



unnecessary investigations, but this requires that children presenting with torticollis at this age are seen by clinicians familiar with the likely pathologies and who can interpret the signs correctly.

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Dear Editor,

RESPONSE TO 'SLEEPING LIKE A BABY? INFANT SLEEP: IMPACT ON CARE GIVERS AND CURRENT CONTROVERSIES'

The Annotation 'Sleeping like a baby?' suggests it may be unethical to deny parents a 'behavioural management' approach for infant sleep problems in the first 6 months of life.¹ We disagree with this interpretation of the scientific literature.

'First wave behavioural approach' (FWBA) is a more accurate term for the cluster of parenting strategies described as 'behavioural management', because behavioural psychology has advanced beyond the mid-20th century lens that continues to be applied to parent–infant sleep.

The Annotation claims that four randomised controlled trials (RCTs) have shown modest success in improving infant sleep duration when FWBAs are applied in the first 6 months, particularly in infants who feed >11 times in 24 h. It is also claimed that FWBAs reduce post-natal depression symptoms. However, the modest decrease in night-time waking, which we estimate from the literature to be the equivalent of one less episode of waking every second night, is not associated with better maternal mental health or improved sleep habits in later childhood, as is assumed. For example, breastfeeding mothers, who wake more often during the night, also have more sleep, and the Victorian Infant Sleep Study showed no improvement in sleep habits in older children who received FWBAs in infancy. Edinburgh Postnatal Depression Scale (EPDS) scores should not be equated with clinical diagnoses of depression, and higher scores are not associated with increased numbers of night-wakings but with poor maternal sleep efficiency. Improved EPDS scores after residential stays can be attributed to multiple aspects of a complex intervention and should not be assumed to result from FWBAs.

Conflict of interest: Pamela Douglas and Koa Whittingham are both authors of the Possums Sleep Intervention (0–6 months), a program written for the non-profit organisation Possums for Mothers and Babies.

In the recent Baby Business RCT, the focus upon improvements in crying and day-time sleeping problems in a subgroup of participants, the frequent feeders, is a distraction from the main results: this large FWBA study was unsuccessful in its aim of reducing crying or sleeping problems for the cohort as a whole. The program did not help parents identify feeding problems, and the improvement in this subset could have a variety of explanations – these findings do not prove that FWBAs are appropriate for frequent feeders.

Our systematic review investigating FWBAs in this age-group finds FWBAs do not improve outcomes for the baby or mother and risk unintended consequences. The 43 selected studies, including RCTs, often conflate the older infant with the baby less than 6 months of age; fail to take into account the effects of unidentified feeding problems on parent–infant sleep in the first 6 months; and apply simplistic interpretations to complex data.² For complex primary care problems, such as parent–infant sleep difficulty, evidence-based medicine requires much more than just RCTs: for example, it requires systematic literature reviews that interpret RCT findings in light of the broader science.³

We have developed a new paradigm for optimising parent–infant sleep in the first 6 months, which avoids simplistic and divisive framing. Our model integrates strategies to resolve factors that disrupt healthy parent–infant sleep with strategies from the psychology of applied functional contextualism (a third-wave behaviourism).⁴ This theoretically rigorous, evidence-based model now requires evaluation.

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