Sleep ... that knits up the raveled sleeve of care...  
by Sandra Yates – APL, LLLC-BCY

Baby is crying again. Glance at the clock: 3 am. Wasn’t it 1 am the last time? Scoop her up, get her out of the room so as not to wake Daddy. Make my way down the stairs to the couch, our nursing station. Get her latched on after a few false starts. Gosh, I’ll be glad when this gets easier! Now she’s drinking, so we’ve negotiated that ok. So sleepy! Eyes keep closing. If I just keep one eye partly open I can still see her. I feel like I’m going to drop her. Maybe I’ll just put my legs up and stretch out and get a bit more comfortable....

Comfortable yes, but is it safe? Although every sleep should be a safe sleep, it is not hard to imagine how many sleeps, in many households, quickly become unsafe.

Parents are very aware of the health promotion message that breastfeeding is the normal way to feed babies. Most parents are eager to breastfeed and start out with a strong intention to do so. Another message that many parents receive from health care providers is that it is dangerous to sleep with your baby in bed with you. “It is best to not share a bed with your baby.”

“Babies who share a bed or sleep surface with adults...are at risk for SIDS and accidental death.” Many mothers are quite fearful of falling asleep with the baby in bed; they believe it is taking a big risk to do so. Is that true? While there are some circumstances where sharing a bed surface can be risky, many of these risks can be mitigated by careful planning; under normal circumstances (healthy mother, healthy breastfeeding baby), risks are minimal. Yet, somehow, the health promotion message seems to have been skewed towards turning the recommendation for the group with risk factors into the blanket recommendation for everyone. The message parents are receiving is an over-simplification without nuance or qualification and is, in fact, untrue for most.

Also in this issue:
- Take the Quiz: Dental Caries
- Mind Map: The Power is Out - what do you do?
- Good Reads
- Congratulations to Jen Peddlesden & CBMC
What is the harm when health care providers simplify the message - won’t everyone be protected then? In the above scenario, the mother is, in fact, putting herself and her baby at greater risk by moving from her bed. Lying on a couch with a baby is a known risk factor for accidental death, yet the fear of lying with her baby in her bed (a potentially much safer environment) has led her to this moment. The mother has an increased level of sleep deprivation, due to the extra time and higher arousal level required for transportation to another environment and feeding in an upright position, compared to a brief sleep interruption to latch her baby on in bed. If the other parent takes the baby out of the adult bed and lies with the baby in another location, to give the mother some extra sleep time, that other location often turns out to be the couch, which is unsafe no matter who is lying with the baby. The simplified message, “do not sleep with your baby in your bed”, becomes the motivation for significantly riskier parental behavior, in order to comply with a message that may not apply to their situation at all.

The fear of bedsharing may be a risk to continued breastfeeding - with all these night time trials and tribulations, breastfeeding suddenly doesn’t seem like such a wonderful experience. Feeding the baby less at night looks like a good solution in the short term, yet in

Here’s what our babies have always “expected” at night:

ATTENTIVE, SOBER ADULTS: Even in your sleep, you normally know where your baby is just as you know where your bed edge is. Alcohol and certain medications alter awareness during sleep and increase the risk of suffocation.

CLEAN AIR: A smoking parent greatly increases the risk of SIDS. (Smoking during pregnancy increases risk even more.)

BACK SLEEPING: Stomach sleeping on a flat, horizontal surface increases the risk of suffocation and SIDS unless the surface is a parent’s chest.

A GAP-FREE SURFACE: And reasonable airspace, to avoid suffocation risk.

BREASTFEEDING: Bottle-feeding behaviors increase suffocation risk. Breastfeeding to sleep is normal and healthy.

HUMAN MILK: Formula-fed babies are more than twice as likely to die of SIDS. Suffocation and other risks rise with formula-feeding as well.

FREEDOM OF MOVEMENT: A swaddled baby can’t protect his airway, change his position, reach his mother, suck on his hands, or regulate his temperature, sleep state, or appetite normally. Swaddling increases the risk of both SIDS and suffocation.

AN ADULT WITHIN REACH: When they’re alone, babies’ temperature and breathing are less stable, and they have less practice in rousing – important practice! They also have more periods of apnea (no breathing) – all risk factors for SIDS.

A COMFORTABLE TEMPERATURE: overheating increases the risk of SIDS.

FREE ACCESS TO SUCKLING AT BREAST: There’s no evidence that a sleeptime pacifier helps protect a bedsharing breastfed baby.


For “what you can do” suggestions on how to meet the baby’s needs outlined above, a discussion of mothers’ needs and how they can be met, and for references for this information, please see the entire Information Sheet, available from LLLI or request a single copy from any LLLC Leader (www.lllc.ca).
the long run may have a detrimental effect on milk production and the breastfeeding relationship. Nor does it factor in the baby’s nutritional and emotional needs, which don’t go away just because of the position of the hands of the clock. The reality is that babies, especially breastfeeding babies, normally wake at night; it is also a reality that mothers naturally get sleepy when they breastfeed, especially at night. The fear of falling asleep while nursing is often supported by advice to never breastfeed a baby to sleep, further uncoupling breastfeeding from normal sleep behavior and physiology. Following one of the plethora of sleep training programs available to parents from a variety of sources may aid some of them in the quest for fewer sleep interruptions at night, but the outcomes with respect to satisfaction with the breastfeeding relationship and breastfeeding duration are as yet unknown. (We do know that breastfeeding duration rates remain stubbornly low.) It is important to note that exclusive breastfeeding is an important and key preventative strategy for SIDS.

Everyone wants a good night, a safe night’s sleep. There can be very little consensus on how to achieve that goal when health care provider recommendations are arbitrary, absolute, and not rooted in everyday parenting reality. An extensive review of the literature on risk factors for Sudden Infant Death Syndrome (SIDS) and Sudden Unexplained Death in Infancy (SUDI) conducted by the government of British Columbia, produced an evidence-informed health promotion guideline now in use throughout the province. The guideline includes bedsharing as a key risk factor for SIDS and SUDI; closer reading of the document reveals that it is bedsharing in the presence of other risk factors that is the issue, not bedsharing in a safe environment. Parents can be forgiven if they are confused by the over-simplified version of the message. The final sentence of the executive summary of this document is: “Based on a comprehensive review of the evidence, the majority of the guideline working group felt that the evidence of harm from bedsharing in the absence of risk factors did not support a blanket recommendation for or against bedsharing when no [other] risk factors are present.”

Many parents find that bedsharing is the logical and practical way to get the most sleep while meeting their baby’s needs and keeping their baby safe at night. For these parents, it is important that health care providers offer evidence-informed, helpful and supportive information about safe bedsharing practices.

Bedsharing and Breastfeeding

- In 2009 a study was released in BC of infant deaths in sleep-related circumstances over 5 years

- Of the 51 infants that died while bedsharing, 49 were bedsharing where there were risk factors present: exposure to tobacco smoke; caregiver under the influence of alcohol or drugs; infant placed prone or side lying; bedsharing with a sibling.

- Neither of the 2 remaining infants were breastfed.

Your membership is important...

LLLC Health Professional membership provides you with these benefits:

- breastfeeding Information Sheets to download for use with your clients (titles currently available include: How Fathers Help Breastfeeding Happen; Breastfeeding Tips; Establishing Your Milk Supply; Storing Human Milk; Tips for Breastfeeding Twins)
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Breastfeeding and Dental Caries Quiz
by Jennifer Peddlesden, Area Professional Liaison for LLLC-AB/NWT

Recent research has confirmed what La Leche League has said all along—exclusive breastfeeding provides the opportunity for optimum dental health (12a, 12b).

“Human milk does not cause cavities unless there is another carbohydrate source. “ (13)

Enjoy this quiz to test your knowledge on some of the facts about breastfeeding and dental health.

1. What is Dental Caries?
   a. A condition resulting from poor diet, and inheritance of thin tooth enamel
   b. A totally preventable disease
   c. An infectious, contagious and multifactorial disease produced by three factors: bacteria, diet and susceptible tooth.
   d. Plaque caused by high oral acidity and sugars in diet

2. What is known to reduce cavities in breastfeeding children?
   a. Refrain from night nursing
   b. Flossing when second molars erupt (~22 months)
   c. Breastfeed only to six months, as longer nursing increases risks of bottle mouth
   d. Swab baby’s mouth with water after each night nursing

3. When should parents take their breastfed child to a dentist for an oral health risk assessment?
   a. As soon as the first tooth appears
   b. As soon as the child starts to eat foods that contain natural or added sugars
   c. By 6 months of age
   d. At around 12 months as before that the child has not enough dentition

4. What is the major pathogen which causes tooth decay?
   a. *Staphylococcus sanguis*
   b. *Porphyromonas gingivalis*
   c. *Candida albicans*
   d. *Streptococcus mutans*

5. Does removal of caries in a mother reduce dental caries in her child?
   a. Yes
   b. No

6. If you are nursing your child through the night, insure your breastfeeding child’s teeth have been thoroughly brushed after nursing and before bed.
   a. True
   b. False
7. Children who are breastfed for more than 12 months have a ‘........’ fold lower risk of posterior cross bite.
   a. 5  
   b. 8  
   c. 15.2  
   d. 20  

8. Which statements are true about the effect of breastfeeding on the development of the child’s jaw?
   a. Breastfeeding contributes to optimal oral, dental, and facial structure formation.  
   b. Minimizes the need for future orthodontic therapy (braces).  
   c. Helps infant develop a mature swallow pattern and proper speech acquisition. 
   d. All of the above.  

9. How does breastfeeding reduce dental caries?
   a. Acid is lower in a breastfed child’s mouth  
   b. Secretory IgA and lactoferrin deter growth of plaque forming bacteria  
   c. Compared to other liquids human milk has a low decay potential  
   d. All of the above  

10. What factor does NOT influence the occurrence of dental caries in a breastfed child?
    a. Genetic inheritance of thin tooth enamel  
    b. Calcium intake by the mother post-partum during breastfeeding  
    c. Presence of caries in mouth of the mother  
    d. Early visits to a dentist  

11. If a child is fed human milk by bottle, the benefits of breastfeeding on the incidence of dental caries are compromised because:
    a. Milk can pool in the baby’s mouth  
    b. The unnatural force of the artificial nipple may impact the position of the teeth and the shape of the palate.  
    c. The protective mechanism of active feeding is absent  
    d. All of the above  

12. What might cause staining of teeth in a breastfed child?
    a. Mother taking minocycline or tetracycline when breastfeeding  
    b. Mother taking high levels of beta carotene when breastfeeding  
    c. Mother drinking water with fluoride levels 0.7mg/L or higher while breastfeeding  
    d. None of the above  

ANSWERS  
1. c, 2. b, 3. c, 4. d, 5. a, 6. b, 7. d, 8. d, 9. d, 10. b, 11. d, 12. d
References for each Question and General References:


2. Van de Linden, Frans PMG Van Der. Facial Growth Orthopedics. Vol II. Quintessence Publishing Co. 1986 Hanover ILL:1986 (During breast suckling, the undulating rhythmic elevation and lowering of the jaw stimulates lower jaw growth, during the most rapid period of jaw growth.)

3. Kobayashi HM, Scavone H, Ferreira RI, Garib DG. Relationship between breastfeeding duration and prevalence of posterior cross-bite in the deciduous dentition. Am J Orthod Dentofacial Orthop 2010;137:54-8 Brazilian cross-sectional study 1377 children (3-6 year olds). “Children who were breastfed for 6-12 months have a 8.3% prevalence of posterior cross bite. Those breastfed for 12 + months had only 2.2% prevalence of this malocclusion. In contrast, in the group who were never breastfed, 31.1% had posterior cross bites in the deciduous dentition”.


9. ibid


“At around 12 years of age children whose mothers received calcium supplementation when pregnant showed a significant reduction in dental caries.”

11. http://toxnet.nlm.nih.gov/cgi-bin/sis/htmlgen?LACT “A number of reviews have stated that tetracycline [minocycline] is contraindicated during breastfeeding because of possible staining of infants' dental enamel or bone deposition of tetracyclines. However, a close examination of available literature indicates that there is not likely to be harm in short-term use of tetracycline [minocycline] during lactation because milk levels are low and absorption by the infant is inhibited by the calcium in breastmilk. Short-term use of tetracycline [minocycline] is acceptable in nursing mothers.”

12. General reference on dental caries and breastfeeding;


With special thanks to Christine Lilge DDS, LLLC Leader (retired) and Erin Heneghan DDS for their assistance with the research and questions.
Mind Map: What to do with breastmilk when the power goes out

- Crumpled newspaper: good insulator to fill gaps
- Use frozen jugs of water
- Cover with blankets
- Pack cooler full
- Move to a cooler
- Own, borrow, purchase new
- Generator to keep freezer running
- Move to a snowbank, out of sun, cover with snow
- Keep in freezer with no power

**Can I Use the Milk?**
- Full freezer keeps food frozen 48 hrs if not opened
- 1/2 full freezer stays frozen 24 hrs if not opened
- Yes - safe, still frozen
- No - has thawed
- If refrozen < 6 hrs can use
- Refrigerate and use within 48 hrs or discard (24 hrs for premature or health compromised baby)

**Can I Save the Milk?**
- Ice crystals?
- Yes - safe, still frozen
- No - has thawed
- If kept in refrigerator < 8 hrs can re-freeze

**How Can I Keep Milk Frozen?**
- Install an alarm on freezer
- Neighbour, friend, relative (identify clearly)
- Own home on different circuit

**Mind Map by Sandra Yates, APL LLCC BCY May 2013**

Print and place in your emergency folder or keep it handy for reference in a place where you are likely to see it.
Good Reads

The Little Green Book of Breastfeeding Management
_Gail S. Hertz, MD, IBCLC, FAAP_

The Little Green Book of Breastfeeding Management is now in its 5th edition.

If you are looking for a quick guide for doctors, nurses and residents that is small and conveniently sized to carry in their pockets, this is a great, go-to resource.

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Breastfeeding Solutions: Quick Tips for the Most Common Nursing Challenges
_Nancy Mohrbacher, IBCLC, FILCA_

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Congratulations…

to Jen Peddlesden and The Calgary Breastfeeding Matters Committee on their engaging transit ad campaign. Well done!
Thank you

.... to the following contributors

Sandra Yates
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Nicola Aquino
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Erin Heneghan DDS

Thank you to all of our Health Professionals. You are valued and important members of the La Leche League Canada community.

Have a safe and happy summer!
References and Resources: “Sleep” article – page 1-3

1 Shakespeare: Macbeth II, ii, 36

2 Government of British Columbia. Every Sleep Counts!

3 ibid


8 Kendall-Tackett, Cong Z, Hale, T. The Effect of Feeding Method on Sleep Duration, Maternal Well-being, and Postpartum Depression Clinical Lactation. 2011; Vol 2:2

9 La Leche League International. Safe Sleep for Breastfeeding Babies. October 2010; La Leche League International: Information Sheet No. 10343
