

PARENTING MATTERS

Is co-sleeping a good idea?

Sharing a bed with your child can cement your bond, but be aware of the risks beforehand

BALVINDER SANDHU
features@mediacorp.com.sg

SINGAPORE – It is easy to be so enamoured with your child that you cannot bear to be apart from him for very long. This is especially so when you are a new parent, and have a strong urge to protect him. This sometimes even extends to sharing a bed — a practice known as co-sleeping.

But while the efforts of parents to keep a close eye on their children throughout the night should be applauded, there are also dangers to be mindful of.

The practice of co-sleeping has even been blamed for babies' deaths in the past. It is a controversial topic among parents, and even medical

professionals are divided over it.

Associate Professor Anne Goh, a senior consultant in respiratory medicine service at the department of paediatrics at KK Women's and Children's Hospital, echoed the American Academy of Pediatrics (AAP) and the US Consumer Product Safety Commission (CPSC), which recommend against co-sleeping with infants for safety reasons.

"They could sleep in the same room, but not in the same bed," she suggested. "There is a risk the baby can suffocate or get strangled (by the sheets), and studies have shown that there is a higher incidence of SIDS (sudden infant death syndrome) in households where the baby slept in the parent's bed," she added.

Dr Janice Wong Tzen Yuen, a paediatrician and specialist in neurology, neurorehabilitation and neurodevelopment at Thomson Paediatric Centre, said co-sleeping is acceptable if the child is aged six months and older.

"When children are older and have



When it comes to the practice of co-sleeping, experts recommend reducing the risk of injury to the child by starting the habit when they are six months old and up. PHOTO:ISTOCK

the strength to push away possible suffocating objects, then there is no life-threatening risk to co-sleeping," she said.

BEDTIME BONDING

Anne Lim, 36, and her husband started co-sleeping with their two older sons when each child was around one year old. "As we are both working parents, the only time available to bond physically with them is bedtime. While they are asleep, they may adjust their position and unknowingly reach out to hold our hands or hug us," said Anne, a marketing manager. "These are priceless moments".

Ling Lee, 39, also started co-sleeping with her now-seven-year-old son when he was one. He slept in a baby cot when he was younger as she had read about the dangers of co-sleeping with a baby, but this habit changed when he fell ill for a time.

"It was just easier to be there for him whenever he started crying," she said. "I am still sleeping with him on the same bed. We sometimes hug each other to sleep, or snuggle together when we were about to wake. This bonding is truly beautiful," added the business development manager.

Angela Poh, 37, a recruitment consultant, specifically bought a co-sleeper that enabled her infant to sleep on the bed between her and her husband from birth, without getting squashed.

"We were aware of the possibility of suffocation, and we researched the subject thoroughly before being at peace with our decision to co-sleep because we felt the pros far outweighed any cons," she said.

Her daughters are now seven and four, and she stopped co-sleeping with them around the age of two. But the girls sometimes go to her bed for a cuddle when they wake up at night.

"I am happy for them to develop the assurance that, in spite of sleeping in a room away from their parents, we are where they need us," she said.

PROS VS CONS

Dr Wong reiterated the fact that there are advantages and disadvantages to

co-sleeping. Besides promoting bonding between parent and child, parents can also more easily manage nighttime issues such as nightmares and night feeds, if they are in the same sleeping area.

However, she also said that co-sleeping does not teach the child independent sleeping habits, such as how to soothe oneself back to sleep.

Co-sleeping may also give the child disturbed sleep if parents frequently move around, or snore.

"It is advised to teach children independent sleep from the age of two years and up," said Dr Wong. "Definitely, by school-going age (six years and up), they should be encouraged to sleep alone."

Dr Pradeep Raut, a paediatrician and neonatologist at Kinder Clinic at Mount Elizabeth Novena, advised turning to the AAP and the Mother-Baby Behavioural Sleep Laboratory at the University of Notre Dame for co-sleeping information. The AAP recommends a separate bed in the same room, while the Mother-Baby Behavioural Sleep Laboratory suggests sharing a bed.

He advised that parents should make an informed decision based on personal preferences, as well as the needs of individual children.

"For babies who feed well and can sleep for three or four hours after a good feed, putting them in a separate cot may be possible. But some babies tend to latch on after a feed for comfort, so putting them away can be difficult," he said.

To lower the risk of negative incidents, Dr Raut said that whether a baby is sleeping with or away from its parents, awareness of the responsibility of care is paramount.

"Most incidents happen when there is a loss of awareness due to various reasons — such as being under the influence of alcohol, drugs or medication; or (parents who suffer from) obstructive sleep apnea, tiredness or inter-current illnesses," he said.

In such cases, the parents must review what they are capable of, and take steps to do what is appropriate for the situation.



CHILDREN & YOUTH IN SPORTS
SMAS Annual Symposium & Parental Workshop
Suntec Convention Centre
www.smasas.com

Physical activity and exercise are critical components of health in children. However, managing an exercising child can present with unique challenges and requires good knowledge of growth and development and paediatric physiological principles.

This two-day symposium will feature a group of local and international expert speakers in the fields of paediatric exercise science and medicine.

With more children and youths participating in competitive sports, early specialisation and intensive training may start at an earlier age. The growing young athlete is inevitably exposed to greater risk of injury. Part of the programme will be devoted to sharing and discussing evidence-based strategies to optimise young athlete development and improve their long term participation in sports.

SMAS Annual Symposium

19 - 20 May

- Paediatric Exercise Science
- Paediatric Muscle Physiology
- Sleep Considerations for Developing Youth Athletes
- Physical Inactivity Among Children and Youth
- National Initiatives to Promote Physical Activity Amongst Children
- Exercise for Children with Chronic Heart Conditions
- Management of Common Paediatric Sports Injuries
- Doping Issues in Sports

Who should attend?

Healthcare professionals, educators, coaches and administrators who are interested and/or are actively working with children and young athletes.

Parental Workshop

20 May (Limited to 100 Seats)

- Early Specialisation in Sports - Friend or Foe?
- Intense Training and Risk of Burnout
- Podiatry Issues for Youth Athletes
- Athletes / Parents Sharing

Who should attend?

Parents of children and youths.

Concurrent Workshops

20 May

All participants can choose to attend any one of the following (subject to availability):

- Strength & Conditioning for Young Athletes
- Video Analysis in Youth Sports
- Sports Nutrition for Young Athletes
- Sports Taping

For more information or to register, visit
www.smasas.com or call 9722 8065.