

The Beyond Sleep Training Project would like to thank the Andrews' Government for their decision to conduct a Royal Commission into Mental Health. We appreciate the opportunity to respond to the terms of reference.

Introduction

My name is Emily Condon and I am writing to you as a volunteer administrator for The Beyond Sleep Training Project. The project's primary services entail education and support for parents, delivered through a Facebook platform. Our group currently has more than 62,000 worldwide members, with thousands joining each month. Our Facebook demographics tell us that 4,798 of our members are from the city of Melbourne, Victoria. We have many thousands more members from regional and rural Victoria.

Our vision- a world in which families are empowered to nurture their unique children day and night, building connected and resilient families.

Our mission- to educate and empower families to confidently nurture their children through understanding the value of normal infant and toddler sleep.

Our purpose- to see the shift away from the current sleep training culture by providing alternatives to families and those who support them.

We thank the government and the members of the committee for the time and effort in the inquiry into Perinatal Services in June 2018. We would urge the government to implement the changes recommended in the final report without delay. The recommendations would be immense in assisting to protect the mental health of mothers, fathers and babies in Victoria.

We would like to focus our attention for this submission on question two:

What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support?

We would like to draw particular attention to 'what can be done better to prevent mental illness and to support people to get early treatment and support', specifically, the support and treatment that families are receiving from Early Parenting Centres or 'Sleep Schools'.

According to betterhealth.vic.gov.au :

Early Parenting Centres provide help and support for families with children 0 to 3 years who have difficulties adjusting to, or establishing, feeding and other early childhood routines. Families can stay at the centres or attend a day stay program.

Early Parenting Centres provide help and support for families who have difficulties with children aged 0 to 36 months. These difficulties might be establishing feeding or sleeping routines. Families either stay at Early Parenting Centres for about two to five days or attend a day program. Some centres offer home visits and a telephone advice service.

While we recognise that for some families, these services can be seen as invaluable, at The Beyond Sleep Training Project, our members anecdotal comments would suggest that

'Sleep School' was anything but invaluable. Our members have described being forcibly separated from their babies, no medical checks being taken out on either the baby or the parent, a parent's wishes or concerns neither being respected or addressed and parents being bullied and disrespected. Our group members who have attended 'Sleep School' share personal anecdotes of their babies being left to cry alone until they vomited or soiled themselves or being completely ignored. Parents describe receiving inaccurate information about safe sleep, breastfeeding and introducing solid foods.

Our preliminary research has shown that Victorian Sleep Schools are not sharing the most accurate and current information about breastfeeding, sleep and settling, infant mental health, a parent's mental health. Our member's anecdotes demonstrate that the methods taught at Sleep School are very inconsistent and depend on the nurse's own personal opinions and methods^{1 2 3}.

We would encourage the Victorian Government to investigate the training of the nursing staff and the quality and accuracy of the information shared with families, particularly around breastfeeding and safe infant sleep. We would urge the Victorian Government to ensure that all families attending an Early Parenting Centre have access to the highest quality, specialist health care professionals. This would include:

- International Board Certified Lactation Consultants (IBCLC) as the 'Gold Standard' in breastfeeding support and information
- paediatricians specialising in the ear, nose and throat area to assess for issues relating to infant sleep disorders, such as sleep apnoea, sleep disordered breathing and enlarged tonsils and adenoids
- Specialists (allergist, dietician) in intolerances and allergies in infants and children to address sleep disturbance caused by intolerances and allergies.

We urge the Victorian government to ensure that where a mother is breastfeeding upon arrival at an Early Parenting Centre, that this dyad is protected and respected. Australia currently does not have any method of recording breastfeeding rates. However, it is noted that Australia has low rates of meeting the World Health Organisation's recommendation of exclusively breastfeeding to 6 months, and very low rates of breastfeeding at 12 months and to 2 years, as noted by the World Breastfeeding Trends initiative⁴. There are high maternal rates of dissatisfaction with breastfeeding support, education and knowledge of health care professionals. Breastfeeding is recognised as a preventative/protective factor against perinatal mental health disorders^{5 6}. Strategies implemented during admittance to a Sleep

¹ http://www.tweddle.org.au/wp-content/uploads/2017/06/Tweddle-Tips_-settling-babies-3-6-months.pdf

² https://www.tresillian.org.au/media/1316/responsivesettling0-12months_tresillian_tipsheet.pdf

³ <https://www.qec.org.au/families/parenting-advice>

⁴ "Assessment Report Australia 2018." World Breastfeeding Trends. May 24, 2018. Accessed January 26, 2019.

<http://www.worldbreastfeedingtrends.org/GenerateReports/report/WBTi-Australia-2018.pdf>.

⁵ Kathleen Kendall-Tackett, "A New Paradigm for Depression in New Mothers: The Central Role of Inflammation and How Breastfeeding and Anti-inflammatory Treatments Protect Maternal Mental Health," International Breastfeeding Journal, March 30, 2007, , accessed

School, such as 'feed, play, sleep' routines and responsive settling are known to be destructive to the breastfeeding relationship^{7 8 9 10 11}. We note also that recommendations 2.6 through to 2.11 from the Final Report from the Perinatal Services Inquiry all focus specifically on the protection, advocacy, education of health care professionals on breastfeeding and increasing/improving access to lactation care and education for mothers and families¹². Early Parenting Centres and 'Sleep Schools' should play a fundamental role in the implementation of these recommendations.

We implore the Government to investigate the methodology of 'responsive settling' and 'controlled crying' (largely, Victorian era behavioural modifications) as being not evidence based, as being damaging to the mother-baby dyad, being potentially considered adverse childhood experiences (ACEs), as being damaging to an infant's mental health and contributing to maternal postnatal depression and anxiety^{13 14 15 16 17 18}.

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<https://internationalbreastfeedingjournal.biomedcentral.com/articles/10.1186/1746-4358-2-6?fbclid=IwAR0AKECtcOHw2LxtsgVsNmScpou1EnRDeB7uFEiTbdhk0YUmo65gqmHrpeW>.

⁶ Mezzacappa, and Elizabeth Sibolboro. "Breastfeeding and Maternal Stress Response and Health." OUP Academic. July 01, 2004. Accessed January 26, 2019.

https://academic.oup.com/nutritionreviews/article-abstract/62/7/261/1829079?fbclid=IwAR3PgZ3j_usFUHDAYgUx8skenJvDem4YSIxZ4LRY1QHgYgH3rXHZkISJBLk.

⁷ <https://www.bellybelly.com.au/baby/feed-play-sleep-routine-breastfed-babies/>

⁸ <https://themilkmeq.com/why-feed-play-sleep-routines-make-no-sense-for-a-breastfed-baby/>

⁹ <https://www.sciencedirect.com/science/article/abs/pii/S2352721818301372>

¹⁰ <https://www.liebertpub.com/doi/abs/10.1089/bfm.2014.0153>

¹¹ <http://evolutionaryparenting.com/responsive-settling-effective-and-responsive/>

¹²

https://www.parliament.vic.gov.au/images/stories/committees/fcdc/inquiries/58th/Perinatal/Inquiry_into_Perinatal_Services_.pdf

¹³ Pennestri, M. H., C. Laganière, A. A. Bouvette-Turcot, I. Pokhvisneva, M. Steiner, M. J. Meaney, H. Gaudreau, and T. E. Mavan. "Uninterrupted Infant Sleep, Development, and Maternal Mood." *Current Neurology and Neuroscience Reports*. December 2018. Accessed January 26, 2019.

<https://www.ncbi.nlm.nih.gov/pubmed/30420470?fbclid=IwAR1mDelxjtijxuWNe6khjOg2qti84BibdgNFQPSKo8RTIwbbFyJpM72mE0o>.

¹⁴ Galbally, Megan, Andrew J. Lewis, Kerri McEgan, and Katherine Scalzo. "Breastfeeding and Infant Sleep Patterns: An Australian Population Study." *The Canadian Journal of Chemical Engineering*. January 21, 2013. Accessed January 26, 2019.

<https://onlinelibrary.wiley.com/doi/abs/10.1111/jpc.12089?fbclid=IwAR1xJiGsAqj52LvPDGnBubxnRtrS1mG4XsLtAMj9mOuV6o8awsuKgF3E>.

¹⁵ "Behavioral Sleep Interventions in the First Six Months Of... : *Journal of Developmental & Behavioral Pediatrics*." LWW. Accessed January 26, 2019.

https://journals.lww.com/jrnldb/Abstract/2013/09000/Behavioral_Sleep_Interventions_in_the_First_Six.7.aspx?fbclid=IwAR1Ihhq75yn64-pWuYdfE6e8KeXSQ9hR_LZ3PX_gXoiB-qBGBSQ111q18I.

Furthermore, the more responsive a parent is to an infant's cries, the less likely that child is to cry in the future. Taking this further, the wealth of research on attachment theory demonstrates that the more responsive a parent is in the first year of life and beyond, the more securely attached their child is and thus the better the relationship between child and parent^{19 20 21 22}.

Implementing behavioural changes on an infant, in order to improve a mother's mental health is not appropriate or necessary.

The Beyond Sleep Training Project calls on the Victorian Government to revise the current safe sleep information presented to health care professionals and to families. Current safe sleep guidelines are unrealistic and often lead to families completely abandoning them, thereby placing themselves and their babies at risk due to very unsafe sleeping scenarios. Health professionals currently do not provide any information about how to safely share a sleep surface with a baby. This creates high levels of anxiety and often leads to sleep deprivation that can exacerbate mental health conditions^{23 24 25 26}. Our 'Safe Sleep' survey, conducted in May 2018, delivered the following results.

¹⁶ Ball, H. L., P. S. Douglas, K. Kulasinghe, K. Whittingham, and P. Hill. "The Possums Infant Sleep Program: Parents' Perspectives on a Novel Parent-infant Sleep Intervention in Australia." *Current Neurology and Neuroscience Reports*. December 2018. Accessed January 26, 2019.

<https://www.ncbi.nlm.nih.gov/pubmed/30442320?fbclid=IwAR1nQ8BiiRkXumSrKvR2kmw3-GC19SXikARqqspgOj0g4iEbpOp9zmM1A>.

¹⁷ Whittingham, Koa, and Pamela Douglas. "OPTIMIZING PARENT-INFANT SLEEP FROM BIRTH TO 6 MONTHS: A NEW PARADIGM." *The Canadian Journal of Chemical Engineering*. July 28, 2014. Accessed January 26, 2019.

https://onlinelibrary.wiley.com/doi/abs/10.1002/imhj.21455?fbclid=IwAR1CZiibS1suz9LksYx-MZcRgFGepd7Y_tCJ7lxiOBfQHJckXqgq46mjVVA.

¹⁸ <https://www.aaimhi.org/key-issues/position-statements-and-guidelines/AAIMHI-Position-paper-1-Controlled-crying.pdf>

¹⁹ Ainsworth MDS. The development of infant-mother attachment. In BM Caldwell & HN Ricciutti (Eds.), *Review of child development research (1973)* (Volume 3, pp 1-94); Chicago: University of Chicago Press.

²⁰ Egeland B & Farber EA. Infant-mother attachment: Factors related to its development and changes over time. *Child Development (1984)*; 55: 753-771.

²¹ Isabella RA & Belsky J. Interactional synchrony and the origins of infant-mother attachment: A replication study. *Child Development (1991)*; 62: 373-384.

²² Isabella RA, Belsky J, & von Eye A. The origins of infant-mother attachment: An examination of interactional synchrony during the infant's first year. *Developmental Psychology (1989)*; 25: 12-21.

²³ "Breastfeeding and Co-sleeping." Australian Breastfeeding Association. August 01, 2017.

²⁴ Lever, Cindy. "'The Safe Sleep Guidelines Just Aren't Realistic.'" Kidspot. May 09, 2018.

²⁵ "Speaking Out on Safe Sleep: Evidence-Based Infant Sleep Recommendations." Mary Ann Liebert, Inc. | Home. Accessed January 26, 2019.

<https://www.liebertpub.com/doi/abs/10.1089/bfm.2014.0113?journalCode=bfm&fbclid=IwAR315VGofY9kMNhzY85bXU83wRegr-kj9hn56v8rSH58B8acnu-eLXPSsXU&>.

²⁶ L., Helen, Russell, and Charlotte K. "SIDS and Infant Sleep Ecology." OUP Academic. October 16, 2014. Accessed January 26, 2019.

<https://academic.oup.com/emph/article/2014/1/146/1846850?maxtoshow&hits=25&RESULTFORMAT&andorexacttitle=and&andorexacttitleabs=and&fulltext=breastfeeding, breastmilk,>

- A total of 4236 people completed the survey.
- Before having their first baby, 56% of respondents had not heard of safe bed sharing or co sleeping guidelines.
- Of respondents who had received safe sleep advice before their first baby, 56% were told only how to prepare a cot safely.
- Of respondents who had received safe sleep advice before their first baby, 81% were told to avoid bed sharing or co sleeping as it was dangerous.
- 82% of respondents had accidentally fallen asleep with their baby.
- 75% of respondents had accidentally fallen asleep with their baby on more than one occasion.
- Of respondents who had accidentally fallen asleep with their baby, 47% stated that the sleep surface where they had accidentally fallen asleep was not always a safe sleep surface.
- 67% of respondents had fallen asleep with their baby on a couch or other chair.
- Of respondents who had fallen asleep in an unsafe scenario, 37% stated they were trying to avoid bed sharing or co sleeping and 21% stated that they were sometimes trying to avoid bed sharing or co sleeping.
- 53% stated that they had never planned on sleeping with their child. 17% hadn't considered whether they would sleep with their child or not.

We note also that during admittance to an Early Parenting Centre, infants and babies are required to sleep in their own room, separate from an adult caregiver. This advice contravenes Red Nose's recommendations which are supported by peer reviewed evidence. Red Nose's recommendation states to "sleep baby in their own safe sleeping place in the same room as an adult caregiver for the first six to twelve months"²⁷. Parents are not given the option to share a room or a sleep surface with their baby while staying at a Victorian 'Sleep School'. We acknowledge and respect that when certain risk factors are present, that sharing a sleep surface with a baby can be dangerous. However, parents are not given the information that in the absence of risk factors (such as alcohol consumption, smoking, drugs, a safe sleep surface is prepared) that bed sharing can be a safe and viable way to sleep with their baby^{28 29}.

We wish to draw to the Victorian Government's attention, the recent release of safe bed sharing information from The Lullaby Trust, the United Kingdom's peak body for the production and distribution of safe sleep information for health care professionals and families³⁰. We would encourage the Victorian Government to adopt a similar approach to the production and distribution on safe sleep information for health care professionals and families.

The Beyond Sleep Training recognises that significant investment has been made in the construction, management and maintenance of Early Parenting Centres and 'Sleep Schools' and that for some families, attending a centre can be an important step in receiving

baby friendly

initiative&andorexactfulltext=or&searchid=1&usestrictdates=yes&resourcetype=HWCIT&ct&fbclid=IwAR1C8rmXagE9jIY46Rt0RSf4bIjD6HzLKq3uGvK8TINKrGL6KgoNav1epQQ.

²⁷ <https://rednose.org.au/article/room-sharing-with-baby>

²⁸ <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/infant-health-research-bed-sharing-infant-sleep-and-sids/>

²⁹ <https://www.ncbi.nlm.nih.gov/m/pubmed/25238618/>

³⁰ <https://www.lullabytrust.org.uk/safer-sleep-advice/>

assistance and support in parenting their baby and adjusting to parenthood. We do not call for the removal of their presence in the community, but rather a 'rebranding' of their approaches. We would encourage the Victorian Government to assist in the development of Early Parenting Centres and 'Sleep Schools' into holistic respite centres where mothers, babies and families can receive current evidence based, high quality assistance on a range of issues related to parenting. A focus of Early Parenting Centres and 'Sleep Schools' should be around developmentally normal infant behaviours, such as frequent night time waking^{31 32}

^{33 34}

A holistic approach has been shown to provide positive results for mothers, babies and families^{35 36 37 38}

A holistic respite service could include, but not be limited to specialised breastfeeding support, birth debriefing with an appropriate professional, baby wearing education through educational organisations such as Carry Australia, access to care from a postnatal doula, peer support groups on a range of parenting topics, baby massage classes, 'Grandmother carers', access to women's health physiotherapists, playgroups, mothers groups, psychologists, psychiatrists, child care facilities, women's gyms and exercise facilities with assistants trained in postnatal exercise and health and meal sharing facilities.

Once again we thank the Andrews Government for this inquiry into Mental Health Services in Victoria.

We would greatly appreciate the opportunity to discuss this further with the Committee, and look forward to hearing from you.

Kind Regards,

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The Beyond Sleep Training Project.

³¹ <https://kellymom.com/parenting/nighttime/sleep/>

³² <https://www.psychologytoday.com/au/blog/moral-landscapes/201302/normal-human-infant-sleep-feeding-method-and-development>

³³ <http://evolutionaryparenting.com/normal-infant-sleep-part-i/>

³⁴ <http://evolutionaryparenting.com/what-is-normal-infant-sleep-part-ii/>

³⁵ <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2648.2008.04692.x>

³⁶ https://www.researchgate.net/publication/328377130_Interventions_to_Improve_Maternal-Infant_Relationships_in_Mothers_With_Postpartum_Mood_Disorders

³⁷ <https://www.ncbi.nlm.nih.gov/pubmed/21371795>

³⁸ <https://researchdirect.westernsydney.edu.au/islandora/object/uws:35004>