Infant Sleep-Related Risk Reduction: Moving the Discussion Forward

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Infant Safe Sleep

• The notion that infant sleep environments are ‘good’ or ‘bad’ has been fundamental to SIDS reduction campaigns.

• In spite of widely disseminated messages about eliminating sleep-related risks to infants, risky practices persist.
Trade-offs in maternal caregiving strategies

• What have you learned about how to maximize your infant’s safety during sleep? “Put her on her side and do not have anything in her crib with her.”

• “Trade offs” have implications for risk reduction
Sleep-Related Risks to Infants

• Concepts of “good” and “bad” sleep environments and parenting approaches have not been helpful in promoting desired outcomes.

• Risks are not simply a result of negligence and are not simply due to lack of message exposure.

• What makes the difference between disseminating a message and implementing a recommended practice?
Implementation Science

• The **usability** of a practice has little to do with the weight of the evidence regarding outcomes

  🌟 Evidence on **effectiveness** helps us **select** what we want to implement

  🌟 Evidence on outcomes **does not** help us **implement** the practice
How can we help parents and practitioners bridge the gap between knowledge and action?
Practices vs. Beliefs
(Ball & Volpe 2013)

• Lack of differentiation between:
  – i. Infant-care practices
  – ii. Parenting and parental behaviors
  – iii. Cultural beliefs regarding infant sleep

• Practices, behaviors and beliefs involve three ‘levels of parental engagement’ with SIDS-risks that require different approaches for effective intervention

### South Asian and White British Families in the UK (Ball et al. 2012)

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<td>South Asians</td>
<td>• Prone sleep</td>
<td>• Sleeping under duvets</td>
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<td>• Solitary sleep</td>
<td>• Sleeping with pillows</td>
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<td>• Alcohol consumption</td>
<td>• Bedsharing</td>
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<td>• Maternal smoking</td>
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<td>White British</td>
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<td></td>
<td>• Soft bedding (pillows and duvets)</td>
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<td>• Providing pacifier at night</td>
<td>• Breastfeeding (initiation &amp; continuation)</td>
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Context of Infant Sleep Practices

- Qualitative data on motivations of socio-economically diverse African American mothers. Selected sleep locations were viewed as the safest option (Joyner et al. 2010)

- Ethnographic interviews (UK) reveal sleep location affected by fuel poverty:
  “Yeah, so she's got no carpet like all the way upstairs. Then she's got carpet in baby's room and in living room, but everywhere's freezing, so like she has to keep him in the living room where it's warm, because he'd freeze otherwise, she just can't afford it.” (Cronin 2013)
Understanding the costs of the recommended behaviors

• Trade-offs
• Infant waking, feeding, and crying behaviors
• Functional strategies
• Diverse socio-environmental contexts
“Caring for your baby at night: a guide for parents”
Effective intervention supports behavior change

• “If clinicians want mothers to adopt specific risk-reduction behaviors, they must assist mothers in figuring out how to tolerate the potential ‘costs’ of these behaviors and help them put strategies in place to ameliorate such costs.”

Effective strategies for minimizing infant risk

• Address the broader context of the target behavior
• Need to include implementation drivers: cultural systems, capacity, multiple methods
• Message exposure ≠ fidelity
• One-size-fits-all models are ineffective and can cause harm
• “Poor outcomes” may be a solution to a problem