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Professor Kathie Marinelli – Breastfeeding and Bed-sharing

Helen Ball:

Dr. Kathie Marinelli, and she's a clinical professor of paediatrics at University of Connecticut School of Medicine, and she is a neonatal allergist, Connecticut Children's Medical Centre in Hartford. She served twelve years on the Academy of Breastfeeding Medicine's board of Directors. She's chaired its protocol committee for many years and is past chair of the US Breastfeeding Committee. She's chaired the Baby Friendly Hospitals Initiative in the USA NCCU initiative and served on the AE, which is the International Lactation Consultants Association Board of Directors. She has been medical director of two Human Milk Banking Association of North America Milk Banks and is an associate editor of the Journal of Human Lactation. So Kathy will be sharing with us today that we have behind the scenes look at how the Academy of Breastfeeding Medicine developed its clinical protocols for use by clinicians worldwide, and particularly given the theme of our conference today how the research that we've conducted at the term infancy and sleep centre and why it features prominently in the breastfeeding and bed sharing clinical protocol. So over to Kathy, thank you very much. She's going to join us at the end for questions as well.

Kathie Marinelli:

Good morning, everyone. It is my absolute pleasure and honour to be asked to be a part of this quite spectacular conference. As you all know, we were supposed to be here in person two years ago, but a certain pandemic that we don't know very much about

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do we kind of kept that from happening? And although I would have much prefer to be there in person with Helen and all of the rest of you to celebrate now your 22nd anniversary, I am pleased to at least be able to come to you from across the pond.

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I'll be speaking to you this morning about bed sharing and breastfeeding. The road to a collaborative international, evidence based clinical protocol. I chose those words very carefully because every one of them has significance in the work that you have done in bringing the work and the ramifications of that work out into the public view and to policy

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. And that's what we'll be talking about today. I always have a faculty disclosure, so I am a neonatal allergist. I'm a breastfeeding medicine specialist. I volunteer for a lot of different organisations, including Baby Friendly USA and for the Academy of Breastfeeding Medicine.

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So what are our objectives in the next time we have together? We're going to trace the history and the purpose of the Academy of Breastfeeding Medicine. For those of you who don't know about it and in particular, the protocol committee.

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I want to examine an important publication that came out in August of 2019 that's entitled An Integrated Analysis of Maternal Infant Sleep, Breastfeeding and Sudden Infant Death Syndrome Research Supporting a Balanced Discourse. This was published in the Journal of Human Lactation.

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By people you're very familiar with. And we picked the words in that title very carefully as well. That work was seminal in getting us to get the breastfeeding and bed sharing ABM protocol revised, which was published in January of 2019.

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And then as we talk about all these things, we will be recognising the seminal work of the Durham Infancy and Sleep team over the many years of the work that you have done, which has provided the evidence base with other people that we will talk about for being able to give these recommendations and to influence policy.

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So a little history. Where did the Academy of Breastfeeding Medicine, or ABM, as it is now come from? Well, back in 1993, there were a group of physicians who got together at an Ilka meeting and talked about how there were no groups that were just specific to physicians.

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Most groups were entirely composed of lactation consultants at that point, and the physicians were beginning to just come in from the outskirts and to be a part of those groups. But there wasn't a specific group where physicians could talk about physician issues in terms of the the science of breastfeeding and breastfeeding medicine per se.

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That group became a core of twelve physicians who are the founding members now of Obinim. And they actually named our group, the physicians advocating breastfeeding, which was fab, which I'm certainly glad they got rid of. And they scheduled a conference for the following year in the summer of 1994 summer, of course, being if you're in the northern

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hemisphere, winter, if you're in the southern hemisphere. At that conference, they draughted bylaws, articles of incorporation, a mission statement, short and long term goals. And the general organisation structures. And they renamed the organisation the Academy of Breastfeeding Medicine.

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Free Afternoon as Abby. I want to emphasise that this group is an international organisation, although since it is headquartered in the United States and its largest group of members comes from the US. Many people think it's the American Academy of Breastfeeding Medicine, but it is actually not.

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The academy is now 29 years old. It continues to grow and it has three main goals. The education of health care providers and institutions. The fostering of global professional community of doctors with diverse specialities committed to the care of women and children, and the advancement of research and practises that shape policy in support of breastfeeding.

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And that's really what we're going to be talking about today. Last year, an affiliate membership which has been discussed for many years was opened up so that others in the field could be a part of Abby. I have for many years felt that our Ph.D. colleagues who work in the field should definitely be a part.

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They provide much of the research that is used to provide the evidence for the the policies and the practise that we use. And so this was opened last year, and as you can see, many folks within the field of lactation are able now to join the academy.

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So the ABM Protocol Committee is one of its oldest standing committees, and I joined that committee as a committee member way back in 1999 long time ago. And at that point, the committee was tiny. There were only maybe five members, two of whom were co-chairs, and then we were the working members.

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But we all worked really hard. I became a co-chair in 2004, and in 2010 I took. Over as a solo chair and and in the intervening years, I had folks who helped me out co-chairing different folks on and off.

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I'm currently taking a hiatus from the protocol committee because as you'll see, the work is overwhelming and a lot of new members have joined the committees quite large. And I just felt like I needed a chance to get away from it for a while, so I caught it on this slide.

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The goal of the Academy of Breastfeeding Medicine and the development of clinical protocols and it's really for coming up with managing common medical problems that impact breastfeeding success. The product, the protocols and this this is written as the abstract on every single protocol that we publish, which to me, I'm not sure I agree with, but because it's

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certainly not the abstract of the protocol, but it says that we are there guidelines. You don't necessarily have to follow them to the tee. They may be different in different situations because these we try to write them for an international community.

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The bylaws of avium actually tell you how the committee works. And so the process of getting a protocol from an idea to a published protocol is long and arduous, and it starts out with an idea that we need something that's evidence based for managing a common problem in clinical breastfeeding practise.

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Our procedures are such that the committee approves or appoints experts in the field of that particular topic. And those experts go ahead and pull together the literature. We start with an annotated bibliography, which is an amazing amount of work.

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And from that, we draw our sources of of the literature. We we score the literature with the scoring system, which has changed over the years, and I'll show you that later so that we know the the value of the evidence and then the protocol is written.

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From there it goes to expert reviewers around the world. So we try to get an international viewpoint no matter where the protocol is written, so that we're trying to bring in more than just the the the context of the country in which it was written.

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And many of them have authors from the US because we have great difficulty in getting authors from other countries to take on the lead in writing protocols. Once the experts do peer review the the committee itself does peer review.

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And when that is all done and we have what we think is a finished product, it goes to the above board of directors and they review it. And every time we go back to the authors with the review that we have.

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So this is an arduous process for the authors as well to keep getting review and keep revising and revising and rebutting the process. So I think it's even more arduous than admit than submitting a paper, say, as a blinded peer review.

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And these are blinded. We don't tell our reviewers who the authors are. The committee knows, of course, but other reviewers do not. And so once it is finally approved, it goes to the Journal of Breastfeeding Medicine, and once it is formatted, it is published online virtually immediately as an online first and then it generally comes out in

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the next journal. When that once it's published online and we have it formatted, we also have it translated into as many languages as we can, and I'll show you that in a little bit. And so that we make it available internationally around the world.

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This effort is all volunteer. Every single step is volunteer. No one gets paid for any of this work. And so as you can see, it is a tremendous amount of work, and to convince people to do it is really difficult to do.

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So this is an example of a screenshot of the page. These protocols are freely available to anyone, and they're on the breastfeeding medicine website. Anyone can download them. This is just an example that is showing you our protocol number six bed sharing and breastfeeding with the with the date at which it was published 2019.

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And the little circles show you the languages that it has been again by volunteer translators it's back to. It's forward translated into the language and then back translated. So we make sure that we are cogent with the original authors writing.

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So even the translation process takes two sets of translators and is very time intense and and full of a lot of effort. So you can see that we have a lot of people that are willing to help translate.

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And the protocol will ultimately talk about today, as you can see, is one of our most translated protocols. We currently have 35 ABM protocols, and one of the issues is that they are supposed to be updated within 15 within five years of publication.

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So you can imagine what this juggling is like trying to add new protocols that colleagues around the world are asking for, that we ourselves see it within our own practises or in talking with all of you are needed and updating protocols that are already published.

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And you will see that a number of them are outdated because it is so hard to find people to offer them and then to get it through that whole long process. So I've just listed for you here just so you can see them and you go to the web page and you'll see all of them and you

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can download them the different protocols that we have. Of course, number six is the one we're going to talk about today, but we have so many protocols all the way out to the most recent ones that have been published in the last few years, including insulin dependent diabetes, pericardium analgesia and Anastasia vitamins, Breast Meltzer's radiology, hyper lactation

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, LGBTQ plus parents, breast cancer and the most recent one supporting breastfeeding during maternal or child hospitalisation. Keeping these up to date is just a monstrous job with volunteers and no financial support. So let's talk about what we're talking about today and and that is breastfeeding and and in bed sharing.

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So the protocols were called breastfeeding and co-sleeping protocols until the current one when we changed the title. The first one was printed in ABCNEWS, which was a little newspaper like publication that came in the mail and the predecessor to breastfeeding medicine.

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I have all of those in my house which is pictured up in the corner of that slide. The next revision was published in Breastfeeding Medicine in 2008, and you will notice that Jim McKenna, which is one of the names you'll hear many times today, was one of the authors on that protocol and that I was one of

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the co-chair persons at that time. And so I have a lot to do with the editing of that protocol. When we wrote the 2019 protocol, which we'll talk a whole lot more about. You'll see names you're very familiar with Helen Ball, who you know very well.

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Pete Blair and Jim McKenna. And that was the team I was trying desperately to get together to write this protocol. We put out special calls, and you'll remember at the beginning I told you, I'm an associate editor for the Journal of Human Lactation, which is, of course, in competition with breastfeeding medicine.

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So I guess that is a conflict of interest for me because I kind of work for both in a way and that I write protocols for breastfeeding medicine, but I edit four for DHL. We put out calls for papers for a number of different reasons topics sometimes and then state of the science.

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So we put out a call for a 2019 state of the science issue to be published in August. At the same time as World Breastfeeding Week is celebrated here in the US and some other parts of the world.

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I know it's also celebrated in October. And so I thought, wow, this is the opportunity to get that team, I want together to write a state of the science and we will have put together all of our evidence base.

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If we put this paper together from which we can then write the revision to the protocol. And so the process actually went on mostly from October of 2018 until April of 2019. In October, I kind of rallied the troops and I call them my dream team.

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And so I had Helen, I had Jim and I had Pete, and we finally all agreed in October that we were going to go ahead and do this. It really took us until about February to get our act together and to get their individual parts written.

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And I was just contacting them really as an editor, and I was going to be the editor for this paper. There's always an editor assigned to each paper. So Helen was writing on bed, sharing its history and benefits.

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Jim was going to write about the concept, the concept of breast sleeping, which we will be talking more about. And Pete about bed sharing risks and SIDS research. And we were going to put this all together. Well, everyone wrote their parts.

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And then they needed someone to put it all together, make the sections cohesive, put in the parts that would bring it together, edit it so that it looked like it was written by one person. Deal with all the references, all the rest of that.

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And so that kind of fell to me, which is not really an editors job. And so I have to tell you and thank Helen, Jim and Pete, because at the end of all of this tremendous amount of writing and I spent a lot of nights up all night long doing it.

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They asked me to be the first author on the paper, not because I'm a researcher in sleep studies, but because I put all that work into the paper, and so I was very honoured to become an author. And there's our paper, it was published online first on the 11th of June in 2019, and it was published in

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the August issue of 2019. This paper is currently behind a wall to get it. We've had it open access in the past, but I am hoping that Helen can make it available to any of you who want it.

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We publicise this paper widely when we published it, and as you'll see with the star next to it, that's our paper. And every quarter, detail picks four or five papers to make open access for three months. And we advertise them widely on social media, and I was very pleased that that our paper was chosen as one of

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the papers from the August issue. The state of the science issue to be so publicised and put in the open access at that time. Every year, the data looks at its ten most read articles. Now remember, this paper was published online in June mid-June and in the journal in August of 2019, so halfway through the years when

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it went online. And yet look at this, it was the number for most read article in jail in 2019. And it only was out for six months of 2019, which I think is pretty amazing. So the aims of this paper were to review the literature looking for historical, epidemiological, anthropological, anthropological and methodological lenses to determine with this

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information where we are now in safeguarding both infant lives and breastfeeding and the direction that research might be pointed in to go forward to make sure that we are improving our knowledge and our practises. We had three key messages in this paper sudden infant death syndrome studies have often been interpreted as consistent with policies to exclude breastfeeding

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mothers from sleeping with their infants, even in the absence of risk factors for death. And we'll talk about them except for the policy in your country, the United Kingdom, the primary source of information to guide families truly unsafe sleeping and breastfeeding that doesn't separate the mother from the child, come from breastfeeding organisations, not from the government, not

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from professional organisations. And we we bring into the public light the concept of breast sleeping, which Jim and his colleague brought to us a few years back. That emphasises that the magnitude of risks surrounding unsafe sleeping, unsafe sleeping practises involve alcohol, drugs and sofas or chairs.

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And we call for a more coordinated approach with public health strategies on how to best care for our infants, breastfeed them and keep them safe. So what about the epidemiology? We know that bed sharing is very common even in Western society.

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We don't really have good numbers for this because in places like the United States, where the Academy American Academy of Paediatrics tells us not to tell parents it's OK to bed chair because it's associated with SIDS, and we'll talk more about this coming soon.

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Families will not admit to it. They're afraid to because they know it's taboo here. Hopefully, we're going to change that practise, but it is common here. There are strong relationships between bed sharing and breastfeeding in many countries, and I'm not sure if you can see that's that in instead, I have in the upper right hand corner of

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the slide. But this is a study that Helen did and published back in 2016 that shows you that bottom line is the number is the number of the proportion of breastfeeding in families who don't bed chair. And the upper line, which is clearly higher, is the proportion of breastfeeding over weeks after delivery that the breastfeed you are

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sharing. So it's been clear in other studies as well that if your bed share, you are more likely to continue breastfeeding. It's really important. So when you look at data like this, the No. Bed sharing message that is out there can really be detrimental to exclusive breastfeeding and continued breastfeeding.

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We're giving a bad message. And I'll show you later a slide that shows you that kids can be really rare in in social context, in countries in which bed sharing happens frequently but is done safely. So when we look at sudden infant death syndrome and bed sharing because it is always associated, when you look at things like

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what the AP says, we have 30 years of studies and definitions. We're bed sharing is defined differently in different studies and even in the same study, it can be co-sleeping. It can be having the baby next to you.

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It can be having the baby in something next to the bed. It can be feeding the baby next to you and then putting the baby in the crib. And so definitions are not consistent. Data are truly not comparable between studies and even in the same study, cases and controls are not comparable.

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And so I urge you as a researcher, as an editor of a journal, as a person who reads research, please read the methodology carefully. Make sure that you understand what you're reading, and don't just take the conclusions that are given to you by necessarily the researchers or by those who are interpreting it for you.

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And as the word and make sure you read things and that you understand what the study is showing and you understand the methods that they used. And in these studies that have been done, the potential interactions of hazardous circumstances which we'll talk about were not taken into account.

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They didn't look at was there drinking, were their drug use were the parents smokers. And so when that's all in the mix, it's really hard to interpret these studies. And yet they were interpreted. So is it complicated? Of course it's complicated.

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And so there were two messages that have come out of this and things have diverged. So it's like on the one hand and on the other hand, as my pigeons are showing you here. So there are strict guidance that tells parents not to breastfeed and and and share with their babies.

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And then there is other guidance that says it happens. It's going to happen. It happens in a lot of cultures and it even happens where parents don't intend it to happen because when we feed our babies, we relax.

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And if it's in the middle of the night, guess what? Many of us fall asleep. And so we need to be giving safe bed sharing guidance. So this we discuss in the paper, and this is data from from the UK between 1984 and 2003, which goes over very succinctly in our paper showing that when the back to

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sleep campaigns came, the SIDS rate, which is that Green Line dropped seven fold very rapidly. But if you look at the blue line, which are infants sharing a parental bed, the rates didn't really change very much. And so when you think about that, you might think about things like, well, when infants are sleeping with their parents in

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the bed, how are they placed? Well, they're generally on their back already. And so that back to sleep message may not have impacted very much. And maybe when babies are co-sleeping or, excuse me, bed sharing, we're trying not to use the term co-sleeping.

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They're already on their backs and they turn to their side to feed from their mother. But then they go back on their backs to sleep again, so it may inherently already be protective in that their positioning is what we were looking for.

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When we look at the data really carefully, we come up with three inherent hazardous conditions that we know increase the risk of death. We know that if there's parental smoking, if the parents had recently consumed alcohol or if they're next to an adult on a soft bed surface, that these are risks for death of a baby who

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is bed sharing. In the particular study that I'm citing here that Pete did less than twelve weeks, there was an increased risk that it wasn't significant. We'll come back to that in a minute. There was another analysis that was done in 2013 that showed a fivefold increased risk in the younger infants in non hazardous conditions.

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However, when you look carefully at that study, you see that the reference group was not comparable. And so the the conclusion they came to is not valid because they didn't have a similar comparison group. So what happened with data like this?

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Well, the AP looked at it and they said that these studies don't support that. Bed sharing is safe, therefore do not bed share. And they came out with that message around 2015 2016 in the UK. However, I think I need to move to the UK, frankly, because things just happen better over there.

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They reviewed these studies and and the National Institute for Health and Care Excellence or Nice, reviewed these studies, amongst others, and they decided that bed sharing in non hazardous conditions was safe. And therefore, parents needed to be counselled given guidance on safe bed sharing.

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two organisations looked at the same data and came to completely different conclusions and different statements went out. But what's happening out there in public policy and what's happening out there for for those of us who give guidance? So again, I'm not sure you can see that whole picture, but that is my son, my 34 year old six

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foot five engineer breastfed until he was two years old when he decided to stop not me, me and my three week old first grandchild, Luca, who is going to be smart and as tall as his father. I think anyway, who is exclusively breastfed now at six and a half months.

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Why do parents fed chair lots of reasons deeply rooted in their personal, conventional convictions of their culture, physiologic links, knowing that lactation and and feeding at night are really linked because we get that prolactin surge at night and that if we feed through the night, we are likely to be able to keep feeding longer exclusively have a

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better milk supply. There's a biological compulsion to feed our babies, and I knew none of this. When my son was born, I was a fellow in neonatal allergy. When I told him I was pregnant, he said, How could you do this to us, to us?

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They didn't want to give me any maternity leave. I finally got six weeks out of them and I was on call an away from him for 36 hours at a time. I had a compulsion to be with this child when I was home with him.

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He never got formula, ever. I pumped and he got my milk when I was away from him, but I felt like I needed him on me at all times when I was home with him, so we slept together.

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I knew nothing about it, but I know now that I did the right thing. It certainly made Night-Time care easier, and I know I got more sleep because he was there in the bed with me and he would just feed and I would kind of drown and sleep through it.

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It helps monitor the baby, provide comfort and yet keep the baby safe and obtain sleep. Some families have nowhere else to put their babies to sleep in disadvantaged families, in which bed sharing is quite common around the world.

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There's no place else to put the baby, and sometimes they put the baby there for safety because of vermin in the house or the fear of, you know, robberies or shootings or fires or things like that. They keep the baby next to them.

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And we know that we can fall asleep unintentionally with our baby. I certainly have done it, and I did it in a chair way back then. two of 34 studies reporting maternal reasons for co-sleeping. 26 reported

breastfeeding as the main reason, and we know that from many studies that the main reason for co-sleeping, for sorry, not when

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to use co-sleeping. Bed sharing is breastfeeding. So there's that slight I tried to show you earlier from Helen, which shows how families who bed share have a higher proportion of breastfeeding at any given week after delivery than those who do not.

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And this is really important data. So prevention of bed sharing is likely a risk to undermine breastfeeding goals. So from work of McKenna, which I'm sure he'll talk to you about later, mothers who are breastfeeding and bed sharing wake frequently to feed, but they end up with longer sleep duration and they wake for shorter periods and go

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back to sleep more quickly than those mothers who are here milk substitute feeding. We all know that we fall asleep in other places sometimes, and so it is vital that all of us who give guidance to families give guidance to all families on safe bed sharing.

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How do we do that? Well, in 2016, mobs at all, which is mobs and mobs and mobs, describe the need for and benefits of immediate and sustained contact, which they included in. I put in quotations co-sleeping to establish the foundation for optimal human infant bread's breastfeeding, neonatal attachment and brain growth and in 2016.

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Also, McKenna and his colleague Getler proposed the concept of breastfeeding, sleeping to help resolve the bed sharing debate and to pull it out away from the word co-sleeping and taken into a different area because co-sleeping has so many negative connotations with it, which is why we are trying very hard not to use that word.

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But you can tell it's ingrained in my brain from hearing it all these years because I've said it several times today. And when we talk about breast feeding, breast sleeping, we're talking about doing it in the absence of all known hazardous conditions.

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Unknown

We know that that we should be encouraging it, acknowledging that maternal contact plays an important role in establishing optimal breastfeeding, that the contact between mothers and their infants is a feedback mechanism that engendered every system between the two between the two.

00:35:01:15 - 00:35:23:08

Unknown

And it regulates feeding and hormones and digestion and growth, and that by separating them and putting them on separate sleep surfaces. We are interrupting that incredible tight dance of nurture between the two and that we should think really long and hard before we do that.

00:35:26:18 - 00:35:46:02

Unknown

So what are risk reduction strategies, and I'm not sure. Again, if you can see it, but I have a bed sharing couplet at the top, which I do, you know, one of those don't do it signs through and then one at the bottom, because up top is where I talk about the US strategy and it has been

00:35:46:02 - 00:36:03:04

Unknown

to just say no. Nancy Reagan's just say no to drugs. The apps just say no to bed sharing. And why have they done it? Well, number one, they don't interpret the data correctly as far as I'm concerned, and I do belong to the AARP because I'm a paediatrician.

00:36:03:05 - 00:36:20:15

Unknown

I thought about quitting multiple times, but I feel like belonging and trying to make a difference is more important. Their campaigns have sort of backfired because there is more and more bad cheering going on in the United States.

00:36:21:03 - 00:36:43:10

Unknown

It's a clean message that says, don't bet, share. There's like no variation there. And so it's a clean, easy, quick message to give. But it's not the right message because we know people are doing it anyway. And so one wonders if we are contributing to a rise in other deaths, which I'll show you in a moment.

00:36:44:06 - 00:37:07:13

Unknown

The UK is a country I think I need to come to, on the other hand, acknowledges that bed sharing occurs intentionally and unintentionally, and therefore all parents, whether they are breastfeeding or formula feeding, should be given guidance on what is safe and that more likely more closely aligns with the evidence.

00:37:08:02 - 00:37:24:22

Unknown

OK, so these are two graphs. The top one in the top left is US data that comes from the CDC. And the bottom is UK data. So if you look at the top graph, you can see that long.

00:37:24:22 - 00:37:44:11

Unknown

The bottom is years and along the y axis is the can't read the little writing from here. Um, deaths in the population per 100,000 live births. And what you can see is that, you know, as we put babies on their backs, the death rate dropped radically.

00:37:45:12 - 00:38:03:05

Unknown

The yellow line is the sudden infant death syndrome death so that that fall is attributed to putting babies on their backs to sleep. Notice the the purple line at the bottom, and that's accidental suffocation deaths. Look at how that's gone up.

00:38:04:01 - 00:38:20:10

Unknown

one wonders where that's coming from, and some of that from families that are taking their babies out of bed to feed them and are feeding them in a chair or sofa, sitting up thinking that's safer, who've never been given the guidance that that in fact, is really not safe.

00:38:21:02 - 00:38:32:20

Unknown

And if you look at the blue line at the top, which is the cumulative statistics on all deaths, we really have kind of reached a plateau and we are not making any difference here in the US at all.

00:38:33:08 - 00:38:46:20

Unknown

Now look at the graph from the U.K., which is the one on the bottom right. The the red line is SIDS deaths, and as you can see, they have continued to come down over time in your country. The.

00:38:48:22 - 00:39:13:04

Unknown

The accidental, suddenly accidental suffocation and strangulation in bed is the is the Green Line look at how low it is in your country. I don't know this, I haven't looked at the data, but one has to wonder if because people are being given the information and being told what the hazardous risks are, if that might be the

00:39:13:04 - 00:39:34:03

Unknown

difference between your Green Line, which is stable and our purple line, which is going up. So what is the way forward? How do we make a difference? Well, we changed policy so that providers are given the opportunity and in fact are told how to advise families.

00:39:36:15 - 00:39:56:00

Unknown

The hope is that we are doing that with the ABM protocol that we finally revised in 2019, and this is it. It is freely available to anyone on the ABM website. You go to WWE, WWF Med dot org and you can click under protocols to get it.

00:39:56:10 - 00:40:16:02

Unknown

And this is it. You can see that we have quite a number of authors on it. So my dream team was to just have this written by again, the three of us Pete, Helen, Jim and myself. I was put under some pressure to add some other folks, and I was really very hesitant to have someone from the

00:40:16:02 - 00:40:36:00

Unknown

AP writing on this abstract, and I kind of fought it for quite a long time. And Lori felt when Winter, as a friend of mine and we had some difficult times between us because of that. I think ultimately it was a good thing to have her on it because those folks who know that she's from the AP

00:40:36:00 - 00:40:54:23

Unknown

know that someone who is rather well thought of in the AP world was part of writing this protocol. But I want to show you something. Look what came out in, I think, August so eight months after the protocol was published.

00:40:56:05 - 00:41:11:16

Unknown

If you can't read this, it's a correction to our protocol. And it says that that we published it in January of 2022 and then it says a co-author of the article, Lori Feldman. Winter is associated with the American Academy of Paediatrics.

00:41:12:00 - 00:41:30:16

Unknown

The article, published in Breastfeeding Medicine, reflects the personal opinion of Dr. Feldman Winter and does not represent a key policy or guidelines. I'll just leave that sit for a minute. I suspect we know who that came from. Not lowering.

00:41:31:22 - 00:41:46:12

Unknown

OK, so what did we do in this protocol? first of all, the protocols are given levels. The references are the protocols are really well referenced and they are given levels of evidence and that has changed over time. Which ones we use.

00:41:46:12 - 00:42:05:05

Unknown

We are currently using the Oxford Centre for evidence based medicine. The levels are one which is the highest level of evidence things like randomised controlled studies down to level five, which is things like professional opinion. Case studies. Things like that.

00:42:08:00 - 00:42:28:19

Unknown

We stated that research conducted to date on bed sharing and breastfeeding indicates that night-time proximity facilitates breastfeeding duration and exclusivity discussions about safe. That bed sharing should be incorporated into guidelines for pregnancy and postnatal care. Start talking about it before the baby's born.

00:42:30:23 - 00:42:52:06

Unknown

Bed sharing and breast feeding infants, which we which we introduce strongly, the term breast sleeping does not cause SIDS stated boldly in our protocol. In the absence of known hazards and we talk about needing larger studies to look at this more closely.

00:42:53:04 - 00:43:05:23

Unknown

And the fact that some hazards are modifiable, but some are not, so I'll show you a list of hazards. one of them is prematurity. You can't put the baby back in the oven. As a neonatal allergist, I've wanted to do that many times.

00:43:05:23 - 00:43:34:13

Unknown

You just can't. So some are not modifiable. We talk about how accidental suffocation death is extremely rare in breast sleeping couplets, and so it is not a reason not to breast sleep and that the risk of early weaning, which happens when you separate babies, is a real risk and needs to be considered.

00:43:34:14 - 00:43:59:12

Unknown

If you're telling mothers and infants to separate. Recommendations concerning breast sharing must account for the mother's knowledge, her beliefs and her preferences, and acknowledge all of those

within her cultural context. And so if you have a cultural context in which families bed share and that's what they do, who are you to tell them not to?

00:43:59:16 - 00:44:23:16

Unknown

What you should be telling them is how to do it safely, and all families and I capitalise that on purpose should be taught about safe bed sharing, whether they breastfeed or not, because it happens. So we have a table in there for easy reference of hazardous risk factors or circumstances during bed sharing, and we've talked about these

00:44:23:24 - 00:44:40:07

Unknown

briefly. one that I haven't mentioned is that families have never initiated breastfeeding. Those babies are at higher risk. If they are completely formula fed, they are at higher risk for dying in the parental bed. And I've already mentioned these others.

00:44:41:05 - 00:45:00:12

Unknown

We also have a table on the elements of safe bed sharing advice in order of importance. And we worked a long and hard on this as well. And so the top one is never sleep with infants on a sofa armchair or unseat suitable surface, including a pillow, because there are families that will put the baby up on

00:45:00:12 - 00:45:23:20

Unknown

top of the pillow and they go down from that. And again, this is in the protocol, and it is an easy reference for people who are counselling families. We give a list of recommendations, and there are a lot of references throughout the entire protocol, but we want to have open ended discussions between providers and families in which

00:45:23:20 - 00:45:41:16

Unknown

we ask them about what their thoughts are about how, excuse me, they're going to sleep with their babies, how they plan to feed their babies, how those things may happen. Will that, you know, are you considering best bread sharing or not screen them for risk?

00:45:41:16 - 00:45:59:18

Unknown

Ask them for those things that are in that list of hazardous risks. And if there are risks there, talk about ways that you might be able to ameliorate them. If you have smokers, talk about ways to end successes to, yeah, to smoking cessation.

00:46:00:18 - 00:46:19:20

Unknown

Talk about ways to ameliorate those risks. Again, give it to everyone, even those who are not breast feeding and be very non-judgmental when you give these in the US, it's a very judgemental conversation. Don't bed share. It's not safe.

00:46:20:02 - 00:46:42:18

Unknown

Well, that's not how to approach a family. We talk about risk minimisation strategies for families that have high risk. So some of the things I was talking about support, breastfeeding, increase your support. Keep breastfeeding going. Refer for smoking cessation, etc., etc. So again, that's in the protocol.

00:46:45:14 - 00:47:01:06

Unknown

We talk about if you have a family in which you can't ameliorate the risk, what are some ways that you can help them? And we talk about, for example, in the upper left corner, you can have a cot that's obviously in the hospital.

00:47:01:06 - 00:47:15:07

Unknown

This picture is in our protocol next to the bed so you can have a bassinet next to the bed in which you can lift the baby out of the bed and then lift the baby back in. You can have those sidecars, which is the next picture up at the top right.

00:47:16:04 - 00:47:32:19

Unknown

A side car that was in a hospital, but they have them for beds at home as well. At the bottom are two pictures from a culture in New Zealand. The majority in which breastfeeding was is was common, but so was SIDS.

00:47:33:03 - 00:47:55:08

Unknown

And when they were studied, it was realised that tobacco smoking was very high in this population. And so using something that is culturally acceptable to them, which is those and I'm not sure I pronounce it right, but the well, Akira baskets, which are woven out of materials that are found in where they live, make a basket.

00:47:55:15 - 00:48:20:12

Unknown

You could put the baby in the basket in the sleeping situation so that they were separated from the parents bed. But this was culturally acceptable. So this is coming up with a culturally acceptable solution. And the and the Pepi Pod is a polyethylene basket that was made also in New Zealand to be used in India.

00:48:20:15 - 00:48:47:11

Unknown

And if you didn't have a Chora, so I referenced this slide earlier where where we look at percentage of bed sharing and different countries SIDS rates. And if you look at over to the left, you'll see that the farthest to the left is the American Indian and Alaska Native, which is the highest SIDS rate in the world

00:48:47:11 - 00:49:06:03

Unknown

right now. And you see that they sleep with their babies, but they have a very high SIDS rate. They have a lot of hazardous circumstances, as do us. Black and Australian Aborigines have a lot of hazardous circumstances. The New Zealand Maori are better than they were.

00:49:06:09 - 00:49:23:13

Unknown

This rate has come down. They do a lot of bed sharing. Because of being able to work with them culturally with those baskets that I showed you earlier. Now look to the right of your slide and you'll see very high bed cheering in some countries.

00:49:23:20 - 00:49:45:14

Unknown

U.S., Hispanic, Sweden, the UK, US, Asian populations Japan and the Netherlands, in which the SIDS rates are quite low. What's the difference? Well, they're sleeping without those hazardous conditions. So this picture is from actually from you guys. We borrowed it from you for the protocol.

00:49:46:15 - 00:50:01:14

Unknown

And this is the the position or cuddle curl that parents adapt and just do normally when they are in bed with their babies. And this is how they protect their babies. The arm comes up above the head and keeps the baby from going into the pillow.

00:50:01:22 - 00:50:19:22

Unknown

The knees are flexed at, the hips are flexed at the at the hip and the knees come up to keep the baby from sliding down under the covers, and the baby is in a circle of protection. We've listed a number of different sections in the protocol.

00:50:20:12 - 00:50:34:10

Unknown

Very similar to what we put in the article and L I've listed them here for you and I will leave them for you to go ahead and pull up the protocol and look at. But we went into great detail on all these different sections.

00:50:34:11 - 00:50:54:17

Unknown

We also put specific definitions in there, so anyone reading the protocol would know exactly what we were talking about. one of the things we do with protocols is we give a list of future areas of research, and we came up with quite a few of them because there are many things that still need to be looked at

00:50:56:11 - 00:51:14:01

Unknown

. For example, can we determine whether the death of an infant can be fully explained by asphyxia or not? Is there a significant risk from bed sharing in the absence of hazardous conditions? I mean, at this point, we're using the data.

00:51:14:01 - 00:51:38:12

Unknown

We have to say that we do not think that there is, but has that really been absolutely looked at, looked at and the list goes on and on. So I looked at breastfeeding medicine to see how often it's been accessed through the journal itself and for the time period of January one, 2020 to December 31 2021, it

00:51:38:12 - 00:51:57:03

Unknown

was full text downloaded over 92,000 times. The Web of science lists it as cited 19 times, and I'm sure those numbers are wrong because I have seen it cited in so many other places, just like I've seen the data article.

00:51:57:03 - 00:52:17:11

Unknown

So I don't know how we get a good handle on that. But this gives you some idea of the reach of this protocol with the work in it that has been done by people like Helen and and your and your centre there and Jim and Peter, ResearchGate.

00:52:17:13 - 00:52:35:15

Unknown

Just last week sent me a thing saying that my chapter, my chapter, which is the protocol reached 50, reads last week, so they're way behind. But this is through through ResearchGate. So what about you guys? What would I like to say to you?

00:52:35:15 - 00:52:51:02

Unknown

Well, this work wouldn't have been possible if you weren't doing the work that you are doing. And you know, the basic research is so important, but so is the outreach that you're doing to families and health care professionals.

00:52:51:14 - 00:53:05:15

Unknown

And you know, there's so much knowledge I've not seen your centre. I hope to come there someday, but there's so much knowledge just on your web site that people from around the world I can access very easily from here.

00:53:05:22 - 00:53:32:19

Unknown

And it's such important work. And just within the last week, as Helen and Pete and Jim know, the protocol committee has been talking for, I don't know, maybe two years now about developing parent handouts to go with or patient handouts to go with the different protocols, and they really want one now for our protocol on breastfeeding and

00:53:32:19 - 00:53:49:13

Unknown

bed sharing. And so just in the last week, our our group with a couple of extra folks from the current protocol committee are getting together online and trying to put something together. And Helen shared with us the work from basis.

00:53:49:21 - 00:54:02:17

Unknown

And also the work that you have shared and co-authored with UNICEF so that we can maybe try to put something together, the hope they were hoping to put it all on one page. I don't think it's possible to put it all on one page.

00:54:02:17 - 00:54:21:23

Unknown

I think we're going to have to do a two page handout. But what? We are currently collaborating with you to make a handout that will come from above that we can that anyone around the world can use. And I suspect it will be translated into other languages as well so that your the work you do and the

00:54:21:23 - 00:54:48:10

Unknown

work we all do will have an impact. And hopefully we will help with helping more families to breast sleep, less families to bed share on safely and more families to breastfeed longer and exclusively. And with that, this is my daughter in law, Amanda and my son Alex, and my and my grandson, who's now, as I said, six

00:54:48:10 - 00:55:01:24

Unknown

and a half months old. And the only food that's crossed his lips has been his mother's milk. And I am so proud of them and of the legacy that we have. Oh, and Fitz, the dog is in there, too.

00:55:03:19 - 00:55:30:21

Unknown

And and I want to thank all of you for this opportunity to be a part of this amazing conference and wish you all the best luck on this conference. And and thank you so much. Thank you very much, Kathy, and I know Kathy is on the line with us now, so would you like to unmute yourself and

00:55:30:21 - 00:55:45:23

Unknown

say Hi? Hi, everyone, I hope you're having a wonderful day there. It was early to get up to join you at the very beginning, so I did set an alarm, but unfortunately I turned it off. So I'm going to listen to the Big Kitty online.

00:55:49:02 - 00:56:11:17

Unknown

Well, thank you. I'm falling asleep during our conference. We appreciate that. OK, so we've got questions on Zoom and we've got hands in the room. So shall we take a question from Zoom to start with? So. Somebody is asking Cathy, another cafe, if you would like to unmute yourself and ask your question, you can do, but if

00:56:11:17 - 00:56:29:01

Unknown

not, I'll read it out. Yes, I'm here. Hello, thank you for that. Very, very interesting and talk. I have got question about French covers. A lot of the information in the UK is about parents not having any covers, all of them.

00:56:29:01 - 00:56:52:06

Unknown

The pictures show the parents about covers and I know parents who are not bed sharing on stock bed sharing, stocked breasts, sleeping because they were getting cold. And so I wanted to ask about what research is there about parental covers and indeed what research is there about shared covers?

00:56:52:16 - 00:57:10:03

Unknown

Where when there is breastfeeding in the absence of the other factors? Typekit. Thanks, Cathy. I saw that there was some conversation about this in the chat boxes as the talk was playing on. I don't think there really is any.

00:57:10:10 - 00:57:27:23

Unknown

Helen probably knows better than I do, but I don't think we've really seen much in terms of covers. You know, we're told to keep the covers away from the baby's face. And I've not really seen any specific data that looks at covers, have you, Helen?

00:57:28:17 - 00:57:44:02

Unknown

The majority of the data uncovers comes from babies sleeping alone, it has to be said. And so then people extrapolate from that to babies not letting babies get overheated or getting their face covered when they're in the parental bed.

00:57:44:02 - 00:58:01:10

Unknown

So the guidance here is to keep the parent parental covers away from the baby and to have the baby in its own sleeping bag or have its own cover. But that means that the parents, you know, are pictured with the covers up to their waists, really.

00:58:01:10 - 00:58:18:18

Unknown

And so you've got to be wearing something warm on your top half if you're going to be doing that in our sleep lab. We have done some videos where parents are kind of pulling that the covers up over their shoulders and the covers do end up, you know, when the mom's got the baby at breast height.

00:58:18:18 - 00:58:38:20

Unknown

If you've got the covers up over your shoulders, that's going to cover the baby. Babies are quite adept at kicking the covers off them, but that, of course, are non vulnerable babies. And one of the things that we know about sets is that those intrinsic vulnerabilities often include reduced arousal responses.

00:58:38:20 - 00:58:55:13

Unknown

So the issue is if you've got a baby who's vulnerable with it with a blunted arousal response, but you don't know it. So the advice about not pulling the covers up so that they cover the baby is really for those babies that might be at increased risk, but we can't tell that they're at increased risk.

00:58:55:23 - 00:59:14:05

Unknown

So it makes sense. Yeah, OK. Some of this is really done specifically specifically looked at parents with covers on. Yeah, there isn't really any any research evidence that we can point to. OK, we have a question in the room, I'm going to go to Vicky.

00:59:14:11 - 00:59:31:04

Unknown

Hi, thank you for that talk. As another paediatrician, I wondered if I could ask your thoughts on what sort of specific advice we give around families where there are modifiable risk factors, including not initiating breastfeeding and antenatal smoking?

00:59:31:08 - 00:59:58:10

Unknown

Well, how do you have those nuanced discussions? So we cover that in the protocol in some detail and we talk about having open ended discussions and being really honest with families. And we talk about the modifiable risks and and then talking about ways to encourage them to do everything they can, but making sure that they're not actually

00:59:58:17 - 01:00:18:17

Unknown

breast sleeping. And so we talk about things like having the baby in the room with with the parents, but not in the bed with the parents, you know, making it clear that we want to have the baby as close as possible, but that those other modifiable risks make it really unsafe to be sleeping with the baby.

01:00:18:23 - 01:00:37:24

Unknown

And we and we have some in the protocol, we have some sort of model questions and answers to to help folks get comfortable with how to go about having these conversations. So because it's not an easy conversation to have, I mean, it really isn't.

01:00:38:07 - 01:00:53:03

Unknown

So yes, as you said, it's a little bit, you know, difficult to have these conversations, but we need to make sure that families are aware of of when they have an modifiable risks, like the premature baby or the antenatal smoking or any of those other things.

01:00:53:11 - 01:01:05:17

Unknown

And you can recommend the things that we've listed, like, you know, if they had access to something that they could put in the bed like the majority of people use, so that they could put the baby in a separate space.

01:01:05:18 - 01:01:21:20

Unknown

But in the bed with them or in a cot next to the bed, something like that. So as close as we can get to bed sharing without actually bed sharing. Does that answer your question? Thanks. one more question up behind victory, I think.

01:01:21:21 - 01:01:43:20

Unknown

And then we'll have to move on. Hi. My question really is about interpreting the research, because although we've made great strides in the UK, like you stated, some local policies still do say the safest place for a baby to sleep is in a cot by your bed, which actually isn't accurate when you look at the research around

01:01:43:20 - 01:02:01:06

Unknown

bed sharing and breastfeeding. What we should be saying is the risks of not bad sharing when you are a breastfeeding mother without the hazards. And I think we really need to change the language around that because I think most people are still saying the safest place to sleep is in a cot by the parents bed, and it's

01:02:01:06 - 01:02:19:01

Unknown

not reflective of the research keeping that comment. I agree with you and you know, here I live in the US where they say, absolutely don't let the baby sleep with you or you get a statement put after your name saying that you're not reflective of the academy.

01:02:19:24 - 01:02:42:21

Unknown

So I agree with you. It has to do with with with understanding the data and interpreting the data correctly and then changing that data into policy, which we hope we're doing by by taking all the work that you all have done and putting it into the ABM protocol and then having that translated into actual practise.

01:02:43:03 - 01:03:04:18

Unknown

So it's a long process, but I think with a lot of the work that's been done by by you all there and and several other of our speakers and then putting it out there, hopefully as a policy which, you know, the protocol is not exactly policy everywhere, but it's something to look at, then we need to translate

01:03:04:18 - 01:03:22:12

Unknown

it into practise and that's really the big step. Fabulous. Thanks, Cathy. I think I would also add to the end of that is that what we need to do a better job about informing our colleagues about the fact that in the UK, that safest place for your baby to sleep in a cot by your bed guidance has

01:03:22:12 - 01:03:39:09

Unknown

now been eliminated from the guidance, and it is that the baby should be in a clear flat space and it should be near to you. So, you know, people were interpreting a cut, a cut by your bed that's being put the baby there during the day next to your bed to let your bed is going to protect

01:03:39:09 - 01:03:52:21

Unknown

them in some way. They need to be near you, and not everybody can afford a cot or has room for a cot in their bedroom. So a clear flat space to sleep on is is that the guidance in the UK these days, right?

01:03:52:21 - 01:04:06:24

Unknown

Cathy, I'm going to go. Can I just say one quick thing? Yeah, for everyone to know that protocol is available freely everywhere. You can get it online and we've made the the DHL article is open access right now for three months.

01:04:07:07 - 01:04:22:24

Unknown

If you go to our social media, it is actually open access right now. It wasn't when it first went up, so it is right at the moment. We've just we've just tried it. I'm so sorry. People were just trying it online to before you came on the on the Zoom call and the link isn't open access, so

01:04:23:02 - 01:04:34:18

Unknown

we might have to give them another nudge. OK, I'll let them know, we checked it last night, and it works, it works for me, but it's not working for everybody for some reason, so we'll try. Thanks very much, Cathy.

01:04:35:00 - 01:04:36:13

Unknown

That was brilliant. Thanks very much.