

Co-Sleeping Safety Tips By Judy Arnall

Your baby has been crying for hours in the middle of the night. Nothing will calm her.

Finally, she settles in your arms but awakens and screams the minute you set her in her crib. Out of exhaustion, you take her into bed with you and both you and baby snuggle in for a cozy sleep.

Except for North America and Europe, most people in countries around the world sleep with their children. The trend is also increasing in Canada, although many parents don't like to admit to the practice. They worry about safety concerns and receive advice from friends and relatives that once their baby is in bed with them, they'll never get her out. (Which is unsupported by research.) But the reality is that most parents will sleep with their baby at some point in time whether for a temporary period or an on-going practice. Many parents want the closeness and comfort of sharing a bed with their baby full time. Whether for half the night while getting the baby to sleep, or getting more sleep during the early hours of the morning, or for naptimes. Baby could be teething, sick, have night terrors, and need night-time parenting. Or you could be on holidays with no crib. It's important for parents to know that there are risks and benefits to co-sleeping just as there are risks and benefits to crib use.

How can parents make co-sleeping safer? An adult bed is just like an automobile; both are not custom made for infants. For cars, we have invented car seats to reduce the risk of injury and death while travelling. For beds, we have several safety recommendations to reduce the risk while sleeping together.

There are basically two ways to have a safer sleep-sharing experience. Some parents try the sidecar approach. They put the crib in the master bedroom with one crib side down. The lowered crib side is moved right next to the bed. This is called co-sleeping. Other parents just get rid of the box spring and put a king size mattress down on the floor so there is no danger of falling. Just as adults are aware of the edges of their beds and seldom fall off, mothers and babies become

intuitively aware of each other as they sleep, so rolling over on baby is not common. This is called bed-sharing. The following tips can reduce the risks of suffocation, wedging, entrapment and falling:

- Never sleep with baby while under the influence of drugs, prescription drugs, over the counter drugs, and alcohol, or if partner is under the influence of the same.
- Never leave baby unattended on an adult bed.
- Keep pillows, comforters, stuffed animals and sheets away from baby. Dress baby in a warm fleece sleeper and Mom in a warm cotton turtleneck so the upper body doesn't get cold and you don't need blankets or comforters to cover up.
- Pin away adult's long hair and fasten up.
- Make sure sheets are fitted under the mattress.
- Always put baby on her back to sleep.
- Avoid siblings in the same bed. If siblings do share a bed, Mom should sleep between sibs and baby.
- If using a bed with legs, make sure the spacing between headboard and footboard is no more than currently allowed for mattress-crib spacing in safety approved cribs.
- If mom or dad smoked during the pregnancy, avoid bed-sharing.
- Mattress must be firm and preferably flat on the floor.
- Never sleep on couches, overstuffed chairs or sofas, waterbeds or hide-a-beds.
- Never cover up baby's face.
- The mattress should not be against a wall or furniture because baby could become entrapped.
- Baby should not sleep between mom and dad due to overheating produced from both bodies. Sleeping between mom and the end of mattress on the floor is the safest. Many countries where sleep sharing is common, only have mom and baby bed share, not dad, siblings or pets.
- Avoid strings and ties on baby and parent's nightclothes.
- Avoid overheating the room and baby.
- Avoid sleeping near window treatment cords that could strangle, or windows that could pose a falling risk.
- Avoid using bed rails for infants under one year.

No infant sleep environment is 100% safe. But by following the safety recommendations for cribs or co-sleeping, we can greatly reduce the risks of suffocation. After the age of one year, there are no safety concerns and where children sleep is a personal matter of family preferences. No health professional should tell parents where their child should sleep because research supports that children thrive

physically and emotionally in all sleeping environments where no one is crying and everyone is sleeping safely.

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