The health professional's guide to: "Caring for your baby at night"

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Introduction

This booklet is designed to provide some background for health professionals who are using the parents' leaflet *Caring for your baby at night.* It will set out the text of each page of the parents' leaflet and then provide the corresponding (referenced) text for health professionals.

Caring for your baby at night

Most young babies wake and feed frequently both day and night, regardless of whether they are breastfed or bottle fed. Parents need to know that this is normal behaviour, and not something that they should try and prevent.

However, this can result in sleep deprivation for the parents; and tired parents are at risk of falling asleep with their baby, especially at night, whatever their intention.

Therefore parents require full information regarding the various strategies for coping with their baby at night, along with the benefits and risks of all approaches, in order to allow informed decision making.

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Getting some rest

Minimal disturbance of a baby who has wakened only to be fed may result in the baby settling more quickly after the feed. Keeping the lights dimmed, minimising noise and feeding without interactions such as playing and talking is also more likely to help the baby to begin to adapt to differences between day and night [1].

Having the baby sleep in a separate room to the mother is an established risk factor for Sudden Infant Death Syndrome (SIDS). All parents should be advised to keep the baby in their bedroom at night for at least the first six months, regardless of how the baby is fed [2, 3].

"The safest place for your baby to sleep is in a cot by the side of your bed" The cot has to conform to British Safety Standards whilst most other sleeping surfaces do not. Placing the cot at the side of the parental bed provides a safe environment whilst maintaining close observation of the infant.

Again, regardless of how the baby is fed, close proximity should mean that the mother is able to respond to early feeding cues (restlessness, murmuring sounds, finger sucking) before baby wakes fully and begins to cry.

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Breastfeeding

Many women choose to feed their baby at night whilst lying in bed. Ask your midwife or health visitor to help you find a safe and comfortable position and see the safety information on page six.

Bottle feeding

It is important to be organised in order to reduce disturbance when bottle-feeding at night. Powdered milk is not sterile and can cause infections if made up in advance. Therefore you will need to make up feeds during the night. However, you can make this easier by having bottles and teats ready sterilised, the powder measured out and boiled water kept in a flask. You may also choose to use ready-to-feed milk at night.

ASK YOUR MIDWIFE OR HEALTH VISITOR FOR INFORMATION ON HOW TO MAKE UP BOTTLE FEEDS SAFELY.

Never force your baby to take more than she needs in the hope that she will 'go for longer' as this can cause her to become colicky and distressed and may result in her becoming overweight in the long term. Don't add cereal or any other substance to feeds as this is dangerous for your baby. Always follow manufacturers guidelines with regard to amounts.

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PARTNERS – IT WOULD BE GREAT IF YOU...

- Make sure your breastfeeding partner is comfortable
- Pass her things, rather than her having to reach for them.
- Bring her drinks and snacks and see she has a glass of water at hand as breastfeeding can be thirsty work
- Give plenty of support – breastfeeding is important for your baby's and your partner's health

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Breastfeeding

Frequent night feeds

A breastfeeding mother cannot easily delegate night feeding, or "take it in turns" with her partner to feed their baby, and her night's sleep is very likely to be interrupted by her baby who needs to feed.

Once lactation is established, night feeds provide babies with a substantial proportion of their 24 –hour intake, and the majority of infants continue to breastfeed between one and three times a night for the first six months of life[1].

One reason for this observation may be the milk's relatively low protein content. Mature human milk has the lowest protein concentration among mammals [2]. These low protein levels are perfectly adequate for optimal growth (and result in an appropriately low solute load for the infant's immature kidneys).

However, compared with fat and carbohydrate, proteins make a stronger contribution to satiety and delay the return of hunger [3]. This might explain the need for the baby to feed frequently.

Amount of sleep

It might be supposed that mothers who formula feed their infants get more sleep since they can share feeding duties with their partner, and function better in the day time as a result. However, despite several studies, there is still no evidence to indicate any benefit of formula feeding on maternal sleep, either exclusively or in combination with breastfeeding, by comparison with exclusive breastfeeding [4].

Feeding position

Lying in bed to feed the baby is the easiest and most comfortable position in which to feed at night. It allows the mother to continue to rest, as she does not have to support the weight of her baby whilst feeding.

The safest position for the mother to adopt, so that she does not roll forwards or backwards, is also the protective position that most breastfeeding mothers seem to adopt instinctively. A variation of the "recovery" position, mothers have been repeatedly observed to lie on their side, with their knees bent, their lower arm above the baby's head and the baby about 20-30cms from her chest. This was first described by Ball [5] and is often referred to by health professionals as the "C" position.

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Bottle feeding

For advice on making up feeds, parents should be referred to the Department of Health leaflet "Bottle Feeding".

All babies should be fed 'on–demand' regardless of the milk they are receiving. Parents should be reassured that the 'guide' section on the tin or packet does not have to be followed without question.

The information on the formula tins or cartons often suggests feeding infants higher volumes of milk, less frequently, than is suggested by health professionals or experienced by parents who feed 'on-demand'.

Newborn babies may take quite small volumes to start with, but by the end of the first week of life most babies will ask for approximately 150–200ml per kg per day – although this will vary from baby to baby – until they are six months old.

Parents may need to be advised against overfeeding, particularly against giving lots of milk in one feed in the hope that the baby will sleep longer between feeds. The baby is more likely to put on too much weight (or to be sick) if he is given more milk than he wants.

(Taken from *The Health Professionals Guide to: A guide to infant formula for parents who are bottle feeding.*)

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WARNING

- Do not sleep with your baby when you have been drinking any alcohol or taking drugs (legal or illegal)
- Do not sleep with your baby if you or anyone else in the bed is a smoker
- Do not put yourself in the position where you could doze off with your baby on a sofa or armchair

When babies don't settle

There may be times when your baby remains unsettled after feeds. Placing your baby in skin-to-skin contact with you and gently rocking can provide comfort. Your partner can help with this too.

If you are breastfeeding you can offer your breast again even if your baby has just fed. Babies find the suckling comforting and there is no risk of overfeeding a breastfed baby.

If you have had a particularly disturbed night, try to take time out to rest during the daytime. Visitors can wait – or help by taking over chores or looking after other children while you and your baby catch up on sleep.

If your baby is crying for long periods she may be ill and require a medical check.

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When babies don't settle

Skin-to-skin contact, provided by either parent, can be helpful in settling a restless baby [1].

After the feed

Skin-to-skin contact is a good bonding technique for both parents, and after a feed this could be provided by the father to help the baby to settle.

Skin-to-skin contact with either parent after the feed should be provided in circumstances in which there is no danger of falling asleep with the baby on a sofa. Carrying the baby around or lying on the parental bed is safer than sitting or lying with the baby in a chair or on a sofa [2].

Leaving babies to cry

Leaving young babies to cry, at any time, but particularly in the belief that they can be "trained" not to wake at night, not only denies them the nourishment they need, but also risks the potential consequences of leaving them exposed for long periods to high levels of cortisol (the stress hormone) whilst still in infancy [3,4].

While there are still professionals who advocate variations of controlled crying (or "graduated extinction") for babies over six months of age, many of these people would see any such methods as inappropriate for younger babies [5].

There are currently some who would even recommend leaving babies as young as a couple of weeks old to cry in order to 'teach them to sleep'; the only variations being "how long" to leave the baby and how often, or how long to "comfort". Some simply advise leaving the baby to "cry it out" until he falls asleep [6].

Since the part of the developing brain that controls behaviour (by suppressing impulses that arise in the sub-cortical area) does not even begin to mature until late infancy [7], it can be argued that this practice is unjustifiable.

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Further references

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Putting your baby down to sleep

To keep your baby safe and to reduce the risk of sudden infant death (sometimes called cot death) always make sure:

- You put the baby down on their back to sleep, never on the front or side
- The cot is beside the parents' bed for at least the first six months
- The mattress is firm and flat – waterbeds, bean bags and sagging mattresses are not suitable
- Your baby is not overdressed or covered with too much bedding (no more than you would use yourself)
- The bedding must not be able to cover the baby's head
- The room is not too hot (16-20ºC is ideal)
- The room in which the baby sleeps is a smoke-free zone

BED-SHARING

Some parents choose to sleep with their baby in bed and some fall asleep with their baby during the night while feeding and comforting whether they intend to or not. Therefore it is very important to consider the following points.

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Putting your baby down to sleep

• Place the baby on his back to sleep

Epidemiological studies conducted over the last 20 years provide strong evidence of a relationship between SIDS and different infant care practices in the sleeping environment. Risk reduction strategies such as the 'Back to Sleep' campaign conducted in England in the early 1990's have led to more than a 75% reduction in the number of SIDS deaths and the same degree of reduction has been observed in many other countries conducting similar intervention strategies [1]. It is now fairly well established that one of the main reasons for this fall in the number of deaths is the advice given to parents to avoid placing their infants in the prone position. Further evidence after the 'Back to Sleep' campaign also suggests that placing infants on their side carries a degree of risk mainly because of the unstable nature of this position and possibility of the infant rolling prone [2].

• Keep the baby in the same room for the first 6 months

SIDS is one of the main causes of post neonatal infant death and often happens unobserved. Sleeping infants outside the parental bedroom in the first months of life puts the infant at risk. Placing the cot next to the parental bed is associated with a reduced risk of SIDS.

• Use a firm, flat mattress in the baby's cot

It is important that the mattress is firm and flat as both soft bedding [2] and old mattresses [3] are associated with an increased risk.

• Prevent over heating

Dressing the infant in too many layers, using duvets and thick quilts and having the sleeping environment too hot are all associated with an increased risk of SIDS. It is especially important that outdoor hats are not used indoors; the inability of young infants to easily control their own body temperature means that the head is an important area for heat regulation/dissipation [2] and hats should be removed when the baby is sleeping indoors. Fortunately over the last two decades manufacturers of infant bedding have withdrawn many of the high tog items from the shelves but it is still important to get the message across that infants should not be overheated [4].

• Ensure the baby's head does not become covered

Some SIDS infants have been discovered with the bedclothes covering the face and head and evidence is starting to emerge that using infant sleeping bags or placing the feet of the infant at the foot of the cot under a tucked cotton sheet reduce the possibility of head covering [5].

• Avoid cigarette smoke

There is also strong evidence that smoking both during and after pregnancy is associated with SIDS [5, 6], therefore it is important that the baby sleeps in a smoke-free zone.

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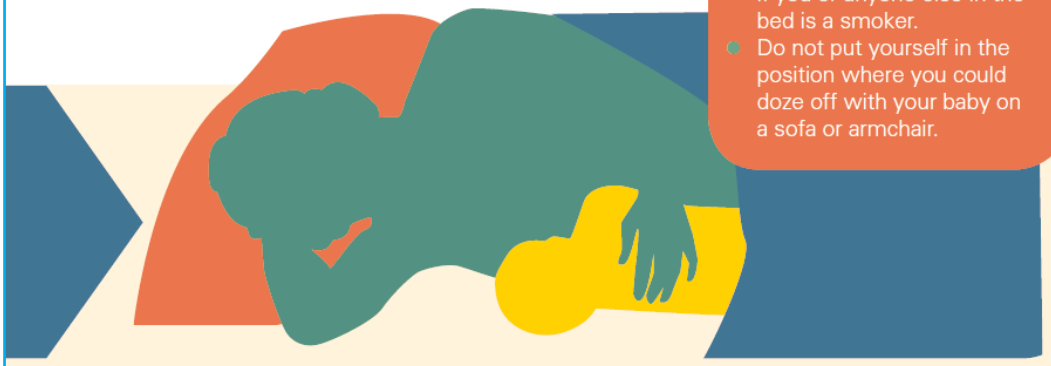
If you decide to share a bed with your baby:

- Keep your baby away from the pillows
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall
- Make sure the bedclothes cannot cover your baby's face
- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position
- It is not safe to bed-share in the early months if your baby was born very small or pre-term

WARNING

- The safest place for your baby to sleep is in a cot by the side of your bed.
- Do not sleep with your baby when you have been drinking any alcohol or taking drugs (legal or illegal).
- Do not sleep with your baby if you or anyone else in the bed is a smoker.
- Do not put yourself in the position where you could doze off with your baby on a sofa or armchair.



6

Bed-sharing

Bed-sharing (the baby sleeping in the parental bed with one or both parents) is an ancient, and still common, worldwide cultural practice [1, 2, 3, 4]. Although there is an association between bed-sharing and SIDS, increasingly the evidence suggests that it is not bed-sharing per se that is a risk factor, but the circumstances in which it occurs [5]. Furthermore, there are advantages to bed-sharing for both the mother and baby that need to be taken into account.

- Health monitoring

Video studies in sleep labs and parental homes have shown that mothers frequently touch their babies, even when they are only half awake, monitoring the baby's temperature and relationship to the bedding [6]. Furthermore, babies who usually sleep with their parents may be more easily recognised as unwell because of their proximity to their mother [7].

- Sleep

Mothers who regularly bed-share in order to easily breastfeed through the night tend to sleep more lightly and are more easily roused in the presence of their infant than mothers who rarely or never bed-share [8]. In spite of this, bed-sharing in order to breastfeed is associated with more restful maternal and infant sleep [8,9].

- Continued breastfeeding

Mothers who breastfeed and bed-share, especially those that bed-share early are much more likely to breastfeed for longer [4, 6, 10]. "It is difficult to tease out whether bed-sharing facilitates breastfeeding or is a consequence of it, but a recent longitudinal study suggests there is a two-way interdependent temporal relationship" [4].

- Room sharing

Mothers who bed-share are more likely to follow the advice to keep the baby in the same room for the first six months of life [11].

Where will the baby sleep?

The question 'Where will the baby sleep?' is one that is usually considered and provisionally answered in the antenatal period, even if no formal discussion takes place between the pregnant woman and those providing care. However what is anticipated and what actually happens may differ considerably [12].

It is very clear that many pregnant women who do not intend to bed-share, nevertheless actually do so (intentionally) once their baby is a reality [13, 14]. In the vast majority of cases both parents are sharing the bed with the baby. In England on any one particular night around 20%-30% of babies share the parental bed at some point during the night-time sleep [2].

It is also the case that a tired mother may take her baby into bed with her to breastfeed, intending to return the baby to her cot, and inadvertently fall asleep.

Thus all parents should have the opportunity to discuss the ways in which they might care for their baby at night as soon as possible after the birth and at the latest before they leave the hospital, (if that is where they have given birth).

The bed-sharing discussion

It is in no-one's interest to avoid this discussion with the mother, either on the grounds that it is complex, or to wait until the mother reports that she has already slept with her baby in bed. (One would not apply the same thinking to teaching a child how to cross a road).

Furthermore, if parents who have found bed-sharing an effective option fear the disapproval of health professionals, they are likely to conceal this fact [12].

Parent's Text – Page 6 cont.

If you decide to share a bed with your baby:

- Keep your baby away from the pillows
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall
- Make sure the bedclothes cannot cover your baby's face
- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position
- It is not safe to bed-share in the early months if your baby was born very small or pre-term

WARNING

- The safest place for your baby to sleep is in a cot by the side of your bed.
- Do not sleep with your baby when you have been drinking any alcohol or taking drugs (legal or illegal).
- Do not sleep with your baby if you or anyone else in the bed is a smoker.
- Do not put yourself in the position where you could doze off with your baby on a sofa or armchair.

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Health Professional's Guide – Page 6 cont.

What is becoming clear is that sharing a bed both for infants and mothers results in complex interactions that are completely different from isolated sleeping [15], and that bed-sharing takes place for a wide variety of different reasons, which include convenience, ideology, enjoyment, necessity and anxiety [6, 16].

Thus, irrespective of one's personal beliefs [17], taking up the simplistic position of regarding bed-sharing as either 'safe' or 'unsafe' without considering the particular circumstances in which bed-sharing occurs, is unhelpful, may undermine parents, and is likely to put infants at risk [18].

Blanket 'permission' may expose infants to the hazards associated with parental smoking or incapacity due to alcohol or drug use.

Blanket 'prohibition' may constrain cultural practices, impose economic hardship, undermine breastfeeding, or otherwise inadvertently compromise infant health [19]; by, for example, leading parents to swap bed-sharing for a more dangerous practice, such as sofa sharing.

Undermining breastfeeding will expose the baby to the nutritional, immunological and developmental risks of not breastfeeding [20, 21, 22], as well as (ironically) increasing the incidence of SIDS [21, 23]. Health professionals thus need to ensure that the advice they give to the breastfeeding mother does nothing to compromise breastfeeding without a robust risk / benefit analysis of the evidence for that particular mother's circumstances.

Telling adults that they must or must not behave in a certain way is rarely successful. It can induce guilt, secrecy and possibly anger towards third parties who are perceived as disapproving [12, 19].

In recognition of all this, the UNICEF UK Baby Friendly Initiative has for some time been working to assist health professionals to discuss bed-sharing with parents so that risks can be identified and minimised, rather than attempting to promote restrictions which cannot be applied in parents' everyday lives.

Two recent studies from the UK [5, 24] have highlighted specific circumstances during the last sleep that have put the co-sleeping infant at risk. These include the parental consumption of alcohol in the hours leading up to the sleep, the parental use of sleep-inducing drugs, legal or illegal, prior to the sleep, if one or both parents are smokers and the use of a sofa to sleep with the infant.

In the absence of these hazardous circumstances the number of co-sleeping SIDS deaths was no more than expected in the general population, in fact slightly less.

The fact that some of the circumstances around how and where a baby sleeps may be modifiable has important implications in terms of social policy and health education [24], but health professionals should not attempt to modify parental decisions about infant sleep other than on good evidence.

Thus the over-riding message to parents in relation to bed-sharing should be:

- Do not sleep with your baby when you have been drinking any alcohol or taking drugs (legal or illegal) that might make you sleepy
- Do not sleep with your baby if you or anyone else in the bed is a smoker
- Do not put yourself in the position where you could doze off with your baby on a sofa / armchair

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6

Vulnerable babies

There are also other circumstances involving especially vulnerable babies and lone sleeping in the parental bed that parents should be made aware of:

- It is unsafe to sleep with your baby after immediate discharge from NICU or if your baby is pre-term or of low birthweight.
- It is unsafe to let your baby sleep alone in an adult bed.

If you are bed-sharing, make sure that your baby cannot:

- Fall out of bed.
- Get stuck between the mattress and the wall.

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Further reading

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2. Ball HL, Moya E, Fairley L et al (2011) Infant care practices related to sudden infant death syndrome in South Asian and White British families in the UK. Paediatric and Perinatal Epidemiology. DOI: 10.1111/j.1365-3016.2011.01217.x
3. More information on the work of the Parent Infant Sleep Lab can be found here: www.isisonline.org.uk