

Safety in Infant Sleep and its Cultural Consideration from a Doula's Perspective

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WHAT DOES A DOULA DO?

BIRTH DOULA

The doula provides emotional and physical support, suggests comfort measures, and provides support and suggestions for the partner.

The birth doula does NOT perform clinical or medical tasks. The doula provides non-medical support solely.

The doula meets with their client two to three times prenatally to prepare them for the birth of their baby.

Once they go into labor, the doula will meet the client in their home or at the hospital to start the services and will stay continuously until 2 hrs after the birth.

There are usually one or two postpartum visits to review the birth and answer any questions they might have.

POSTPARTUM DOULA

The postpartum doula offers evidence-based information and gives emotional, physical, and educational support solely. The doula cares for the parents and the family in their home in the first few weeks following the birth.

The postpartum doula does NOT perform clinical or medical tasks. The doula provides non-medical support solely.

The doula meets with their client once prenatally to prepare them for the postpartum period.

After the baby is born, the doula will meet the client in their home to start the services. These services will be provided for about 6 - 8 weeks postpartum.

THE POSTPARTUM DOULA...

- ❖ educates about infant care (sleep, diapering, bathing, baby carriers)
- ❖ educates about normal newborn behavior
- ❖ teaches infant feeding
- ❖ helps with emotional transition and screens for Perinatal Mental Health disorders
- ❖ assists with postpartum physical recovery
- ❖ makes referrals
- ❖ prepares (small) meals
- ❖ does baby laundry and runs errands



SUID – Sudden Unexpected Infant Death

Each year, there are about 3,400 sudden unexpected infant deaths (SUID) in the United States. These deaths occur among infants less than 1 year old and have no immediately obvious cause.

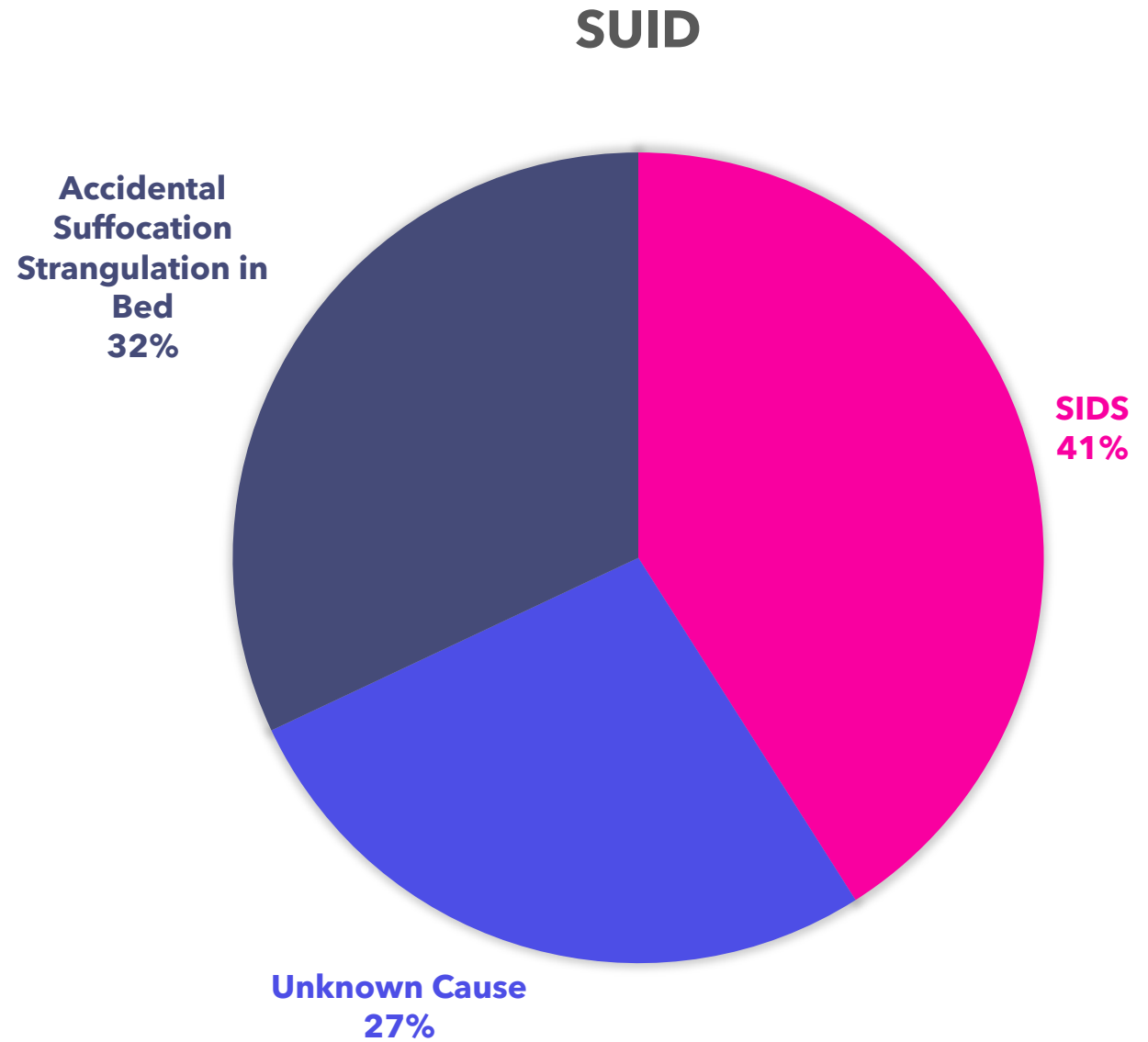
The three commonly reported types of SUID include the following:

- ❖ Sudden Infant Death Syndrome (SIDS)
- ❖ Unknown Cause
- ❖ Accidental Suffocation and Strangulation in Bed

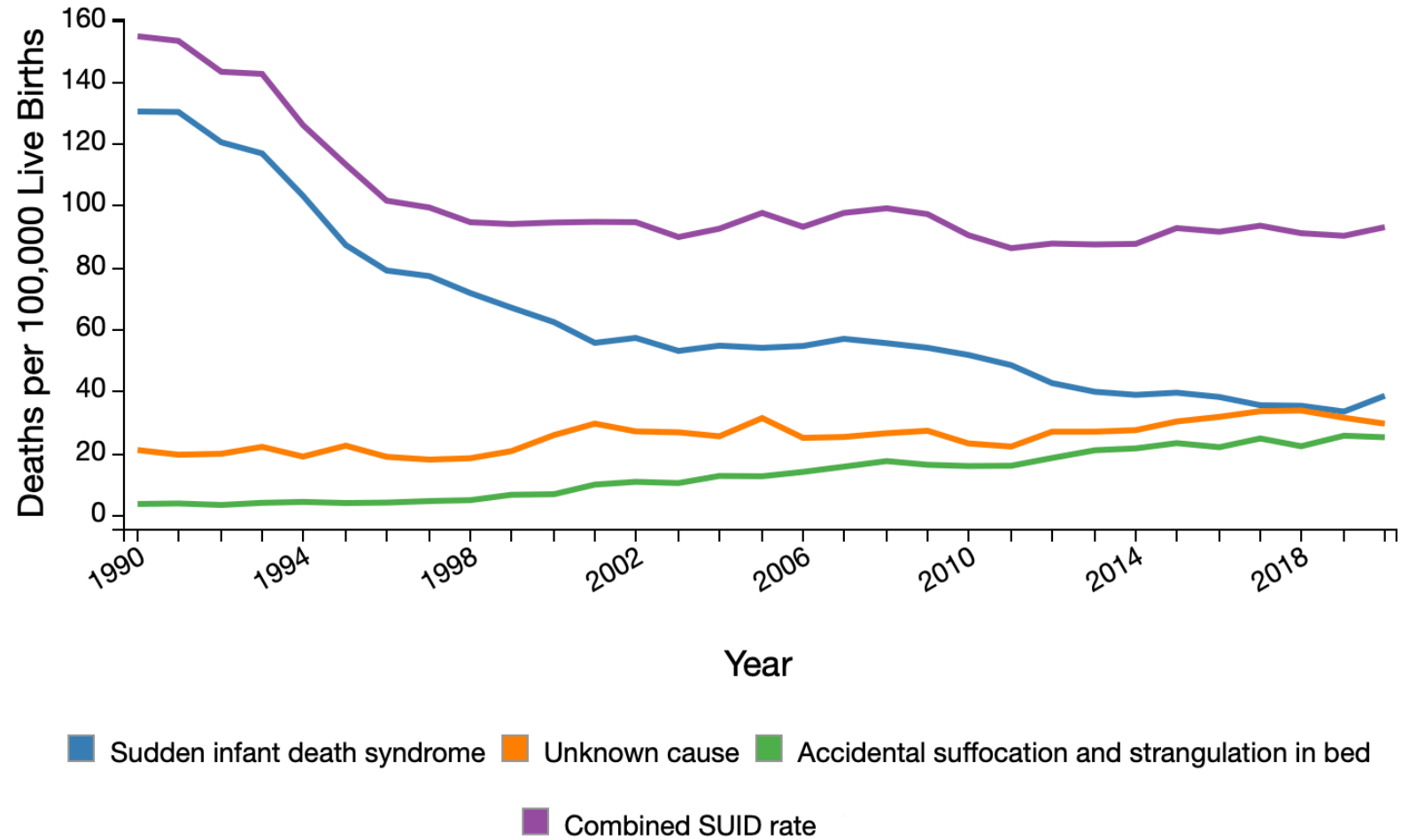
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates calculated via CDC WONDER.

BREAKDOWN BY CAUSE

SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates calculated via CDC WONDER.

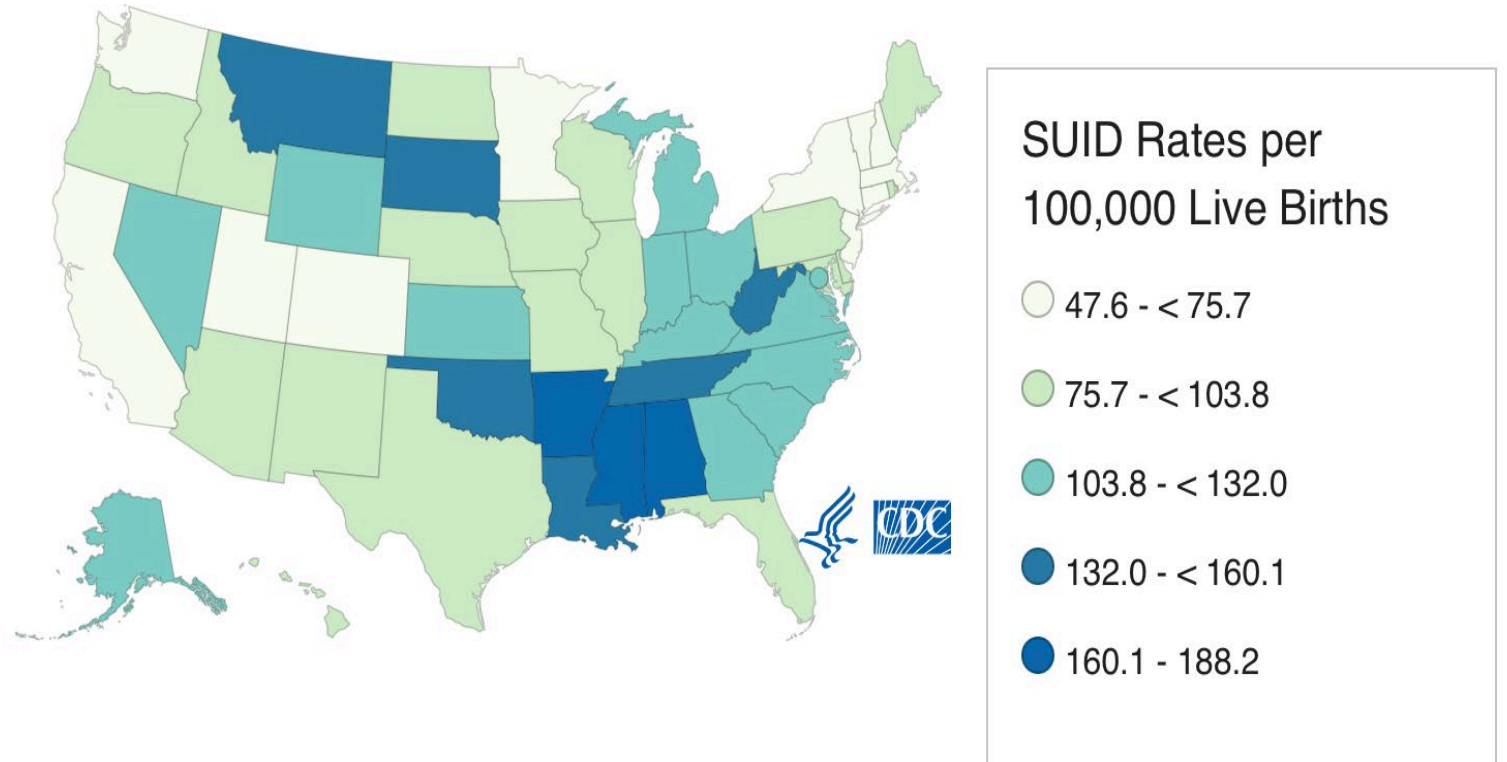


TREND BY CAUSE 1990 – 2020



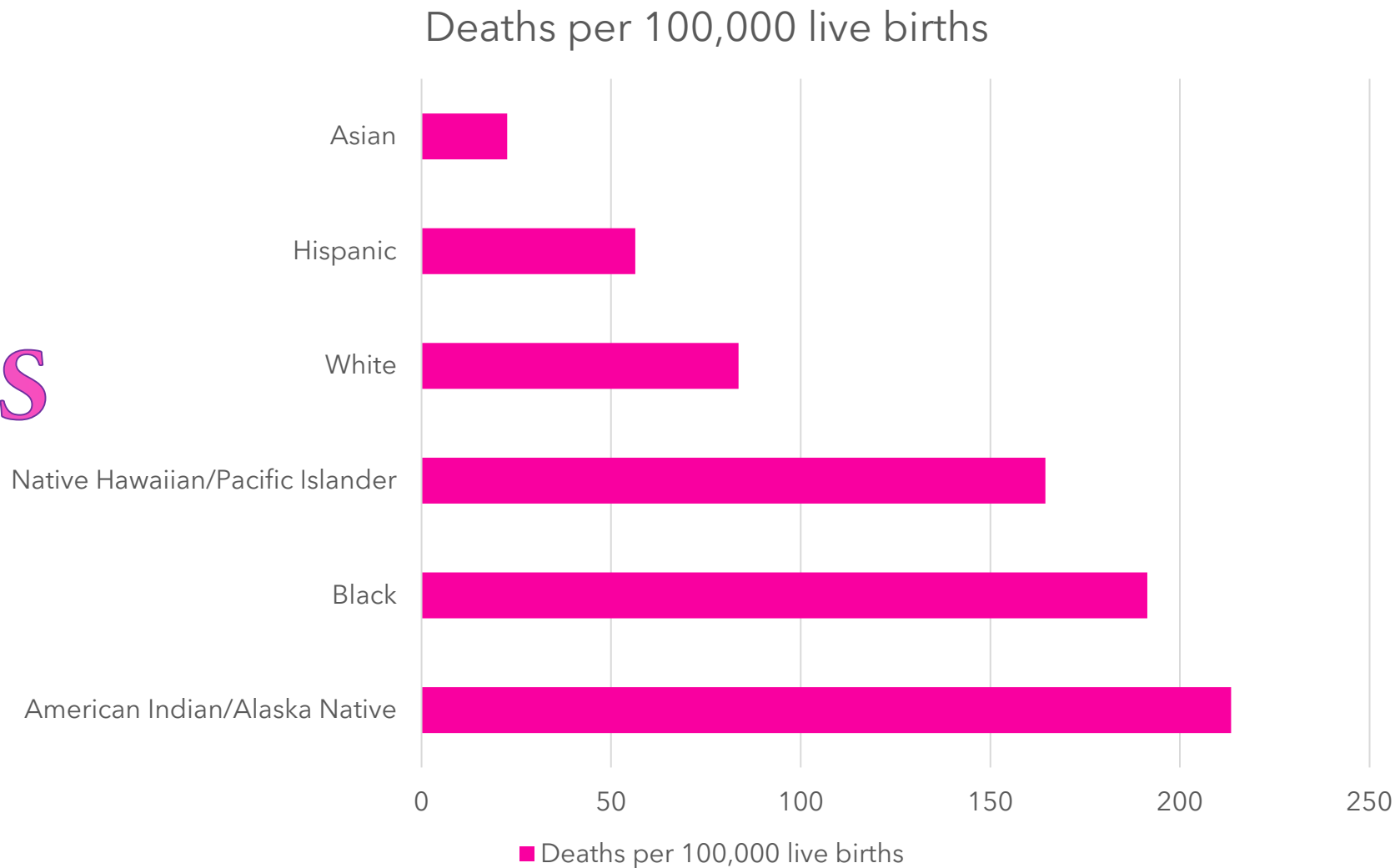
SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates calculated via CDC WONDER.

SUID RATES BY STATE 2016 – 2020



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates calculated via CDC WONDER.

SUID RATES BY RACE 2016 – 2020



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality Files. Rates calculated via CDC WONDER.



RISK FACTORS

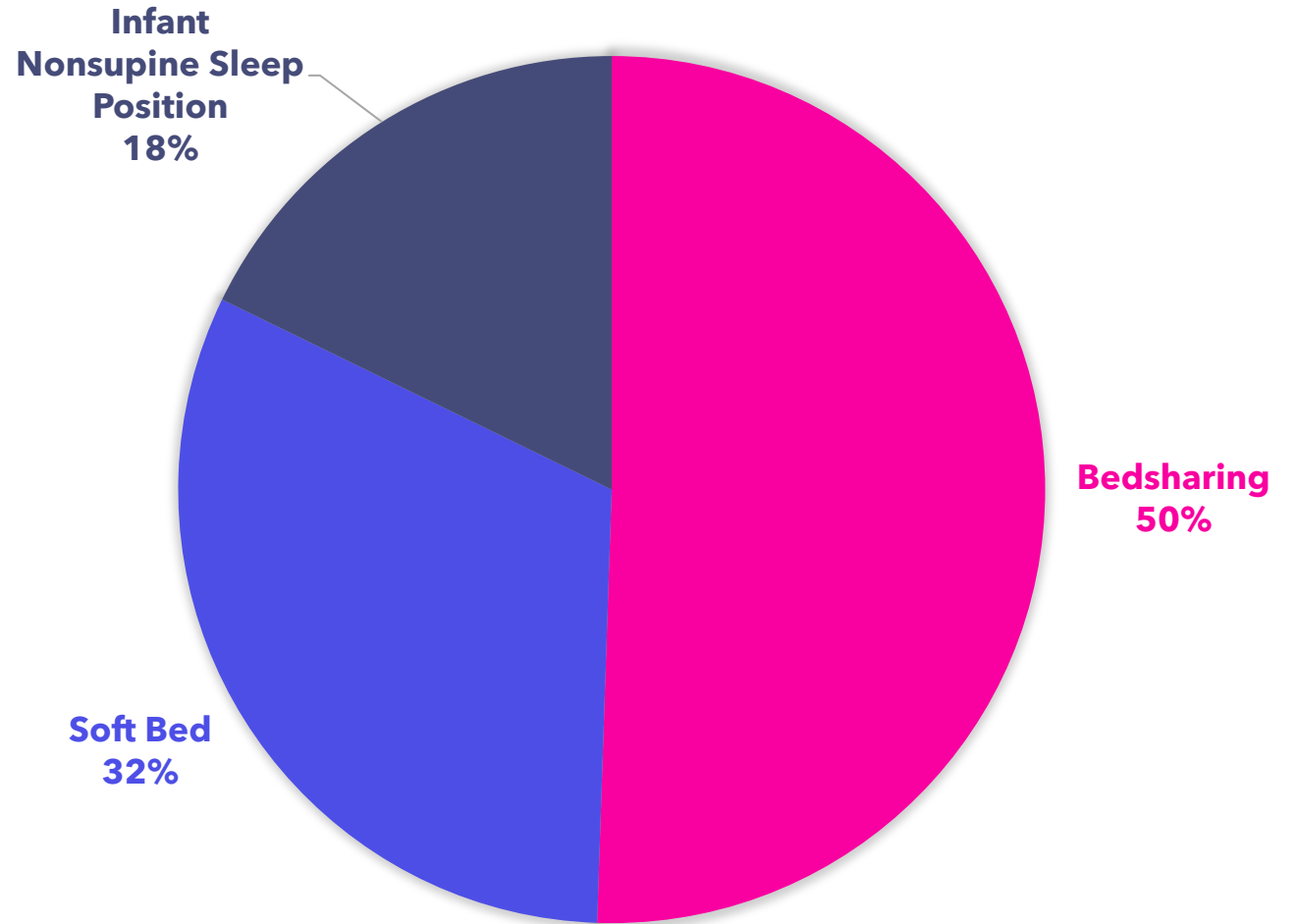
RISK FACTORS

- ❖ More than 1 in 5 parents with a recent live birth placed their infant in a nonsupine sleep position (on side or stomach)
- ❖ More than 1 in 3 parents used at least one type of soft bedding
- ❖ Nearly 2 in 3 parents reported bed sharing with their infant

(Bombard et al., 2018)

RISK FACTORS FOR SUID

KNOWN RISK FACTORS FOR SUID



(Bombard et al., 2018)



Recommendations on Reducing SUID and Promoting Safe Sleep

AAP Recommendations

- ❖ supine (on back) sleep position
- ❖ firm sleep surface: flat (not hammock), level (no angle or incline), covered only with fitted sheet
- ❖ room sharing without bed-sharing for at least first six months
- ❖ sleep environment free of objects: stuffed animals, blankets, toys
- ❖ avoidance of pre- and postnatal exposure to tobacco smoke

(US Dept. of Health and Human Services)

AAP Recommendations cont.

- ❖ feed baby human milk
- ❖ no drugs and alcohol misuse
- ❖ avoid baby getting too hot, keep baby head uncovered
- ❖ regular well-baby visits at pediatrician
- ❖ avoid using any heart, breathing, or motion monitors

(US Dept. of Health and Human Services)

HOW TO APPLY THIS INFO?



Bed-sharing is associated with an increased chance of SIDS or accidents if they have taken drugs or alcohol, are a smoker, or have a premature baby.

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CONVERSATION

- ❖ Respectful dialogue: ask questions, include families in decision-making process, follow up and adjust
- ❖ Customize sleep information: cultural-specific resources, including pictures and verbiage , encourage inclusivity
- ❖ Cultural-friendly products: bedding, sleep arrangements, financial abilities

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