

Breastfeeding and Bedtime

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Introduction:

Breastfeeding and sleep are inextricably linked, biologically and socially. For survival, newborn infants require feeding around the clock. Doing so facilitates an optimal milk supply, and proximity to the mother for protection. However, in Western societies, breastfeeding mothers face a contradiction when culturally pervasive messages suggest that breastfeeding to sleep (at some unspecified point), becomes a 'bad habit', creating an undesirable dependency of her own making – 'a rod for your own back'. As such, mothers are often faced with their desire to continue breastfeeding and pressure to sleep separately to their baby, space feeds and encourage self-soothing being mutually exclusive goals. Largely this results in early cessation due to a lack of support and information on the benefits of sleep and bedtime. The first part of this article will look at the context for this issue and how it impacts mothers. The second part will highlight the key information around the benefits of breastfeeding at bedtime and during the night that can be shared to educate and reassure parents.

The social context of night-time feeding

As anyone who has parented or cared for a newborn will testify, babies are not born with a 'bedtime'. Rather, they are born with a need for constant close proximity to a caregiver and frequent breastfeeding – evolutionary traits which throughout human history ensured their survival (Rudzik, 2018). When breastfed responsively, a sleep cycle usually ensues.

Within Western cultures, this is accepted as a normal, biological need around the clock for a newborn. Mothers are advised to breastfeed frequently and responsively, to establish and maintain milk supply during the early weeks. However, although little changes with regard to the need for proximity and responsive breastfeeding during the first months of life, breastfeeding to sleep often takes on negative connotations as a result of societal expectations for early independence, conflicting advice, and anxieties related to parenting.

As a result, breastfeeding mothers often find themselves conflicted; breastfeeding to sleep as a baby grows may feel the simplest and normal way to continue meeting their baby's need for closeness, comfort and nutritional needs at bedtime, but cultural norms raise a host of concerns about continuing to do so.

Commonly, mothers worry that breastfeeding a baby to sleep will:

- create a dependency on nursing for the child to fall asleep, that their baby will struggle to self-soothe or sleep independently
- create difficulties in settling the baby to sleep if breastfeeding is the main soothing mechanism and is she is away for any reason

- make it difficult to wean the baby from breastfeeding at bedtime when she feels ready to stop and that breaking the association between breastfeeding and sleep could be emotionally difficult for them both
- lead to more frequent night-time awakenings, that if the baby associates falling asleep with nursing this will cause disrupted sleep patterns and the impact on their own well-being
- limit the involvement of the partner in the bedtime routine if they are the sole provider of comfort through breastfeeding
- lead to her being judged by friends and family about whether she is doing what is perceived as "normal" or "correct".

These concerns arise from early independence from a mother being culturally desirable – or as Brown (2021) puts it: “a *good baby* is one that sleeps long periods at night, naps when you fancy a coffee and are happily passed to anyone who wants a cuddle...” Mothers fear that by breastfeeding their baby to sleep, rather than simply meeting their developmental needs for closeness – one they will inevitably developmentally outgrow – that they are creating poor sleep associations, an unhealthy dependency on them and on breastmilk and ultimately, a “bad baby”.

Not only does this have a detrimental impact on their mental health, but it is a contributory factor to the drop in breastfeeding rates from 81% at birth to 1% six months (McAndrew et al, 2012). Breastfeeding supply is maintained by frequent removal of milk from the breast. Therefore, avoiding breastfeeding to sleep, or during the night, by introducing formula feeds or leaving a baby to cry, results in a reduced milk supply. For many mothers this has the effect of needing to introducing formula feeds to compensate – often with the result of ending breastfeeding before they are ready (Brown, 2017).

Breastfeeding has not been the social norm in the United Kingdom for most of the last century (Jones, 2017). This means that new mothers no longer have a physical community of experienced and knowledgeable breastfeeding mothers able to offer them support, particularly around the issues of breastfeeding and sleep (Brown, 2016). Online support groups have become a common way to try and overcome this – our study showed that around 40% of mothers using Breastfeeding Support groups on Facebook had sought guidance around sleep and/or bedsharing, and 96% had seen these discussed on the group (Morse & Brown, 2021).

This is significant because breastfeeding and bedsharing are inextricably linked. Bedsharing promotes breastfeeding initiation, duration and exclusivity through night-time proximity and responsive breastfeeding (Blair et al., 2020). However, bedsharing is also culturally frowned upon. Public health messages focused on shared sleep space as a risky behaviour, despite strong evidence that accidental suffocation death is extremely rare among bedsharing breastfeeding infants in the absence of risk factors (Blair et al, 2014). In fact, the latest evidence suggests bedsharing itself could be a protective factor against Sudden Infant Death Syndrome (SIDS) for breastfed infants (Bartick et al, 2022). Maintaining responsive

breastfeeding whilst having to fully rouse to get out of bed and stay awake to nurse a baby, resisting the soporific effects of elevated prolactin (designed to send mother as well as baby back to sleep!) is challenging. Mothers may attempt to breastfeed on a sofa or chair to avoid falling asleep, increasing the risk of SIDS by up to 50 times (Blair et al, 1999). As a result, along with myths surrounding introducing formula milk as an aid to longer sleep, many mothers stop breastfeeding before they are ready (Brown & Harries, 2015). This has wide ranging detrimental consequences for infant, maternal and public health.

In our study of mothers using online breastfeeding groups, nearly 50% had sought support on breastfeeding older babies or toddlers, suggesting support received on the commonly discussed issues of sleep and/or bedsharing was successful in helping them continue to breastfeed beyond early infancy (Morse & Brown, 2021). Although women are commonly accessing this type of online peer support, the lack of in person community knowledge has meant parents have had to become increasingly reliant on health professionals and trained supporters for advice and expertise (Sinha et al., 2015). For those who work with expectant and new parents, this means being able to educate them the benefits of breastfeeding to sleep and support them to do so safely for as long as they would like.

Pointers for Practice

To educate parents we need to empower them with information to make informed decisions about how they will parent at night-time, including breastfeeding at bedtime and during the night. The following points can be shared by those working with parents in the antenatal and postnatal periods to signpost and support.

1. Bonding and Security

Breastfeeding to sleep and at night helps to foster strong bonds between mother and baby. Both physical and eye contact, and providing a soothing responsive presence during the transition to sleep, or back to sleep, creates and enhances emotional connections. This contributes to secure attachment, fostering trust and a sense of safety. Put simply, a baby learns that its mother is a safe place and will reliably respond when needed, day or night – this results in the ability to trust and rely on others.

2. Breastmilk and breastfeeding are natural sleep aids

Contrary to the misconception that night-time breastfeeding disrupts sleep, it aids in establishing healthy sleep patterns for both mother and baby so establishing regular bedtime routines that include breastfeeding encourage consistencies in infant's sleep patterns (McKenna, 2014). The routine of breastfeeding within the sleeping environment and during nighttime, signal to the baby that it's time to wind down and prepares them for a more extended period of rest. Breast milk also contains sleep-inducing hormones such as melatonin, which regulates the sleep-wake cycle as levels of melatonin in breastmilk rise significantly overnight to continue to promote sleep. On average, melatonin levels at 9pm are nearly 3 times as high as melatonin levels at 3pm and breast milk pumped at 3am had nearly 10 times as much melatonin as breast milk pumped during the afternoon. Conversely,

morning milk contains cortisol for alertness (Qin et al., 2019). Breastfeeding responsively throughout the night ensures a steady demand for milk production and may aid in the reduction in supplementation.

3. The sleep environment

Breastfeeding and bedsharing are inextricably linked, and bedsharing often leads to synchronised sleep patterns between the mother and the baby. This can contribute to more restful sleep for both, as the baby can easily nurse when hungry, leading to a quicker return to sleep. Babies are more rousable, and mothers more responsive - protective factors against SIDS. Bedsharing also enables mothers to get more restful sleep, as they can respond quickly to their baby's needs without fully waking up. This can help alleviate sleep disruptions and improve overall sleep quality for both the mother and the baby, contributing to extended breastfeeding duration. Open discussion around the safety of planned versus unplanned bedsharing is an essential role for those supporting new parents, signposting safer sleep guidance to enable them to make informed decisions based on their individual factors. Overall, planned bedsharing can be a valuable strategy to support and enhance the breastfeeding relationship between mothers and infants.

4. Addressing concerns

Mothers frequently worry about breastfeeding at bedtime and back to sleep as creating poor sleep associations. Formula milk marketing perpetuates myths that it prolongs sleep cycles, when in fact night waking and a need for proximity to a caregiver are biological norms for young children regardless of mode of feeding or bedtime routine (Brown & Harries, 2015). Sleeping through the night is a developmental milestone that is unique to each child and will happen in time with or without encouragement or 'training'. However, night weaning is an alternative to ending breastfeeding completely and those working with parents can support them with strategies to maximise intake during the day and particularly in the lead up to bedtime, and making decisions around bedtime routines. The emphasis should always be on responsiveness and flexibility to change what is not working for the child or the family.

Conclusion:

Breastfeeding at bedtime and through the night is a valuable, biologically normal practice that goes beyond meeting a child's nutritional needs. It fosters emotional bonds, promotes a sense of security, and contributes to the establishment of healthy sleep patterns. While challenges may arise, particularly when instinct and cultural norms clash and collide, supporting parents to address these with tailored, evidence-based information and support can go a long way to supporting more mothers to meet their breastfeeding goals.

Every parenting and breastfeeding journey is unique, and what works for one family may not work for another. Mothers should be supported to trust their instincts, prioritise their well-being, and make informed decisions to find a balance that meets their needs and those of their child. Responsive parenting, open communication, and seeking support from peers (on

and offline), parenting workers, healthcare professionals or lactation consultants can help address concerns and provide guidance tailored to individual circumstances.

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