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Janette Westman - Caring for Babies at Night

Helen Ball:

Jeanette is senior professional officer for the UNICEF UK baby friendly initiative. She is responsible for leading assessments for midwifery, neonatal health, visiting UN Children's Centre services, as well as facilitating various courses that baby friendly provides. She recently retired from a career in midwifery spanning 40 years and has a wealth of experience, including as an infant feeding coordinator at Bradford Royal Infirmary, and she has special interests in natal hypoglycaemia and the provision of Evidence-Based Information for parents with regard to where their babies sleep at night. Jeanette is going to be talking to you about the history of the relationship between Durham Infancy and Sleep Centre and the baby sleep information source and the baby friendly initiative and how together we've changed conversations in the UK about caring for your baby at night. Thanks very much, Janette.

Janette Westman:

As Helen said, My background is in midwifery where after 23 years in practise in various areas of midwifery, as I went on to specialise in infant feeding for the last 20 odd years of my career.

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And about 18 years ago, I started working with the baby friendly initiative as a senior professional officer want to say these days I keep thinking, well. Time just flies, don't how quickly I go. But obviously in all of those roles, infant feeding and Bajarin has played a massive role in all of those areas.

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So I'm going to bring some of those in during this talk. And I'd really like to think about how previous breastfeeding advice impacted on the implementation of baby friendly standards and in turn, how that impacted on individual practitioners and the facilities aiming to achieve baby friendly accreditation.

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I'm going to outline the background of the relationship between baby friendly and the Durham Infancy and Sleep Centre and really want to celebrate successes that that's had on practises both locally and nationally. And then in turn, how that's improved on the outcomes for babies and families, not to mention the health professionals that were caring for them.

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When I was preparing this talk, it got me thinking about mid-year as a community midwife, I spent quite a long time on community. I'm a typical visits that took place in the early days of my community career. I worked in the inner city areas of Bradford with women who were usually first second generation immigrants originating predominantly from

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Pakistan and a smaller number from India. The majority lived in extended families and in households that were quite crowded. I loved the fact that by day time, mothers were often looked after by other female relatives the of and sort of massages and prepared meals for them and didn't use.

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The moms didn't usually go out for the first 42 days after the baby's birth. And I often used to think, what a lovely way to be cared for when you just had a baby. The vast majority of mothers slept in beds with the babies and the partners tended to sleep in another bed in the same room.

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And I was thinking about this last night and I can remember going and visiting a mom once I went to sit on the bed and her husband were there asleep. It tells us something. However, by the time not all of the practises were ideal, babies were traditionally swaddled and often placed in in warm areas.

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It was not unusual to find a crib in front of the fire, so we did have to have some sort of discussion, but I'm going to move on to so the lack of discussion that took place, and I know that I'm generalising here, but in the area that I worked in, this is how what we tend to

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find. In contrast towards the latter part of my community career, I worked in quite an affluent area of Bradford. And there are some affluent areas in Bradford, despite what you might have heard. And it wasn't all unusual to find moms absolutely shattered.

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And they were. The main worry was that the baby didn't sleep and and the wanted to feed all of the time. Now we know that this is the norm, but I have to say that even for me, I had been a midwife for five years when I had my first baby, and it still came as a shock

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to me how often my baby wants to feed through the night. And I remember reading an article that talked about bone deep tiredness and oh god, I could so relate to that bone deep tiredness. And. And so for some most first time moms don't expect that they don't realise how often the baby's going to feed through the

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night or how long those night-time feeds might continue for. And that often resulted in the moms taking the babies into beds with them because they were just desperate. And often they had no consideration to risk factors because it wasn't something that we talked about.

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Or sometimes I might have heard rumours that Becerra were dangerous. And so the tech mom onto the sofa and that default sleep there with them. But most commonly, what we tend to find was that that give him the bottle of formula in the middle of the night because that was their coping mechanism.

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And mothers and and to be honest, midwives often thought that, you know, the formula would settle the babies for the night. Didn't, didn't we know that that's probably no longer valid anymore, but that was the general feeling. And the problem was that we didn't really have any other solutions.

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We didn't have any other strategies for moms to use to settle the babies. We will move in a way from suggesting domains. And we definitely didn't want some giving formula. But then we had press reports as well that didn't help.

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So we had a local coroner who was very vocal about his disapproval of Becerra and and of his moms and of moms that took the babies into bed with him. They were a real absolute and to bed sharing vigilante, and that's putting it kindly eventually.

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And there were often newspaper reports of babies who sadly succumbed to cot death, you know, which is a real tragic outcome for everybody that's involved. And a couple of the ones that struck me was two-Month-Old baby died in the context of co-sleeping arrangements with parents, inquest was told.

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I mean, what's a contacts of co-sleeping arrangement? And warning to parents after her baby girl dies in bed between her parents, and I often thought how parents must feel, thinking that it was their fault for taking the babies into bed with them, something that never probably forgive themselves for the rest of the lives.

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And in the back of my mind, I kept thinking back to those cultures for whom that Sharon was the normal, and I couldn't get things to quite add up in my mind. What advice was I to give as a midwife?

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And I know I went along with this? As midwives and health visitors, we were really confused about what to say. We knew that the party line was to to not hurt babies into bed, and we knew that we could be held accountable if anything went wrong.

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And those awful stories in the newspapers were the ones that health professionals fed back to us for years to come. When we were doing baby friendly staff assessments and you'd ask staff for advice that gift to a mom about co-sleeping or safe sleeping, that so things like, well, I'll tell moms not to put the babies into bed

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if the planning to go to sleep. Oh, well, it's OK for him to breastfeed in bed, but just don't go to sleep. But, you know, those moms that were probably not planning on taking the babies into bed with them, but then they were so tired and those lovely breastfeeding hormones, oxytocin had kick in and before the new

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it, they were asleep. Sometimes the health professionals would just say, Oh, we tell them we don't allow it, which didn't give any solution at all. And it just closed down any discussion or questions from parents. So the resource.

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Well, it resulted in a lot of fear and confusion for health professionals. Many of us had shared our own beds with our own babies as a coping strategy. You know, we were new moms too, and we shared with our babies.

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And so we were caught up in the confusion between do as I say, not as I do. And what about the mothers? They were getting such mixed messages, we were all telling them different things. one mother actually said to me that she didn't know what to believe that when she first came to this country, she was told

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to put a baby on the back, on his back. And then we further research told her to put a baby on the side while her old mother were telling us, put the baby into bed with her or she to believe.

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And we know that the most tragic outcomes associated with Brad Sherman seem to have occurred when parents just fell asleep with the babies without intending to and without and without ensuring that the sleep environment was safe or as safe as possible for the baby.

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And we were given these mothers information to help them to cope with a really frequent night-time. Or any information about safe sleeping. And when we move on to look at the the standards for baby friendly and in the early nineties, many of us were trying to implement baby friendly standards in our units an up and down the

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country. And the ten steps were encouraging exclusive breastfeeding and of avoidance of supplements. Nobody really understood about fates at that time. We were advocates and on demand. We actually started talking about feeding on demand. But within a four hour time frame, not to let your babies go longer than four hours.

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So there were a lot of contradiction about that. And you know, all of these standards were impacted on. By frequent feeds and like about sharing evidence and mothers being left without any coping strategies. You know, if we were encouraging feed in on demand and mothers were expecting to feed every four hours, but not to give him any

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tips, not to give him any pacifiers, not to give him any supplements. You know, without all the discussion about bed sharing, we were leaving him really with nowhere to go. We know from other studies that Helen has done, and as Janine's just outlined in her lovely talk, the mothers who started sharing beds with the baby in the

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first month of life are more likely to be still breastfeeding at four months of age. And that bed sharing is an important night-time care strategy in the contacts context. The breastfeeding. As previously mentioned, mothers were exhausted and the letdown with the babies in the fall to sleep without really any intention of doing that, and lots of baby

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friendly audits showed supplements, particularly at night, due to those frequent night-time feats. Our assessments also showed that women weren't getting information, which is no surprise really judging by those comments from the health professionals earlier. So there were a lot of fudging around night time feeds and bed sharing.

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From a baby friendly point of view, we were aware of what needed to be done, but we really couldn't do it without a systemic way of sorting out bed sharing. And we knew that we were encouraging Bad Sharon, but we needed to to have more information about safety and to be really honest, in those first few years

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before and we were still finding our feet around lots of stuff, including Bachir and. We introduced really rudimentary guidance to try and keep their business, which was somewhat evidence first, but we'll tell you how much backlash we got about that and we really weren't prepared for the backlash from organisations and senior managers.

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Risk management became a real big thing in the NHS, and that brought about with it lots and easier policies, lots, the knee jerk reactions, which seemed to contradict what little evidence that we had at the time. Befriended tried to negotiate, but there was a real mismatch of information.

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Actually, one of the organisations and this is a quote actually told us, why can't moms just sit on a kitchen chair for night time feeds? So as if life wasn't difficult enough trying to promote and support breastfeeding as a baby friendly organisation, we then had the breastfeeding Ferrara.

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We often such would wish we'd never heard about breastfeeding, but sharing sorry, Helen. And then came along, Helen, like a breath of fresh air with her first presentation at the baby friendly conference in Pride Park Stadium in Derby in 1998.

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Research was just started to be published by people like Peter Blair, Peter Fleming, James McKenna and Helen. But there were only a few research teams stood in sleeper breastfeeding mothers and babies. So a lot of the research that was was was actually done by the research team in Durham.

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And I'm reliably informed by Suyash Marr, who's the now ex director of baby friendly initiative that early on in the days, Helen and Sue heard each of the speaking at conference and realised that that got this real common belief.

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And they cooked up a scheme whereby baby friendly could help to disseminate Helen's research and that there could be a real work in partnership going on here. Since our first talk, Helen has been a regular speaker at baby friendly conferences.

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In fact, she probably won't let me say this, but she's got her own little fan club than a. And then in 2011, the best this website or ISIS's it was known then was created in partnership with baby friendly La Leche and National Childbirth Trust, and it was launched in April 2012.

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I really can't believe that we're nearly ten years ago. I can actually remember sitting in that room and listening to Helen, talking about her plans and feeling really excited at the proposals that she were putting forward. The website aimed to provide easily accessible research evidence regarding infant sleep, particularly research around co-sleeping sets and the sleep if you're

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breastfeeding parents and babies. This research best information was so, so needed to support practitioners attempting to implement baby friendly standards. And the Department of Health guidance on increase in breastfeeding rates in the UK and the needs of parents who really wanted to breastfeed the babies.

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The bestest websites now endorsed by all of the seven breastfeeding and support organisation, and it's really widely cited in lots of public policy documents in the NHS safeguarding boards, local councils and other information sources in the UK. So lots and lots of work was needed, but everybody was aware of the messages and outcomes that were needed, and

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the research conducted by Helen and the Durham Infancy and Sleep Centre team has supported the work of baby friendly initiative since that first talk in 1998. one of the research projects that Helen was involved with was really close to my heart.

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I mentioned that. I'd been really interested in why this seemed to be better outcomes for those babies and families from ethnic minorities in Bradford who traditionally bear Chad and indeed Eduardo Moya, who was the consultant paediatrician who monitored sits and studies, identified this as well.

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Unknown

So we wanted to investigate this. And so we collaborated with Born in Bradford, which was a study already running in Bradford. It was a large birth cohort study. And of course, we invited Helen on that to that research to explore the variability in infant care practises between white, British and South Asian families of Bangladesh, Indian or Pakistani

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origin. I have to say that the majority of mums and families that we interviewed were from Pakistani origin. It was a telephone interview today involving just over two and a half thousand families, with two to four with two to four month old singleton infants who were already enrolled in the bonded Bradford cohort study.

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And what we found was that Night-Time in Night-Time infant care practises differed significantly between Asian, South Asian and white British families compared with the white British infant. South Asian infants were more likely to have some risk factors, such as having a pillow in the sleep environment, sleeping under a duvet, being swaddled for sleep.

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But the South Asian immigrant population also were more likely to share a bed with their infants, and the care practises were more likely to protect infants from the most significant and SIDS risks, such as not smoking, alcohol consumption, not sofa sharing and salt, not solitary sleeping.

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Unknown

And there were also more likely to breastfeed. And this might help to explain the lower rates of sudden infant death in that population. And which I mentioned on this, but the the white British

infants were twice as likely to succumb to sudden infant death as those babies from South Asian populations.

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Unknown

So let's go back and look at why the work of Durham team has worked so well with their boyfriend. Well, we finally had accessible research for health professionals and parents via the the bestest website. Not only that, but the best.

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Unknown

This website showed health professionals how to interpret that research. What makes good and unless reliable research and it help to evaluate it for them? Most health professionals don't have hours to read through long papers. And even if they did, often they wouldn't understand really what the findings were or what the limitations to certain stories were.

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Unknown

But this is really helped us to find those outcomes really clearly. And then baby friendly help to disseminate the messages. Sometimes it can be policies based on really good evidence, but actually taking them into maternity units and health physician services and getting them really embedded into practise can be challenging due to old memories that we talked about

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Unknown

earlier. And that's why they'd be friendlies, expertise and experience really came, and it's something that we do well. We had to take a lot of really high policy decisions and the available research and really think about how we were going to turn that into practise, how we were going to make it happen in practise, given all the

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Unknown

other challenges that we know happened. And then it just. And as with all of the baby friendly standards, it really needed people who walked the walk to help health professionals to see how it fit into their practise. And that was the real strength of us working together.

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Unknown

And then moving on. When we reviewed the baby friendly standards in 2012, we expanded expanded. The original ten steps would always known that breastfeeding didn't take place in a vacuum and that mother's love is so important to babies.

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Unknown

And so the new standards were not just about responsive feeding, but also about responsive and said to develop close and loving relationships between parents and babies. And this gave us a much broader approach to parenting. And we're going to talk.

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Unknown

We've begun to talk about baby's brain development and created yet another aspect to building the building blocks part of us and Becerra. And we realised at that time we don't make things easy. We don't make life easier for us.

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Unknown

So. As part of the baby friendly assessments, one of the questions that we ask mothers is whether they were encouraged to keep the babies close, including at night time and whether they've received written information about this. So it's the standard the all health care facilities have got to achieve in order to be accredited as baby friendly.

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Unknown

And when Janine was talking just an hour of reminiscing about some of the more recent audits that we've done and it's really heart and insulin, the majority of parents now are not only really in-depth, individualised discussions, but also in leafless.

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Unknown

And you know things to help them encourage them to make that decision in a safe way. In addition to the formal, baby friendly assessments in which facilities are assessed, baby friendly also

disseminate best practise guidance on postnatal care for the use of hospital managers, staff trainers, midwives, infant feeding coordinators, health visitors, children's centres, neonatal units and pace

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Unknown

. And Durham's post-natal care research has been shared extensively through those materials via the baby friendly website. Baby friendly newsletters and research resources such as caring for your baby at night and co-sleeping and the city's leaflets, and were met multiple references to the baby's sleep information source website.

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Unknown

But Sharon, now an integral part of baby friendly training, both locally and nationally. It's not always been easy. And when we used to go out and do the training for us, facilities would often have a bit of a squabble about who were going to do the beach.

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Unknown

It's because because it were just filled with emotion and we didn't jump to lead it because it was such an emotive topic. And we have to be really careful about how we translated the research into practise in a culture of fear, blend and risk aversion.

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Unknown

So the sessions could be quite heavy, so much so that we often built the sessions and just prior to a break. So it gave people a bit of breathing space and a bit of downtime. And on every course we did, we'd have somebody that remembered that baby that died when I shared a bed with his baby.

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Unknown

And we often said, you know, if if, if the infant at the sudden infant death rates were so high that everybody had experienced it, you know, I can't imagine what the rest would would have looked like, really. But actually, over the years, training has become easier.

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Unknown

And in addition to the training for health professionals, we now are also doing training for managers as part of the sustainability standards because we know that it's often the managers who implement who influence the practitioners and the policies.

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Unknown

Another thing that's really helped health professionals to deliver the messages is this leaflet orange of resources for parents and health professionals which birth this baby friendly the Lullaby Trust and Public Health England have collaborated to create. The parent's guide focuses on providing information on the key actions that parents can take to reduce the risk of threats such

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Unknown

as breastfeeding, sleep in babies on the back on a clear flat surface. And avoiding exposure to tobacco smoke during the pregnancy and after birth. There's also information about that sharing sifter, because while back sharing whilst bed sharing was previously, I'm sorry.

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Unknown

Whilst cot sharing was previously emphasised, we know that in reality, many parents do better and we wanted to give them clearer information on doing so in a way that reduced risk. Oops, sorry. The Professionals guide aims to help professionals to effectively discuss seriously information with parents.

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Unknown

The guide emphasises how vital is to have open, non-judgmental conversations with parents about surface sleep, including bed sharing, and it provides suggestions for having those sometimes difficult decisions. In the past, it was something that health professionals found really difficult to have with parents, not just because it were a difficult topic, but also, as I mentioned at the

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Unknown

beginning of the talk. There was such a lack of evidence around it and the confusion that manifested itself around that. So it's been quite a long, hard road. The last 20 years, sir. But we now have consensus, thankfully.

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Unknown

I began this talk by looking at where we were in the early nineties, and it hasn't always been an easy journey. It's taken a lot of hard work and it's been made possible by the dedication and evidence that's predominantly come from Durham Infancy and Sleep Centre.

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Unknown

It's taken years of working with health professionals and taking the emotion out of out of it to provide clear evidence based information, as we do with all the health messages. Parents have always needed this information in a way that's been accessible and meaningful to them.

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Unknown

Those conversations need to be had. It's no good just saying would advise or would not allow it. Not just close this down conversation and not talking about it was the worst thing we could have done. We now have the evidence and the tools to open up that conversation for parents to help them to decide where and how

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Unknown

to sleep with the babies as safely as possible. This conference has provided excellent opportunity to celebrate the success of Durham infants in sleep centre, with the provision of evidence around the benefits and risks that Sharon and that evidence has been really, really crucial for baby friendly to deliver the information to health professionals and mothers.

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Unknown

During the last 20 years, we've seen an increase in breastfeeding rates and a decrease in infant deaths. So I hope I've managed to demonstrate to you how invaluable the work of the Durham Infancy and Sleep Centre has been, and I'd like to finish with a personal thank you.

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Unknown

To you, Helen, and your wonderful team. As a mother, a grandmother, a midwife and a representative from baby friendly, you've changed care for babies and empowered us all to provide this clear, consistent information for families. And thanks to all of you for listening and helping us to this really important topic forward.

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Unknown

You've got to answer questions. Thanks, Jenny. Absolutely brilliant. There's two days at the beginning of year. So would anybody like to ask any questions in the room? And I we've got a few from the Zoomers, but with a hand up to my left, you right.

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Unknown

I am I'm getting a lot of questions about sleep position as he had sleeping pods, that kind of thing. I wonder if you could talk a bit about that up there. I'm sure I'm getting a lot of questions about sleep.

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Unknown

Position is so sleep pods, sleepy heads. I'm just wondering if you could talk a bit about that. And it is something that crops up and we're constantly trying to update that on the baby friendly website as the research comes through.

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Unknown

I think the general consensus is, you know, the safest place for your baby is, is that the side of you, preferably in a car? But if you are going to put your babies into bed, that you do it in a safe position, we've not endorsed any of the sleep and or the sleeping arrangements that have been out

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Unknown

. And I'm really excited to listen to what Alan's got to say later about possums because we had a little discussion about it, but I think that will really help with that information that's given as well. Does that answer your question?

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Unknown

There's really been very little research done on the on the had some pods and things like that, but the the guidance at the moment is about avoiding anything that's kind of soft and squishy and the baby sleep environment and that those are soft and squishy.

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Unknown

So the best thing at the moment is to err on the side of caution and just to advise parents not to use them. We have some questions online, yes. Oh, thank you very much. So what, Barbara, would you like to unmute and ask your question or would you like me to prefer me to read it out?

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Unknown

I cannot be brilliant. Go ahead. So I'm a little league leader, and lots of mums say that babies who sleep on their chest and wondered if some of them say they get a good night's sleep when they're sitting up in bed with their baby on their chest.

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Unknown

But that's not recommended anywhere. And I just wondered what your thoughts are on that? Thank you. Do you want to tackle that one? And I'll tackle it. And then you can. I think just having having listened to what Janina say about, you know, the the inclined position, I think that really and I get I get where you're

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Unknown

coming from because as a mother, I think we've all been there and done that. But I think when we're thinking about safe sleep and giving information to mothers about the safest way that they can sleep with the babies, we've got to go with the current research and listen to that talk from Janine.

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Unknown

I would say, you know, to discourage that. Well, there's a big I don't need that. I'm already all wired up. So there's a big difference between. one of the things that people worry about is if the baby's prone on your chest, is that going to increase this risk because we know prone sleeping is really dangerous.

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Unknown

But there's a big difference between being prone face down on a on on an inner surface and being prone on a parent's body. So we do need to be mindful of what Janine was talking about. Was was was incline sleep on your back when the baby's kind of like getting into this chin to chest position.

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Unknown

We have to be really careful when the baby's on its front on the parents chest that it's chins up so that its airways not kinked. And the other thing that is people worry a lot about is if you fall asleep in that position and your arms relax.

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Unknown

And we saw this on the postnatal ward, with mums falling asleep with a baby's on the chest, then babies do kind of slide off. And if you're in a place where the baby can land on the floor or on a hard floor, like on the postnatal ward or into a pile of cushions or duvets or whatever that

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Unknown

you've got around, you're kind of trying to prop you up, then that's also an issue because those are suffocation hazards. So many babies will only fall asleep in this position in the first few weeks. But if you're going to do that, you need to be aware of airways open.

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Unknown

Nothing the baby can suffocate on, and it would be far more safe if somebody was around and monitoring you both. And if you were completely alone and don't do it on the sofa because sofas, just babies get wedged down the sides of things.

00:35:03:21 - 00:35:17:04

Unknown

I think that goes along with the advice that would given about and skin to skin contact just after birth as well, you know, because if you've got somebody that can recognise when things are not going well, it's much safer.

00:35:19:16 - 00:35:36:23

Unknown

Does that answer your question, Barbara? Excellent animals, you must like to ask the question, put your hand up or have we got Neymar in the shot, Laura, that you want to point out to me? There's a question about when does a baby stop being on the golf course?

00:35:37:07 - 00:35:53:17

Unknown

All right, when? But I think we might answer this question about 30,000 times a week when it's a it's a very common question, and it's something everybody wants to know the answer to. And so the question was when does when does a premature baby stop being vulnerable for co-sleeping?

00:35:54:03 - 00:36:09:00

Unknown

And the answer is, we don't know. We haven't got a clue. And that is because when statisticians look at the data on these kinds of things, they're just lumping babies into categories. Was it pram? Was it not pram?

00:36:09:07 - 00:36:23:09

Unknown

What were the outcomes for premature babies? What were the outcomes for non-Prime members? They're not going well. Was it a 26 week or 32 week or 36 week? Is it now? You know, three months corrected post gestational age or six months corrected post gestational age.

00:36:23:22 - 00:36:43:08

Unknown

It just doesn't get that sophisticated. So all we know is, was it born Premiere? Is it more likely to die? Yes. When does that stop? We have a clue. It might be that babies, kind of as they mature, they lose some of that vulnerability that they gain that they have because they're premature.

00:36:43:10 - 00:36:59:11

Unknown

But it also might be that because of that experience of being premature, they've always got some amount of vulnerability and there's just no way of distinguishing at the moment. And I don't know if there ever will be. And Frances, with their hands up.

00:37:00:08 - 00:37:11:09

Unknown

Hi, Frances, would you like to unmute and and ask you a question? I shall look at the camera instead of looking at the screen. Hi, Frances, would you like to ask your question? Can you hear me OK? Yes.

00:37:12:20 - 00:37:32:19

Unknown

Well, I'm I may say this a few times through the day, but there's an elephant in the room with all of this co-sleeping. And it's this love in the skin of all infants that responds optimally gentle touch. So I think that it will south-asian coast sleepers and lower rates of infant death.

00:37:32:24 - 00:37:50:15

Unknown

And my research and that of my three colleagues has shown very clearly little that thought before to see tactile played a fundamental role in regulating many of the early developmental stages of an infant's life, including things like the immune system, respiratory sinus rhythm.

00:37:50:15 - 00:38:13:09

Unknown

Yeah, the touch is absolutely fundamental to that baby's life, and it isn't anything that is underpinning that benefit. There is a massive study done by the World Health Organisation looking at babies went from the first, now straight to the mothers chest or those that went for medical care and the ones that went straight the skin to skin

00:38:13:09 - 00:38:30:07

Unknown

contact survived longer and better. And there are a lot of research now, which is building an evidence base for the fact that this court system is fundamental, that infant survival and it's not an anecdote calamity. Been there forever.

00:38:31:04 - 00:38:50:17

Unknown

The other biology is showing now it is a mechanism basically responsible as to why the image of these babies in little plastic hearts is that when you remove touch. And so I think the jury's out in terms of the benefit from physical contact clearly being demonstrated by the neuroscience now.

00:38:51:06 - 00:39:13:15

Unknown

And we just tried to sort of get some thoughts about that tactile element. And then the sort of, I think, careful about all the other possible side effects. That sounds really interesting. That's research that I have not read much on, so that's going to have to go on my to do list as anybody else got any familiarity

00:39:13:15 - 00:39:47:14

Unknown

with that research and I'd like to comment. Yeah, I've just started. Can we take a microphone up there going to please so that the Zouma's can hear? Thanks very much. I've just started my Ph.D.. Hi, Francis. And one of the one of the things we're looking at is attachment and co-sleeping.

00:39:47:23 - 00:40:04:10

Unknown

And there has been some research on the relationship between attachment and effective touch. So that's something I will be investigating. Fabulous. That sounds really something that we're all going to have to keep an eye on and invite you to a future conference by the sound of it.

00:40:04:19 - 00:40:23:10

Unknown

Yes. So yes, I don't think we can talk very knowledgeable about it, Francis at the moment, because it's not an area of research that we're familiar with. I think I mean, yeah, it is absolutely critical. I think James, maybe talk about this later, this guy, if I were to exist, you know, it's not some sort of top

00:40:23:10 - 00:40:42:19

Unknown

down calls, but 25% of pre-term babies that whole visit. All of them have some cognitive deficit. None of them get touched. So my research is basically looking to develop the device placed in the incubator that will replace the gentle toxins that babies have been getting in utero.

00:40:43:00 - 00:40:53:01

Unknown

So I just think it's it's a very I mean, I hope I hope I could have been that. I think I'll put a paper in the chat room of your grandmother. Oh, that be really helpful. Thank you very much.

00:40:53:01 - 00:40:53:24

Unknown

Thank you for your question.