Promoting Breastfeeding and Safe Sleep: Guiding Conversations with Families

Joint Recommendations from Family and Child Health (FCH) and WIC

Purpose

FCH and WIC programs have shared goals of supporting lactating parents and keeping babies safe while sleeping. These recommendations provide guidance on safe sleep practices for home visiting and WIC professionals. This guidance helps reduce bedsharing risks when breastfeeding and risks of breastfeeding interruption. This document also includes talking points to share these recommendations with lactating parents and their families.

Terms used in this document

- SIDS - Sudden Infant Death Syndrome
- SUID - Sudden Unexpected Infant Death
- ASSB - Accidental Suffocation and Strangulation in Bed
- Bedsharing - An infant sharing any sleep surface (bed, couch, chair) with a parent or caregiver.
- Breastfeeding - For the purposes of this guidance, we are referring to direct breastfeeding or chestfeeding (when infant is feeding from parent's breast or chest).

Other terms you may encounter (not used in this document)

- Breastfeeding (WIC definition) - Parent providing their own human milk to their infant at least one time per day.
- Breastsleeping - Breastfeeding infant sleeping with parent in an adult bed for sleep and feeding.
- Co-sleeping - A broad term that includes both sleeping on any shared sleep surface (bed, couch, chair) and sleeping in proximity, but not necessarily on a shared sleep surface (room sharing but not bedsharing).

Background

SUID is the leading cause of post-neonatal mortality in the United States and in Oregon. About 35 babies die in their sleep every year in Oregon (see Reference section). Infants from communities that include Black, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander families experience disproportionately higher rates of SUID. These inequities reflect long-standing systemic conditions shaped by structural racism, rather than any characteristics of the communities themselves, and mirror patterns seen across other birth outcomes.

The causes of these sudden unexpected infant deaths include SIDS and ASSB. While SUID cannot be prevented entirely, there are effective ways to reduce the risks. Human milk is a protective factor against SIDS and is important for the life-long, overall health and well-being of both infants and lactating parents.

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.

In the United States, there are different professional stances regarding breastfeeding 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 breastfeeding and bedsharing can be confusing for parents and decisions about breastfeeding and bedsharing are made in the context of individual feelings and perspectives. Home Visting 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 FCH and WIC professionals share information with all parents about the following evidence-based practices for keeping babies less than one year old safe while sleeping.

- Avoid smoke and nicotine exposure during pregnancy and after birth.
- Feed your baby human milk.
- Avoid drugs (including cannabis) and alcohol during pregnancy and after birth.
- 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, flat 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.
- Avoid the use of infant positioning devices (e.g. baby nests, docks, pods, loungers, rockers) that are inconsistent with safe sleep recommendations.
- There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS. However, swaddling can be an effective technique to help calm infants. Use a light blanket wrapped snuggly around your baby's body to prevent overheating and head covering. Stop swaddling as soon as your baby shows signs of trying to roll over.

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, first recognize situations that increase the risk of SIDS and ASSB. Bedsharing risk increases if:

10x risk

- Bedsharing is done with someone who is impaired in their alertness or ability to arouse because of fatigue or use of sedating medications or substances
- Bedsharing is done with a current smoker (even if the smoker does not smoke in bed) or if the pregnant parent smoked during pregnancy
- Bedsharing is on a soft surface, such as a waterbed, old mattress, sofa, couch, or armchair

5-10x risk

- The infant is less than 4 months old
- The infant is sharing a bed with someone who is not the primary caregiver

2-5x risk

- The infant is preterm or low birth weight
- Bedsharing is done with soft bedding accessories, such as pillows or blankets

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 or armchair. These are extremely dangerous places for infants.
- Sleep away from any person that has taken drugs (including cannabis), alcohol or medications that make you sleepy.
- 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.

Room sharing is a safe alternative to bedsharing. This means moving the infant to a separate sleep space nearby when the parent has finished breastfeeding.

Sharing Safe Sleep Recommendations with Parents

If a person has previously experienced an infant's death, discussing this topic can be traumatic. 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.

Opportunities to promote safe sleep begin prenatally. Evidence suggests that introducing safe sleep education during pregnancy, with follow-up education after birth, improves caregiver knowledge and increases safe sleep practices. 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 SUID.

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 FCH and WIC staff have been trained in motivational interviewing. Conversations around safe sleep and breastfeeding are an opportunity to apply these techniques.
- Example questions: (Prenatal) What have you heard about safe sleep? What are your plans for putting your baby to sleep? Who has talked to you about safe sleep? (After baby is born) "What is your baby's sleep arrangement? How is that working for you?" Listen carefully and avoid using the word "should" when responding.

Prepared for WIC and FCH local programs by

FCH - Anna Stiefvater and Cynthia Ikata
WIC - Korina Skaff and Alexia Roy-Miller

References and Resources

American Academy of Pediatrics

- Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment
- Professional Tools and Resources

The Academy of Breastfeeding Medicine

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

The National Center for Education in Maternal and Child Health (NCEMCH)
https://www.ncemch.org/learning/building/

La Leche League International (LLLI) The Safe Sleep Seven
https://www.llli.org/the-safe-sleep-seven/

National Institute for Children's Health Quality (NICHQ) Safe Infant Sleep and Breastfeeding Myths and Facts
https://nichq.org/downloadable/safe-infant-sleep-and-breastfeeding-myths-and-facts/

State of Oregon Safe Sleep for Babies website
https://www.oregon.gov/oha/ph/healthypeoplefamilies/babies/pages/sids.aspx

Oregon Safe Sleep Coalition
https://www.oregonsafesleep.org/

University of Notre Dame Mother-Baby Behavioral Sleep Lab
https://cosleeping.nd.edu/