



# Translating Safe Sleep Messages

Innovations in Translating Injury Research into  
Effective Prevention

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# Learning Objectives

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Following this presentation, participants will be able to:

- Understand AAP recommendations for safe sleep environments to reduce infant mortality
- Discuss frameworks of approach
- Discuss four interventions

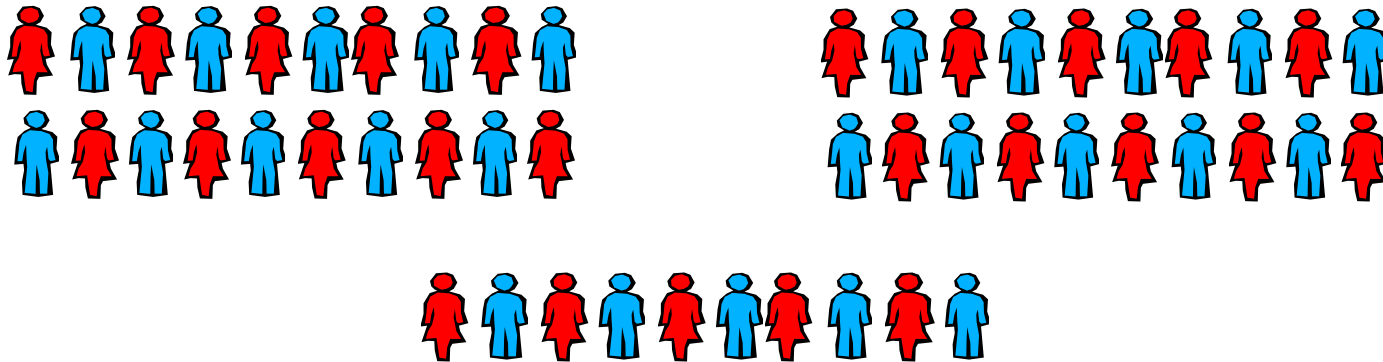
# Disclosures



- A. No conflict of interest
- B. New baby in family
- C. Compliance with safe sleep recommendations challenging even within my family.

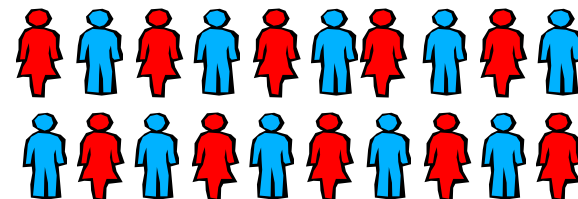
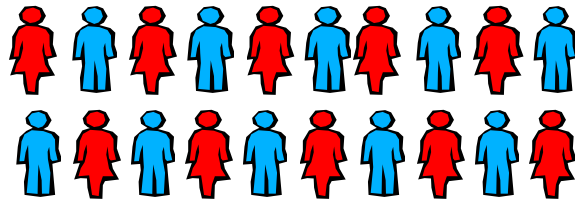
# Impact of Matching National Rate of Infant Mortality

- AR infant mortality rate is 16% higher than the US
- Save 50 babies each year if AR rate= US rate



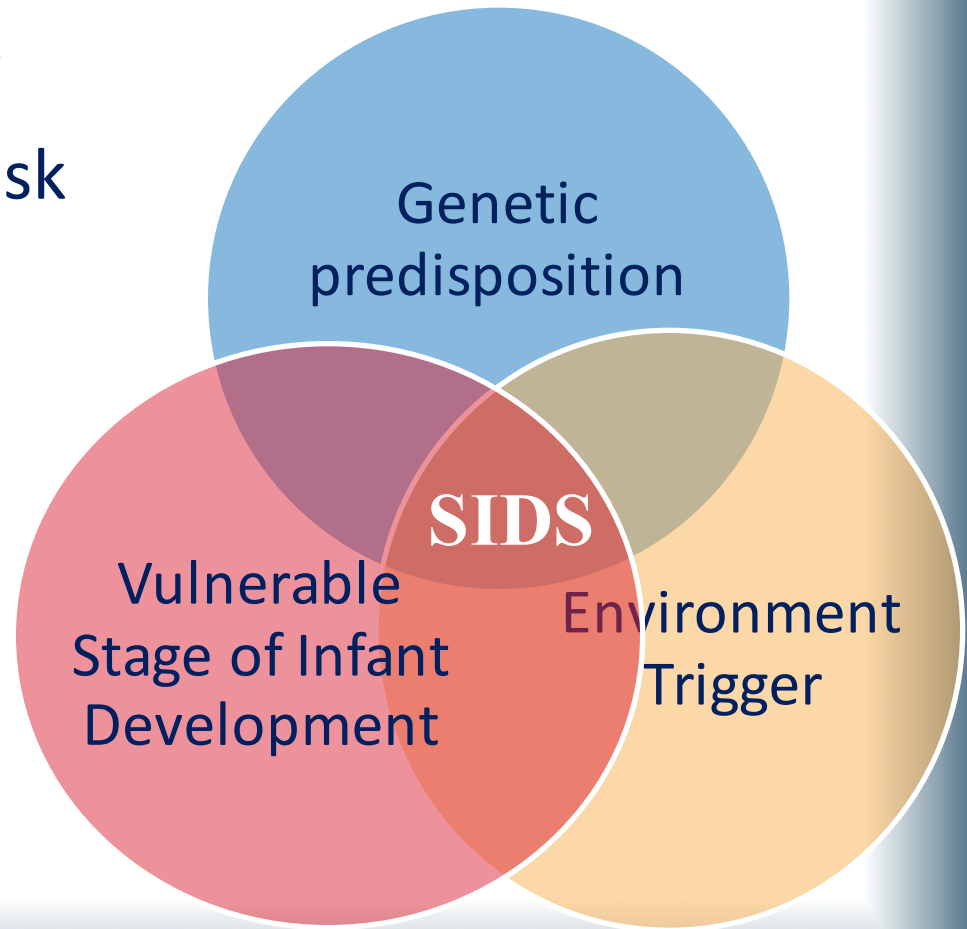
# Impact of Matching National Rate of SIDS Related Death

- AR SIDS related death rate is 133% higher than the US, twice as high as the US rate
- Save 43 babies each year if AR rate= US rate



# A new paradigm

- Expanding recognition of complex nature of SIDS risk
- AAP Policy Statement October 2011- shifts “safe sleep” focus to include **sleep position AND environment**



Use a firm sleep surface, such as a mattress in a safety-approved\* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.



\*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.



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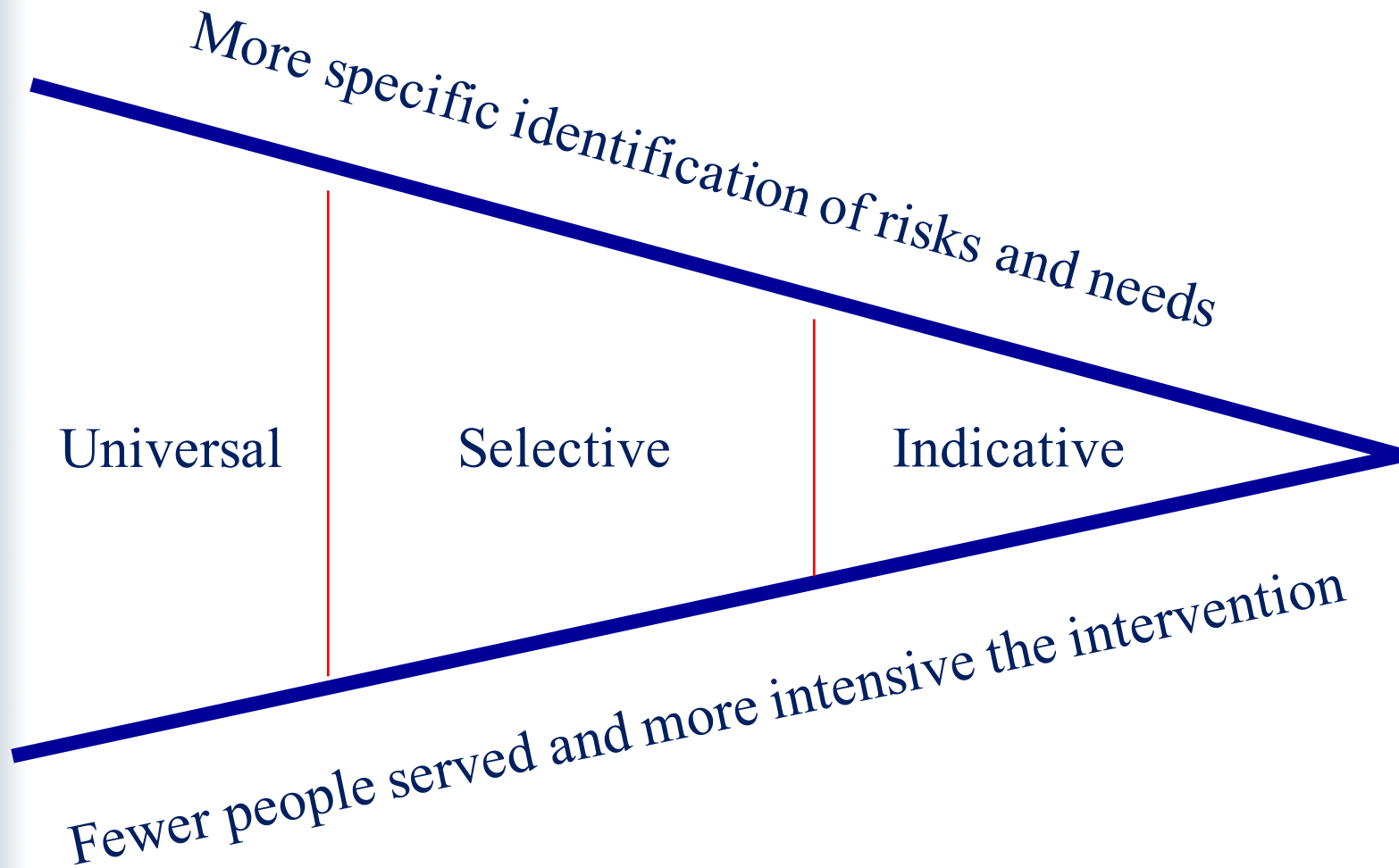
# Local Risk Indicators

- Less than half of AR teen mothers reported using an appropriate sleep surface
- 75% of these teen mothers reported bed sharing occasionally
- 45% of grandmothers who care for a child <6 months at least weekly reported supine position
- Numerous children residing in shelters admitted within a month due to sleep-related injuries



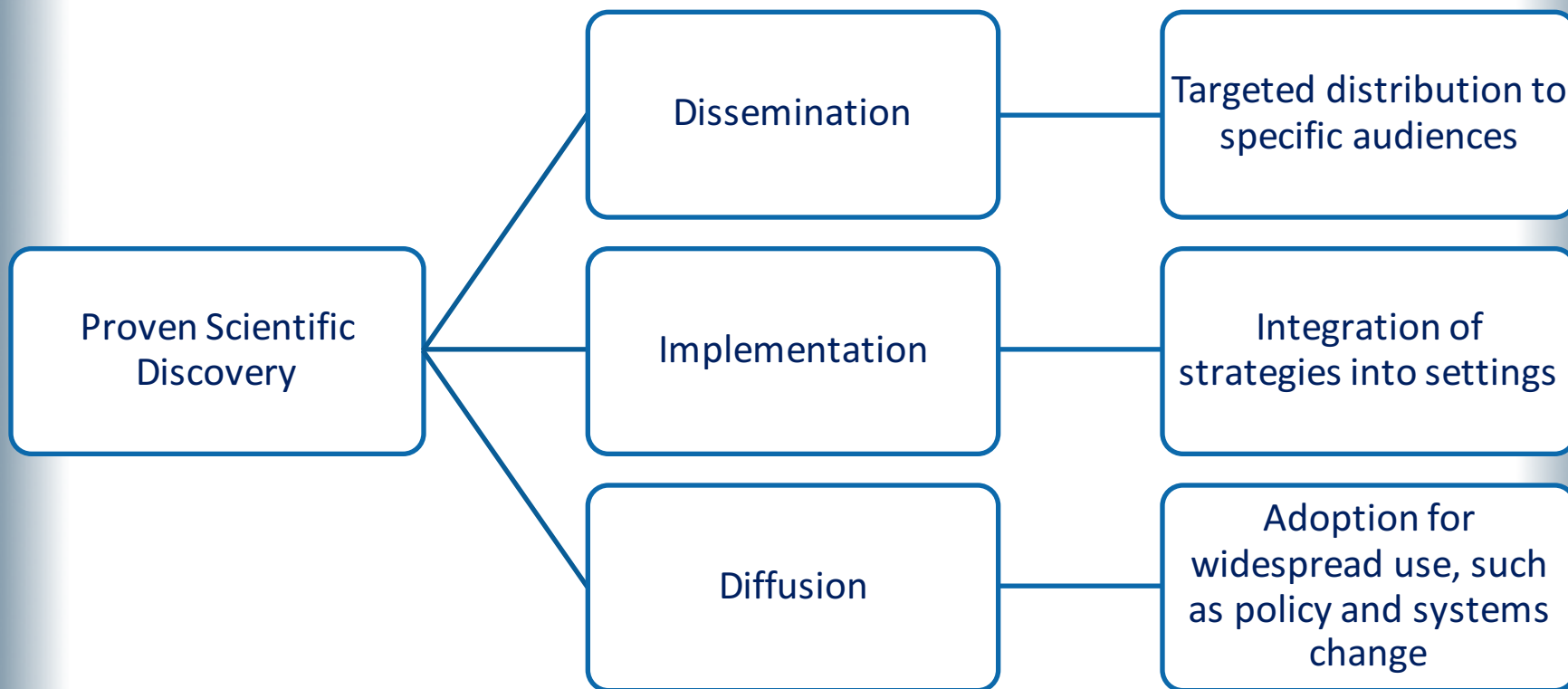
Sources: PRAMS, Injury Prevention Center, ACH Trauma Registry





# Public Health Translational Approach

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# Universal: In-reach

## Nursery & Surgical Med Unit

- Taskforce
- Education
- Resources
- Demonstrating desired behaviors

*Parents who see their baby supine in the nursery are nearly twice as likely to continue the practice at home.*



# Safe Sleep for Hospitals: Toolkits

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- UAMS/ACH Contents:
  - Self assessment tool
  - Audit tools
  - Pre- and post-test of knowledge for staff
  - Staff training presentation templates
  - Hospital/unit policy
  - Sleep sacks
  - Family education handouts
  - Discharge planning
- <http://cribsforkids.org/hospital-initiative-tools>

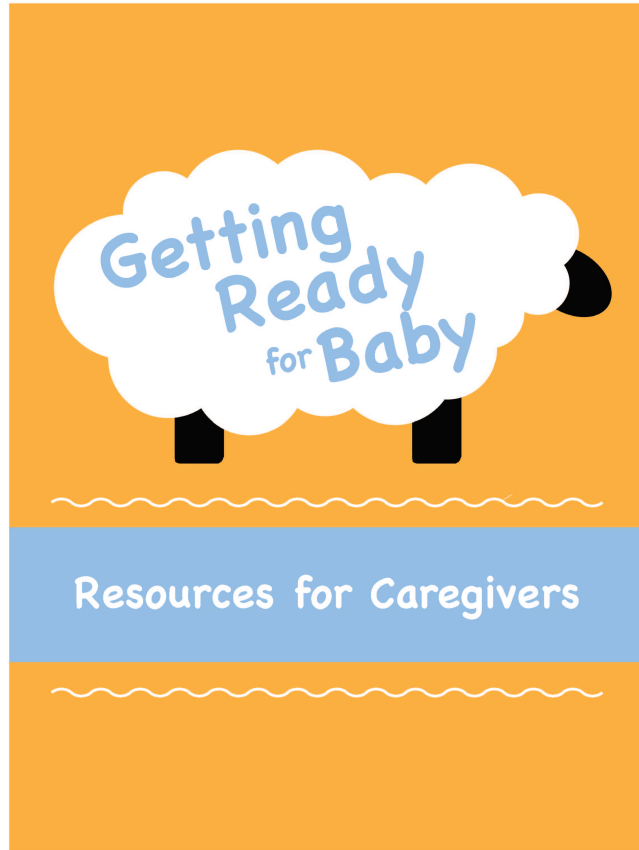


# Evaluation

Patient Age	Head of bed Flat?  Y or Degree of elevation	Patient Asleep Supine?  Y or N	Multiple Blankets to Crib?  Y or N	Stuffed Animals in Crib?  Y or N	Large or Fluffy Blankets Around Pt.?  Y or N	Patient in Nest  Y or N	Patient Bundled?  Y or N	Patient Able to Move Legs?  Y or N	Medical or Commercial Positioning device used?  Y or N	Comments
6 1/2 MO	15°	Y	Y	N	N	Y	N	Y	N	
6 WK0	10°	Y	Y	N	Y	N	Y	Y	N	
8 WK0	Y	Y	N	Y	N	N	Y	Y	N	stuffed ANIMAL = SMALL "BEANIE" BABY
8 MO	Y	Y	Y	Y	Y	Y	N	Y	N	PILLOWS, LARGE BLANKETS IN CRIB. RN PROVIDED EDUCATION

	June 2013 (N=615) Mean (SD)	May 2014 (N=628) Mean (SD)	Mean Difference (95% CI)	p*
I am knowledgeable of AAP Safe Sleep Guidelines.	4.40 (0.87)	4.41 (0.77)	0.01 (-0.09,0.1)	0.88
Safe sleep practices (SSP) are followed consistently by staff.	3.43 (1.11)	3.75 (1.08)	0.33 (0.2, 0.45)	<0.001
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I routinely assess that my patients are in a safe sleep environment.	4.06 (1.03)	4.27 (0.86)	0.22 (0.11, 0.33)	<0.001
Implementation of SSP and providing education to families on Safe Sleep for infants is a high priority.	3.40 (1.05)	3.66 (0.95)	0.26 (0.15,0.37)	<0.001
I feel confident in providing education and role modeling for caregivers and families on SSP.	3.91 (1.18)	4.28 (0.86)	0.37 (0.25, 0.49)	<0.001

# Universal: Community-based



Safety Baby Showers are a health educational program tailored for expectant mothers. Shower “gifts” may included:

- smoke detector
- water thermometer
- sleep sack
- portable play yards that can also be used as a safe sleep surface
- educational DVD on infant crying and coping strategies for the parent
- car seat for all children in the family
- refrigerator magnet for poison control
- Informational booklet for additional information and resources

# Selective: Community-based

## Outreach to Assistance Shelters

Methods	Belief Changes	Challenges	Sustained Efforts
<ul style="list-style-type: none"><li>• Staff Training</li><li>• Pack-n-Plays</li></ul>	<ul style="list-style-type: none"><li>• Drop-side cribs</li><li>• Supine sleep</li></ul>	<ul style="list-style-type: none"><li>• Frequent turn-over</li><li>• Competing priorities</li><li>• Confidential clientele</li></ul>	<ul style="list-style-type: none"><li>• AAP Resident Catch Grant</li><li>• Allowing clients to take P-n-Ps when they leave</li></ul>



# Selective: Outreach

## CPSE Fitting Station

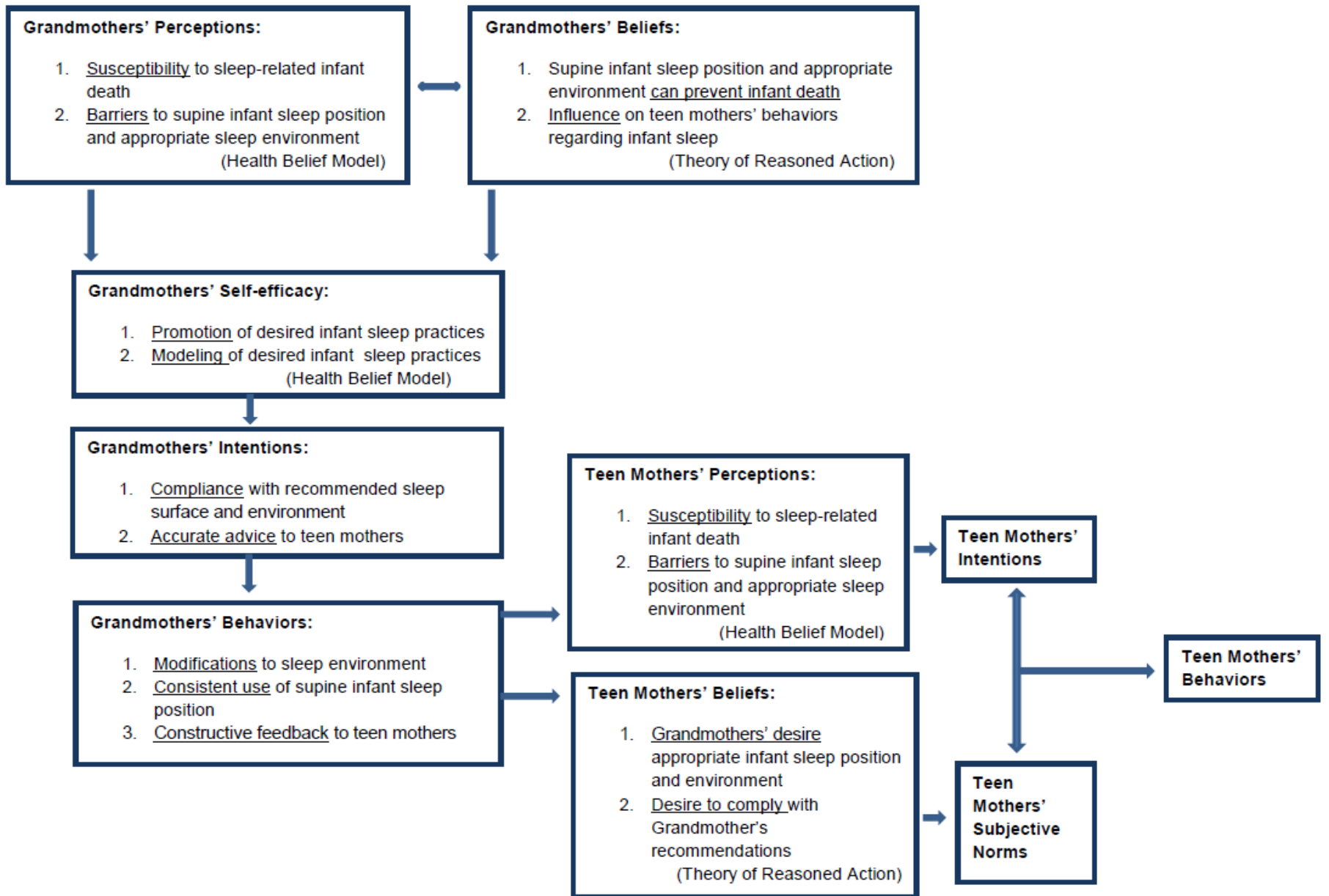




# Indicative: Research

- Supported by NICHD  
1R01HD076702-01
- Randomized Controlled Trial
- Using Safety Baby Shower model to test the influence of a senior care giver on a teen mother's compliance with safe sleep recommendations





# Contact

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