

Infant Sleep Safety: AAP Recommendations Explained - Frankly Speaking EP 32

Transcript Details

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Dr. Frank Domino:

Emily presents today with her two-year-old daughter Amanda for the two-year-old's well-child check. It turns out Emily is six months pregnant with her second child. She tells you that Amanda has been sleeping in her own bed now as a way to prepare for the new baby. Amanda has slept with Emily and her husband most nights since she was born. She did have a crib, but the parents found it much easier to have her sleep in bed with them. Amanda is still a poor sleeper, and even in her own bed, she still has trouble falling asleep. While they're here for Amanda's visit, you need to consider counseling Emily on safe sleeping for the new baby. Joining me today is Susan Feeney, Doctor of Nurse Practice and Family Nurse Practitioner, coordinator of the Family Nurse Practitioner program at the University of Massachusetts Medical School Graduate School of Nursing. Welcome to the show, Susan.

Susan Feeney:

Thanks, Frank.

Dr. Domino:

So we have some new guidelines and recommendations on sleep-related death in infants. Can you talk a little bit about what are the common causes of sleep-related death in the first year of life?

Susan Feeney:

In the United States, 3,500 kids die per year of sleep-related death. And the most common causes are SIDS or just unexplained reasons, but there's also been an increase over the last 20 years of what they call accidental suffocation and strangulation in bed or ASSB. Kids who are great at risk are kids under the age of six months. And there has been an increase in children dying of suffocation and strangulation. And so the guidelines, which came out in 2016, or they've been out for a while, but they were reinforced in 2016, have some very good evidence-based practice on how we should be supporting families and helping babies to sleep in a safe environment.

Dr. Domino:

So it's quite common, 3,500 a year. That's 10 a day.

Susan Feeney:

Yeah.

Dr. Domino:

That's quite, quite common, and I think most of us don't appreciate it. What do these new guidelines tell us about how to create a safe environment for these young children to sleep?

Susan Feeney:

Well there's several things that we should be doing, and one actually has been around since 1994 and that's Back to Sleep. So they should be sleeping supine in early infancy, basically until they can turn over on their own and can change position. So Back to Sleep, we know that that is helpful because what they believe is, is being prone, promotes actually deeper sleep, hypoxia, and rebreathing. So on the supine position, babies wake more frequently, but that's physiologic, that they should be waking more frequently for feedings and things like that. The other one is that they should be on a firm surface. That the softer surfaces like an adult bed, or some of the comfy blankets that we see, actually are dangerous because of the baby, it rolls. Because if they're on an uneven surface, they can roll and then suffocate.

The other thing is, we know that breastfeeding is associated with less risk of SIDS. That's 50% decrease in risk for babies that are breastfed, and they're really not sure what the correlation is. Is it that they're not... Bottles aren't being propped, or things like that, and they're not being overfed? But that definitely is a risk reducer. And they also feel that babies should not be sleeping in the bed with the adult, that babies should be sleeping in their own bed, in a firm mattress, so that they won't roll. Some of the reasons that... One of the recent articles that came out looked at causes of this, and they found that many babies that died, it was due to they were found prone on a pillow. They were found prone wedged between a pillow and the wall, that they would roll and go onto soft surfaces.

And so they really recommend that babies need to be sleeping alone on a firm mattress in a secure place, in the parents' room. So they do recommend that neonates and babies up to six months should be in the room with their parents, so the parents can have observation and interact as they need to. But they should not be in the bed with the parent. And they do get very specific in the guidelines. Like when you're in bed and you pick the baby up to breastfeed, you wanna just roll over. Don't do that. Take the baby, put the baby back in their bassinet or in their baby box, which we'll talk about in a little bit, or some place where they are secure, but close to the parent.

Dr. Domino:

So these guidelines recommend still sleeping supine with nothing else in the crib, but the baby sleeping in the crib, not necessarily your bed.

Susan Feeney:

Correct.

Dr. Domino:

No blanket, no stuffed animals, no bumpers, no wedge.

Susan Feeney:

No wedge. And I will tell you, as a... I'm gonna be a grandma soon, and I went to a couple of baby stores a couple of weekends ago and I was aghast. The baby bumpers and the blankets and they're gorgeous, and boy, you just wanna buy this stuff. And my daughter was like, "I know I'm not supposed to get it, but should I get it for later on?" And the marketing is still there. You would never know, by walking through these baby stores, that this is not supported by the American Academy of Pediatrics. The bumpers, the blankets, pillows. And they still have... They've got things that moms can use during breastfeeding, but there should be nothing in the crib. And I said to my daughter, "It looks a little bit like a jail cell, just having the crib, but they do fine. They don't need anything in there. And that the risk that they might roll or suffocate is great."

The biggest risk though, it appears to be, is co-sleeping. And according to the most recent study, a little over 11% of all babies, seven months or under, are sleeping with their parents in the bed at some point. So it is an issue, and we do know that there are certain risk factors. Babies that are exposed to tobacco, both in utero and postnatal, or are exposed to alcohol, used both in utero and then through mom's breastfeeding, those things do put the baby at greater risk for SIDS. So those things can mitigate the risk, but it is something that I think, as primary care providers, we just... I don't know if we're really managing or doing the education that we need to do on this, especially when you look at the marketing. Like I said, go to any baby store, you would never know that this stuff is not appropriate.

The other thing that was pointed out is that babies should not be sleeping in their car seats, and other things. They fall asleep obviously in the car, but once it's time for bed, take them out, put them in the surface because... Put them in their little bed because there's an increased risk of GERD, and things like that, when they sit. They can also... Little babies can suffocate with the way their heads fall forward in a car seat. So really taking the time to say, "Don't sleep in a stroller for long periods of time." Obviously, if you're walking the child or they're in a car, they're gonna obviously sleep in the seat; but to understand that that's not the place. The other thing they point out is many babies aren't just in their parents' home, they're in grandparents' or they're in a day care, that all of these recommendations need to be followed through. And many times,

death will occur in one of those situations because they're not following the recommendations.

Dr. Domino:

So it sounds like, in addition to proper sleeping environment, we need to remind parents that breastfeeding's protective...

Susan Feeney:

Yes.

Dr. Domino:

And substance use, including alcohol and tobacco, increase the risk. Any thoughts about pacifiers?

Susan Feeney:

Pacifiers have turned out to actually be protective. And this is a cultural issue. A lot of parents or grandparents will say, "Get that thing out of the kid's mouth," and they're not sure why. They don't know whether... They think it might help autonomic tone in breathing, that it keeps the airway patent, but that it has an absolute correlation with decreased risk of SIDS. So that is something that you should encourage your patients, especially if they have a risk factor, like with smokers or they're drinkers or whatever. It should certainly be a recommendation.

Dr. Domino:

Now when I've counseled some parents, they sometimes worry about the back of the baby's head getting too flat. When is it acceptable to roll the infant on their stomach?

Susan Feeney:

Well plagiocephaly, which is the flattening of the occiput, is actually a real thing. When we decided to start in 1994 with the Back to Sleep, they were very successful. But think about it, the baby's always on their back, and so their heads do flatten. And there was some evidence that that might have affected development. So now what they're saying is... And they also found that

babies were not getting upper body strength, and not able to pull up. So babies need tummy time, and that needs to start as soon as they get home from the hospital. And parents should gradually work up to 30 minutes a day of tummy time, observed tummy time. So that would be laying on a parent's lap, putting a towel or something on the floor, letting them be on their tummies for up to 30 minutes, gradually working that up over a couple of weeks.

And then they can... That tummy time, once they start to push up and roll over, which is about three to four months, when they go from tummy to back, then obviously you don't have to be as vigilant about that because they're gonna have the ability, they have the upper body strength to move. And then at about six months, most babies should move from their back to their tummies. Once they do that, you don't have to go and then change their position at night. Once they have the ability, the neck strength to move around, they're fine. They still should not have anything in their crib though until they're a year old, is what they're saying.

Dr. Domino:

Susan, thanks so much for bringing this forward. This is a great paper. It is a challenge helping parents complete this, but I do think these points could save potentially thousands of infant lives per year.

Susan Feeney:

Thanks, Frank.

Dr. Domino:

Practice pointer. Remind parents that from the day they get home, infants should sleep in a crib without blankets, pillows, wedges, etcetera, and always on their back. Pacifiers are safe, and breastfeeding lowers the risk of adverse events, including death. Whereas substance abuse and tobacco use increase the risk. Join us next time where we consider the new guidelines around treating uncomplicated skin abscesses with antibiotics.