaction with life (Mosenkis, 1998).

What Parents Suspect

Co-sleeping promotes sensitivity. Many parents who co-sleep feel that they become more attuned to their baby and child. They feel that their sensitivity to the needs and patterns of their baby translate into daytime sensitivity as well.

It reduces bedtime struggles.

Parents of co-sleepers know that children who sleep in their parents' room have no reason to be afraid of bedtime. As they grow older and move into their own rooms, they have positive, secure images of sleep time. They have no reason to equate bedtime with being alone.

It fosters an environment of acceptance.

Underlying the choice to co-sleep is a willingness to accept a child's need for the parent both day and night. A parent essentially communicates that while the child is small and needful, the parent will be there to help the child and address their needs. Co-sleeping parents tend to believe that this willingness to respond to the child's needs carries over into the daytime, and this powerfully contributes to the overall relationship with the child.

Co-sleeping is just as safe or safer than a crib.

Existing studies do not prove that co-sleeping is inherently hazardous. The elements of the sleeping environment are what dictate the level of danger to the infant. When non-smoking parents who do not abuse alcohol or drugs sleep on a firm mattress devoid of fluffy bedding, co-sleeping is a safe environment. In addition, it is likely that there are many children whose lives have been saved by sleeping next to their parents. There is anecdotal evidence, for instance, of mothers who have noticed their child not breathing and were able to stimulate them to breathe.

Problems with Existing Sleep Research

Cultural bias.

The research done thus far on co-sleeping has been, just like any other kind of research, deeply informed by the culture of the researchers and their subjects. Co-sleeping research conducted in the U.S. (where co-sleeping is widely regarded as odd, if not dangerous) is heavily influenced by the relatively high value Americans place on independence, technology, consumerism, and parents' needs for time and privacy. Work done in other cultures, on the other hand, is more likely to look at the benefits of co-sleeping and emphasize the needs of infants as integral to family and societal functioning.

Too focused on short-term, specific outcomes.

Clinical research is not well-suited to measuring long-term, complex, or qualitative outcomes. The benefits of co-sleeping are, as many co-sleeping parents know from experience, not just short-term and certainly not easily quantified. Such potential benefits go beyond SIDS prevention, increased sleep for mother and baby, and increased breast feeding in the first few months of life; for instance, they may include positive long-term effects on the parent-child relationship, children's self-esteem, and more. Part of what makes studying these long-term, qualitative benefits difficult is that their link to co-sleeping may be hard to separate from their link to other parenting practices common in co-sleeping families. Co-sleeping is simply one part of a complex ecology of parenting choices.

To truly study co-sleeping, researchers will need to begin asking different questions, such as what are the long-term outcomes for children who co-slept as children? Are parents who choose co-sleeping more likely to choose other parenting behaviors that also affect the outcomes being studied?

Common Co-Sleeping Myths

Children Can Suffocate.

The recent Consumer Product Safety Commission (CPSC) finding that adult beds are inherently hazardous is both misleading and inaccurate. Parents should know that this recent campaign is sponsored and financed by the Juvenile Product Manufacturing Association (i.e. crib manufacturers), an organization that has everything to gain from parents choosing to buy cribs. Parents should also know that perhaps millions of parents sleep safely with their infants every year. A recent study persuasively documented that babies who sleep on their backs with a non-smoking, non-drinking, parent who did not abuse drugs show no greater risk than solitary sleepers.

Dr. McKenna, professor of anthropology and director of the Mother-Infant Sleep Lab at Notre Dame, gives the following safety suggestions: "Infants should sleep on firm surfaces, clean surfaces, in the absence of smoke, under light (but comfortable) blanketing, and their heads should never be covered. The bed should not have any stuffed animals or pillows around the infant and never should an infant be placed to sleep on top of a pillow. Sheepskins or other fluffy material and especially beanbag mattresses should never be used. Water beds can be dangerous, too, and the mattresses should always tightly intersect the bed frame. Infants should never sleep on couches or sofas -- with or without adults -- where they can slip down (face first) into the crevice or get wedged against the back of a couch."

If they sleep in your bed, they'll never leave. This has never been studied or documented, and anecdotal evidence from co-sleeping parents does not bear this out. Many co-sleeping parents report that their children become willing to leave, with little or no persuasion, on their own around age two or three, as they mature physically, emotionally and cognitively. These families also report that there are many ways to help children find their own sleeping space.

Co-sleeping families tend not to see things in terms of habits that need to be broken, but as patterns that can be established, but that continually evolve and change. For co-sleeping families, laying the foundation for security and closeness takes precedence over early independence.

This article was graciously contributed by Attachment Parenting Int'l:

<http://www.attachmentparenting.org/>

References available on line at:

www.icpa4kids.com/newsletter/references.html

Should I Sleep with my Baby?

Recently, the Consumer Product Safety Commission (CPSC) warned parents that sleeping with their baby was too hazardous. Babies, they say, should always sleep in cribs. While we applaud the CPSC's efforts to protect children, we believe that their warnings unnecessarily frighten parents and do not provide adequate information about safe sleeping choices. There is no evidence that infants who sleep with aware, well-informed parents are at any greater risk than crib-sleeping infants. In fact, research has shown that babies who sleep with their parents are at a much lower risk for SIDS, have better physiological regulation, and receive more touching, breastfeeding, and protection. Millions of parents in the U.S. and around the world sleep with their children safely every night, as they have for thousands of years. Co sleeping is safe and beneficial for infants — and their parents.

If you choose to co-sleep, the following guidelines should always be followed:

1. Always place baby to sleep on their back.
2. Baby should sleep next to mother, rather than between mother and father.
3. Take precautions to prevent baby from rolling out of bed. Use a mesh guardrail and be sure the guardrail is flush against the mattress and fill in any crevice with a rolled-up baby blanket or towel.

4. Use a large bed with a mattress that fits snugly against the rail or is flush up against a wall. Don't use fluffy bedding or cover baby with comforters, etc.
5. Do not sleep with your baby if you are under the influence of alcohol, drugs, or sleep-inducing over-the-counter medications or if you are overly exhausted from sleep deprivation.
6. Do not allow babysitters or older siblings to sleep with baby.
7. Don't fall asleep with baby on a couch, bean bag chair or waterbed.
8. Do not let baby sleep unattended on an adult bed.
9. Don't overbundle baby because they get additional warmth from the mother's body. Overheating can be dangerous to infants.