

**Attachment Parenting International Research Group<sup>(A)</sup>**  
**Position Paper**  
**Infant Sleep Safety**  
**What the Research Tells Us**

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Attachment Parenting International strives to ensure parents have access to the most complete information about how to create safe infant sleep environments, with one of its eight Principles of Parenting exclusively focused on the need to *ensure safe sleep, physically and emotionally*. This position paper summarizes information about infant sleep safety and appropriate, healthy and normal bed sharing practices.

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**Attachment Parenting** is a philosophy based in the practice of nurturing parenting practices that create strong emotional bonds, also known as secure attachment, between the infant and parent(s). This style of parenting encourages responsiveness to the infant or child's emotional needs.

*Attachment Parenting International's (API) mission is to promote parenting practices that create these strong, healthy emotional bonds between children and their parents. These methods nurture and fulfill a child's need for trust, empathy, and affection, providing a lifelong foundation for healthy, enduring relationships.* As a result, this strong attachment helps the child develop secure, empathic, peaceful, and enduring relationships.

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### **APIRG Position on Infant Sleep**

Research supports the importance of secure, early parent-infant attachments for children's later positive development. Specifically, research has shown a relation between early attachment and children future positive social interactions and abilities, as well as their academic success. The Attachment Parenting International Research Group (APIRG), a group of researchers working in the area of child development and parenting, supports sleeping arrangements that encourage positive relations between parents and children that provides both emotional support and physical safety for the sleeping infant. In supporting positive infant sleep arrangements, the APIRG presents the following information for consideration.

#### ***Shared Sleep Arrangements are the Most Common***

Sharing sleeping space with infants and toddlers is the custom, not the exception, for the majority (over 80%) of cultures in the world (1, 2). Thus, the practice of having infants sleep alone without the presence of the parent is the exception, not the norm, in many cultures. Ignoring an infant's cries in their effort to fulfill the innate need to be held and comforted while transitioning to sleep and during periods of nighttime waking is a modern, mostly Western invention based not on the need of the infant but on the lifestyle of the parent (2, 3).

- Most cultures sleep with or near their infant throughout the first one or two years of life.
- Shared sleeping arrangements, as well as parental attention to infants' signaling for attention upon waking, allow parents to attend to infants during sleep. This attention and

synchrony of care has been shown to be positive for children's physical and emotional development.(4,5)

The move toward independent sleeping arrangements for children in Western cultures has reflected changes in the size of homes, with larger homes allowing for each child to have his or her own room for sleeping. Changes in indoor heating and the availability of adequate bedding has also changed traditional sleeping patterns, as has focus on infants' and children's development of independence (6).

### ***Waking is Normative for Infants Irrespective of Sleeping Arrangements***

Many who support infant solitary sleep arrangements do so because they want to increase infants' ability to sleep "through the night" and because they want parents to avoid infants' signaling for parental attention when waking. To really understand patterns of infant sleep, however, it is important to be aware of infant's wake and sleep cycles and the normative nature of infants' signaling (crying) for parental attention upon waking and for assistance in transitioning back to sleep (6-8). Infants who learn to self-settle following waking do so generally well past early months of age, and they often settle with the aid of a transitional object such as a blanket or stuffed animal (9). Parents who continue to attend to infant signaling during night waking do not necessarily have infants who awaken more during the night nor do their children have poorer sleep habits at later ages. Consider the following:

- The majority of infants (95%) will arouse every 3 to 4 hours during the night in the first month of life, with these arousals requiring parental attention (6). By 8 months of age, infants arouse every 6 to 7 hours with most infants (60-70%) able to self-soothe, i.e., able to fall back to sleep after waking without requiring parental attention. Waking may increase at various times as children grow and co-occur with normal developmental changes, such as teething, allergies, separation anxiety, nightmares, etc. Waking may also increase during periods of poor physical health
- Infants who receive parental attention following waking and crying return to sleep more readily than those who receive delayed attention or whose signaling fails to gain parental response (9).

### ***Developmental Benefit of Attending to Infants during Sleep***

**Shared sleeping arrangements allow parents to play a synchronous role in infants' request for attention during the sleep process.** Responsiveness to these needs, although believed by some to promote dependence in a child and to adversely impact the quality of infants' sleep habits, generally has been associated with positive social and emotional outcomes for children. These outcomes may well be related to the positive bond that forms between the infant seeking attention and the parents' response which assures the infant of continued care, an important developmental task at this early age.

- Shared sleeping arrangements provide the nurturant relationship between caregiver and infant that forms the basis of a secure attachment with a parent (6). With this attachment, research shows that these infants will grow into children who are stronger emotionally, more ready to explore new activities, more likely to engage in positive social interactions with others, and who in adulthood form healthier love relationships (5).

- Shared sleeping arrangements allow parents to attend to infants' signaling which helps the infant learn to regulate emotional responses (10, 11). By helping the infant calm down when upset, the infant learns emotional regulation through a growing understanding that negative emotions can be alleviated. This skill then becomes internalized over time by the infant and then plays a role in the infants' social interactions with others and the infants' later ability to negotiate difficult and challenging interactions.

### *Physiological Benefits of Shared Sleep for the Parent*

**Shared sleeping arrangements are likely to reduce parental fatigue.** Because waking during the night is a natural part of both adult and infant sleep, parents must consider how they will address these wakeful periods in a manner that allows them to attain the greatest sleep.

- Parents who share sleeping space with their children can comfort the child without leaving their bed and perhaps not fully awakening. Thus, parents are able to attain a better night's sleep and wake more rested than does the parent who must wake completely, rise out of bed to attend to the infant's needs, and then return to bed and return to sleep.
- Breastfeeding is supported by sharing sleep due to the close proximity of the infant to the mother which encourages more frequent and extended feeding sessions.
- Close proximity of mother and infant through shared sleep encourages increased sucking that naturally increases mothers' milk supply.
- Mothers who share sleep with their infants often report better quality of sleep and feel more rested

### *Physiological Benefits of Shared Sleep for the Infant*

Although there are certain aspects of a sleeping environment that may place an infant at greater risk for suffocation or SIDS, shared sleep arrangements, themselves, do not increase this risk according to research. Rather, shared sleeping arrangements may actually reduce infants' risk in the following manner:

- Shared sleeping arrangements provide an opportunity for more continuous adult monitoring, which may provide parents the opportunity to note infant sleep difficulties and intervene.
- When engaged in shared sleeping arrangements, infants and parents adopt similar breathing patterns, as well as heart rate and body temperature. In this manner, the adults' mature sleeping capabilities may positively influence infants' sleeping mechanisms and help infants during the sleep period.
- When engaged in shared sleeping arrangements, infants sleep more lightly. This is protective against the risk of SIDS;
- Shared sleep arrangements also promote breastfeeding with mothers feeding longer and more often. Breastfeeding has been shown to promote infant physical, cognitive, and emotional development.
- Infants who are fed more frequently and whose needs are responded to quickly have been found to be quieter and less fretful during daytime hours (10)

- Infants who sleep in isolation are twice as likely as infants who engage in shared sleeping arrangements to die of SIDS between the ages of 3 and 6 months (10).

### ***Guidelines for a Safe Sleep Environment***

Some aspects of a shared sleep routine can increase risk and should be avoided by all parents engaging in this type of sleep routine. These include:

- Parental cigarette smoking which has been associated with higher risks of SIDS events during shared sleeping arrangements,
- Shared sleep in locations where infants could become wedged between the parent and the sleeping surface, for instance when parents and infants share sleeping arrangements on a couch;
- Shared sleeping arrangements if parents have altered their level of consciousness either through the use of alcohol or drugs.

### ***Important considerations for safe infant sleep across locations:***

- Always place baby to sleep on their back.
- If sharing sleep, baby should sleep next to mother, rather than between mother and father.
- Take precautions to prevent baby from rolling out of bed. Use a mesh guardrail and be sure the guardrail is flush against the mattress and fill in any crevice with a rolled-up baby blanket or towel.
- Use a large bed with a mattress that fits snugly against the rail or is flush up against a wall, ensuring crevices are filled. Don't use fluffy bedding or cover baby with comforters, etc.
- For crib sleeping, assure crib meets Consumer Product Safety Commission standards and the mattress fits snugly in the crib
- Do not sleep with your baby if you are under the influence of alcohol, drugs, or sleep-inducing over-the-counter medications or if you are overly exhausted from sleep deprivation
- Do not allow baby-sitters or older siblings to sleep with baby.
- Don't fall asleep with baby on a couch, bean bag chair or waterbed.
- Do not let baby sleep unattended on an adult bed.
- Don't overly bundle baby, because they get additional warmth from the mother's body. Overheating can be dangerous to infants. Avoid placing crib near heaters.
- Avoid soft and loose bedding or objects near infants' sleep environment.

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