

## 10 Cosas que deberías saber sobre... ...el colecho



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1 El colecho no es una práctica moderna. Ha sido y es, en muchas sociedades, el método tradicional para el descanso de madre y bebé

2 El colecho favorece la práctica y continuidad de la lactancia materna, que al mismo tiempo ha demostrado disminuir el riesgo de síndrome de la muerte súbita del lactante (SMSL)

3 Durante la noche los lactantes no solo duermen, también se alimentan y se consuelan. Esto beneficia su desarrollo neurológico y ayuda al mantenimiento de niveles óptimos de prolactina nocturna materna para la segunda etapa de la lactogénesis

4 El bebé que duerme junto a su madre aprende los ritmos maternos y, en consecuencia, su forma de dormir se asemeja más a la de un adulto, facilitando la autorregulación mutua

5 Las cunas tipo sidecar no asocian una mejor adherencia a la lactancia materna con respecto a la cuna al lado de la cama de los padres

6 El colecho ha demostrado aumentar por sí mismo el riesgo de muerte súbita del lactante (SMSL), si bien, el 40% de las muertes por SMSL ocurren en la cuna

7 El riesgo de SMSL aumenta si, además de colecho, los padres son consumidores de alcohol, tabaco u otras drogas, y los bebés reciben lactancia artificial

8 También aumenta el riesgo de muerte por asfixia, especialmente, en superficies blandas o estrechas, como sofás, o cuando son varios los que duermen en la cama familiar

9 El documento de consenso del Comité de Lactancia Materna y el Grupo de Trabajo para el Estudio de la Muerte Súbita Infantil de la AEP recomienda que la forma más segura de dormir para los lactantes menores de seis meses es en su cuna, boca arriba y cerca de la cama de sus padres. Esta práctica disminuye el riesgo de SMSL en más del 50%

10 No se recomienda el colecho en las siguientes condiciones: lactantes menores de tres meses de edad; prematuridad y bajo peso al nacimiento; padres que consuman tabaco, alcohol, drogas o fármacos sedantes; situaciones de cansancio, especialmente de cansancio extremo, como el postparto inmediato; colecho sobre superficies blandas, colchones de agua, sofá o sillones; y en el caso de compartir la cama con otros familiares, con otros niños o con múltiples personas

### Para saber aún más...

1. Comité de Lactancia Materna de la AEP y Grupo de Trabajo para el Estudio de la Muerte Súbita Infantil de la AEP. Colecho, síndrome de muerte súbita del lactante y Lactancia Materna. Recomendaciones actuales de consenso. 2014.
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4. Blair PS, Heron J, Fleming PJ. Relationship between Bed Sharing and Breastfeeding: Longitudinal Population-Based Analysis. Pediatrics. 2010; 126: e1119-26.
5. Ball HL, Ward-Platt MP, Howel D, Russell C. Randomised trial of sidecar crib use on breastfeeding duration (NECOT). Arch Dis Child. 2011; 96: 630-4.



## 4. Role play: Rounding the floor. Resident presenting patient with anaphylaxis to the attending physician

**Resident:** Wyatt is a three-year-old boy who was admitted to the floor yesterday. He presented to the emergency room (ER) with puffy eyes and increased work of breathing. His mother said he is not allergic to anything that she knows of. Apparently, they were having lunch when she noticed the swelling of the eyes and she brought him directly to the hospital. At the ER they noticed Wyatt had increased work of breathing, and was tachypneic and starting to present some hives. He was monitored and was found to be tachycardic, although he maintained blood pressure within normal ranges, as well as his oxygen saturation. They placed an iv peripheral line and administered a 20 ml/kg bolus of normal saline. He then received a 2 mg/kg dose of iv steroids and a single dose of im adrenaline. The symptoms subsided slowly and he was asymptomatic after a couple of hours. He was then admitted to the floor.

Since admission, he has been stable, with constants within normal limits. He has been asymptomatic and the physical examination today was unremarkable. Labwise, today we asked for CBC's and LFT, both of which were within normal values.

Wyatt has all his vaccines up to date. He has no known allergies, although his mother remembers that one time when taking amoxicillin for an episode of acute otitis media, he presented some hives. He has taken Amoxicillin after that and he has had no symptoms since then. When he was two, he was admitted for fever and was finally diagnosed of pneumonia. He was treated with antibiotics and the process was resolved without any complications. No other hospital admissions. No surgeries.

Regarding family history, both parents are healthy. He has one sibling who is two years older than him and is also healthy, never been admitted. They live altogether and they have a dog.

**Attending:** Ok, very good. What about the treatment, what is he currently on?

**Resident:** He is on steroids, 1 mg/kg Q12.

**Attending:** And what about the line? Is he still on IV fluids? What about his oral intake?

**Resident:** apparently, he is refusing to eat, but I spoke to his mother this morning and encouraged her to insist and it seems the kid is doing better.

**Attending:** And what do you think triggered these symptoms?

**Resident:** well I asked if Wyatt had anything new during lunch, but apparently, he was eating pasta, and he had eaten

pasta many times before, so I'm not really sure.

**Attending:** What about your assessment and plan?

**Resident:** Well, Wyatt is a three year old who had an anaphylactic reaction, although we are not sure to what. My plan is to discharge him once his oral intake is adequate and the line can be removed. I think we should send him home on oral steroids and give him an appointment for the allergy outpatient consult, where they can look into what caused the allergic reaction and run the necessary tests.

**Attending:** Very well, I agree. Touch base with the allergy service to make the appointment. I would also like to follow her up, so please give him an appointment with us in a couple of days.

### KEY WORDS:

Rounding the floor: pasar planta de hospitalización.

Attending physician: médico adjunto.

Admitted to the floor: ingresado en la planta.

Emergency room: sala de urgencias.

Puffy eyes: ojos hinchados.

Increased work of breathing: aumento del trabajo respiratorio.

Hives: urticaria.

IV peripheral line: vía venosa periférica.

bolus of normal saline: expansión con suero salino fisiológico.

Subsided (to subside): disminuir.

Unremarkable: sin hallazgos significativos.

Labwise: en relación con los resultados de laboratorio.

CBC's (complete cell blood count): hemograma.

LFT (liver function tests): estudio bioquímico de función hepática.

Acute otitis media: otitis media aguda.

Hospital admissions: ingresos hospitalarios.

Family history: antecedentes familiares.

Q12: cada 12 horas.

IV fluids: fluidoterapia intravenosa.

Oral intake: ingesta oral.

Triggered (to trigger): desencadenar.

Discharge: dar de alta.

Outpatient consult: consultas externas.

Touch base: ponerse en contacto.



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