

Quintessence Foundation

Is Co-bedding a Good Idea?

Spring 2002

A recent issue of the journal *Maternal Child Nursing* (2002, 27(1) 8-9), includes a short discussion of both sides of the debate on whether parents should co-bed with their young children. One author suggests parents should not co-bed referring to a *study* analyzing consumer Product Safety Commission (CPSC) incident data. In this *study* 121 (24%) of 515 children under two who were co-bedding in adult beds were reported to have died as a result of overlying of the child by the parent, sibling or other adult (Nakamura, Wind & Danello, 1999). In addition, 394 (76%) of the deaths were reported to result from entrapment in the bed structure. The author also refers to a reported risk of death (from the CPSC and the National Institute of Child Health and Development) for an infant in an adult bed as 20 times greater than that of an infant sleeping alone in a crib. (Sheers & Rutherford, 2001). The message is frightening and seems clear. But is it really?

The author writing in support of co-bedding points out that the CPSC publication (Nakamura, Wind & Danello, 1999) is “a *retrospective review* of infant deaths in adult beds taken from *anecdotal accounts* on the death certificates. In other words, it is not a study but rather a compilation of questionable biased data. This author points out that when one looks at the evidence, the largest epidemiological study to date examined relevant risk factors and found no evidence of increased risk of death (whether SIDS or accidental) from co-bedding among non-smoking breastfeeding mothers (Blair et al 1999). In addition, Blair et al noted that it is not the co-bedding that is dangerous but rather the circumstances under which it is done.

This author also discusses some of the benefits of co-bedding. These include providing a protective effect against SIDS, increasing breastfeeding, reducing infant deep sleep with obstructive apneas and increasing use of supine infant sleep position. In addition, information on deaths of children sleeping solitarily in cribs is given. The author states, “evidence also suggests that babies most at risk for death (next to sofa sharing) are those who sleep alone in cribs” (Blair et al 1999).

Like breastfeeding, co-bedding is an emotional issue. Unlike most of the world where children sleep with their parents, the traditional cultural practice for North American children is solitary sleep. Health professionals often base recommendations on this cultural practice. However, recommendations ideally should reflect current research. What information should health professionals provide to parents? What actions should parents take? What research is available to guide us?

On June 7, 2002 these questions will be answered at the first annual Wah Wong Memorial Lecture. Dr. James McKenna is speaking on the issue of co-bedding – *Sleep Like a Baby. What Does that Really Mean?* Dr. McKenna is an internationally renown researcher, author and speaker on the topic of infant sleep. He is the Director of the Mother-Baby Behavioral Sleep Center at the University of Notre Dame. **This event is free but registration is required.** (See boxed information below). Register early as seating is limited. It will be a wonderful evening!

Blair, P., Fleming, P., Platt, M., Young, J., Nadin, P & the CESDI/SUDI Research Team (1999). Where should babies sleep – alone or with parents? Factors influencing the risk of SIDS in the CESDI study. *Br Med J* 319, 1457-1462.

Nakamura, S., Wind, M., Danello, M.A. (1999). Review of hazards associated with children placed in adult beds. *Archives of Ped Adoles. Med.* 153(10) 1019-1023.

Sheers, N.J., Rutherford, G.W. (2001). Sleeping environments for infants: A comparison of deaths in cribs, beds and other sleeping locations. Paper presented at the 2001 national SIDS Alliance Conference. April 23, 2001. Chicago, IL.

Wah Wong Memorial Lecture

Friday June 7, 2002

7:30 pm

Dr. James McKenna

Sleep like a baby.
What does that
really mean?

To be held at the Education
Centre for Family Health,
Research Centre, Chan
Auditorium
950 West 28th Ave.

Attendance at this
lecture is free, please
register by leaving a
message at 604-875-2282.

Sponsored by the
Quintessence Foundation
of B.C.

Check out our Quintessence Foundation Website: www.babyfriendly.ca

Baby-Friendly Resource Binder available

In 1996, the BC Baby-Friendly Resource Binder was published and sent to every hospital, health unit and POP program in British Columbia. In March 2002, the revised binder, now called the Baby-Friendly Resource Binder was sent to BC hospitals, health units and POP programs. The revised binder has been updated with some sections being completely rewritten. The ten sections included are: Baby-Friendly Initiative, Protection, Promotion and Support, Guidelines for Care of the Breastfeeding Mother and Child, Baby-Friendly Hospital Initiative, Baby-Friendly Community Initiative, Resources, Educational Resources, Tools for Change, Donor Human Milk Banking, and Appendices. The teaching sheets are presented in six languages- Chinese, English, French, Punjabi, Spanish, and Vietnamese. Additional copies can be ordered from Health Association of BC, 750 – 1388 Burrard Street, Vancouver, BC V6Z 2H3 Phone: 604-488-1554 ext. 2626. Fax: 604-488-3983. Email: cweeds@ha.bc.ca

Computer Education for Nurses

Staff at Children's and Women's Health Centre of British Columbia (C & W) are developing a series of interactive computer modules to be used for education and review with nursing staff. The modules planned will cover variables impacting breastfeeding, variance charting, virtual assessments and common problems. The first module is in the process of being tested and the three modules should be complete by summertime. Contact Educational Services at the hospital for further information.(604-875-2424 local 2586).

Breastfeeding Challenge 2002

Breastfeeding Challenge 2002 will take place on Saturday October 5, 2002. As many of you know the first Breastfeeding Challenge was held last year in British Columbia. We challenged the Guinness Record for the most women breast-feeding in one place at one time. Though we did not break the Australian record, it was a very emotional event for participants and received tremendous attention from the media.

In addition, we asked the Guinness Record group to let us set a new record for the most women breastfeeding in one province or territory at one time. There were almost 30 sites in British Columbia taking part in 2001 with 856 women around the province breastfeeding at 11am on October 6th 2001. The paperwork was submitted to the Guinness Record group and in late March 2002 we received notification that they had decided not to allow the second type of record – the most women in a province or territory.

After some consideration the Board of the Quintessence Foundation has decided to sponsor the Quintessence World Record for the most women breastfeeding at one time in a set geographical area such as a province or territory. In order to take into consideration the differing population numbers in different provinces/territories, the record will be based the number of breastfeeding women who take part in the challenge as a percentage of the number of live births. The information on live births will be taken from federal government web site's information on birth rates across Canada.

Invitations have been sent to contacts in every province and territory in Canada. At the time of the writing of this newsletter, the following provinces/territories have signed up to participate – British Columbia, Saskatchewan, Ontario, PEI, Newfoundland, and North West Territories. We hope that all the provinces will sign up soon so that this can be a truly Canadian event – coast to coast, north to south! To take part, a volunteer in a province/territory must agree to be the contact person for their province or territory. All the information and flyers, posters, registration lists, participation certificates are sent via email. These can then be sent out to provincial territorial contacts in each province or territory. If you would like to participate, please contact Quintessence Foundation. This is a wonderful opportunity to promote breastfeeding and have a great deal of fun!

Attention BC sites - Breastfeeding Challenge 2001

The Board of Quintessence Foundation would like to send each site a certificate of participation for setting the first record for the Quintessence World Record. Although we have a list of sites, due to a computer problem we have lost some of your email addresses. We would appreciate it if you would email us with your snail mail address so we can mail you a certificate. We hope you are all going to take part this year (and spread the word – we want to have twice as many sites this year!)

Family-Centered Care and the Breastfeeding Family

For several decades the concept of family centered care has been adopted by hospitals and other agencies providing care to families and children. The Canadian national guidelines published in 2000, called *Family-Centered Maternity and Newborn Guidelines* states, “family-centered care is based on research evidence.” In addition, the guidelines state, “relationships between women and their families and health care providers are based on mutual respect and trust” and “women are cared for in the context of their families.” Health professionals are increasing aware that whereas the family is the constant in the woman life, health care providers pass through, often quickly. How does this translate into care in hospital?

In most hospitals families are actively encouraged to be involved during the prenatal period and the birth. The decision of who will be involved resides with the mother and her choices are respected. Once the baby is born, some hospitals due an admirable job of continuing to respect the mother’s wishes encouraging a family member or friend to continue to support the mother 24 hours a day. These individuals are not meant to replace the care and teaching provided by staff but rather to benefit from the teaching and increase their knowledge on how to best assist after discharge. For many postpartum women having an extra pair of eyes and ears is very beneficial as they feel so tired and overwhelmed they retain very little of the information provided. Often the support person is helpful in remembering suggestions given.

How do hospitals cope with these extra people? Do hospitals need to renovate in order to provide single room care before they can welcome family support during the postpartum period? The answer is, “No”. Families can be accommodated in single, double or four bed rooms. The largest hurdle is the attitude of the staff. Hospital staff need to respect and trust families. If staff truly believe in the importance of family centered care they translate those beliefs into action. Families are accommodated even when there is little space, little privacy and few resources. It often means a folding mattress on the floor with towels and bedding brought from home. Situations do arise that need to be dealt with on an individual basis but overall families are very considerate of one another and respect the needs of others. We have come a long way from the days when fathers were banned from the delivery room and mothers were restricted access to their babies. The time has come for all hospitals to embrace the evidence and offer true family centered care. The top priority is to meet the needs of the families.

Through our actions we demonstrated our respect and trust of families.

Resources

Furman, L., Minich, N., Hack, M. (2002). Correlates of lactation in mothers of very low birthweight infants. *Pediatrics*, 109(4): 57.

Women who breastfed beyond 40 weeks (corrected age) began expressing milk before 6 hours postpartum, expressed five or more times per 24 hours and used kangaroo care (skin to skin).

Gary, L., Miller, L., Phillipp, B., Blass, E. (2002). *Pediatrics*, 109(4): 590-593.

Assessed crying, grimacing, and heart rate differences between breastfeeding infants and a control group during and after blood collection (by heel prick). Found breastfeeding to be a powerful analgesic intervention in newborns during standard blood collection.

Cost benefits of breastfeeding: <http://www.prairienet.org/laleche/bfcost.html>. Notes: asked at an insurance meeting, “What helps reduce the incidence of ear and respiratory infections, intestinal disease, pneumonia, meningitis, Crohn’s disease, colitis, diabetes, childhood cancers, allergies, constipation, urinary tract infections, tooth decay and obesity?” (and more..). No one knew that the answer was breastfeeding.

www.interchange.ubc.ca/latein This is a website set up by Laurel Tien the grad student who has been doing work on an “art as advocacy” project that supports breastfeeding. Some of you may remember Laurel as she was at the Breastfeeding Challenge at C & W last October.

Meier, P. (2002). Research methodologies in neonatal nursing. *Neonatal Network*. 21(2): 37-41.

Discusses some research methodologies that are appropriate for certain nursing problems.

Breast cancer, pregnancy and breastfeeding. SOGC Clinical Practice Guidelines. (2002). *JOGC*. 111. Feb. 1-9. Outlines recommendations to Canadian physicians relating to breast cancer, pregnancy and breastfeeding. Recommends breastfeeding as having a protective effect for premenopausal women as well as breastfeeding after treatment of breast cancer.

Mother to mother breastfeeding support. Infact Newsletter. Winter 2002. Can be downloaded from their website.

Milk Banking

Kim Kennedy is someone I'd like to meet. In 2001, Kim submitted the following submission to her NHS Trust (similar to our regional boards) in a business plan requesting they consider establishing a milk bank in her area of Trent. "Research has shown that preterm babies receiving human breast milk in early feeding are offered a number of clinically important benefits. Breastmilk is more easily digested and tolerated and has a lower risk of infection for preterm infants. Mothers own milk is always best but often during the stressful period of their baby being in the neonatal unit, their own milk expression is temporarily diminished. Banked donor milk given to these vulnerable babies ensures that the mothers' choice to provide breast milk for their babies is sustained, and their babies receive a safe supply of pasteurized donor milk. There are fourteen milk banks in the United Kingdom at present but no milk banks in the Trent region." Kim's business plan went on to outline the short and long term health benefits focusing on the improvement to quality of care while giving mothers an informed choice. Although Kim's request was not supported her contingency plan of paying for milk from another milk bank was undertaken with the result being donor milk is available in the hospital in which she works. Hopefully, there are nurses like Kim here in Canada – if we can't undertake a plan to establish a milk bank maybe we could undertake to send ten dollars to the only milk bank in Canada to ensure it continues to function. Kim is a staff nurse and a wonderful roll model for women. One person can make a difference – starting with you!

Of Note: the milk banks in Britain dispensed 2480.37 litres of milk in 2001 from 572 donors. The milk in the last twelve months has been provided to the following types of cases.

Babies:

- Neonates recovering from surgery (especially gut)
- Hypoglycemia
- Postnatal wards until mother's milk supply is established
- Cleft palate
- Cows milk intolerance
- Failure to thrive

Children:

- Baby with sacral cancer
- Older children with malabsorption problems
- Older children with immuno-deficiency problems
- 2 year old with liver problem

Adults

- Immuno-compromised adult
- Male with oesophageal cancer

Research

- Protein analysis
- Breast cancer

Source: UKAMB News April 2002

Contact information

If you would like to get this newsletter or make suggestions please check our website:
www.babyfriendly.ca

Contact us at: babyfriendly.canada.com

Write to us at: Quintessence Foundation, Suite 501-4438 West 10th Ave., Vancouver, B.C. V6R 4R8

Funding

Funding for Quintessence comes from charitable donations. The Foundation abides by the principles of the International Code of Marketing of Breast Milk Substitutes and will not accept funding from any sources who do not support the Code. To make a donation please send a cheque to our listed address and a tax receipt for donations over ten dollars will be provided.

If you would like to receive this newsletter please fill in the following information. We would also like to receive information or suggestions for future newsletters. We would prefer to e-mail our newsletter where possible.

Please print legibly!

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Comments: _____

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