



Talking with Your Doctor About Bedsharing

From *Sweet Sleep: Nighttime and Naptime Strategies for the Breastfeeding Family*
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Some parents choose not to discuss their sleeping arrangements with medical caregivers, even if asked. If you do choose to, here are some points you may find helpful:

- I really do appreciate your willingness to listen. It's one of the reasons we come to you.
- Although the public health campaigns suggest that all bedsharing with babies is dangerous, the research shows that the issue is complex, and not a one-size-fits-all.
- Most of the research mixes up SIDS and suffocation. There are ways to make bedsharing safety comparable to a crib's.
- SIDS is linked to smoking, formula-feeding, alcohol, a baby sleeping on his stomach, an overheated baby, a premie or a baby with significant health issues, and a baby left alone. That's not us.
- Suffocation and other breathing risks are linked to an impaired adult or a soft or cluttered or otherwise hazardous surface. That's not us.
- Like other breastfeeding mothers, I sleep with my baby in a specific, protective position, away from pillows, and he stays there to be near my breast. A bottle-feeding mother doesn't sleep in that position and her baby is less likely to stay put.
- I make sure my baby sleeps next to me and not next to someone else.
- No studies have found an increased risk for babies when all those other risks are accounted for. The 2013 Carpenter meta-analysis that says otherwise is based on studies with poor definitions and missing data.
- Research studies have found no increased risk with bedsharing after about four months.
- Like other breastfeeding mothers, I wake up frequently to tend him and feed him, and often don't even know I'm doing it. If he were across the room, he wouldn't be tended nearly so carefully.
- He doesn't need a pacifier. I'm right there to nurse him.
- If a mother doesn't bedshare, she's less likely to nurse as long as medical organizations recommend, with big health consequences.
- The brochures say my baby shouldn't sleep on a chair or a recliner or a sofa or a bed to nurse at night. He sleeps when we nurse. Where, exactly, am I supposed to go at 3 a.m. if I'm really tired?
- Sleep training isn't something we're comfortable with. The research that promotes it doesn't look at the internal changes or the long-term outcomes. Sleep training raises his cortisol level and keeps it high even after he stops crying. And it's not good for breastfeeding.

You might want to share the tearsheets on Bedsharing Talking Points and the Safe Sleep and Safe Surface checklists. The talking points sheet has references on the other side that support the statements above.