



Safe Sleep *for* Breastfeeding Babies

Sleeping with our babies is an instinct as old as motherhood itself. Yet today, some authorities say it's risky. What are the facts?

Sudden Infant Death Syndrome

(SIDS, Crib Death, or Cot Death) is the unexpected and unexplainable death of a baby. The highest risk is during the first six months. The greatest SIDS risk factors are smoking during your pregnancy and placing your baby face-down for sleep.¹ Formula-fed children have double the risk of SIDS.² Parents

who smoke and share a bed with their infant also increase the risk, regardless of where or when the parent smokes. One in five SIDS deaths occurs in daycare.³

Suffocation

isn't SIDS. It almost always involves either prone (face-down) sleeping or a baby becoming wedged, for instance in a couch⁴ or recliner. Sharing sleep with an adult who smokes or is impaired by drugs or alcohol is risky. Using pillows, props, or soft bedding to "help the baby sleep" increases risks.⁵ When a breastfeeding mother sleeps in bed with her baby, she tends to curve her body around her baby in a "cuddle curl" that keeps the infant at breast level and keeps her from rolling onto him.⁶ (And of course he would

wriggle and yell if she did!) Her sleep cycles tend to synchronize with his, often increasing sleep time and lowering stress for both. Unfortunately, some mothers, mistakenly believing their bed is a SIDS risk, move to a couch or recliner with the baby – a much greater risk than the bed they left.⁷

"Cuddle Curl"

"All bedsharing," "all babies," and "all bed partners" are not the same, just as "all drivers" are not the same. Anything that interferes with breastfeeding puts a baby at higher risk.⁸ There is no known increased risk when a sober, non-smoking, breastfeeding mother sleeps with her baby on a safe surface.



Here's what our babies have always "expected" at night:

During sleep, babies "expect" ...	What you can do
ATTENTIVE, SOBER ADULTS. Even in your sleep, you normally know where your baby is just as you know where your bed edge is. Alcohol and certain medications alter awareness during sleep and increase the risk of suffocation. ⁹	Be aware of your and your partner's condition. A baby should never sleep with young children or anyone who is compromised.
CLEAN AIR. A smoking parent greatly increases the risk of SIDS. (Smoking during pregnancy increases risk even more.) ¹⁰	If you or your partner smokes at all, bed-share only for feedings. Otherwise, keep your baby in a separate space within arm's reach.
BACK- SLEEPING. Stomach-sleeping on a flat, horizontal surface increases the risk of suffocation and SIDS ¹¹ unless the surface is a parent's chest.	This takes care of itself. Breastfeeding babies who sleep with their mothers don't roll onto their stomachs.
A GAP-FREE SURFACE and reasonable airspace, to avoid suffocation risk. ¹²	Eliminate gaps – between bed and wall and between bed and rail – that could trap your baby's face. Avoid mattresses and couches that roll your baby tightly against you, or any surface too soft for your baby to lift his head from if he's face-down. No pillows or props for the baby. Light blankets will "tent" over you both, leaving plenty of air for your baby. Putting the mattress on the floor eliminates many risks.
BREASTFEEDING. Bottle-feeding behaviors increase suffocation risk. ¹³ Breastfeeding to sleep is normal and healthy.	The breastfed baby heads toward your breast and stays out of trouble. Bottle-fed babies don't orient this way, and their mothers aren't as sensitive to their own sleep position. If your baby isn't at least partly breastfed, it's safer for him to sleep separately, always within arm's reach.
HUMAN MILK. Formula-fed babies are more than twice as likely to die of SIDS. Suffocation and other risks rise with formula-feeding as well. ¹⁴	If you don't breastfeed, have your baby sleep face-up within arm's reach on a separate surface. For help with breastfeeding, call La Leche League. There are often surprisingly simple solutions to what may feel like big problems.
FREEDOM OF MOVEMENT. A swaddled baby can't protect his airway, change his position, reach his mother, suck on his hands, or regulate his temperature, sleep state, or appetite normally. Swaddling increases the risk of both SIDS and suffocation. ^{15, 16}	Don't swaddle your baby.



Here's what our babies have always "expected" at night:

During sleep, babies "expect"...	What you can do
AN ADULT WITHIN REACH. When they're alone, babies' temperature and breathing are less stable, and they have less practice in rousing – important practice! They also have more periods of apnea (no breathing) – all risk factors for SIDS. ¹⁷	Keep your baby within <i>his</i> arm's reach, not yours. Breathing on your baby is actually good for him. If you don't share a bed, be sure to keep your baby in proximity (within arm's reach) during sleep such as in a bassinet, crib, or "sidecar" (which attaches to the bed), for at least the first 6 months.
A COMFORTABLE TEMPERATURE; overheating increases the risk of SIDS. ¹⁸	Dress your baby the way you dress yourself. No extra covering or swaddling for sleep.
FREE ACCESS TO SUCKLING AT BREAST. There's no evidence that a sleeptime pacifier helps protect a bedsharing, breastfed baby. ¹⁹⁻²¹	Learn to breastfeed lying down during the day. Then, at night, you'll already know how.



What do mothers expect at night? And how can they get it?

UNBROKEN SLEEP	Babies usually double their weight by six months and triple it by a year; no wonder they breastfeed at night! Of all mothers, those who bedshare and breastfeed exclusively tend to get the most sleep. ^{22, 23} Expect your baby to feed at night, so you won't resent it. If your baby doesn't stay in your bed full-time, put him on a thin blanket or pad next to you, and move baby and blanket/pad to the other surface, to keep him settled during the switch.
A COMFORTABLE POSITION	Practice during the day. Leaning back with your baby facing your chest is not a risk. Because breastfeeding hormones make you relaxed and drowsy, breastfeed where your baby will be safe if your arms relax. Lying on your side? Remember that babies tend to scootch up; you may need to slide her down for easy latching. To breastfeed from the top breast, use the bottom breast first so you can roll onto it somewhat.
A DRY BED	A large towel or absorbent pad can protect sheets from both mother and baby leaks. Or use a waterproof mattress pad. Leaking usually subsides after the early weeks.
EASY DIAPER CHANGES	Keep diapers and wipes at bedside. Once she stops pooping at night, she can probably use the same diaper all night.
ENOUGH ROOM	Many families play musical beds at night. The parent <i>without</i> the baby can sleep anywhere, leaving mother and baby in their familiar, safe place.
A LITTLE TIME WITHOUT THE BABY	Babies need lots of touch. In the beginning, life will be simpler if you <i>don't</i> try to get away from the baby. And letting her sleep alone "until she wakes up the first time" can mean that she sleeps too deeply to rouse – not good for either of you and a risk for SIDS. As she develops, you'll find patterns that work for you and your family.

For references cited in this handout, lli.org/safesleeptearoff

For more information see *The Womanly Art of Breastfeeding*, 8th edition, 2010, chapter 12
OR Academy of Breastfeeding Medicine Protocol, Committee. ABM clinical protocol #6: guideline on co-sleeping and breastfeeding. Revision, March 2008. *Breastfeed Med*, 3(1), 38-43.