

## MODULE 4: Discussion Points about Safe Sleep and Breastfeeding Not Being Beneficial

Families often hear that aspects of safe sleep and breastfeeding are actually not good for babies or even dangerous. It is important to learn about those concerns so that families can get information that may allay those fears.

### ***Babies can choke when they sleep on their backs.***

There is a common idea that babies may choke when sleeping on their backs, because when they spit up, the liquid will go into their airway. This was actually an idea that was promoted by health care providers in the past (some still have this concern and may share that idea with parents). There is actually no evidence for this occurring. In fact, it is less likely to happen when the baby is on the back.

Discussion Points:

- Since the time that the recommendations came out to put babies to sleep on their backs, there has been no increase in aspiration (breathing in and choking on liquid spit up).
- When the baby is in the back sleep position, the windpipe lies on top of the esophagus, which leads to the stomach. Anything regurgitated or refluxed from the stomach through the esophagus has to work against gravity to enter the trachea and cause choking. When the baby is sleeping on its stomach, such fluids will exit the esophagus and pool at the opening for the trachea, making choking much more likely.
- The NICHD Safe to Sleep® campaign has information and a good picture to show why choking is less likely on the back: <https://www.nichd.nih.gov/sts/about/Pages/faq.aspx>

### ***Pacifier use is not supposed to be good for babies teeth.***

Using a pacifier can be seen as bad for babies. Parents have heard that it will affect how the child's teeth grow in. Of course, for breastfed babies, it is important not to introduce a pacifier until breastfeeding is firmly established (baby reliably latches on, baby and mother are doing well with feedings, baby is gaining weight, etc.). It's also important to make sure that parents learn the baby's cues for hunger so that a pacifier is not offered instead of the breast, possibly decreasing the milk supply.

Discussion Points:

- While all types of sucking beyond feeding (important for babies) can affect teeth, the American Academy of Pediatric Dentistry notes that breaking the habit of using a pacifier is easier than ending the habit of finger-sucking.
- As long as the pacifier use does not continue after the child's permanent teeth have come in (well past infancy), it should not be a problem.

**Reminder: Pacifiers should not be offered until breastfeeding is firmly established. A baby should not be forced to accept a pacifier. If it falls out while the baby sleeps, the baby should not be wakened to place it back in the baby's mouth.**

***Without bumper pads babies can get their heads caught or get injured on the sides of the crib.***

Families worry that without bumper pads babies can get their heads or other body parts caught between the slats on the side of a crib or will bump their heads and get injured.

Discussion Points:

- If parents and other caregivers are using up-to-date, safety-approved cribs manufactured since 2011 that meet the Consumer Product Safety Commission standards, then the spaces between the slats are too small for a baby to get her head through (See CPSC's Crib Information Center: <https://www.cpsc.gov/safety-education/safety-education-centers/cribs> ).
- Dr. Rachel Moon explains that young babies, for whom bumpers are designed, don't have the muscle strength or coordination to fling across the crib hard enough to injure themselves.
- Dr. Rachel Moon also notes that while it is possible for a baby to get an arm or a leg stuck between crib slats, it's virtually impossible to break a limb by doing so—which means that at most, the experience will be uncomfortable and upsetting, but not life-threatening, until a caregiver arrives to help. This is better than a baby getting suffocated by having her face stuck up against bumper pads or being accidentally strangled by the ties that hold them on to the crib.

***Cribs are dangerous—they cause “crib death.”***

SIDS or sleep-related death was once referred to as “crib death” because babies were found dead in their cribs. While the health and public health world no longer uses this term, it stays in the memory of families. As a result, there is a concern that somehow cribs caused these deaths.

Discussion Points:

- Crib death is an older term for SIDS or sleep-related death. It got that name because babies were found dead in their cribs.
- The crib was not the cause of the death. We now know that being in a crib with a firm mattress and nothing else (blankets, toys, pillows, bumper pads) actually protects babies from these unexpected deaths.

***Sleeping on the back causes head deformities.***

Parents may have heard that babies who sleep on their backs get flat spots on their heads.

Discussion Points:

- When the idea of keeping babies safe by having them sleep on their backs first came out, it caused some parents to think that babies should never be on their stomachs. As a result, babies did have problems with flat spots on their heads and delayed motor development.
- We now know that tummy time is just as important as back sleeping. Tummy time is when the baby is placed on the stomach while the baby is awake and someone is watching. It is recommended that from the time a baby arrives home from the hospital, it is a good idea to have 2-3 sessions of tummy time a day, starting out for 3-5 minutes and getting longer as the baby gets older. This helps with the baby's development.

- Some other ideas for preventing flat spots on the baby’s head include:
  - Holding the baby upright when he or she is not sleeping
  - Limiting time in car seats, bouncers, swings or carriers (also important for baby’s development)
  - Changing the direction, the baby lies in the crib from week to week.

For more information about tummy time, see

- Pathways' video clip *Five essential tummy time moves, how to do tummy time*  
<https://pathways.org/watch/five-essential-tummy-time-moves-how-to-do-tummy-time/>
- Pathways’ handout, Essential tummy time moves to develop your baby’s core  
[https://pathways.org/wp-content/uploads/2014/10/essentialtummytimemoves\\_english.pdf](https://pathways.org/wp-content/uploads/2014/10/essentialtummytimemoves_english.pdf)

***Bed-sharing is necessary for bonding with baby.***

Currently, there are many who promote bed-sharing as an important way to bond with a baby. Parents see that closeness as very important. For parents who are working all day, they feel that having the baby in bed offers time for closeness.

Discussion Points:

- Bonding with the baby is very important and involves much more than sharing the bed with the baby. Parents can bond with their baby in important ways that don’t involve bed-sharing.

Suggestions include:

- Have your baby sleep in your room, right next to you in a separate space where you can still reach out and touch the baby.
- Have supervised skin-to-skin contact after your baby is born and talk to your baby right away. If there are medical reasons this cannot happen, don’t worry. Bonding goes on throughout your baby’s early months. Learn about how to safely continue skin-to-skin contact at home. More information about safe skin-to-skin contact is provided by the Cleveland Clinic:  
<https://my.clevelandclinic.org/health/articles/newborn-kangaroo-care>
- Breastfeed your baby—the contact and the opportunity to make eye contact and talk with your baby are very important. If you or the father or other caregivers are bottle-feeding, be face-to-face with the baby while talking and interacting.
- Keep your baby with you in a safe baby carrier as you go about your activities—this is a great way for fathers or other caregivers to bond with the baby too. Make sure you can see the baby’s face, and the baby can breathe well in the carrier. More information about safe use of baby carriers is available from the Consumer Product Safety Commission: <https://www.cpsc.gov/business--manufacturing/business-education/durable-infant-or-toddler-products/>
- Be responsive to your baby’s needs. Very young babies do not get “spoiled”—they are depending on you to figure out why they are crying, since they cannot let you know what they need. Also, studies suggest that before the age of six months “training” to help your baby settle down to sleep and to sleep longer are probably not effective and not really helpful in bonding with your baby.

***Formula is just as healthy as breast milk—they add vitamins and other things to it (Some parents may even think it might be healthier than breastmilk).***

Of course, mothers want the best nutrition for their babies. They may see in commercials that formula includes important vitamins and other nutrients or hear from friends and family that babies get better nutrition from formula. Depictions of mothers in advertising also may promote the idea that wealthy and educated women choose formula, suggesting that it is a better choice.

Discussion Points:

- Actually the opposite is true. Breast milk is designed by nature to provide babies with all the vitamins and other nutrients they need. This special mix is designed just for your baby based on who you and the baby are and the environment you are in.
- Breast milk is personalized nutrition just for your baby.
- In addition, breast milk has antibodies—these protect babies from getting sick—that cannot be provided by formula. These antibodies are actually specific to the family’s environment so they protect baby from the germs around them.

***Formula is better for babies, because they gain weight faster on formula.***

Families hear that formula-fed babies gain weight faster and they hear or assume that factor makes formula feeding better for babies.

Discussion Points:

- Formula-fed babies may weigh more, but this is not necessarily a good thing. A chubby baby is not necessarily a healthier baby. Babies grow at their own rate. They should be monitored by their health care providers to be sure they are growing well.
- For families who come from areas where food security is a problem or where babies may get diseases that cause them to waste or grow poorly, additional explanation may be needed. Their experience has been that better weight gain as an infant will ensure that the child grows up to be strong and healthy.
- It is important to explain that the weight that babies gain from formula is not the kind of weight that shows that they will grow up to be strong and healthy adults. This kind of weight gain can lead to obesity as a child and adult and the many health problems associated with obesity such as diabetes, high blood pressure and heart disease.
- Breastfed babies know how to regulate the amount they eat based on how hungry they are, not based on how many ounces of formula given them. This is an important experience that may pave the way for normal weight later in life.

***Everyone uses formula so it must be better.***

Unfortunately in the past two generations or so, breastfeeding has become less common, and families may not know someone who has breastfed. Advertising for formula is widespread and contribute to a sense that everyone uses formula and that it is better for babies.

Discussion Points:

- According to recent statistics, around 80% of all women in the United States start out breastfeeding. Fewer continue for the 6 months of exclusive breastfeeding and the full year, but even so breastfeeding is not rare.
- In 2012, almost half of babies were breastfed for 6 months and almost a quarter were breastfed for a year.
- When you think that almost 4 million babies are born in the U.S. each year, that is a lot of babies being breastfed.

***My milk will turn sour or dry up and then there will be nothing for my baby to eat.***

Mothers may have heard stories about milk turning sour in their body or milk drying up suddenly.

Discussion Points:

- Breast milk cannot curdle inside a woman's body. It is made fresh for each feeding.
- Sometimes breast milk gets on the baby or mother's clothing and smells "sour." It is not sour when the baby is eating it.
- Milk dries up when the baby stops breastfeeding. If a mother skips feedings (without pumping) or adds formula, her milk supply will decrease. But, mothers have control over this process and can always check with a lactation support person with questions.

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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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