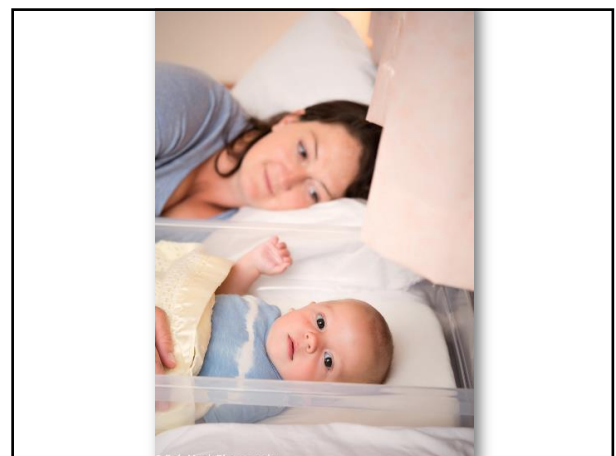
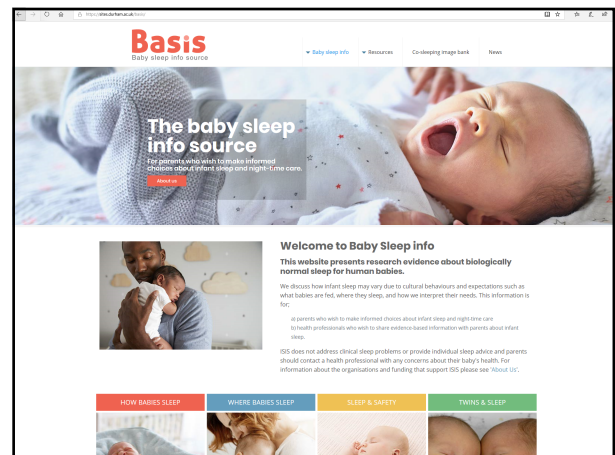


Bed-sharing, breastfeeding and SIDS

- Our hospital video research showed that public health campaigns discouraging bed-sharing were not benign.
- Not only do such campaigns stigmatise parents who are attempting to balance the conflict between infant and parental night-time needs, they shut down discussion about safety strategies and risk undermining breastfeeding
- Breastfeeding for at least 2-months itself halves the risk of SIDS
- More nuanced approach was needed...

Creating change

- Dissemination & translation
 - Talks, Plenaries, Workshops at Health Professional & Public Health Conferences / Venues
 - Internet & social media, webinars, interviews, blogs, online chats, responding to direct queries.
- Evaluative & feasibility research
- Involvement in policy & recommendation production
- Translational vehicles
 - Creation of the Baby Sleep Info Source



Press and media

Press release archive

03 December 2014

Empowering families to make informed choices on co-sleeping with babies

The National Institute for Health and Care Excellence (NICE) updates guidance to clarify the association between co-sleeping and Sudden Infant Death Syndrome (SIDS).

- More than 200 babies in England and Wales die unexpectedly in their sleep every year.
- There have been long-standing doubts over whether co-sleeping - parents or carers falling asleep with their baby on a bed, sofa or chair - is completely safe.
- Updated guidance from the National Institute for Health and Care Excellence (NICE) clarifies the association between co-sleeping and Sudden Infant Death Syndrome (SIDS) to help parents understand the potential risks.

Share Print

"Parents have the right to know about the association between SIDS and co-sleeping. It will help them weigh up the possible risks and benefits so that they can make a decision that is right for them."

Susan Bewley, Professor of Complex

"Parents hugely value and trust the information and

Take a look at our new publications on safer sleep and co-sleeping created in collaboration with Public Health England, Unicef Baby Friendly and Basis at Durham University

How has guidance and practice changed?

- Explicit recognition that babies' needs and parental lives are not well aligned, that parents choose different sleep strategies, and why. (NICE, UNICEF, NHS Trusts)
- Provision of bed-sharing information, particularly for breastfed babies (UNICEF, Breastfeeding support orgs, NHS Trusts)
- Adoption of side-car cribs and bed-sharing policies in hospitals – acceptance that separation at night is not beneficial (NHS Trusts)
- Incorporation of our work in to practice guidelines and recommendations (ABM, ABA, LLL and many others)
- Recognition and use of our work by public health policy-makers (UNICEF, Scottish Gov't, Lullaby Trust, Public Health England)

Coping with Infant Sleep Project 2017-2019

SLEEP, BABY & YOU

Making night-times easier and day-times more enjoyable with your baby

How sleep works

1. Body clock

Our body clocks respond to daylight, darkness, activity and noise—we feel asleep more easily when it is dark and daylight wakes us up. Babies' body clocks develop during the first few weeks and months of life.



Doing activities with your baby during the daytime like taking them for a walk also helps the build-up of sleep pressure, and keeps them 'tired' when bedtime comes.

You can help your baby's body clock develop by making sure they get daylight throughout the day and go to bed at the same time every day.

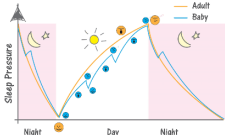
7

How sleep works

2. Sleep pressure

We can only feel awake when our bodies are relaxed and our brains are ready to switch off. Sleep pressure is the need to sleep that builds up the longer we are awake. Babies' sleep pressure builds up more quickly than adults'. Sleep will happen more easily for your baby when sleep pressure has built up for a while.

If your baby is not built up enough sleep pressure they cannot fall asleep and therefore you need them to 'try' to ensure your baby goes to sleep before they are really well 'tired' and have the appropriate effort. Figure out how to work with your baby's sleep biology.



Young babies often need to sleep after being awake for an hour or two. As they get older sleep pressure builds more slowly, but it can take several years and they can stay awake all day. To build up sleep pressure for the night time, let your baby have short naps during the day so their sleep pressure does not 'burnt out'. There is no need to put them in a dark silent room as it is light time - they will take just as much sleep as they need and keep the overall sleep pressure rising to the end of the day.

8

Starting your day

We suggest some ways to support healthy sleep for you and your baby.



If you are having problems with night-time, try getting yourself and your baby up at about the same time every day. Wake time is very important to keep your body clock regulated. If you find it difficult to get out of bed at the same time every day, begin by opening the curtains and letting in the daylight. If your baby is sleeping close the curtains at the same time every day and let them sleep in the daylight.

To get your body clock on a normal schedule and improve night-time sleep you need to be up at a consistent time every day for at least 2 weeks.

9

Supporting night-time sleep

Once your baby is past the first few months, try to avoid long naps in the day so you and your baby build up sleep pressure for the night-time. Do not nicker or soothe the room for day time naps and then you and your baby won't take more sleep in the day than you need.



Find out when your baby's longest sleep is. Plan your bedtime so you can go to bed at the same time and sleep during your baby's longest sleep period. When your baby wakes in the night respond as a relaxed quiet way without much light. Keep your baby 'tired' down, and yourself too so you can smoothly transition back to sleep.

Babies will sleep whenever they are. Let sleep fit in with your activities.

10

SBY Field-testing feedback

Health Visitors felt that SBY fills a gap in the current service provision: "I'm using it all the time, I think it's amazing... this is definitely the future"

Parents felt SBY made night-times easier with their baby and daytimes more enjoyable. "[X] really helped me, one talk with her and the leaflet took a huge weight off my shoulders. I've stopped trying to fix things that aren't broken, I just needed someone to tell me my baby's sleep is normal and to stop worrying all the time. Best leaflet I ever read. Thank you."

Paediatricians see its potential: "Sleep, Baby and You is a unique innovation and collaboration. It provides a new toolkit for clinicians to use with families. Its focus is self-efficacy and parent empowerment. I am excited to roll it out"

And finally thanks to our many many collaborators...

- Dr Martin Ward-Platt, Neonatology, Consultant Neonatologist, Royal Victoria Infirmary, Newcastle upon Tyne
- Dr Victoria Thomas, Consultant Paediatrician, Great North Children's Hospital, Newcastle upon Tyne
- Ms Lynne MacDonald, Head of Midwifery, Royal Victoria Infirmary, Newcastle upon Tyne
- Ms Sarah Brooker, Specialist Health Visitor, Newcastle & N. Tyneside NHS Trust
- Ms Debbie Wade, Infant Feeding Lead, Northumberland NHS Trust
- Dr Eduardo Moya, Community Paediatrics, Bradford Royal Infirmary
- Dr Sam Oddie, Neonatology, Bradford Royal Infirmary
- Dr Pete Blair & Dr Anna Pease, Social & Community Medicine, University of Bristol
- Dr Mary Whitmore, Infant Feeding Co-ordinator, Lancashire & Blackpool NHS
- Mr Kim Henshaw, Obstetrics & Gynaecology, Sunderland Royal Hospital
- Professor James McKenna, Anthropology, Notre Dame University, Indiana
- UNICEF Baby Friendly Initiative; Lullaby Trust (UK SIDS Charity); Public Health England, TAMBA – Twins & Multiple Births Association; Best Beginnings (Early Infant Health Charity); Children's Centres; Scottish Cot Death Trust; Scottish Government; La Leche League; NCT and many others...