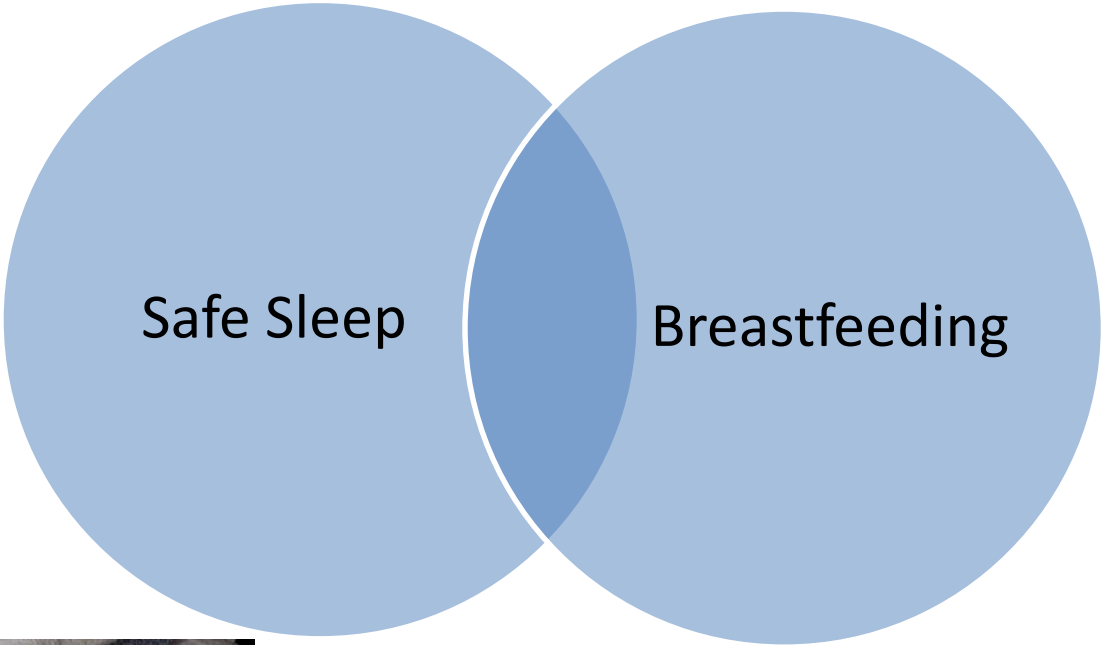


At the Intersection of Breastfeeding and Safe Infant Sleep



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Safe Sleep and Breastfeeding

- Breastfeeding **now #3** (after #1 -supine sleep and #2-firm sleep surface) from #8
- Within #1 sleep position, skin to skin care is recommended for all mothers and newborns, regardless of feeding or delivery method...for at least an hour (reference to “**Safe Sleep and SSC in the Neonatal Period for the Healthy Newborn**”)
- Focus on **exclusive** breastfeeding for 6 months
 - 70% reduction in risk
- **Any** Breastfeeding still better than no breastfeeding





Things to think about

- Collaborative approach to safe sleep recommendation
- Safe sleep needs to be a conversational approach
- Same room, separate sleep surface for 1 year
- Baby boxes—no research to encourage or discourage.
 - Things to consider...
 - Limited air flow in the box
 - Longevity of the box use—portable lasts about 1 year—box lasts 2-3 months
 - Box is cost prohibitive—the cheapest box runs about \$30, a portable crib is about \$50 and has longer use.

Additional Recommendations that Affect Exclusive Breastfeeding and SIDS Risk

- Shared sleep environment up to 1 year, at least 6 month (50% reduction in risk)
- Feeding in bed, not couch or arm chair
- Recognition that parents may fall asleep in bed after or during feeding their infant, so remove pillows, loose blankets, sheets and move the bed away from walls to prevent entrapment, and follow remainder of safe sleep recommendations
- Place infant on separate sleep surface as soon as parent awakens



Pacifiers

- Consider offering at nap or bed time
- After breastfeeding is ***firmly established*** (no specified time frame)
- If not breastfed can introduce as soon as family desires
- New evidence to show pacifiers reduce risk even in breastfeeding infants



New AAP Policy Supports Integration



- ❑ Substantial progress from prior statement
- ❑ Changes might not seem significant at first glance, but now provides information for families to deal with the realities of feeding infants at night so that they can mitigate risk and maximize benefits
- ❑ New language about feeding at night acknowledges that “parents frequently fall asleep while feeding infant”, including greater emphasis on couch/chair being MOST dangerous and states that less hazardous to fall asleep while in adult bed
 - New language added about what to do to make adult bed less risky
 - Also includes specific instances to avoid bedsharing at all times

New AAP Policy Supports Integration

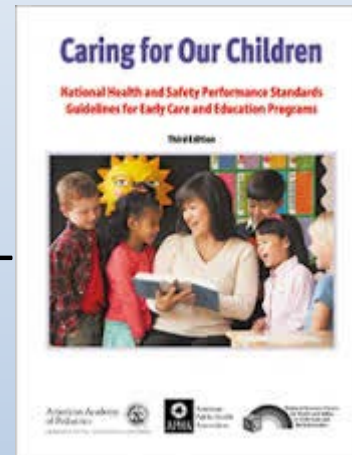
- Prior framing was leading to black and white view, but changes in framing and added detail clearly open the door to education w/ risk reduction messages
- New evidence presented recommending skin-to-skin care for all mothers and newborns, immediately following birth, and to continue for at least an hour
- Insufficient evidence to recommend for/against use of devices to make bedsharing safe:
 - Bedside sleepers now have CPSC standards and “may be considered by some parents as an option”
- Call to doctors to “have open and nonjudgmental conversations with families” (see AAP press release) opens up opportunity to have conversations with parents



New for Child Care Providers:

Caring for Our Children, 3rd Edition standard regarding safe sleep practices was updated based on the updated policy statement from the American Academy of Pediatrics. Updates include:

- An added recommendation for early childhood education settings **to support breastfeeding** given its association to reducing the risk of sleep-related deaths for infants. *Note: Caring for Our Children, 3rd Edition has always recommended that early childhood education settings promote and support breastfeeding in other standards, but the specific association between breastfeeding and protection against sleep-related deaths was added to this standard.*
- Specific mention of sofas and couches as unsafe sleep surfaces for infants.



Need for “Conversations” Approach:



- ❑ Safe sleep and breastfeeding have been siloed in public health initiatives, but both are integrally vital to infant survival and long-term health of mothers and infants
- ❑ Families do not experience these as separate baby behaviors
- ❑ Population-based promotion campaigns are important to raise awareness
- ❑ But current thinking indicates that more tailored interventions needed
 - Recognize that families are the ultimate decision-makers
 - Deciding to adopt a behavior takes place in context of opportunities for two-way communication

What Families Need:

- ❑ Families need information about the “whys” and deeper exploration of their doubts, reluctance, and barriers
- ❑ Families need to be not just informed but also empowered to *implement* recommendations, but they can encounter substantial barriers and challenges
- ❑ Families report they are not prepared and so when faced with challenges (including sleep deprivation) they give up on their intentions
- ❑ Need to help families anticipate challenges and create plans for who can support them and what to have in place *before* taking their babies home

Q: Are the recommendations anti-breastfeeding?

A: No, the recommendations support breastfeeding, as well as integration of breastfeeding and safe sleep practices, specifically:

- ❑ Breastfeeding is recommended to reduce the risk of SIDS, moved up from recommendation # 8 to # 3.
- ❑ Both breastfeeding exclusivity & duration are emphasized.
- ❑ The recommendations also continue to support bringing the baby into the adult bed for nighttime feeding and comforting, emphasizing that couches and chairs are *more* hazardous.
- ❑ And the updates acknowledge that parents frequently fall asleep while feeding, giving guidance for how to make the adult bed less risky.

Addressing Barriers

Exhaustion

1. Acknowledge parenthood is tiring.
2. Who are your support people?
3. What can you do to plan for the rough spots?
4. Develop a night time parenting plan.



Q: But the recommendations still prohibit bedsharing, while some breastfeeding advocates may promote bedsharing. Who is right?

A: While new AAP statement recommends room sharing with the infant on a “separate sleep surface,” it also recognizes that it’s not a simple matter of black and white, right vs. wrong.

- ❑ Both breastfeeding & safe sleep are important. The recommendation updates acknowledge this as well as the reality that parents frequently fall asleep while feeding, giving guidance for how to make the adult bed less risky.
- ❑ It’s important to recognize that parents are ultimate decision-makers, need to inform/support them within realities of daily lives. One size does not fit all. Our obligation is to ensure parents don’t just get a list (or conflicted messages), but understand whys/hows of recommendations to maximize benefit & mitigate risks.
- ❑ AAP leaders: “Doctors should have open, non-judgmental conversations.”
- ❑ Recommendations are based on evidence as it exists and is understood to date; this evolves and changes over time. Research gaps are being identified & explored.

Bottom Line

- Safe Sleep and Breastfeeding Promotion are aligned strategies for the public's health
- Recognition that families choose bed-sharing, but data still reveal hazards even in no-other-risk population
- Recognition that bed-sharing is correlated with longer period of exclusive breastfeeding, but bedside sleeping may also support optimal breastfeeding patterns

Counseling Strategies

- “Health care providers are encouraged to have open and non-judgmental conversations with families”
- Recommendations taken into consideration based on relative risks and benefits of individual circumstances
- Use Conversational Approach...



How to Move from Campaign to Conversation

1. Use a client-centered approach
2. Take a non-judgmental approach
3. Ask yourself if you are entrenched in our beliefs
4. Start where the client is



What is a conversations approach?

Underlying assumptions:

- In the end parents and other infant caregivers will make the decisions about how and where to sleep and feed infants.
- Behavior change is supported by approaches that first gain caregiver's acceptance of safe sleep and breastfeeding behaviors.
- Accomplishing behavior change is supported by two-way communication.

A Conversations Approach—what does that mean?

In the conversations approach there is a shift from *being an expert* who makes recommendations to *being a resource* who supports families in making their own informed decisions.

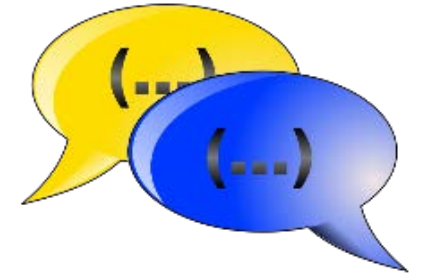


Resource

Who uses a conversations approach?

- **Conversations starters (physicians, etc...)**
 - One- time or time limited interactions
 - Can introduce the information and determine parents' questions or concerns
- **Conversation deepeners (nurses, etc...)**
 - Ongoing interactions, but limited time or interact only during a specific time period (e.g. pre-natal visits, etc.)
 - Can explore parents' reluctance and challenges
 - Provide more information to clear up misconceptions
 - Identify risks or benefits to the parents' proposed choices

Who uses a conversations approach?



Ongoing dialoguers (home visitors, peer counselors, etc..)

- Have extended interactions over time in settings or programs designed to give in-depth support to parents
- Can help parents:
 - Develop detailed plans to support their decisions
 - Connect them with resources
 - Support to address challenges
 - Help caregivers when new challenges arise in implementing safe sleep and breastfeeding.

National Action Partnership to Promote Safe Sleep (NAPPPSS)

- Created on-line learning modules to communicate concepts
- Quizzes & FAQs



NAPPSS Modules: Knowledge

- **Module 1.** Overview
- **Module 2.** How Babies Sleep—the starting point for all conversations about safe sleep and breastfeeding.
- **Module 3.** Basic understanding of current recommendations for safe sleep and breastfeeding and explanations of why they are supported. (Families want to know why a recommendation is made so they can make informed decisions.)
- **Module 4.** Anticipating reluctance and refusal— concerns families have and information to address those concerns.

NAPPSS Modules: Skills

- **Module 5.** Respectful sharing of information—how to introduce recommendations, elicit and listen to family opinions and keep the conversation going.
- **Module 6.** Creating plans to support family decisions—how to help families anticipate challenges, find potential solutions and connect with helpful resources to minimize risk and maximize benefits of safe sleep and breastfeeding within the context of their communities and their cultural beliefs and practices.

What are parents saying?



Create a Nighttime Parenting Plan

- How do we reduce the risk of sleep-related deaths?
 - Same room, separate sleep surface



What do you say when parents report they are going to bedshare?

- Let's talk about risk reduction—how to reduce risk:
 - Would you consider the baby sleeping in a crib next to your bed for part of the night?
 - “While evidence suggests that it is less hazardous for an infant to fall asleep on the adult bed than a couch or sofa, it is not as safe as a separate sleep surface in the parental bedroom. Falling asleep while feeding the infant in bed is still a less-than-ideal situation that parents should avoid whenever possible. The AAP policy further states, “If the parent falls asleep while feeding the infant in bed, the infant should be placed back on a separate sleep surface as soon as the parent awakens,” reports Rachel Moon, MD.
 - Sweet Sleep--When you do breastfeed in bed ensure pillows, memory foam and/or heavy blankets are not used, dress you and baby in light sleep clothing, ensure there is no smoking, ETOH use, drug use (OTC, RX or illicit), consider the risk increases if you are exhausted or have a high BMI.

Resources

- National Action Partnership to Promote Safe Sleep (NAPPS) - <https://www.nappss.org/resources.php>
- Become a “Friend of” NAPPS - <https://www.nappss.org/contact-sign-up.php>
- Safe Sleep & Breastfeeding Image Gallery - <https://www.nappss.org/images.php>
- AAP Updated 2016 Recommendations for a Safe Infant Sleeping Environment- <http://pediatrics.aappublications.org/content/early/2016/10/25/peds.2016-2938>
- AAP “Breastfeeding and the Use of Human Milk” – <http://pediatrics.aappublications.org/content/early/2012/02/22/peds.2011-3552>

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