

## The Ethical Responsibility of Lactation Care Providers to Promote Breastfeeding and Safe Sleep as Two Aligned Public Health Priorities

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## Learning Objectives

1. Review the history of SIDS and other sleep-related infant deaths, the evolution of AAP/NICHD safe infant sleep recommendations, and the bedsharing guidelines in LLLI's *Safe Sleep 7* and the Academy of Breastfeeding Medicine's updated protocol on Bedsharing and Breastfeeding.
2. Discuss the ethical responsibility of lactation care providers to save infant lives and reduce health disparities by conducting open, non-judgmental conversations with parents about safe infant sleep practices and breastfeeding.

## Confirmation Bias

- Confirmation Bias occurs from the direct influence of desire on beliefs. When we want a certain idea or concept to be true, we end up believing it to be true.
- This error leads us to stop gathering information when the evidence we already have confirms the views or prejudices we would like to be true.
- We embrace information that confirms our biased view, while ignoring, or rejecting, information that casts doubt on it, thus making us prisoners of our assumptions.

Shahram Heshmat, PhD <https://www.psychologytoday.com/us/blog/science-choice/201504/what-is-confirmation-bias>

## When Have You Changed Your Mind After Considering an Issue from Another Point of View?

- High School Debate Team taught me how to view critical issues from divergent points of view.
- What have you changed your mind about in your lifetime after gaining a broader understanding of the issues? i.e. Politics. Religion. Parenting practices. Gun control. Human sexuality. Global warming. Institutional racism. Immigration.
- Changing your mind is a very admirable thing, when informed by facts, enlightened by personal experience, and inspired by noble purpose.

## Historical Accounts Sleep-Related Infant Death by Overlay

- For most of human history, so-called "crib death" was attributed to accidental suffocation caused by mothers "overlying" their babies.
- 1 Kings 3:16-28 (Hebrew Bible, during the reign of King Solomon, 970-931 BCE)
- In 1862, Dr. Anthony Leared...reported in the English Women's Journal on infant mortality, "...the deaths of no less than 12 infants from suffocation in bed were lately registered...within a single week." DL Russell-Jones. Medical History of SIDS in History & Literature. *Arch Dis in Child.* 1985; 60; 278-281.
- "....Baby *must* have a cot to itself; else it runs the risk of being over-laid or suffocated..." Florence Nightingale, in *Minding Baby*, 1861

## Even as Babies Slept in Separate Cribs, Sleep-Related Deaths Continued

- With social changes in the 20<sup>th</sup> century and an increase in the standard of living, most infants were given a separate bed.
- Yet, sudden infant deaths continued to occur and blame moved to soft pillows and bedclothes as the cause of suffocation.
- However, some sudden infant death victims died with their faces clear of pillows and bedclothes.

DL Russell-Jones. Medical History of SIDS in History & Literature. *Archives of Disease in Childhood.* 1985; 60; 278-281.

### Changes in US Infant Mortality Over the Past 100 Years

- US infant mortality dropped from approximately 100 deaths per 1,000 live births in 1915 (the first year for which infant mortality rates were available) to 29.2 deaths per 1,000 births in 1950 and 7.1 per 1,000 in 1999.

Institute of Medicine. *When Children Die*, Chapter 2. Patterns of Childhood Death in America." National Academies Press, 2003

- As infectious causes of infant mortality markedly decreased, sudden death in infants emerged as a significant category of death.

### "Sudden Infant Death Syndrome" (SIDS)

- The name SIDS was first proposed at the Second International Conference on the Causes of Sudden Death in Infancy in Seattle in 1969.
- SIDS was defined by pediatric pathologist, Dr. J. Bruce Beckwith, as: "*The sudden death of any infant or young child, which is unexpected by history, and in which a thorough post-mortem examination fails to demonstrate an adequate cause of death.*"
- SIDS did not have an ICD code until 1979; a U.S. code was created in 1973.

JR Wright. Acad Forensic Pathol. 2017 7(2): 146-162

### Prior to the 1990s, Prone, Solitary Infant Sleep Was a Longstanding US Norm

- Prone positioning of infants for sleep was presumed to prevent choking if a baby spit up, and babies slept deeply in the prone position.
- Infants typically slept in a nursery, distant from the sensory range and supervision of their parents. Parents believed that solitary sleep would help their baby learn to self-soothe.
- While parents were aware that babies sometimes died in their sleep, they felt powerless to reduce the risk.

### Magnitude of Sleep-Related Infant Deaths and Their Impact

- SIDS and other sleep-related infant deaths represent the leading cause of infant death between 1 and 12 months in the U.S.  
Pediatr. 2016; 138(5):e20162940
- There is no more devastating loss than the death of a child. Parents who lose an infant to SIDS must deal with a baby's death that is so sudden and unexpected that it leaves no time for preparation or goodbyes, and no period of anticipatory grief.
- The painful grief process lasts a lifetime.

### Parental Grief Following the Death of a Child

- Guilt and self-blame are especially pronounced following the death of a child.
- Parents assert that their grief continues throughout their lives: "*It gets different; it doesn't get better.*"
- Ambiguity about the cause of a sleep-related infant death leads parents to struggle with guilt and to question whether the death could have been prevented.

Institute of Medicine (US) Committee on Palliative and End-of-Life Care for Children and Their Families (Field MJ, Behrman RE, Editors). *When Children Die*. Washington (DC): National Academies Press (US); 2003: Appendix E.

### Parental Grief Associated with Sudden Unexpected Infant Death

- The loss of a child is rated among the worst experiences on life event scales.
- Bereavement following the death of a child is far greater than that reported in other forms of loss and is accompanied by high levels of prolonged grief-related symptoms, extraordinary amounts of self-blame, especially in mothers, and a significant increase in mortality, physical and mental health difficulties in bereaved parents.

RD Goldstein. "Parental Grief" in *SIDS--Sudden Infant and Early Childhood Deaths*. (Eds: JR Duncan & RW Byard). University of Adelaide Press. Adelaide, Aus. 2008. pps. 143-154.

### Most Significant Milestone in SIDS Research

- The most significant milestone in research into SIDS was identified nearly 30 years ago when a case-control study examining the risk factors for SIDS in New Zealand identified three risk factors potentially amenable to modification:
  1. Prone sleeping position of the infant
  2. Maternal smoking
  3. Lack of breastfeeding

Mitchell EA. *NZ Med J*. 1991;Feb 27;104(906):71-6.

### 1992 AAP Task Force on Infant Positioning and SIDS

- Based on careful evaluation of existing data indicating an association between SIDS and prone sleeping position for infants, the AAP recommends that healthy infants, when being put down for sleep, be positioned on their side or back.
- In 1996, the AAP position was amended to promote supine sleep as the preferred position. Although lateral-sleeping position confers a lower risk when compared to prone positioning, it still has a higher risk when compared to supine sleeping position.

American Academy of Pediatrics Task Force on Infant Positioning and SIDS. Positioning and SIDS. *Pediatrics*. 1992;89:1120-1126.  
American Academy of Pediatrics Task Force on Infant Positioning and SIDS. Positioning and SIDS. Update. *Pediatrics*. 1996;98:1216-1218.

### NICHD Back to Sleep Campaign

- In 1994, the NICHD—in partnership with the American Academy of Pediatrics, the Maternal and Child Health Bureau of the Health Resources and Services Administration, and SIDS groups—launched the Back to Sleep campaign to encourage parents to put their babies to sleep on their backs in order to reduce the risk of SIDS.
- Between 1993 and 2010 the percent of infants placed to sleep on their backs increased from 17% to 73%, and SIDS deaths declined by about 30% between 1992 and 1995.

### 2000 AAP Policy Statement: Changing Concepts of SIDS

#### Implications for Infant Sleeping Environment and Sleep Position

1. Infants should be placed for sleep in a nonprone position. Supine confers the lowest risk and is preferred.
5. Bed sharing or cosleeping may be hazardous under certain conditions. As an alternative to bed sharing, parents might consider placing the infant's crib near their bed to allow for more convenient breastfeeding and parent contact.

AAP Task Force Infant Sleep Position and SIDS. Changing Concepts of SIDS. *Pediatrics* 2000; 105(3):650-656.

### 2000 AAP Policy Statement: Changing Concepts of SIDS

#### 5. Bed sharing or cosleeping may be hazardous under certain conditions.

- If a mother chooses to bed share to breastfeed, care should be taken...nonprone sleep, avoid soft surfaces, loose covers, and entrapment.
- Parents who choose to bed share with their infant should not smoke or use substances, such as alcohol or drugs, that may impair arousal.
- Adults (other than the parents), children, or other siblings should avoid bed sharing with an infant.

AAP Task Force on SIDS. Changing Concepts of SIDS. *Pediatrics* 2000; 105(3):650-656.

### 2000 AAP Policy Statement: Changing Concepts of SIDS

#### Implications for Infant Sleeping Environment and Sleep Position

10. There is concern that the annual rate of SIDS, which has been decreasing steadily since 1992, now appears to be leveling off, as has the percent of infants sleeping prone.
- Other potentially modifiable risk factors, such as avoiding maternal smoking, overheating, and certain forms of bed sharing, should be included as important secondary messages.

AAP Task Force on SIDS. Changing Concepts of SIDS. *Pediatrics* 2000; 105(3):650-656.

### 2000 AAP Policy Statement Factors Thought to Protect Against SIDS

- While breastfeeding should be promoted for many reasons, the evidence that breastfeeding protects against SIDS is insufficient to recommend breastfeeding as a SIDS reduction strategy.
- Four recent studies have reported a substantially lower SIDS incidence among infants who used pacifiers than among infants who did not. However, further outcome studies are required before a specific recommendation about pacifiers can be made.

AAP Task Force on SIDS. Changing Concepts of SIDS. *Pediatrics* 2000; 105(3):650-656.

### 2005 AAP Policy Statement, The Changing Concept of SIDS

#### *Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk*

- Following the Back to Sleep Campaign, there has been a dramatic decrease in SIDS rates until 2001. Yet, the all-cause post-neonatal mortality rate has not changed since 1999.
- Meanwhile, postneonatal mortality rates of other causes of Sudden Unexpected Infant Deaths (SUIDs), including “unknown and unspecified causes” and “suffocation” have increased significantly, particularly over the years, 1999–2001.

AAP. The Changing Concept of Sudden Infant Death Syndrome. *Pediatrics*. 2005; 116:1245-1255.

### 2005 AAP Policy Statement, The Changing Concept of SIDS

- This suggests that some deaths previously classified as SIDS are now being classified in other categories, and the true rate of sleep-related infant deaths since 1999 may be static.
- New research has confirmed the importance of consistent supine sleeping; the clear risk of bedsharing, even among infants of non-smoking mothers, and especially among infants younger than 11 weeks; and the protective effect of pacifiers on the incidence of SIDS.

AAP. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleep Environment, and New Variables to Consider in Reducing Risk. *Pediatrics*. 2005; 116:1245-1255.

### 2005 AAP Policy Statement, The Changing Concept of SIDS

1. **Back to sleep:** Infants should be placed for sleep in a supine position (wholly on the back) for every sleep. Side sleeping is not as safe as supine sleeping and is not advised.
5. **Room-sharing, but not bed sharing.** A separate, proximate sleeping environment is recommended. There is evidence that this arrangement decreases the risk of SIDS by as much as 50%. The AAP does not recommend any specific bed-sharing situations as safe. AAP Task Force on SIDS. *The Changing Concept of SIDS. *Pediatr* 2005;116(5): 1245-1255.*

### The Changing Concept of SIDS

6. **Consider offering a pacifier at nap time and bedtime.** Several studies have found a protective effect of pacifiers on the incidence of SIDS, particularly when used at the time of last sleep. For breastfed infants, delay pacifier introduction until 1 month of age to ensure that breastfeeding is firmly established.
- Mechanisms for this apparent protective effect remain unclear, but lowered arousal thresholds and maintaining airway patency during sleep have been proposed.

AAP. Changing Concept of SIDS. *Pediatrics* 2005; 116:1245-1255.

### Relationship Between Breastfeeding and SIDS

- Physiologic sleep studies of infants demonstrate that breastfed infants are more easily arousable than their formula-fed counterparts during sleep.
- Many of the case-control studies show a protective effect of breastfeeding in univariate analysis but not when confounding factors are taken into account, **suggesting that factors linked with breastfeeding, not breastfeeding itself, are protective.**
- Although breastfeeding should be promoted for many reasons, the evidence is insufficient to recommend breastfeeding as a strategy to reduce SIDS.

AAP. The Changing Concept of SIDS. *Pediatrics* 2005; 116:1245-1255.

### 2011 AAP Policy Statement: SIDS and Other Sleep-Related Infant Deaths

#### Expansion of Recommendations for a Safe Infant Sleeping Environment

- A very well-documented Technical Report was accompanied by a more concise Policy Statement.
- Since many of the modifiable and non-modifiable risk factors for SIDS and suffocation are very similar, this policy outlines recommendations to reduce the risk of SIDS and sleep-related infant deaths due to suffocation, asphyxia, and entrapment.

AAP Task Force on SIDS and Other Sleep-Related Infant Deaths. *Pediatr.* 2011;128(5):1030-1039.

### 2011 AAP Policy Statement SIDS and Other Sleep-Related Infant Deaths

3. Room-sharing without bed sharing is recommended.
8. Breastfeeding is recommended. If possible, mothers should feed breastmilk exclusively for 6 months.
9. Consider offering a pacifier at nap time and bedtime. For breastfed infants, delay introducing the pacifier until breastfeeding is well established, usually by 3 to 4 weeks of age.

AAP SIDS Task Force. *Pediatr.* 2011;128:1030-1039.

### 2011 AAP Policy Statement From “Back to Sleep” to “Safe to Sleep”

17. Expand the national campaign to reduce the risks of SIDS to include a major focus on the safe sleep environment and ways to reduce the risks of all sleep-related infant deaths, including SIDS, suffocation, and other accidental deaths.

AAP SIDS Task Force. *Pediatr.* 2011;128:1030-1039

- In 2012, the *Back to Sleep Campaign* was renamed the *Safe to Sleep Campaign*, and was expanded to incorporate the AAP’s most up-to-date safe sleep recommendations to reduce the risk of SIDS and other sleep-related infant deaths.

### AAP Policy Statement SIDS and Other Sleep-Related Infant Deaths

AAP Task Force on SIDS. *Pediatr.* Nov. 2016; 138(5):e2016238

- Authored by the AAP Task Force on Sudden Infant Death Syndrome
- Lead author: Rachel Y. Moon, MD, FAAP, Chairperson
- Consultants: Marian Willinger, Ph.D., Eunice Kennedy Shriver National Institute for Child Health and Human Development and Carrie K. Shapiro-Mendoza, PhD, MPH, Centers for Disease Control and Prevention
- 8 pages of text, plus 110 references. The rationale for the recommendations is discussed in detail in the accompanying Technical Report (21 pgs. of text, 400 references)

### Sudden Unexpected Infant Death (SUID)

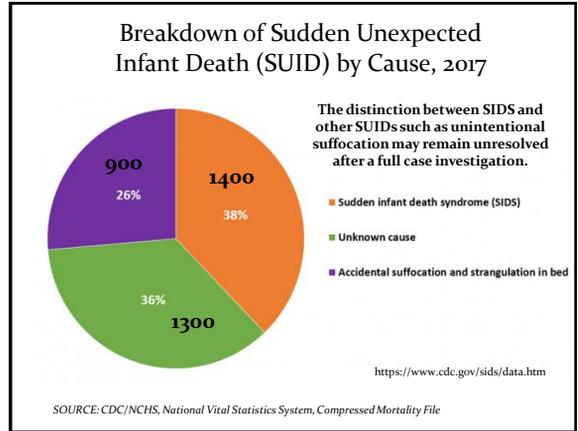
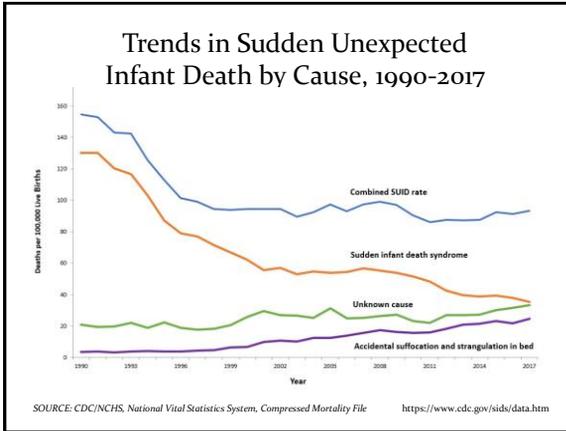
- Each year in the US, about 3600 infants less than 1 year of age die suddenly and unexpectedly.
- SUID or SUDI refers to any sudden and unexpected infant death, whether explained or unexplained.
- SIDS is a cause assigned to SUIDs that cannot be explained after a thorough case investigation, including a scene investigation, complete autopsy, and review of the clinical history.

*Pediatr.* 2016; 138(5):e20162940.

### Sudden Infant Death Syndrome & Shifts in Diagnostic Coding

- Some infant deaths previously classified as SIDS are now more accurately being classified as acute suffocation and strangulation in bed (ASSB) and unknown cause.
- Many of the modifiable and nonmodifiable risk factors for SIDS and suffocation are strikingly similar.
- The AAP recommendations focus on the subset of SUIDs that occur during sleep: SIDS and sleep-related suffocation, asphyxia, and entrapment.

*Pediatr.* 2016; 138(5):e20162940

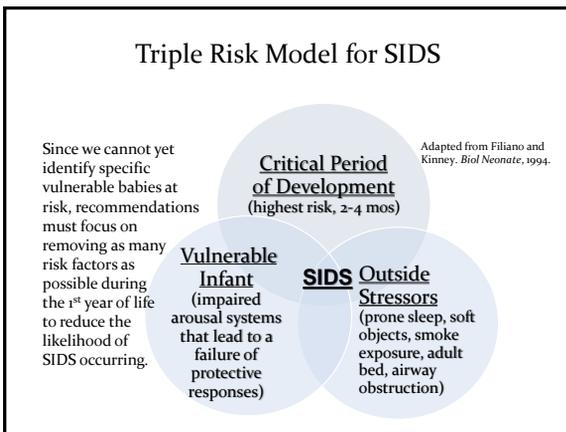


### Notable Racial and Ethnic Disparities in SIDS and SUIDs

- The rate of SUIDs among non-Hispanic **black and American Indian/Alaska Native** infants was **more than double** that of non-Hispanic white infants in 2010-2013.
- Similar racial and ethnic disparities are seen with deaths attributed to both ASSB and ill-defined or unspecified deaths.
- Based on 2011 PRAMS data, 80% of white mothers, compared to 54% of black mothers reported most often using the supine position of infants for sleep. *Pediatr. 2016; 138(5):e20162940.*

### Hypothesis for SIDS and Peak Incidence

- The predominant hypothesis for the cause of SIDS is that certain infants--for unknown reasons--have an impaired ability to arouse from sleep when they encounter a potentially life-threatening situation.
- The incidence of SIDS peaks between 1 and 4 mos; 90% of cases occur before 6 months.
- While SIDS previously was rare in the 1st month of life, nearly 10% of SIDS cases in 2004 - 2006 occurred in the 1st month. ASSB has a similar age distribution. *Pediatr. 2016; 138(5):e20162940.*



### Level A Recommendation for a Safe Infant Sleeping Environment

1. Back to sleep for every sleep.  
Infants should be placed supine (wholly on the back) for every sleep by every caregiver until 1 year of age.

- *Supine sleep does not increase the risk of infant choking or aspiration, even in those with gastroesophageal reflux.*

*Pediatr. 2016; 138(5):e20162938.*

### Level A Recommendation for a Safe Infant Sleeping Environment

#### 2. Use a firm sleep surface.

- *Infants should be placed on a firm sleep surface (eg, mattress in a safety-approved crib) covered by a fitted sheet with no other bedding or soft objects to reduce the risk of SIDS and suffocation.*
- *The CPSC has published safety standards for bedside sleepers that attach to the side of the parental bed, and they may be considered by some parents as an option.*

Pediatr. 2016; 138(5):e20162938.

### Level A Recommendation for a Safe Infant Sleeping Environment

#### 3. Breastfeeding is recommended.

- *Unless contraindicated, mothers should breastfeed exclusively or feed with expressed milk for 6 mos.*
- *The protective effect of breastfeeding increases with exclusivity. However, any breastfeeding is protective against SIDS compared to no breastfeeding.*

Pediatr. 2016; 138(5):e20162938.

### Level A Recommendation for a Safe Infant Sleeping Environment

#### 4. It is recommended that infants sleep in the parents' room, close to the parents' bed, but on a separate surface designed for infants, ideally for the first year of life, but at least for the first 6 months.

- *Sleeping in the parents' room on a separate surface decreases the risk of SIDS by as much as 50%.*
- *For clarity, the AAP uses the terms, "room sharing" and "bed sharing," since "co-sleeping" is an imprecise term that can refer to either.*

Pediatr. 2016; 138(5):e20162940.

### Cultural and Personal Reasons Parents May Choose to Bed Share

- To make nighttime breastfeeding more convenient.
- To help mother or baby sleep better.
- To comfort a fussy or sick baby.
- To promote bonding, nighttime parenting, comfort and security ("attachment parenting").
- Bed-sharing is a family tradition.
- A crib is not an option due to financial reasons or lack of space.
- Parents' belief that they can better watch over and protect their baby.
- To attempt to protect baby from vermin or stray gunfire.

AAP. Pediatr. 2016; 138(5):e20162940.

### Specific Circumstances that Substantially Increase the Risk of Bed Sharing and Should be Avoided at all Times

- With a term, normal weight infant <4 mos., and infants born preterm and/or LBW, even for breastfed infants of non-smoking parents.
- With a current smoker, or if mom smoked prenatally.
- With someone impaired due to fatigue, sedating meds, or substance use.
- With someone who is not the infant's parent, including children.
- On a soft surface, i.e. waterbed, sofa, couch, armchair, etc.
- With soft bedding accessories, such as pillows or blankets.
- It is prudent to avoid co-bedding for multiples.

AAP. Pediatr. 2016; 138(5):e20162940.

### The Argument that Bed Sharing Promotes Breastfeeding

- Although bed-sharing may facilitate breastfeeding, many other factors, i.e. intent to breastfeed, supportive maternity practices, family support, workplace support, etc. influence successful breastfeeding.
- A recent case-control study found that the risk of SIDS while bed sharing was similar among infants in the 1<sup>st</sup> 4 months of life, regardless of breastfeeding status.
- Thus, the benefits of breastfeeding do not outweigh the increased risk associated with bed sharing for younger infants.

AAP. Pediatr. 2016; 138(5):e20162940.

Level A Recommendation for a  
Safe Infant Sleeping Environment

- Infants brought into the bed for feeding/comforting should be returned to their own crib or bassinet when the parent is ready to return to sleep.
- Sleeping on couches and armchairs places infants at extraordinarily high risk of infant death. *Never place infants on a couch or armchair for sleep!*
- It is less hazardous for a parent to fall asleep with the infant in the adult bed than on a sofa or armchair. *No pillows, sheets, blankets, or any other items that could obstruct infant breathing or cause overheating should be in the adult bed.*

Pediatr. 2016; 138(5):e20162940

Level A Recommendation for a  
Safe Infant Sleeping Environment

5. Keep soft objects and loose bedding out of the crib to reduce the risk of SIDS, suffocation, entrapment, and strangulation.

- *Infant sleep sacks can keep the infant warm without the risk of head covering.*
- *Bumper pads are not recommended for infants.*

Pediatr. 2016; 138(5):e20162940.

Level A Recommendation for a  
Safe Infant Sleeping Environment

6. Consider offering a pacifier at nap time and bedtime. Although the mechanism is yet unclear, studies show a protective effect of pacifiers on the incidence of SIDS.

- *If the baby refuses the pacifier, offer it again when s/he is a little older.*
- *For breastfed infants, delay pacifier introduction until breastfeeding is firmly established.*

Pediatr. 2016; 138(5):e20162940.

Level A Recommendations for a  
Safe Infant Sleeping Environment

7. Avoid smoke exposure during pregnancy and after birth.

- *Both prenatal maternal smoking and smoke in the infant's environment after birth are major SIDS risk factors.*
- *Encourage families to set strict rules for smoke-free homes and cars.*
- *The risk of SIDS is especially high when the infant bed-shares with an adult smoker.*

Pediatr. 2016; 138(5):e20162940.

Level A Recommendations for a  
Safe Infant Sleeping Environment

8. Avoid alcohol and illicit drug use during pregnancy and after birth.

- *There is an increased risk of SIDS with pre- and post-natal exposure to alcohol or illicit drug use.*
- *Parental alcohol and/or illicit drug use in combination with bed sharing greatly increases an infant's risk of SIDS!*

Pediatr. 2016; 138(5):e20162940.

Level A Recommendation for a  
Safe Infant Sleeping Environment

9. Avoid overheating and head covering in infants.

- Studies show an increased risk of SIDS with overheating.*
- *Dress infants with no more than 1 additional layer of clothing than an adult would comfortably wear.*
  - *Observe infants for signs of overheating, such as sweating or the infant's chest feeling hot.*

Pediatr. 2016; 138(5):e20162940



### Areas of Disagreement Between AAP and ABM Safe Infant Sleep Recommendations

- The major difference between AAP and ABM is whether the benefit of bedsharing in facilitating breastfeeding outweighs the increased risk of sleep-related infant deaths while bedsharing.
- ABM insists that “safe” bedsharing is possible in the absence of known hazards in the adult bed.
- After critical review of all the evidence, the AAP concludes that the evidence supports an increased risk of SIDS when bedsharing, even without known hazards, esp. among infants <4 months of age.

### Safe Infant Sleep and Breastfeeding Dual Public Health Challenges

- Sleep-related sudden unexpected infant death is the leading cause of post-neonatal mortality in the United States.
- Breastfeeding is a protective factor against sleep-related deaths and is important for the overall health and well being of infants throughout their life span.
- Yet, there is not universal adoption of safe sleep practices and breastfeeding, and racial and ethnic disparities persist.

### Infant Care Givers Need Help

- The two most daunting challenges new parents face are feeding and sleeping.
- Parents do not always apply what they know about infant safe sleep practices, and mothers who intend to breastfeed do not always achieve their goals.
- Both breastfeeding and safe infant sleep are impacted by cultural values, personal barriers, unrealistic expectations, support systems, etc.

### Lactation Care Providers Are Ideal Partners in Providing Safe Sleep Education

- The postpartum hospital stay provides an ideal early opportunity for hospital-based lactation care providers to teach and model safe infant sleep practices as part of their education about safe SSC.
- Since breastfeeding is associated with a reduced risk of SIDS, lactation care providers make ideal partners in reinforcing safe sleep messages during their ongoing contacts with families.

Bass JL, et al. *J. Pediatr.* 2018;196:104-108.

### National Action Partnership to Promote Safe Sleep (NAPSS)

- Launched in October, 2015, to create a national coordinated strategy to engage the full set of partners to make safe infant sleep a national norm.
- A coalition of over 50 advocacy organizations, professional associations, faith communities, representatives of diverse racial and ethnic communities, and business groups dedicated to moving from awareness to action in promoting safe infant sleep and breastfeeding.  
<https://www.nappss.org/>
- Megan Renner, Executive Director of the U.S. Breastfeeding Committee, was appointed to the steering committee of the NAPSS.

### Building on Campaigns with Conversations <https://www.ncemch.org/learning/building/>

These modules were developed by the National Center for Education in Maternal and Child Health while it operated the National Action Partnership to Promote Safe Sleep (2014-2017).

The screenshot shows a webpage with a red header and a photo of a baby sleeping. The main content area is divided into three columns: 'Defining the Problem', 'Addressing the Problem', and 'Case Modules'. The 'Defining the Problem' section discusses the challenge of safe infant sleep. The 'Addressing the Problem' section discusses the role of conversations in addressing these challenges. The 'Case Modules' section lists various educational resources. The page is part of a presentation or webinar, as indicated by the 'Next' and 'Previous' buttons at the bottom.

## A Conversations Approach

- **Conversation Starters:** One-time or time limited; introduce the information and elicit Qs/concerns (i.e. prenatal class)
- **Conversation Deepeners:** Ongoing interactions, but limited time or specific time period (i.e. prenatal care, postpartum hospital stay, lactation visits)
- **Ongoing Dialogues:** Ongoing interactions, i.e. with a home visitor, NFP, or WIC peer counselor
  - Can provide in-depth support, develop action plans, connect families with resources, etc.

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

## Moving from a National Campaign to Individualized Conversations

- Recognize our own biases and firm beliefs!
- Seek to understand personal, cultural, and community values and families' life realities.
- Shift our attitude about our role as “experts” who make recommendations to being “resources” who support families to make their own decisions.
- Know that compliance is increased when clients hear from multiple sources and multiple times.

## Key Communication Techniques for Crafting Safe Sleep Conversations

- Ask Open-ended questions. (“Have you thought about where and how your baby will sleep?”)
- Practice reflective Listening to confirm caretakers' opinions, ambivalence, feelings, and concerns.
- Use affirmations/Validations and a strengths-based perspective. (“Sounds like you already have a great deal of information about safe infant sleep.”)
- “May I share information/Education you may not have heard about creating a safe infant sleep environment?” *“L.O.V.E.” Communication Technique*

## Beginning a Conversation About Safe Infant Sleep

- “I know that infant feeding and sleeping are the two greatest challenges most new parents face.”
- “Can you share with me what you have been told or heard about breastfeeding and safe infant sleep recommendations?”
- Explore motivating factors for adopting safe sleep behaviors, including perceived susceptibility and magnitude of the risks.
- “Where will your baby sleep when you get home?” *or* “Where does your baby sleep at night...during the daytime...when visiting friends/relatives?”

## Deepening the Safe Sleep Conversation

- Co-create a caretaker action plan for infant feeding and sleeping within a family's realities.
- Identify potential “bumps in the road,” as well as sources of support.
- Emphasize the importance of safe infant sleep education for all of their baby's caretakers.
- Move from a black and white view of safe sleep recommendations to offering education with harm reduction messages, when indicated:  
*“Make your bed as much like the crib as possible.”*

## Collaborating to Make Safe Infant Sleep and Breastfeeding the National Norm

The screenshot shows a web page for the NICHQ project. The main heading is "National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPSS-IIN)". It is funded by the Health Resources and Services Administration (HRSA) and the Maternal and Child Health Bureau (MCHB). A photo of a baby is featured on the right. A link is provided: <https://www.nichq.org/project/national-action-partnership-promote-safe-sleep-improvement-and-innovation-network-napss>. The status is listed as "Active" and the date is "Jan 2017 to June 2022".

### Why Breastfeeding Advocates Make Ideal Partners in the Safe Sleep Campaign

- Are deeply committed to the welfare of infants and mothers and to reducing health disparities.
- Recognize the importance of breastfeeding in improving maternal-child health, including reducing sleep-related infant deaths.
- Develop quality client relationships within which empowering health information can be shared.
- Typically work in maternity, pediatric, and public health settings.
- Are committed to lifelong learning and the practice of evidence-based, rather than emotion-based, medicine.

### A Call to Action to Lactation Care Providers

- Please commit to promoting our nation's most evidence-based infant safe sleep recommendations!
- Please conduct respectful, individual conversations with families about how and where their babies sleep.
- Please explore parents' understanding of safe infant sleep practices, and offer risk reduction strategies for families who choose to bedshare with their infants.

“I meet the nicest people for  
for the worst possible reason, and  
I would *love* to be out of a job.”

Lori Behrens, LCSW  
Executive Director  
Infant Loss Resources  
St. Louis

Marianne Neifert, MD, MTS, FAAP

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