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# CONDENSATION OF Safe Infant Sleep

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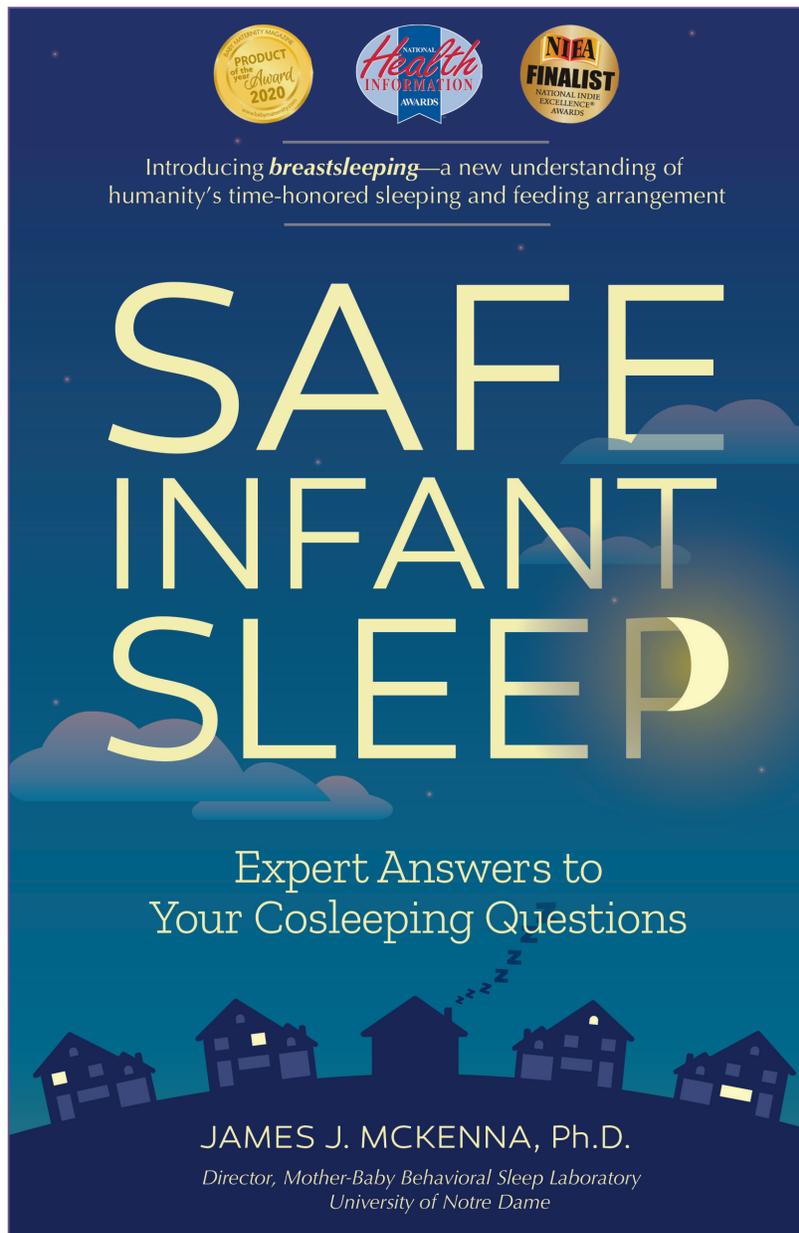
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# Breastsleeping:

## What It Means and Why It's Important

*"This concept is a potential game-changer given the current polarized debate on what we should be advising parents...."*

—DR. KATHLEEN A. MARINELLI, ET AL.<sup>1</sup>

*Breastsleeping* is a term recently coined by myself and my colleague, Dr. Lee T. Gettler. It refers to a specific kind of bedsharing between a breastfeeding mother and infant, occurring in an environment free from proven risk factors. It is the safest form of bedsharing, practiced worldwide for all of human history.

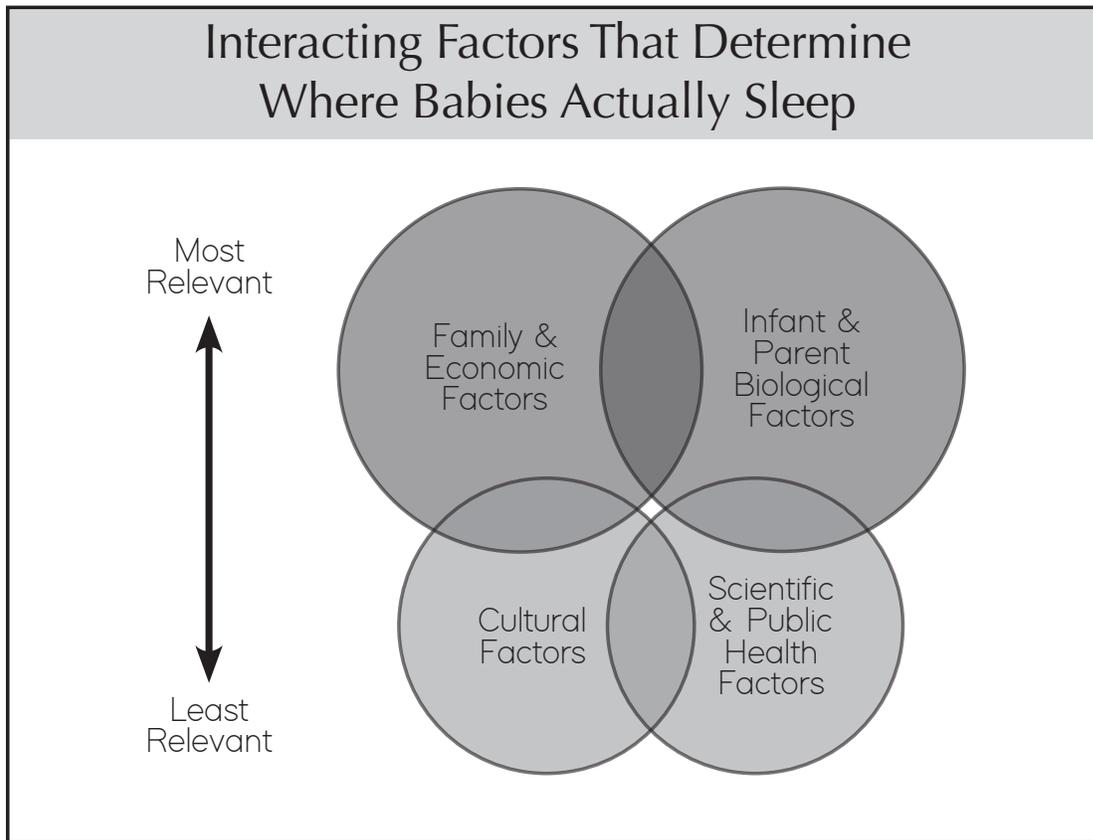
Breastsleeping is part of an evolved, diverse, and highly integrated set of human behaviors. It remains fundamental to the continuing health of our species, in addition to potentially optimizing the health of individual mothers and their infants in both the short and long term.

This sleeping arrangement not only provides more opportunities to breastfeed throughout each night, but also makes it more likely that mothers will breastfeed their infants for a greater number of months.

Breastsleeping enhances sensitivity between mother and infant, encourages lighter sleep (see Chapter 6), and reduces the risk of danger in a variety of other ways.<sup>2, 3</sup> Our primary aim in creating a new term for this very old concept is to provide a new research category that acknowledges three things:

1. The role that consistent maternal contact plays in helping to establish optimal breastfeeding.
2. The significant extent to which breastfeeding and nightly sensory exchanges change all aspects of mother-infant sleep compared to traditional solitary or bottle-fed infant sleep models.
3. That the unique behaviors and physiological characteristics exhibited by breastsleeping mothers and infants mean that breastsleeping must be given its own category for assessing potential benefits and risks.

actual number, it is still clear that a large portion of mothers in the U.S. feel the powerful biological call to sleep in proximity to their infants. It would seem that the practice of bedsharing does not necessarily vary a great deal from culture to culture, but rather the social acceptance of it varies.



*Fig. 1.3 There are four main factors that determine where an infant sleeps, and these factors differ in significance among countries, cultures, and individual families.*



## CHAPTER 4

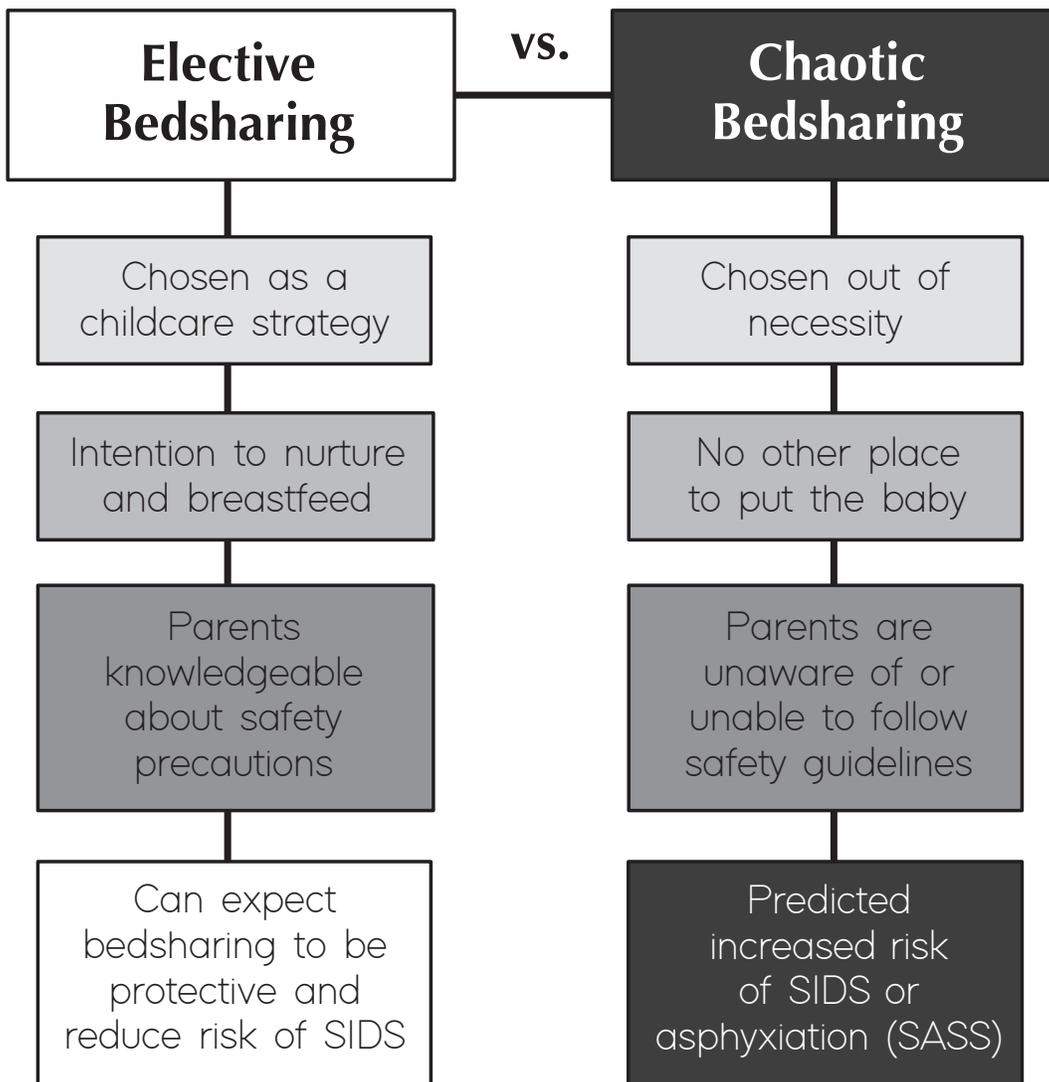
# Controversy, Confusion, and Flawed Conclusions

Cosleeping advice is not readily available from most health professionals. Many individuals and organizations refuse to offer advice even if a parent asks. In fact, lactation specialists and nurses employed by many American and European hospitals are threatened with losing their jobs should they even mention the word cosleeping, let alone give advice on how to reduce risks associated with particular kinds of cosleeping. Many families also feel embarrassed or afraid to ask friends and family for advice, due to the widespread and heavy-handed messaging of anti-bedsharing campaigns.<sup>37</sup>

Public health institutions, including the main authority on infant health and safety, the American Academy of Pediatrics (AAP), believe that bedsharing is a dangerous practice. They claim that all bedsharing invariably increases the risk for Sudden Infant Death Syndrome (SIDS) and nighttime suffocation, and that the only way to solve this problem is to push the anti-bedsharing message. The potentially devastating consequences make

chaotic bedsharing, leading to relatively higher numbers of bedsharing deaths compared to elective bedsharing families (typically from higher socioeconomic groups). It's a sad fact that socioeconomic struggles can affect the safety of your child as he or she sleeps, but that is not to say that the environment can't be made safe for lower socioeconomic families through proper education and recommendations from healthcare providers.

For the healthcare providers in question, when choosing to support or not support a family's sleeping arrangement, it's important that the family's intentions and general circumstances are considered. In many cases, the problem is not bedsharing,



*Fig. 2.5 The differences between elective bedsharing and chaotic bedsharing are illustrated above. Chaotic bedsharing is most often the case for families in low socioeconomic groups, and is much more likely to result in SUID.*

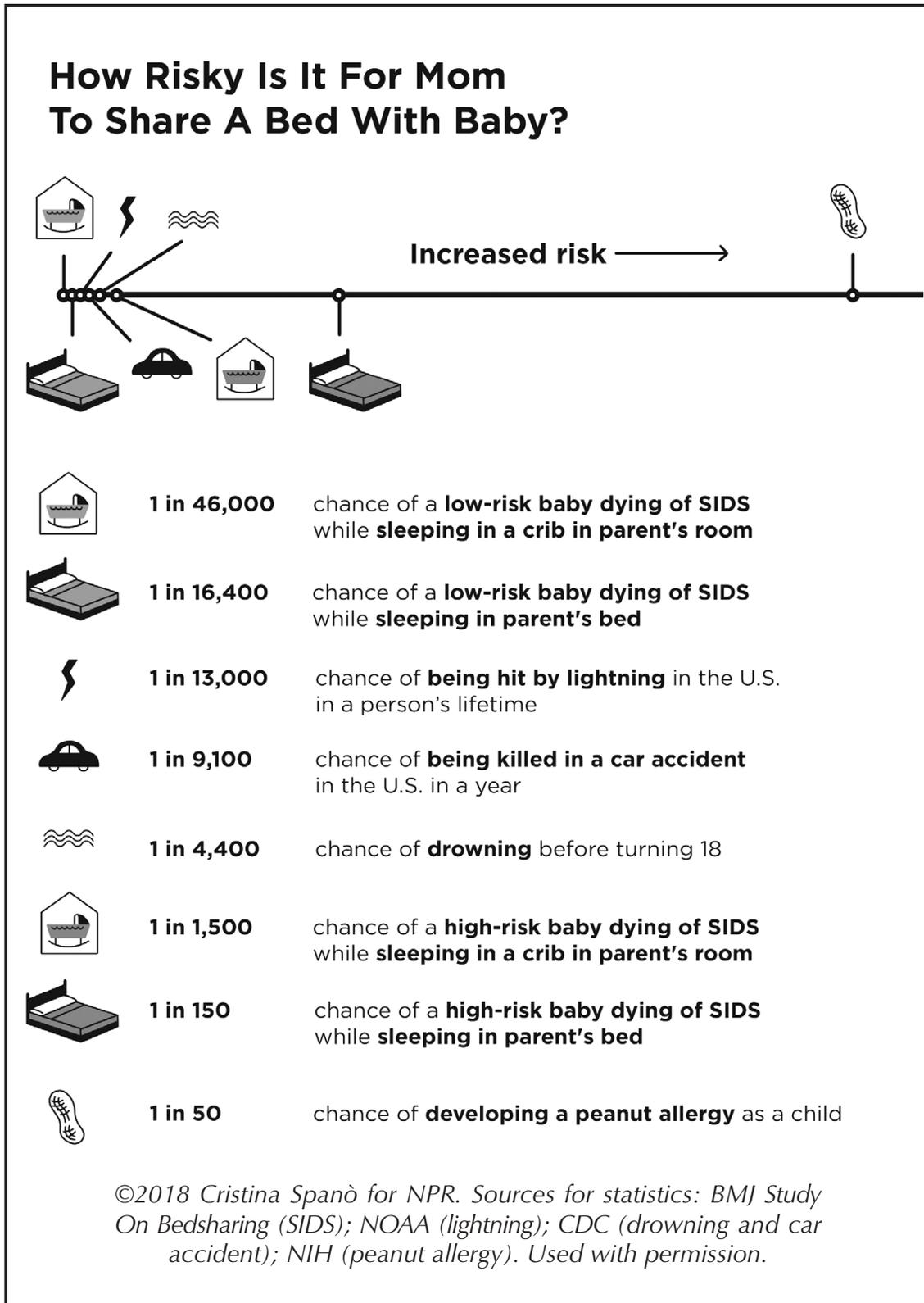


Fig. 2.6 SIDS risk is calculated for a 2-month-old female baby of European ancestry. The low-risk baby is of average birth weight and has a 30-year-old mother who does not smoke or drink. The high-risk baby is of low birth weight and has parents who smoke and a 21-year-old mother who has more than two alcoholic drinks regularly.



## CHAPTER 6

# The Science Behind Cosleeping

## What Makes Breastsleeping Safe?

My support of cosleeping, or, more specifically, breastsleeping, as the safest and most natural way for a human baby to sleep stems from my research on how and why it occurs, what it means to mothers, how it functions biologically, and its evolutionary history.<sup>11, 16, 33</sup> Like human taste buds, which reward us for eating what's overwhelmingly critical for survival (i.e. fat, salt, and sugar), a consideration of human infant and parent biology and psychology reveals the existence of powerful physiological and social factors that motivate and reward us for cosleeping. This explains why parents feel the need to touch and sleep close to their babies.<sup>31, 86, 87</sup>

Infants usually have something to say about where they sleep, too—and for some reason they remain unimpressed with declarations as to how dangerous sleeping next to mother can be, or how important it is that they learn to be independent. Mother's

## Can You Breastsleep if You Are Mixed-Feeding?

Mixed-feeding involves giving your infant formula in conjunction with milk directly from your breast, expressed breastmilk (bottled using a breast pump), or donor breastmilk. Although exclusive breastfeeding directly from the breast is the best option for any baby, there are many reasons why a mother may consider mixed-feeding, including health risks, pain, infection, sickness, or insufficient milk supply. Whatever your reason, it is important to point out that the more you breastfeed, the safer your baby is. A baby receiving even a small amount of breastmilk during each feed should be reason to celebrate, and I hope you can feel very good about it.

The safety of bedsharing while mixed-feeding is a question that has never been adequately studied, so we have very little data on the matter. My research knowledge leads me to think that partial breastfeeding and exclusive breastfeeding are both linked with a decreased risk of SIDS at all ages. I am not aware of any large-scale, population-based studies that shed light on this issue directly, but you can check out a study from 1998 led by Kathryn G. Dewey for a related perspective.<sup>102</sup> With that in mind, the studies we do have show the risk of SIDS to be halved when breastfeeding is exclusive at one month, but when infants are only partially breastfed, we just don't know yet to what degree bedsharing is a safe option.<sup>103</sup> I would generally recommend bedsharing with your baby only if he or she was exclusively breastfed directly from the breast for the first month of life, but I would not say it is impossible to provide a safe enough environment to breastsleep while mixed-feeding.

If you do bottle-feed part of the time, even if you bottle-feed expressed breastmilk or donor breastmilk, be aware that there may be certain cues established by exclusive, direct breastfeeding that you could still miss. While bottle-fed infants who receive breastmilk may sleep in safer, lighter stages of sleep than formula-fed infants, breastfeeding directly from the breast further affects arousal patterns and sensitivity for both moms and babies.<sup>8</sup> Direct breastfeeding also changes where and how the baby is placed next to the mother,<sup>99</sup> but this information is easy to learn. If you have established exclusive breastfeeding for one month, and are planning to switch to mixed-feeding, I would say it becomes up to you whether you feel it is safe enough to continue breastsleeping.



## Benefits of Breastsleeping for Babies

- **Greater breastmilk supply**

As babies breastfeed throughout the night, their suckling stimulates their mothers to create more of the milk needed for proper nourishment.
- **More frequent breastfeeding**

Studies tell us that more frequent feeds reduce time spent crying, thereby contributing to your baby's energy conservation and calm wakefulness.
- **Longer breastfeeding sessions**

Longer feedings ensure that your baby receives enough calories daily to provide adequate nutrition and weight gain.
- **Longer breastfeeding period**

By continually breastfeeding over time, babies receive the immunological and nutritional benefits they need for optimum growth and development.
- **Increased safety**

Breastfeeding babies, as opposed to formula-fed, are being constantly monitored throughout the night, and tend to be placed on their backs, in the recommended supine position, with their noses and mouths unobstructed.
- **Increased infant sleep duration**

Babies who sleep alone must cry loudly and long enough to wake their parents who are sleeping several rooms away. By sleeping together, babies achieve a longer and better rest period.
- **Lower stress levels**

When babies do not have to cry, thus becoming agitated, to have their needs met, they are able to stay calmer and more content.
- **Temperature regulation**

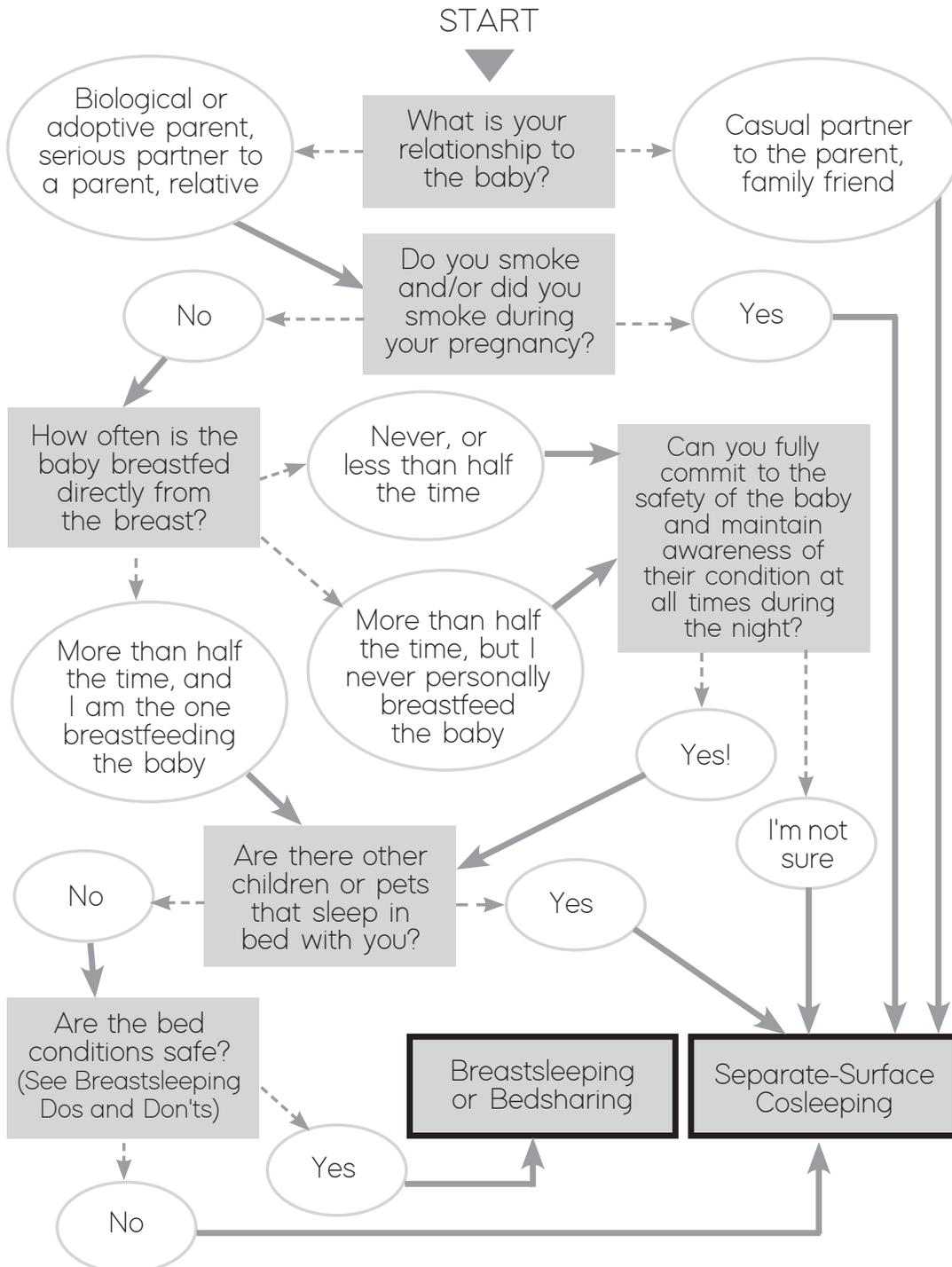
Babies are warmer when they sleep next to their moms, and mothers can sense their baby's temperature and respond by adding a blanket if her infant seems chilled, or by removing covers if her infant is overheated.
- **Increased sensitivity to mother's communication**

Moms and babies who routinely sleep together have a heightened and enhanced sensitivity to each other's smells, movements, and touches.

*Fig. 3.6 Combined breastfeeding and bedsharing provides many benefits for infants.*

# Choosing Your Cosleeping Arrangement

Follow the flowchart to discover whether you should bedshare or whether you should explore separate-surface cosleeping options. Remember, YOU are the best judge of what sleeping arrangement will work for your infant. This chart merely shows you how to minimize risk according to current research and encourages you to think about risks and potential benefits in your own specific circumstances.





## CHAPTER 8

# Safety First

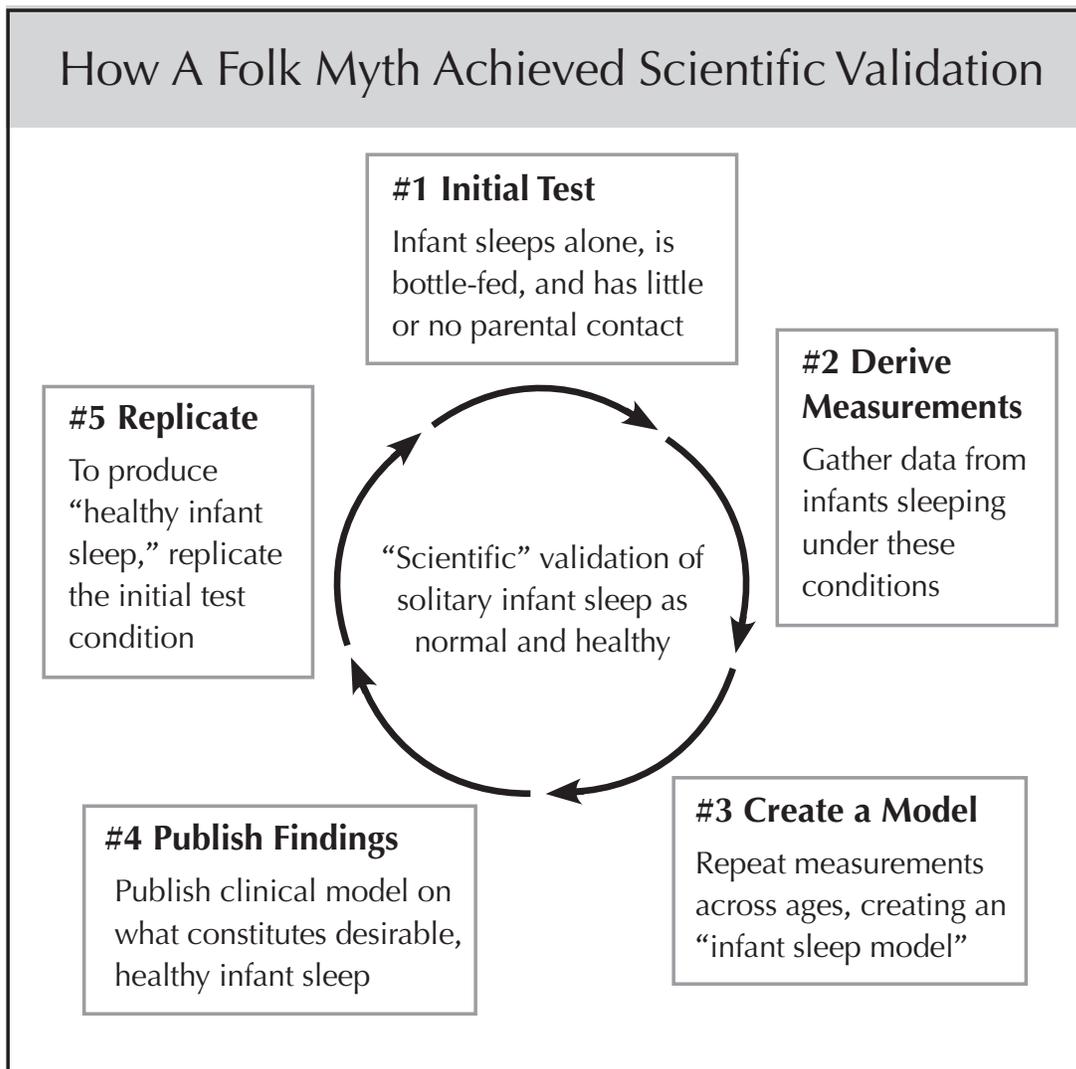
### How to Breastsleep Safely

Keep in mind that every family naturally has its own set of goals, needs, and philosophies. Where a baby sleeps reflects the unique convergence of each family's values, the infant's feeding method, and multiple relational, psychological, and emotional characteristics of the parents and children. Even socioeconomic factors matter here, alongside, of course, the unique temperament and personality of the infant. This constellation of factors makes it impossible for even parents themselves to predict what type of sleeping arrangement will prove the most satisfying and beneficial for them.

Many parents discover that it is impractical to use a nursery, even if they have already invested a lot of time and money into preparing a beautiful space for their baby. Infants are biologically designed for physical contact. More than a pretty crib or bedroom, infants simply need their parents' proximity for their safety, development, and emotional security.

While I suggest that all parents keep their infants sleeping

validity. Nevertheless, it has become clear with the re-emergence of breastfeeding that this cultural image represents an infant disarticulated from the only environment (sleep- and feeding-wise) to which he or she is adapted: the mother’s body. It is what author Richard Dawkins calls a cultural meme—not a viral internet joke, as the term has come to mean, but an innovation or a novel idea that gets transmitted across generations, with or without any empirical evidence.<sup>163</sup> Unfortunately, this meme continues to prevail in various professional and popular manifestations of normal human infant sleep, leaving parents to essentially fend for themselves in finding answers for why their infants, especially when breastfed, often refuse to sleep alone or through the night.



*Fig. 5.1 Solitary, consolidated sleep became standardized based on a flawed model of what healthy infant sleep looks like—one that ignored infants’ biological needs.*

children who continued to sleep alone after one of the parents left. The cosleeping children also received higher positive evaluations of their daily behavior from their teachers.<sup>170</sup>

A survey of college-age subjects found that males who coslept with their parents between birth and five years of age had significantly higher self-esteem and experienced less guilt and anxiety. Cosleeping is an important part of the loving, supportive environment that parents create for their children, and will, in turn, give them the confidence they need to grow into social, happy, loving adults.<sup>35, 170, 171, 172, 173, 174, 175</sup>

The Short- and Long-Term Effects of Childhood Cosleeping		
Study	Ages	Characteristics
Heron (1994)	18 months–2 years	Fewer tantrums, more in control of emotions, less fearful, happier
Goldberg & Keller (2007)	2 years	More secure being left alone, able to initiate problem solving in the absence of an adult
Okami, Wesiner, & Olmstead (2004)	6 years	Increased cognitive capacity (for bedsharing children specifically)
Forbes & Weiss et al (1992)	2–13 years	Fewer emotional problems, less often enrolled in psychiatric care, higher rankings on behavior by teachers
Lewis and Janda (1988)	18–23 years	Men have higher self esteem, less anxiety and fear; women have higher self esteem and are more comfortable with intimacy
Crawford (1994)	19–23 years	Women have higher self esteem, confidence, and comfort with intimacy
Mosenkis (1997)	19–26 years	Increased optimism about life and position in life, enhanced satisfaction with occupation, closer family proximity and relationships, rate themselves overall happier

*Fig. 5.2 Many scientific studies have proven that cosleeping infants or children reap behavioral, emotional, and intellectual benefits throughout their lives.*



## CHAPTER 12

# Dispelling Myths

## “Cosleeping Will Change Your Relationship With Your Child”

I often hear concerns that the relationship a parent has with their child is somehow going to change if they begin cosleeping. This is simply not true. Sleeping arrangements do not alter a relationship, but they reflect the nature of it. Don't forget that the child-parent relationship is already being shared before going to bed. In other words, sleeping arrangements generally reflect and sometimes strengthen, contribute to, or exaggerate the nature of the relationship that already exists, whether good or less optimal.

If the nature of a relationship is very good during the day, cosleeping simply makes whatever is already good just as good, or even better, at night. I spoke more about this in the previous chapter.

In contrast, if a parent is depressed or is resentful of the infant during the day, these same dynamics will impact the child negatively during the night; if these negatively inclined parents choose to cosleep, it could lead to more neglectful cosleeping

With forewords by **William Sears, M.D.** and **Meredith Small, Ph.D.**

**JAMES J. MCKENNA** is the leading expert on mother-infant sleep in the United States. He founded and directed the Mother-Baby Behavioral Sleep Laboratory at the University of Notre Dame—the first of its kind to study the physiology and behavior of cosleeping parents and infants. He has appeared on NBC, CNN, ABC, The Today Show, and NPR, and is a global voice on the relationship between bedsharing, breastfeeding, and SIDS.

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## A comprehensive guide to breastsleeping, roomsharing, and everything in between.

Sleeping with your baby has been the norm throughout history and across cultures. Yet, today, cosleeping is fraught with questions, fear, and guilt. The complexity and diversity of modern lifestyles can make any sleeping arrangement dangerous. Navigating conflicting advice leaves parents overwhelmed and exhausted, and those who cherish the closeness of cosleeping may find themselves doubting their parental instincts.

In *Safe Infant Sleep*, you will discover how to identify and avoid the hazards of any sleeping arrangement, and explore how cosleeping can meet your family's unique needs. Dr. McKenna shares his latest research on the benefits of cosleeping, offers resources for parents and professionals, and introduces breastsleeping—a bedsharing technique based on the evolutionary connection between breastfeeding and infant sleep.

This book breaks down the biological, political, and social aspects of sleep safety, countering common misconceptions with hard science. Throughout, Dr. McKenna educates, reassures, and validates the most natural way for your baby to sleep—with you.

*“This is the most important book you will ever buy or give as a gift to new parents.”*

—**Jay Gordon, M.D.**, Pediatrician, Fellow of the American Academy of Pediatrics

*“An amazing book by the world’s leading expert on mother-infant sleep. It beautifully describes how infant sleep practices can contribute to your baby’s safety and development.”*

—**Kathleen Kendall-Tackett, Ph.D.**, co-author of *Breastfeeding Made Simple* and *The Science of Mother-Infant Sleep*



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