

Promoting Breastfeeding and Safe Sleep Guiding Conversations with Families

Joint Recommendations to Local Agencies from Oregon MCH and WIC

Purpose

The Oregon MCH and WIC programs have shared goals of supporting breastfeeding parents and keeping all babies safe while sleeping. This joint statement provides guidance on safe sleep practices, reducing risks for bedsharing when breastfeeding, reducing risks to breastfeeding interruption, and suggests ways to share these recommendations with breastfeeding parents and their families.

Definitions

- SIDS – Sudden Infant Death Syndrome.
- SUID – Sudden unexpected infant death.
- ASSB – Accidental Suffocation & Strangulation in Bed.
- Bedsharing – An infant sharing an adult bed with the parent or caregiver for sleep.
- Breastfeeding-For the purposes of this guidance, we are referring to direct breastfeeding (when infant is feeding from parent’s breast). There is limited research on bottle feeding expressed milk in relation to reducing sleep related deaths.
- Breastsleeping – Breastfeeding infant sleeping with parent in an adult bed for sleep and feeding. (For clarity, we are not using this term in this guidance.)
- Co-sleeping – A broad term that includes both sleeping on any shared surface (bed, couch, chair) and sleeping in proximity, but not necessarily on a shared sleep surface.
- Separate sleep – Room-sharing without bedsharing.
- Solitary sleep – Infant sleeping in a separate room from parents.



Background

Sleep-related sudden unexpected infant death (SUID) is the leading cause of post-neonatal mortality in the United States and in Oregon. According to the vital statistics website, about 40 babies die in their sleep every year in Oregon. The causes of these sudden unexpected infant deaths include Sudden Infant Death Syndrome (SIDS) and Accidental Suffocation & Strangulation in Bed (ASSB). While SUID cannot be prevented entirely, there are effective ways to reduce the risks. Breastfeeding is a protective factor against SIDS and is important for the life-long, overall health and well-being of both infants and mothers.

In the United States, there are different professional stances regarding safe sleep recommendations and bedsharing. The American Academy of Pediatrics recommends that parents never share a sleep surface with their infant (see Reference section). Other organizations, such as the Academy of Breastfeeding Medicine (see Reference section) and La Leche League International, focus on how breastfeeding parents can bedshare safely.

The lack of consistent messaging on bedsharing can be confusing for parents. MCH and WIC professionals can help breastfeeding parents wanting to bedshare to weigh the benefits and risks of bedsharing on an individual basis and provide information on how to reduce the risks bedsharing might pose.

Safe Sleep Recommendations

We recommend MCH and WIC professionals share information with all parents about the following evidence-based practices for keeping babies safe while sleeping.

- Make sure no one smokes around your baby.
- Always put babies to sleep on their backs.
- Put your baby to sleep in the room where you sleep.
- Remove soft fluffy bedding, pillows, stuffed toys and bumper pads from your baby's sleep area.
- Use a firm sleep surface.
- Only use sleep products that conform to the safety standards of the Consumer Product Safety Commission (CPSC).
- Do not put your baby to sleep on couches, upholstered chairs, waterbeds, beanbag chairs, pillows, quilts or comforters.
- Avoid overdressing babies as it can lead to overheating.
- Do not use clothing that covers a baby's head.

- Offer your baby a pacifier at nap and bedtime once breastfeeding is going smoothly. This usually takes 3 to 4 weeks.
 - It is okay if your baby doesn't want to use a pacifier. Some babies don't like them.
 - If your baby takes a pacifier and it falls out once baby is asleep, you don't have to put the pacifier back in.
- Share safe sleep recommendations with grandparents and other caregivers.

Breastfeeding parent-infant bedsharing

This statement focuses on reducing bedsharing risks for *breastfed* infants.

Breastfeeding parent-infant bedsharing is the evolutionary norm for humans and continues to be common today. Families in cultures throughout the world share sleep spaces. Research cited and described in *The Academy of Breastfeeding Medicine Protocol #6* (see Reference section) indicates that bedsharing promotes breastfeeding duration and exclusivity, while separate sleep negatively impacts breastfeeding, contributing to decreased milk production, early weaning, and unintentional co-sleeping on dangerous surfaces such as couches or reclining chairs.

Considerations for breastfeeding parents wanting to bedshare

Breastfeeding an infant while lying down in bed is comfortable and convenient, especially for night feedings. To reduce the risks of bedsharing, one must first recognize the hazards that increase the risk of SIDS and ASSB and reduce or eliminate these risks. Bedsharing risk increases if:

- the infant is preterm or low birth weight.
- one or both parents are smokers.
- the mother smoked during pregnancy.
- the infant is sharing a bed with someone who is not the primary caregiver.

We recommend counseling breastfeeding parents wanting to bedshare on the following, (listed in order of importance, based on research described in *The Academy of Breastfeeding Medicine Protocol #6*).

- Never sleep with infants on a couch, armchair or other unsuitable surface. These are extremely dangerous places for infants.
- Sleep away from any person impaired by alcohol, drugs or other sedating substances.

- Place infants lying on their backs for sleep.
- Have infants sleep away from secondhand smoke. Remove clothing or objects that smell of smoke from the sleeping area. (In cases where the parent smokes, this will not be possible.)
- Place the bed away from walls and furniture to prevent the wedging of the infant's head or body. The bed's surface should be firm. Remove soft bedding accessories such as pillows or blankets.
- Never leave the infant alone on an adult bed.
- Position the baby so that the head is across from the mother's breast and the mother's legs and arms are curled around the infant. This protective "cuddle curl" is the optimal sleeping position.

When bedsharing risks are present, room sharing is a safe alternative. This means moving the infant to a separate sleep space nearby when the parent has finished breastfeeding.

Sharing Safe Sleep Recommendations with Parents

Given the personal nature of family decisions on infant sleep, the discussion of safe sleep recommendations can be a sensitive topic. Approaches that support parents and caregivers in overcoming barriers to both breastfeeding and safe sleep practices are needed. An *individualized approach* that considers each family's needs, beliefs, and the context of their lives is recommended.

- Approach conversations with sensitivity to your own feelings and beliefs as well as to the feelings and beliefs of others.
- Support families in exploring their own risks and protective factors.
- Keep communication open with families so they feel supported. Simply telling parents to breastfeed or to follow specific safe sleep practices isn't enough: listen to their thoughts and feelings and consider what circumstances might make the recommendations difficult. Only then can we develop plans of care that account for those barriers and reduce risks for sudden unexpected infant deaths.

There are many reasons families might not embrace safe sleep recommendations. These might include concerns about the comfort of the baby or themselves, different perceptions on helping a baby to sleep well, advice from family members or friends, cultural traditions, financial hardship, or misinformation.

- Approach conversations in a non-judgmental way, as this helps to build a trusting relationship. Compassionate care recognizes the rights and preferences of individuals.
- Ask open-ended questions, actively listen, reaffirm what you are hearing, and explore the family’s circumstances to bridge understanding.
- Many MCH and WIC staff have been trained in motivational interviewing. Conversations around safe sleep and breastfeeding are an opportunity to apply these techniques. Examples include “What is your baby’s sleep arrangement? How is that working for you?” Listen carefully and avoid using the word “should” when responding.

Remember

WIC and MCH staff have a shared interest in promoting breastfeeding and keeping babies safe.

If a person has previously experienced an infant’s death, discussing this topic can be traumatic. Not all sleep-related deaths can be prevented. We want to promote conversations that are sensitive and respectful of everyone’s experiences and opinions. Our aim is for conversations that promote trust and mutual collaboration.

This joint statement was written by members of a joint workgroup.

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REFERENCES

American Academy of Pediatrics:

<http://pediatrics.aappublications.org/content/138/5/e20162938>

Bedsharing and Breastfeeding: The Academy of Breastfeeding Medicine Protocol #6, Revision 2019, BREASTFEEDING MEDICINE, Volume 15, Number 1, 2020

Bronheim S. Building on Campaigns with Conversations: An Individualized Approach to Helping Families Embrace Safe Sleep and Breastfeeding. Washington, DC: National Center for Education in Maternal and Child Health, 2017.

Educational Resources: Conversations Modules;

<https://www.ncemch.org/learning/building/>

La Leche League International <https://www.llli.org/the-safe-sleep-seven/>

NICHQ Safe Sleep Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality <https://www.nichq.org/project/safe-sleep-collaborative-improvement-and-innovation-network-coiin-reduce-infant-mortality>

State of Oregon Safe Sleep for Babies website:

<https://www.oregon.gov/oha/ph/healthypeoplefamilies/babies/pages/sids.aspx>

University of Notre Dame, Mother-Baby Behavioral Sleep Laboratory:

<https://cosleeping.nd.edu/>

Vital Statistics:

<https://www.oregon.gov/OHA/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME2/Documents/2017/Table702.pdf>