

INFANT SLEEP DISCUSSION GUIDE

Support for discussing infant sleep practices with parents/caregivers:

- Build relationships to create opportunities for open and non-judgmental conversations about infant sleep practices with parents/caregivers.
- Ask parents/caregivers if their infant will have any other caregivers, and encourage them to invite alternate caregivers to join the conversation.
- Begin the conversation by asking parents/caregivers about their parental goals, daily schedules, cultural experiences and family background. Then, ask them what they know about infant sleep.⁽⁸⁸⁾
 - Where will your infant sleep?
 - What have you heard about keeping your infant safe while they sleep?
 - What would you like to know about keeping your infant safe while they sleep?
 - Do you have family/extended family or friends who can support you?
- Respect and acknowledge parents'/caregivers' goals and influences, and help facilitate a connection between infant's needs and parent/caregiver goals.⁽⁸⁸⁾
- Engage parents/caregivers in a balanced conversation about the risks and benefits of different infant sleep practices while acknowledging their social and cultural context in order for them to make an informed decision.
- Help parents/caregivers to set realistic expectations and focus on the positive aspects of infant sleep (e.g., infant falling asleep, bonding and attachment, infant soothing) rather than negative aspects.⁽⁸⁸⁾
- Work collaboratively with parents/caregivers to create a tailored infant sleep plan that is age appropriate and meets their family's needs in order to increase their confidence and self-efficacy.

When discussing safer infant sleep and healthy sleep development with parents/caregivers, consider providing them with information on infant sleep behaviours in the first year and strategies to increase parents'/caregivers' mental health and well-being.

Information on infant sleep behaviours in the first year

- Infant sleep is fairly evenly distributed between day and night, and occurs in two to three hour sleep cycles.⁽⁸⁹⁾
- The infant circadian rhythm develops over the first four to five months of life, and sleep gradually becomes concentrated.⁽⁹⁰⁾
- Night wakings are a normal component of infant sleep and a response to their need to feed frequently.⁽⁸⁸⁾ It is important for parents/caregivers not to worry if their infant is not getting deep sleeps (i.e., when an infant is not easily aroused) as this is considered part of the normal evolving sleep cycle for infants. Infants who are conditioned to sleep for long periods of time have reduced frequency of breastfeeding and may be associated with being at increased risk for sudden, unexpected infant death during sleep due to their inability to be aroused.⁽⁹¹⁾ Infants cannot differentiate between day sleeping and night sleeping as they lack a mature circadian rhythm. Therefore, recommend that parents/caregivers respond to wakings consistently to help reduce infants' fear and stress responses.⁽⁸⁸⁾
- Conditioning infants not to cry when falling asleep may make breastfeeding more difficult and early weaning more likely to occur,⁽⁵¹⁾ and may cause their cortisol levels to remain high.⁽⁹²⁾
- The ability to go to sleep and return to sleep depends on an infant's ability to regulate and self-soothe, which takes time to develop. Therefore, they may need parents'/caregivers' help when they are young to comfort them and calm them down.⁽⁹³⁾

- In many instances, infants do not sleep all night and every night until they are at least one year old.⁽⁹⁴⁾
- The type of infant feeding method does not have an effect on an infant's total sleep duration.⁽⁹⁵⁾

Strategies to improve parents'/caregivers' health and well-being (NEST-S)

- **Nutrition:** Eat healthy food and drink enough fluids.^(96, 97)
- **Exercise:** Engage in physical activity.^(26, 97)
- **Sleep and rest:** Sleep when your infant sleeps.^(96, 97)
- **Time for yourself:** Take breaks for yourself, such as reading, walking and practicing mindfulness techniques.^(26, 97)
- **Support:** Reach out to a social support network for help (e.g., partner, family, friends).^(26, 97)

For parents /caregivers expressing a need for additional support related to their infant's sleep (infants over six months old) the following suggestions could be shared:

- Make the room quiet and dark when putting the infant to sleep.^(98, 99)
- Place the infant on a safe sleep surface when they are drowsy, not sleeping.⁽⁹⁸⁾
- Hold the infant's hand while they lie down and slowly, over time, reduce contact.⁽⁹⁸⁾
- Try breastfeeding/feeding the infant at the start of the bedtime routine.⁽⁹⁸⁾
- Be consistent with bedtime routine; this include naps and at night. Parents/caregivers may want to use the following routine: bath, book, bed.⁽⁹⁹⁾
- Comfort the infant by stroking their forehead if they start to cry.⁽⁹⁹⁾

COMMERCIAL SLEEP-TRAINING PROGRAMS

Health-care providers are encouraged to discuss healthy sleep development with parents/caregivers who are considering using commercial sleep-training programs. It is important for health-care providers to consider the age of the infant when discussing the risks and benefits of sleep-training programs. Engage parents/caregivers in the informed shared decision-making process by providing them with the following information if they are considering using a commercial sleep-training program.

General information on sleep training:

- Sleep training aims to increase the length of time infants sleep through the night without disturbance.⁽¹⁰⁰⁾
- Sleep-training methods can either be preventative or therapeutic (i.e., to remedy existing sleep problems).⁽¹⁰⁰⁾
- Examples of sleep-training methods include controlled crying, cry it out, gradual withdrawal and scheduled awakening.⁽¹⁰⁰⁾
- There are no endorsed or regulated sleep-training programs, and there is no regulation or licensing process to become a sleep trainer.
- Crying is a normal attachment-seeking behaviour; infants who are trained to be quiet may realize that crying will not elicit a response, and, therefore, will not provide a signal when they are in pain or need attention.⁽¹⁰¹⁾

For infants less than six months of age:

- There is no evidence that sleep-training programs are safe for infants less than six months of age.
- Commercial sleep-training programs try to create schedules for crying, sleep, being awake and feeding, which often does not align with the biological norms of infant sleep behaviour for infants less than six months of age.
- Commercial sleep-training programs often go against the safer sleep recommendation to room share before six months, and instead advocate for solitary sleep for infants.⁽⁷⁾
- Deep sleep during the first six months may affect feeding, as it reduces frequency of breastfeeding.⁽¹⁰⁰⁾

For infants more than six months of age:

- There may be a role for sleep training in infants that are more than six months of age; however, there is currently a lack of research to determine if the benefits outweigh the risks.
- The majority of sleep-training studies for infants six months or older report altering infants' behaviour and yielding positive outcomes such as increased infant sleep, increased maternal sleep, decreased infant night awakenings, etc.⁽¹⁰⁰⁾
- There are few studies that have investigated the long-term effects of sleep training on infants' and children's sleep.⁽¹⁰⁰⁾
- Parental attention and synchrony of care has shown to be positive for children's physical and emotional development⁽¹⁰²⁾ and sleep training may affect this connection.

While remaining open to parents'/caregivers' choices and cultures, health-care providers could suggest alternative solutions to commercial sleep training programs which may include the following: creating routines, asking family or friends to watch over their infant if they feel overwhelmed and/or are not getting enough rest, mindfulness exercises and deep-breathing techniques.^(97, 103) This is especially important for parents/caregivers with mental-health concerns, as they may have increased difficulties adapting to their infant's sleep patterns, and may require extra support to alleviate their distress. If parents/caregivers make the informed choice to use a commercial sleep-training program, it is suggested to follow up with parents/caregivers at each visit to assess how the infant is progressing through the program, and continue to provide suggestions for making the infant's sleep as safe as possible.

ADDITIONAL RESOURCES FOR HEALTH-CARE PROVIDERS

BC Women's Hospital and Health Centre: Reproductive Mental Health
<https://reproductivementalhealth.ca/>

Canadian Paediatric Society: Relationships matter: How clinicians can support positive parenting in the early years
<https://www.cps.ca/en/documents/position/positive-parenting>

Canadian Paediatric Society: Safe sleep for babies
https://www.caringforkids.cps.ca/handouts/safe_sleep_for_babies

First Nations Health Authority: Honouring our Babies Toolkit: Safe Sleep
<https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Honouring-Our-Babies-Summary.pdf>

Perinatal Services BC: Honouring Indigenous Women's and Families' Pregnancy Journeys
http://www.perinatalervicesbc.ca/Documents/Resources/Honouring_Indigenous_Womens_and_Families_Pregnancy_Journeys.pdf

Public Health Agency of Canada: Joint Statement on Safe Sleep
<https://www.canada.ca/en/public-health/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep/joint-statement-on-safe-sleep.html>

RESOURCES TO SHARE WITH PARENTS/ CAREGIVERS

First Nations Health Authority: Honouring our Babies Toolkit: Safe Sleep

<https://www.fnha.ca/WellnessSite/WellnessDocuments/FNHA-Honouring-Our-Babies-Summary.pdf>

HealthLink BC: Managing Postpartum Depression

<https://www.healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/new-parents/depression-managing-postpartum>

HealthLink BC: Baby's Best Chance

<https://www.healthlinkbc.ca/pregnancy-parenting/babys-best-chance>

HealthLink BC: Postpartum Depression

<https://www.healthlinkbc.ca/pregnancy-parenting/labour-and-birth/after-labour-and-care-new-moms/postpartum-depression>

HealthLink BC: Safer Sleep for My Baby

<https://www.healthlinkbc.ca/pregnancy-parenting/parenting-babies-0-12-months/baby-safety/safer-sleep-my-baby>

National Center on Shaken Baby Syndrome: The Period of Purple Crying

<http://www.purplecrying.info/>

Pacific Post Partum Support Society

<http://postpartum.org/>

Public Health Agency of Canada: Safe Sleep for Your Baby

<https://www.canada.ca/content/dam/phac-aspc/documents/services/health-promotion/childhood-adolescence/stages-childhood/infancy-birth-two-years/safe-sleep/safe-sleep-your-baby-brochure/safe-sleep.pdf>

The BC Reproductive Mental Health Program: Coping with anxiety during pregnancy and following the birth

https://reproductivementalhealth.ca/sites/default/files/uploads/resources/files/bcrmh_anxietyguide_final_whole_document.pdf

APPENDIX A:

SAFE SLEEP SURFACE DECISION AID FOR HEALTH-CARE PROVIDERS

Health-care providers are encouraged to use the safe sleep decision aid in conjunction with the safer sleep principles to engage parents/caregivers in shared informed decision making regarding their infant's sleep surface.

