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(she/her)**
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How to support breastfeeding families in a sleep crisis

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1

It's great to meet you...

- 20 years experience in paediatric nursing
- Public health nurse
- IBCLC since 2011
- Holistic sleep coach
- Author
- Currently doing a PhD
- Founder of Breastfeeding the Brave
- Support several national organisations
- Mum of 2



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2


Disclosures

- Author of five books (so far)
- Co-Founder Holistic Sleep Coaching Program
- Co-Founder Thought Rebellion
- Founder of Breastfeeding the Brave
- Involved in research projects
- Nothing non-WHO code compliant

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3

Objectives



- Identifying sleep myths
- What defines a sleep crisis, and how is it different?
- Which families are more at risk of sleep crisis?
- Why is breastfeeding at risk in a sleep crisis?
- How to support children responsively through a crisis
- Out of the box thinking with sleep crisis - what other strategies might help?

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4

Myths & mainstream sleep strategies...


- Eat-play-sleep
- 2, 3, 4
- Drowsy but awake
- Teach them to self soothe
- Sleep begets sleep
- Sleep schedules
- Cry it out
- Pathologising comfort feeding
- 7am-7pm



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5

How do these undermine responsive parenting?



- Parent is no longer the expert
- Not biologically normal
- Not all babies need the same amount of sleep
- Not looking at the baby – but the book
- Treating babies like robots
- Pathologising sleep
- Demonising strategies that make parenting easier
- Promoting a non-response

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6



How do they affect breastfeeding?

- Not all parents have the same storage capacity
- Feeding induces sleep
- Breastfeeding gets the blame
- Lactation professionals seen as 'anti' mothers
- Feeding at night is normal

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Are they evidence based?

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Breastfeeding, food & sleep

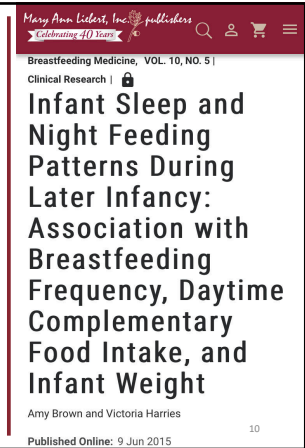
1. Breastfed babies wake more often in the night
2. Babies not eating enough solid food wake more
3. Formula feeding mothers are less tired

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Brown & Harries, 2015

- 80% of 6-12 month old babies woke at least once per night
- No difference between breast and formula fed infants
- More milk or solids in the day had no impact on number of night wakings
- More milk or solids in the day reduced the likelihood of being fed back to sleep




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Feeding to sleep

- Feeding induces a post-prandial state
- Ghrelin – regulates energy input/output by adjusting hunger based on stomach emptiness
- Orexin – promotes wakefulness and appetite
- Leptin – satiety hormone. Decreases appetite
- Cholecystokinin (CCK) – decreases appetite, induces NREM sleep
- Brain derived neurotrophic factor (BDNF) – induces sleep and reduces appetite, especially eating for pleasure




Kapas, 2010; Shukla & Basheer, 2016; Cordeira & Rios, 2011

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11

What the evidence suggests about breast & formula fed babies' sleep...

- In a study comparing parental report to actigraphy
- Both breast & formula fed babies wake up a similar number of times
- Breastfeeding parents **over**reported wake ups
- Formula feeding parents **under**reported wake ups



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12

What the evidence suggests about normal sleep

- In a study of over 55,000 6-18 month old babies, 70% woke at least once
- Night waking reduced over time

Trajectories and Predictors of Nocturnal Awakenings and Sleep Duration in Infants

Mari Hysing, PhD,* Allison G. Harvey, PhD,† Leila Torgersen, PhD,‡ Eivind Ystrom, PhD,‡ Ted Reichborn-Kjennerud, PhD,§§ Borge Sivertsen, PhD,¶¶

ABSTRACT: Objectives: To examine the trajectories of sleep duration and nocturnal awakenings in infants from 6 to 18 months of age and to identify predictors of short sleep duration and nocturnal awakenings. Methods: Data for this study come from the Norwegian Mother and Child Cohort Study conducted at the Norwegian Institute of Public Health. A total of 55,831 mother reports of child sleep were used to estimate the stability and predictors of awakenings and short sleep. Results: Nocturnal awakenings were frequent among 6-month-old children. Although there was an overall reduction in both sleep duration and nocturnal awakenings from 6 to 18 months, the chronicity of sleep problems was high and impacted by prior sleep behavior and sleeping arrangements. Bedsharing was an independent and graded predictor of nocturnal awakenings and short sleep duration, also after controlling for prior sleep. Breastfeeding was related to concurrent nocturnal awakening but was not negatively related to later nocturnal awakenings. Conclusions:

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13

International Journal of Environmental Research and Public Health

Article

Exclusive Breastfeeding Duration and Perceptions of Infant Sleep: The Mediating Role of Postpartum Anxiety

Sian M. Davies¹, Bethany E. Todd-Leonida², Victoria M. Fallon² and Sergio A. Silverio^{3,4}

- Measured postpartum anxiety, infant sleep quality and breastfeeding status
- Higher rates of PPA were associated with worse perceptions of infant sleep and shorter BF duration
- Anxiety may be a bigger factor in infant sleep quality perception than feeding type

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14

Bay et al, 2022

- Sleep quality of mothers improved over time (!)
- BF mothers reported better quality sleep, which was in turn associated with longer BF duration
- But also... better perceived sleep quality was associated with higher levels of self efficacy

Routledge Taylor & Francis Group

The effect of postpartum sleep quality on mothers' breastfeeding self-efficacy level

Habibe Bay , Ayşın Ekincioglu , Nevinhan Soğukapanlı and Ekin Cebec Turfan

Faculty of Health Sciences, Midwifery Department, Saklık University, Adilhan Kahhalı Campus, Saklık, Konya, Turkey; Faculty of Health Sciences, Midwifery Department, Ege University, Bornova, Turkey

ABSTRACT: This study was performed to investigate the effect of sleep quality of new mothers on their breastfeeding self-efficacy. The data of 12 mothers were analyzed in the study. Data were collected by the mothers at the first, sixth and 12th months after the birth. In the analysis, the repeated measures ANOVA, independent sample t-test, chi-square test and correlation analysis were used. Sleep quality was poor in 80.5%, 72.2% and 74.4% of the participants in the first, the second and the third follow-up respectively. Breastfeeding and efficacy levels of the mothers, whose data were the most improved in parenting effectiveness, the sleep factor should be considered, and it should be included in social support and postpartum care services.

ARTICLE HISTORY: Received 8 March 2022 Accepted 21 May 2022

KEYWORDS: breastfeeding; self-efficacy; sleep; quality; postpartum; mothers

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15

The upshot...

- Let's not blame:
 - Breastfeeding
 - Solid food
 - Being small
- Let's not recommend:
 - Topping up with formula
 - Giving more solid food
- We'll have to be more creative...
- But first – is it really a crisis?



16

Determining the urgency



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Sleep crisis



- Urgent – 'drowning not waving'
- May be due to context
- Platitudes are inappropriate
- Breastfeeding is at risk

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Defining a sleep crisis




- Unmanageable
- Unsustainable
- Can't go on
- "I've had it"
- "I want to walk away"
- Black and white thinking
- Catastrophising

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19

Why are sleep crises different?

- Not really about breastfeeding....
- Anyone can have a sleep crisis
- In a crisis, many people are managing on minimal amounts of sleep
- Severe sleep deprivation = less than 5 hours in 24
- Less tolerance for hard work at night



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20

The sleep scapegoats



- During a crisis, many people will look for something to blame;
 - Breastfeeding
 - Bed-sharing
 - Attachment parenting
 - And so on...
- May be societally influenced
 - Friends
 - Family
 - Media
- May be culturally influenced
- Many people will abandon the thing they think is to blame...

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21

Even if there is no evidence that it *IS* in fact the cause of the sleep problem...

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What families might try...




- Formula
- Sleep training
- Social media influencers
- Snoo...

Pretorius et al, 2022

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23

Which families are more at risk?




- Existing sleep problem
- Mental health problems
- Physical ill health (parent)
- Infant illness
- Sibling complex needs
- Childhood illness
- Single parent families
- Early return to work
- Lack of support
- Social isolation

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24

What affects the urgency?

- Age of child
- How long has this been going on?
- Preparation for parenthood
- Parenting role models
- Situational stress
- Finances, return to work, housing
- Other siblings
- Parental individual sleep patterns
- Adult and child physical / mental health
- Pressure from others



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What is their capacity for change?


- Are expectations realistic?
- Level of fatigue
- Support from others
- Other responsibilities
- Ambivalence about reducing or stopping breastfeeding?
- Guilt
- Strategies they can feel good about



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26

What breastfeeding problems may worsen sleep?



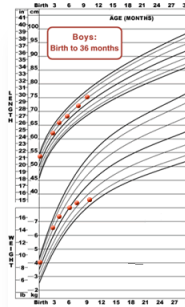
- Supply problems
- Shallow latch
- Tongue tie
- Allergy and intolerance
- Gas/wind
- Reflux

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27

Supply problems

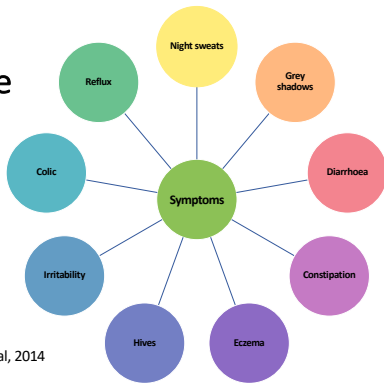
- Genuine low supply – dropping centiles, low output
- Weight plateau/loss
- Slow gaining/faltering growth
 - Babies initially feed frequently and fretful
 - Later sign – sleeping longer (to conserve energy)
 - Weight is the first to be affected
 - Followed by length, then head circumference
- Oversupply
 - Requires skilled management
 - Can encompass lactose overload
- Don't treat feeding problems with sleep solutions
- May have underlying health concerns



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28

Allergy & intolerance

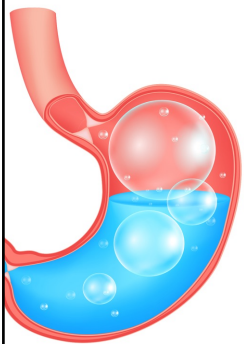


Dominguez-Ortega et al, 2014

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29

Gas / wind



- Some babies are windier than others
- Infrequent, large feeds tend to make it worse
- Crying before a feed
- Gut dysbiosis
- Gulping/spluttering/fast let down
- Try wonky winding

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30

What if breastfeeding is going fine – but there’s still a problem?

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31



May be worth considering other red flags...

1. Noisy breathing
2. Restless sleep
3. Apparent discomfort
4. Short sleep duration/fragmented sleep
5. Night sweats
6. Excessive daytime sleepiness

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32

When reducing breastfeeding is part of crisis management

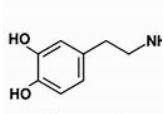


- Appropriateness and management approach depends on child age
- May be urgent/emergency
- Parental separation/custody issues
- Returning to work nights
- Serious illness
- May be possible to reduce, rather than stop

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33

How might stopping breastfeeding affect parents?



Dopamine

- Depends on stage of lactation
- Engagement
- Reduced supply
- Lower prolactin
 - Negative feedback loop with dopamine
 - Dopamine increases alertness
 - Sleeplessness also increases dopamine
- May worsen parental sleep
 - BF often quickest way to return to sleep
 - BF hormones help with sleep onset
- Return of fertility... You have been warned!

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34

Limit, reduce, wean?

- Replace with formula?
- Drop just one feed
- Change bedtime routine
- Set limits
- Spread out or consolidate feeds
- Night wean
- Stop completely



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Using others

- Partners
- Friends, family
- Doula
- Getting one 4-5 hour stretch of sleep

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What about crying?

- How do we feel when we hear crying?
- What reaction is it designed to elicit?
- Is all crying bad?
- Variable amounts of crying in individuals
- Communication?
- Big feelings: frustration, delays, anger, confusion, sadness, disappointment
- Crying alone is not the same as crying with parental presence
- Not inevitable!

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37

Crisis management approach

- Practical ideas
 - Change bed/cot/crib arrangement
 - Switch rooms
 - Dedicate a few days to sleep respite
- Emotional support
- Combination of:
 - Quick fix strategies (daytime naps etc)
 - Bedtime routine
 - Night-time strategies



Tomori, C (2015)
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38

Countercultural sleep tips

- Improve parental sleep
- Realistic expectations
- Silly time and connection
- Lifestyle changes
- Zones of regulation
- Mental health
- Calm contagion



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39

Child age	Low sleep need (in 24 hours)	Average sleep need (in 24 hours)	High sleep need (in 24 hours)	Nighttime sleep range	Average number of naps
0-3 months	11-13	14-17	18-19	Varies	Evenly spread
4-11 months	10-11	12-15	16-18	9-11	2-4
1-2 years	9-10	11-14	15-16	10-11	1-2
3-5 years	8-9	10-13	12	10-13	0-1
6-13 years	7-8	9-11	11	9-11	0

Hirshkowitz et al, 2015; Paavonen et al, 2020

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40

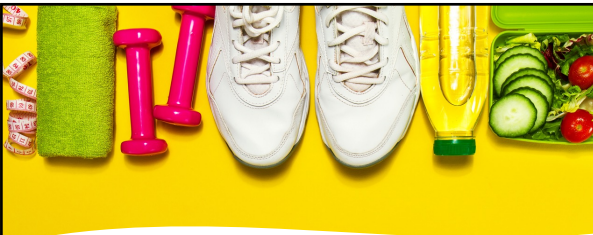
How to support breastfed children through a crisis



- Find other ways to be responsive
- Compromise
- Skin to skin
- Massage and touch
- Co-bathing
- Love tanks
- Breastfeed more at other times

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41



How we can ALL improve sleep...


- Lower stress
- Better nutrition
- Less artificial and processed food
- More exercise
- Outside/nature time
- Emotional support
- Bedtime routine
- Less screen time

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42

Habit stacking

- Overlap new sleep triggers on top of the existing favourite one
- Maintain multi-sensory sleep triggers for a few weeks, then gradually drop the primary trigger whilst retaining the others
- Can be done proactively, rather than waiting for a sleep crisis
- Takes several weeks



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43

States and zones

Porges, 2011; Brazelton, 1973; Kuypers, 2011; Tedder, 2007

Parasympathetic	Lethargic	Deep sleep Light sleep Drowsy	Blue zone	Resting
	Calm	Quiet awake	Green zone	
Sympathetic	Active	Active awake	Yellow zone	Ready
	Fight/flight	Crying	Red zone	
	Hyperfreeze Hypofreeze			

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44



Stress, anxiety and depression

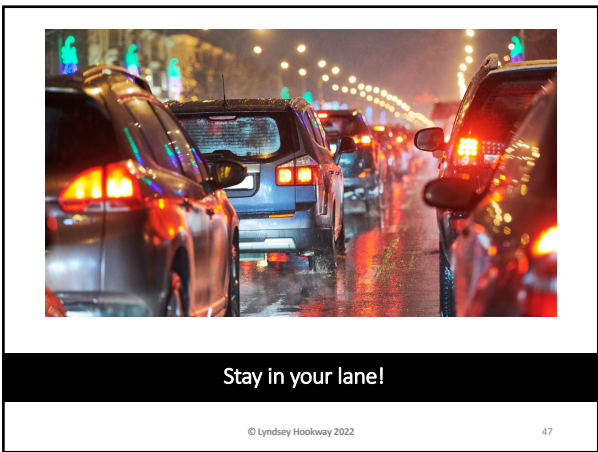
- Children are very perceptive
- Encourage parents to be mindful of their emotional state prior to attempting a sleep with their child
- Speaking out affirmations can help
- Meditations
- Mindfulness
- Headspace app

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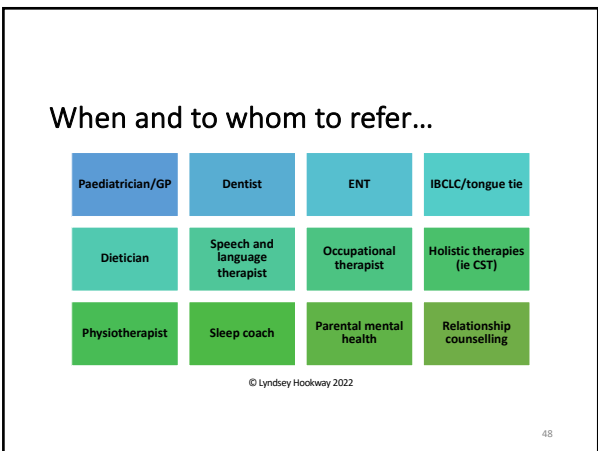
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46



47



48

Summary

- Widely held perception that BF is associated with poorer sleep (not true)
- Many factors influence likelihood of sleep crisis
- During a sleep crisis, platitudes are inappropriate
- Breastfeeding may be blamed, and is therefore at risk
- Some sleep problems may be breastfeeding problems in disguise
- Parent-centred goals and decision making around reducing breastfeeding are essential
- Many gentle approaches to reducing breastfeeding and/or improving sleep



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49

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50

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51


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