



## Co-Sleeping

Co-sleeping refers to a diverse class of sleeping arrangements composed of many different types of practices. These include bed-sharing and room-sharing. **Controversy exists over the safety of co-sleeping**, particularly bed-sharing. However, it is standard practice in parts of the world, particularly in collectivist societies.

A safe co-sleeping environment aims to provide the infant with the opportunity to 'sense' and respond to the caregiver's signals and cues, such as the mother's smells, breathing sounds and movements, infant-directed speech, invitations to breastfeed and touches. Moreover, to be designated 'safe', the physical

and social co-sleeping environment must involve a willing and active caregiver who chooses to co-sleep specifically to nurture, feed, or be close to the infant in order to monitor or protect him or her (1).

## Benefits

- Sleeping with someone makes you **feel close to them, attached, loved and loving**. This is especially true with our babies, as it extends bonding opportunities, especially for working parents.
- Co-sleeping provides a **more comfortable, efficient and cosier environment for night feeding**.
- Co-sleeping is deeply comforting for babies and **reduces their**

**susceptibility to stress disorders** down the track.

- Co-sleeping can **reduce the risk of SIDS** because of the synchronization of sleep cycles between mother and baby and because babies tend to stay in a lighter sleep phase and avoid very deep sleep where sleep apnoea can be a problem.

- Several studies have demonstrated that babies who sleep in close proximity to their mothers have better outcomes in **successful initiation and duration of breastfeeding** (2,3). A randomised study of sleeping location demonstrated that side-car cribs attaching to the mother's bed enhance breastfeeding initiation while preserving infant safety (3).

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The Parent Infant Research Institute (PIRI) is a vigorous and innovative Australian research institute focussing on understanding, developing and applying treatments to improve parent and infant well being. PIRI believes that early intervention is the key to better outcomes for families.

While PIRI has a strong research focus, it also comprises a clinical unit (Infant Clinic). The Infant Clinic is a Centre of Excellence and provides a clinical service to assist with the difficulties experienced by parents and infants in the first years of life.

When practiced safely, co-sleeping with breastfeeding (whether bedsharing or not) represents a highly effective, adaptive, integrated childcare system that can enhance attachment, communication, nutrition, and infant immune efficiency thanks to the increased breastfeedings and the increased parental supervision and mutual affection that accompany this practice. Co-sleeping infants appear more content than those who sleep (or try to sleep) by themselves. With increased maternal contact and feeding, crying is significantly reduced, and, contrary to conventional thinking, maternal and infant sleep can be increased (4).



## Keeping Co-Sleeping Safe

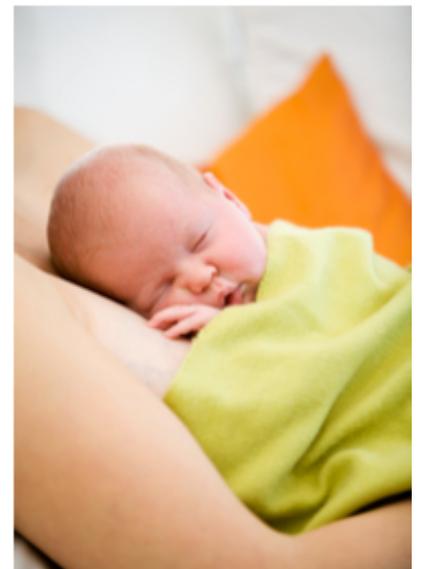
**The co-sleeping environment must be carefully constructed to avoid known hazardous conditions**, revealed by epidemiological studies. A position statement on sleeping with a baby was issued by Sids and Kids in September 2007. They concluded that:

“There is evidence that sharing a sleep surface with a baby increases the risk of sudden infant death and fatal sleeping accidents in some circumstances. SIDS and Kids recommends sleeping a baby in a cot next to the parents’ bed for the first six to twelve months of life as this has been shown to lower the risk of SIDS and sleeping accidents.”

### When is sharing a sleep surface not safe?

According to Sids and Kids, **sharing a sleep surface with a baby must be avoided** in the following circumstances:

- Where the baby shares the sleep surface with a **smoker**
- Where there is **adult bedding, doonas or pillows** that may cover the infant
- **Where the baby can be trapped** between the wall and bed, can fall out of bed, or could be rolled on
- Where the parent is under the influence of **alcohol or drugs** that cause sedation or is overly tired
- Where babies are sharing beds with **other children or pets**
- Where the baby is placed to sleep on a **sofa, beanbag, waterbed or sagging mattress**



### References:

1. McKenna J, Mosko S, Richard C. (1997) Bedsharing Promotes Breastfeeding. **Pediatrics** **100(2)**: 214-219.
2. Young J, Pollard, KS, Blair PS, Fleming, PJ, Sawczenko A, (1998) Night-Time Behaviour And Interactions Between Mothers And Infants Of Low SIDS Risk: A Longitudinal Study Of Room-Sharing and Bed-sharing. **Pediatric Pulmonology** **26(6)**: 447.
3. Ball HL, M P Ward-Platt MP, Heslop E, Leech SJ, Brown KA. (2006) Randomised trial of infant sleep location on the postnatal ward. **Archives of Disease in Childhood.** **91(12)**: 1005-1010.
4. McKenna, J. (2002) Breastfeeding & Bedsharing Still Useful (and Important) after All These Years. **Mothering Magazine**, Issue 114 September/October.

### Sources:

Dr. James McKenna's Mother-Baby Sleep Laboratory, University of Notre Dame, Frequently Asked Questions (FAQ) about safe cosleeping:

[www.nd.edu/~jmckenn1/lab/faq.html](http://www.nd.edu/~jmckenn1/lab/faq.html)

[www.cosleeping.org](http://www.cosleeping.org)

[www.sidsandkids.org](http://www.sidsandkids.org)



## Latest Research Publications

### Point Prevalence of PND in Australian Women

Data from the beyondblue National Postnatal Depression Program, conducted between 2002-2004, has yielded the most comprehensive picture of the mental health status of women giving birth in Australia during this period. Data was collected antenatally and postnatally from thousands of women in most states and territories. The sample were chosen from public and private hospitals in urban, regional, rural and remote areas and included women from culturally and linguistically diverse backgrounds.

While this beyondblue research has yielded much data, one recent paper published reports the point prevalence findings of depression for postnatal women. A total of 12, 361 women from 43 centres in seven states and territories completed the Edinburgh Postnatal Depression Scale (EPDS) at 6-8 weeks postnatal. Employing an EPDS cut-off score of >12, which indicates a probable major depression, the overall prevalence was 7.5%. This finding is lower than commonly reported estimates from previous research, including large meta-analyses, which have found point prevalence ratings of 13% (eg., O'Hara & Swain, 1996). One reason for this is related to the limited response rate (58.2%) which may mean the sample is not representative.

Significant variation between states was found, with Queensland and South Australia recording the highest prevalence ratings, and Western Australia the lowest. The authors noted that the point prevalence rate of elevated EPDS scores is lower in states where screening protocols have been established. The authors also reported that women giving birth in the public sector may have higher point prevalence ratings on the EPDS compared with those accessing the private hospital system. They suggested this may be related to lower incomes and educational levels.

They concluded that protocols and procedures for how to identify and manage the emotional health of women in the perinatal period require consideration.

Reference:

Buist, A., Austin, M-P. V., Hayes, B. A., Speelman, C., Bilszta, J. L. C., Gemmill, A., Brooks, J., Ellwood, D. & Milgrom, J. (2008). Postnatal mental health of women giving birth in Australia 2002-2004: findings from the beyondblue National Postnatal Depression Program. **Australian and New Zealand Journal of Psychiatry, 42 (1)**, 66-73.

### Sleep-Related Breathing Problems – Premies who Snore

Snoring is a symptom of a sleep-related breathing disorder. It causes frequent sleep disturbance and occasional hypoxia (a shortage of oxygen). While we may think that snoring occurs mainly in older men, it is present in 3% of children and adversely affects their development.

Prematurely-born babies and children are at increased risk for sleep-related breathing disorders. A study found that 14% snore 2 days per week and 8% snore more frequently. The babies (aged an average 10.6 months) who snored weighed less than those who did not snore.

Parents whose children snore are encouraged to consult their child's paediatrician to determine the severity of the sleep-related breathing disorder and whether it is likely to affect their child's development.

Reference: Montgomery-Downs, H. E. paper presented at the 21<sup>st</sup> Annual Meeting of the Associated Professional Sleep Societies, June 2007, and published in *PremiePress: The Psychology of Infancy*, September 2007, edited by Carol Newnham.

**To subscribe to PremiePress: The Psychology of Infancy, please contact Liz Barbante or Dr Carol Newnham on 9496 4496.**



**PremiePress**

## Conferences...

### AIMH Conference



#### Registration of Interest

2008 conference

Australian Association for Infant  
Mental Health and  
Aboriginal and Torres Strait Islander  
Perinatal and Infant Mental Health

5 - 8 November 2008

Adelaide Hilton Hotel

#### Angels in the Nursery

Supporting Parent-Child Relationships  
Supporting benevolent parental influences

#### Keynote Speakers

Dr Julie Larrieu, USA & Dr Anthony Bateman, UK

#### Themes

- Parent Infant Therapy
- Mentalisation
- Supporting Families/Communities/Carers/Cultures
- Healing/Reparation *Ghost busting in the Nursery*

register your interest at

[www.sapmea.asn.au/aaimh08](http://www.sapmea.asn.au/aaimh08)

Email for queries [aaimh08@sapmea.asn.au](mailto:aaimh08@sapmea.asn.au)



### Conference

**'Preventing the Bough from Breaking - New Approaches to Postnatal Distress, Bonding and Attachment'**, held at The Byron at Byron Bay Resort, Spa and Conference Centre, NSW.  
[bondingwithbaby@familynet.ngo.org.au](mailto:bondingwithbaby@familynet.ngo.org.au)

### International Marcé Society Conference



The Biennial International Marcé Society Conference will be held on 10-13 September 2008. The conference theme is: **'Policy, Planning and Effective Delivery of Perinatal Mental Health Care'**. It will be held at The Manly Pacific Hotel, Sydney.

For more information log on to [www.marcesociety.com.au](http://www.marcesociety.com.au)

### PRI Farewells... & Welcomes

It is with sadness we say farewell to **Leanne Trinder**, a senior research officer with PRI. Leanne has been an integral part of developing and implementing data collection and management for our NHMRC 'PremieStart' study into the effects of parent-infant intervention with premature infants in the NICU. Leanne is a talented and skilled statistician and is returning to study - we wish her well.

We also warmly welcome Ms **Carmel Ferretti** who joins our team in a part-time capacity working on the PremieStart project working directly with parents and their premature infants in the NICU.

### BOOK REVIEW

#### Clinical Skills in Infant Mental Health

By Sarah  
Mares,  
Louise  
Newman  
& Beulah  
Warren.



This comprehensive, clearly written book helps clinicians with the theories underpinning infant mental health and the practicalities of incorporating an infant mental health approach into their clinical practices. Professionals who spend their days helping families need to understand how babies, toddlers and children grow emotionally and how early experiences with parents, extended families and significant others have a direct affect on their development and overall well-being. The authors clearly explain the relevance of the pregnant woman and her family's experience of pregnancy and birth, and the impact of a history of trauma, mental illness, addiction and other adverse circumstances on the quality of parenting and on feeding, sleeping, behavioural and emotional difficulties in babies and toddlers.

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