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Professor James McKenna – 20 Years of Research-Led Changes

Helen Ball:

Those of you with long memories may well remember a much more youthful me introducing an equally younger Jim 22 years ago at Durham University's Queens campus in Stockton, when already a professor at the University of Notre Dame, where he established the mother baby sleep laboratory, he did us the great honour of opening the original Durham University Parent Infant Sleep Lab. Some of you might know we've moved over the course of that period. There have been a lot of visits and ideas exchanged back and forth between our labs from then until when Jim retired from his very distinguished career at Notre Dame and moved to San Francisco with his wife, Joanne, to Bonaire, his son and grandson, and where he continues to teach anthropology at the University of Santa Clara. So we are extremely honoured to have Jim reflect on the topics from today's presentations and to draw our conference to a close today. So thank you very much, Jim. It's lovely to have you here.

Speaker 2: James McKenna

Hello, everyone. It's a great pleasure, an honour to be able to share with you this wonderful celebration. The talk I'm going to give is a kind of an integration of the various talks and then added some content and perhaps even some extensions of what our speakers today have said.

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Speaker 2

It's titled Across the Atlantic Divide in honour of one of Helen's really wonderful papers toward the return of breast sleeping and a kinder and more accurate, inclusive, open bitching about safety, infant sleep. And indeed, we are celebrating not only the 22 year history of the lab, but the research progress that was actually helped and made possible by

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Speaker 2

Dr. Helen Ball. But first, as I used to see or say on TV, is a word from our sponsors. OK, may I just humbly, humbly point out the world acclaim given to the term Infant Sleep Centre could not have been achieved really without a particular person who created and directed it?

00:02:19:15 - 00:02:37:02

Speaker 2

Hmm. And who might that be? This lady in red? Well, her name is Professor Helen Ball. And aside from producing her two lovely daughters, what is it that this woman has accomplished? Let's take a quick look. Otherwise, she would never speak to me again.

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Speaker 2

Well, let's say, first of all, hundreds of high impact top tier research papers and chapters and sleep guidelines at the international level, hundreds of interviews, videos, podcasts, international and local invited lectures and much appearances on television and introductions and lectures on radio, newspapers, magazine articles and interviews.

00:03:01:07 - 00:03:17:13

Speaker 2

Hundreds of thousands of research monies for her support and excellence in teaching, given her much credit and a reputation for giving the most fantastic public. Oops, I kind of had a typo there, but I thought it was worth seeing it.

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Speaker 2

It isn't pubic. Oops, I mean, it's public lectures anyway. Associate Editor ships in prestigious journals, hundreds of discipline based, invited professional lectures around the world. Oh, and let's not forget to mention mentorships overseeing twelve PhDs and six master of Science degrees had enough yet.

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Speaker 2

Well, yes, and what is going on? I'm afraid, but just a few more. These are perhaps four of her many honours, but indeed they are special honours. The 2018 Queen's anniversary prise winner, the appointment as chair of the Lullaby Trust Scientific Committee, which is an amazing honour.

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Speaker 2

The associate editor of Sleep Health, Journal of the U.S. National Sleep Foundation and elected board member of ES Vidi International Society for the Study of Prevention of Infant Death. That is quite an accomplishment at this early point in her life.

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Speaker 2

OK, just one more very important point. Do successfully challenge, yes, she has, and with the help of other colleagues, I might add to traditional entrenched, historically tenacious paradigms simultaneously. That is to say that Sydney's research paradigm and its the sleep research paradigm.

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Speaker 2

It certainly takes a village to use an old phrase. And I must say that along with Helen, each of the speakers today Janine Lee, Leah, Christian, Kathy and Jeanette have been also instrumental in the workings of this village, as indeed, many of the people listening here have as well contributed greatly to the hopeful changes that the research

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Speaker 2

did. All of you were doing and the support that all of you are engaged in has been about. But Helen has certainly played a leading, pivotal role. But as a fellow village, as fellow village members, that is to say, all of you who are listening, I say thank you and congratulations.

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Speaker 2

It requires courage, intellectual creativity, stamina, patience, understanding, forgiveness, ability to withstand personal tax optimism, empathy and knowing how to speak to other professionals whose career assumptions are being argued against and shown to be, well, fallacious. I begin with what should be very familiar to you.

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Speaker 2

And that is my colleague and friend, Dr. Sarah Herdy with her daughter Katrina, many years ago. This is, of course, the analytical unit of study that each of us are interested in, not the infant alone, not the mother alone, but the mother and the infant together.

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Speaker 2

As it all, because of the extreme neurological immaturity of the human infant that makes social care and contact synonymous with physiological regulation. And I always feel hopeful and I always feel better after I read Donald Winnicott remarkable phrase around which much of my own research has been centred.

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Speaker 2

There is no such thing as an infant. There is an infant in someone, and that was a very insightful phrase. Some might say, why does it seem to me, there we go. But on a sadder historical note, mother's sleeping next to their babies.

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Speaker 2

On the same surface, breast feeding throughout the night is deemed by some a pathology in need of eradication. Eradication? Excuse me. And this has been and continues to be our fundamental challenge that all of us here today in the thousands of do this perinatal educators, midwives, paediatricians and lactation counsellors have been challenged by.

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Speaker 2

But our mission and our hope in our work has centred around protecting this mother infant dyads. I wanted to share with you this one poster, you probably no doubt seen some of the more ugly ones where babies sleeping next to machetes with the above line saying that sleeping with your baby is as dangerous as this.

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Speaker 2

But another kind of condescending approach has been to really question the ability of parents to make decisions for themselves. And I wanted to use this one poster. It uses this acronym A, B, C, and many of you will be familiar with it.

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Speaker 2

That refers to alone back crib. And on this poster, it says we found him in the middle of our bed dead. Sometimes I think I still hear him cry, which is very moving indeed. True, unfortunately example. But what these people do in Baltimore, when they created this anti best anti bed sharing poster, which is targeted for mostly

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Speaker 2

poor, poor individuals and black folks, what really bothered me with respect to this poster was the term no exceptions, and it had me think about what was being implied about the people who were targeted to get this poster.

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Speaker 2

And I believe it was very offensive, if not racist, in assuming that people one have no right to make decisions about who where their baby will sleep and how they will provide their protection and their show their love for them, but that they were speaking to.

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Speaker 2

Children and not thinking adults. Imagine you hearing someone saying this to you. No exceptions. As if once again you're a child and you need to be told what to do. The other issue with respect to this poster is it is not safe.

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Speaker 2

Infant sleep the ABCs actually represent unsafe sleep alone. Babies sleeping in a room by themselves is perhaps many of you know, is twice has twice the chance of dying of SIDS as a baby sleeping in the room. Now I know in our country and probably everywhere, room sharing is the name given for babies sleeping in the room

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Speaker 2

. But I don't like that particular description because that is, the inner walls of the room are not protecting the baby who is protecting the baby. And why that statistic is true is that its parent sharing there's something going on in the room that engages the mother and the infant, and that should be acknowledged.

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Speaker 2

But of course it isn't. In the United States, I talk about the best new parents continue to deal with the unqualified recommendations against any, you know, a bed sharing, including threatening rhetoric, which is very common indeed. Lactation consultants do as nurses.

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Speaker 2

Certified midwives working in hospitals are actually banned from even mentioning the word co-sleeping or bed sharing, let alone giving safety information about either. And parents who sleep with their babies are regularly stigmatised and threatened by Child Protective Services who demand their babies sleep in cribs or they, the parents, will lose their babies and sometimes taken to court

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Speaker 2

. I have firsthand experience of this, having defended eleven mothers and two fathers in insofar as their right to co-sleep were charged with abusive and dangerous parenting practises. And in six instances I gave testimony that mothers particularly breastfeeding that receiving their babies were not putting their babies in a dangerous position.

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Speaker 2

This seemed to be a tactic by husbands suing their wives for custody of the children, claiming that she has put their children or their infants in danger. And one more thing that I'm not sure it's true for your own country before newborns leave American hospitals these days, their parents are asked or often required to sign promissory notes

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Speaker 2

that they will never sleep in bed with their babies. The problem, of course, is our long history and our culture, which I'll be getting it a little bit later. But I Bridget Jordan, who wrote a marvellous classic book called Birkenshaw Cultures, talked about medical authoritative knowledge, and she said it was a very remarkably astute line.

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Speaker 2

Medical authoritative knowledge may not be correct, but as all of us know, that counts. I think that's something that we all have to contend with. Did you ever wonder and I know you have how we got on such a wrong track to begin with this mode of thinking about what's good for our babies, particularly at night?

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Speaker 2

And you have to begin by the fact that obviously it's bigger than any one individual that people don't ban people from bed cheering. It's because they're evil or they really want bad things to happen to them. Indeed, the recommendations and its conceptualisation and thinking about where babies should sleep fit into, of course, as an anthropologist might say

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Speaker 2

, a larger complex of social values, ideologies, religious beliefs, history and the social institutions themselves. For Western. What might we call and, you know, of two weird positions, meaning Western, not western educated, industrialised, rich and democratic physicians, some of which you have heard of before Emmett holds?

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Speaker 2

Freud David writes in Benjamin Spock and many sleep researchers who followed never really asked the fundamental question that would allow any of us to get recommendations about how to care for babies. And the question that was missed in the very beginning was Who is the human infant biologically and what kind of species wide sleep is normal for

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Speaker 2

the human infant and paediatric recommendations about infant sleep and night type behaviour actually never emerged from any scientific studies whatsoever. And indeed, as you probably have heard, Western values favouring individualism, autonomy, separateness, coupled with the false assumptions about how to build independent children alongside minimally intrusiveness to the conjugal pair, which is to say husband and wife, mother

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Speaker 2

or father. We're guiding values or ideologies that we're associated with beginning recommendations of where babies should sleep. So it isn't surprising that when electrophysiological methods for studying infancy became available, the alleged science of infant sleep became one and the same with the culture that produced them.

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Speaker 2

Now this is a slide that you would predict for a professor, it sounds so boring, but it's really kind of interesting. The title is culture producing science, producing culture, and I could have said there rather than producing culture, redefining culture, how folk methods achieve scientific validation.

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Speaker 2

So obviously, before we got electrophysiology, people were making observations of what happened during sleep. But there was no actual science in terms of neurological changes in the neurological meaning of sleep, etc. But when we did get that technology, obviously, as any of us would have done, the individuals interested in for the first time, observing and recording and

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Speaker 2

documenting that the scientific basis of the sleep did what was appropriate. The time they took a solitary sleeping baby bottle fed put them in a laboratory, hooked him up with the new electrodes and machinery, and derived all these measurements dividing the sleep up into which stages, et cetera, and defining using electrical signals.

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Speaker 2

The during this process, the solitary infant sleep model becomes the gold standard. So during that early time measurements of sleep at each time of the first year of life were taken every month, sometimes every two weeks. So the data was published in journals.

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Speaker 2

It trickled down to paediatricians leading this particular reality that the only way you could get your human infant to sleep normally and healthfully was to repeat the conditions within which those measurements were taken, which was in fact a solitary sleeping bottle fed baby.

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Speaker 2

And therein, for the first time in the history of the planet, using this methodology in this setting, we established the scientific data that showed us how the human infant sleeps. But of course, that was more of an ethnocentric version of it.

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Speaker 2

That is where Western babies sleep and certainly didn't represent the biologically based, evolutionarily based expectation that infants have or what kind of sleep they truly do exhibit, which is with the parent breastfeeding through the night. The interesting thing with all of the negativism associated with bed sharing, at least in terms of its public representation, the reality is

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Speaker 2

in our country, millions of bed sharing mothers can be found and are found. And indeed, during the last 22 years or even longer. Increasingly, mothers and many of them breastfeeding, but not all are sleeping with their babies. For about 4 million babies in the U.S., you're born every year.

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Speaker 2

It's a gesture roundabout figure. It's sometimes under a little bit over it, but it's 81% of the moms that we know are leaving the hospital breastfeeding in the USA if they are breast slept or bed shared with their baby to breastfeed.

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Speaker 2

That would represent 3 million to 100,000. That would be in bed with their babies if only 61%, which is a published figure in one instance of their bed chair, the breastfeeding mothers. Keep in mind, 2,700,000 would be breast sleeping diets.

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Speaker 2

It is sleeping if they're babies. If 50% of breast breastfeeding mothers in the U.S. bed share, this amounts to about 2 million vegetarian diet. And if 42% of breastfeeding moms who did your Premiere amounts to about 1,340,000 moms. So state by state in the US reveals that anywhere between covering the 50 states, anywhere between about 81% to 25%

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Speaker 2

of mothers do bed share. And this is from a very longitudinal survey that's given every year called the params data. Now are the good news. Now happier news is as many of you know and are involved in, there are many new ways of thinking and re conceptual waiting to use one of our speakers phrase Christian Tilley and

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Speaker 2

doing human appropriate maternal sleep physiology research and really accurate postnatal care sites that are becoming increasingly known and applied and indeed what many of us have argued for many years. Risk minimisation increasingly is being favoured and discussed in publications.

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Speaker 2

And I think what's helped this situation change and become more fluid is social media and mother mother groups and father groups. And it's helped get the other side of the infant sleep story out into public discussion and groups.

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Speaker 2

Scientific papers about the positive aspects of night-time closeness between mothers and infants is itself expanding, and you're finding regularly from many diverse fields sociology, psychology, psychobiology and, of course, biological anthropology journals that are becoming really interested in this as well.

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Speaker 2

A very huge step, particularly again in the United States, but also universally because the American Academy of Breastfeeding Medicine is an international organisation. Just recently 2020, a group of us have been involved in the physiology and behavioural aspects of research together and with approval of the Board of Directors of Breastfeeding Journal.

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Speaker 2

Academy. Breastfeeding medicine, we wrote a paper that was led by Peter Blair. With this conclusion, safe bed sharing is possible in the existing evidence does not support the conclusion that bed sharing amongst breastfeeding infants causes sudden infant death syndrome in the absence of known hazards.

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Speaker 2

In that paper, it is recommended, as is our colleague Cathy Marinelli spoke to, the paper includes recommendations for conversations to be made by directional conversations to be had between health providers that would be non and acknowledged the context in which the discussion by the parent is taking place and what her circumstances and conditions might be.

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Speaker 2

The quote that is used in the paper is ending stigma around bed sharing and educating all parents about seepage. Sherry have the potential to reduce cancer deaths. Another important quote is bed sharing evolved an innate human, biological and behavioural mechanisms.

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Speaker 2

It is not a singular, discrete or coherent practise, but it is composed of a diverse range of behaviours, some of which may carry risks, making it particularly important to discuss venturing safety. Discussing this concept of risk sleeping with breastfeeding parents allows way to discuss safe bed sharing.

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Speaker 2

I think that this biology being integrated at this point is really very important because I believe after all these years of studying, which amounts to over 35 years, that what has happened is kind of a bottom up revolution.

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Speaker 2

It started with the breastfeeding genie unlocking itself out of the bottle and becoming the norm, which it is at the moment where it's getting very, very close to be the norm. And once breastfeeding was unlocked, the other half of it sleeping close to mother emerged alongside it.

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Speaker 2

And so we have many women in mothers that are breastfeeding, and thus we find many of them giving way to the power of this biology. Don't forget, infants are contact seekers and their bodies don't, you know, cognitively know things, but they feel things and they move toward adaptation by virtue of their genes finding expression at this point

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Speaker 2

. So. I think that this reference to biology here in the paper is really very important. And why is it desperately needed aside from the fact that it's good science because mothers in the millions are lying to their health providers, as many of you likely know and being denied, that's a form of bi directional conversations about safety.

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Speaker 2

And here is a sample, and there are others that show publications one in Great Britain 2016, poll of 600 families revealed that 46% of new mothers would deny bed sharing when they do in the United States. At one paper by published by Car Below found that 100% of it happened to be at risk.

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Speaker 2

Young moms who knew and were schooled in the app recommendations failed to adhere to those recommendations and had no inclinations to change their behaviour. And in one of Helen's earlier studies, she found that had she not asked the question about bed sharing and where their babies sleep in several different ways, and then at what point actually doing

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Speaker 2

video studies, she would have missed about 40% bed sharing families. So that's really telling, too, about even that can be a hard question to answer, because babies are denied in the crib at the get relocated to the bed, which is typical and or sometimes parents simply ask what babies are supposed to do, but it doesn't quite work

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Speaker 2

out. And then finally, here is just to go to the last in the US sample. This was Kendall Takacs in Tom Hill's paper. 46% of over 6000 breastfeeding mothers would not reveal their bed during practises to their professional or their health providers.

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Speaker 2

For more good news, just consider the amazing British Columbia brochure and proactive, supportive document produced by Lee and Layla that aims for risk minimisation. And it is an explicit statement on the legitimacy of risk sleeping, while at the same time, of course, making needed distinctions in the types and conditions of bed sharing and other night-time care practises

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Speaker 2

. They are very clear to demarcate and provide up to date information on a safe or unsafe arrangement, circumstances and conditions, and I congratulate the inland for this remarkable brochure, and it certainly seems in my mind to be one that could be modelled.

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Speaker 2

And I know it's modelled on some of the work that was done with UNICEF and in Janet. one of our speakers today, and I'll be talking about her a little later. Interesting. one of our speakers and I asked to come in and integrate with this.

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Speaker 2

Listening to Christine Tully's talk, who looked at what mothers are feeling and experiencing. And I'll say more about it later. And Janine's work, meticulous work as well. They both, in while taking different ways, talked about the implications. four and critical need for understanding outcomes in terms of in terms larger than the technical, medical, medical context and what

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Speaker 2

it means to the people exhibiting the behaviour and why they are practising it. one example I realised that there are very strong parallels between circuits, you know, construction of evidence based medicine and especially the recommendations that Kristin's years of listening to mothers in in hospitals after having their babies and hearing them describe that experience as being everything

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Speaker 2

is at stake. And Kristen's message is that we all have to be careful in aligning families, including with their own language, in the actions that are taken by the medical staff and the policies that are adopted. Postnatal sleep she began her talk, as we all do in one way or another, with appreciation of the fourth trimester, seeing

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Speaker 2

the infant as an extra rogue state. That was actually monarchy's word, whose continuing the gestational experience by virtue of the mother whose body is regulated by the presence that sense Ricciardi presence and sensory engagement with the mother, reflecting the fact that this neonatal brings something very important into this external environment.

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Speaker 2

About 3.6 million years of unique biological, physical and behavioural characteristics that cannot be nullified, the old issue of culture moving much, much faster, changing much faster than biology, a mismatch of sorts between in this case, between what our culture provides or believes they need to provide and what the baby's very conservative, biologically evolved forms expect and need.

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Speaker 2

Many innate is a new human, but one with cognition without cognition. Sorry about that, but with genes that know exactly what to do if given the right microenvironment and the reactions to what culture provides or chooses to provide, it cannot and will not and should not nullify these evolved characteristics and infant needs.

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Speaker 2

And this has been documented many times now by physiological and behavioural studies by Hal and myself. You need Sally and Kathy and many other studies to with the veracity of these statements that for one brief moment in time, every baby in the world represents a universal human.

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Speaker 2

Its genome knows exactly what to do if given that sensory stimulation or that context to do it in and for that moment, every baby, if it's put on its mother mantra, its physiological systems will do the same thing.

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Speaker 2

The baby will heat up, the heart rate slows, the cortisol levels, decrease the sleep changes, so on and so forth. There's a number of universal changes that can be predicted and in fact have been predicted to occur. one could say also that posed Natalie, the breast becomes the new placenta and umbilical cord together, providing actual physical and

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Speaker 2

eventually eventually emotional attachment, nutrition and immunity, while the mother's sensory engagement serves as an innate habitat. To you to use Neal's Birdman description provides heat, touch movement, locomotion, breathing sounds, vesicular sounds and breath, which the baby hears excel, expelled carbon dioxide and baby breathes in and his phrenic nerve in the scheme of receptors respond to it by

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Speaker 2

perhaps a millisecond or two. Getting rid of the carbon dioxide maternal air flow in the baby's cheeks. The secular sounds is, as I mentioned, in many other hidden hidden regulatory stimuli. I always point out to my students that what may seem absurd to be effective and regulatory, the baby may not be absurd to the infant because the

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Speaker 2

infant is a very different creature and even a juvenile or even a year old baby or five year old, et cetera. And we may not actually know the kinds of sensory stimuli that actually is doing something significant in terms of optimising that infant's health.

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Speaker 2

Let's hear everybody. And with this in mind, Kristen totally reminds us dramatically about the other half of who the other half of the dyad really is. And I know that sounds silly, but it is the mother who, like her infant, is in a very vulnerable state and requiring, as Christine has told us in her lecture, attention to

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Speaker 2

what mothers fear, what she's recommending to us and what mothers require attention to mothers fear more naturalistic observations in relationship to her opinions for the mother's caregiver to inform, but mostly to listen. And I could repeat that three times.

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Speaker 2

Listen, listen, listen, validate. Consider mothers built environment in the hospital and its effects on her, and yet again, to protect. But listen to facilitate mother's joy and happiness and try to see what the mothers see and hear. There was an incident she described and a mother observed that her physician used her stethoscope that the mother presumed had

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Speaker 2

been used on many different infants without washing it. And she was very upset by that. But it was something that she didn't share with her physician. But it's a very interesting little example of what mothers could be sensitive and noticing, particularly in this highly emotional and incredibly important moment in her life.

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Speaker 2

She also describes a dad who became very frustrated with his newborn daughter. I thought this was very fascinating. The baby was fussy, and he says to her, Don't you start that? I'm not going to pick you up. And here is a great example of where teaching parents who infants are proves critical.

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Speaker 2

Infants up to anywhere from two to four to six months have control of their cry or the breath underlying the cry. Those babies genes are finding expression by that cry. That baby has absolutely no control over crying, and it is something that is learnt by virtue of the brainstem integrating with the cortical structures, which are required to

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Speaker 2

permit speech breathing, which is a basic human adaptation and is unique to humans. We actually learn how to breathe in context with speech, what requirements for speed of airflow and pressure and volume of air laid out in any given vocalisation.

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Speaker 2

I realised that this dad did not know at this point that the infant has no as we talk about often than you do to know wants, but only needs and has absolutely no control over its crying as her genes through the brainstem, as I was mentioning, are doing all the talking, which in this case is crying.

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Speaker 2

And again, I talked about the really unique human adaptation that we move from a singular control of breath to one that's shared between cortical structures and brainstem structures, which is a process that is to say, the integration of major cortical bulbous tracts, in particular spinal tracts.

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Speaker 2

And it's a process. And it's probably why babies tend to die from SIDS is my hypothesis between two and four months. Yet one of the causes is a lack of synchrony between the voluntary ability to breathe caustically based and the brainstem, which is autonomic based title breathing.

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Speaker 2

What happens to you when you sleep, except when you go into REM, when it that you vacillate between wilful control of her breathing and involuntary breathing? Finally, let me just add that these Majuro admirable traits I mentioned earlier that I think Helen really epitomises and has in spades must also be attributed to every one of you out

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Speaker 2

there who is on the team of thinking about caring for babies, helping mothers, helping babies, all of whom no doubt have found themselves as the underdog. All too often fighting against anachronistic cultural traditions and fighting for a more optimal treatment and care and safety for both mothers and infants.

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Speaker 2

I want to acknowledge you the progress that's been made by U.S. researchers that have been lucky enough and privileged to be able to actually study these issues could never have and could not get as far as we might have gotten without you out there.

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Speaker 2

It is tremendous, and they hope that you've given to mothers and babies. I've seen this all over the world. The generosity of women, if I may or may say, is tremendous. So congratulations. Congratulations not just to our speakers today and congratulations to the sleep centre, but to all of you that are on the same team.

00:36:45:02 - 00:36:59:21

Speaker 2

And I want to wish the the centre and those that work for the centre and my friend Helen Ball, a really happy 22nd year birthday. Thank you for listening, everyone.

00:37:11:10 - 00:37:19:20

Speaker 1

Thank you very much, Jim. That was a great way to round out the end of the conference. Jim, are you on the line? Would you like to unmute yourself and say hi to everybody?

00:37:20:12 - 00:37:26:15

Speaker 2

Hi, everybody. I've enjoyed it very, very much and looking forward to any questions you might have.

00:37:27:10 - 00:37:39:06

Speaker 1

OK, then. So folks in the room and folks on Zoom, do any of you have any comments, questions or anything you would like to say? We've got one over here, Meghan. Catherine.

00:37:39:15 - 00:37:54:24

Speaker 3

Thanks for a brilliant day. Really enjoyed it. But my question relates to the level and the nature of research that goes into baby's post. six months, a lot of its focus on newborns today. And my particular interest is what happens at six months plus.

00:37:55:11 - 00:37:59:13

Speaker 3

So my questions generally really to to Helen and the rest of the speakers.

00:38:00:03 - 00:38:18:13

Speaker 1

All right. Anybody who's still online, Kathy, Leah, Jim, Lisa. Anybody want to talk about what happens with regards to babies older than six months because we've all been focussing on kind of the newborn period up to the first six months when babies are most susceptible to SIDS?

00:38:21:11 - 00:38:41:17

Speaker 2

I think it's a really one of those questions that suddenly goes, Hmm, that's a very good question. What can I say to it? I think most of us, most of us are so involved in creating, in a sense, a very new field of study, at least in terms of the methods we've applied and the assumptions that we've

00:38:41:17 - 00:39:05:04

Speaker 2

applied. And it is kind of a lifetime, as many of us might think, at least for now, to look at these critical two to four months. And I think I came into the research looking from the city's prevention idea and thinking that probably in western industrialised societies, that, as you might know already from so many other speakers

00:39:05:05 - 00:39:31:24

Speaker 2

and in your histories that it was a very odd thing for anybody to think that humans, human infants could possibly benefit from sleeping separately at such a young age is so on and so forth. So I got into this originally thinking that this cultural, culturally induced phenomenon called SIDS could be in fact eliminated, potentially by virtue of

00:39:32:05 - 00:39:51:16

Speaker 2

sleeping arrangements and breastfeeding. So I think that itself required so much attention and, you know, in a negative territory as well that it doesn't necessarily allow you to expand beyond that really critical period. And I don't have a better answer than that.

00:39:51:17 - 00:40:07:23

Speaker 2

You know, it's sort of all consuming depending on what area you look at. But you're right, it's sort of that six month part is really, you know, in terms of attachment processes, et cetera, it's a transitionary period where obviously cognition is beginning to, you know, make a big play here.

00:40:08:22 - 00:40:11:24

Speaker 2

This is about the best I can do about that if which isn't really an answer.

00:40:12:01 - 00:40:35:04

Speaker 1

I would agree with you about the transition and the fact that from about six months, that really becomes much more or has been the territory much more of psychologists rather than anthropologists and biologists who can tend to focus on the, you know, the first six month period and and the way in which psychologists think about infant sleep

00:40:35:04 - 00:40:56:10

Speaker 1

is quite a bit different than the way in which we think about infant sleep. So, you know, sometimes where we're coming at this from kind of cross perspectives because the psychological perspective on sleep is is really focussed on what its benefit is for brain development and the importance for learning, for cognition and all the rest of it

00:40:56:18 - 00:41:15:00

Speaker 1

. Whereas we're probably still more focussed on the mother baby relationship and attachment and what effect does to things like sleep training have on, you know, breastfeeding and SIDS and all of those kinds of things. So I think sometimes we don't talk to each other well enough.

00:41:15:00 - 00:41:17:10

Speaker 1

We talk past each other on different topics.

00:41:18:13 - 00:41:38:04

Speaker 2

Yeah. Helen, don't you think I was just thinking that there is kind of a kind salience going on that is to say, a coalescing of different lines of research in different disciplines like epigenetics and the neurobiology neural architecture that really is tying all of these areas and these time periods we're focussing on.

00:41:39:01 - 00:42:05:08

Speaker 2

And I just think it's an exciting time to be doing particularly, you know, epigenetics looking at how early deprivations can affect individuals. Mm hmm. And also. The actual neural architecture, increasingly how remarkable it is that the decisions that parents are making in that critical first six months is really determining the type of brain that baby is going

00:42:05:08 - 00:42:22:22

Speaker 2

to grow. And this is getting more and more dominant. And just to slip it in here, the skinny model, I guess it is, are about three areas. What I feel is very sad is when they think about the stress risk factors.

00:42:23:07 - 00:42:42:17

Speaker 2

Guess who is always a stress risk factor? It's the mother, and no one has said no. What is really a factor that's creating sudden infant death syndrome is the deprivation of the mother. Mother should be always to you unless it's in dangerous circumstances, as value added.

00:42:42:18 - 00:42:57:23

Speaker 2

And we've all got to change this notion of mother with baby as a pathology, as a lethal weapon over which neither she nor her baby has any control. And we just this is still very clear with all the research we've been doing.

00:42:58:11 - 00:43:14:20

Speaker 2

Still, we don't think mother is and value added, and it really just frustrates me so much because the SIDS notion and and, you know, bed sharing, which I like to, I think it was later that made that comment.

00:43:14:20 - 00:43:30:18

Speaker 2

That was exactly why I thought this word was useful because it got away from bed sharing that had such a negative immediate reaction to people. But at least with this word, strangely enough, breast sleeping people go, Oh, well, what's that?

00:43:31:00 - 00:43:49:04

Speaker 2

At least you have the opportunity to be able to say in the absence of hazardous factors. You know, this is a mother breastfeeding through the night, and somehow that seems much less offensive. But it really isn't in one sense all that we've been arguing for 35 to 40 years or so, but he's with me.

00:43:49:04 - 00:43:52:13

Speaker 2

I consider myself, I must be the grandpa of all this, you know?

00:43:52:20 - 00:44:05:24

Speaker 1

But you most definitely are. Yes. I think without you a lot of this, most of this would never have happened. And we've certainly seen a lot of changes over the 30 years that I've been doing this, the 40 years that you've been doing this.

00:44:06:03 - 00:44:21:06

Speaker 1

It's not changed anywhere near as quickly as we'd wanted things to. But they are changing and it's it's clear from the speakers that we've had today and the way in which they're changing policy and practise in their countries around the world, that the work that we've done has had an influence.

00:44:21:06 - 00:44:30:08

Speaker 1

There's no doubt about that. I'm going to just quickly now bring in Francis because he's had his hand up for a while and I know he wanted to come back and speak to Jim after his comment earlier today.

00:44:30:09 - 00:44:34:20

Speaker 1

So Francis, would you like to unmute and share your thoughts?

00:44:35:16 - 00:44:37:20

Speaker 4

Yeah, thank you. Lovely to see you again, Jim. Yeah.

00:44:37:20 - 00:44:39:22

Speaker 2

Francis, Hello. Good to see you, too.

00:44:40:05 - 00:44:53:10

Speaker 4

This is not going to be controversial. I think it's time you not stop going on the defensive and started going on the offence. You already pointed out that there is a recent research now that showed that not co-sleeping is harmful, that baby.

00:44:54:11 - 00:45:13:13

Speaker 4

If this epigenetic evidence out there, the recent study at UBC showed, looked at the amount of tuts that mothers gave their babies four years later. They looked at the activity as a consequences of that. Those babies, brains and bodies were highly more functional than those of the immune system.

00:45:13:20 - 00:45:38:00

Speaker 4

That serotonergic system, glucocorticoid system, the methylation of genes in the brain not directly influenced by touch. Now this isn't sort of top-down process. This is new neurobiological evidence for the nerve fibre that's involved in all social mammals to respond specifically to gentle, slow touch, and it changes the epigenome in that brain.

00:45:38:08 - 00:45:51:22

Speaker 4

So I just want to encourage all of you to go on the offensive and just tell these people that not co-sleeping is actually harmful to your baby. That may tip the balance a bit as well. And Jimi, always gorgeous to listen to you and to see you again.

00:45:51:23 - 00:45:54:05

Speaker 4

I think you are if you are an inspiration to me.

00:45:55:06 - 00:46:20:06

Speaker 2

Thank you, Francis. But you're you're so right. You know, in some, some ways, it's kind of scary but wonderful to know that if parents knew you know what a sex they are having on their infant's brain, and as you were pointing out, so lovely that it's, as I say, it's a concealment of the feels evolutionary approach.

00:46:20:06 - 00:46:44:10

Speaker 2

The, you know, epigenetics study, Sarah Moore's work that you're talking about at the British Columbia, where and then Diane. Don't forget him, 2013. He found that breastfed babies had significantly more white brain matter. The, you know, the glial cells more density of glial cells in the baby's brain, and that neuro neuro architecture issues as as Lester found

00:46:44:10 - 00:47:11:10

Speaker 2

, too. In his study published in paediatrics, he looked at particular methylation or gene sites in which. That's really different. And so I always like to give Lamar credit his idea of acquired characteristics. So, you know, hysterically off the track and we are realising that in fact, epigenetics now is a major source now of directed change.

00:47:11:16 - 00:47:20:03

Speaker 2

That's very significant. It has to do with Francis was suggesting with touch and what it and the engagement, of course, that goes along with touch.

00:47:20:22 - 00:47:32:21

Speaker 4

Yeah. And we now know the mechanism. Why aren't people listening? Is not new is that it doesn't seem to penetrate into these, you know, into these areas anyway. We will do our best to make this happen.

00:47:34:00 - 00:47:51:09

Speaker 1

Yeah, we'll keep. We'll keep talking about it. We'll keep sharing the information and hopefully you will. We'll keep spreading it. But yeah, it's it's taken 20 odd years to to start turning some ocean liner. So it never, never, ever happens as quickly as you want it to.

00:47:52:11 - 00:48:00:21

Speaker 1

OK. Thank you all very much. Has anybody got any hands raised anywhere that I've missed? Who wants to make a final comment? Oh, Vicky, yes.

00:48:03:07 - 00:48:20:10

Speaker 5

I'm sorry to say to be that naughty child who's got the extra question. I guess what I'm asking our panel as as I'm a clinician, is what one thing would you like clinicians to say or do differently to get this message out there to support our families?

00:48:21:14 - 00:48:26:24

Speaker 1

OK, well, I think Kristen's left us. So shall we go to Kathy first? Kathy, are you still here?

00:48:27:09 - 00:48:31:17

Speaker 6

I'm here. I was reading the chat box and I missed the question. Say it again, please.

00:48:31:21 - 00:48:37:21

Speaker 1

What one thing would you like clinicians to do to stop or to do or to start doing to make a difference?

00:48:39:07 - 00:48:41:10

Speaker 6

Oh my God, I'm only about one.

00:48:41:13 - 00:48:44:06

Speaker 1

I'm just putting you on the spot. You know how it's OK.

00:48:44:06 - 00:49:00:20

Speaker 6

I don't mind being on the spot. We need them. We need them. I'm one of them. But hopefully I'm doing the right things. We need them to listen to the evidence and and and transmit that evidence in understandable ways to our families.

00:49:01:05 - 00:49:25:11

Speaker 6

And I wrote in the chat box that we have to stop talking about all of these, these normal behaviours breast feeding, breast sleeping as being sort of the odd man out and talk about them as the norm

and stop saying, you know, the risks of not breastfeeding or something and stop talking about those is the risks and

00:49:25:11 - 00:49:40:16

Speaker 6

talk about the other the opposite as being the risks, which the switch, the paradigm. As Jim was saying, make it so that breast sleeping is normal, breast feeding is normal. It's it's optimal. It's what we should be doing.

00:49:40:16 - 00:49:53:02

Speaker 6

And let's switch up that discussion. And I know many clinicians who make it the other way around and talk about the benefits of doing it. That's the norm. It's the risks of doing the other. That's what I would do.

00:49:53:11 - 00:49:54:08

Speaker 6

Yeah, right.

00:49:54:09 - 00:50:14:20

Speaker 2

I could add I could add something there about making sure that clinicians and all of us actually know what evidence based medicine is. I think it's often used as a weapon against what we are proposing. But when you look at SAC, its actual principles, you know what it begins with.

00:50:15:09 - 00:50:44:11

Speaker 2

It begins with respecting patient values, what they want and what they need number one. Secondly, don't ever jump from epidemiological studies to sweeping public health recommendations. first generation hypotheses about what explains Variabilities within the findings. There use every scientific field and line of research available in making those public health recommendations and what's happened in my country again

00:50:44:11 - 00:51:00:17

Speaker 2

is the committee has been in their training, very insular and in their membership, very insular. And it's more directed by ideology as to whether or not you'd be advanced in native vice. And I want to give it my colleague and friend, Helen, just remarkable credit.

00:51:01:00 - 00:51:15:22

Speaker 2

And when I said what's required to make these kinds of changes Helen has done and what she has done for parents in Great Britain is look at progress there and look at the difference in the lack in my own country.

00:51:16:04 - 00:51:35:10

Speaker 2

And it has to do with who controls or adds to the discourse discourse as we think and what Helen has managed to do in Great Britain. This one woman is to change the discourse, not to look at how deadly bed sharing is, but how you can make it safer.

00:51:36:11 - 00:51:56:00

Speaker 2

And I just think that's paper that you wrote, Helen. I always think it's so great that you really outline how the different cultures have dealt with these issues. And even with that, though, it hasn't been easy for you to work your way up into this, this status that you have now.

00:51:56:00 - 00:51:58:07

Speaker 2

And I just think that's an a marvellous achievement.

00:51:58:18 - 00:52:07:09

Speaker 1

I've had the benefit of some powerful allies as as Jeanette showed in her talk earlier. Janine, would you like to add? Yeah.

00:52:08:02 - 00:52:09:09

Speaker 7

So I guess.

00:52:10:09 - 00:52:10:19

Speaker 6

Out.

00:52:11:06 - 00:52:13:08

Speaker 1

Who's going to go first? Janine Elliot.

00:52:13:09 - 00:52:17:05

Speaker 7

I'm Janine and I'm still up. I'm in my pyjamas.

00:52:18:03 - 00:52:20:03

Speaker 1

Jean Mayes is still.

00:52:20:03 - 00:52:22:18

Speaker 7

Aged 20 to two in the morning, but I.

00:52:23:20 - 00:52:29:17

Speaker 1

Well, I found guess I'm getting up at 115 for the start of the conference, so I'm really impressed.

00:52:31:14 - 00:52:48:24

Speaker 7

I just wanted to answer the question of the clinician and as a as a midwife and a maternal and child health nurse. I think one of the things that I've learnt in talking to families, particularly those with vulnerabilities, is that as health professionals, we do a lot of information giving and we don't do a lot of information

00:52:48:24 - 00:53:09:07

Speaker 7

sharing and that listening that Kristen talked about. So I think, you know, if we summon up really, you know, simply, it's we give to refocus from information giving and think about the information sharing because if it's if we're really asking parents to be partners in decision making and that's what we always say that we do.

00:53:09:16 - 00:53:20:02

Speaker 7

We then also need to give them, as Jim pointed out, and assist their agency and give them choices. And I don't think we do that enough as clinicians.

00:53:21:00 - 00:53:23:01

Speaker 1

Thanks very much, Janine Ledoux and I come in.

00:53:24:00 - 00:53:46:13

Speaker 6

Yeah, I just echo what you just said in that we also highlighted that within our our our provincial resource in and the other piece of that is actually creating the space within the clinician's visit. So opening up that space and time, we often know that it's so clinical ized and that you have certain boxes and things you've

00:53:46:13 - 00:54:03:04

Speaker 6

got to get through. And if we start the conversation a lot earlier to build those trust your relationships so families can have open, honest dialogue with you and feel that they can actually do that. But clinicians also need to develop the competencies in order to support creating space for families.

00:54:03:04 - 00:54:15:19

Speaker 6

And look at our own personal biases and opinions and keep those in check and be mindful of that and actually come from a place of evidence. But it's it's rooted in also going back to the basics of nutrition.

00:54:15:20 - 00:54:25:13

Speaker 6

Optimal nutrition, like everybody has said, we normalise that the rest of the rest sleeping will just take care of itself. Naturally, I think anyway. But that's just an add on. Thank you.

00:54:26:09 - 00:54:47:11

Speaker 1

Thanks very much. OK, folks, I think I'm going to wrap up because we're run out of time now. I would like to thank several people. But before I thank people, I have to remind everybody who is online and in the room that the recordings of today will be up on our web page starting from Wednesday.

00:54:47:11 - 00:55:03:07

Speaker 1

So it takes a long time to upload some of these things. So they'll start appearing on Wednesday, but they might not all make it by until Thursday. So does everybody have the link, though? You have the link in the email that you got telling you about the programme and everything else for today?

00:55:03:21 - 00:55:20:08

Speaker 1

OK? So I would like to thank the speakers very much, both for their their time coming and joining us today live and for all of the work that they put in beforehand, writing their talks, recording their talks and for the work that, of course, that they've done that informs their talks.

00:55:21:02 - 00:55:44:18

Speaker 1

I would like to thank our founders. Elaine was here earlier, who is Impact Acceleration account manager, who has given us loads of money over the years to fund all of the translation projects that we've done. She funded our development work on Sleep Baby and you should if she funded our work with Lullaby Trust on the The Pepi

00:55:44:18 - 00:56:07:01

Speaker 1

Pods. When we when we trialled safer sleep boxes in the northeast of England and Scotland, and she's funding our evaluation that we're doing of the safest sleep for babies campaign in the U.K.

now. So she also funded this event as a flagship project of the Assisi Impact Accelerator in the County Durham, for which we are truly grateful

00:56:07:14 - 00:56:26:23

Speaker 1

. And I thank the backstage crew who are Laura and Alice and Meghan, Joe and who we've got upstairs laying out the food and the prosecco for the reception. So like good work, boys. Thank you all for your hard work and everything that you've done.

00:56:26:24 - 00:56:48:01

Speaker 1

Thank you. Dependable productions for being media providers today and for staging all of this for us as a hybrid conference, because that certainly wasn't easy. Thank you to the attendees, both online and in person and everybody who's registered to watch the recordings and please those of you who are in the room.

00:56:48:02 - 00:56:58:09

Speaker 1

Join us upstairs now for some bubbles of alcoholic and non-alcoholic. Help us bring this celebration to a close. Thank you very much for being here.