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









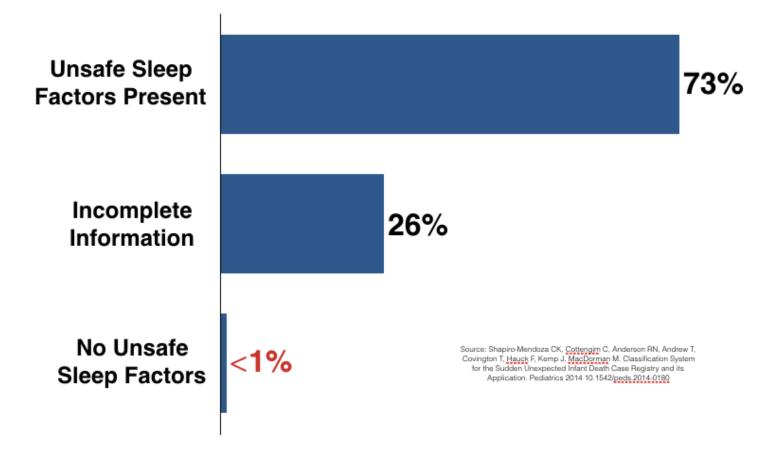
Too Many Babies are Dying! We Can Prevent Their deaths!



Every Two Hours an Infant Dies Due to Unsafe Sleep.



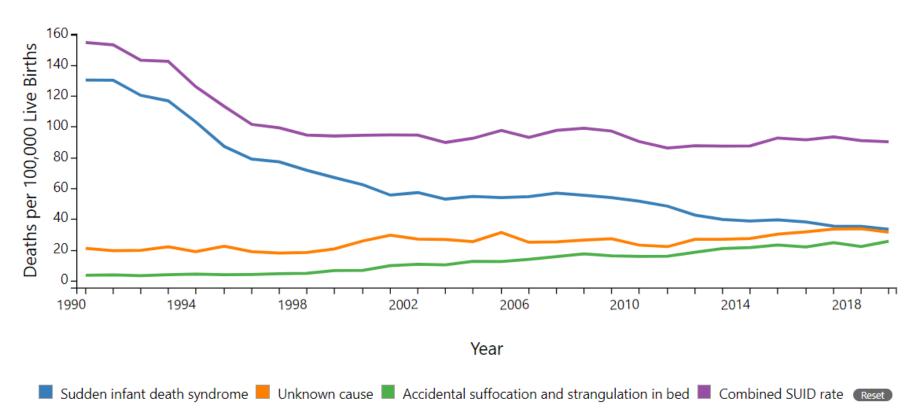
BABIES AREN'T DYING FOLLOWING THE ABCs





We have not improved in 20 years

Trends in Sudden Unexpected Infant Death by Cause, 1990–2019





Let's Do Something about it Together!

POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children



Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment

Rachel Y. Moon, MD, FAAP,^a Rebecca F. Carlin, MD, FAAP,^b Ivan Hand, MD, FAAP,^c 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

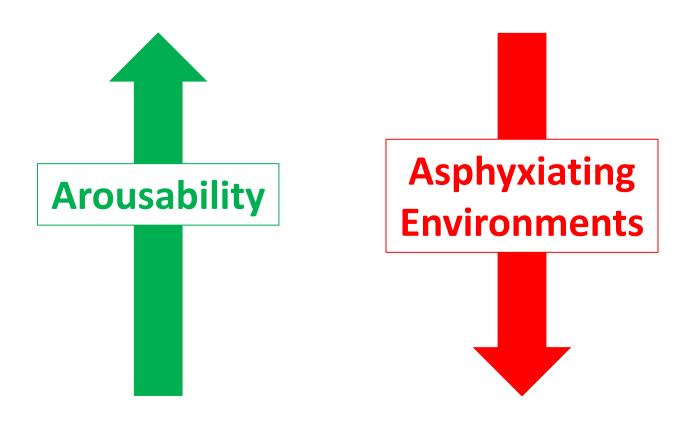
Continue research and surveillance on the risk factors, causes, and pathophysiologic mechanisms of SIDS and other sleep-related infant deaths, with the ultimate goal of eliminating these deaths entirely.

There is no evidence to recommend swaddling as a strategy to reduce the risk of SIDS.

2016 Guidelines



Simply Put





Simply Put





Simply Put



Do Pediatric Residents and **Attending Physicians Practice** What They Preach?

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

Clinical Pediatrics 52(12) 1176-1177 © The Author(s) 2012 Reprints and permissions: sagepub.com/journalsPermissions.nav DOI: 10.1177/0009922812470743 http://cpj.sagepub.com

(\$)SAGE

E PRACTICE Do pediatricians follow

strict adherence to AAP guidelines with their own

BACK TO SLEEP

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



CO-SLEPT WITH THEIR INFANT

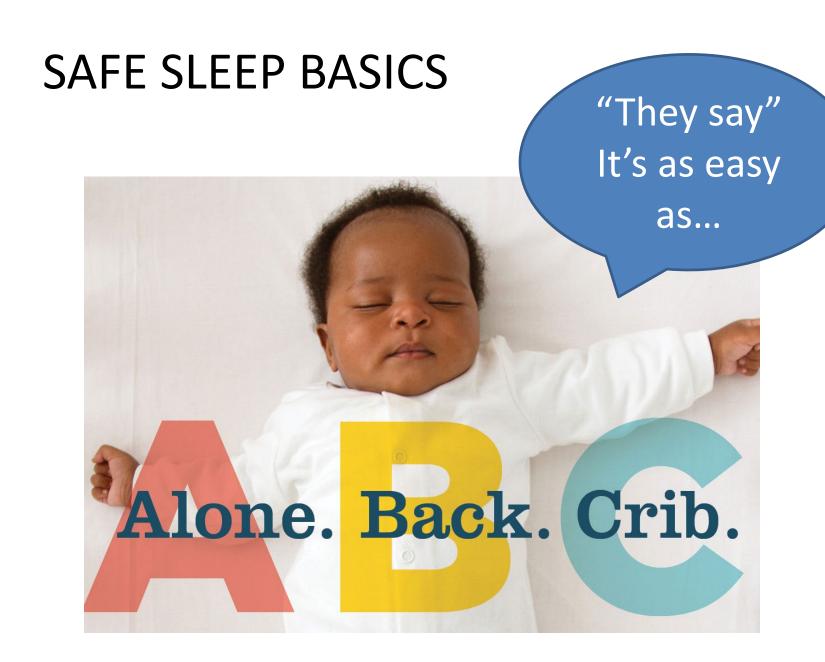


57.1%

Only 42.9% of general pediatricians reported never co-sleeping with their infant.



PRACTICAL SOLUTIONS FOR SAFE INFANT SLEEP



Instead Try:

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

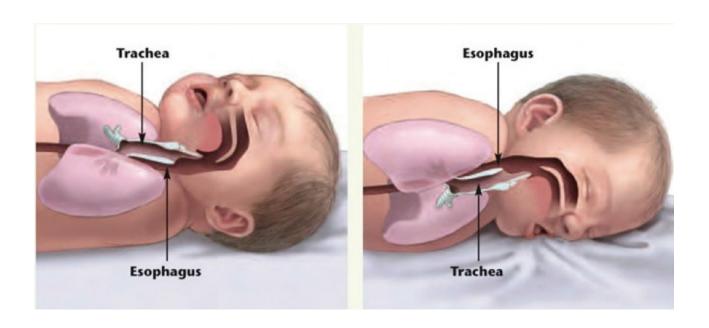






Parent Myth #1: My baby will choke on her back

- 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</p>
 - Tobacco other substances that impair alertness or arousal
 - Bedsharer is not parent (children/pets)
 - Soft bedding (pillows, quilts, comforter)
 - Soft surface (couch, armchair)



What does co-sleeping look like?





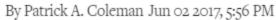




Fatherly

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.









Co-sleeping is always dangerous



Bedsharing Examples

Mom breastfeeding 10week-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 cosleeping 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



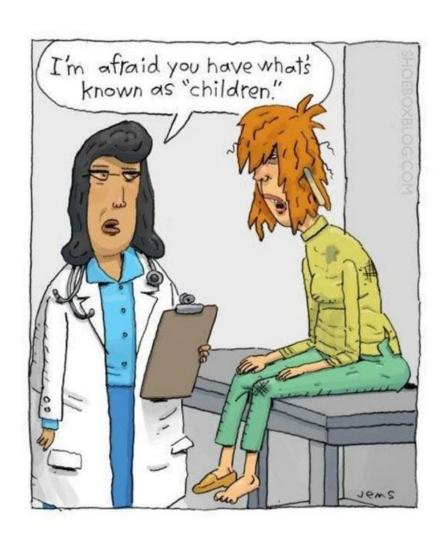
SAFE SLEEP RESOURCES



Three pronged approach to safe sleep education

Normalize	Normalize infant sleep patterns	
Develop	Develop a safe sleep plan	mpathize
Teach	1) How to get a baby to sleep2) Do's and Don'ts of Safe Sleep	







Combating Exhaustion

- Normalize sleep duration in infancy
- Teach calming and soothing techniques
- Provide alternatives to bedsharing







-----*THE 5 S's *--



(Down Up Down Up) 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 down position do not leave them even for



the womb. Shush as loudly as your baby is crying

This refers to jiggling your swaddled baby using very small, rapid movements. Be sure to suppor your newborn's head and gently liggle - do no shake - your baby. This is more of a "shiver" than a shake, moving back and forth no more than an

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 iving 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



Safe Sleep Videos

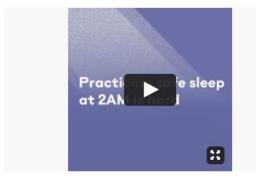
Watch, share, and watch again!



Babies Sleep At Night, Not All Night



Set An Alarm Every Time You Breastfeed



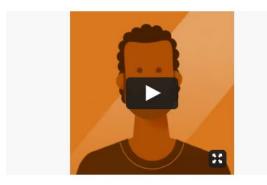
Safer Sleep Through Connection



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/UCEHmSwta3TlkfrrlFbUaAgA

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!