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Seminar

April 26, 2013

# Infant Sleep-Related Risk Reduction: Moving the Discussion Forward

Lane Volpe, Ph.D.



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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.



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# 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**



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# 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?**



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# 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

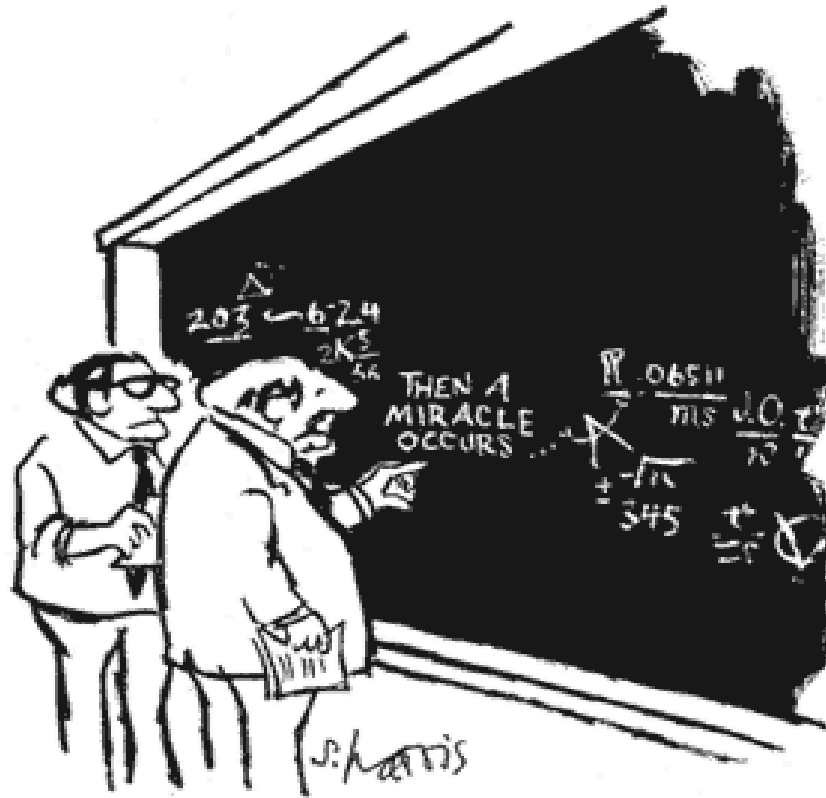


# How can we help parents and practitioners bridge the gap between knowledge and action?



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"I THINK YOU SHOULD BE MORE  
EXPLICIT HERE IN STEP TWO."



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# 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

Ball & Volpe (2013) Infant Sleep-Related Risk Reduction and Sleep Location: Moving the Discussion Forward. *Social Science and Medicine* 79: 84-91.



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# South Asian and White British Families in the UK

(Ball et al. 2012)



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	Conform	Do Not Conform
South Asians	<ul style="list-style-type: none"> <li>• Prone sleep</li> <li>• Solitary sleep</li> <li>• Alcohol consumption</li> <li>• Maternal smoking</li> <li>• Sofa Sharing</li> <li>• Breastfeeding</li> </ul>	<ul style="list-style-type: none"> <li>• Sleeping under duvets</li> <li>• Sleeping with pillows</li> <li>• Bedsharing</li> <li>• Not offering pacifier</li> </ul>
White British	<ul style="list-style-type: none"> <li>• Prone sleep</li> <li>• Soft bedding (pillows and duvets)</li> <li>• Providing pacifier at night</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal smoking</li> <li>• Separate room</li> <li>• Breastfeeding (initiation &amp; continuation)</li> <li>• Sofa sleeping</li> <li>• Alcohol consumption</li> </ul>



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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)



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# Understanding the costs of the recommended behaviors

- Trade-offs
- Infant waking, feeding, and crying behaviors
- Functional strategies
- Diverse socio-environmental contexts



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# UNICEF UK



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risk of sudden infant  
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## BED-SHARING

Some parents choose to sleep with their baby in bed and some fall asleep with their baby during the night while feeding and comforting whether they intend to or not. Therefore it is very important to consider the following points.

## If you decide to share a bed with your baby:

- Keep your baby away from the pillows
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall
- Make sure the bedclothes cannot cover your baby's face or head
- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position
- It is not safe to bed-share in the early months if your baby was born very small or pre-term

## WARNING

- The safest place for your baby to sleep is in a cot by the side of your bed
- Do not sleep with your baby when you have been drinking any alcohol or taking drugs that may cause drowsiness (legal or illegal)
- Do not sleep with your baby if you or anyone else is a smoker
- Do not put yourself in the position where you could doze off with your baby on a sofa or armchair



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“Caring for your baby at night: a guide for parents”

[http://www.unicef.org.uk/Documents/Baby\\_Friendly/Leaflets/caringatnight\\_web.pdf](http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/caringatnight_web.pdf)



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# 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.”

Volpe, Ball & McKenna (2013) Nighttime parenting strategies and sleep-related risks to infants. *Social Science and Medicine* 79: 92-100.



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# 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  $\neq$  fidelity
- One-size-fits-all models are ineffective and can cause harm
- “Poor outcomes” may be a solution to a problem



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