2016 AAP Safe Sleep Guidelines: What’s New, What’s Controversial

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Disclosures

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What we will cover

- Why AAP guidelines change
- Guidelines that were changed from previous policy statements and/or generated the most controversy
  - Skin to skin
  - Use of bedside and in-bed sleepers
  - Sleeping on couches/armchairs and in sitting devices
  - Use of soft bedding after 4 months of age
  - Room sharing without bed-sharing
  - Bed-sharing
- The baby box controversy
The recommendations change as the evidence evolves

- Statistics and risk factors may change
  - New risks emerge (e.g., side positioning)
  - Levels of risk change
- Policies and procedures may change
  - Better death scene investigations
  - Diagnostic shift (i.e., fewer SIDS, more accidental asphyxia and suffocation in bed)
- Unintended consequences
  - Plagiocephaly, development
  - New “tummy time” recommendations
We are all learning and evolving together

- Feedback from “the field” is critical!
  - Unintended consequences
  - Wording of recommendations may be
    - Misinterpreted
      - No bedsharing = sofa sharing is ok
    - Translated poorly into other languages, cultures
Recommendations also become more nuanced

- Back to Sleep (simple message) has evolved to
- Safe to Sleep
  - Sleep position
  - Sleep location
  - Bedding
  - No smoking
  - Etc.
In General...

- Recommendations are to reduce the risk of SIDS and sleep-related suffocation, asphyxia, and entrapment

- Recommendations should be used consistently until 1 year of age
  - Most epidemiological studies upon which these recommendations are based include infants up to 1 year of age
There are TWO documents

- Policy Statement: summary of recommendations
- Technical Report: background literature review and analysis of data
- Published in Pediatrics, October 2016
The basics are the same...

- Some new evidence for specific areas
  - Skin-to-skin care for newborn infants
  - Use of bedside and in-bed sleepers
  - Sleeping on couches/armchairs and in sitting devices
  - Use of soft bedding after 4 months of age
And of course there’s bed-sharing... and room sharing

- Acknowledgment that parents may fall asleep while feeding baby
- Emphasize specific circumstances that greatly increase risk
- Minimal modification regarding room sharing
Controversy

- Every update seems to generate new areas of media attention and controversy
- This time, it was room sharing without bed-sharing that appeared to have captured the most attention
- Previously, the bed-sharing and pacifier recommendations generated the most attention
Skin-to-skin care

- Skin-to-skin care is recommended for all mothers and newborns, regardless of feeding or delivery method, immediately following birth
  - Mother should be medically stable, awake, and able to respond to baby
- When mother needs to sleep or take care of other needs, infants should be placed supine in a bassinet
Bedside and in-bed sleepers

Bedside sleeper
- Attached to side of parental bed
  - CPSC safety standards available

In-bed sleeper
- Meant to be placed on parental bed
  - No CPSC safety standards available
Bedside and in-bed sleepers

- No published studies examining association between sleepers and SIDS or unintentional injury or death
- No recommendation for or against these products
Sitting devices

- Car safety seats, strollers, swings, infant carriers, and infant slings are not recommended for routine sleep
- Infants < 4 months are particularly at risk
- Infant slings and cloth carriers:
  - Ensure that the infant’s head is up and above the fabric, the face is visible, and that the nose and mouth are clear of obstructions
  - Reposition baby after nursing
- If an infant falls asleep, move infant to a crib or other appropriate flat surface as soon as is practical
Keep soft objects and loose bedding out of the sleep space

- Risk of SIDS, suffocation, entrapment, strangulation
- Pillows, pillow-like toys, quilts, comforters, sheepskins, bumpers
- Loose bedding (blankets, sheets)
- Infant sleep clothing can be used instead
Soft bedding for older infants

- Most parents recognize soft bedding is risk
- Increased complacency as baby gets older
- Soft bedding is THE most important risk factor for infants 4-12 months old (Colvin 2015)
- Infants roll into bedding and cannot extract themselves
NO couches, sofas, cushioned armchairs

- Never place baby for sleep on these surfaces
- Never sleep with a baby on these surfaces
- One of the MOST dangerous places for infant (OR 5.1-66.9)
The recommendations on room sharing, 2016 and 2011

- **2016 recommendation:**
  - “4. It is recommended that infants sleep in the parents’ room close to the parents’ bed, but on a separate sleep surface designed for infants, **ideally for the first year of life, but at least for the first 6 months.**”

- **2011 recommendation:**
  - “Room-sharing without bed-sharing is recommended—There is evidence that this arrangement decreases the risk of SIDS by as much as 50%.”
  - “Because most of the epidemiologic studies that established the risk factors and on which these recommendations are based include infants up to 1 year of age, **these recommendations for sleep position and the sleep environment should be used consistently for infants up to 1 year of age.**”
Evidence for the room sharing recommendation

- Sleeping in separate room compared with parents’ room: aOR 10.49, 95% CI 4.26-25.81 (Blair et al, 1993, England)
- Sleeping in separate room compared with same room: aOR 3.26, 95% CI 1.03-10.35. Only true for infants of smoking parent(s) (Tappin et al, 2005, Scotland)
- Sleeping in same room as parents compared with separate room: aOR 0.35, 95% CI 0.26-0.49 (Mitchell et al, 1995, New Zealand)
- Sleeping in same room compared with separate room: aOR 0.36, 95% CI 0.19-0.71 (Personal communication, Mitchell et al, 2016, New Zealand—newer SUID study. Published in NZ Med J, 2017)
- Studies did not present ORs stratified by age. Since 90% of SIDS deaths occur by 6 months of age, and younger ages most vulnerable for SIDS and SUDI, AAP “softened” the recommendation to room share “for at least 6 months.”
Examples of reactions

- Decoding the AAP’s Updated Save Sleep Policy (thescientificparent.org, Dr. Scott Krugman):
  
  “If you only saw the headlines about the AAP’s revised policy you may have walked away with a misunderstanding about what the policy actually says, especially if you just looked at the images posted on most media sites, they demonstrated exactly what not to do to keep your baby safe. So what does the policy really say? Is it time to forego any and all parental freedom and have your snorting baby sleep in your room for a year?”

  “There are very few significant changes to the 2016 Safe Sleep Policy Statement compared to the 2011 statement.”

- What has garnered the most media coverage was the AAP’s recommendations about sleep location. …the policy recommends co-rooming for at least 6 months, but preferably a full year…While this recommendation is identical to what is stated in the 2011 policy the 2016 policy used bold font to call out the recommendation, which is likely why the media latched onto it.”

- Note: None of the recommendations in the 2011 statement were bolded
Examples (continued)

- Should Your Baby Sleep in the Same Room as You? (New York Times, Claire Cain Miller and Aaron E. Carroll, MD):
  - “When the American Academy of Pediatrics recently issued new safe infant sleep guidelines—highlighting a recommendation that babies sleep in their parents’ room for at least six months and ideally a full year—some parents despaired.”
  - “Yet the recommendation drew skepticism from some doctors, who argued that a close look at the evidence showed that the benefits of room-sharing didn’t always justify its costs to parents, who would have to sacrifice privacy, sex, and above all else, sleep.”
Examples (continued)

- New York Times article (continued):
  - “In our own families, when our babies were born, we both kept them in a bassinet near our beds for the first couple of months—until we couldn’t take it anymore. We moved them to their own rooms because we thought it would be better for them...But we also moved them because it would be better for our own sleep.”

- Call from pediatrician classmate from medical school to criticize the AAP for its recommendation on room sharing. He stated he had a lot of complaints from parents who wanted their sleep too, and he refused to recommend this guideline to any of his parents.
AAP Task Force response - *Pediatrics* 2017; 139(3)

- Pointed out that the 2016 guidelines loosened the age of room sharing to 6 months, and identified what we felt were the two most significant changes (about bed-sharing)
- Provided more detailed data, including new data from the NZ SUID study
- Provided possible explanations as to why room sharing infants are at lower risk of SIDS, i.e., more small awakenings that may increase arousability, as well as facilitation of breastfeeding
- Discussed some studies that looked at sleep quality of infants and mothers while room sharing.
- Agreed that more research is needed to examine the physiology of infant sleep and arousal when infants room share, and the effects on parental and child sleep
Mother-infant room-sharing and sleep outcomes in the INSIGHT Study (Paul et al, Pediatrics 2017)

- N=230 mother-infant pairs who completed study and had not bed-shared; nurse home visits to provide sleep location advice; on-line or paper surveys completed by mothers
- At 4 months, no difference in total sleep duration of 3 groups: infants who were sleeping in own room at <4 months (62%), in own room at 4-9 months (27%), and room sharing at 9 months (11%)
- At 4 months:
  - Early independent sleepers had longer sleep stretches (mean difference 44 minutes)
  - Number of night awakenings similar
  - Independent sleepers had fewer night feedings
  - Room sharing infants more likely to be fed to sleep
Mother-infant room-sharing and sleep outcomes in the INSIGHT Study (continued)

- **At 9 months:**
  - Nighttime sleep duration: 1) early independent sleepers 627 +/- 67 minutes; 2) later independent sleepers 601 +/- 73 minutes; room sharing infants 587 +/- 83 minutes
  - Early independent sleepers had longest sleep stretches
  - Number of night awakenings, night feedings similar
  - Total daily sleep duration longest among early independent sleepers (mean difference 36 minutes)

- **At 12 months:**
  - No differences for nighttime and total daily sleeping

- **At 30 months:**
  - Early and late independent sleepers slept on average 45 minutes longer at night
  - Total daily sleep duration was similar among all groups
Mother-infant room-sharing and sleep outcomes in the INSIGHT Study (continued)

- Bedtime routines:
  - More consistent routine and earlier bedtime among early independent sleepers

- At 4 months:
  - Room sharing infants 2x odds of having blankets and pillows on their sleep surface
  - Room sharing infants had 4x odds of being brought into parent’s bed overnight after waking than independent sleepers at both 4 months and 9 months
Are there long-term consequences of room-sharing during infancy? (Moon and Hauck, Commentary, Pediatrics 2017)

- Differences found in Paul study are important, especially to exhausted parents
- But, even the room sharing infants had mean of 7 hours as their longest period of sleep, compared with 7 hours 49 minutes for solitary sleepers (sleep consolidation)
  - This is well within normal range for sleep at this age
  - Galland BC et al systematic literature review of normal sleep patterns in infants and children found mean longest sleep period of 5.7 hours for infants birth-5 months (Sleep Med Rev 2012.)
Are there long-term consequences of room-sharing during infancy? (continued)

- It is not known if early sleep consolidation is desirable: the failure to arouse may make infants more susceptible to SIDS
- Therefore, early sleep consolidation, which Paul et al present as being desirable may be problematic from a physiological perspective
- Significant differences at 4 months of age are not nighttime awakenings, but consistent bedtime routines, early bedtimes, nighttime feeds and being fed to sleep
  - Bedtime routines are difficult to establish in some families, and may be more difficult for room sharing families
  - Perhaps the guidance should not be on room sharing but on establishing bedtime routines
Are there long-term consequences of room-sharing during infancy? (continued)

- The increase in nighttime feedings and feeding the infants to sleep may be associated more with type of feeding than with sleep location. Breastfed infants generally require more frequent feeds. The Paul et al study did not report results by feeding method.

- We want to promote breastfeeding, and room sharing promotes breastfeeding.

- The finding of increased bed-sharing and soft bedding use in the middle of the night for room sharers is very worrisome.
  - It reinforces the need for health care providers to discuss with parents proactively preparing the adult bed for the possibility of bed-sharing in the middle of the night, as per AAP guidelines.
Are there long-term consequences of room-sharing during infancy? (continued)

- Other countries have similar recommendations:
  - Canada, UK, the Netherlands and New Zealand recommend room sharing until 6 months of age
  - Australia recommends room sharing for 6-12 months
- “We recognize that optimal parental rest is desirable.”
- “We strongly support more research, both about the physiology of infant sleep and arousal by room-sharing infants and about the consequences of room sharing on parental and child sleep.”
- “However, the primary objective of safe sleep recommendations will always be to minimize risk of SIDS and other sleep related infant deaths.”
Bed-sharing: feeding the infant at night

- The safest place for an infant to sleep is on a separate sleep surface designed for infants close to the parents’ bed.
- Acknowledgment that parents may fall asleep while feeding baby
  - Safer to feed on bed than on sofa, couch, or armchair if you might fall asleep
  - No pillows, sheets, blankets, or other items that could obstruct infant breathing or cause overheating should be in bed
  - Follow the other safe sleep recommendations
  - Return infant back to separate sleep surface as soon as parent awakens
High-risk bed-sharing situations

- Infant is <4 months of age
- Infant born preterm or LBW
- Bed-sharer is current smoker (even if not smoking in bed)
- Mother smoked during pregnancy
- Bed sharer has used/is using meds or substances that could impair alertness or arousal
- Bed sharer is not parent (including other children)
- On a soft surface (waterbed, couch, armchair)
- With soft bedding (pillows, quilts, comforters)
Similar recommendations in other countries including the UK, Canada and Australia

- The **key message** from all is:
  
  “The safest place for an infant to sleep is on a separate sleep surface designed for infants close to the parents’ bed.”

- However, up to 50% (or maybe more) of parents admit that they sleep with their infants all or some of the time (for a variety of reasons) and there has been an emphasis, especially in the UK, on helping parents who choose to bed-share to make their experience as safe as possible.

- Recent studies from the UK, summarized in the 2016 Policy Statement, had somewhat conflicting results regarding bed-sharing in less hazardous conditions.
Bedsharing and low-risk, breastfed infants

- Blair et al: AOR 1.6 (95% CI 0.96-2.7)
  - <14 weeks whose parents did not smoke or drink alcohol
  - Independent of feeding method

- Carpenter et al: AOR 5.1 (95% CI 2.3-11.4)
  - <3 mo whose parents did not smoke and mother did not use alcohol or drugs
  - Breastfed infants
Independent statistical review

- Very small numbers of low-risk babies
  - 24 in Blair’s study
  - 12 in Carpenter’s study
- Does not believe that data support definitive differences in 2 studies
- Some evidence of increased risk in this group, but cannot say how large the increased risk is
- Cannot conclude that bed-sharing in this lower-risk group is safe
There is some inconsistency in the information given to parents, however...

- Although it is routinely stressed that a premature or low birth weight infant is particularly vulnerable to the risks of bed-sharing, it is not always emphasized that ANY infant less than 4 months of age is also at high risk.

- A recent study found that only 52% of mothers identified infant sleep position (i.e., back sleeping) as a safer sleep strategy (Pease et al, 2017).

- Pictures of adults bed-sharing with infants designed to be examples of “safe” bed-sharing often continue to include pillows and soft bedding and other not so safe things.

How safe is this?
Some groups have misinterpreted the guidelines to bring them more in alignment with their own agenda

- A recent press release from La Leche League international (LLLI) suggested that the new guidelines brought the AAP and LLLI into closer alignment
  - Implied that our recommendation against bed-sharing was only for infants younger than 4 months of age -- Not true
  - Implied that co-sleeping in an adult bed was a “safe” alternative to co-sleeping on a couch or sofa -- We actually stated that it was “less hazardous” to fall asleep with an infant in an adult bed than on a couch or sofa.
  - Implied that we suggested that positions commonly assumed by breastfeeding infants and moms (as opposed to bottle-fed infants), sometimes called the “C” position, offered protection against suffocation risks -- We used no such language. Although this is LLLI’s position, it is not the AAP’s position. The mechanisms by which breastfeeding reduces the risk of SIDS is not known.

Adapted from Rachel Moon ASIP SUID IM Listserve response, 1/31/17
Some groups have misinterpreted the guidelines to bring them more in alignment with their own agenda (continued)

- Stated that there was evidence that the suffocation risk on a properly prepared adult mattress without gaps or excess bedding poses no greater risk than the suffocation risk of a properly prepared crib - We know of no evidence to this effect and the AAP policy statement makes no claims about this.

- Stated that the LLLI and AAP agree that making the adult bed as safe as possible constitutes “responsible child-proofing” - This implies that one can prevent all injury by taking these steps. Our guidelines recognize the reality that parents and infants may fall asleep on the same surface and provide some guidance regarding potentially mitigating harm.
Why Finnish babies sleep in cardboard boxes

By Helena Lee
BBC News

4 June 2013

For 75 years, Finland's expectant mothers have been given a box by the state. It's like a starter kit of clothes, sheets and toys that can even be used as a bed. And some say it helped Finland achieve one of the world's lowest infant mortality rates.

In today's Magazine

The secret history of black Santas
Low infant mortality rates
Baby boxes - the new rage (continued)

Rooted in Finnish tradition, Finnbin has become a hot item for parents-to-be. Safe Sleeping Tradition · Best Baby Shower Gift · Awesome Baby Brands · Newborn Essentials

Finnbin takes all-in-one to a new level

<table>
<thead>
<tr>
<th>Weespring Original Bundle Baby Box</th>
<th>Bundle LITE Baby Box</th>
<th>Boxinet Baby Box</th>
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<tr>
<td>$450.00 Fully loaded baby box</td>
<td>$189.00 Baby Box with some items</td>
<td>$65.00 Just the baby box..</td>
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- Are they safe? Some have tops. Where do you put them?
- Do they decrease the risk for SIDS/suffocation?
- Are they really any different from a pack-N-play?
- Who would benefit the most from their use?
Thank you! Time for discussion!

Selected slides courtesy of AAP Task Force on SIDS members Robert Darnall, MD and Rachel Moon, MD