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The co-sleeping controversy

age found that regular co-sleeping was associated with increased night waking or bedtime protests.[28] Among families who co-slept, Caucasian parents were more likely than black parents to consider the child's sleep behavior a problem. Much more difficult to ascertain, however, is whether co-sleeping actually causes the sleep problems or merely allows parents to become more aware of sleep problems than when the child sleeps separately. Other possibilities are that children who have sleep problems are much more likely than other children to become co-sleepers, or that co-sleeping is the normal parental response to existing sleep problems.

Attack on co-sleeping

A 1999 report from the CPSC, based on its own data, concludes that no child younger than 2 years of age should be allowed to sleep in an adult bed.[1] The report has generated intense reactions from both the lay and the medical community One example is an essay by McKenna (see "In defense of Maya's mother"), which discusses the flaws in the CPSC's data and the report's failure to acknowledge that parents have a right to choose how they want to take care of their infants. The authors of the report, who are employees of the CPSC, acknowledge flaws in their research, such as the incom-

In defense of Maya's mother

By James J. McKenna, PhD

In her book *I Know Why the Caged Bird Sings,* Maya Angelou writes about how her mother encouraged her to bring her infant son into her bed. When Maya realizes she hasn't crushed her son, as she had feared she would, she hears her mother whisper, "See, you don't have to think about doing the right thing. If you're for the right thing, then you do it without thinking."

A recent report from the US Consumer Product Safety Commission (CPSC) would have us believe that Maya's mother, as well as hundreds of thousands of other mothers and fathers, are wrong; that they somehow are not "doing the right thing." In truth, the CPSC's sweeping recommendation—that all infants regardless of circumstances should sleep in cribs—was made "without thinking" on the basis of data so badly flawed that the renowned SIDS researcher Abraham Bergman calls it a classic example of "garbage in, and garbage out."

At the core of the CPSC study is the finding that 121 children died from 1990 to 1997 when a bed sharing adult rolled over and suffocated them. What is missing from the study, however, are crucial details of the actual bed sharing circumstances, including the infant's sleep position and whether the adult smoked, ingested drugs, suffered from depression, was sober, or was even aware that the baby was present in bed. All of these factors and others significantly increase the chances of an "overlay" or SIDS, quite independently of the use of the adult bed.

Of further concern, the study reports on the number of infants said to have died in adult beds but does not provide information on the total number who sleep in such arrangements and live. Thus, the relative risk is unknown. A third flaw is the study's dependence on what even the authors agree is the anecdotal nature of information they gathered from death certificates. Because death investigations and certification practices vary widely in the US, regional differences exist in how a term such as "overlying" is defined, for example. In addition, Bergman has observed that economic factors can come into play: Deaths of infants with identical pathologic findings are classified as overlying or suffocation if the child is from a family that is poor or from a minority, but is considered SIDS or interstitial pneumonia if the child is from a family that is white or middle class.

Should parents be counseled to take precautions to minimize catastrophic accidents in the bed sharing environment? Absolutely. And, of course, parents should take similar precautions when they place their infants in cribs, where an average of 50 children die by strangulation or suffocation each year. But in making their Draconian recommendation against bed sharing, CPSC officials failed to appreciate that the choice of sleeping arrangements reflects parents' rights and need to take care of an infant or child during the night in a way that they find most fulfilling. Such arrangements

plete and anecdotal nature of their databases, which depend on information from death certificates that mention a specific consumer product and consumer complaints, as well as media articles and medical emergency services reports. The way the data were collected did not permit the authors to determine how many children co-slept, and hence were at risk of dying while doing so, or the total number of children who died while co-sleeping. These incomplete databases should lead to underreporting of infant deaths associated with co-sleeping. Because of the way the authors analyze the data, however, they may have overreported such deaths. According to the report, 515 children younger than 2 years who were placed to sleep on adult beds died during an eight-year period (1990–1997). Of these, 121 deaths, or 15 a year, were attributed to overlying by a parent or other family member. The remaining 394 deaths, the authors determined, resulted from suffocation or strangulation when the child's head was caught in a structure of the bed.

The most significant flaw in the CPSC's research is how it ascertained the cause of death. Of the infants who reportedly died because of parental suffocation, the authors say they excluded deaths that probably were caused by SIDS, but included those caused by overlying,

are about defining and building social relationships and often depend on whether the parents choose to feed their child with breast or bottle and what they want their infants to know about them and to experience emotionally. Bed sharing reflects how parents best believe they can protect their infants and show them affection, through nurturing gestures—spontaneous touches, caresses, and loving whispers—that my colleagues and I have had the privilege to document using infrared video cameras.

Our research also has shown that the commission is simply wrong to imply that sleeping mothers and fathers are unresponsive to the sounds, touches, cries, and needs of the children in their beds. Consistent with the views of Maya's mother, our studies show emphatically that even in the deepest stages of sleep, mothers respond within seconds to a strange noise, sudden movement, grunt, or cough of a co-sleeping child. Research also shows that bed sharing and breastfeeding mutually reinforce each other since they are an integrated, time-tested, biologic system that maximizes—not threatens—human infant survival as well as maternal health. The closer babies sleep to their mothers, the more they breastfeed. Interestingly, the data also show that both mother and infant actually sleep more when they sleep together than when they sleep in different rooms. Moreover, in self-appraisals, mothers who routinely bed share rate the quality of their sleep as high as, if not higher than, mothers who routinely sleep apart from their infants. And, as mothers know, bed sharing makes breastfeeding easier and more successful, for both the mother and child.

The controversy about co-sleeping may have a positive side because it has educated parents about the benefits of bed sharing and makes them aware of choices they didn't know were theirs to make. Indeed, perhaps someday we will join the rest of the world and regard infant-parent bed sharing as an appropriate and potentially rewarding choice, when practiced safely. Then scientists and parents alike will regard co-sleeping parents not as "products" to be managed by the CPSC, but as loving, nighttime protectors of their children.

Bed sharing with young children may not be for everyone, and shouldn't be for some, when safety is problematic. But what we need right now are more mothers like Maya's to help defend and speak up for the rights of mothers and fathers to sleep in bodily contact with their infants or children in the same bed, if that is their choice.

THE AUTHOR is Professor of Anthropology and Director, Mother-Baby Behavioral Sleep Laboratory, University of Notre Dame, South Bend, IN.
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