



# *Clinical.* Lactation

Vol. 5, Issue 4, 2014

Print ISSN: 2158-0782

Online ISSN: 2158-0537



Official Journal of the  
United States Lactation Consultant Association

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*Editorial*

I spoke at a lot of conferences in 2014, which gave me a good sense of what's happening both locally and at the national level. Not surprisingly, the topic of mother-infant sleep continues to be big news. Unfortunately, in state after state, I've seen breastfeeding advocates and public health officials in a showdown. Both groups have the stated goal of improving infant survival. Rather than being on the same side, as we should be, we are busily fighting each other. This wastes energy that we could be expending improving breastfeeding rates and decreasing infant mortality rates. In the process, we are making parents even more confused.

This type of disagreement has to stop. We may never entirely agree with each other, but we at least need to come to some type of accord. If we're going to decrease infant mortality, we need to work together. Here are some things I've observed that explains why "the sleep issue" is not going away any time soon and why we need to be having open conversations with parents about it.

### **Most Parents Sleep With Their Babies at Least Part of the Night**

In the U.S., we have had lots of public health campaigns outright telling parents not to bedshare. And yet, parents are still doing it—in droves (Kendall-Tackett, Cong, & Hale, 2010). Clearly, simply telling them not to doesn't work; it's had little impact on parental behavior. Rather, it drives parents' nighttime behavior underground. Because parents cannot talk with their healthcare providers about how they are handling nighttime parenting, they often improvise and do things that are genuinely dangerous, such as sleep on the couch with their babies or sleep with their pets and babies in the same bed (e.g., about 50% of families who were bedsharing in our study of 6,410 new mothers were also sleeping with their pets!).

### **There Are Variations in Sleep Practices Based on Culture**

Of late, there has been much talk in the lactation field about cultural competence and how we must respect a mother's culture as we give her breastfeeding information. And then we come along and tell her not to bedshare, which in many cultures is a direct

violation of her beliefs about how to treat babies. "Yes, but," you might say, "we're worried about infant safety. Cultural sensitivity takes a back seat to infant safety." On its face, this seems like a reasonable argument until you look closely; many non-White cultures have far lower rates of infant mortality. Taking an example from the United Kingdom, Helen Ball and colleagues (2012) compared a sample of White and Pakistani families in Bradford, United Kingdom, on nighttime parenting practices. There was, not surprisingly, significantly more bedsharing among the Pakistani families compared to Whites, and yet they had half the sudden infant death syndrome (SIDS) rate. Why on earth would they listen to us? And why would we want them to? We clearly do not have the answer. Even in cultures with higher SIDS rates, we need to be sensitive to mothers' cultures or they will simply ignore our advice, as they are doing now.

### **Bedsharing Sustains Exclusive Breastfeeding**

Another consistent finding is that mothers who exclusively breastfeed are also more likely to bedshare (Ball, 2007; Blair, Heron, & Fleming, 2010). We also found this in our data from the Survey of Mothers' Sleep and Fatigue. As we encourage more mothers to exclusively breastfeed, we need to recognize that bedsharing rates are more likely to go up, not down. Even SIDS researchers are recognizing this. For example, Peter Blair noted the following:

*Advice on whether bed sharing should be discouraged needs to take into account the important relationship with breastfeeding. (Blair et al., 2010, p. e1119)*

### **Exclusive Breastfeeding Protects Maternal Mental Health**

A current controversy in the maternal mental health field is whether mothers should avoid breastfeeding at night to lower their risk for depression. This is yet another faction that seeks to dictate mothers' nighttime behavior and, if followed, will be detrimental to breastfeeding. It's interesting to note that several recent studies (including ours) found that mothers who exclusively breastfeed have significantly better sleep and lower rates of depression (Doan, Gardiner, Gay, &

Lee, 2007; Kendall-Tackett, Cong, & Hale, 2011). We even found that to be true for women with a history of sexual assault (Kendall-Tackett, Cong, & Hale, 2013). There was still an effect of the assault, but exclusive breastfeeding lessened its impact on sleep, depression, anxiety, and anger. Unfortunately, partial breastfeeding does not provide these protections. In fact, in our data, there was no significant difference between mixed feeding and exclusive formula feeding in maternal sleep or mental health. In short, exclusive breastfeeding protects maternal mental health by improving her sleep. And as I described earlier, exclusive breastfeeding means that she is probably also bedsharing.

In summary, sleep behavior, particularly bedsharing, has proven quite resistant to public healthcare campaigns. Let's admit that they haven't worked, and start focusing on ways that we can help improve sleep safety and lower infant mortality rates, in ways that are consistent with mothers' beliefs and do not compromise breastfeeding. It can be done. But first, we must be willing to engage with each other and with families, find out what families are actually doing, and work with families to lower risk and empower them as parents. We won't get there by telling parents not to sleep with big knives (Kendall-Tackett, 2012). Tried that. It didn't work. It's time to move on.

Thanks for all you do for mothers and babies. Keep fighting the good fight. Wishing you a happy and healthy 2015.

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