Co-bedding is the term used to describe putting your babies down to sleep together in the same crib. Most parents co-bed their babies for at least part of the time once the babies arrive home. Our girls slept in the same crib for 4 months until they began to disturb each other. Co-bedding for multiple-birth babies just seems to make sense and there are some practical reasons to do so.

Some parents of low birth weight (LBW) or preterm multiples wish to co-bed their babies right after birth in the Neonatal Intensive Care Unit (NICU) but not all hospitals have a co-bedding policy. It’s a tough call and hospitals have some valid reasons for not co-bedding, not the least of which is that the beds may not be big enough to comfortably accommodate two babies. Thankfully though, some Canadian hospitals are rethinking co-bedding issues and as a result, there could soon be some good news for parents of multiples.

A quick poll of parents with twins regarding their experiences resulted in the following comments regarding the co-bedding of their babies in NICU:

• takes less room by your hospital bed, which is important if you are sharing a room;
• there seems to be less confusion in the nursery as the staff only has to worry about one bassinet;
• helps the babies conserve body heat, regulate their temperatures;
• helps the babies settle better as they seem to comfort each other;
• one mother felt it helped them get over the trauma of their births as they took comfort in being together once again;
• continuity of their being together from the womb;
• sometimes babies have been placed in their own bassinet in different nurseries within a hospital setting, making it difficult for the parents to split their time between the two babies and leaving them feeling guilty about whom they were not with. Or the parents would split up to spend time with each baby, thereby not permitting parents to take joy together in their babies;
• parents generally felt better themselves that their babies continue to be together, as they were in the womb;
• one family reported that one of their sons was too sick. It just wouldn’t have worked for them; and
• it is very cute in pictures!

Healthcare professionals have some valid concerns regarding co-bedding:

• if one (or both) babies are sick and are co-bedded, there could be a mix up with their medications. In separate bassinets, the potential for medication error is minimized;
• if only one baby is ill, there could be cross-contamination to the other baby;
• if one baby has a birth anomaly, e.g. spina bifida or Downs, it would be better for the babies to be in separate bassinets;
• there could be unnecessary exposure of a baby to oxygen;
• there could be sleep disturbances which may impact on a baby’s ability to become healthier;
• bassinets are not large enough to hold two babies;
• one baby may interfere with the tubing of the other baby; and
• there could be temperature instability between the babies.

There may be a specific time when NICU hospital staff would decide, or it might be hospital policy, not to co-bed multiple-birth infants. Such a decision occurs when one, or both babies, is ill (usually due to their prematurity) and to be in close proximity might have an adverse affect on one or both of their health, e.g. disturb their sleep, thus impeding healing. In such cases, a co-bedding decision is based on the best possible outcome for each baby.

Once the babies are home, most parents of multiples have co-bedded their twins (and sometimes triplets or quads) for various ranges of time. What usually brings co-bedding to an end is
when one baby or toddler continually disturbs the other, as in one likes his sleep and the other likes to play and may be looking for a playmate. At the end of the day in this scenario, there are at least two cranky babies and two cranky parents, which makes for a very cranky household. The solution... separate beds, maybe even separate bedrooms, and pronto!

Co-bedding at home offers some other distinct advantages for both babies and parents:

- the babies usually enjoy being together and will often settle down quicker and more easily. As the babies grow, parents may continue to have their multiples share a room, each in their own beds, because they enjoy being with each other. Don't be surprised to find them sleeping in one bed together when you go to get them up in the morning;
- co-bedding cuts down on the amount of laundry with washing only one set of sheets and blankets at a time instead of two or three;
- you can go to one spot in the room and attend to a baby while the other still has full visual contact with you;
- initially some parents keep one crib upstairs and one downstairs (for the daytime naps). Not having to go up and down the stairs several times a day helps preserve energy levels; and
- even parents with triplets have co-bedded their babies, initially lying each baby across the crib. A bonus is easy access to each baby as needed.

If you want your premature or LBW twins co-bedded while they are in the hospital, check out your hospital’s policy before you deliver. Ask your attending physician to make the corresponding note in your chart indicating that you want the babies co-bedded if at all possible. The more often we ask for what we want or need, the more often the hospitals will listen and change will be implemented.

P.S. They do, indeed, take great pictures when they are snuggled up together in the same crib.

Other Resources
- Twin Care: Prenatal to Six Months, Multiple Births Canada
- Special Delivery: The Handbook for Parents of Triplets, Quadruplets & Quintuplets, Multiple Births Canada
- Various Fact Sheets from Multiple Births Canada’s Fact Sheet series including topics from prenatal to toddler stages
- Expectant & New Parent Support Kit, Multiple Births Canada
- Finding Our Way, Triplet, Quads and Quints Association, 2001 – available from Multiple Births Canada

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