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## MODULE 7: Interview Script

Interviewer: Good morning Ms. Gordon. How are you doing today?

Ms. G: I am doing pretty well. A little tired. It is getting harder to get comfortable at night to sleep.

I: I can imagine. When is your baby due?

MG: In 6 weeks. I can't believe our little girl is coming so soon.

I: Is she your first?

MG: Yes, I'm so excited, but pretty nervous too.

I: Nervous? What are you concerned about?

MG: Well, I don't think I know much about babies—I was the baby in our family and I do have nieces and nephews, but since I am so much younger than my sisters, I don't really remember much about them as babies. I hope I can be a good mom. There seems to be so much and I am not sure that I am ready, but I guess she's coming no matter what.

I: Being nervous is fine—most new moms are. It is also really great that you are thinking about what you will need to know and how to take care of your baby. Actually today I would like to spend some time with you talking about your plans for how you will feed and put your baby to sleep and help you figure out what you will want to do. Is that ok?

MG: Sure. I guess they do a lot of that—sleeping and eating.

I: So what have you thought it will be like when you get home with your new baby?

MG: Well, everyone tells me I will be tired-not much sleep for the first few weeks, but that it will be wonderful. Like I said, I haven't been around babies much, so it is a little hard to picture.

I: Yes, a new baby is wonderful and really changes your life. Because of those changes, it is important to know what is coming and make plans for how you will deal with those changes. Often we don't really understand how babies sleep and eat, so everyone expects that babies will sleep through the night and let you get your rest within a few weeks. Unfortunately, that is not really the case. Sleeping through the night is part of a baby's development—so just like we

wouldn't expect a 3-month old baby to walk; we shouldn't expect her to sleep through the night. While every baby is different, typically babies may wake up during the night until they are a year old and beyond. Also, young babies don't know the difference between day and night and don't start sleeping longer during the night until they are about 10-12 weeks old. That is really hard on parents, because we need our sleep.

MG: Wow, I never realized that. What can I do to make the baby sleep longer?

I: Sometimes people will give advice to give the baby something extra to eat before bedtime, but actually babies wake up not only because they are hungry, but because that is how babies sleep. Anyway, even at one month, a baby's stomach can only hold 4 ounces, so the idea of "topping them off" doesn't really work.

MG: No wonder my cousin always looks like she is exhausted. I thought she must not know how to take care of her baby to make him sleep longer.

I: You are right—in fact parents often think they are doing something wrong, but this is how babies are made. So that means new parents have to plan for how they will get help to deal with this challenge. Also there is some very important information I would like to share with you about sleeping and feeding your baby, to make sure she is safe.

MG: What does safety have to do with sleeping and feeding my baby?

I: Unfortunately, each year thousands of babies die because they were sleeping in situations that were not safe. You may have heard terms like SIDS (Sudden Infant Death Syndrome) or SUID (Sudden Unexpected Infant Death).

MG: I have heard SIDS, I think. They gave me a brochure at my doctor's office about it. What is the difference between those two things you said?

I: Some, like SIDS, are not explained—we don't see any reason for them and others, SUID, are related to sleep situations that can end up with suffocation or strangulation. I will talk about them as sleep-related deaths. Can we talk about this?

MG: That is really scary. But what do you mean by how they were sleeping?

I: There are several things that are important. First, it is important for the baby to sleep on her back—not her side or stomach. Babies sleeping on their stomachs have many, many times greater risk of dying in their sleep—same is true of sleeping on their sides, since they can roll onto their tummies.

MG: Why is that? It doesn't really make sense.

I: You are right; it does seem hard to understand. When a baby sleeps on the stomach, it increases the chance that he will rebreathe the air under his face—we are supposed to breathe in fresh air full of oxygen, but the baby will then be breathing in the air that is full of carbon dioxide—what we breathe out. So he won't get enough oxygen, and as you can imagine, this is dangerous. Also very young babies' nervous systems don't work as well when they are on their stomachs and their hearts may not be able to get enough oxygen to their brains.

MG: Well that makes more sense to me.

I: It is also really important that everyone put the baby to sleep on her back every time, because babies who are not used to sleeping on their stomachs are at higher risk.

MG: Hmm, I wonder how my mother will take that news. She told my cousin not to put the baby on his back, because he could choke if he spits up. She always says things like, "All my babies slept on their tummies and they are fine." Actually, what she says makes sense.

I: I am so glad you raised that issue. You know, a lot of people have thought that. Let me explain why the opposite is actually true. I even have a picture here to show you. There is actually no evidence for this occurring. In fact, it is less likely to happen when the baby is on the back. Since the time that the recommendations came out to put babies to sleep on their backs, there has been no increase in reports of babies spitting up and breathing in or choking on it. Actually, when the baby is in the back sleep position, the windpipe that we breathe through is on top of the tube that leads to the stomach. So anything that comes up usually just slips back down without going into the windpipe. See here in the picture—if the baby is on the stomach, the fluid can move down in front of the windpipe and the baby is more likely to choke. I can even give you a link later so you can show this picture to your mother or you can take a picture with your phone.

MG: Well that makes sense. I guess I will try it and maybe try to explain it to my mother.

I: There are some other things that are important to keep your baby safe. The kind of place your baby sleeps is also very important. Let me give you this handout and let's go through them. If you have any questions or something doesn't make sense to you, please stop me and ask. For all of these recommendations, the key is that they keep the baby from having her breathing blocked in some way. So let's talk about these, ok?

MG: Sure. There is a lot of stuff on this page.

I: Yes, I can see how it feels like a lot. So let's talk it through and you can just keep this page as a reminder for later, if you like. I take it that you would rather learn something by talking it through than by reading things?

MG: Yes, it makes more sense to me that way.

I: OK. First: The baby should sleep on a firm (not cushiony) sleep surface such as a mattress in a safety-approved crib with only a fitted sheet. (By the way, I hope you know that old cribs made before 2011 shouldn't be used—if the sides go down, babies can get trapped, and the spaces between the slats on the sides were too wide and babies could get their heads caught). Cribs, bassinets or portable play areas are good. And there should be nothing else in the crib or other sleep areas—no soft objects, stuffed animals, pillows, blankets. Also no bumper pads in the crib. If people use mattresses that don't come with the crib and may not fit tight, the baby could get stuck in the gaps and not be able to breathe. When there are soft things where babies sleep, they can get their faces pushed into them and have their breathing blocked. Babies are not able to get themselves out of these types of situations like you or I could. Having these things where the baby sleeps can increase the risk of the baby dying by five times. So it is really worth making sure they are not there.

MG: But won't the baby be uncomfortable and cold without blankets?

I: A great question. Babies do fine on a firm surface. Our beds keep getting softer, but really babies are fine without all of those things in the bed. And instead of blankets, you can use sleep sacks. Actually, babies don't have to be kept warmer than you are—if you are comfortable, your baby is probably fine. If the room is chilly, you might put on an extra layer of clothes or use a sleep sack. Layer clothing and not bedding. Getting overheated can also increase a baby's risk.

MG: So there seems like a lot more on this list. Why these other things?

I: Ok, let's keep going. Sometimes parents will put their babies to sleep in a car seat, stroller, swing or bouncer. Of course babies might fall asleep in these, but they shouldn't be a regular place to sleep, because babies can get into positions that block their airways and they don't get enough oxygen—also a lot of time in them may lead to the baby's head getting flat in back. Also, as babies get older and move around, they can get strangled on the straps of a car seat, and babies have died or been injured when these types of devices have tipped over. Slings and baby carriers have become popular and they are great for keeping the baby close, but be sure the baby's face is always uncovered and the baby is not all curled up in them, since this can block their breathing.

MG: So most of the ways to keep a baby safe are about making sure they can breathe ok?

I: Exactly. If we are having trouble breathing in a certain position, we can move ourselves around and get out of it, but babies can't do that yet.

MG: OK—it that everything?

I: Now there is one more very important point, and this is very important because many babies die in this situation—babies should not be placed to sleep in adult beds and really should not have anyone else on the same surface with them. Babies should sleep in their

own spaces, but in the same room near their parents. Adult beds have soft mattresses and pillows and blankets that can cover the babies' faces and cause suffocation, and a person can accidentally roll over on the baby and cause suffocation. (This last piece is especially a problem if the adult has been drinking, using drugs, or taking medications that cause drowsiness or if the adult smokes). In the past, parents have tried to avoid having the baby in bed with them by moving to a sofa or soft chair to feed them at night—this turned out to be more dangerous than having them in bed. So it makes more sense to bring the baby into your bed at night to feed her and then put her right back into her own sleep space. But, of course we know parents are very tired and may fall asleep with the baby in bed. So, it is good to be prepared. Make sure there are no pillows or blankets that could accidentally cover the baby's face or make her too warm. And, when you wake up, put the baby back into her own sleep space. Well, that was a lot. Questions, concerns?

MG: Well, I am not sure we can actually afford a crib. We have had so many expenses and I will have to take off from work. I hear that diapers are super expensive too.

I: Well, when we work out your plan for sleeping and feeding your baby, let's remember that. There are some great programs that help families get a crib if they cannot afford one. Anything else jump out at you?

MG: My sister told me that when her baby didn't fall asleep well and she had to get some sleep the thing that worked best was taking him into her bed. But you say it could be a problem. I know myself, I get really wacked out when I don't get enough sleep. I am not sure I buy the idea of not taking the baby in bed sometimes. Lots of people do, and their babies are fine. I think that if the baby is crying a lot I will probably take her into my bed.

I: It is good that you are looking ahead to what might be a challenge for you so you can plan for it. Babies do settle back to sleep in bed with their mothers, but they don't necessarily sleep longer. Bed sharing is a major factor in many infant deaths. So, if you do decide to do this, make sure you are removing some of the risks like pillows and blankets; make sure the bed is not against a wall where the baby could get stuck in the crack; and make sure there are no cords from blinds or drapes hanging over the bed that might strangle the baby. But, another idea is placing the baby's sleep surface right next to your bed. It makes it easy to check on the baby, reach out and touch the baby (which will help the baby settle in), and bring the baby into bed for feeding—this can be an alternative to bed-sharing. Also, when we talk about your plan, it sounds like making sure you have people who can help out and let you get some naps in will be important for you.

MG: Well that gives me something to think about, but I imagine I will take her into bed with me on bad nights.

I: Ok. Well now at least you know about how to make it less of a risk if your baby is sleeping in bed with you. Please be sure that if you have been drinking or taken

medications or drugs that make you really sleepy (even cold medicine), on those nights you will make sure your little girl is in her crib.

MG: Sure, I will try to remember that.

I: Well we keep talking about when you feed your baby what to do, but a really important issue is how you feed your baby. What are your plans for that?

MG: I am not sure. I keep hearing that breastfeeding is good for babies, but lots of babies take formula. What is the big deal?

I: You really have been doing some homework on this. Breastfeeding is important and good for your baby and actually good for you in so many ways. Babies should be breastfed exclusively for the first six months—no other food or things to drink—to get the most benefits. And breastfeeding for a year, or longer if you and your baby want to, gives even more benefits. Since we have been talking about sleep-related deaths for babies, one important way to protect your baby is to breastfeed her. Breastfeeding is associated with a reduced risk of sleep-related death. The greater risk of formula feeding may be connected to the decreased number of infections and diarrhea related to breastfeeding and to the fact that babies who are breastfed do not sleep as deeply and could more easily arouse themselves if they are not getting enough oxygen.

MG: Wait, so breastfeeding isn't just about feeding? It has something to do with –what did you call it—sleep-related deaths?

I: Yes, It is a very important way to protect your baby. But breastfeeding has so many other important benefits for your baby. Breastfeeding protects babies from many disease risks including ear infections, upper and lower respiratory infections, asthma, and leukemia. When your baby is very young she won't have the antibodies or resistance to a lot of infections yet and she will get those from your breast milk. Also, children who are breastfed for at least six months are less likely to become obese. Childhood obesity is a risk factor for adult obesity and a range of diseases including diabetes and heart disease. Infants exclusively breastfed for at least 3 months have 30% lower incidence of type 1 diabetes and 40% reported lower incidence of type 2 diabetes later in life. Makes your baby stronger and healthier for the long term. That's pretty impressive!

MG: No wonder people keep making such a big deal about it.

I: There are also some great health benefits for mothers who breastfeed. Breastfeeding mothers have a reduced risk of reproductive cancers, including breast cancer, type 2 diabetes, and heart disease. What do you think about the idea of breastfeeding your baby?

MG: Well that all sounds good, but I hear breastfeeding is hard, and I am worried that it might hurt.

I: Sure. Lots of people worry about that. You have to get used to the feeling of breastfeeding, but if it really hurts, you need to talk with someone. It is good you are thinking about all of this now, because there is time to get some more information and support about breastfeeding before the baby is born. Let's be sure to include that in your plan. Since you like to learn about things by talking to someone, I will help you connect with a person who can answer your questions and help you think through your decision even more. Do you know anyone who has successfully breastfed?

MG: I am not really sure. I guess I could ask around.

I: It is sometimes helpful to check in with someone you know. Let's remember to put that in your plan.

MG: Well, it is not just that. Uh, this is a little embarrassing, but, my guy, uh Bob, has said that he doesn't like the idea of my taking out my breasts in public---he feels kind of like they are only for him.

I: I am glad you felt you could bring that up. Lots of men have those concerns. First of all, you are not showing off your breasts in public. You can choose how you keep your privacy when you have to feed your baby. But maybe part of your plan can be getting him in to talk with someone about how breastfeeding your baby will be so good for the baby and you. Sometimes we leave men out of the equation. In fact, I would love to talk with him about safe sleep as well.

MG: Okay. I guess I need to learn more before I figure this part out.

I: So a few more things about keeping your baby safe when she is sleeping. Do you smoke?

MG: No—never have and never will.

I: I am glad to hear you don't smoke. Does anyone else in your family?

MG: Oh no, my grandfather died of lung cancer, and we are all very anti-smoking.

I: That is great, because smoking or using tobacco during your pregnancy or after puts a baby at risk for so many problems including sleep-related death. Also, using alcohol or drugs during your pregnancy and after creates problems for your baby at birth and beyond.

MG: No problem for us there.

I: Great. So two other things. We have found that offering the baby a pacifier—if you are breastfeeding, you will wait until everything is going well with that—seems to reduce the risk of sleep-related death.

MG: Why would that be? I always heard that pacifiers were bad for kids' teeth.

I: Actually, we are not sure about the whys for this one, but studies have reported a decreased risk of sleep-related death ranging from 50%-90% for babies offered a pacifier at nap and bedtime. Of course, don't attach the pacifier with a cord, because it could get wrapped around her neck, or attach it to a toy that might end up blocking the baby's breathing. If the pacifier

falls out once the baby is asleep, then just leave it be. Now about the teeth. Dentists say that as long as the baby gives up the pacifier before their adult teeth come in, there is not a problem. Actually, it is probably easier to stop pacifier use than to get a child to stop sucking fingers or a thumb.

MG: So what is the last one—there sure is a lot to remember.

I: There is a lot, but we want to keep your baby as safe as possible. The last one is to avoid having the baby get overheated. So no heavy blankets or hats when the baby sleeps. As an adult, when you get too hot, you can kick off the covers or take off a layer. Babies cannot. When they get overheated, their bodies aren't yet very good at regulating their temperature and that affects how their heart and other body systems work. Any more questions?

MG: Not right now. I may think of something later.

I: Of course and feel free to contact me if you do. Start a list of what you want to talk about for next time. We can talk again. What do you think you might do with your baby when you get home in terms of sleeping and feeding?

MG: Well this is a lot. Of course I want to keep my baby safe, but also don't want to be crazed because I haven't slept. I am leaning toward the idea of breastfeeding, but I think we need to know a lot more. I want to get a crib—at least for naps and maybe for at night if the baby sleeps well. If she is up a lot, though, and sleeps better with me, then that is where she will be—but on her back, right?

I: Of course, that is why it is so great that we are talking about this before the baby comes so you can be ready. You may even change your ideas as the time gets closer, and even after the baby is born, you will want someone you can check in with if there are any bumps in the road that make your planned ideas hard to carry out. One good way to get ready is to make a plan that you will have, and it can help you take all the next steps you want to make your decisions and be able to be successful in carrying them out. Are you willing to take a little time now to work on that?

MG: Ok, as I think about all this, I figure I will need to prepare and make some plans. All I was thinking about was having a crib, clothes and diapers. I can see there is more to being ready to take a baby home.

### **Creating the Plan**

I: Ok, I have this sheet here that we can use to plan, and you can take with you. But you like to talk things through. You can also record us talking on your phone if you want. Let's start with the first section. Right now, with everything we talked about, how do you plan to sleep and feed your baby?



MG: Well, as for feeding I think right now I would put down breastfeeding with a question mark. I think I need to know more. Then for sleeping, I will for sure put my little girl on her back and in her crib if she sleeps well, but probably in bed with me if she is crying a lot. I would take her into bed with me if I am dead tired. I think the family is planning a shower and I have heard that someone is making me a quilt and other things for the bed, but I guess I will figure out how to keep her bed free of stuff.

I: Oh, by the way, that quilt will be perfect for what we call “tummy time.” Your baby needs time every day when she is awake on her tummy when an adult is with her to strengthen her muscles and to make sure the back of her head doesn’t get flattened from too much time on her back. So, back to your plan. It is your plan, so you can change it over time as you learn more or think about things more. You can always get back to me or take it with you as you talk to other people and make changes with them. Next, to do those things, what more information do you need?

MG: Well, I really need to learn a lot more about breastfeeding. I really don’t know anyone who has done it and I think my guy needs that information as well. I also will have to go back to work at some point, but I really don’t know what leave I get and for how long and actually I don’t know if I breastfeed how I can keep that up at work.

I: Ok, let’s put all of that on your plan. What might you need to get for the baby and you?

MG: I guess a good place for her to sleep is on that list now and I am not sure if I need anything special if I breastfeed her.

I: Ok and let’s add that second question to the information you need when you talk to someone about breastfeeding.

I: And next, what are things you need to do to get ready?

MG: Well, I have to figure out how to get a crib, and I guess I need to talk to someone about breastfeeding and my work situation. Wow—I just thought of something else. How does child care work if I decide to breastfeed?

I: So, let’s put those things on your “to do” list. People can try to arrange child care near work and run over to breastfeed, but typically people pump milk and leave it for the baby during the day. So that is more information you will need to get—about pumping and also about how child care settings you are considering support moms who are breastfeeding. What do you think you might need to do to prepare for being up at night a lot?

MG: Wow, not sure, but I guess I will need someone who can help me get some rest during the day and maybe some plan to share the getting up at night with my guy—although he is really a bear when he is tired.

I: So let's add that to the plan as well.

MG: Glad I am getting started now. There is a lot to do.

I: Next, think about the people and programs in your life. Who might give you the help you need to be successful?

MG: Well my mom and my sisters said they would come help—you know, make meals for us, help with laundry. Maybe they could give me time to nap too. Also, the ladies at my church have a special program for new moms—they also will send meals, and I should find out what else they do. I think there is also a new moms group where people get together to talk about the experience, so they may be helpful.

I: Ok let's put them in so you don't forget that you already have lots of help, and make sure you use it.

What other support do you need?

MG: Oh-you said someone might be able to help me get a crib.

I: Yes, let me give you that information, and we will put it in your plan. What else?

MG: Not sure.

I: Well, we have talked a lot about needing to learn more about breastfeeding. So, I think we should identify somewhere that you can talk to a breastfeeding support person who really knows the ins and outs. Then, if you decide to breastfeed, you will already know someone who can help if there are some bumps in the road. Breastfeeding is natural, but there are some times when you need guidance. And, since you don't know anyone who has breastfed, that will be important. Since you like the idea of the new moms group at your church, we could also try to find you a group of other breastfeeding moms who support each other. Does the hospital where you will deliver offer breastfeeding classes or support groups?

MG: I like that idea. Can you help me do that?

I: Sure, I know about a few options. I will put the information about them and how to contact them in the plan, so you have it when you get home. Now, one more thing. We can plan all we want, but when you get home with the baby, some things may not go perfectly smoothly—some bumps in the road. The baby isn't sleeping well or baby is fussy; you are so tired you cannot function; there is a problem with breastfeeding; people at work are giving you a hard time about your leave; or later, you want to pump milk for your baby. Let's brainstorm who you might call then. You cannot do this alone!

MG: Well, I guess I could check in with the pediatrician if I think something is wrong. I could maybe have a schedule of my mom and sisters to see who is willing to let me call if I am

exhausted or freaked out, even at night. Of course my husband is a great support, but he might be as tired as I am, and I am sure he doesn't know anything about breastfeeding. So, I may want the breastfeeding support person or group on speed dial if I decide to breastfeed.

I: Let's put them in the plan. Now, who can help you do all these things on the plan?

MG: I am going to show it to my guy, my sisters, and my mom when I get home. They may have more ideas, and my mom is really organized, so she can help me make sure I get things done.

I: Sounds great. I will give this to you and also a blank form, because as you learn more and think about this more, you may want to make changes. Share this plan with anyone you work with now, at the hospital when you give birth, and afterwards so they can help you do the things you have decided. Also, I am happy to meet with you again or just chat on the phone as you learn more and make your decisions. Also, let me know if any of the resources I suggested don't work out or don't seem like a good fit for you and your family. Any other thoughts or questions?

MG: Not right now. I may later, and maybe my family might too.

I: Great. We want your whole team to be on board and to understand everything so you all can work together to keep your little girl safe and healthy. So we can always find ways to include them.

MG: Ok, thanks. I have a lot to think about and do.

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This handout has been developed as a component of the Building on Campaigns with Conversations: An Individualized Approach to Helping Families Embrace Safe Sleep & Breastfeeding online curriculum. To view the entire curriculum, please visit: <https://www.ncemch.org/learning/building>.

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