Q. What’s the difference between epidural anaesthesia and the practice of sharing a bed with your baby?

A. Most women can list the advantages of an epidural, see this as an advance in birthing practices and think it’s dangerous to share a bed with your baby.

Feel free to write in and disagree, but I’d happily bet that, while over ninety per cent of women could list the benefits of epidurals, far fewer know about the advantages of sharing a bed with your baby, or that it is only very recently that this has not been the social norm (Davies 2004). There are all sorts of medical and midwifery interventions which carry risks and dangers to women and babies. Yet the possible dangers of these interventions seem to get far less attention in the media than the possible advantages of some of the social aspects of birth and parenting which families may have used for millennia, such as using water in labour, having a trusted friend by your side during birth and sharing your bed with your children.

When Carpenter et al’s study was published in January, suggesting that bed sharing might increase sudden infant death syndrome, these findings were discussed on the news, in the papers and on numerous web sites. What wasn’t really discussed was the context of these results, including that:

- The study did not differentiate between sharing a bed at night and sleeping with a baby on sofas, chairs or other surfaces which are already known to increase the risk of SIDS — an important distinction which may in itself explain the findings.
- The study did not look at whether mothers were breastfeeding or artificially feeding their babies — a key issue which was picked up by the Baby Friendly Initiative led by UNICEF (2004a), who cite research showing that breastfeeding mothers adopt protective sleeping positions around their babies which are not seen in mothers who are artificially feeding (Ball 2003).
- There are serious questions to be raised about how the authors of this paper define statistical significance and whether the conclusions they have drawn are really justified by the data (see UNICEF 2004b).

This isn’t the first time this has happened, either — the issues around the study published by McGarvey et al in 2003 are similar. In this case, the researchers also failed to differentiate between bed and sofa sleeping and did not look at the known risk factor of alcohol consumption. The difference between their estimation of the bed sharing rate (at five per cent) with Ball’s (2003) figure of 70 per cent also calls the study’s results into question. While UNICEF has done its best to respond to these studies and highlight their shortfalls, the Foundation for the Study of Infant Deaths (who part-funded Carpenter et al’s study) now advises parents that bed sharing is a dangerous practice (FSID 2004).

I wonder how many parents will stop sharing their beds with their babies as a result of the media’s discussion of these studies? Will the news stories cause some parents to worry even more about this practice than they do at the moment? Will the few parents who co-sleep and lose their babies to SIDS (and much as I wish it wasn’t, this is a possibility wherever your baby sleeps) feel even more guilt about this than they might otherwise have done? I also wonder whether these results will have a negative impact on breastfeeding rates, but I don’t imagine, if this is the case, that this will reach the news headlines.

Given that most women (and many busy midwives) don’t read the original versions of these studies, or the counter-arguments to them, they are reliant on the ‘spin’ put on them by the media. Yet we are, as a society, becoming more aware about the issue of spin itself — is it time we took a hard look at how many of the recommendations made to women are spin-based, and thought about how we could open up discussion of this with pregnant women?

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