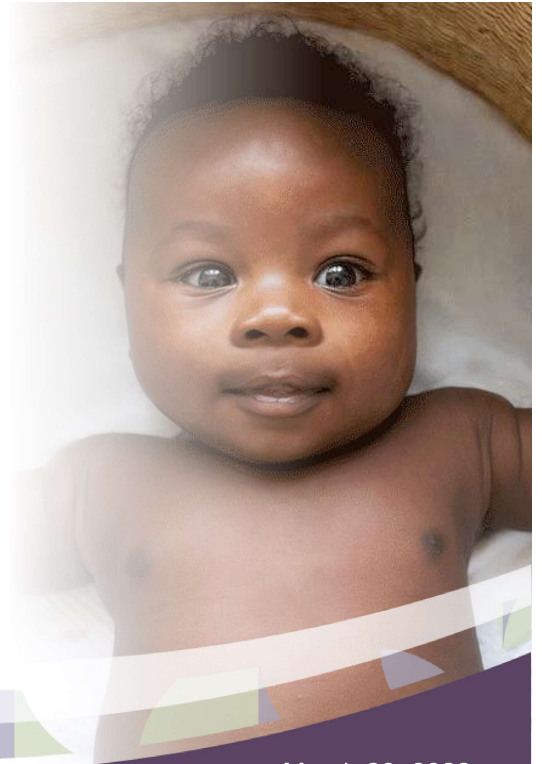


# Safer Infant Sleep

## A Shared Responsibility

**Lea Geiger**, Provincial Clinical Coordinator, Maternal Infant Health

**Lisa Sutherland**, Provincial Midwifery Lead



## Land Acknowledgement

We thank the members of the Musqueam, Squamish, and Tsleil-Waututh territories on which Perinatal Services BC resides to allow us to do our important work in maternal and newborn health. We acknowledge them as the original people of these lands and also acknowledge the traditional lands and territories throughout BC in which our many colleagues work, live, and play.

# Overview

- **Describe** the safer sleep resource updates: using a family centered, trauma informed and culturally safe approach to infant sleep practices
- **Review** the updated key messages and support tools
- **Explore** how the key messages and support tools may be used in practice to help facilitate and encourage an open discussion with parents/caregivers on infant safer sleep practices



## Disclosures

**Lea Geiger, RN, BScN, IBCLC**

Provincial Clinical Coordinator, Maternal Infant Health, Perinatal Services BC

**Lisa Sutherland, BA, RM, IBCCLC**

Provincial Midwifery Lead, Prevention and Primary Care, Perinatal Services BC

*We have no associations with any companies or commercial entities that may have an impact on the subject matter for our portion of the presentation.*



# Acknowledging the Complexity

Bedsharing is a complex issue that may occur intentionally or unintentionally.



Baby Sleep Information Source | Photographer: Rob Mark

- Values, beliefs and experiences with infant sleep practices
- Variations in knowledge and familiarity with infant sleep research
- Variations in dominant perspectives of different disciplines
- Shifts in thinking re safer infant sleep approach: harm reduction, family centered, trauma informed and culturally safe
- How infant sleep and infant feeding are interconnected

## Context

- Sudden, unexpected infant death during sleep is one of the leading causes of postnatal death among infants under one year of age in Canada.
- Sudden, unexpected infant death during sleep in B.C. disproportionately impacts individuals or families experiencing vulnerabilities.



**Durham  
University**

Infancy & Sleep Centre  
22nd Anniversary Conference

# BC Coroners Report: Data

- 141 infants died during sleep between Jan. 1, 2013 and Dec. 31, 2018, in BC
  - 114 (81%) infants had unsafe sleep practices identified during their last sleep

UNSAFE SLEEP PRACTICES	N
Objects near face (e.g. pillows, blankets, duvets etc.)	63
Placed in position other than on back (if unknown sleep placement, found on stomach)	60
Bed sharing with parental incapacitation	30
Overlay or risk of entrapment between objects (wedging)	30
Swaddled	22
Sleeping on a couch or in a chair with a parent	18
Bed sharing with a sibling	6
Sleeping alone on an adult bed or sleeping in a car seat	5

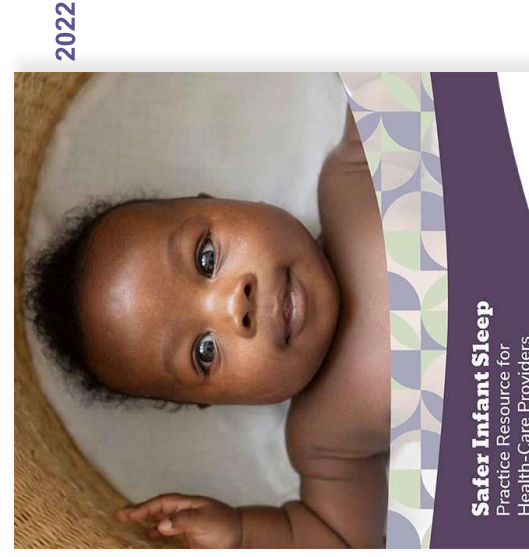
► Table 1 Unsafe sleep practices



## Resource Update



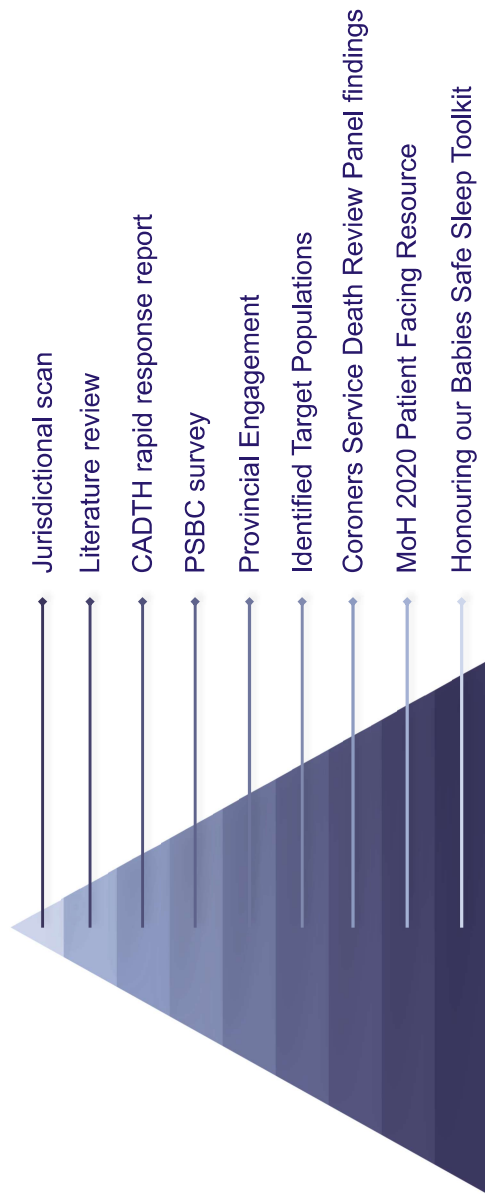
2016



2022



# Resource Update Process



## Updated Information

- Continuum of Care: Having the conversations with families
- Safe Sleep Surface Decision Aid for HCP
- Breastfeeding and Bedsharing Messaging
- Benefits and Risk of Swaddling
- Moss Bags and Cradleboards, Slings, Carriers and Wraps



# New Sections

- Changes in sudden infant death syndrome (SIDS) terminology
- Considerations for Indigenous families
- Assessing risk during the perinatal period
- Healthy infant sleep development and commercial sleep training programs
- Infant Sleep Discussion Guide

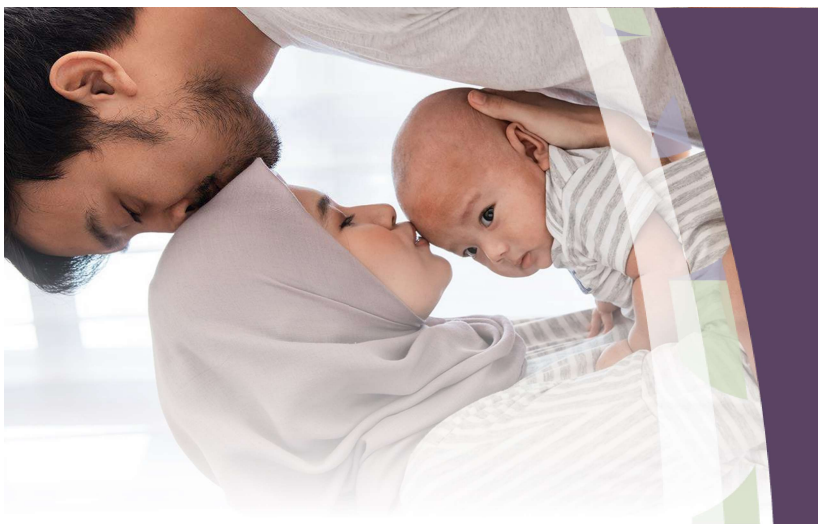


# Key Terms

- Bedsharing
- Breastfeeding
- Co-sleeping
- Informed shared decision making
- Sudden, unexpected infant death during sleep



# Key Messages



## Key Message 1: Safer Sleep Principles

While there is no one sleep option that completely eliminates the risk of sudden unexpected death there are evidence based recommendations to share with families about safer sleep practices.



## THERE ARE THREE MAIN CONSIDERATIONS WHEN DISCUSSING PRINCIPLES FOR SAFER SLEEP WITH PARENTS/CAREGIVERS:

SLEEP ENVIRONMENT	SLEEP POSITION	SLEEP SURFACE
<ul style="list-style-type: none"> <li>Be free of tobacco and substances during pregnancy, in the woman's or pregnant individual's environment as well as in the infant's environment.</li> <li>Keep temperature comfortable (no greater than 20°C). Reduce risk of overheating by avoiding use of hats or heavy blankets (including weighted blankets).</li> <li>Share a room with the infant for the first six months.</li> </ul>	<ul style="list-style-type: none"> <li>When an infant is placed down to sleep, the safest position for an infant is to sleep on their back for every sleep (daytime or nighttime) from birth until infants are at least six months old.</li> <li>When an infant is carried in an appropriate wrap, sling or carrier for sleep, ensure that sleep positioning is optimized using the M positioning and the TICKS acronym</li> </ul>	<ul style="list-style-type: none"> <li>Infants at increased risk of sudden, unexpected infant death during sleep are recommended to sleep on a separate sleep surface for every sleep. Bedsharing is not advised.</li> <li><u>Evidence</u> supports that healthy, term, breastfed infants that bedshare (i.e., breastsleep) are not at increased risk for sudden, unexpected infant death during sleep in the absence of pre-existing vulnerabilities and exogenous stressors, as described in the <u>Triple Risk Model</u>.</li> </ul>

► Table 2 Main considerations when discussing principles for safer sleep with parents/caregivers



## Key Message 2: Social Determinants of Health

Safe sleep messaging is recommended to be introduced in a context that recognizes the impact of the social determinants of health on infants' overall health.



► **Figure 1** Social Determinants of Health  
Comox Valley Community Health Network





# Safer Sleep Principles: Considerations for Indigenous Infants

"Aboriginal people have had multiple losses, which still have an effect on the health of our communities. The effects of these losses of land, culture, community and spirituality have been seen and felt down through the generations. The effects of these losses help us understand why Aboriginal babies may be exposed to more of the "risk factors" for sudden infant death."

(First Nations Health Authority, 2013, p. 2)



## Key Message 3: Describing Risk for Infants

Triple Risk Model indicates that the intersection of the following three factors may put infants at an increased risk for sudden, unexpected infant death during sleep: pre-existing vulnerabilities, critical development period and exogenous stressors

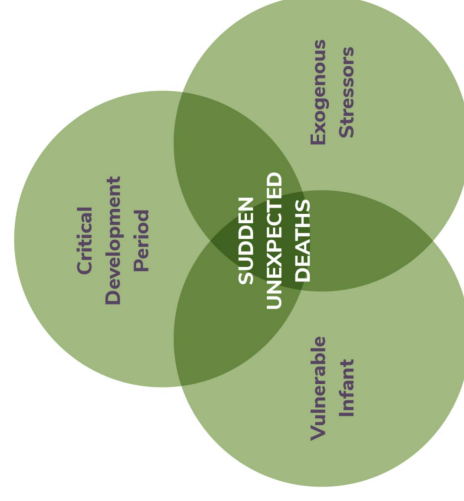


Figure 2 Triple Risk Model, Filiano & Kinney, 1994. ►

# Triple Risk Model

PRE-EXISTING VULNERABILITIES	CRITICAL DEVELOPMENT PERIOD	EXOGENOUS STRESSORS
<ul style="list-style-type: none"> <li>Male</li> <li>Genetic risk factors</li> <li>Prenatal substance use exposure (tobacco, alcohol, illicit drug)</li> <li>Preterm birth</li> <li>Low birth weight</li> <li>Birth of multiples</li> </ul>	<ul style="list-style-type: none"> <li>Infants who have a postnatal age between 0 and 12 months (with a peak in risk between 2 and 4 months)</li> </ul>	<ul style="list-style-type: none"> <li>Prone or side-sleeping position</li> <li>Soft bedding or soft mattress</li> <li>Face covered</li> <li>Bedsharing with a parent/caregiver who is using a substance</li> <li>Over-bundling</li> <li>Swaddling</li> <li>Upper respiratory tract infection</li> <li>Tobacco smoke exposure</li> </ul>

► Table 3 Triple Risk Model, Filiano and Kinney 1994 (Adapted)



## Key Message 4: Conversation throughout the perinatal period

Conversations regarding infant sleep practices and normal infant sleep biology are recommended to occur throughout the perinatal period with all women, pregnant individuals and parents/caregivers.



# Role of the HCP: Points of Influence



## Anticipatory Guidance: Infant Sleep Behaviours

Sleep is a critical part of infants' growth and development, including their physical health and emotional well-being, and is embedded in a system of behavioural, familial and cultural contexts.



# Implementation Guidance

## INFANT SLEEP DISCUSSION GUIDE

### Support for discussing infant sleep practices with parents/caregivers:

- Build relationships to create opportunities for open and non-judgmental conversations about infant sleep practices with parents/caregivers.
- Ask parents/caregivers if their infant will have any other caregivers, and encourage them to invite alternate caregivers to join the conversation.
- Begin the conversation by asking parents/caregivers about their parental goals, daily schedules, cultural experiences and family background. Then, ask them what they know about infant sleep.<sup>100</sup>
  - Where will your infant sleep?
  - What have you heard about keeping your infant safe while they sleep?
  - What would you like to know about keeping your infant safe while they sleep?
  - Do you have family/extended family or friends who can support you?
- Respect and acknowledge parents/caregivers' goals and influences, and help facilitate a connection between infant's needs and parent/caregiver goals.<sup>100</sup>
- Engage parents/caregivers in a balanced conversation about the risks and benefits of different infant sleep practices while acknowledging their social and cultural context in order for them to make an informed decision.
- Help parents/caregivers to set realistic expectations and focus on the positive aspects of infant sleep (e.g., infant falling asleep, bonding and attachment, infant soothing) rather than negative aspects.<sup>100</sup>
- Work collaboratively with parents/caregivers to create a tailored infant sleep plan that is age appropriate and meets their family's needs in order to increase their confidence and self-efficacy.

When discussing safer infant sleep and healthy sleep development with parents/caregivers, consider providing them with information on infant sleep behaviours in the first year and strategies to increase parents/caregivers' mental health and well-being.

## Key Message 5: Breastfeeding is a protective factor

Breastfeeding is a protective factor for sudden, unexpected infant death during sleep regardless of sleep arrangement.



**Durham  
University**

Infancy & Sleep Centre

22nd Anniversary Conference



# What does the Evidence Say



“Existing evidence does not support the conclusion that bedsharing among breastfeeding infants (i.e., breastfeeding) causes sudden infant death syndrome (SIDS) in the absence of known hazards.”  
(Academy of Breastfeeding Medicine, 2020)



## Safety Information for Bedsharing

Share with all families the following bedsharing information, in conjunction with the safe sleep principles, to support a safer sleep environment and protect the breastfeeding relationship. In order of importance:	
<ul style="list-style-type: none"><li>▪ Bedsharing should never occur on a sofa, armchair, pillow or other unsafe sleep surface.</li><li>▪ Bedsharing should never occur if a parent/caregiver has used substances that have caused drowsiness.</li><li>▪ When bedsharing, the infant is placed supine for sleep.</li><li>▪ Bedsharing should never occur with a parent/caregiver who regularly smokes tobacco and/or has clothing or items that smell of tobacco smoke.</li><li>▪ When bedsharing, ensure the mattress is firm and is on the floor to reduce the risk of falls, and the infant is far away from any pillows and duvets/blankets.</li><li>▪ Memory foam mattresses, air mattresses and pillow-top mattresses are not recommended, as they may increase the potential for suffocation.</li></ul>	<ul style="list-style-type: none"><li>▪ When bedsharing, ensure there is space around the bed so the infant cannot get trapped between the mattress and the wall.</li><li>▪ When bedsharing, never place an infant to sleep alone in an adult bed.</li><li>▪ When bedsharing, it is strongly encouraged to breastfeed.</li><li>▪ There is a lack of evidence to recommend whether there should be multiple bedsharers (including children or pets) and how the infant should be placed in the bed in the absence of risk factors. Health-care providers should consider families' cultural preferences when providing advice.</li><li>▪ When bedsharing, parents/caregivers who are not breastfeeding the infant should be aware that the infant is in the bed, and should be comfortable with this decision.</li></ul>



▶ **Figure 3** When bedsharing, discuss with parents/caregivers the C-position ("cuddle curl"): parent/caregiver facing their infant with their knees drawn up under the infant's feet and arm above the infant's head.

Baby Sleep Information Source

▶ **Table 4** Safety Information for Bedsharing



# Safety Information for Bedsharing

## FACTORS THAT SIGNIFICANTLY INCREASE THE BEDSHARING RISK FOR HEALTHY, TERM, BREASTFED INFANTS

If bedsharing with healthy, term, breastfed infants in home settings, it is safest to bedshare when parents/caregivers/infants **DO NOT HAVE ANY** of the following risk factors:

- Parent/caregiver sleeping with an infant while impaired by alcohol(OR 1.6-89.7) or drugs that impact awareness and arousal
- Infant who was exposed to tobacco smoke antenatally
- Infant who is sleeping with a parent/caregiver who smokes tobacco(OR 2.3-21.6)
- Infant sleeping in the prone or side-lying position
- Parent/caregiver never initiating breastfeeding

► **Table 5** Factors that Significantly Increase the Bedsharing Risk for Healthy Term Breastfed Infants



## Implementation Guidance

**APPENDIX A:**  
**SAFE SLEEP SURFACE DECISION AID FOR HEALTH-CARE PROVIDERS**

Health-care providers are encouraged to use the safe sleep decision aid in conjunction with the safer sleep principles to engage parents/caregivers in shared informed decision making regarding their infant's sleep surface.





**Durham  
University**  
Infancy & Sleep Centre

 **Perinatal  
Services BC**  
Provincial Health Services Authority

## Key Message 6: Principles for Practice

Conversations about infant sleep are encouraged to occur using a harm-reduction approach that is person and family centered, trauma informed and culturally safe to reduce risk of harm and promote evidence-informed safer sleep practices.



## Shared Decision Making: Safer Sleep

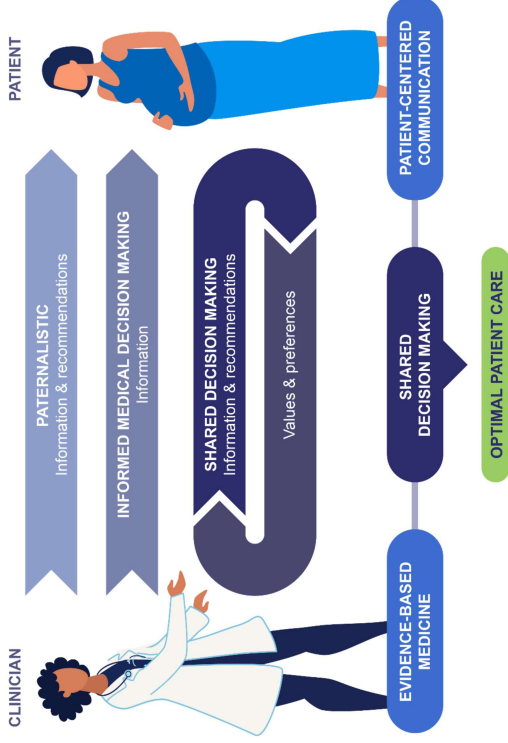
To advance the implementation of patient-centred care and safer infant sleep principles to:

- Improve quality decision making;
- Reduce overall infant sleep related death rates; and
- Ensure all families in B.C. are supported to achieve their infant feeding goals



# Key Principles of Shared Decision Making

## TYPES OF DECISION MAKING

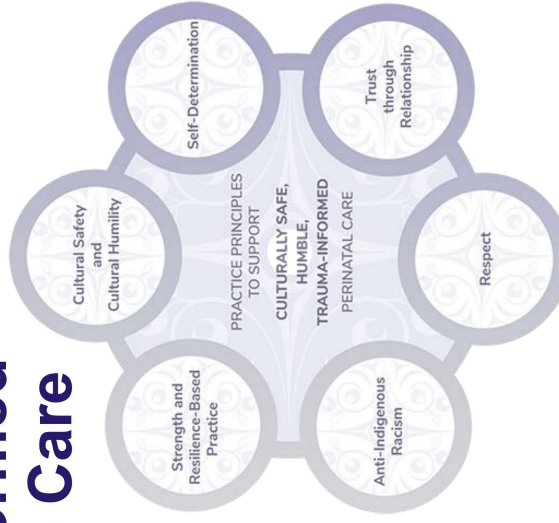


## Culturally Safe, Trauma Informed Principles and Approach to Care



What is your safety plan for your baby if you attend an event where there may be alcohol or substance use?

**HONOURING OUR BABIES: SAFE SLEEP CARDS**





# Honouring our Babies Safe Sleep toolkit



## Honouring Our Babies Toolkit: Safe Sleep

A SUMMARY FOR FAMILIES

### Babies are blessings

Many First Nations and Aboriginal teachings share that babies are gifts of life from the Creator and that it is a great blessing to be able to love, protect and care for these precious little beings. Many teachings also tell that each baby, child, adult and Elder is a vital part of the community and needs to be spiritually, emotionally, mentally and physically balanced in order for all to enjoy a healthy and good life. The importance of this balance is taught by many Elders, who also teach about the circle of life – from birth to death. Unfortunately, some babies' lives are cut short as a result of sleep-related infant deaths.



### Sadly, there are sleep-related infant deaths

Sudden Infant Death (SIDS) is the sudden, unexpected and unexplained death of a baby under the age of one. It is the most common cause of death in babies between the ages of one month and one year, with 90% of deaths occurring before six months. The exact causes are unknown. Scientific research indicates that babies who die of sleep-related infant death may have been more vulnerable to internal influences (eg, a medical condition) and external influences (eg, tobacco smoke). There is no known way to prevent or predict these deaths but there are ways to reduce the baby's risk.

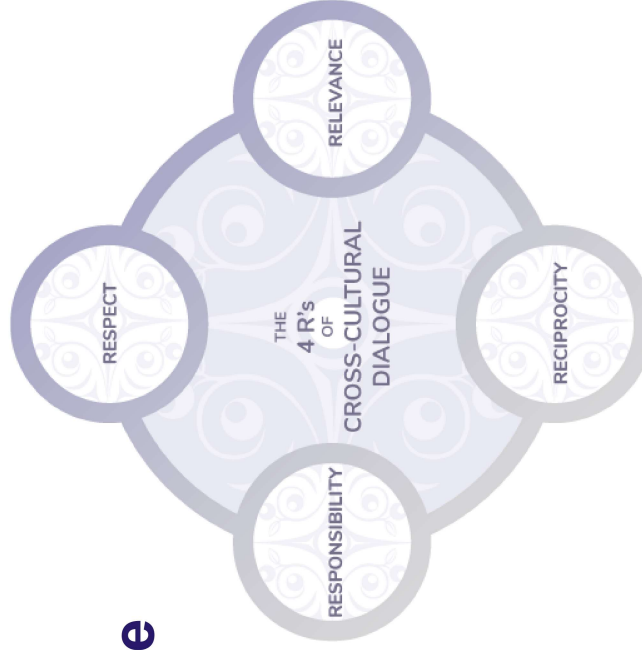
There are also accidental deaths that occur as a result of certain sleep-related practices, such as placing the baby in the bed lying face down, or the parent rolling onto the baby, which can lead to suffocation. These are preventable.

### Protecting your baby from sleep-related infant deaths: Goals to work towards

- Place your baby on his or her back to sleep every time (at night and for naps).
- Ensure your baby has a tobacco-free environment, during pregnancy and after birth.
- Have your baby sleep in the same room as you for the first six months, on a separate sleep surface.
- Breastfeed your baby. Breastfeeding provides some protection.
- Ensure your baby sleeps on his or her own firm mattress. Adult mattresses, waterbeds, couches, recliners and sheepskins are too soft for babies to sleep on safely.
- Ensure your baby's sleeping area is free of hazards, including loose blankets, pillows, and toys.
- Ensure your baby does not overheat while sleeping (avoid hats indoors, blankets, or swaddling).
- Ensure that your baby's hands and arms are free to move and are not swaddled by a blanket when sleeping. This allows the baby to potentially move an object if one falls on his or her face.
- Ensure your baby's crib or other sleep equipment meets the safety standards regulations. Cribs that do not meet Canadian standards should not be used.
- When your baby is sleeping at someone else's house, make sure your baby's sleep area is safe.



## 4 R's Framework to Cross-Cultural Dialogue



22nd Anniversary Conference

# Key Message 7: Swaddling

Swaddling is an unsafe sleep practice that may increase the risk of overheating and may increase the risk of sudden, unexpected infant death during sleep.



Figure 4 Example of safer swaddling ▶

## Swaddling: Harm Reduction Approach

### SAFETY INFORMATION FOR SWADDLING

For families who have made the informed decision to swaddle, for cultural or other reasons, offer them the following information on how to practice 'safe swaddling':

- Swaddle your infant from the shoulder down – not over the face, and ensure hands and arms are free.
- Swaddle so that you can fit two fingers between the blanket and your infant's chest.
- If swaddling, use a light blanket and monitor for sweating. If infant is sweating they may be overheated and it is suggested to remove the swaddle.
- Ensure your infant can still move their legs.
- Stop swaddling after two to three months or once your infant shows signs of rolling over or is able to move the blanket themselves. Swaddle only when a parent/caregiver is watching an infant to protect them from rolling over.
- Avoid swaddling your infant if they resist.
- Unbundle your infant during feedings, as swaddling prevents an infant from shifting their position as conditions change.

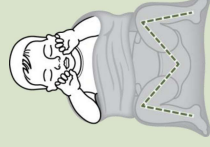


Illustration based on image from: International Hip Dysplasia Institute



▶ Table 6 Safety Information for Swaddling



# Safety Messaging: Commercial Products

SAFETY INFORMATION FOR SLINGS, CARRIERS, AND WRAPS	
<p>If parents/caregivers decide to use a sling, carrier or wrap during the day, it is recommended to provide them with the TICKS acronym to guide parents/caregivers on how to safely use them:</p> <p><b>T</b> tight and close to parent's/caregiver's body</p> <p><b>I</b> infant's face should be in view at all times with no fabric on their face or head</p> <p><b>C</b> close enough to kiss</p> <p><b>K</b> keep infant's chin off their chest</p> <p><b>S</b> supported back</p>	<p>In addition to TICKS, provide parents/caregivers with the following safety tips if they decide to use slings, carriers, and wraps:</p> <ul style="list-style-type: none"><li>■ Infants should never be left unattended in a sling, carrier or a wrap.</li><li>■ Check for wear and tear on the sling, carrier, and wrap prior to use.</li><li>■ Do not zip up your jacket when using an infant sling, carrier, or wrap, as it may cause infants to overheat.</li><li>■ Be careful when putting infants in and removing them from slings, carriers, and wraps.</li><li>■ Be cautious when using infant slings, carriers, or wraps for infants under four months of age.</li><li>■ Make sure when choosing an infant sling, carrier, or wrap that the infant's face can be seen at all times and that the infant sling or carrier properly fits the parent/caregiver.</li></ul>

SAFETY INFORMATION FOR PACIFIERS	
<p>If parents/caregivers decide to use pacifiers for sleep, provide them with the following information:</p> <ul style="list-style-type: none"><li>■ Pacifier is consistently provided at every sleep but force is not used if the infant expels it</li><li>■ Pacifier is unattached from infant's clothing to reduce risk of strangulation</li><li>■ Pacifier is inspected for any wear or changes every two months</li><li>■ Pacifier is replaced every two months</li></ul>	

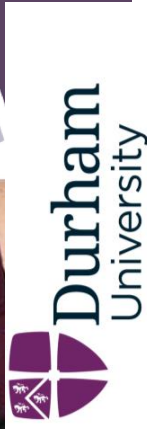


► **Table 7** Safety Information for Slings, Carriers, and Wraps

► **Table 8** Safety Information for Pacifiers

## Key Message 8: Promoting Wellbeing and Mental Health

Promoting the wellbeing and mental health of parents/caregivers helps to support safer sleep practices for their infants.



22nd Anniversary Conference

# Strategy Example: NEST-S

## Strategies to improve parents'/caregivers' health and well-being (NEST-S)

- **N**utrition: Eat healthy food and drink enough fluids.
- **E**xercise: Engage in physical activity.
- **S**leep and rest: Sleep when your infant sleeps.
- **T**ime for yourself: Take breaks for yourself, such as reading, walking and practicing mindfulness techniques.
- **S**upport: Reach out to a social support network for help (e.g., partner, family, friends).

► **Table 9** Strategies to improve parents'/caregivers' health and well-being (NEST-S)



## Implementation

### First Phase

A two month wide communication campaign that includes:

- Webinar for health-care providers about the new practice resource.
- Social media tool kit; posts + graphic for promotion with communications partners.
- Development of website health professional content and health information for patient/public facing content.

- Website: [www.perinatalservicesbc.ca](http://www.perinatalservicesbc.ca)
- Access to resource: [here](#)

- Print run with a summary of changes document and cover letter linking to safer sleep resources.

### Second Phase

- Development of an engagement strategy to obtain resource feedback.
- Development of the Safer Infant Sleep: Practice Support Tool. This additional condensed resource is to be used in combination with PSBC's "Safer Infant Sleep Practice Resource" and the companion parent resource called "Safer Sleep for my Baby".
- Partner with First Nations Health Authority to update and align the "Honoring our Babies Safe Sleep Toolkit" with the "Safer Infant Sleep Practice Resource".







## Contributors

Perinatal Services BC is grateful to the following contributors:

- BC Coroners Service
- BC Children's Hospital
- BC Women's Hospital
- British Columbia Lactation Consultants Association
- BC Ministry of Health
- First Nations Health Authority
- Fraser Health Authority
- Interior Health Authority
- Northern Health Authority
- Providence Health Care and Vancouver Coastal Health
- Vancouver Coastal Health
- Vancouver Island Health Authority

# Questions?