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| **ISA ISPID  Abstract Submission  Nº: 176**   |  | | --- | | Topics: | | Type: **Thematic Panel** | | **Recommendations to Parents About Bed Sharing: What is the Evidence?** | | **Rossato, Norma**1; **Blair, Peter**2; **Coombs, Robert**3; **Hauck, Fern**4; **Shapiro-Mendoza, Carrie**5; **Piumelli, Raffaele**6 *1 - Sanatorio de la Trinidad Palermo,CABA, Argentina. 2 - School of Social and Community Medicine,University of Bristol,Bristol, UK. 3 - Jessop Wing,Sheffield, UK . 4 - International Family Medicine Clinic,University of Virginia Department of Family Medicine. Charlottesville ,VA,USA . 5 - Division of Reproductive Health, Centers for Disease Control and Prevention. Atlanta, GA, USA . 6 - Ospedale Pediatrico Meyer Firenze,Italy.* | | **Objectives of the session** This Thematic Panel examines several important conceptual issues related with the recommendations to parents about bed sharing  **Content of the session** It is clear that breastfeeding and skin-to-skin practices are beneficial and should be recommended and actively encouraged. Skin-to-skin contact is associated with increased duration of breastfeeding, with benefits that are undisputed. Nevertheless, there are some circumstances where this feeding practice could become dangerous, even in hospital. For example, unexpected infant collapse occurring in maternity wards during the early days of life is not unknown. Primipara, postnatal fatigue and an asphyxiation position have been proposed as risk factors. The issue is both of medical and public health importance because most of these potentially catastrophic events are preventable. The staff of maternity wards should be aware of these potential risks of bed sharing during the newborn/neonatal period and beyond. Studies have shown a bi-directional relationship between breastfeeding and bed sharing (i,e., the mother sharing a bed with her infant for sleep) . However, analyses of twelve international case – control studies and two individual SIDS data sets detected an association between SIDS and bed sharing. What are our options as health professionals?   In the US, safe sleep guidelines from the American Academy of Pediatrics and other agencies recommend against bed sharing. Another option, as preferred in the UK, is to advise parents, as in the US, that the safest place for an infant to sleep is on a separate sleep surface, but  the guidance acknowledges that some parents may bed share and instructs health profesionales to give parents information to help them make decisions about where their baby sleeps.  **Method and extent of audience participation** Because deaths attributed to accidental suffocation are now more prominent since the fall in SIDS deaths, we need to know the detailed maternal and infant characteristics associated with potential accidental asphyxiation.  Families need to be given an individualized safe sleep message based on known risk factors for SIDS and suffocation, taking into account parental viewpoints and experiences.  **Proposed content area and why it is important to participants**  During this panel discussion, the speakers will cover the following topics: what are the known risk factors for SIDS in the neonatal period? (< 7 days); why are cases of infant death with unsafe sleep environments increasing?;  an update of maternal and infant characteristics  associated with accidental asphyxiation and suffocation in bed; which approach to adopt and the evidence behind the risk reduction advice regarding  potential risks arising from bed sharing; suggesting tips of how to improve communication on safe sleeping advice: from the hospital to the home. Finally, which is  the most important message for participants?.  Our role should be to try to help parents with a message as clearly as posible. | |  |  |  |  | | --- | --- | | **CONTACT** | | | Name: | **Norma** | | Lastname: | **Rossato** | | E-mail: | **nerossato@gmail.com** | | Country: | **Argentina** | | Institution | **Sanatorio de la Trinidad Palermo,CABA, Argentina** | | Cellphone: |  | | City: | **Buenos Aires** | |