



ADVANCING INTEGRATED HEALTHCARE

Pediatric Sleep ECHO®

Session 2: Focus on Infants

Date: June 27, 2024

PLEASE NOTE: Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any clinician and any patient whose case is being presented in a project ECHO setting

Care Transformation Collaborative of RI

Welcome

- This session will be recorded for educational and quality improvement purposes
- Please do not provide any protected health information (PHI) during any ECHO session

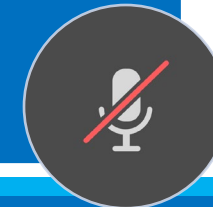
- Please turn on your video
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Introduce Yourself



- Please mute your microphone when not speaking

Microphones



Agenda

Time	Topic	Presenter
7:30 – 7:35 AM	Welcome	Liz Cantor
7:35 – 8:25 AM	Didactic Session: Focus on Infants	Dr Julie Boergers
8:25 – 8:30 AM	Case Study and Discussion	Judy Westrick, MD, Anchor Pediatrics

Case Presentation Schedule

- Continue Practice Facilitation meetings with Liz Cantor
- Practices discuss case presentations to prepare for the upcoming sessions

Session #	Date	(Tentative) Content to be Covered	Practice presenting case study
1	5/23/24	Sleep 101	
2	6/27/24	Focus on Infants	Anchor
3	7/25/24	Focus on Young children (ages 1-3)	Partners in Pediatrics
4	8/22/24	Focus on Preschool aged children (ages 3-5) – 1	
5	9/26/24	Focus on Preschool aged children (ages 3-5) – 2	Blackstone Valley
6	10/24/24	Autism and sleep	Atlantic
7	<u>11/21/24*</u>	Focus on Elementary school aged children (ages 6-10)	PRIMA
8	<u>12/19/24*</u>	Focus on Middle School aged children (ages 11-13)	Waterman
9	1/23/25	Focus on High school aged children (ages 14-18) – 1	
10	2/27/25	Focus on High school aged children (ages 14-18) – 2	
11 & 12	3/27/25 4/24/25	Practices present success stories	

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ECHO Series: Optimizing a Behavioral Health Approach to Children's Sleep in Pediatrics

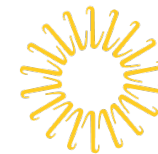
Infant Sleep

Julie Boergers, PhD

June 27, 2024



BROWN
Alpert Medical School



Hasbro Children's Hospital
The Pediatric Division of Rhode Island Hospital
A Lifespan Partner

Objectives

- Describe sleep-wake patterns over the first year
- Discuss strategies to collaborate with families to improve safe infant sleep practices
- Describe different methods for night weaning and sleep training
- Identify resources to support families

Sleep in Newborns

- REM and NREM sleep states organized third trimester
- **3 sleep states** in term newborns: active, quiet, indeterminate; enter sleep thru REM
- Sleep **16-20** hours/day; diurnal=nocturnal sleep duration
- Sleep episodes 3-4 hours/ 1-2 hrs awake; **breast-fed** more frequent wakings
- Sleep cycles are highly linked to hunger and feeding

Sleep in Infants

- By 8-12 weeks day/night pattern emerges
- Naps decrease from ~ 4/day at 3 mo to ~ 1/day at 12 mo
- Developmental issues: impact of attachment, motor milestones (e.g. pulling to standing), separation anxiety
- Prevention:
 - Importance of developing self-soothing as a skill – do not allow to fall asleep while rocking, nursing, etc
 - Minimize sleep onset associations that are not present during the night

ABCs (Alone, Back, Crib) of Safe Sleep

- AAP recommends infants be placed:
 - On a firm, flat surface near (but not in) the parental bed
 - In a supine position
 - Without any soft or loose bedding, toys, or hats
- Knowledge of guidelines is good
- Adherence among US families is poor
 - Nearly one-quarter report non-supine positioning
 - Nearly half report bedsharing
 - Over half use soft bedding



Why Adherence is Challenging

- Focus groups of moms who reported nonadherence with safe sleep recs (*Moon et al, 2024*). Contributors included:
 - Maternal exhaustion
 - Skeptical that it's the only safe option, may feel unrealistic
 - Belief that other locations or positions will be more comfortable for baby or help them fall asleep/stay asleep longer
 - Many moms start in safe locations/positions, then move babies in the middle of the night in response to night wakings

Tips for improving adherence to ABCs – Knowledge alone doesn't cut it

- Anticipate barriers
- Validate perceptions & cultural norms – keep the conversation open
- Set realistic expectations about sleep patterns (night wakings as generally normative and protective of SUIDS, not indicator that baby is uncomfortable)
- Teach strategies to promote self soothing
- Get baby used to sleeping flat/not in arms EARLY
- Discuss alternatives if exhausted e.g. mattress for parent on baby's floor
- Help them take the long view - placing baby awake in crib not only is safest, but also will help them learn to fall asleep (and return to sleep) on their own

Sleep Schedules

- Set bedtime (typically between 7:30-8:30p)
- Daytime nap schedule: “Wake windows” popularized recently; loosely linked to concept of sleep pressure building over time awake but not evidence based
 - *May* be helpful for some moms during the *first few months* if used flexibly to understand baby’s cues, ensure they’re tired enough to fall asleep, put down early enough to keep from being overtired
- Problems –
 - Daytime sleep in the first year is extremely variable and hard to predict
 - The systems are hard to follow
 - The length of wake windows prescribed at various ages do not seem to be based on any scientific evidence

Sleep Schedules

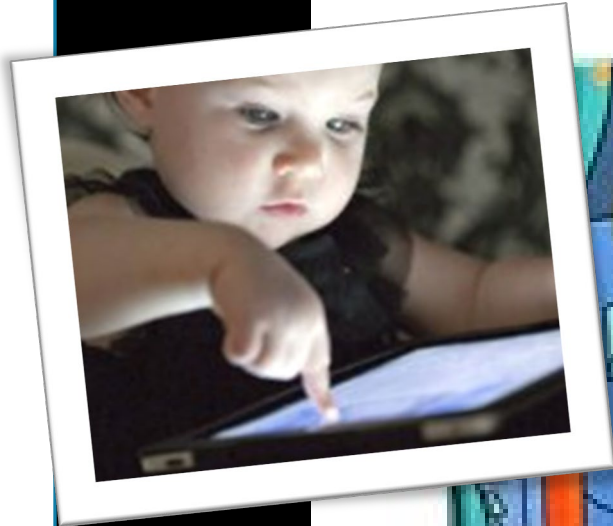


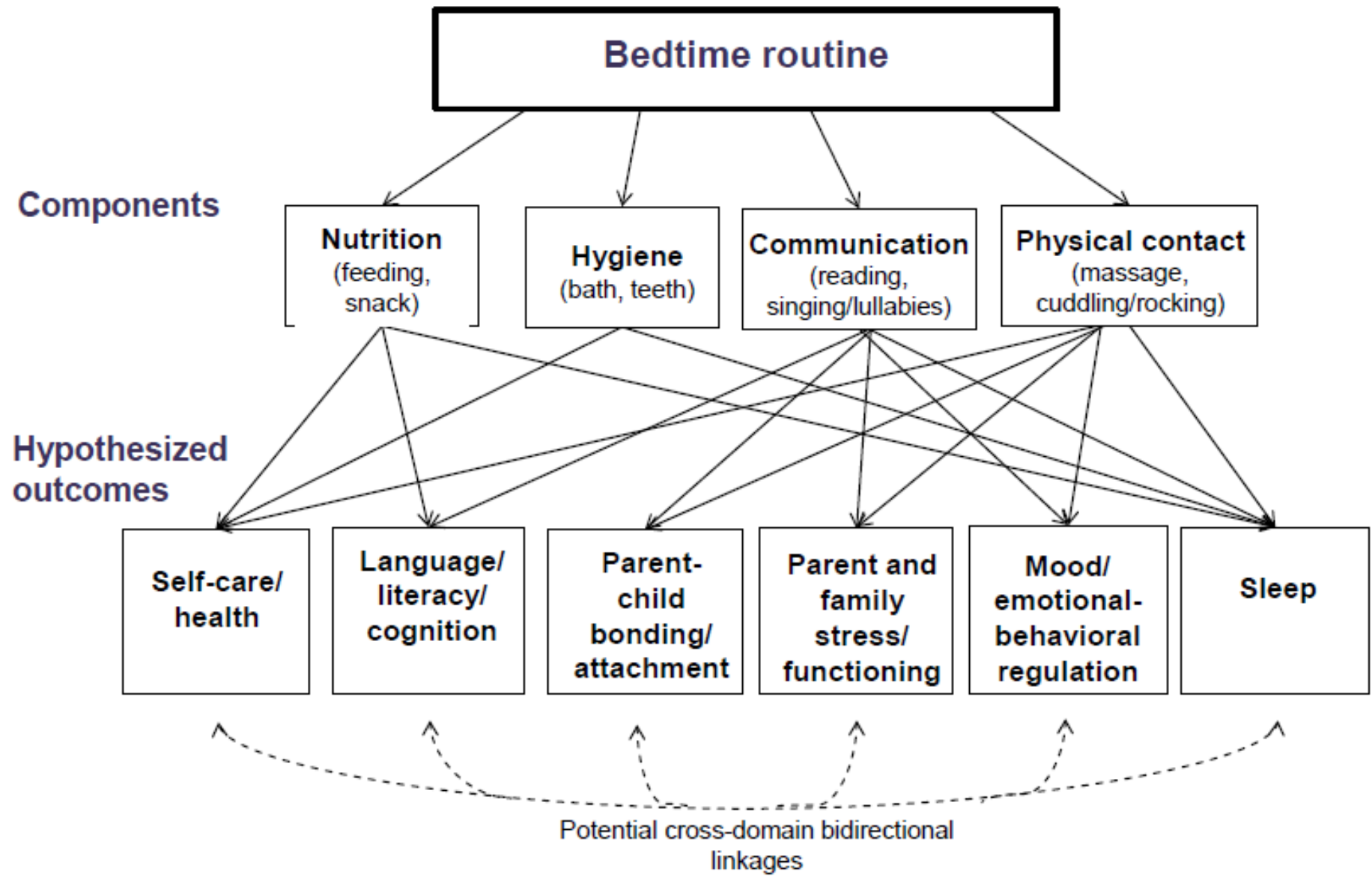
- Simpler daytime nap schedule advice:
 - If baby starts fighting nap, pay more attention to their cues and try keeping them awake 15 min longer before naptime
 - Don't force a nap that's not happening
 - Nap routine should be a mini-version of bedtime routine

Bedtime routine

- Same every night
- Positive routine
- Last portion in sleeping environment
- Short and sweet
- Consistent sleep environment
- Drowsy but awake!







Eliminating Nighttime Feeds

- Can maintain wakings in babies who do not need to be fed at night anymore (reinforcement, bladder pressure/wet diapers)
- Bottle fed babies:
 - Wean one oz/night, starting with the last bottle of the night. When down to 2 oz, substitute a bottle of water, then eliminate the bottle. Example:
 - Night 1: 4 oz, 3 oz
 - Night 2: 3 oz, 3 oz
 - Night 3: 3 oz, 2 oz
 - Night 4: 2 oz, 2 oz
 - Night 5: 2 oz, 2 oz water
 - Night 6: 2 oz water, 2 oz water

Eliminating Nighttime Feeds

- Other options:
 - Increase the amount of time between feeds
 - Reduce calories per bottle by diluting (gradually providing more water than milk)
 - Reduce reinforcement value of bottle by switching to sippy cup if able (older babies)
- Breastfed babies (discuss mom's intentions re: breastfeeding, may need to wake to pump to maintain supply). Options:
 - Switch from breastfeeding to bottle of expressed breastmilk
 - Increase time between feeds
 - Set timer, unlatch baby after specified number of minutes per side, decreasing over time
 - Have other caregiver, extended family supports handle wakings (easier if can't see mom)

Sleep Training Overview

- Cry it out (unmodified extinction)
- Graduated extinction (a.k.a. Ferber method)
 - Check at set intervals (e.g. 1 min, 2 min, 3 min, then every five minutes until asleep)
 - Checks must be brief, scripted, and parent must not take child out of crib
- Graduated extinction with parental presence (a.k.a. “Camping out”, “chair method”, etc)
 - Move a mattress into baby’s room near crib, place baby in crib drowsy but awake, lie on the mattress and pretend to be asleep, doing this until crying at bedtime ceases, or:
 - Chair: stand by crib/ rub back >> sit by crib without touching >> move chair midway to the door >> move chair to door >> sit outside door but within sight >> sit out of sight but provide verbal reassurance with two-way baby monitor as needed

Sleep Training Tips

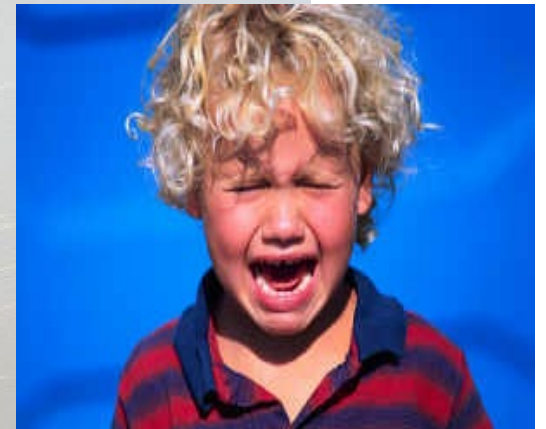


- Not before 4-6 months (6 months to be safe - object permanence, physiological/emotional maturity, nutrition)
- What have they heard about sleep training from media? From people they trust?
- Do not transition from crib to bed prematurely
- Do not transition to own room and sleep train at the same time
- OK to sleep train at bedtime only first/leave middle of the night for later

Sleep Training Tips

- Consider moving bedtime bottle/nurse earlier in the routine
- Temporary slightly later bedtime (a.k.a. “bedtime fading”) can be very helpful to ensure sleepiness
- Tolerating “displeasure” or “fussing” vs hysteria (and associated noise issues – neighbors? sibs?)
- Challenges to consistency across caregivers – get all on board (or wait until a more opportune time); consider writing plan down to combat parental exhaustion; decide whether to alternate CG’s or have one step aside temporarily
- And perhaps most importantly...

Warn about the Extinction Burst!

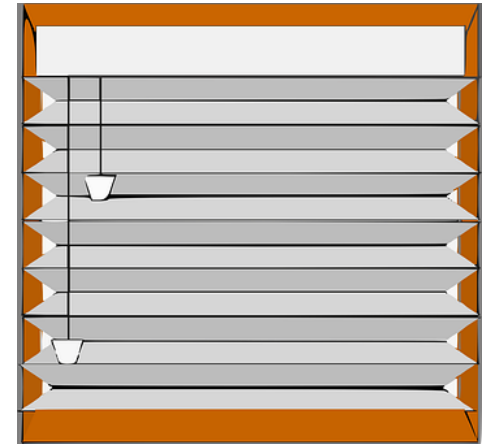
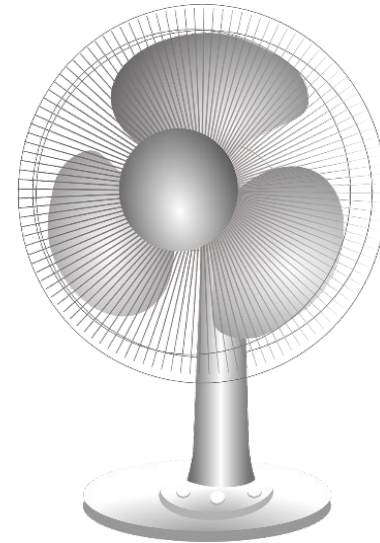


Gadgets



Gadgets – low tech

- Blackout blinds (or blanket over window)
- Sleep sack
- White noise machine (or fan)





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Pediatric
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About us

Pediatric Sleep Council

HOW INFANTS, TODDLERS,
AND THEIR PARENTS
CAN GET A GOOD NIGHT'S SLEEP

sleeping through the night

REVISED EDITION



Jodi A. Mindell, Ph.D.

Sleeping Like a Baby

a sensitive and sensible approach to solving your child's sleep problems



avi sadeh



Infant Behavior, Cry and Sleep Clinic (a.k.a. the Colic Clinic)
Center for Children and Families at Women and Infants Hospital
[\(401\) 274-1122](tel:4012741122), ext. 48935

Hasbro Pediatric Sleep Clinic

401-444-1614

Behavioral sleep services > 6 months old

Hasbro Sleep Lab can do overnight sleep studies on children > 12 months

Refer to Boston Children's for concerns about sleep apnea in children < 12 months



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Pediatric Sleep ECHO[®] Case Presentation

Presenter(s): Judy Westrick, MD, Anchor Pediatrics

Date: June 27, 2024

Contact Info: jwestrick@lifespan.org

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