SAFELY PUTTING BABY TO SLEEP

Breastfeeding advocates encourage co-sleeping. Co-sleeping allows the mother to attend immediately to the infant's needs while conserving her energy and lessening fatigue. In addition, it allows the mother to be in tune with the infants breathing rhythm. One researcher has even videotaped mothers waking up and stimulating their babies because they had an apneic episode. Breastfeeding has been found to be protective against Sudden infant Death Syndrome (SIDS). Thus, co-sleeping and breastfeeding work together to keep your baby safe.

CO-SLEEPING refers to sleeping in the same room with your baby. Baby can be placed in a crib or bassinet usually next to the bed. One variation of co-sleeping is BED-SHARING. For centuries parents have slept with their child, but this usually occurred in a hut on a mat. Today many cultures continue to share the bed with their young. Usage of a special crib which attaches directly to the bed allows the mother to easily transfer baby from bed to crib. Co-sleeping of any form safeguards against SIDS. If however you choose to bed-share, certain guidelines should be followed, to ensure that bed-sharing is safe. Safety tips include: Mattresses must be firm-no waterbeds. Mattresses should only be covered with a sheet and if needed, a thin mattress pad. Both parents must be aware that the infant is in the bed. Baby should not be left alone in bed. The baby must be placed in an area free of blankets and pillows. Eliminate any space between mattress and headboard or wall could that baby could become wedged between. Neither parent may take any substance at bedtime that could cause drowsiness or alter their ability to become aroused. This includes: alcohol, narcotic pain medications like Vicodan or Tylenol with Codeine, and antihistamines such as Benadryl TM. A bed rail may be needed. Couches are not considered safe. Mothers or fathers who are obese may be more likely to overlay. (Overlay means to roll over on baby.) Mother must be a nonsmoker. (Any infant exposure to smoke increases the risk of SIDS.) Electric Blankets should be turned off when infant in bed. Check bed and remove other hidden dangers such as small toys, plastic bags, ribbons or string. SIDS is a disease that we do not fully understand. Even if parents follow these instructions carefully, SIDS still occur. It matters not whether the baby is sleeping in the parents bed or in a crib. That is why it is sometimes confused with,overlaying and why it is sometimes called crib death. How should baby be put to sleep? Whenever baby is placed to sleep, he or she should be placed on his or her back. Avoid placing baby on stomach while asleep because it increases the risk of SIDS. Babies can and should be place on their stomach to play while awake and attended for proper muscle development. If baby is not breastfed or you discontinue breastfeeding before 8 months, there is some evidence that using pacifiers at bedtime prevents SIDS. When will my baby sleep through the night? This is a frequently asked question. Physically most babies cannot sleep a six-hour stretch until they are 3-5 months old. Those babies that naturally learn to sleep through the night in the first month are a minority (and those parents are just lucky). So if you have a typical non-sleeping child, it is important to accept that every child will learn to sleep in his or her unique way. Some parents value allowing the child to learn naturally on their own. Others believe in teaching or training their child by 6 months of age. All children will learn to sleep through the night. If you have more than one child, consider that what worked with one child may not work with another. It is not recommended that you let a child less than 6 months,cry it out. Three books to consider reviewing in order of most breast-feeding friendly to least friendly are: 1. Nighttime Parenting L, by William Sears, MD. Dr. Sears theory is child centered. He encourages attachment parenting.; He is pro BED-SHARING and co-sleeping. When weaning an older infant from nighttime feedings, he suggests that the father comfort the child while the mother sleeps in another room. 2.Helping your child sleep through the Night from infancy to age 5; by Joanne Cuthbertson and Susie Schevill. They suggest employing distraction techniques to wean baby from nighttime feedings and to encourage sleeping. They give suggestions for moving your child from your bed into a crib.3. Solving Your Child's Sleep Problems; by Richard Ferber, MD. Dr. Ferber's theory is adult centered and he is against BED-SHARING. He encourages parents to let the child, cry it out," while the parent returns to the room every few minutes to comfort the child. It is important to peruse these books for ideas and guidelines. Use parts of each book’s theories to help you parent your child at night taking into account the age of your child and the needs of the family. Apply what works best for your child and your family, no one book has all the answers. Nighttime awakening is normal for many babies. In most cultures nighttime awakening, even in an older toddler, is considered normal and appropriate. If your child is not ready to be separated from you at night, it is sometimes best to find ways to make night nursings easier. Making nighttime nursings easier centers around minimizing a mother's sleep disrupt affording mother the means for lying down while nursing. Mother's fatigue is therefore lessened. Some suggestions are: Move crib into mother's room. Attach baby's bed to parent's bed. Place a sleeping bag, mat or daybed in baby's room.
 Bed share with baby after baby awakens for part of the night. Bed share for the whole night until infant is older. Although it may be possible to train infants and young children to adopt sleep patterns that are developmentally appropriate for older children and adults, no research has been done on the long-term effects of these practices. The fact that sleep training methods "work" for many children is no guarantee that the long-term effects are positive. The Breastfeeding Answer Book, by Nancy Mohrbacher, IBCLC and Julie Stock, BA, IBCLC, page 32