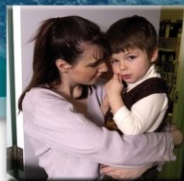


MNCHP Network Bulletin



best start
meilleur départ

by/par health **nexus** santé

The MNCHP Bulletin is a monthly electronic bulletin that highlights current trends, new resources and initiatives, upcoming events and more in the preconception, prenatal and child health field. Our primary focus is the province of Ontario, Canada but the bulletin also includes news and resources from around the world. Wherever possible, we include resources that are available for free. For more information about this bulletin, [click here](#). To manage your subscription, unsubscribe from the list-serv and access the list archives, [click here](#).

June 14, 2016

The Best Start Resource Centre developed this special bulletin in response to the number of questions we have received about safe sleep, sleep training and the use of sleep coaches. It provides an overview of some recent information related to sleep such as safe sleep, healthy sleep for infants and children, the cry-it-out method, and swaddling. It does not assess the quality of these studies or endorse mentioned practices, resources or programs.

Service providers in the field are receiving more questions from parents and caregivers about sleep training and sleep consultants. There is no standard accreditation for sleep coaches and some may have little or no training for properly assessing, diagnosing, and treating sleep problems. Parents need to learn what their baby's signals mean in order to overcome the risk of becoming desensitized to their infant's cues. If parents and caregivers request help with sleep issues, they should consult with a health care professional. Resources for parents are also listed in the "Resources" and "Featured Best Start Resources" sections of this bulletin.

To continue the discussion about this important topic, we invite you to share other information relevant to sleep on this network by emailing mnchp@healthnexus.ca.

Please note that the Best Start Resource Centre does not endorse or recommend any events, training, resources, services, research or publications of other organizations.

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I. POSITION STATEMENTS AND GUIDELINES

1. Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada

Public Health Agency of Canada et al., 2011

(available in French)

The *Joint Statement on Safe Sleep: Preventing Sudden Infant Deaths in Canada* (2011) was developed in collaboration with North American experts in the field of sudden infant deaths, the Canadian Paediatric Society, the Canadian Foundation for the Study of Infant Deaths, the Canadian Institute of Child Health, Health Canada and the Public Health Agency of Canada. Input was also provided from provincial/territorial, national, and regional public health stakeholders from across the country.

EN: www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/jsss-ecss-eng.php

FR: www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/jsss-ecss-fra.php

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2. Working with Families to Promote Safe Sleep for Infants 0-12 Months of Age

Registered Nurses' Association of Ontario, 2014

[SUMMARY]

This guideline was developed to address the question of how health-care providers can partner with families to promote safe sleep for infants 0-12 months of age to reduce known risk factors for injury and death. It provides evidence-based recommendations for nurses and the interprofessional team who provide care, in all health-care settings, to parents/caregivers and families of infants. This guideline is intended to be applicable to all nursing domains, including clinical, administration, and education.

mao.ca/sites/mao-ca/files/PromoteSafeSleepForInfant.pdf

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3. Position Statement: Pediatric Sleep (Children 0-19 years)

Canadian Sleep Society, 2015

[EXCERPT]

Sleep is an essential component of healthy development and is required for physical and mental health. Sleep deprivation and sleep disorders are highly prevalent among

Canadian children, and these problems are under-reported, under-recognized, under-diagnosed, and often untreated. The objectives of this consensus statement are to:

1. describe the role of sleep in the physical and mental health of children and adolescents (0-19 years),
2. review normal sleep development and knowledge of the effects of sleep deprivation on children and adolescents (0-19 years),
3. provide health care practitioners with counseling strategies to prevent sleep deprivation, and
4. provide health care practitioners with existing evidence-based guidelines and resources regarding the evaluation and treatment of pediatric sleep disorders.

The rationale for developing this statement is that sleep deprivation and sleep disorders have a pervasive negative impact on the health, cognitive function and socio-emotional regulation, quality of life, and future health trajectories of children and adolescents, and greater resources are necessary to optimize the care of children with sleep deprivation and disorders. The intended audience for this statement includes pediatric healthcare practitioners, particularly pediatricians, family physicians, and psychiatrists.

css-scs.ca/images/CSS_Pediatric_Sleep_Position_Statement.pdf

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4. Melatonin for the Management of Sleep Disorders

Canadian Paediatric Society (CPS), 2015

(available in French)

[ABSTRACT]

This position statement provides an overview of the evidence for melatonin use for sleep disorders in children including those with attention-deficit hyperactivity disorder, autism, and other special populations. These studies demonstrate benefit with minimal side effects; however, all studies involved small numbers of subjects and addressed only short-term use of melatonin. There are no good data concerning the safety and efficacy of long-term melatonin use. Further studies are needed to confirm the usefulness and safety of melatonin for sleep disorders in children.

EN: www.cps.ca/en/documents/position/melatonin-sleep-disorders-children-adolescents

FR: www.cps.ca/fr/documents/position/melatonine-pour-traiter-troubles-du-sommeil-enfants-adolescents

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II. RECENT REPORTS AND RESEARCH

* indicates journal subscription required for full text access

5. Clinical Lactation Special Issue on Sleep (volume 4, issue 2)

This special issue on sleep covers a range of topics including sleep training, cry-it-out methods and healthy sleep environments:

- [Why Cry-It-Out and Sleep-Training Techniques Are Bad for Babes](#)
- [Crying It Out: Important Considerations](#)
- [Why Not "Crying It Out" Part 1: The Science That Tells Us That Responsiveness is Key](#)
- [Why Not "Crying It Out" Part 2: Can Certain Infant Care Practices Cause Excessive Stress?](#)
- [The Ethics of Early Life Care: The Harms of Sleep Training](#)
- [Bringing the Parent Back into Decisions about Nighttime Care](#)
- [Finding Resources to Help Parents Create Healthy Sleep Environments](#) (part 1)
- [Finding Resources to Help Parents Create Healthy Sleep Environments](#) (part 2)
- [Simple Ways to Calm a Crying Baby: And Have a More Peaceful Night's Sleep](#)

www.ingentaconnect.com/content/springer/clac/2013/00000004/00000002;jsessionid=dl70g79e96r0t.alexandra#expand/collapse

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6. Sleep Coaches: Characterization of a Burgeoning Pediatric Provider Group from Internet Advertisements for Services

Ingram, D. G., Plante, D. T., & Matthews, C. K. (2015). Sleep coaches: Characterization of burgeoning pediatric provider group from internet advertisements for services. *Journal of Pediatrics*, 166(2), 487-489. doi: dx.doi.org/10.1016/j.jpeds.2014.10.047

ABSTRACT:

Sleep coaches are an emerging group of pediatric providers whose scope of services and regional distribution have not been well characterized. This descriptive analysis used Internet data to identify sleep coaches and certification programs in the US; we found a sizeable diversity of backgrounds, training, services offered, and pricing.

www.jpeds.com/article/S0022-3476%2814%2901014-2/fulltext

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7. Sleep in Pediatric Primary Care: A Review of the Literature

Honaker, S. M., & Meltzer, L. J. (2016). Sleep in pediatric primary care: A review of the literature. *Sleep Medicine Reviews*, 25, 31-39. doi: [dx.doi.org/10.1016/j.smr.2015.01.004](https://doi.org/10.1016/j.smr.2015.01.004)

[ABSTRACT]

Primary care is a critical setting for screening and management of pediatric sleep difficulties. This review summarizes studies examining the prevalence of sleep problems in primary care settings as well as current practices in screening, diagnosis, and management, including behavioral recommendations and medications. Potential barriers to effectively addressing sleep are also reviewed. Despite the high prevalence of pediatric sleep problems in primary care, rates of screening and management are low. Primary care providers receive minimal sleep training and have resulting gaps in knowledge and confidence. Parents similarly have gaps in knowledge and many factors contribute to their identification of sleep as problematic. Recommendations to improve the provision of sleep services in pediatric primary care are made in the areas of research, practice, and education.

www.smr-journal.com/article/S1087-0792%2815%2900016-7/fulltext

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8. * Behavioural Interventions for Infant Sleep Problems: A Randomized Controlled Trial

Gradisar, M., Jackson, K., Spurrer, N. J., Gibson, J., Whitham, J., Williams, A. S....Kennaway, D. J. (2016). Behavioral interventions for infant sleep problems: A randomized controlled trial. *Pediatrics*. Retrieved from pediatrics.aappublications.org/content/early/2016/05/21/peds.2015-1486

Please note that critics have raised the limitations of the study (e.g., [Readhead, 2016](#)).

[ABSTRACT]

Objectives:

To evaluate the effects of behavioral interventions on the sleep/wakefulness of infants, parent and infant stress, and later child emotional/behavioral problems, and parent-child attachment.

Methods:

A total of 43 infants (6–16 months, 63% girls) were randomized to receive either graduated extinction ($n = 14$), bedtime fading ($n = 15$), or sleep education control ($n = 14$). Sleep measures included parent-reported sleep diaries and infant actigraphy. Infant stress was measured via morning and afternoon salivary cortisol sampling, and mothers' self-reported mood and stress. Twelve months after intervention, mothers completed assessments of children's emotional and behavioral problems, and mother-child dyads underwent the strange situation procedure to evaluate parent-child attachment.

Results:

Significant interactions were found for sleep latency ($P < .05$), number of awakenings ($P < .0001$), and wake after sleep onset ($P = .01$), with large decreases in sleep latency for graduated extinction and bedtime fading groups, and large decreases in number of awakenings and wake after sleep onset for the graduated extinction group. Salivary cortisol showed small-to-moderate declines in graduated extinction and bedtime fading groups compared with controls. Mothers' stress showed small-to-moderate decreases for the graduated extinction and bedtime fading conditions over the first month, yet no differences in mood were detected. At the 12-month follow-up, no significant differences were found in emotional and behavioral problems, and no significant differences in secure-insecure attachment styles between groups.

Conclusions:

Both graduated extinction and bedtime fading provide significant sleep benefits above control, yet convey no adverse stress responses or long-term effects on parent-child attachment or child emotions and behavior.

pediatrics.aappublications.org/content/early/2016/05/21/peds.2015-1486

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9. *Do Psychosocial Sleep Interventions Improve Infant Sleep or Maternal Mood in the Postnatal Period? A Systematic Review and Meta-analysis of Randomised Controlled Trials

Kempler, L., Sharpe, L., Miller, C. B., & Bartlett, D. J. (2015). Do psychosocial sleep interventions improve infant sleep or maternal mood in the postnatal period? A systematic review and meta-analysis of randomised controlled trials. *Sleep Medicine Review*, 29, 15-22. [doi: 10.1016/j.smr.2015.08.00](https://doi.org/10.1016/j.smr.2015.08.00)

Please note that critics have raised the limitations of the study (e.g., [Douglas, in press](#)).

[ABSTRACT]

Sleep complaints are common amongst mothers of infants and insufficient, inefficient or fragmented sleep is associated with postnatal depression. The aim of this review is to

determine whether psychosocial sleep-focused interventions offered in the perinatal period improve infant sleep or maternal mood. We searched PubMed, PsycInfo, EMBASE and CINAHL with no date restriction. We reviewed 1097 articles, resulting in nine papers (n = 1,656) that fit the eligibility criteria for inclusion in the analyses. The primary outcome was infant sleep, defined as maternal reports of infant nocturnal total sleep time and number of night-time wakes. The secondary outcome was maternal mood. The meta-analysis indicated improvements in reported infant nocturnal total sleep time (Hedge's $g = 0.204$, $p < 0.01$). However, there was no evidence for reducing infant night wakes (Hedge's $g = 0.103$, $p = 0.134$). There was evidence of maternal mood improvements (Hedge's $g = 0.152$, $p = 0.014$), however, this could have been influenced by publication bias. Psychosocial sleep interventions appear to impact the amount of sleep that a mother reports her baby to have, although the infants continue to wake as frequently. More research is needed to confirm whether sleep-related improvements can translate into improvements in maternal mood.

www.ncbi.nlm.nih.gov/pubmed/26555938

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10. Behavioral Sleep Interventions in the First Six Months of Life Do not Improve Outcomes for Mothers or Infants: A Systematic Review

Douglas, P. S., & Hill, P. S. (2013). Behavioral sleep interventions in the first six months of life do not improve outcomes for mothers or infants: a systematic review. *Journal of Development Behavior Pediatrics*, 34(7), 497-507. [doi: 10.1097/DBP.0b013e31829cafa6](https://doi.org/10.1097/DBP.0b013e31829cafa6)

[ABSTRACT]

Objective:

The United Kingdom's National Institute for Health Research has recently invited proposals for the design of a multicomponent primary care package of behavioral interventions to reduce parental distress caused by excessive infant crying in the first 6 months of life. A systematic review was performed to determine whether behavioral interventions for sleep, when applied by parents to infants younger than 6 months, improve maternal and infant outcomes.

Methods:

Searches of PubMed, CINAHL, and Cochrane Database of Systematic Reviews were conducted to identify systematic reviews, meta-analyses, clinical trials, and cohort studies investigating the effects of behavioral sleep interventions in infants younger than 6 months (January 1993-March 2013). The evidence is critically analyzed, according to PRISMA guidelines.

Results:

Cry-fuss, feeding, and sleep problems emerge out of multiple dynamically interacting and co-evolving variables in early life and are for this reason generically referred to as regulatory problems. Studies that link behavioral interventions for sleep in the first 6 months with positive effects on maternal and infant health demonstrate 3 methodological constraints. They fail to identify and control for feeding difficulties, fail to distinguish between the neurodevelopmentally different first and second halves of the first year of life, and apply reductive analyses to evaluations of complex interventions. Despite substantial investment in recent years in implementation and evaluation of behavioral interventions for infant sleep in the first 6 months, these strategies have not been shown to decrease infant crying, prevent sleep and behavioral problems in later childhood, or protect against postnatal depression. In addition, behavioral interventions for infant sleep, applied as a population strategy of prevention from the first weeks and months, risk unintended outcomes, including increased amounts of problem crying, premature cessation of breastfeeding, worsened maternal anxiety, and, if the infant is required to sleep either day or night in a room separate from the caregiver, an increased risk of SIDS.

Conclusion:

The belief that behavioral intervention for sleep in the first 6 months of life improves outcomes for mothers and babies is historically constructed, overlooks feeding problems, and biases interpretation of data.

https://www.researchgate.net/publication/256665019_Behavioral_Sleep_Interventions_in_the_First_Six_Months_of_Life_Do_not_Improve_Outcomes_for_Mothers_or_Infants_A_Systematic_Review

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11. *Translating Research-Based Knowledge about Infant Sleep Into Practice

Middlemiss, W., Yaure, R., & Huey, E. L. (2015). Translating research-based knowledge about infant sleep into practice. *Journal of the American Association of Nurse Practitioners*, 27(6), 328-337. doi: [10.1002/2327-6924.12159](https://doi.org/10.1002/2327-6924.12159)

[ABSTRACT]

Purpose:

Review infant sleep research with a focus on understanding the elements related to infant safety and infant and maternal well-being during nighttime care.

Data sources:

This review summarizes current research and addresses the controversies and conflicting outcomes reported in infant nighttime care. This review addresses current literature on infant sleep patterns, as well as factors that influence infant sleep and are

consequences of different care routines. Conversation points are provided to help nurse practitioners (NPs) address safety and practice concerns.

Conclusions:

Shared information can help parents provide a safe and healthy environment for infants and help to facilitate communication ties between the healthcare providers and the families.

Implications for practice:

NPs need to help parents understand infant sleep patterns norms, what is current knowledge about infant nightwakings and parental presence, as well as about approaches to altering infant sleep patterns. Integrating this knowledge with parent preferences that are influenced by cultural practices and individual differences is crucial in helping parents develop a strong sense of competence and comfort with their choices and behaviors.

www.ncbi.nlm.nih.gov/pubmed/25088326

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12. Pacifier Use Does Not Alter Sleep and Spontaneous Arousal Patterns in Health Term-Born Infants

Odoi, A., Andrew, S., Wong, F. Y., Yiallourou, S. R., Horne, R. S. C. (2014). Pacifier use does not alter sleep and spontaneous arousal patterns in healthy term-born infants. *Acta Paediatrica*, 103(12), 1244-1250. [doi: 10.1111/apa.12790](https://doi.org/10.1111/apa.12790)

[ABSTRACT]

Aim:

Impaired arousal from sleep has been implicated in sudden infant death syndrome (SIDS). Sleeping in the prone position is a major risk factor for SIDS. Epidemiological studies have shown that pacifier use decreases the risk of SIDS, even when infants sleep prone. We examined spontaneous arousability in infants slept prone and supine over the first 6 months of life and hypothesized that spontaneous arousals would be increased in pacifier users, particularly in the prone position.

Methods:

Healthy term infants (n = 30) were studied on three occasions over the first 6 months after birth. Spontaneous cortical arousals and subcortical activations were scored and converted into frequency per hour of sleep.

Results:

There was no effect of pacifier use on total time spent sleeping or awake or the number of spontaneous awakenings at any age. There was also no effect of pacifier use on the

frequency or duration of the total number of spontaneous arousals or on cortical arousals and subcortical activations.

Conclusion:

Pacifier use did not alter infant spontaneous arousability at any of the three ages studied, in either the prone or supine sleeping position. Any preventative effect of pacifiers for SIDS may be through physiological mechanisms other than increased arousability.

Key notes

- Failure to arouse from sleep is thought to be involved in sudden infant death syndrome (SIDS), and it has been suggested that regular use of a pacifier may protect against SIDS.
- No differences in sleep or spontaneous arousal patterns between pacifier users and nonusers were identified in healthy term-born infants who were predominantly breastfed.
- This finding needs to be replicated in a high-risk group of infants.

onlinelibrary.wiley.com/doi/10.1111/apa.12790/full

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13. Swaddling and the Risk of Sudden Infant Death Syndrome: A meta-analysis

Pease, A. S., Flemin, P. J., Hauck, F. R., Moon, R. Y., Horne, R. S. C., L'Hoir, M. P.,...Blair, P. S. (2016). Swaddling and Sudden Infant Death Syndrome: A meta-analysis. *Pediatrics*, 137(6). [e20153275](#)

[ABSTRACT]

Context:

Swaddling is a traditional practice of wrapping infants to promote calming and sleep. Although the benefits and risks of swaddling in general have been studied, the practice in relation to sudden infant death syndrome remains unclear.

Objective:

The goal of this study was to conduct an individual-level meta-analysis of sudden infant death syndrome risk for infants swaddled for sleep.

Data sources:

Additional data on sleeping position and age were provided by authors of included studies.

Study selection:

Observational studies that measured swaddling for the last or reference sleep were included.

Data extraction:

Of 283 articles screened, 4 studies met the inclusion criteria.

Results:

There was significant heterogeneity among studies ($I^2 = 65.5\%$; $P = .03$), and a random effects model was therefore used for analysis. The overall age-adjusted pooled odds ratio (OR) for swaddling in all 4 studies was 1.58 (95% confidence interval [CI], 0.97–2.58). Removing the most recent study conducted in the United Kingdom reduced the heterogeneity ($I^2 = 28.2\%$; $P = .25$) and provided a pooled OR (using a fixed effects model) of 1.38 (95% CI, 1.05–1.80). Swaddling risk varied according to position placed for sleep; the risk was highest for prone sleeping (OR, 12.99 [95% CI, 4.14–40.77]), followed by side sleeping (OR, 3.16 [95% CI, 2.08–4.81]) and supine sleeping (OR, 1.93 [95% CI, 1.27–2.93]). Limited evidence suggested swaddling risk increased with infant age and was associated with a twofold risk for infants aged >6 months.

Limitations:

Heterogeneity among the few studies available, imprecise definitions of swaddling, and difficulties controlling for further known risks make interpretation difficult.

Conclusions:

Current advice to avoid front or side positions for sleep especially applies to infants who are swaddled. Consideration should be given to an age after which swaddling should be discouraged.

pediatrics.aappublications.org/content/early/2016/05/05/peds.2015-3275

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14. Early Inuit Child Health in Canada: Report 1 – Sleep Practices among Inuit Infants and the Prevention of SIDS

Asuri, S., Ryna, A. C., & Arbour, L. (2011). Early Inuit child health in Canada: Report 1 – Sleep practices among Inuit infants and the prevention of SIDS. Retrieved from <https://www.itk.ca/publication/early-inuit-child-health-canada-report-1-sleep-practices-among-inuit-infants-and>

[SUMMARY]

For Inuit, “the birth of each child continues to be an event that is eagerly anticipated and cause for celebration”. Unfortunately, a recent study found the infant mortality rate to be more than 3 times higher among Inuit infants than the overall Canadian rate. There were 16.5 mortalities/1000 live births in Inuit inhabited areas compared to 4.6/1000 live births in the rest of Canada, a rate not seen in the general population of Canada since the early 1970’s. In particular, the post-neonatal death rate, described as death within the period of 29 days to one year, was disproportionately high. A contributing factor to this is the elevated rate of Sudden Infant Death Syndrome (SIDS) among Inuit, which was

measured at 7.4 times the overall Canadian rate (5.2/1000 vs. 0.7/1000). These results are consistent with those observed a decade ago when studies showed that infant mortality in Canadian Aboriginal populations (including Inuit) was 3-7 times higher than the national rate, with preterm birth and SIDS being the two main causes.

To gain a better understanding of sleep practices among Inuit infants, the University of Victoria, in partnership with Inuit Tapiriit Kanatami (ITK), developed this report using data from the 2006 Aboriginal Children's Survey (ACS). The sleep practices of Inuit infants were analyzed and relevant research about SIDS reviewed. The outcomes of this paper reveal the need for health promotion programs, policies and tools, which better support Inuit families and contribute to the prevention of SIDS in Inuit Nunangat.

<https://www.itk.ca/publication/early-inuit-child-health-canada-report-1-sleep-practices-among-inuit-infants-and>

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15. Temporal trends in sudden infant death syndrome in Canada from 1991 to 2005: contribution of changes in cause of death assignment practices and in maternal and infant characteristics

Gilbert, N. L., Fell, D. B., Joseph, K. S., Liu, S., León, J. A., Sauve, R. (2012). Temporal trends in sudden infant death syndrome in Canada from 1991 to 2005: contribution of changes in cause of death assignment practices and in maternal and infant characteristics. *Paediatric and Perinatal Epidemiology*, 26, 124–130. doi: [10.1111/j.1365-3016.2011.01248.x](https://doi.org/10.1111/j.1365-3016.2011.01248.x)

[SUMMARY]

The rate of sudden infant death syndrome (SIDS) declined significantly in Canada and the US between the late 1980s and the early 2000s. In the US, this decline was shown to be due in part to a shift in diagnosis, as deaths from accidental suffocation and strangulation in bed and from other ill-defined and unspecified cause increased concurrently. This study was undertaken to determine whether there was such a shift in diagnosis from SIDS to other causes of death in Canada, and to quantify the true temporal decrease in SIDS. Cause-specific infant death rates were compared across three periods: 1991–95, 1996–2000 and 2001–05 using the Canadian linked livebirth-infant death file. The temporal decline in SIDS was estimated after adjustment for maternal and infant characteristics such as maternal age and small-for-gestational age using logistic regression. Deaths from SIDS decreased from 78.4 [95% confidence interval (CI) 73.4, 83.4] per 100 000 livebirths in 1991–95, to 48.5 [95% CI 44.3, 52.7] in 1996–2000 and to 34.6 [95% CI 31.0, 38.3] in 2001–05. Mortality rates from other ill-defined and unspecified causes and accidental suffocation and strangulation in bed remained stable. The temporal decline in SIDS between 1991–95 and 2001–05 did not change substantially after adjustment for maternal and infant factors. It is unlikely that the temporal decline of SIDS in Canada was due to changes in cause-of-death assignment practices or in maternal and infant characteristics.

onlinelibrary.wiley.com/doi/10.1111/j.1365-3016.2011.01248.x/epdf

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III. CURRENT INITIATIVES

16. Better Nights, Better Days: An Online Program Developed by a Team of Sleep Experts across Canada

A team of psychologists, nurses and physicians - many of them parents themselves - developed the Better Nights, Better Days program and will be measuring its success. The program is based on behavioural principles - increasing and encouraging positive behaviours that will help children learn to settle down more quickly at bedtime and achieve a better quality of sleep throughout the night. *Better Nights, Better Days* may help provide a more accessible way of delivering health care.

The *Better Nights, Better Days* team is currently recruiting Canadian parents to participate in an evaluation of the program. Eligible participants will be asked to complete several questionnaires before they begin. Participants will be randomly divided into one of two groups. One group will be asked to complete the program immediately. The second group will be given access to the program at the end of the study. Both groups will complete a series of questionnaires 4 and 8 months after they have enrolled in the study. This will allow the *Better Nights, Better Days* team to evaluate the program.

betternightsbetterdays.ca/site/about-the-sleep-study

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IV. RESOURCES

17. Canadian Paediatric Society: Healthy Sleep

(available in French)

This website provides information about how much sleep children need, healthy sleep habits, common sleep problems, and when to talk to a health care provider. The Caring for Kids Website also provides information on other topics that relate to sleep:

- [Safe sleep for babies](#)
- [Pacifiers \(soothers\): A user's guide for parents](#)

EN: www.caringforkids.cps.ca/handouts/healthy_sleep_for_your_baby_and_child

FR: www.soinsdenosenfants.cps.ca/handouts/healthy_sleep_for_your_baby_and_child

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18. Public Health Agency of Canada: Safe Sleep

(available in French)

While the rate of Sudden Infant Death Syndrome (SIDS) has declined in Canada, it remains the leading cause of death of healthy infants, with a higher rate amongst vulnerable populations. Current evidence demonstrates that unsafe infant sleep environments also play a role in sudden infant deaths. These resources are part of the Public Health Agency of Canada's ongoing commitment to promote awareness about SIDS and safe infant sleep environments. The resources include the 2011 [Joint Statement on Safe Sleep](#), the revised [Safe Sleep for Your Baby](#) brochure, the [Safe Sleep for Your Baby](#) video as well as promotional items.

EN: www.publichealth.gc.ca/safesleep

FR: www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/index-fra.php

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19. Baby's Breath

The *Canadian Foundation for the Study of Infant Deaths* has now become *Baby's Breath*. The new name reflects their broadened mission to prevent sudden and unexpected infant deaths and stillbirths by: advocating for and supporting research, disseminating information, and providing bereavement support to families. The website provides many resources for parents and caregivers, grieving families, and professionals. There are two videos available:

- Canadian SIDS families who have lived the unthinkable

- Let's Start a Conversation: Let's talk about SIDS

www.babysbreathcanada.ca/

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20. Is your Child Safe? Seep Time

(available in French)

This resource for parents provides general sleep safety tips, an overview of places a baby might fall asleep (e.g., car seats, strollers), sleep accessories (e.g., sleep positioners, pacifiers), sleep products (e.g., bed rails, bunk beds), and resources for recalls and incident reporting.

EN: www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-eng.php

FR: www.hc-sc.gc.ca/cps-spc/pubs/cons/child-enfant/sleep-coucher-fra.php

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21. Sleeping Behaviour, Good Sleep for Good Growth

(available in French)

This resource by the *Centre for Excellence in Early Childhood Development* (2013) provides information on children's sleep for parents. Healthy sleeping habits are essential to foster proper cognitive, behavioural, emotional, and physical development in children. Accordingly, early detection and intervention is necessary to reduce or eliminate poor sleeping habits as soon as possible.

EN: www.child-encyclopedia.com/sites/default/files/docs/coups-oeil/sleeping-behaviour-info.pdf

FR: www.enfant-encyclopedie.com/sommeil/ressources

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22. Honouring our Babies Safe Sleep Cards and Guide

These resources incorporate cultural beliefs, practices, and issues specific to First Nations and Aboriginal communities. The tools by the First Nations Health Authority (2013) include a deck of 21 discussion cards and seven illustrated cards that you can use to prompt and guide discussions with families about safe infant sleep as well as a facilitator's guide with more information, research, resources and graphics.

www.fnha.ca/about/news-and-events/news/new-safe-infant-sleep-toolkit-honouring-our-babies-safe-sleep-cards-and-guide

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V. FEATURED BEST START RESOURCES

23. Sleep Well, Sleep Safe: A booklet for parents of infants from 0-12 months and for all who care for infants

Best Start Resource Centre, 2015
(available in French)

This booklet is for parents of infants from 0-12 months and for all who care for infants. It provides healthy sleep tips as well information on how to reduce the risks of Sudden Infant Death Syndrome (SIDS) and other sleep related causes of infant death. The resource is available in [print](#) and [PDF](#).

EN:

www.beststart.org/resources/hlthy_chld_dev/pdf/BSRC_Sleep_Well_resource_FNL_LR.pdf

FR:

www.meilleurdepart.org/resources/develop_enfants/pdf/BSRC_Sleep_Well_resource_FR_LR.pdf

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24. Healthy and Safe Sleep Tips for Infants 0-12 Months - Did You Know?

Best Start Resource Centre, 2015
(available in French)

These tips for parents and caregivers of infants aged 0-12 months provide practical suggestions on healthy and safe sleep. The tips support the current recommendations on how to reduce the risks of Sudden Infant Death Syndrome (SIDS) and other sleep-related causes of infant death. Topics include:

- The safest place for an infant to sleep
- Attachment and sleep
- Establishing routines
- Creating safe sleep environments
- Breastfeeding and SIDS
- Alcohol/drug misuse and SIDS
- Smoking and SIDS

EN: en.beststart.org/resources-and-research/healthy-and-safe-sleep-tips-infants-0-12-months

FR: fr.meilleurdepart.org/ressources/conseils-pour-des-habitudes-de-sommeil-saines

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25. Prenatal Education: Key Messages for Ontario

Best Start Resource Centre, 2016
(available in French)

The Best Start Resource Centre launched a comprehensive prenatal education online resource at www.ontarioprenataleducation.ca. This evidence-based online tool identifies universal key messages for service providers in Ontario to share with their clients related to preconception, prenatal, postpartum and newborn health, as well as the supporting evidence for each of these key messages. This tool is available in English and French and can be used to:

- Confirm key messages for specific topics.
- Confirm the evidence for key messages of specific topics.
- Confirm current guidelines and recommendations for specific topics.
- Guide the development or revision of prenatal education programming.
- Find relevant resources for clients.
- Find relevant resources to assist in the delivery of specific subject matter.

The key messages themselves have been written in plain language and are available in PDF printable format to share with families. The “How to Use the Contents” tab provides information on how to navigate the tool itself. The following sections contain information relevant to sleep:

- Newborn Safety: www.ontarioprenataleducation.ca/newborn-safety/
- Newborn Care: www.ontarioprenataleducation.ca/newborn-care/

EN: www.ontarioprenataleducation.ca

FR: www.educationprenataleontario.ca

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About This Bulletin

The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our MNCHP bulletins are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (mnchp@healthnexus.ca). Please note that the Best Start Resource Centre does not endorse or recommend any events, resources, or publications mentioned in this bulletin.

Information on the MNCHP Network: Email mnchp@healthnexus.ca or visit <http://en.beststart.org/services/information-exchange>

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Stay connected!

The free weekly [Ontario Health Promotion E-mail bulletin \(OHPE\)](#) offers a digest of news, events, jobs, feature articles on health promotion issues, resources, and much more, to those working in health promotion.

[Click4HP](#) is an international dialogue on health promotion. Participants exchange views on issues and ideas, provide leads to resources, and ask questions about health promotion.

[The Maternal Newborn and Child Health Promotion \(MNCHP\) Network](#) - A province-wide electronic forum for service providers working to promote preconception, prenatal and child health.

[Ontario Prenatal Education Network](#) - A space where professionals can share information and resources, ask questions and collaborate with peers on topics related to prenatal education.

[Health Promotion Today](#) - Our blog keeps you informed of news and topics related to health promotion.

Follow us on [Twitter](#) to stay up to date on all things related to health promotion.

View our video resources on [YouTube](#) and [Vimeo](#)

[The Best Start Aboriginal Sharing Circle \(BSASC\) Network](#) is a distribution list designed for service providers working with Aboriginal Peoples in areas of preconception, prenatal and child health. The network is a forum to share news, ideas, questions and best practices.

We encourage you visit the website of our new [3M Health Leadership Award](#) to find out how you can support community health leadership and honour your own community leader by nominating them for this national award.

En français:

Restez branché!

Le bulletin francophone [Le Bloc-Notes](#) est un outil indispensable pour les intervenants professionnels qui aiment être à l'affût des nouveautés dans le domaine de la promotion de la santé.

Le [Bulletin de santé maternelle et infantile](#) est un bulletin électronique mensuel à l'intention des fournisseurs de services œuvrant dans le domaine de la promotion de la santé maternelle et infantile.

[Promotion de la santé aujourd'hui](#) – Notre blogue sur lequel on partage des nouvelles et réflexions liées à la promotion de la santé.

Suivez-nous sur [Twitter](#) pour demeurer au fait de tout ce qui concerne la promotion de la santé.

Visionner nos ressources vidéo sur [YouTube](#) et [Vimeo](#)