



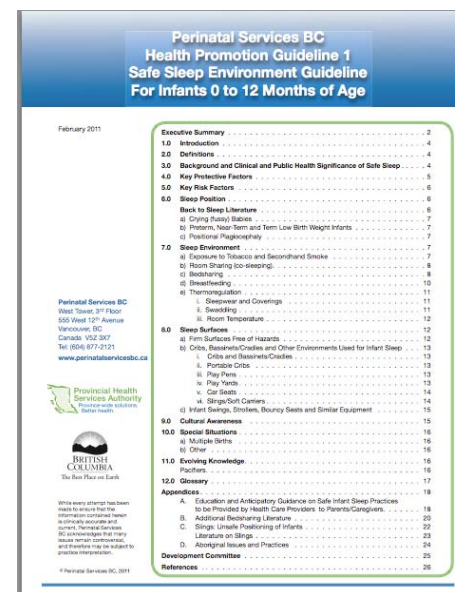
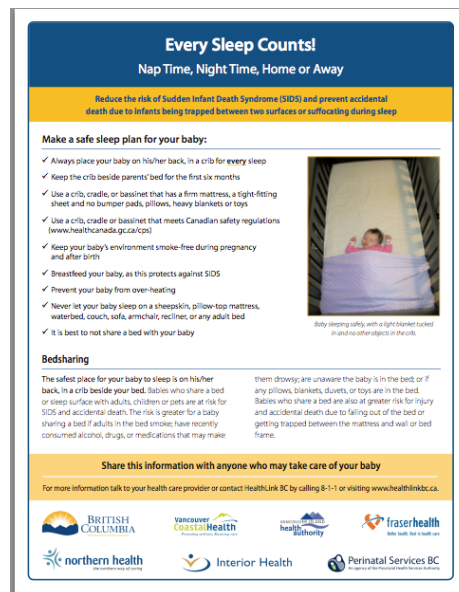
# **INFANT SLEEP SAFETY: THE CASE FOR A NEW APPROACH**

TINA REVAI, BCLCA CO-PRESIDENT

FULL DISCLOSURE



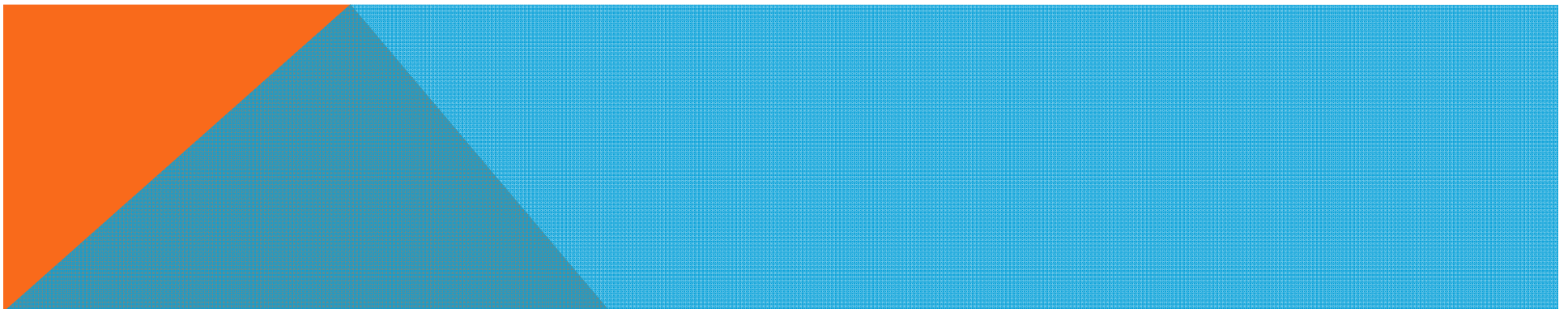
# 2011 release of PSBC Safe Sleep Environment Guidelines contrasting with the Provincial “Every Sleep Counts” campaign





# WHY A CALL FOR A NEW APPROACH?

- 2013 the BCLCA Board surveyed members
  - Top issue identified was promoting consistency between sleep and breastfeeding advice
  - Many members reported that most parents were sleeping with their infant at least some of the time – for some this was an intentional parenting choice to facilitate breastfeeding, for others it was out of desperation
  - Some members reported having parents report to them that they were sofa sleeping to avoid sleeping with their infant in bed



Breastfeeding and Safe Sleep: Promoting a  
Collaborative, Informed Shared Decision Making Model

Prepared by Tina Reval  
Approved by BCLCA Lactation Consultants Association Board  
September 6, 2014

**BCLCA RESPONSE:** THE BOARD AGREED FOR  
TINA REVAL TO TAKE ON THE PROJECT OF WRITING A  
POSITION PAPER, ON A VOLUNTEER BASIS, IN THE  
SUMMER OF 2014

# LITERATURE REVIEW

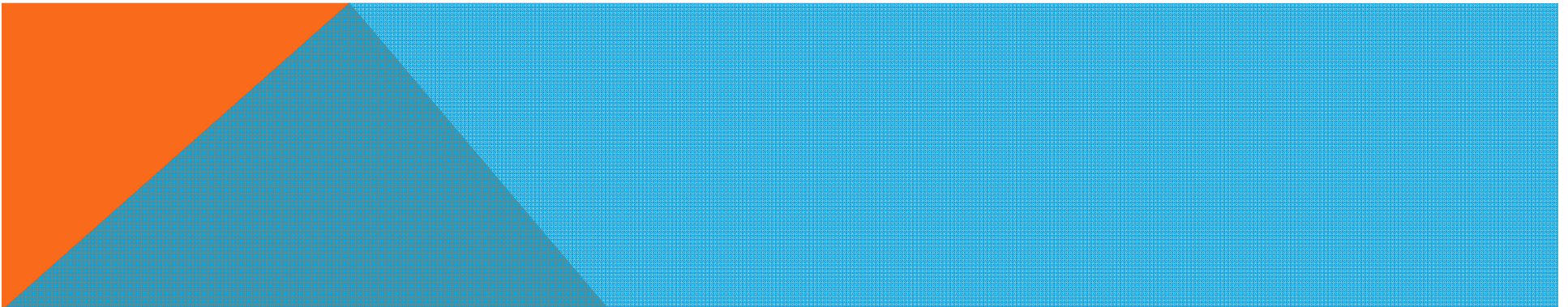
- **Many methodological issues:**
  - definition of co-sleeping may include sleeping on any surface together or could include someone other than mother, co-bedding, room-sharing
  - definition of breastfeeding – any breastfeeding often counted as breastfeeding
  - SIDS definitions
  - measuring reliably and consistently the above

## Lot's of contradictory evidence!

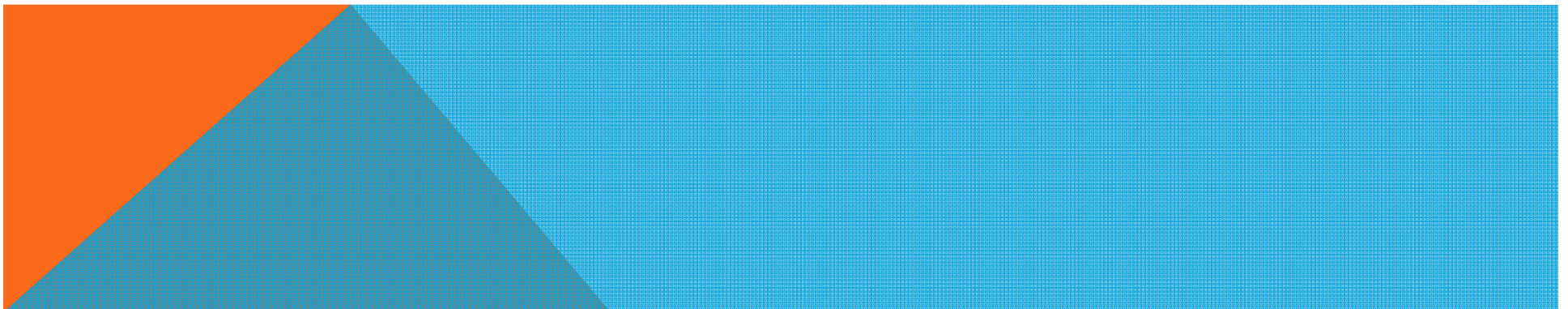
Carpenter, R., McGarvey, C., Mitchell, E. A., Tappin, D. M., Vennemann, M. M., Smuk, M., & Carpenter, J. R. (2013). Bed sharing when parents do not smoke: Is there a risk of SIDS? an individual level analysis of five major case-control studies. *BMJ Open*, 3(5)

v.s.

Blair, P., Sidebotham, P., Pease, A. & Fleming, P. (2014). Bed-sharing in the absence of hazardous circumstances: is there a risk of sudden infant death syndrome? an analysis from two case-control studies conducted in the UK.



IS IT A *REASONABLE* CHOICE FOR A NON-SMOKING, BREASTFEEDING MOTHER TO SLEEP ON THE SAME FLAT SURFACE WITH HER INFANT???





# THREE REASONS TO GIVE AN ALTERNATE MESSAGE TO THE “*JUST DON’T DO IT*” APPROACH

- ① Pragmatics
- ② Professional duty
- ③ Patient rights

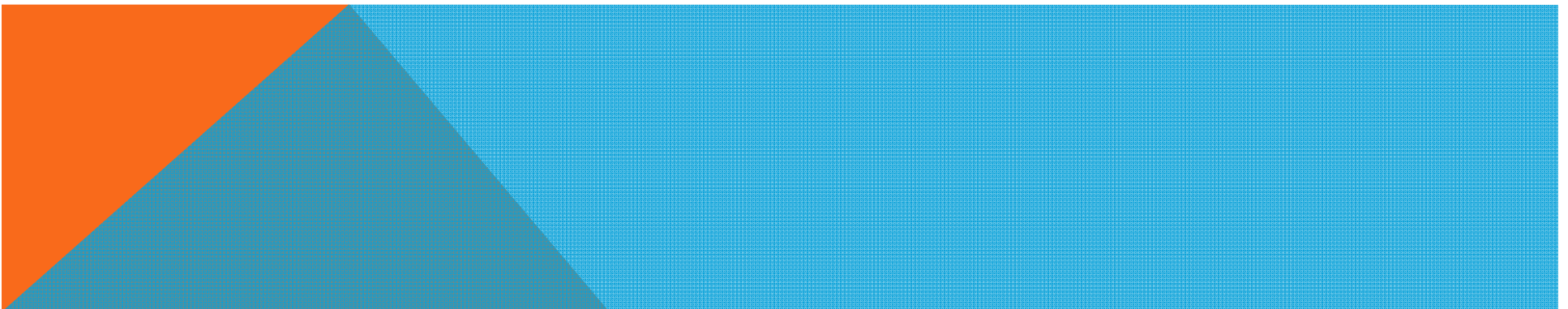




# PRAGMATICS

*Accepting the reality that 72-76% mothers will sleep with their infants, at least some of the time*

Harm reduction describes interventions to reduce the harms of an activity without requiring prohibition of or abstinence from the activity

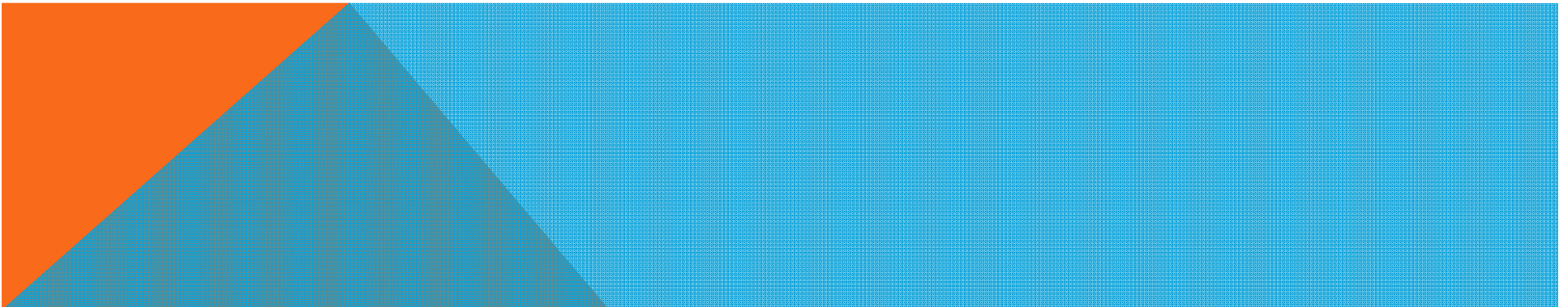


# PROFESSIONAL DUTY

The Code of Professional Conduct for International Board Certified Lactations Consultants (2011) dictates that every IBCLC shall:

1. Fulfill professional commitments by working with mothers to meet their breastfeeding goals.
2. Provide care to meet clients' individual needs that is culturally appropriate and informed by the best available evidence.
3. Supply sufficient and accurate information to enable clients to make informed decisions.

Canadian Nurses Association Code of Ethics, Code of Ethics for Dietetic Profession in Canada, College of Midwives of BC Informed Choice Policy, DONA International Code of Ethics,



# PARENTAL (AND INFANT) RIGHTS

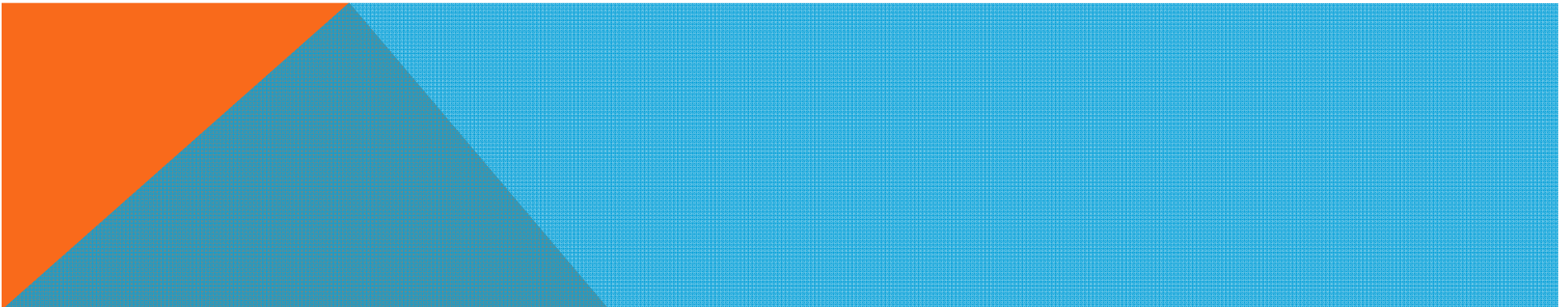
Several countries are adopting charters of rights for patients

Quebec, Alberta

Many health authorities and institutions have their own charter

**"Nihil de nobis, sine nobis"**

*Nothing about us, without us*



# COMPLIANCE WITH MINISTRY DIRECTIVES



OR

## The British Columbia Patient-Centered Care Framework

### Introduction

Providing patient-centered care is the first of eight priorities for the B.C. health system as articulated the Ministry of Health's strategic plan, *Setting Priorities for the B.C. Health System* (February 2014). Under the strategic plan, the province will strive to deliver health care as a service built around the individual, not the provider and administration. This is not an overnight change, but a promise of a sustained focus that will drive policy, service design, training, service delivery, and service accountability systems.

The B.C. Health Quality Matrix, developed in 2008, describes seven dimensions of quality for health care: acceptability, appropriateness, accessibility, safety, effectiveness, equity and efficiency. These dimensions are patient-centered and have already started to drive B.C. towards a patient-centered care approach. Significant progress has been made on enhancing patient-centered care through the Triple Aim strategy, the Partners in Care consultation process, and in the work with Doctors of British Columbia (previously the British Columbia Medical Association). In addition, there are examples of excellent work being done within the B.C. acute care health system to promote patient-centered care and its benefits to the health system.

This framework for patient-centered care is intended to build on existing efforts and accelerate the adoption of patient-centered care practices in B.C. by creating a common understanding of what patient-centered care is and a shared vision for adopting patient-centered care.

### What is patient-centered care?

Patient-centered care puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions and supports a partnership between individuals, families, and health care services providers. Patient-centered care incorporates the following key components:

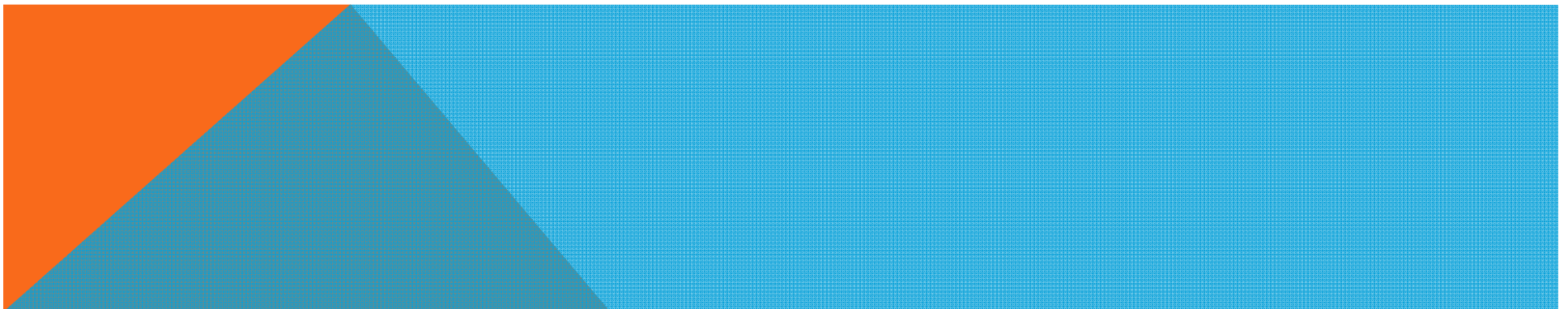
- self-management;
- shared and informed decision-making;
- an enhanced experience of health care;
- improved information and understanding; and,
- the advancement of prevention and health promotion activities.



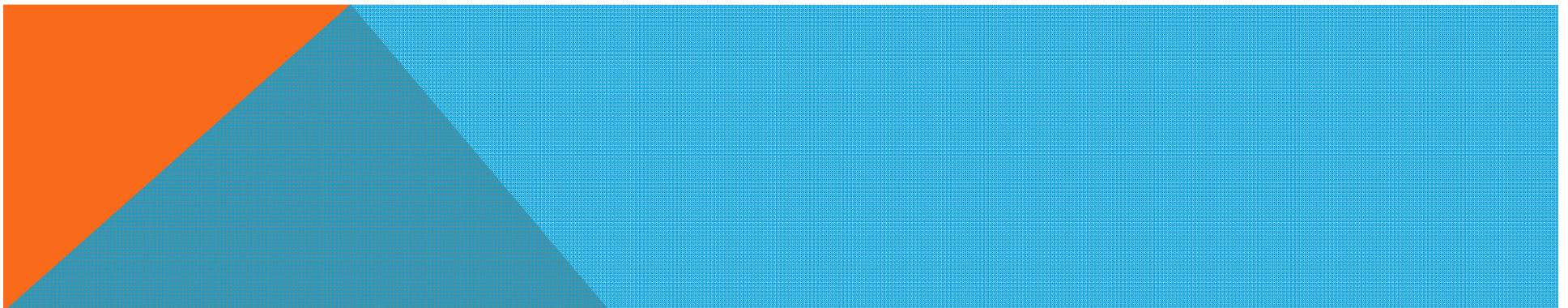
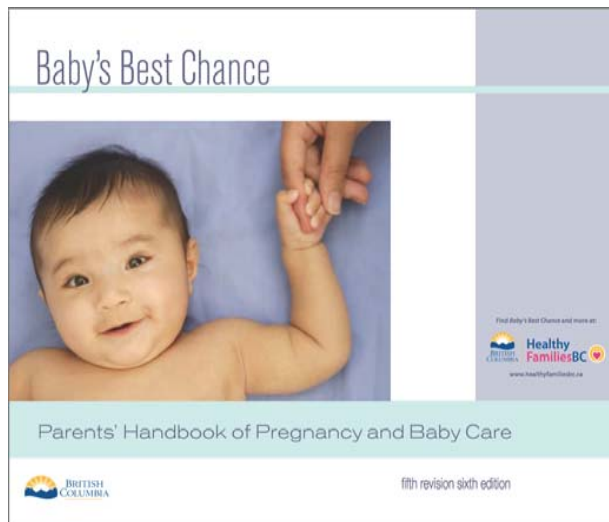
*“Providing patient-centered care is the first of eight priorities for the B.C. health system as articulated the Ministry of Health’s strategic plan, Setting Priorities for the B.C. Health System (February 2014).”*

*“Patient-centered care puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions and supports a partnership between individuals, families, and health care services providers.”*

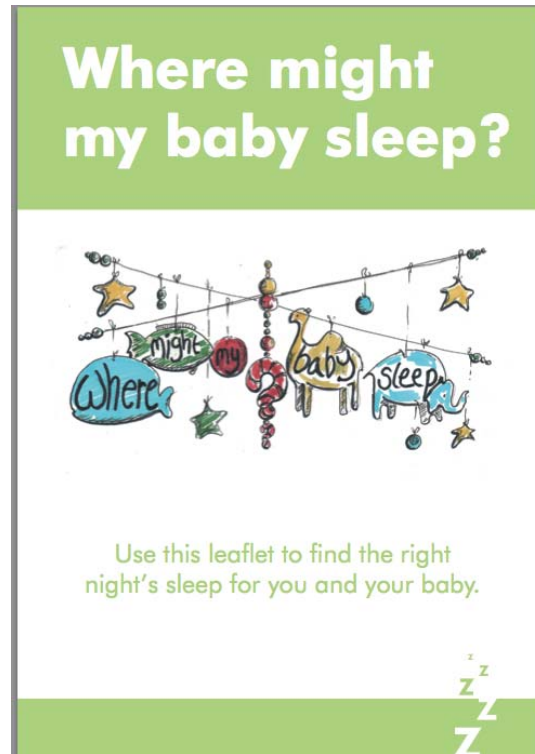
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# WHERE ARE WE RIGHT NOW?



# WHAT ABOUT THE FUTURE?



Russell, C., Whitmore, M., Burrows, D., & Ball, H. (2015). Where might my baby sleep? Design and evaluation of a novel discussion tool for parent education. *International Journal of Birth and Parenting Education*, 2(2), 11-15.



Thank you!  
Questions/thoughts?

