

**Submission
No 24**

SUPPORT FOR NEW PARENTS AND BABIES IN NEW SOUTH WALES

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Introduction

This submission has been prepared by members of The Beyond Sleep Training Project, an online support community founded by author, blogger and parent Carly Grubb that has over 10,000 members globally. The Beyond Sleep Training Project provides peer-to-peer support for parents who have chosen not to sleep train their children or who regret sleep training their children, and who are actively interested in moving beyond a sleep training culture.

To support this submission, a survey was undertaken of members of the group seeking out key themes and experiences from parents who have had a child in NSW within the last five years. Our submission will summarise those themes and include key points of note raised by participants that we believe may be of interest.

The key points we wish to advance through this submission are:

1. Parents deserve to be provided with evidence-based, factual information that prepares them for the realities of parenting, including normal infant sleep
2. The almost exclusive focus on sleep training as the only option when parents seek assistance ignores a range of options that could be discussed and that are supported by evidence, including safe bed-sharing
3. Discussions of sleep training do not include the potential negative impact on infants and rely heavily on the anecdotal experience of medical professionals, as well as outdated concepts on child-rearing

Antenatal education

We asked the survey participants whether antenatal education classes prepared them for birth – 55% agreed that it did. However, we also asked them whether antenatal education prepared them for parenting, and 80% of respondents indicated that it did not.

This suggests that the current antenatal education on offer focuses on techniques and approaches for labour and delivery, rather than parenting. Whilst birth is a topic that many expectant parents do wish to have covered extensively, we believe this represents a missed opportunity to support parents with facts and information on normal infant sleep, normal infant behaviour and concepts such as the 'fourth trimester.'

Shifting the focus of antenatal education to parenting rather than just birth might better equip parents to deal with potential challenges, including sleep deprivation, frequent night-waking and frequent breastfeeding.

Antenatal depression and anxiety screening

Just under half of participants indicated they were not regularly screened for antenatal depression and anxiety. We also asked how they received care prior to birth. Those who were cared for in the public system were more than twice as likely to have been regularly screened than those who were

cared for by private obstetricians. This may be an opportunity to improve consistency of care provided and better support parents prior to birth.

Antenatal depression does not discriminate on the basis of socio-economic status, and the care received shouldn't either.

Evidence based advice and breastfeeding

The survey indicated that the structures are in place to provide support for establishing breastfeeding, in the form of visits from midwives or other medical professionals with breastfeeding expertise. However, under 40% of respondents were satisfied with the advice provided, and over half indicated they were given advice that contradicted WHO guidelines. The majority of parents in the survey did breastfeed for 6 months prior to the introduction of solids, as per current WHO guidelines. The following quote is illustrative of the types of advice offered that are not evidence based or in line with WHO guidelines:

“She had silent reflux and I had to fight to get support to manage it...[our] GP told me to stop breastfeeding at 3 weeks of age and express and mix in corn flour to help.”

Given that WHO guidelines recommend exclusive breastfeeding for the first 6 months of life, and then for 2 years and beyond, recommendations such as that above are not supportive of this outcome. Whilst exclusive expressing is an excellent option for specific challenges, thickening breastmilk with cornflour is not evidence-based advice.

Care providers who offer breastfeeding support should be required to have adequate and up to date qualifications and knowledge. Where they do not know, they should avoid offering advice based on their own experience only – they are in a position of relative power when offering guidance to new parents, and advice provided is likely to be perceived as medically based when it may or may not be.

Providing support from International Board Certified Lactation Consultants (IBCLCs) would potentially offer a more highly qualified and supportive approach, given that they are trained to support the establishment and continuation of a successful breastfeeding relationship.

Biologically normal infant sleep

Approximately three-quarters of respondents indicated they were dissatisfied or very dissatisfied with the information provided to them on biologically normal infant sleep. Numerous anecdotal responses indicated widely varying information and strong pressure to ensure a baby 'sleeps through' from a very early age (less than 6 months).

Unrealistic portrayals of infant sleep contribute to parental stress and concern at a vulnerable time. Providing factual information on normal infant sleep should include information on the neurological development of infants and on their range of needs, including comfort and frequent feeding.

Support for sleep-deprived parents

Our survey found that the majority of parents were concerned or very concerned about sleep in the first year of their child's life. Almost 60% of parents sought advice from a medical professional during this time to address these concerns. Almost 60% of respondents were advised to attempt sleep training, and over half of respondents received this advice when their baby was under 6 months old. The most commonly recommended form of sleep training was 'responsive settling.' In some instances, the participant indicated they were given a recommendation for a 'sleep school' such as Tresillian or Karitane. However, they also indicated that no other options were discussed with them, including exploring any medical reasons for frequent night waking (e.g. food allergy / intolerance, tongue ties) or safe bedsharing.

Numerous studies have been done on the positive relationship between safe bedsharing and breastfeeding duration, and recommendations on a nuanced approach to discussing bedsharing with parents are covered therein. These studies are well-summarised by Unicef UK at this link: <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-bed-sharing-infant-sleep-and-sids/>

One of the studies referenced above estimates that at least half of infants bedshare at some point with their parent(s). Given this, and strong information on differing risk levels dependent on specific factors (e.g. parental smoking, safe sleep surfaces, parental alcohol or drug consumption, breastfeeding) strong consideration should be given to offering advice on safe bedsharing to all parents. Medical professionals who regularly support parents, including Maternal and Child Health Nurses, midwives and GPs, should be educated on options other than sleep training to provide better and more comprehensive support to parents.

Considering infant well-being

Almost no survey respondents were provided with any information on the impact of sleep training on infant well-being and mental health. A clear stance has been taken by the Australian Association for Infant Mental Health (AAIMHI) on this, clearly indicated that controlled crying and controlled comforting, of which responsive settling is one form, have potentially negative effects on an infant. <https://www.aaimhi.org/key-issues/position-statements-and-guidelines/AAIMHI-Position-paper-1-Controlled-crying.pdf>

An approach to focuses on both the parent and the infant, and balancing the needs of the two, rather than solely on parental needs, should include this information. Medical professionals who regularly support parents should be aware of this position paper and its underlying sources.

Moving beyond a sleep training culture

For many vulnerable, sleep-deprived and often desperate parents, sleep training is being positioned as the only option by medical professionals, from as early as 1 month of age. This is an irresponsible approach, as it does not take into account the range of options available to parents and also fails to consider the negative impact to infant well-being and breastfeeding duration.

Many parents are unaware of other options available to them to support them through the challenging periods of early parenthood, other than sleep training. Increasing the knowledge and

awareness of medical professionals responsible for supporting parents, both prior to birth and in the first year of their child's life, has the potential to improve outcomes.

The strong focus on sleep training also ignores well-known information on infant neurological development, and directly contradicts advice provided on daytime care. If we are told that you can't spoil your baby by cuddling them too much, how do we reconcile that with advice not to cuddle them at night, lest we spoil them or accustom them to comfort? Our children should be accustomed to being comforted – they deserve attentive, loving care-givers, and their needs don't stop at a certain time of night. Recognising that, and offering advice that will support parents in meeting their child's needs while also managing their own is a crucial step in moving beyond a sleep training culture.