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## FEATURE ARTICLE

### **Someone's Been Sleeping In My Bed**

#### **The "myth" of overlaying**

In nearly every culture of the world, babies sleep with adults. It is only in industrialized Western cultures that sleep has become a solitary activity. The transition from co-sleeping to solitary sleep began during the 18th century when infant and child mortality rates in Europe were nearly 20 percent. Although most of the deaths were due to disease or complications during childbirth, "overlaying" was often reported though rarely authenticated. The myth of overlaying persists today, a result of social, emotional, and cultural influences. Child care experts, including Dr. Benjamin Spock, recommended solitary sleep for babies. In 1985, Dr. Richard Ferber popularized the use of bedtime rituals for helping babies sleep through the night. "Ferberization" is still popular among many American parents.

In 1986, McKenna and Mosko rekindled the bed-sharing debate. They suggested that the Western definition of "normal" infant sleep patterns created unrealistic expectations about where and how infants should sleep. Today, it is interesting to note that while many parents state during pregnancy that they do not intend to

## *Caught In The Web*

If you are looking for the most recent health data and surveillance statistics contact the following Center for Disease Control and Prevention website [www.cdc.gov/scientific.htm](http://www.cdc.gov/scientific.htm)

bedshare, many inevitably do so for a variety of reasons including ease of

feeding, desire to monitor infant, parental need for more sleep, desire for closeness, and inability to settle baby alone.

#### **Consumer group issues an alert on bedsharing**

As recently as September 29, 1999 the United States Consumer Product Safety Commission (CPSC) warned parents and caregivers about the danger of placing babies to sleep in adult beds. A CPSC study published in the October issue of the Archives of Pediatrics and Adolescent Medicine found that placing babies in adult beds puts them at risk for strangulation and suffocation. CPSC's study was described as the first to quantify the number of fatalities resulting from the practice of co-sleeping

## Ask Amy

### Q. How much weight should my breastfed baby gain in the first weeks of life?

Weight gain and weight loss are important measures of infant and child health. Your baby can lose up to 7% of his birth weight during the first week of life and should regain that weight during the second week of life. After the first or second week, your baby should gain 4-8 ounces a week.

Sometimes a baby will gain less. However, breastfeeding patterns should be carefully reviewed. Babies often double their birth weight by 4-6 months of age and triple their birth weight by 1 year of age. If you observe any of the following signs, contact your baby's doctor right away.

- Inability to maintain a latch
- No evidence of milk transfer/swallowing
- Continued weight loss after day 5
- Weight loss greater than 7%
- Below birth weight at 2 weeks of age
- Less than 3 stools a day; black, sticky stools (meconium) on day 4
- Change in appearance or behavior; listless and sleepy or restless and irritable for long periods of time

with babies. "Largely preventable" were the words used by the CPSC to describe 515 deaths of children under 2 years of age that occurred between January 1990 and December 1997.

"Don't sleep with your baby or put the baby down to sleep in an adult bed," said CPSC Chairman Ann Brown. The only safe place for babies is in a crib that meets current safety standards and has a firm, tight-fitting mattress. Place babies to sleep on their backs and remove all soft bedding and pillow-like items from the crib.

- The CPSC recommendations generated tremendous controversy. Professionals were quick to identify the many deficiencies in the study.
- The data were not controlled for demographic variables and therefore cannot be extrapolated to the general population.
- The researchers did not quantify the number of children who were sleeping alone, with another child, or with an adult when death occurred.
- No comparison was made between the number of deaths that occurred in adult beds and the number of deaths that occurred in cribs or cots during the study period.
- No information was provided on how many children under two years of age bedshare and for what period of time, therefore relative risk could not be calculated.
- No distinction was made between deaths due to Sudden Infant Death Syndrome (SIDS) and deaths due to "overlying."
- No distinction was made for deaths that occurred because of known risk factors like bedsharing with older siblings, sleeping in waterbeds, or sleeping face-down (prone).
- Death certificates provided little information on use by the adults of alcohol or other drugs known to impair adult arousal.

The limitations of the study notwithstanding, for the CPSC to recommend changes in nighttime parenting behaviors based on one study was viewed by

critics as irresponsible at best. In addition, noted anthropologists were quick to point out that the CPSC ignored the fact that in many cultures throughout the world bedsharing is the norm. How we sleep, with whom we sleep, and where we sleep is molded both by culture and custom.

## How to make bedsharing safe

So how do parents choose? Each parent must weigh the known benefits and the potential risks. Bedsharing promotes breastfeeding, decreases infant crying, and may reduce the risk of SIDS. Parents who bedshare get more rest and keep their babies safe. But if parents who bedshare are truly going to keep their babies safe they need to know the behaviors and conditions that make bedsharing less risky

Place your baby on her back. Do not put your baby on her tummy or her side.

- Use a lightweight cover or blanket. Do not use comforters, duvets, quilts, or pillows.
- Keep your baby comfortable. Do not let your baby get too hot or too cold.
- Use a bed with a firm mattress that fits tight against the bedframe. Do not put your baby to sleep in a waterbed.
- Do not sleep with your baby on sofas or overstuffed chairs.
- Do not place your baby alone in an adult bed.
- Do not place your baby in an adult bed with older siblings.
- Parents who smoke should not bedshare. Smoking increases the risk of SIDS. If you must smoke, do not smoke in the house or car or near your baby.

## Did You Know?

### Get Smart!

Infant mortality decreases as the mother's level of education increases.

### Forty-something and pregnant?

Fewer than 1 percent of the 4 million babies born in the U.S. are born to women 45 years of age or older.

- Parents should not bedshare if they have used alcohol or drugs.
- Parents who are extremely overweight should not bedshare.

From the CPSC study we know that children die in adult beds. What we don't know is why each child died. Was the baby placed face-down? Did either parent smoke? Did the death occur on a sofa rather than a bed? Were there other siblings sharing the bed? Was the child placed in the adult bed alone? Where a baby sleeps when death occurs is no more or less significant than how a baby sleeps or with whom.

In 1999, the major cause of death among children was motor vehicle accidents. Nonetheless parents place children in automobiles every day, in effect putting them at risk. But in an effort to limit the risk and keep children safe, parents use car seats and seatbelts and observe traffic laws and speed limits.

Bedsharing is one of many strategies parents use in an attempt to get more sleep. Each parent must choose the strategy that best meets their needs and the needs of their baby. Just remember, if somebody is sleeping in your bed, be sure to keep them safe.

## *It's the Law*

A member of the California Legislature has introduced a bill that would prohibit a manufacturer of infant formula from sending, or a hospital or health care provider from distributing, unsolicited samples of infant formula to a mother without obtaining her written consent.

The consent form contains information about the drawbacks of feeding a baby infant formula and the benefits of breastfeeding.

## **SCIENCE OR SCIENCE FICTION**

### ***More Is Better!***

Dr. M. R. Roa et al assessed the cognitive effects of breastfeeding in 220 term infants born small for gestational age (SGA) and 299 term infants born appropriate for gestational age (AGA). While the SGA infants were less likely to breastfeed exclusively, those who remained exclusive breastfeeders grew just as well as those who received nutritional supplements.

Furthermore, SGA infants who were exclusively breastfed for 6 months demonstrated an 11-point IQ advantage compared with SGA infants who were exclusively breastfed for only 3 months. A similar finding was noted in the AGA group, but the difference between the 3 month and 6 month group was only 3 IQ points. *Acta Paediatr* 2002;91:267-274

## **EDUCATIONAL EVENTS**

June 7, 2002  
Breastfeeding Symposium for Healthcare Providers  
Oklahoma City, Oklahoma USA

July 18-20, 2002  
LLLI Physician Seminar  
Sedona, Arizona

July 21-24, 2002  
National Healthy Mothers Healthy Babies Conference  
Clearwater, Florida USA

July 24-28, 2002  
International Lactation Consultant Association Conference  
Boca Raton, Florida USA

## **PROFESSIONAL OPPORTUNITIES**

Are you looking for a new employee, or new job opportunity? Use our Professional Opportunities column to streamline your search. Your advertisement will be read by hundreds of qualified professionals in the maternal and child health field and by more than 10,000 visitors during its 60 day flight. For additional information, contact us at [info@amysbabycompany.com](mailto:info@amysbabycompany.com)

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