

MODULE 4: Discussion Points Related to Sleep Deprivation for Parents

Sleep deprivation for parents—the potential impact of safe sleep on parents’ getting enough sleep is a very common concern. Loss of sleep can lead to depression and choosing risky sleep behaviors to deal with the real and physiologic stress of loss of sleep. Learn more about these concerns and information you can share with families about those issues.

I need to sleep and babies sleep better on their tummies—they sleep longer and deeper.

Parents may worry that the baby will not sleep as well on the back. They may also have experienced or heard that a baby sleeps longer when prone and that is a relief to sleep-deprived parents.

Discussion Points:

- Some babies have a harder time settling to sleep on their backs when first born and need time to get used to it.
- Breastfeeding is a natural way to help a baby fall asleep on the back.
- Remind them about the “why” for the recommendation. It is true that many babies sleep deeper and longer on their tummies. While that seems like a relief to parents who are very tired, it may well be the reason that it puts babies at greater risk for SIDS. When they are so deeply asleep, they are less reactive to noise. They may experience sudden decreases in heart rate and blood pressure, and they move around less. As they sleep deeply, their bodies may miss the cues that they are rebreathing the air near their faces, and they don’t rouse themselves to move and breathe new, fresh air.
- Let parents know that it is important to plan for ways to get help so they can grab some extra sleep in another way, rather than putting the baby at risk. Creating a plan is critical to helping families succeed in implementing safe sleep and breastfeeding (See Module 6).

Bringing the baby in bed may help the baby settle better and get to sleep.

This is a frequently cited reason for bed-sharing. It is important, as parents plan for where the baby will sleep, that you help them plan for the possibility that they will take him or her into their bed if they think that is how they will handle baby’s fussiness or if they plan to feed the baby in bed. New mothers and particularly those who are breastfeeding will be sleepy and may fall asleep with the baby in bed no matter what their intention.

Discussion Points:

- Fussy babies may settle down more quickly in bed with mother, but studies suggest that they do not necessarily sleep for longer periods of time in that situation. It is good that babies do not sleep for longer periods of time. Babies need frequent feedings, and sleeping deeply and longer is a risk for sleep-related death. Remind them about the information about how babies sleep from Module 1 and let them know that part of their plan for safe sleep will include how to deal with fussy babies and how to get support to catch up on their own sleep in those early months.

- Side cars are approved sleep surfaces and may be a solution for families who can afford to buy or have access to them. Side cars attach to the side of the bed and give the baby some separate space within arm's reach of the mother. The baby and mother are close, and the mother can reach out, touch, and soothe the baby.
- Placing the baby's sleep surface next to the adult bed makes it easy to check on the baby, reach out and touch the baby, and bring the baby into bed for feeding. This can be an alternative to bed-sharing.
- Planning for the possibility that a baby will be in the adult bed includes making sure that extra pillows, blankets and other soft or fluffy bedding is removed and that the bed is not placed where the baby can get stuck between the wall and bed. Sometimes people try to avoid having the baby in bed by sleeping with the baby in a chair or on a couch, but this is actually riskier than an adult bed.
- You can remind families about why bed-sharing can be a problem:
 - A large proportion of infant deaths in the adult bed occur when another person in the bed accidentally rolls over or leans on the baby.
 - Many adult beds are made differently than they used to be—they have soft cushioning on top or memory foam. If the baby gets face down on those surfaces, they may not be able to move out of that position to breathe. Even in beds that don't have that soft surface, adult beds have many pillows and blankets that can be a problem for babies.
 - Beds placed against a wall may have a crack where a baby can get wedged in and unable to breathe. Cords or pulls from blinds or drapes that may hang over the bed can strangle a baby.
 - Having other children sleeping in the bed with the baby can increase the risk of someone rolling over on the baby or covering the baby's face.
- Note: Parents or other adults in the bed who smoke are a major risk, and they should not share a sleep surface with the baby. Exposure to smoke is an overall risk factor for infants. Even after the adult stops smoking, their clothes or what they are exhaling may expose the baby to tobacco-related toxins.
- Also, if parents are under the influence of drugs or alcohol or take medications that make them sleepy, having the baby sleep in bed is much riskier in terms of potential rollovers and should be avoided.

If the baby is in the room with us, we won't be able to sleep well and we won't have any privacy.

This is a concern expressed by parents who also want to deal with sleep deprivation.

Discussion Points:

- Having the baby in the same room but not in the same bed, reduces the risk of sleep-related deaths.
- Most babies can sleep through parents' activities, with a light on to read, etc. Remember, babies may sleep in their strollers with lots of traffic noise around them or in the car with the radio playing. They don't sleep as deeply with others in the room, but that may be what keeps them safer.

- Parents also can get used to the baby noises—for example, if one lives near a train track, after a while it is not noticeable. Given some time and less focus on having the baby in the room as a problem, parents can get used to it.
- Having the baby in the same room makes breastfeeding easier. Babies who sleep in the same room are more likely to continue with breastfeeding, which protects them from sleep-related death and has many, many health and well-being benefits.

Formula fed babies sleep longer and deeper.

Mothers often decide to formula feed because they hear that babies sleep longer and are less hungry.

Discussion Points:

- Formula fed babies do sleep longer. However, formula feeding puts the baby at greater risk of SIDS.
- Babies who are breastfed do not sleep as deeply and could more easily rouse themselves if they are not getting enough oxygen. Thus, the advice that parents receive to add formula to the baby’s diet to get the baby to sleep longer is counterproductive. Sleeping more deeply and longer may increase risk of death.
- Breastfed babies may eat more frequently, because that is how human babies are meant to feed, and because breast milk is easily digested. Mothers can get discouraged and may choose to give the baby formula to get more sleep, but that undercuts the breastfeeding process.
- Review information about how babies sleep in Module 2. Of particular interest for this concern is that feeding babies “extra” during the day may result in them feeding less during the night. However, they wake up anyway. It is not only hunger that results in those awakenings. That is just how babies sleep.

This handout has been developed as a component of the Building on Campaigns with Conversations: An Individualized Approach to Helping Families Embrace Safe Sleep & Breastfeeding online curriculum. To view the entire curriculum, please visit: <https://www.ncemch.org/learning/building>.

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