

The Safe Sleep Seven

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Wah! Wah! Wah! Drag yourself out of your nice cozy bed, pick up your screaming baby, sit down to nurse, try to stay awake, put him back in the crib, stagger back to bed, and hope, hope, hope he stays asleep for at least two hours. I had no idea I could feel that exhausted. I could not understand how other mothers survived this, because I didn't think I was going to.

My friend who's a La Leche League Leader came over and saw how worn down and bleary-eyed my husband and I looked. She asked if we'd thought about bedsharing to get more sleep. No. Not for us. Never. But she laid out seven things that make it safer. That night, out of pure desperation and sleep deprivation, I brought my son into my bed for part of the night . . . and I started the next day a bit brighter. He spent more and more time in my bed at night, and lo and behold, we both got more and more sleep. —Monica

Today's culture says you should keep the baby in your room... but not in your bed. Feed him in bed and get really drowsy...but then get out of bed again. Two trips out of bed for every feeding. By about six weeks, *something* has to give.¹ Weaning? Leads to short-term and long-term problems.² Night weaning? Not healthy for you, your baby, or your milk supply at this age.³ Supplementing? Ditto.⁴ Break out the sleep-training book from the baby shower? Not as harmless as it seems (see Chapter 18).

A mother's first step is usually to find a place where she can relax for night feedings. The American Academy of Pediatrics (AAP) says, "Infants may be brought into the bed for feeding or comforting but should be returned to their own crib or bassinet when the parent is ready to return to sleep."⁵ Easy to say. When most of us are "ready to return to sleep," steeped in hormones that make us sleepy, the last thing we want is to get up again. If a mother's afraid to nurse in her own bed, her most likely options are a sofa, recliner, or upholstered chair—all riskier places to sleep with a baby. One study found that 44 percent of mothers who nurse in those places at night fell asleep there at least once.⁶ Eventually, many mothers find that bedsharing is a low-risk, long-term solution for sleep deprivation and an unhappy baby.⁷ But they often go through several high-risk arrangements along the way.

The Safe Sleep Seven Bedsharing Song

(to the tune of "Row, Row, Row Your Boat")

No smoke, sober mom

Baby at your breast

Healthy baby on his back

Keep him lightly dressed.

Not too soft a bed

Watch the cords and gaps

Keep the covers off his head

For your nights and naps.

Even though most new breastfeeding mothers today don't plan to bedshare, studies show that eventually 60 to 75 percent of them will, at least some of the time.⁸ Why? Probably because most breastfeeding mothers get more sleep when they bedshare.⁹ In fact, a lot of mothers who say they *don't* bedshare actually *do*. If the baby starts the night in the crib, if the baby started the night in the crib last night, if the baby usually comes into his mother's bed at the first waking, even if a family simply owns a crib . . . any of those can lead a mother to say—and believe—that she doesn't bedshare when she actually does.¹⁰

One of the big reasons that bedsharing is safer when you're breastfeeding is the way you position your body next to your baby. During sleep, you'll automatically go into the same position as breastfeeding mothers all over the world and throughout time. It's called a *cuddle curl*, and it's nature's way of protecting a baby during sleep. Your knees come up and your arm tucks under your head or pillow, or curls around your baby, creating a protected space. There's no way for you to roll toward your baby because your bent legs won't let you. And no one else can roll into the space because your knees and elbows are in the way.¹¹ Very cool! (If you're worried about your partner, just sleep between your partner and the baby.)

Even during sleep a breastfed baby will instinctively stay with his face near the breast, because that's the center of his universe (and his kitchen).¹² If your baby homes in on your breast, he's not going to wander up into the pillows or down under the covers (and your arm and legs won't let him).

There's another layer of protection too: normally, we're aware of the edges of our bed and the bodies of our pets, even when we're sound asleep. We don't roll over on a baby any more than we roll off the side of the bed or roll over on the cat. And of course both the cat and the baby would react if you tried.

A mother who has never breastfed loses some of these protections. She tends to move her baby closer to her own face, where those puffy, smothery pillows are.¹³ And a baby who doesn't breastfeed is more likely to wander up there himself, even if the bottles are filled with his mother's milk.

What if you're still working out the kinks, maybe pumping for a baby who isn't nursing yet? A newborn will automatically seek his mother's breast. If you've been focused on helping him breastfeed, you'll probably find yourself doing a cuddle curl, at least at first.

If you breastfeed most of the time but give occasional bottles of pumped milk, you'll probably still sleep in a breastfeeding cuddle curl, and your baby will most likely stay at chest level.¹⁴ But if either of you sees a bottle as the more important food source, you and your baby may not automatically "think breast," and your bedsharing risk may increase.¹⁵ If you're just not sure, think carefully about how you cradle your baby when you lie down, and maybe have your partner watch how you interact before you decide for or against bedsharing.

What if your baby gets formula sometimes? Exclusive formula-feeding increases the risk of SIDS (see Chapter 19); partial formula-feeding is a smaller SIDS risk.

By about four months, any responsible adult can bedshare as safely as a responsible breastfeeding mother.¹⁶

For those who say they don't need to prepare their bed for bedsharing because they'll never, ever do it, think about car accidents. No one ever expects them to happen either. But they do. That's why we wear seat belts. It's not that we're *planning* to have an accident; it's that accidents are never planned. So we plan ahead, and we don't give it another thought. Simple and safe—or as safe as being in a car can get.

A planned-ahead bed is just a seat belt. Then at 3:00 a.m. when your baby just can't sleep alone even though you've tried everything up, down, and sideways, you can collapse in bed with your baby and stay there snugly until morning. Tomorrow morning you can decide what you want to do tomorrow night. Life is risky, no matter how you live it. A safe bed, like a seat belt, can greatly reduce that risk.

But what about all the warnings against bedsharing? If you meet the criteria outlined in the Safe Sleep Seven, *then you're not the mother the warnings are for!* Only a small subset of babies with certain preexisting vulnerabilities is at risk for SIDS. The risk for SIDS or suffocation is *far, far, far* greater in a household where the mother smokes, where alcohol or drugs are involved, where the baby is formula-fed, or in truly chaotic settings where the baby sleeps who knows where or with who knows whom (see Chapter 19). In an attempt to reach *certain* mothers and protect *certain* babies, the warnings have been made very clear, very strong, and very simple. The answers for *you* are just as simple.

The Key Points for Applying the Key Points

Every situation is different. Life is never 100 percent safe. And everyone balances risk and benefits differently. Take the information we present and use your mother-wisdom to decide what's best for you, your baby, and your family.

All those scary warnings are about only the first four months. Beyond that? Even the researchers behind the bedsharing cautions agree that by about four months bedsharing by any responsible, nonsmoking adult is as safe as having your baby sleep separately in a bassinet or crib.¹¹

If you and your baby fit the Safe Sleep Seven criteria, your baby's risk of SIDS is what one sleep researcher calls *vanishingly small*. And you'll virtually eliminate overlying and other suffocation risks. ↪

The Key Points for Safe Sleep for All Babies

Stay smoke-free. Stay sober. Stay off sofas, upholstered chairs, and recliners for sleep. Keep your healthy baby lightly dressed, on his back, and near you for sleep. And, of course, keep breastfeeding.

The Safe Sleep Seven

If you are:

- 1. A nonsmoker
- 2. Sober and unimpaired
- 3. A breastfeeding mother

and your baby is:

- 4. Healthy and full-term
- 5. On his back
- 6. Lightly dressed

and you both are:

- 7. On a safe surface

Then your baby in bed with you is at no greater risk for SIDS than if he's nearby in a crib. The Safe Surface checklist explains number 7 and practically eliminates breathing risks no matter where he sleeps. Rolling over on your baby is virtually impossible because you have the cuddle curl (see above) and responsiveness of a breastfeeding mother. By the time the baby is about four months old, research indicates that bedsharing with a healthy baby by any responsible nonsmoking adult on a safe surface is as safe as any other sleep arrangement.

Safe Sleep

Smart Steps To Safer Bedsharing

Meet all seven and you can *sleep sweet*

1

NO SMOKING
In the home
or outside



2

SOBER PARENTS
No Alcohol
No Drowsy Meds



3

NURSING MOTHER
Day & Night



4

HEALTHY BABY
Full Term



5

BABY ON BACK



6

NO SWEAT
No Swaddle



7

SAFE SURFACE



No super-soft mattress; no extra pillows, no toys,
no heavy covers

Clear of strings and cords

Pack the cracks: use rolled towels or baby blankets

Cover the baby, not the head

A Rhyme for Sleep Time



Sing to "Row, Row, Row Your Boat"

No *smoke* *sober* mom

Baby at your *breast*.

Healthy baby on his *back*.

Keep him *lightly* dressed.

Not too *soft* a bed.

Watch the *cords* and *gaps*.

Keep the *covers* off his head

For your nights and naps.

Sweet Sleep

available at
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The Safe Surface Checklist

Avoid these possible smothering risks:

- Sofas and recliners
- Softness or sagging that rolls your baby against you or keeps him from lifting his head free
- Spaces between mattress and headboard, side rails, or wall where a baby could get stuck
- Pets that could interfere

Clear your bed of:

- Unused pillows
- Stuffed toys
- Heavy covers and comforters
- Anything nearby that dangles or tangles (such as cords, strings, scarves, ribbons, elastics)

Check your bed for possible hazards:

- Distance to floor
- Landing surface
- Sharp, poking, or pinching place

The remainder of Chapter 2 explores the details of each Safe Sleep Seven criteria, including the research and common sense behind them.

Something to Sleep On

Research on infant sleep risks, which we go over in depth in Chapter 19, shows again and again that the big risks of shared sleep are a mix of SIDS risks that affect vulnerable babies and breathing hazards that affect *all* babies: smoking, alcohol or drugs, risky surfaces like sofas, baby on his front (unless he's on an adult's chest), and formula-feeding. Combine two or more of those, and the risk can skyrocket.

If you and your baby meet the requirements in the Safe Sleep Seven checklist, you've already eliminated all the biggest SIDS risks. And if you prepare your bed, then your baby's overall nighttime risk becomes vanishingly small. It's like putting your seat belt on and then driving slowly on a deserted (and lovely!) country road. Enjoy having your baby beside you for the journey. ❖

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