

## Can Sleep Training and Lactation Consultants Coexist?

Lorna C. Aliperti, APRN, IBCLC

Lactation consultants often worry that sleep training can compromise breastfeeding by reducing the number of feedings and compromising the mother's milk supply. However, using the principles of sleep hygiene can help lactation consultants address problems which are related to sleep, not feeding method. It is very possible to modify a baby's sleep routine while breastfeeding. Many breastfeeding moms have successfully used sleep consultants to help their baby with good outcomes—both on family stress and maintaining their nursing relationship. Moms have reported that babies are happier and some feel they have made developmental gains because they are better rested. Our job is to help all women breastfeed, not just mothers who are available at frequent intervals day and night throughout the time they nurse.

Modern sleep consultants are not advocates of “cry it out”. They learn the biology of sleep, proper sleep hygiene and developmental stages when appropriate interventions can help babies sleep more consistently so that mom and baby are better rested. Rather than sabotaging breastfeeding, they try to work with the lactation consultant to insure that the mothers' supply and the baby's intake are protected. If the lactation consultant and the sleep consultant work together, everyone benefits.

The more accessible breastfeeding is to mothers, the more mothers will breastfeed and the more babies will get their mother's milk. Research shows that although most mothers feel breastfeeding is best, they often reach for formula when they perceive that their lives would be more manageable and their baby happier with formula. Unless this is tied to true inadequate milk supply including low weight gain, the mother usually judges the need for formula by how often the baby feeds—in particular, at night. Removing barriers to breastfeeding helps mothers continue to nurse their babies.

If we are to achieve the goal of a majority of babies being breastfed, lactation consultants have to be capable of helping women with different family circumstances and with varying breastfeeding goals. We need to distinguish between parenting style and feeding method, and use our knowledge of lactation to help parents succeed in all circumstances. Breastfeeding doesn't require a parenting style that includes unrestricted access to mom for as long as she breastfeeds. Just as breastpumps and bottles have become commonplace items in the nursery of the breastfeeding mother, schedules for sleep can also have a place. Separation is a fact of life for mothers and babies to one degree or another as they grow. It is the mother's (and baby's) decision when this will occur and under what conditions.

Breastfeeding is a robust physiological process. Women have been able to nurse their babies through periods of famine, despite separation, when multiple babies and subsequent children are involved. The role of the lactation consultant needs to be that

of a nonjudgmental advisor—helping a mother protect her milk supply while working toward her parenting, career goals and through many phases of her family and life cycle.

\

**Lorna C. Aliperti is a Nurse Practitioner and Board Certified Lactation Consultant who provides home visits to new mothers and babies with breastfeeding problems. She has been a clinical instructor in the Columbia University Women's Health Nurse Practitioner Program, and taught obstetrics and infant assessment there and at Fairfield University. She is the author of an ARCO test preparation book for practical nurses taking their NCLEX certification exam (in press since 2001), and published research on hospital breastfeeding management in the Journal of Perinatal Education. She has also written articles for several parenting publications. Lorna has four children and two grandchildren.**