What you need to know: Implications of the American Academy of Pediatrics 2016 Safe Sleep Practices on Pediatric Behavioral Sleep Medicine

Society of Behavioral Sleep Medicine Practice Committee: Yelena Chernyak, Haley Byers, Elisabeth James, Charles Schmittdiel, Stephen J Thomas, Richard Blackburn, & Stacey L Simon

The American Academy of Pediatrics (AAP) released a number of noteworthy modifications regarding safe infant practices in 2016 which differ from previous recommendations. These changes impact the practice of pediatric behavioral sleep medicine, particularly in the domain of promoting optimal sleep in infants and young children who may experience problematic night awakenings secondary to sleep onset association problems. A commentary was recently published in the journal Behavioral Sleep Medicine on the AAP Safe Sleep Practice recommendations. A summary of this commentary outlining the recommendations’ impact on pediatric sleep medicine is below:

Room Sharing: The AAP stated it is “ideal” for infants to room share, but not bed share, with caregivers until 12 months of age in order to further reduce the risk of Sudden Unexpected Infant Death (SUID), which extends previous recommendations for room sharing from 6 months of age when the risk of SUID drops by 90%. The recommendation to room share until the first birthday likely warrants a significant change in practice for a substantial number of families in the United States. Room sharing for an extended period of time could potentially interfere with independent self-soothing and self-regulation for infants if the caregiver is unable or unwilling to implement behavioral strategies to teach these skills at bedtime and/or during the night if the infant is sleeping in the same room.

Bed Sharing: Bed sharing was not encouraged, even for breastfeeding infants. The recommendations to return infants to their own firm sleep space after feeding may provide an opportunity to reinforce self-regulation of sleep if the infant is returned to their own bed drowsy but awake and given a chance to fall asleep independently as opposed to falling asleep while or after nursing in the parent’s bed.

Pacifier Use: The AAP recommended pacifier use at bedtime for its protective effects against SUID, which may lead to the development of problematic sleep onset associations if the pacifier falls out and the infant does not have the fine motor skills to then retrieve it either at sleep onset or during the night.

Dialogue: The new AAP safe sleep recommendations now include a statement that pediatricians should have an open dialogue with parents regarding their choices about sleep location for infants, especially to encourage a forthright discussion about bed sharing practices.

References
