

## Co-sleeping

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Copyright Dr Sarah Buckley

For more of Sarah’s writing and for her book *Gentle Birth, Gentle Mothering; The wisdom and science of gentle choices in pregnancy, birth, and parenting* see [www.sarahjbuckley.com](http://www.sarahjbuckley.com)

Babies and sleep. It can seem that the two are mutually exclusive, and recent Brisbane research has even suggested that many mothers who have been diagnosed as having post-natal depression are actually suffering extreme fatigue from waking to their babies at night

This has puzzled me, knowing that almost all babies waken to feed during the night, and especially breastfed babies, because breastmilk is so easily and quickly digested. I have read research documenting the many times that mothers in other cultures feed their babies at night, apparently without distress or depression.

Night waking had been an issue for me with my first baby, and I had felt rather “sleep-deprived” in the early months. By the time my second was born, I had learned - mostly from experienced mothers - that most babies wake up, and I felt more relaxed about it.

I discovered that we all slept better in bed together, and that I felt less fatigued, even though Zoe breastfed 3 or 4 times nightly. I would wake as she stirred, and feed her before she cried; this saved my husband from being disturbed, and he was more available for the early morning shift.

Co-sleeping, or bed-sharing, also synchronised our cycles of deep and light sleep, so I was already in light sleep when Zoe awoke, and I didn’t have that panicked feeling at being woken from deep sleep. Even better, I didn’t have to get out of bed, and I often fell asleep after a few minutes with Zoe still on the breast.

My experiences are confirmed by the elegant research done by James McKenna, Professor of Anthropology at University of Notre Dame, Indiana, US and his colleagues, who invited 35 mother-baby pairs into a sleep research laboratory, and monitored overnight their sleep patterns as they slept together or in separate rooms. They found that, not only did co-sleeping pairs get into the same sleep cycles, but that babies who co-slept experienced more frequent “arousals”, triggered by the mother’s movements, and spent less time in deep sleep.

As a researcher in SIDS, Professor McKenna believes that these low-level arousals, which did not actually awaken either partner, give the baby practice in arousing itself. This may lessen a baby’s susceptibility to some forms of SIDS which are thought to be caused by failure to arouse from deep sleep to re-establish breathing patterns.

Professor McKenna speculates that millions of years of co-sleeping and night feeding have not developmentally prepared young babies to “sleep through” in a solitary bed, involving, as this does, long periods of deep sleep.

There are many other benefits of co-sleeping, such as keeping the baby warm, increased access to the breast (which ensures a good supply), less crying, and the practical observation that co-sleeping babies almost always sleep on their backs, which is a significant factor in reducing SIDS risk.

Videos taken during the study showed that co-sleeping mothers, even in deep sleep, seemed aware of their baby’s position, and moved when necessary to avoid over-laying. At no time in the study did co-sleeping mothers impede the breathing of their babies, who actually had higher average oxygen levels than solitary sleepers.

Although there is no direct evidence to prove Professor McKenna’s theories, some of the lowest rates of SIDS are found amongst cultures where co-sleeping is predominant.

Western studies indicate that co-sleeping does not increase SIDS risk unless co-sleeping parents smoke or use alcohol or drugs. Co-sleeping parents must ensure that their baby’s head does not become covered by bedding, that the baby cannot sink into an overly soft mattress (water beds are not recommended) and that the baby does not become entrapped or overheated.

Fathers, non-breastfeeding mothers and working parents may particularly appreciate the cosy intimacy that sleeping with a baby brings.

I do not see co sleeping as a panacea for fatigue, but for many families, it is easier, more pleasurable and less tiring than our cultures usual sleeping arrangements.