Everyone Plays a Part: Improving Infant Safe Sleep Through Charlie’s Story

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SCAAP CATCH 2024
Agenda

• Charlie’s Story
• Why Safe Sleep Matters
• Safe Sleep Guidelines
• Practical solutions
Disclosures

• No financial disclosures
• This presentation includes discussion of educational products produced and distributed by Charlie’s Kids foundation.
• I receive no financial compensation from the sale and distribution of these safe sleep products.
• Charlie’s kids foundation is a 501(c)3 non-profit organization
Too Many Babies are Dying!
We Can Prevent Their deaths!
Every Two Hours an Infant Dies Due to Unsafe Sleep.
Babies aren’t dying following the ABCs

- Unsafe Sleep Factors Present: 73%
- Incomplete Information: 26%
- No Unsafe Sleep Factors: <1%

We have not improved in 20 years
Let’s Do Something about it Together!
Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment

Rachel Y. Moon, MD, FAAP, Rebecca F. Carlin, MD, FAAP, Ivan Hand, MD, FAAP

THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME AND THE COMMITTEE ON FETUS AND NEWBORN
TABLE 2 Summary of Recommendations With Strength of Recommendation

A-level recommendations
Back to sleep for every sleep.
Use a firm sleep surface.
Breastfeeding is recommended.
Room-sharing with the infant on a separate sleep surface is recommended.
Keep soft objects and loose bedding away from the infant’s sleep area.
Consider offering a pacifier at naptime and bedtime.
Avoid smoke exposure during pregnancy and after birth.
Avoid alcohol and illicit drug use during pregnancy and after birth.
Avoid overheating.
Pregnant women should seek and obtain regular prenatal care.
Infants should be immunized in accordance with AAP and CDC recommendations.
Do not use home cardiorespiratory monitors as a strategy to reduce the risk of SIDS.

Health care providers, staff in newborn nurseries and NICUs, and child care providers should endorse and model the SIDS risk-reduction recommendations from birth.

Media and manufacturers should follow safe sleep guidelines in their messaging and advertising.
Continue the “Safe to Sleep” campaign, focusing on ways to reduce the risk of all sleep-related infant deaths, including SIDS, suffocation, and other unintentional deaths. Pediatricians and other primary care providers should actively participate in this campaign.

B-level recommendations
Avoid the use of commercial devices that are inconsistent with safe sleep recommendations.
Supervised, awake tummy time is recommended to facilitate development and to minimize development of positional plagiocephaly.

C-level recommendations
Continue research and surveillance on the risk factors, causes, and pathophysiologic mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely.
There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.

2016 Guidelines
Simply Put

Arousability

Asphyxiating Environments
Simply Put

THIS IS WHAT SAFE SLEEP LOOKS LIKE

In Hamilton County, call 211 for a free crib
Simply Put

Close to Your Heart
Far from Harm
Every Sleep. Alone, Back, Crib.

For a Free Crib, Call 211 or visit www.cradlecincinnati.org
Do Pediatric Residents and Attending Physicians Practice What They Preach?

Jenna Wheeler, MD¹, MaryAnn O’Riordan, MS², and Jeffrey Solomon, MD³

DO WE PRACTICE WHAT WE PREACH?

Do pediatricians follow strict adherence to AAP guidelines with their own kids?

91.4% pediatricians always place their baby on their back for every sleep.

57.1% co-slept with their infant

Only 42.9% of general pediatricians reported never co-sleeping with their infant.
PRACTICAL SOLUTIONS FOR SAFE INFANT SLEEP
SAFE SLEEP BASICS

“They say” It’s as easy as...

Instead Try:

“FOLLOW THESE STEPS TO KEEP YOUR BABY SAFE FOR EVERY SLEEP.”

1. On Their Back
2. Crib or Pack & Play
3. Nothing But Baby
Parent Myth #1: My baby will choke on her back

• No increased risk of choking or aspiration
  – Protective Mechanism - gravity
Parent Myth #2- There are safe ways to co-sleep

- No studies have shown co-sleeping is protective against SIDS or suffocation
- No way to control many risks associated with bed sharing
- Risk is increased when:
  - Infant < 4 months
  - Tobacco other substances that impair alertness or arousal
  - Bed sharer is not parent (children/pets)
  - Soft bedding (pillows, quilts, comforter)
  - Soft surface (couch, armchair)
What does co-sleeping look like?
This Instagram-Ready Photograph is Profoundly Dangerous

In 2010, Dr. Sam Hanke fell asleep on the couch with his 4-week-old son Charlie and woke up, hours later, to find his child dead.

By Patrick A. Coleman Jun 02 2017, 5:56 PM
Co-sleeping is always dangerous
Bedsharing Examples

- Mom breastfeeding 10-week-old and fell asleep in adult bed with mom
- Co-sleeping with parents, mom woke up on top of baby, squeezed between both parents
- On adult bed, found between wall and bed (put against wall so wouldn’t fall off bed)
- Co-sleeping in adult bed on top of a Boppy pillow between parents, mom rolled over onto baby
Instead of **WITH** you, choose **NEXT** to you. Where your baby can sleep closely and safely.
Room sharing

• Decrease risk of SIDS by 50%
• Ease of use to bring infant to bed for comforting or feeding
• Promotes breastfeeding while minimizing co-sleeping risks
• Promotes bonding with less risk from bed sharing
Breastfeeding

• ~50% reduction in risk for a baby with any breastfeeding history
• Increased risk reduction with exclusivity
• Proposed Mechanisms:
  – Easier to arouse compared to formula
  – Decreased infectious diseases
SAFE SLEEP RESOURCES
Three pronged approach to safe sleep education

<table>
<thead>
<tr>
<th>Normalize</th>
<th>Normalize infant sleep patterns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop</td>
<td>Develop a safe sleep plan</td>
</tr>
<tr>
<td>Teach</td>
<td>1) How to get a baby to sleep</td>
</tr>
<tr>
<td></td>
<td>2) Do’s and Don’ts of Safe Sleep</td>
</tr>
</tbody>
</table>

Empathize
I'm afraid you have what's known as "children."
Combating Exhaustion

- Normalize sleep duration in infancy
- Teach calming and soothing techniques
- Provide alternatives to bedsharing
**THE 5 S's**

**Swaddling**

Doudou wrap (Down Up Down Up)

Tight swaddling provides the continuous touching and support your baby is used to experiencing within the womb.

**Side/Stomach Position**

The infant is placed on their left side to assist in digestion, or on their stomach to provide reassuring support. When a baby is in a stomach down position do not leave them alone for a moment.

**Shushing**

These imitate the continual whooshing sound made by the blood flowing through arteries near the womb. Shush as loudly as your baby can cry. As she calms down, lower the volume of your shushing to match.

**Swinging**

This refers to jiggling your swaddled baby using very small, rapid movements. Be sure to support your newborn's head and gently jiggle — do not shake your baby. This is more of a "shiver" than a shake, moving back and forth no more than an inch in any direction.

**Sucking**

"Sucking has its effects deep within the nervous system," notes Karp, and triggers the calming reflex and releases natural chemicals within the brain. This simply means giving your baby a pacifier or thumb to suck on.
• Provides timely and repetitive safe sleep messaging in approachable, easy to read book
• Targets all levels of education, language and literacy abilities
• Promotes parent/child bonding, early literacy
• Distributed in bulk through hospitals, health departments, non-profits, pediatricians!
Sleep Baby Safe and Snug Impact

- Distributed to over 5 million babies across the U.S. since 2013
- Increases observed safe sleep behaviors and parent and baby bonding when used as part of a home visiting program
- Increases in-hospital safe sleep compliance on direct crib audits
- Is associated with fewer sleep-related deaths when distributed through statewide safe sleep campaigns

Tennessee Department of Health, Child Fatality Review Database
Safe Sleep Videos

Watch, share, and watch again!

Babies Sleep At Night, Not All Night
Set An Alarm Every Time You Breastfeed
Safer Sleep Through Connection

Stay Awake While Caring For Your Baby
Sharing A Bed With Your Baby is Dangerous
How To Support a New Parent

Videos can be accessed at
https://charlieskids.org/the-solution/
https://www.youtube.com/channel/UCEHmSwta3TlfrrIFbUaAgA
What is Safe Sleep?

Room share don’t bed share
What you can do

• Most parents think that his/her baby is the exception to the rule...
  – Don’t give them a reason to be an exception
• Empathize with their challenges
• Start a non-judgmental dialogue
Discussing Safe Sleep with Families

• “Being a new parent can be exhausting. Would it be okay if I shared some recommendations for sleep?”
• “What are your plans for where baby will sleep? What does that sleep area look like?
• “How are you planning to stay awake during overnight feedings?”
• “This newborn period while exciting can also be challenging and exhausting. Do you have anyone to help support you or give you a break?”
• “When I was a new mom/dad, I remember thinking about how much I wanted to sleep and how much I wanted baby to sleep. One way I had piece of mind and was able to sleep better was understanding how “your baby’s name” could be safest when she sleeps. Could I share some things I learned with you?”
Thank You!