

Insights

Better Sleep for Breastfeeding Mothers, Safer Sleep for Babies



When a mother or birthing person breastfeeds/chestfeeds,

they [release oxytocin](#), a hormone that soothes anxieties and helps induce a unique emotional connection to their newborn baby. Oxytocin, also known as “the love hormone,” packs a powerful punch that, while supporting healthy breastfeeding/chestfeeding, has one potentially dangerous side-effect: it can make people tired.

“New mothers are sleep-deprived and understandably stressed,” says Michael Goodstein, MD, a neonatologist and safe sleep and breastfeeding/chestfeeding expert. “Add to that a state of hormone-induced calm and it’s not surprising that mothers struggle to stay awake while breastfeeding. Falling asleep is the natural inclination.”

This inclination can become dangerous because it can result in accidental co-sleeping, a risk factor for sleep-related infant deaths. Acknowledging this risk alongside the significant health benefits breastfeeding/chestfeeding brings mothers, birthing people, and babies begs an all too common question for maternal health professionals: *How do you realistically support tired and overwhelmed mothers and birthing people to breastfeed/chestfeed safely?*

Goodstein is a faculty expert on the NICHQ-led National Action Partnership to Promote Safe Sleep Improvement and Innovation Network ([NAPPSS-IIN](#)), which aims to make safe sleep and breastfeeding/chestfeeding the national norm. He says designating time to talk to new parents about their own sleep habits can help.

“We can’t change mothers’ natural response to breastfeeding,” says Goodstein, “and we wouldn’t want to—oxytocin is incredibly valuable for mother-child bonding. But we can do a better job of helping mothers manage their stress and their sleep habits during those early months. And in doing so, we can reduce unsafe environments.”

Interested in learning more about infant health, bedsharing, and breastfeeding/chestfeeding? [Click here](#) for a recent NICHQ article.

Below, NICHQ’s NAPPSS-IIN team has identified three opportunities for health professionals to put Goodstein’s advice into practice, and better support healthy sleep habits, and create safe sleep environments for infants.

Advise self-care

Mothers and birthing people are often told to “sleep when the baby sleeps.” This makes sense in theory, but in practice can be a difficult behavior to adopt. It may be necessary to use naptime to take care of other tasks, and falling asleep on command can be difficult. In both cases, mothers and birthing people are left even more stressed and tired, and at a higher risk of accidentally falling asleep while breastfeeding/chestfeeding.

“Along with advising mothers to find time to sleep, we need to specifically talk to them about the importance of self-care,” says Goodstein. “Chronic stress can exacerbate sleep loss, which then becomes a health risk for both moms and babies.”

Goodstein recommends discussing alternative opportunities to help recharge, such as taking a walk outside while the baby sleeps in a carrier or stroller, exercising at home, or reading a book while the baby naps. These activities can give mothers and birthing people a mental and physical break that can be just as valuable as a couple of hours of sleep.

Identify each mother or birthing person's support network

Having a new baby doesn’t keep other obligations at bay for long. New parents are often left balancing the needs of their families, their jobs, and their homes, which can make for a seemingly endless day when you add in regular breastfeeding/chestfeeding.

“Talk with mothers about who is going to support them during those early months,” advises Goodstein. “This may be a significant other, but help comes in multiple forms—friends, immediate and extended family, and support groups are all important resources that new moms can tap. By reviewing these options with mothers, we can help proactively alleviate some of the stress they’re bound to feel.”

Having someone help with daily tasks—even seemingly small responsibilities, like doing a load of laundry or washing the dishes—gives mothers and birthing people precious time to sleep and engage in those activities that help them emotionally recharge.

Discuss strategies for helping fussy babies sleep

Does my baby feel safe? Are they hungry? Are they wet? These three questions can help mothers, birthing people, and caregivers address the most common reasons for crying babies. But once these issues have been resolved, they are often left wondering what else they can do.

“We need to do a better job of helping moms and caregivers prepare for fussy babies,” says Goodstein. “By teaching families about successful soothing techniques, we can help both mom and baby feel happier and sleep better. Swinging motions that soothe babies, checking whether the baby might have been overstimulated by the environment, playing white noise and finding a change of scenery are all helpful strategies that care teams can discuss with families and help them go home feeling prepared.”

During these conversations, Goodstein also recommends making time to highlight pacifiers. Since non-nutritive sucking is soothing for babies, pacifiers can be used to calm them between feedings, after the first few weeks of life once breastfeeding/chestfeeding, and breastmilk volume is established. Moreover, pacifier-use is known to significantly [reduce the risk of SIDS](#). Remember though, Goodstein cautions, breastfeeding/chestfeeding should be well-established before families introduce pacifiers.

Ultimately, Goodstein’s examples reaffirm the need to improve conversations with mothers about breastfeeding/chestfeeding and safe sleep, conversations that address individual circumstances and set feeding goals. Telling mothers and birthing people, ‘breastfeed/chestfeed but don’t bed-share’ isn’t enough; instead, it’s more effective to work to understand what circumstances might make this difficult—such as sleep deprivation—and then develop plans of care that account for those barriers and reduce risks for sudden unexpected infant deaths.

Interested in more strategies to improve breastfeeding/chestfeeding rates? [Join our mailing list](#) to receive announcements on a fall webinar devoted to helping health professionals better support breastfeeding/chestfeeding mothers and birthing people.

