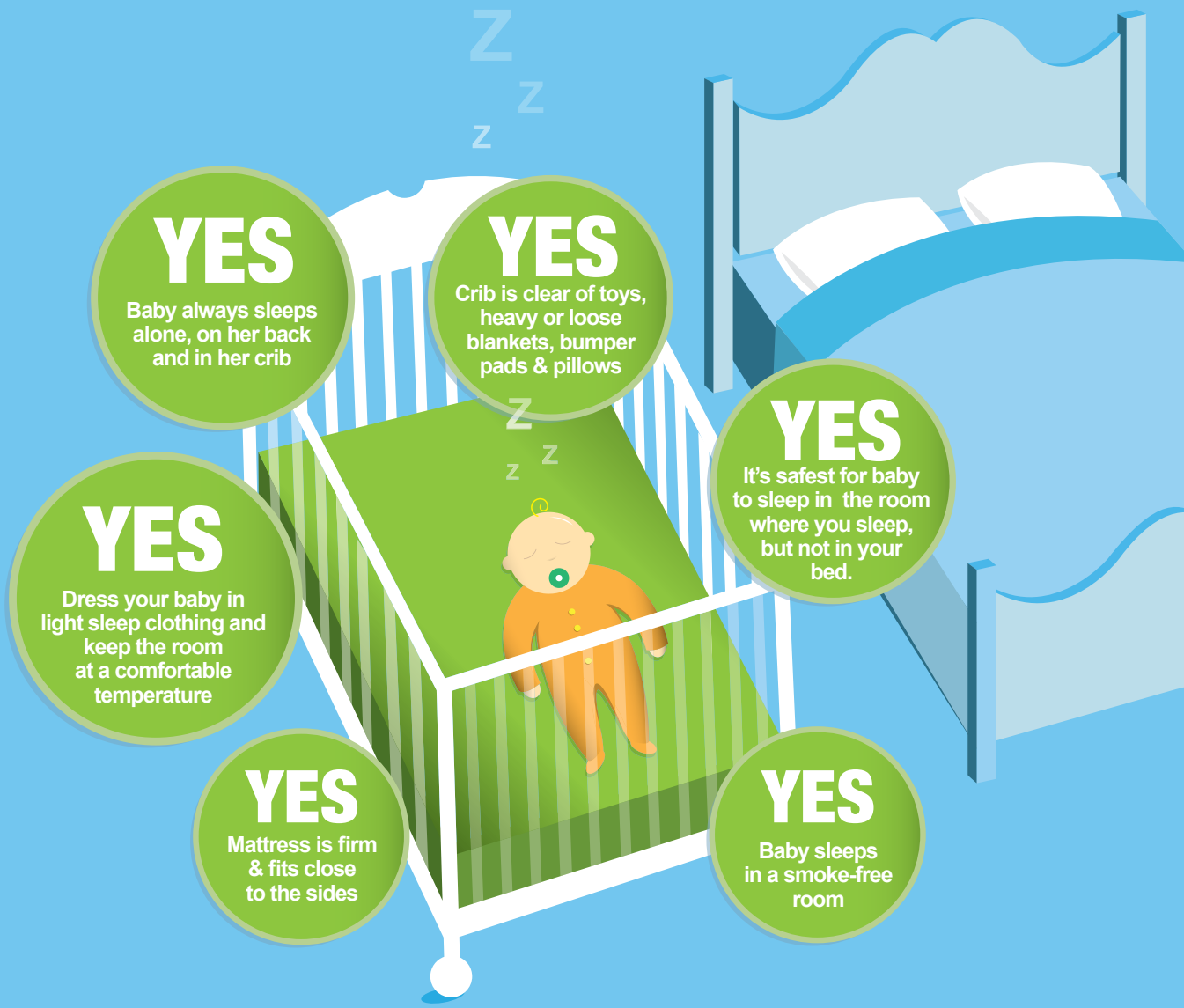
SafeSoundBabies.com

Say YES To Safe Sleep For BABIES



A GUIDE AND TOOLKIT

for Continuation and Expansion of West Virginia's Infant Safe Sleep Educational Program Through Hospitals, Home Visitation Programs and Other Community Partners

April 2016

Online Publication and Revisions

DATE	REVISION
March 2015	Initial Publication
April 2016	Most files were revised to update or add clarity. New files were added to provide additional guidance and resource materials.

Table of Contents

document 1

Background

Our Babies: safe&sound

Document 1

Background

Our Babies: Safe and Sound

Our Babies: Safe & Sound is a campaign that was initiated in 2010 to educate West Virginia parents and caregivers of infants under the age of one as well as expectant parents, professionals and communities about the (1) importance of safe sleeping for infants and (2) coping with infant crying to reduce the incidence of Shaken Baby Syndrome / abusive head trauma. Both areas are priorities for action to prevent and reduce injuries and deaths of infants in WV in their first year of life. The campaign is sponsored by TEAM for WV Children and funded through the generous support of the Claude Worthington Benedum Foundation, the WV Children's Trust Fund and the WV Department of Health and Human Resources.

Say YES To Safe Sleep For Babies

Over 240 community partner organizations have used the *Our Babies: Safe and Sound* educational materials with their families. In spite of this concerted effort, incidents of Sudden Unexpected Infant Death with unsafe sleep conditions continue to occur. Data from the WV Vital Registration Office revealed 38 such cases,including asphyxia, in 2013. Therefore, in order to continue the important efforts of community partners while also specifically focusing on education and awareness close to the time of birth, in 2013 a new *Say YES To Safe Sleep For Babies* initiative was piloted in 12 birthing hospitals and 20 home visitation programs serving those areas. The pilot reached about 8,000 or 38% of WV births in 2014 and laid significant groundwork to incrementally expand the initiative statewide. In 2016, the number of partners increased to 21 hospitals and 27 home visitation programs, with capacity to reach 81% of the 21,000 annual births.

Purpose of the Guide and Toolkit

The purpose is to provide guidance for continuation of existing *Say YES To Safe Sleep For Babies* initiatives in West Virginia and to prepare additional hospitals and home visitation programs as well as new partners such as other health providers and local organizations serving families with infants, to plan and implement the program in their communities. The Guide and Toolkit is based on the learnings from the initial years, evaluation results and best practice feedback. It will be updated as new information becomes available and *Say YES To Safe Sleep For Babies* participants will be notified so they may be able to download and print affected pages.

For more information, see www.safesoundbabies.com .

document 2

Summary of Say YES To Safe Sleep For Babies

Our Babies: safe&sound

Document 2

Summary of Say YES To Safe Sleep For Babies

2013 and 2014 Pilot Phase

Say YES To Safe Sleep For Babies was integrated in the fall of 2013 as an expansion of the original Our Babies: Safe and Sound campaign. It targeted hospitals and home visitation programs in West Virginia as a pilot initiative. The 12 hospitals active during the 2014 pilot phase accounted for approximately 8,000 or 38% of the 21,000 annual West Virginia births. The goal was and continues to be zero deaths of infants due to unsafe sleep.

Planning

Planning for the pilot phase of the initiative included activities such as:

- A review of literature and research about infant safe sleep, including SUIDs in West Virginia and nationally
- Birth data for all birthing hospitals in WV
- Consultation from Michael H. Goodstein, MD, FAAP, Attending Neonatologist, Clinical Assistant Professor of Pediatrics, and Director, York County Cribs for Kids Program, York Hospital
- Guidance from an advisory panel of experts in West Virginia
- Input from a planning team, specifically convened to design the initiative
- Development of new and revised educational tools and materials for families – based on recommendations of the American Academy of Pediatrics and recent Positive Community Norms research in WV
- Development of administrative tools, such as a participation agreement and internal safe sleep policies for the pilot organizations
- Establishment of staff training tools and opportunities, including an orientation conference call, a one-hour online training module, a PowerPoint presentation, a train-the–trainer workshop and peer sharing calls
- Recruitment of hospitals and home visitation programs
- Evaluation design
- Implementation of a recognition and awareness campaign with First Lady Joanne Jaeger Tomblin
- Proposed plan for expansion and sustainability

Evaluation of the Pilot Phase

The professional help of an experienced independent evaluator was enlisted to design and carry out process and outcomes evaluations of the pilot phase.

The 2015 process evaluation focused on participating staff of 6 selected hospitals and their corresponding Right From The Start Program staff as well as documentation of training sessions, peer calls and meeting summaries to address key questions:

- Is training sufficient to assure consistent and accurate safe sleep education?
- Are the safe sleep teachings delivered to the target population in an effective manner?
- Does the target population understand and agree with the program teachings?
- Is delivery of program content supported through materials, resources, and statewide coordination and support?
- Do birthing hospitals and local home visitation programs work together well to deliver dose 1 and dose 2 education?

The report of the process evaluation in January 2015 showed successful implementation strategies and a recommendation to continue and expand the initiative. As a result of the findings, changes were made to more explicitly define program guidelines to increase consistency across sites and fidelity to the model.

See attached Resources and Supplemental Materials for the *Say Yes to Safe Sleep for Babies Pilot Process Evaluation Report*.

The 2015 outcomes evaluation focused on families whose babies were born at six of the pilot hospitals through (1) a survey of 82 parents who were discharged from the birthing hospitals during the two-week period September 22 to October 5, 2014 and (2) a survey to capture information about safe sleep practices in the home by families enrolled in the Right From the Start (RFTS) program at approximately 2 months post-partum during the months of November and December, 2014 and January, 2015.

The outcomes evaluation was designed to answer three key questions:

1. Do families exposed to the safe sleep program teachings understand and demonstrate knowledge of the Say YES To Safe Sleep For Babies program content?
2. Do the families exposed to the safe sleep program teachings agree with and intend to adhere to the safe sleep practices when they leave the birthing hospital?
3. Do families exposed to the safe sleep program teachings actually adhere to safe sleep practices in the home at approximately two months after birth?

The evaluation findings concluded that the program is an effective means to educate parents/caregivers and to influence practices. As a result, a process for ongoing benchmark data collection was instituted. Also, a need to establish reliable baseline data regarding unsafe sleep deaths in West Virginia was reinforced so future comparison tracking can be conducted to show what change is occurring.

See attached Resources and Supplemental Materials for the report of the Say Yes to Safe Sleep for Babies Outcomes Evaluation.

2015-2016 Expansion Phase

Hospital and home visitation programs voluntarily participating in the initiative continue to grow:

HOSPITALS	HOME VISITATION PROGRAMS
Pilot Phase Partners	**Pilot Phase Partners**
Bluefield Regional Medical Center	ABLE Families, Inc., MIHOW
Cabell Huntington Hospital	Children's Home Society of WV, Parents As Teachers Program
Charleston Area Medical Center Women and Children's Hospital, Neonatal Intensive Care Unit	Cornerstone Family Interventions, Parents As Teachers Program
Garrett County Memorial Hospital	Doddridge County Starting Points Family Resource Center, Parents As Teachers Program
Greenbrier Valley Medical Center	Marshall County Starting Points Family Resource Center, Parents As Teachers Program
Ohio Valley Medical Center	Monroe County Head Start/Early Head Start, Parents As Teachers Program
Princeton Community Hospital	Mountain State Healthy Families, Healthy Families America Program
St. Joseph's Hospital of Buckhannon, Inc.	Northern Panhandle Head Start, MIHOW
St. Mary's Medical Center	Preston County Caring Council, Inc./Taylor County Starting Points Family Resource Center, Parents As Teachers Program
Stonewall Jackson Memorial Hospital	REACCH Family Resource Center, Parents As Teachers Program
United Hospital Center	Right From The Start, Regions I-VIII
Wheeling Hospital	The Community Crossing, Parents As Teachers Program
	Tucker County Family Resource Network, Parents As Teachers Program
	Upper Kanawha Valley Starting Points Family Resource Center, Parents As Teachers Program
2015 Expansion Partners	**2015 Expansion Partners**
Berkeley Medical Center	Burlington United Methodist Family Services , Parents As Teachers Program
CAMC Women and Children's Hospital	Northern Panhandle Head Start
Camden Clark Hospital	
Jefferson Medical Center	
Summersville Regional Medical Center	
2016 Expansion Partners	**2016 Expansion Partners**
Grant Memorial Hospital	Brooke-Hancock Family Resource Network, Parents
Logan Regional Medical Center	As Teachers Program
Mon General Hospital	Clarksburg Mission, Harrison County Parents As Teachers Program
Weirton Medical Center	East End Family Resource Center, Parents As Teachers Program
WVU Medicine Children's Hospital	Monongalia County Board of Education - Early Head Start, Parents As Teachers Program
	Monongalia County Starting Points Center, MIHOW Program
	Morgan County Starting Points

Future Directions

Say YES To Safe Sleep For Babies will continue to expand to reach all West Virginia births. Highlights of future directions include:

- Partner with all major birthing hospitals and all home visitation programs statewide
- Partner with new entities such as other health providers and childcare centers
- Update tools and materials as American Academy of Pediatrics infant safe sleep guidelines are revised
- Develop materials and provide education specifically targeted to grandparents
- Update the online training module for educators
- Continue an annual competency training program for all partners
- Continue peer-sharing conference calls with partners
- Achieve Cribs for Kids® Safe Sleep Hospital Certification by all partnering hospitals
- Design and implement a certification and recognition process for other organizational partners
- Continue community awareness efforts during Infant Safe Sleep Month each September
- Broaden community educational exposure through media outreach
- Gain insights about successes and challenges through ongoing data analysis
- Maintain and expand support to make parent/caregiver materials, educator training opportunities and technical assistance available at no or minimal cost

document 3

Readiness Steps for Start-up or Continuation of Sites

Our Babies: safe&sound

Document 3

Readiness Steps for Start-up or Continuation of Sites

Readiness Component
Purpose: Prepare to implement or continue prenatal or parent/caregiver education and model safe sleep practices.

Completing the readiness and planning phase is an essential step to successfully implementing the *Say YES To Safe Sleep For Babies* program or continuing existing sites, and involves multiple processes, including:

- Providing staff with training about accurate infant safe sleep information consistent with American Academy of Pediatrics (AAP) guidelines to assure fidelity to the program model,
- Defining internal standards and methods for teaching and modeling infant safe sleep practices, and,
- Establishing an organizational culture of prevention.

Participating sites should use the following ***Readiness Checklist*** as a guide to complete the key components of the readiness phase. Completion of the readiness phase can take up to two months or longer. (See attached Resources and Supplemental Materials for an overview of the readiness and subsequent phases.)

READINESS COMPONENT (applies to new and existing sites)	DESCRIPTION
Designate key contact person(s)	Identify one or two key contact persons who will be responsible for providing oversight of program planning and implementation (See attached Resources and Supplemental Materials for a summary of roles and responsibilities of key contact persons.)
Recruit your safe sleep team and other champions	Have discussions with other members of your staff who will be key to implementing the program. Discuss steps and develop a timeline for planned implementation or revisions.
Review and complete the participation agreement with TEAM for West Virginia Children	The annual participation agreement defines the individual roles and responsibilities of TEAM for WV Children and the partner sites. Review, complete and return one signed copy electronically or by mail to Laurie McKeown, Executive Director, TEAM for WV Children at laurie@teamwv.org or P.O. Box 1653, Huntington, WV 25717. (See attached Resources and Supplemental Materials for copies of participant agreements.)

READINESS COMPONENT (applies to new and existing sites)	DESCRIPTION
Develop and/or review policies / standards of care around infant safe sleep for your organization	A written policy or standards of care on infant safe sleep must be in place at your site to set the standard of care, corresponding procedures and any practice changes. (Sample policies can be found in the attached Resources and Supplemental Materials.) If you have an existing policy or standards of care, review and make any needed revisions consistent with the participation agreement, learnings from the previous year(s), and the most recent AAP guidelines. (See attached Resources and Supplemental Materials for AAP infant safe sleep guidelines.)
Design and/or review an audit or assessment process to identify adherence measures to be practiced internally and a corresponding tool to periodically document compliance	Those who educate parents and caregivers about infant safe sleep also serve as important role models. To encourage infant safe sleep practices at home, it is important to initiate the education early to establish consistent safe sleep routines. For example, research shows that parents who see their baby placed on her or his back in the hospital nursery are almost twice as likely to continue this practice at home. Early in the planning, design an audit/assessment tool and procedures to measure compliance with policy. For continuation sites, revise existing audit tools and procedures as needed. (See attached Resources and Supplemental Materials for audit/assessment examples.)
Conduct the initial orientation training for staff	To ensure program acceptance across multiple levels, an orientation should be presented early in the process to all staff who are involved with infants as a first step to gain or continue buy-in and create awareness. A PowerPoint presentation is available and may be adapted to a particular site's needs. The presentation describes the scope of sudden unexpected infant death and the logistics of the program and lasts about 50 minutes. Familiarize yourself with the presentation and choose an appropriate training venue. (See attached Resources and Supplemental Materials for the PowerPoint presentation and a summary about how to conduct the orientation workshop.)

READINESS COMPONENT (applies to new and existing sites)	DESCRIPTION
Ensure all staff complete the required online training prior to educating parents/caregivers and follow-up with continuing education as needed. Document all training	All providers should develop a level of expertise to become comfortable and knowledgeable in discussing safe sleep practices and messages with families. It is important to note that infant safe sleep education requires consistent multiple messaging - many people, many ways, and many times. The one-hour online training module can be accessed through Our Babies: Safe and Sound website at www.safesoundbabies.com/hospitals.html and may be completed at one time or incrementally. The online training curriculum includes a pre- and post-test, overview of infant safe sleep statistics nationally and statewide, a five-minute parent DVD, messaging, and implementation steps. It is important to recognize and address any concerns about messaging at the outset to ensure better program compliance, and to emphasize the program follows AAP guidelines. It is suggested that the programs' key contact persons or other training designee be prepared to address questions and challenges when providers disagree with the messaging. These instances should be documented for use in future follow-up discussions, trainings, and peer-sharing calls. To further assist staff, the Safe Sleep Educational Flipchart developed by Cribs For Kids®, is a useful informational tool for any educator of infant sleep safety. It has specific prompts and pictures about infant safe sleep to help address common questions and concerns from parents or staff. (See www.cribsforkids.org and click on Hospitals) Discussion points for educators are included in the Resources and Supplemental Materials section. Staff can continue to be trained through updates, webcasts, grand rounds, state-level trainings, and peer-to-peer calls. Results of safe sleep policy audit compliance findings can also be addressed in ongoing training opportunities. Document all staff trainings by recording name, date of training and topic.
Participate in peer-sharing conference calls	Peer-to-peer calls are scheduled with all participating partner organizations on a regular basis to share updates, best practices, and lessons learned. These opportunities will be coordinated by staff from Our Babies: Safe and Sound.

READINESS COMPONENT (applies to new and existing sites)	DESCRIPTION
Prepare for collection and reporting of basic data	All participating organizations will be asked to document and submit minimal essential data and report using an online tool. A composite summary report will be generated by Our Babies: Safe and Sound to inform future planning and sustainability of the Say YES To Safe Sleep For Babies initiative.
Order materials	Materials for educating parents/caregivers are free to partner organizations who develop an agreement with TEAM for WV Childfen and can easily be ordered online by clicking on the "Request Materials" link of www.safesoundbabies.com . Orders are usually received by mail within 4-5 business days. A list of educational tools for families can be found in Document 4 of this guide. Hospitals may also want to consider uploading the parent DVD on their closed circuit TV system. Home visitation and other programs, where applicable, can download the DVD on mobile or desktop devices if the software is compatible, by right clicking on the link and saving it.
Go live	Once the above steps have been completed, a "go live" date can be determined and parent/caregiver education and distribution of materials may begin using guidance provided in Document 4 of this guide and in the attached Resources and Supplemental Materials section. A press release template is also provided in the Resources and Supplemental Materials, and partners should also consider additional outreach opportunities such as community baby showers, safe crib displays, health fairs and posters and other visuals in waiting areas.

document 4

From Readiness to Action: Implementation Phase

Our Babies: safe&sound

Document 4

From Readiness to Implementation

Following completion of the readiness phase tasks, the education of parents, expectant parents and other caregivers may begin in a variety of environments through:

- **Initial education** (Dose 1),
- **Reinforcement education** (Dose 2) and
- **Broader community education** (Dose 3).

Environments for Providing *Say YES To Safe Sleep For Babies* Education To Parents and Other Caregivers			
Environment	**Settings / Providers**	**Type of Education**	**Format**
Prenatal Education	Prenatal classes offered through hospitals and other organizations; prenatal doctor visits; prenatal home visits; prenatal contacts with other health providers and community organizations serving expectant parents	Initial education (Dose 1)	Individual or group education
In-Hospital Education Near Time of Birth	At the birthing hospital, shortly prior to birth or prior to discharge from hospital	Initial education (Dose 1)	Individual education
Education After Discharge from the Birthing Hospital (Ideally starting within 2 weeks and continuing in subsequent contacts)	In-home; at post-natal doctor visits; during contacts with other health providers and community organizations serving families with infants under age 1	Initial education (Dose 1), if initial education was not received prenatally or at birthing hospital OR Reinforcement education (Dose 2) if initial education was received previously	Individual or group education
Community Education at Any Time	In the community	Information reaching a broad base of people locally (Dose 3)	Through media publicity and local activities such as health fairs, displays, demonstrations, presentations, mother-baby showers, etc.

NOTE: Necessary components of the education in any setting include

- **Modeling infant safe sleep practices,**
- **Repetitive messaging,**
- **Nonjudgmental guidance based on observation and discussion,**
- **Answering questions,**
- **Guidance to correct practices that are unsafe, and**
- **Education of other family members and caregivers, when they are present.**

Descriptions of Initial, Reinforcement and Community Education Strategies and Corresponding Doses

Initial Education (Dose 1) for expectant parents, new parents and other caregivers

Initial education (Dose 1) occurs in one of several scenarios:

(a) Prenatally, or

(b) In the birthing hospital shortly before or after the baby's birth, or

(c) In home, office or other settings for those who did not previously receive any initial education before or after the baby's birth.

The education is presented through verbal discussion and visuals of safe sleep messages with the parent/caregiver, using a packet of materials (the parent education kit) which is then given to the family to take home.

- The safe sleep brochure is used as a primary teaching tool.
- The safe sleep pledge card is discussed and the parent/caregiver is asked to sign and keep it.
- The 5-minute DVD should be viewed with the parent/caregiver and may be shown on the hospital's internal closed circuit TV system or electronic device.
- When noncompliance with safe sleep guidelines is discovered, the educator should tactfully reinforce the messaging to help the family make corrections for the baby's safety.
- Brochures and messaging about keeping cool when baby cries inconsolably (Shaken Baby Syndrome/Abusive Head Trauma prevention) are included as adjunct education.
- The *Sleep Baby – Safe and Snug* book is introduced as a helpful aid for education and to read aloud to the baby.
- Educators have additional tools available to help teach infant sleep safety such as posters, information from the website www.safesoundbabies.com, supplemental materials in the Say YES To Safe Sleep For Babies Guide and Toolkit such as discussion points to review with families and infant safe sleep guidelines of the American Academy of Pediatrics. A flip book developed by Cribs for Kids® is also an excellent teaching tool (see www.cribsforkids.org).

Reinforcement Education (Dose 2) for those who have received the Initial education prenatally or in the hospital or in another setting

Reinforcement of the education multiple times by multiple messengers is essential to turn information into knowledge, and subsequently into practice.

The education is presented through verbal discussion and visuals of safe sleep messages with the parent/caregiver, using a variety of materials that are then given to the family to keep. In appropriate situations, such as in-home visits, the educator can also observe the baby's sleep environment, and give nonjudgmental guidance. Several tools are available to educators for this purpose.

- The safe sleep brochure is used as a primary teaching tool.
- The safe sleep pledge card is discussed and the parent/caregiver is asked to sign and keep it
- The 5-minute DVD should be viewed with the parent/caregiver when possible and a copy should be given to family to keep.
- When noncompliance with safe sleep guidelines is discovered, the educator should tactfully and nonjudgmentally reinforce the messaging to help the family make corrections for the baby's safety.
- *The Sleep Baby – Safe and Snug* book is used as a helpful aid for education and to read aloud to the baby. A copy is given to the family.
- Brochures and messaging about keeping cool when baby cries inconsolably (Shaken baby Syndrome/ Abusive Head Trauma prevention) are included as adjunct education.
- Educators have additional tools available to help teach infant sleep safety such as posters, information from the website www.safesoundbabies.com, supplemental materials in the Say YES To Safe Sleep For Babies Guide and Toolkit such as discussion points to review with families and infant safe sleep guidelines of the American Academy of Pediatrics. A flip book developed by Cribs for Kids® is also an excellent teaching tool (see www.cribsforkids.org).

Community Education (Dose 3) for all members of a community

Community education is public education provided at any time through media publicity and local activities such as health fairs, displays, demonstrations, presentations, mother-baby showers, etc. The intent is to create awareness of anyone who routinely or periodically spends time with a baby.

Displaying actual examples in visible places of safe vs. unsafe cribs is an excellent strategy.

Public service announcements (PSAs) for both radio and TV broadcast about Say YES to Safe Sleep and Keep Your Cool When Baby Cries may be accessed through www.safesoundbabies.com and the parent educational DVD. Partner organizations are encouraged to make local media contacts to request airing the PSAs in their areas.

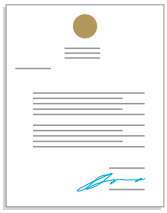
During Safe Sleep Month in September and throughout the year, it is recommended that partners organize awareness activities in their communities.

Tools for Educating Expectant Parents, Parents and Other Caregivers

Partner organizations may order materials online at www.safesoundbabies.com

Parent Education Kit Envelope (Includes letter from First Lady, safe sleep brochure, DVD, safe sleep pledge card, pen, 2 Keep Your Cool brochures.)

Safe Sleep Pledge Card (for parent/caregiver to sign and keep)



Safe Sleep Letter from First Lady

Safe Sleep Brochure

Keep Your Cool (when baby cries) Brochure for Moms

Keep Your Cool (when baby cries) Brochure for Males

Sleep Baby: Safe and Snug book

DVD (contains 5-minute educational video and PSAs)

Posters

Responsibilities of Hospital and Home Visitation* Staff for Parent / Caregiver Education Before or After Baby's Birth

*Responsibilities may also apply to other local partners who provide education.

TASK / ROLE	HOSPITAL STAFF	HOME VISITORS
Timing of parent/ caregiver education	Prenatally or in hospital before or after birth	At home visit shortly after hospital discharge and in subsequent visits. May also be done prenatally
Linkage among hospital and home visitation staff	Be familiar with the services and staff of home visitation programs in your area. Get contact information. Develop and implement a plan/agreement for communicating with the home visitors, at a minimum with the designated key contact person(s)	Be familiar with the hospital's newborn unit's procedures and staff. Get contact information. Develop and implement a plan/agreement for communicating with the relevant hospital staff, at a minimum with the designated key contact person(s)
Messaging Tools	• Discussion points for prenatal or initial education • Parent Education Kit: White envelope with enclosures – letter from First Lady, safe sleep brochure, DVD, safe sleep pledge card, pen, 2 *Keep Your Cool* brochures, *Sleep Baby-Safe and Snug* book • Method for viewing the 5-minute DVD • Cribs For Kids® Educational Flip Book	• Discussion points for prenatal, initial and reinforcement education • Parent Education Kit if education was not received while in hospital or prenatally. Then follow up with reinforcement of messaging at later visit OR • Reinforcement education using individual materials such as safe sleep brochure, *Sleep Baby-Safe and Snug* book, • Method for viewing the 5-minute DVD, when applicable • Cribs For Kids® Educational Flip Book
Key Messaging	See Discussion Points for Parent/ Caregiver Education in attached Resources and Supplemental Materials	See Discussion Points for Parent/ Caregiver Education in attached Resources and Supplemental Materials
Questions	Answer parent/caregiver questions	Answer parent/caregiver questions
Ongoing Monitoring of Practices	Routinely monitor safe sleep practices of parents while in the hospital and of the hospital staff. (Hospital should have a policy about nursery audits and a policy or procedure about what to do when there is noncompliance on the part of the parent or the staff.)	Observe sleep practices in the home. Give guidance as needed. (Program should have a policy about parent/caregiver education and teaching practices and a policy or procedure about what to do when there is noncompliance on the part of the parent or the staff.)
Data / Recording / Reporting	All participating organizations will be asked to record and report minimal essential data.	All participating organizations will be asked to record and report minimal essential data.

document 5

Resources and Supplemental Materials

Resources and Supplemental Materials

1. Program Overview: Phases and Schedule
2. Participation Agreements
3. Roles and Responsibilities of Partner Organizations' Key Contact Persons
4. Categories of Sudden Unexpected Infant Death (SUID)
5. American Academy of Pediatrics Infant Safe Sleep Guidelines
6. Samples of Infant Safe Sleep Policies/Standards of Care
7. Samples of Infant Safe Sleep Practice Audit/Assessment Tools
8. Staff Orientation Training PowerPoint Presentation
9. Overview of Conducting the Staff Orientation Workshop
10. Online Training Module for Staff
11. Overview of In-Home Family Education/Home Visitation Program Partners & Contact Information
12. Discussion Points for Providers of Prenatal and Initial Education for Parents/Caregivers
13. Discussion Points for Providers of Reinforcement Education for Parents/Caregivers
14. Cribs For Kids®
15. Sample Press Release Template
16. Say YES To Safe Sleep For Babies Pilot Process Evaluation Report
17. Say YES To Safe Sleep For Babies Pilot Outcomes Evaluation Report

For information about additional infant safe sleep resources, see www.safesoundbabies.com/resources.html.

SAY YES TO SAFE SLEEP FOR BABIES
PROGRAM OVERVIEW OF PHASES AND SCHEDULE

GOAL: ZERO DEATHS OF INFANTS IN WEST VIRGINIA DUE TO UNSAFE SLEEP

Phases apply to new and continuing sites.

PHASE I READINESS: December 2015 – March 2016*

Prepare to implement and model infant safe sleep practices

- ☐ Orientation calls for new hospital sites and home visitation programs
- ☐ Recruit your infant safe sleep team and other champions and link to corresponding Dose I/II providers
- ☐ Complete and return Participation Agreement
- ☐ Conduct online and in-house staff training and engagement activities to ensure consistent messaging and use of materials
- ☐ Develop your organization's safe sleep policy/standards of care
- ☐ Develop tool and conduct baseline audit of newborn units (tool example provided) and pre-test staff knowledge (hospitals)
- ☐ Develop tool and process to conduct home assessments (home visitation tool example provided). Pre-test staff knowledge
- ☐ Determine "Go Live" date and goal
- ☐ Participate in bi-monthly peer-to-peer calls
- ☐ Participate in Annual Competency Training (March 17, 2016)
- ☐ Prepare for post-implementation quarterly benchmark data collection

PHASE II IMPLEMENTATION: April – June 2016*

Begin to provide consistent, accurate, safe sleep messages to expectant parents, parents, and caregivers of infants under one year of age, ideally within the first weeks of baby's life and/or prenatally

- ☐ Order parent materials and begin marketing and visibility
- ☐ Dose I: Face-to-face discussion and distribution of materials prenatal or postnatal / signed parental pledge
- ☐ Dose II: Face-to-face reinforcement by home visitation program partners
- ☐ Dose III: Public and community awareness (PSAs, community events, etc.)
- ☐ Continue to conduct follow-up audits in hospital newborn units and assessments in homes re: infant sleep practices
- ☐ Peer sharing and support
- ☐ Continue to train new staff
- ☐ Collect post-implementation benchmark data to report quarterly

Phase III MEASURING SUCCESS AND PLANNING FOR SUSTAINABILITY: July - December 2016*

Lessons learned will be shared and success will be celebrated!

- ☐ Continue to implement and train new staff (Regional Training Forums for Home Visitation Staff to be planned)
- ☐ Continue peer sharing and support
- ☐ Continue quarterly benchmark data reporting and conduct periodic nursery audits/home assessments
- ☐ Participate in Infant Safe Sleep Month (September)
- ☐ Explore national safe sleep hospital certification through Cribs for Kids® (hospital sites)
- ☐ Plan for sustainability and expansion

*Time frames are flexible

Participation Agreements

Partners providing education to parents and other caregivers through Say YES To Safe Sleep For Babies must develop an annual agreement with TEAM for WV Children.

Tools for hospitals and home visitation programs are provided on the following pages.

The agreement may be revised to adapt it to the needs of the partner organization.

Our Babies: safe&sound

Say YES To Safe Sleep For Babies Program

2016 Hospital Participation Agreement

The purpose of this agreement is to clearly identify the collaborative relationship and define individual roles and responsibilities of TEAM for WV Children and the _____ (hospital) in facilitating the *Our Babies: Safe and Sound - Say YES To Safe Sleep For Babies* program through December 31, 2016. This agreement will be updated annually.

For this understanding, TEAM for WV Children agrees to:

1. Provide copies of the Say YES To Safe Sleep For Babies Hospital Kit at no charge for parent/caregiver education.

2. Provide protocols for implementing the Say YES To Safe Sleep For Babies program into the hospital's existing prevention programs.

3. Provide access to required training and related materials to ensure new and existing staff members are knowledgeable in providing the program to parents/caregivers. Materials and resources include the following:

   A. An online Guide and Toolkit with specific information about program readiness and implementation tasks along with sample tools and resource information
   B. Information on our website www.safesoundbabies.com
   C. Talking point instructions, a sample script and messages to use when presenting the program materials to parents/caregivers
   D. A 50-minute on-line training module with CEs available
   E. Staff orientation PowerPoint and overview of Say YES To Safe Sleep For Babies
   F. Annual statewide competency training for all partner sites
   G. Infant safe sleep hospital policy examples
   H. Nursery audit tool examples

4. Provide consultation and technical assistance through peer-to-peer conference calls, regular communications, and staff availability to share updates and resolve issues as program readiness and implementation occur.

For this understanding, _____ Hospital agrees to:

1. Assign a designated contact person(s) within the hospital who will be responsible for providing oversight of program readiness and implementation, including serving as the primary point of contact for ongoing communications, participating in peer-to-peer calls every other month, and participating in the statewide annual competency training required by TEAM for WV Children/Our Babies: Safe and Sound.
2. Adopt a hospital-approved infant safe sleep policy/standards of care and corresponding procedures. Design an audit tool and process to periodically identify adherence to the policy/standards of care and define staff procedures for situations where parents/caregivers or staff are non-compliant.
3. Assure all staff have completed training before educating families through: the orientation PowerPoint and the on-line training module developed by TEAM for WV Children and CHERI; face-to-face training for staff following the statewide annual competency training; and training on infant safe sleep policies and procedures. Document dates and topics of all infant safe sleep training received by staff.
4. Order and ensure supplies of the Say YES To Safe Sleep For Babies Hospital Kit are adequate.
5. Review the contents of the Say YES To Safe Sleep For Babies Hospital Kit with parents/caregivers before discharge and/or prenatally, using a multi-modal approach, including discussing infant safe sleep practices, providing copies of materials, having the parents/caregivers sign the pledge card, assuring opportunities for parents/caregivers to view the DVD; and having any questions answered.
6. Collect basic benchmark data in the format designed by TEAM for WV Children/Our Babies: Safe and Sound and submit quarterly for use in the annual report.
7. Serve as an ambassador for the program and work with corresponding Dose II home visitation program contact(s) and other Dose II partners.
8. Participate in infant safe sleep month community outreach activities.

The person designated as the point of contact is _____. He/She can be reached at (email & phone) _____.

Signatures:

_____

Hospital Administrator/Hospital Date

_____

TEAM for WV Children Date

Please return one signed copy electronically or by mail to Laurie McKeown at laurie@teamwv.org or P.O. Box 1653, Huntington, WV 25717.

Revised December 2015

Our Babies: safe&sound

Say YES To Safe Sleep For Babies Program

2016 Home Visitation Program Participation Agreement

The purpose of this agreement is to clearly identify the collaborative relationship and define individual roles and responsibilities of TEAM for WV Children and _____ (home visitation program) in facilitating the *Our Babies: Safe and Sound - Say YES To Safe Sleep For Babies* program through December 31, 2016. This agreement will be updated annually.

For this understanding, TEAM for WV Children agrees to:

1. Provide Say YES To Safe Sleep For Babies educational materials at no charge for parents/caregivers of infants under the age of one in your program.

2. Provide protocols for implementing Say YES To Safe Sleep For Babies within existing prevention programs offered by the home visitation program.

3. Provide access to required training and related materials to ensure existing and new staff members are knowledgeable in providing the program to parents/caregivers. Materials and resources include the following:

   A. An online Guide and Toolkit with specific information about readiness and implementation tasks along with sample tools and resource information
   B. Information on our website www.safesoundbabies.com
   C. Talking point instructions, a sample script and messages to use when presenting or reinforcing the program education to parents/caregivers
   D. A staff orientation PowerPoint and overview of Say YES To Safe Sleep For Babies phases
   E. A 50-minute on-line training module with CEs available
   F. Annual statewide competency training and regional infant safety trainings
   G. Infant safe sleep home visitation program policy/standards of care example
   H. Infant safe sleep home visitation assessment tool example

4. Provide consultation and technical assistance through peer sharing calls, regular communications and staff availability to share updates and resolve issues as program readiness and implementation occur.

For this understanding, _____ (home visitation program) agrees to:

1. Assign a designated contact person(s) within the home visitation program who will be responsible for providing oversight of program readiness and implementation, including serving as the primary point of contact for ongoing communications, participating in peer-to-peer calls every other month, participating in the statewide annual competency training required by TEAM for WV Children/Our Babies: Safe and Sound, and assuring that appropriate staff may participate in a regional infant safety training sponsored by TEAM for WV Children/Our Babies: Safe and Sound.

2. Adopt a home visitation program-approved infant safe sleep policy/standards of care and corresponding procedures. Develop and utilize a home visiting safe sleep assessment tool and process to determine adherence to safe sleep practices in the home and define staff procedures for situations where parents/caregivers or staff are non-compliant. Pre-test staff knowledge.

3. Assure all home visitation staff have completed training before educating families through: the orientation PowerPoint; the on-line training module developed by TEAM for WV Children and CHERI; and training on infant safe sleep policies and procedures. Assure additional face-to-face training for staff following the statewide annual competency training, and assure participation of appropriate home visitation staff in an infant safety regional training opportunity provided by TEAM for WV Children/Our Babies: Safe and Sound. Document training received by all staff.

4. Place orders online and ensure supplies of the *Say YES To Safe Sleep For Babies* materials are adequate.

5. Provide timely infant safe sleep education to parents/caregivers.

    a. Reinforce *Say YES To Safe Sleep For Babies* messages with parents/caregivers who received Dose 1 education prenatally or while in the hospital. The reinforcement education uses Dose 2 materials, including a review and discussion of the *Sleep Baby: Safe and Snug* book and any other materials that may be helpful, through a multi-modal approach with verbal discussion at home visits and/or group educational activities;
    b. For parents/caregivers who did not receive safe sleep education prenatally or prior to discharge from the hospital, provide Dose 1 education including a review of the contents of the *Say YES To Safe Sleep For Babies Hospital Kit*, using a multi-modal approach, including discussing infant safe sleep practices, providing copies of materials, having the parents/caregivers sign the pledge card, and assuring opportunities for parents/caregivers to view the DVD;
    c. Assure parents'/caregivers' questions are answered in any educational environment.

6. Collect basic benchmark data in the format designed by TEAM for WV Children/Our Babies: Safe and Sound and submit quarterly for use in the annual report.

7. Serve as an ambassador for the program and work with corresponding Dose 1 hospital contacts and other Dose 2 partners.

8. Participate in infant safe sleep month community outreach activities.

The person designated as the point of contact is _____. He/She can be reached at (email & phone) _____.

Signatures:

_____

Home Visitation Program Director/Coordinator Date

_____

TEAM for WV Children Date

Please return one signed copy electronically or by mail to:
Laurie McKeown at laurie@teamwv.org or P.O. Box 1653, Huntington, WV 25717.

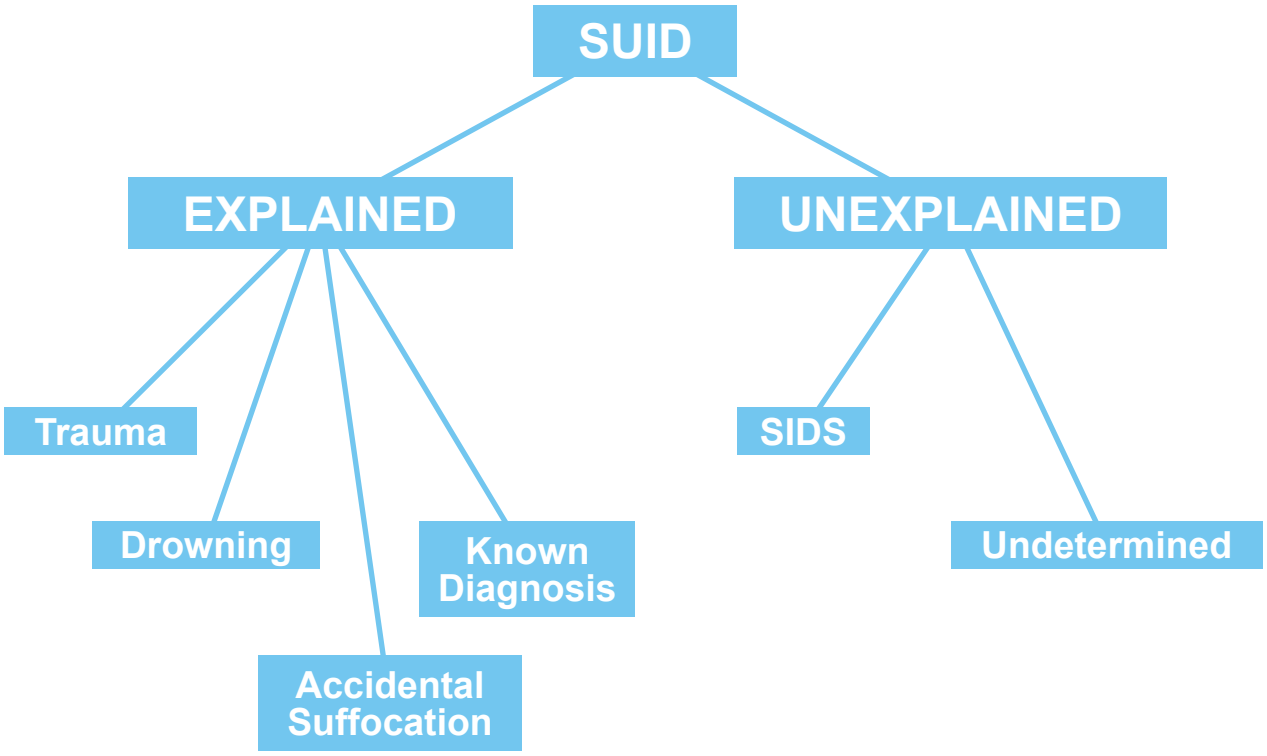
(S&S Say YES Home Visitation Program Participation Agreement Rev 1-6-2016)

Roles and Responsibilities of Partner Organizations' Key Contact Persons

Each organization participating in Say YES To Safe Sleep For Babies is required to designate a primary contact person(s) / safe sleep champion to ensure:

- Linkage with the *Our Babies: Safe and Sound* co-coordinators
- Oversight of program planning and implementation
- Participation in periodic peer sharing conference calls
- Good communication with local staff and the community
- Sharing information received from the *Our Babies Safe and Sound* co-coordinators with relevant staff
- Policy development
- Staff completion of training
- Positive modeling practices are in place and monitored
- Consistent data collection
- Linkage with Say YES partners and other relevant entities in the geographic area
- Making adjustments for changes resulting from staff turnover

Categories of Sudden Unexpected Infant Death (SUID)



UNIVERSITY of VIRGINIA HEALTH SYSTEM

American Academy of Pediatrics Infant Safe Sleep Guidelines

SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment

To view or download the 2011 (most recent) report entitled SIDS and Other Sleep Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment see http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284.full.pdf+html

Say YES To Safe Sleep For Babies' materials and educational messaging are consistent with AAP guidelines.

Sample Infant Safe Sleep Policies / Standards of Care

All programs participating in Say YES To Safe Sleep For Babies are required to develop and implement an internal operating policy / standards of care about infant safe sleep.

All existing partner organizations are asked to annually review, and where necessary, update their existing policies / standards of care. New sites are asked to create policies. All policies/standards of care should ensure consistency with the participation agreement, learnings from the previous years' experiences, findings from data collection and evaluations and the most recent recommendations of the American Academy of Pediatrics (AAP).

Sample policies / standards of care are described on the following pages as examples that may be adapted to the partner organization's needs.

Name of Hospital	***Policy No.:*** **POLICY: Safe Sleep for Infants**
Date of Original:	**Department: Obstetrics/Labor and Delivery**
Revision Dates:	**Reviewed:**

I PURPOSE

A. To ensure safe sleep for all infants up to one year of age following the American Academy of Pediatrics' (AAP) 2011 recommendations.

B. To ensure that all recommendations are modeled and understood by caregivers/parents with consistent instructions given prior to discharge.

II SPECIAL CONSIDERATIONS

A. The national number of sleep related Sudden Unexpected Infant Deaths (SUID), including SIDS is approximately 4,200 deaths per year. (CDC, updated October 1, 2012)

B. The WV Child Fatality Review Team shows SIDS/SUIDS is the leading cause of death age 1-12 months in WV.

C. Accidental Suffocation and Strangulation in Bed (ASSB) also is a type of sleep-related SUID. This includes infant deaths related to airway obstruction (asphyxia) in a sleeping environment caused by—

1. Suffocation by soft bedding—such as a pillow or waterbed mattress.
2. Overlay—another person overlaying or rolling on top of or against the infant.
3. Wedging or entrapment—wedging between two objects such as a mattress and wall, bed frame, or furniture.
4. Strangulation—such as when an infant's head and neck become caught between crib railings.
5. Providing consistent safe sleep education and modeling this behavior will help parents to understand the importance of following the AAP recommendations.

D. Families tend to copy practices that they see in the hospital setting. All staff should be vigilant about endorsing and modeling the supine sleep position and safe sleep recommendations before an anticipated discharge.

E. Teach parents to communicate with every person that cares for their infant that the baby is to be placed on his/her back to sleep.

III PROCEDURE

Infants in the Newborn Nursery:

A. Place all infants on their backs to sleep and the head of the bed flat. *Infants with a medical contraindication to supine sleep position (i.e. congenital malformations, upper airway compromise, severe symptomatic gastroesophageal reflux) should have physician's order along with an explanation documented.

B. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.

C. The nursing staff will provide education on safe sleep and inform parents of the hospital policy against bedsharing due to the increased risk of SIDS and infant falls. Parents are asked to read and sign the “Infant Safety Contract” when baby is brought to them after the first bath.

D. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet and can be returned to the newborn nursery at the discretion of the nurse. The mother/parent should then be re-educated on safe sleep practices as soon as practical. If this continues to be a reoccurring problem an “Infant Safe Sleep Non-Compliance” release form should be signed by the parent that he or she has been educated and understands that sleeping with an infant is dangerous with the most serious consequence being death.

E. Infants should be swaddled/bundled no higher than the axillary or shoulder level.

F. A “sleep sack” may be used. Sleep sacks may be used on infants < 38 pounds and 1 year of age. *If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.

G. The infant’s feet should touch the bottom of the bed so he/she cannot wiggle dow below the blanket.

H. Environmental temperature should be maintained at 72 to 78 degrees F.

I. Side sleeping is no longer advised

J. Mothers are encouraged to breast feed. Skin to Skin Care is encouraged to promote breastfeeding but should not be done unsupervised if mother is particularly fatigued or medicated.

Modeling Safe Sleep Practices

When performing bath demonstrations, the nurse will state that after bathing to place infant in crib, on back, and within same room as a parent or caregiver. Nurse will model placing infant on back with no loose items in the isolette/crib. After placing infant on his/her back to sleep in isolette/crib, nurse will encourage tummy time when infant is awake and mother/caregiver is able to supervise.

Nurse will ask if mother/caregiver has a safe sleep environment (safety approved crib) for infant at home. Nurse will ask if parent/caregiver knows about the Consumer Product Safety Commission (CPSC) standards for a safe crib. For those who have not received this information, the nurse will provide an information sheet with the correct information. If parent/caregiver does not have safety-approved crib at home, nurse will provide appropriate referral. Nurse will also discuss the importance of using a tight fitting crib sheet.

Nurse will demonstrate the following:

Proper swaddling.

Proper “tummy time”.

Proper use of blanket in a crib. (i.e. place baby with feet to foot of the crib, tuck a thin blanket around the crib mattress, cover baby only as high as his/her chest.)
Note: Nurse should encourage parent/caregiver to use an infant sleeper or sleep sack instead of blanket, to dress the infant in a manner to avoid over-bundling or over-heating, and to set room temperature at a comfortable level.

Nurse will ask if parent/caregiver about plans to bedshare. Nurse should remember that some families wish to practice bedsharing based on their cultural beliefs, environmental situation or other personal reasons. However, the nurse should educate all families about the risks involved with sleeping in the same bed with their infant.

Key points to review:

► Adult beds are not designed to meet federal safety standards for infants.

► Babies have been suffocated by becoming trapped or wedged between the bed and the wall or bed frame, have been injured by rolling off the bed, or have been suffocated by bedding. Infants have died when an adult rolled onto and suffocated them.

► Bedsharing must be avoided at all times when a mother or any other person is extremely fatigued, obese, a smoker, impaired by alcohol or drugs, legal or illegal. Sleeping with a baby under these conditions is extremely dangerous and may lead to the baby's death.

► Never place an infant to sleep on a couch, sofa, recliner, cushioned chair, waterbed, beanbag chair, soft mattress, pillow, synthetic or natural animal skins (such as lambskins), or other soft surface such as "memory" foam mattress toppers and pillows designed for adults.

Many studies have shown parent/infant roomsharing is protective against SIDS. If a mother desires to bed share despite the above warnings, continue to discuss and stress the importance of roomsharing as an alternative to bedsharing:

- Use a crib or "sidecar" next to mother's bed. A sidecar is a crib-like infant bed that attaches securely and safely next to the parent's bed; with this nighttime nurturing device, parents have their own sleeping space, baby has his or her own sleeping space, and baby and parents are in close touching and nursing distance to one another.
- Place infant back to crib after comforting or breastfeeding and/or when the parent is ready to sleep. Keep crib in the same room as parent/caregiver. Parents have their own sleeping space, baby has his or her own sleeping space, and baby and parents are still in close touching and nursing distance to one another.

On the pediatric

Reinforce concepts:

Infants should be breastfed for at least the first six months; Infants should always sleep in called supervised tummy time, is essential for development of shoulder girdle and arm strength, head control and stability of the trunk.

Remind parent/caregiver that these infant care practices and standards apply for all nap times and sleeping at night; Mother/caregiver should provide these directions to others who will be providing care to the infant.

Discharge Instructions (oral) to Parent/Caregiver:

- ► Place healthy infant on his/her back to sleep; change the direction that the infant lies in the crib weekly.
- ► Set up the infant's own safe sleeping area in the same room with the parents/caregivers especially during the infant's early months.
- ► Place healthy infant in a crib that meets the minimum federal safety standards as established by the Consumer Product Safety Commission

Documentation
All verbal and written instructions will be documented in the Patient Record.

REFERENCE
American Academy of Pediatrics Policy Statement, Task Force on Sudden Infant Death Syndrome. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding Sleeping Environment, and New Variables to Consider in Reducing Risk. Pediatrics, November 2005; 16(5): 1245-1255. National Institute of Child Health and Human Development (NICHD), Continuing Education Program on SIDS Risk Reduction

WHEELING HOSPITAL
Nursing Administrative Policy and Procedure Manual

MANUAL SECTION: Provision of Care, Treatment and Services: Nursery

POLICY NUMBER: 38

SUBJECT: Infant Positioning/Safe Sleeping Practice

REVISION/REVIEW DATES: January 16, 2014, October 14, 2015, *March 1, 2016*

POLICY:

It is the policy of Wheeling Hospital to promote safe sleep practices including discouraging bed sharing. Wheeling Hospital recognizes that healthcare professionals are critical in communicating sleep related infant death reduction strategies to parents and families both through education and by practicing safe sleep practices while the infant is in the hospital.

***PURPOSE*:**

A. Establish guidelines and parameters for infant positioning.
B. Establish appropriate and consistent parental education on safe sleep positions and environment.
C. Establish consistent safe sleep practices by healthcare professionals for infants prior to discharge.

POLICY STATEMENT:

SIDS (Sudden Infant Death Syndrome) is considered to be the sudden death of an infant younger than one year of age that remains unexplained after a complete investigation. There has been a significant decrease in the number of infants who have died from SIDS due to healthcare providers and public health campaigns educating parents and caregivers of the risk factors related to SIDS. Healthcare professionals have a vital role in educating parents and families regarding the "Back to Sleep" campaign. The "Back to Sleep" campaign was started in 1994. In 1992 the SIDS rate was 1.2 deaths per 1000 live births. In 2001, the SIDS rate was 0.56 deaths per 1000 live births, which was a decrease of 53% over a ten-year period. The decreasing SIDS rate is occurring due to a reduction in prone positioning. In 1992, prone positioning was seen in 70%, compared to 13% in 2006. As important role models, healthcare professionals are critical in communicating SIDS risk reduction strategies to parents and families, and by practicing safe sleep practices while infants are still in the hospital.

There are factors that have been identified that place an infant at an increased risk of SIDS. They include: stomach sleeping, sleep surfaces that are soft (loose, fluffy bedding), overheating during sleep, maternal smoking (during pregnancy or in the infant's environment), and bed sharing.

EQUIPMENT:

Open cribs/bassinettes, isolettes or infant warmers.

PROCEDURE:

A. Infants in the Newborn Nursery:

1. Place all infants on their backs to sleep and the head of the bed flat.
   *Infants with a medical contraindication to supine sleep position (i.e. congenital malformations, upper airway compromise, severe symptomatic gastro esophageal reflux) should have a physician's order along with an explanation documented.
2. A firm sleep surface should be used (firm mattress with a thin covering). Use of soft bedding such as pillows, quilts, blanket rolls, and stuffed animals should not be used.
3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet and can be returned to the newborn nursery at the discretion of the nurse. The mother/parent should then be re-educated on safe sleep practices as soon as practical.
4. Infants should be swaddled/bundled no higher than the axillary or shoulder level. A "sleep sack" may be used. Sleep sacks may be used on infants < 38 pounds and 1 year of age.
   *If temperature instability occurs, infants may have an additional blanket used by tucking the blanket around the mattress and covering the infant no higher than the axillary or shoulder level.
5. The infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket.
6. Environmental temperature should be maintained at 72 to 78 degrees F.

B. Infants in the Pediatric Unit: (Infants less than 1 year of age)

1. Follow the guidelines for the Newborn Nursery.
2. If a blanket is needed for the infant, the infant's feet should touch the bottom of the bed so he/she cannot wiggle down below the blanket. If no blanket is needed, the infant may be positioned in the bed appropriately.
3. If an infant is found in bed with a sleeping mother/parent, the infant should be placed in their bassinet or crib. The mother/parent should then be re-educated on safe sleep practices as soon as practical.

PATIENT EDUCATION:

- Sudden Infant Death Syndrome (SIDS) and Safe Sleep Practice education will be provided throughout the neonate's stay.
- Parent/guardian education will be given by any and/or all of the following means:
  - Verbal teaching
  - Demonstration and practice
  - Written reference materials
  - Viewing of instructive DVD
- SIDS and Safe Sleep Practices will be reinforced during the discharge process. The parent/guardian will be given the opportunity to voice concerns and have any questions answered by staff prior to discharge.

DOCUMENTATION:

A. Document the infant's position on the Newborn Nursery or Pediatric Flow Sheets.
   - Nurse will document the following in the newborn's discharge teaching summary:
     - Assessment of Safe Sleep Practices
     - Education given to parent/guardian
   - SIDS and Safe Sleep Practice guidelines will be included in the discharge instructions.

B. Family/Parental teaching: All parents and caregivers (daycare workers, grandparents and babysitters) will be educated on SIDS and safe sleep environments and positioning.
   1. All healthy infants should be placed on their backs to sleep.
   2. All infants should be placed in a separate but proximate sleeping environment (crib, infant bassinette, or Pac 'N' Play).
   3. All infants should be placed on a firm sleep surface. Remove all soft-loose bedding, quilts, comforters, bumper pads, pillows, stuffed animals and soft toys from the sleeping area.
   4. Never place a sleeping infant on a couch, sofa, recliner, cushioned chair, waterbed, beanbag, soft mattress, air mattress, pillow, synthetic/natural animal skin, or memory foam mattress.
   5. Avoid bed sharing with the infant.

<u>Risk of Bed Sharing</u>:

- Adult beds do not meet federal standards for infants. Infants have suffocated by becoming trapped or edged between the bed and the wall/bed frame, injured by rolling off the bed, and infants have suffocated in bedding.
- Infants have *died* from suffocation due to adults rolling over on them.

- Sleeping with an infant when fatigued, obese, a smoker, or impaired by alcohol or drugs (legal or illegal) is extremely dangerous and may lead to the death of an infant.

6. If a blanket must be used, the preferred method is to swaddle/bundle the infant no higher than the axillary or shoulder level or use an appropriate size blanket that can be tucked in around the crib mattress and position the infant's feet at the bottom of the bed.
7. The use of a "sleep sack" may be used in place of a blanket.
8. Avoid the use of commercial devices marketed to reduce the risk of SIDS.
9. Avoid overheating. Do not over swaddle/bundle, overdress the infant, or over heat the infant's sleeping environment.
10. Consider the use of a pacifier (after breastfeeding has been well established) at sleep times during the first year of life. Do not force an infant to take a pacifier if he/she refuses.
11. Avoid maternal and environmental smoking.
12. Breastfeeding is beneficial for infants.
13. Home monitors are not a strategy to reduce the risk of SIDS.
14. Encourage tummy time when the infant is awake to decrease positional plagiocephaly.

C. Document all parental teaching (including if the contract was signed and whether the Safe Sleep DVD was viewed) related to sleep safe practices on the parental teaching portion of the Plan of Care.

NAS and Prone Positioning

Infant Irritable <u>Comfort Measures</u> • Rocking • Holding (volunteers) • Swaddling • Etc.
IF irritability continues despite efforts to calm • May position infant prone • Re-assess symptoms of withdrawal when infant wakens
Irritability continues > 12 hours that necessitates prone positioning at times • Consult with MD/NNP to review scores and meds
Re-assess need for prone positioning and ALWAYS use comfort measures BEFORE placing an infant prone!

NAS and Prone Positioning (Continued)

Getting ready for home—

- Discontinue prone positioning if used.
- Discuss with MD/NNP

Begin Home Sleep Environment (if not done earlier) when –

- Morphine dose 0.22 mg-0.16 mg every 3 hours
- Average abstinence scores of < 6 over 24 hours
- No scores > 10 in the last 24 hours
- No PRN doses given in the previous 24 hours

Implement the "home sleep environment" at least 1 week before discharge if not sooner.

- **KEY POINT – implement when infant is ready for "home sleep" and not earlier in the hospitalization**
- Review information and safe sleep DVD with parents

Family Education

- Need extra education when prone
- **DO NOT say**, "I couldn't get him to sleep so I put him on his belly". "She was very fussy last night and slept better being on her belly", "belly sleeping is okay here in the Nursery because our babies are monitored – don't do this at home"
- **DO NOT say**. "to help her calm I put her on her belly for a brief time. This special therapy is sometimes needed to help with withdrawal symptoms".
- **Be consistent** with messages

References: American Academy of Pediatrics Policy Statement, Task Force on Sudden Infant Death Syndrome. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding Sleeping Environment, and New Variables to Consider in Reducing Risk. Pediatrics, November 2005; 16(5): 1245-1255.

National Institute of Child Health and Human Development (NICHD), Continuing Education Program on SIDS Risk Reduction.

Kathy L. Stahl, MBA, MSN, RN
Vice President/Chief Nursing Officer

Individual Responsible for Revision/Review: Nurse Manager – Nursery
Vice President/Chief Nursing Officer

Next Review Date*: March 1, 2019*

For the safe sleep policy from Wellspan Health – York Hospital visit:

http://cribsforkids.org/wp-content/uploads/2011/10/5-hospital-policy-for-infant-sleep-safety.pdf

INFANT SAFE SLEEP POLICY
XXX HOME VISITATION PROGRAM
DATE

Please feel free to use this example and to modify it to add any requirements that are beneficial to the understanding of how your infant safe sleep education program works.

Purpose: To ensure infant safe sleep practices and environments are understood and modeled by caregivers/parents enrolled in the XXX program, based upon guidelines and recommendations of the American Academy of Pediatrics (AAP)

1. Every family in the XXX program will receive the following education on Infant Safe Sleep:

   A. One on one, consistent education on infant safe sleep positions and environments based upon the most recent AAP Recommendations and Guidelines as follows:

   - Baby always sleeps alone, on her/his back and in a safe crib, nearby, at every bedtime and naptime.
   - Room sharing – yes. Bed sharing – no. People who sleep with baby could easily accidentally roll over on him/her.
   - It is safest for baby to sleep in the room where you sleep, but not in your bed. Place the baby's bed near your bed – within arm's reach. That makes it easier to breastfeed.
   - Crib is clear of toys, heavy or loose blankets, bumper pads and pillows.
   - Baby should never be placed on an adult bed, couch, waterbed, cushion or other soft surface because of the risk of accidental suffocation.
   - Baby sleeps in a smoke-free room.
   - The crib mattress is firm and fits close to the sides.
   - Dress baby in light sleep clothing and keep the room at a comfortable temperature. Sleep sacks or wearable blankets are recommended.
   - Tell everyone else who cares for baby how to use safe sleep practices.

   B. Review and provide safe sleep education prenatally or as part of initial or reinforcement education postpartum using a multi-modal approach, including discussing infant safe sleep practices, providing copies of materials, having parents/caregivers sign the pledge card, assuring opportunities for parents to review the DVD and other materials, and asking if they have questions. Materials include:

   - Say YES To Safe Sleep For Babies materials
   - Sleep Baby: Safe and Snug Book

C. XXX program staff will model infant safe sleep environments and practices at all times.
D. When a parent or caregiver is not practicing infant safe sleep, staff will provide guidance about making the sleep environment safe in a non-judgmental way.
E. Education will be provided both prenatally and postnatal. Parents/caregivers will be reeducated, and infant safe sleep concepts will be reinforced, as needed based upon the results of home visitation assessments.

2. All verbal and written instructions on infant safe sleep will be documented.

3. Staff in the XXX program will receive and document training on Infant Safe Sleep using the following training materials and opportunities:

   A. *Say YES To Safe Sleep For Babies* Orientation PowerPoint presentation
   B. *Say YES To Safe Sleep For Babies* Infant Safe Sleep Web Module
   C. *Say YES To Safe Sleep For Babies* Guide and Toolkit
   D. Cribs for Kids® Safe Sleep Educational Flipchart
   E. Trainings held by *Our Babies: Safe and Sound*

4. Reinforcement of infant safe sleep care practices and messages will be consistently provided, modeled, and documented by XXX staff for benchmark data.

I acknowledge that I have been given the opportunity to read this policy, ask questions about the policy, and understand the contents.

Employee Signature Date

Supervisor Date

Sample Infant Safe Sleep Practice Audit / Assessment Tools

Participating programs must develop an audit or assessment tool listing safe sleep measures to be practiced and a process to monitor and document adherence.

Safe Sleep Audit

Date												
Room												
Delivery date												
Baby sleeping in 1.Crib/bili bed 2.Being Held 3.Parents bed 4.Warmer/isolette												
Medical exception For baby not sleeping On their back 1.Yes 2.No												
Baby's sleeping position 1.Back 2. Side 3. Stomach												
Is the head the bed flat? 1. Yes 2. No												
Any objects noted in the sleep area? 1.No 2. wipes/diapers 3. stuffed animals 4. unsecured toys 5. pillows 6. Pacifiers/bulb syringe												
Any Extra Loose linens In the bed? 1. No 2. Burp cloth 3. Loose heavy blankets 4. Extra clothing or blankets												
Parents receptive to safe sleep teaching 1.yes 2.no												
Safe sleep documented 1. yes 2. no												

Safe Sleep Audit

Environment	Total #	%	Date compliant	Total #
Crib free of stuffed animals				
Crib free of products(diapers, wipes etc)				
Single sheet fitted snugly on mattress				
No loose items(blankets, sheet, quilts, burp cloths, etc) in crib Head of bed flat				
Temperature comfortable (approx. 68-74)				
Attire				
Wearable blanket OR single blanket appropriately wrapped No hat If pacifier used, not propped/secured				
Position and Location				
Baby in crib alone (not in bed/chair)				
Baby on back				
No positioning blankets (“nests”) or devices				

***1. What month are you doing this audit?**

- ◯ January
- ◯ February
- ◯ March
- ◯ April
- ◯ May
- ◯ June
- ◯ July
- ◯ August
- ◯ September
- ◯ October
- ◯ November
- ◯ December

***2. What unit is the baby on?**

- ☐ Center 3 NICU
- ☐ NPCU
- ☐ Center 7
- ☐ Center 8/EMU
- ☐ East 5 HOT
- ☐ East 8
- ☐ West 3
- ☐ West 4
- ☐ West 5
- ☐ West 9
- ☐ West 10
- ☐ West 11
- ☐ Audited in OR or PACU
- ☐ Fox Valley NICU
- ☐ Fox Valley Peds

***3. How old is the baby (use their birthdate not gestational age)?**

- ◯ less than 2 months
- ◯ 2-4 months
- ◯ 5-8 months
- ◯ 9-12 months

***4. Is the baby sleeping in:**

- ◯ Bassinet
- ◯ Crib
- ◯ Warmer
- ◯ Being held
- ◯ Parent cot/bed

5. Is there a medical exception for sleeping on the back based on diagnosis or treatment?

- ◯ no
- ◯ yes

if yes,list condition or diagnosis

6. What is the baby's sleep position?

- ☐ back(supine)
- ☐ side
- ☐ abdomen(prone)

7. Is the head of the bed flat?

- ◯ yes
- ◯ no

***8. Are there any objects in the infant's sleep area during sleep?(Select all that apply)**

- [ ] no
- [ ] stuffed animals
- [ ] pillow
- [ ] wipes or diapers, or other care items.
- [ ] unsecured toys

Other (please specify)

***9. Are there any extra linens that are loose in the sleep area? (Select all that apply)**

- [ ] no
- [ ] burp cloth
- [ ] balloon blanket under the baby and not tucked in
- [ ] loose covering blankets

Other (please specify)

10. What is the baby wearing or is bundling used? (select all that apply.)

- [ ] bundled with blanket securely.
- [ ] fleece blanket or fleece sleep sack is used
- [ ] sleep sack
- [ ] hat
- [ ] pajamas/gown
- [ ] unable to see

Other (please specify)

11. Is a developmental device (frog,bendy bumper,etc) being used properly? They are not to be placed on top of babies or to hold a pacifier in the mouth. Skip this question if there is not one in use.

- [ ] yes
- [ ] no

Other (please specify improper use)

***12. Is this baby in a safe sleep environment?**

- [ ] yes
- [ ] not sure
- [ ] no

If not sure, what is your question?

13. Was feedback given to staff?

- ◯ yes
- ◯ no

14. What other questions do you have?

15. This was entered into Survey Monkey.

- ◯ yes
- ◯ no

HOME VISITING SAFE SLEEP ASSESSMENT TOOL

Client Name: _____ Client I.D. #_____

1.	**What safe sleep surface is available?**	☐ Crib ☐ Other_____ ☐ Bassinet ☐ None ☐ Pack 'n Play	☐ Observed ☐ Parent reported	☐ Education Provided
2.	**Are there stuffed animals, toys, pillows, quilts, blankets, wedges, positioners, other loose bedding or bumpers in the infant's sleep environment?**	☐ Yes ☐ No	☐ Observed ☐ Parent reported	☐ Education Provided
3.	**Where does baby usually sleep?** Sleep environment should be placed away from: drapes or curtains, window blinds or shutters, electric cords, furnace vent or radiator, space heater or other heat sources, baby monitor, any other item that could burn, cut or become wrapped around your baby.	**For Naps:** ☐ Crib ☐ Bassinette ☐ Pack 'n Play ☐ Couch ☐ Recliner ☐ Swing ☐ Car Seat ☐ Bouncy Seat ☐ Floor ☐ With an adult, child or pet ☐ Other_____ **At Night:** ☐ Crib ☐ Bassinette ☐ Pack 'n Play ☐ Couch ☐ Recliner ☐ Swing ☐ Car Seat ☐ Bouncy Seat ☐ Floor ☐ With an adult, child or pet ☐ Other_____	☐ Observed ☐ Parent reported	☐ Education Provided
4.	**Does baby ever share a sleep surface with a sibling, adult or pet?**	☐ Yes ☐ No	☐ Observed ☐ Parent reported	☐ Education Provided
5.	**Does baby ever share a sleep surface in a bed, couch, recliner or other?**	☐ Yes ☐ No	☐ Observed ☐ Parent reported	☐ Education Provided
6.	**What position do you place baby to sleep?**	**For Naps:** ☐ Back ☐ Side ☐ Stomach **At Night:** ☐ Back ☐ Side ☐ Stomach	☐ Observed ☐ Parent reported	☐ Education Provided
7.	**Are you and/or other caregivers smoking inside or outside the baby's home?**	☐ Yes: ☐ Inside ☐ Outside ☐ No smoking ***(skip to #9)***	☐ Observed ☐ Parent reported	☐ Education Provided
8.	**If you smoke outside, do you change your clothes before holding your baby?**	☐ Yes ☐ No	☐ Observed ☐ Parent reported	☐ Education Provided
9.	**Is the infant dressed appropriately for the temperature of the home?**	☐ Yes ☐ No	☐ Observed ☐ Parent reported	☐ Education Provided
10.	**Is the infant breast feeding?**	☐ Yes: ☐ Exclusively breastfeeding ☐ Formula and breast milk ☐ No	☐ Observed ☐ Parent reported	☐ Education Provided
11.	**Do you use a clean dry pacifier that is not attached to a string or stuffed animal?**	☐ Yes ☐ n/a ☐ No	☐ Observed ☐ Parent reported	☐ Education Provided
12.	**Do you provide supervised tummy time while the baby is awake?**	☐ Yes ☐ No	☐ Observed ☐ Parent reported	☐ Education Provided
13.	**Staff presented and reviewed NICHD "What does a safe sleep environment look like?" handout.**	☐ Yes ☐ No ☐ parent declined	Others educated: ☐ Father of baby ☐ Grandparent ☐ Other_____	

Home Visitor Signature: _____ Date: _____

9/2014

Staff Orientation Training PowerPoint Presentation

Each participating program is required to conduct orientation training for all staff early in the readiness phase and on an ongoing basis as reinforcement training or for training new staff.

A PowerPoint presentation with notes is provided and can be adapted to the site.

To download the PowerPoint, go to the Downloads section of http://www.safesoundbabies.com/resources.html.

An outline about conducting the orientation workshop may be found on the next page.

CONDUCTING THE *SAY YES TO SAFE SLEEP FOR BABIES* STAFF ORIENTATION WORKSHOP

January 2016

Introduction

The following workshop overview and materials were developed for use by hospital and home visitation program providers and other partners to initiate or continue the *Say YES To Safe Sleep For Babies* initiative in their respective programs. This orientation session may be adapted to meet the needs of the organization, but should include all key concepts and align with the PowerPoint presentation.

The workshop objectives are to:

- Increase awareness of issues surrounding infant safe sleep nationally and in WV
- Explain the rationale and model components of the *Say YES To Safe Sleep For Babies* infant safe sleep educational program
- Promote and create an organizational culture of prevention through policies, modeling, and messaging

Workshop Outline and Timing

This workshop is designed to be conducted in approximately one hour. The following table outlines the sections and indicates the estimated teaching time. The *Say Yes to Safe Sleep* on-line training module is designed to provide most of the instructional context. The instructor-led components provide customization of the training to your facility/program.

	TOPIC	KEY POINTS	TIME
1.	Course Overview	Introduce yourself and explain why your program is participating and who supports it. Hand out materials.	5 min
2.	Orientation Power Point	Review the slides, which provide national and WV statistics, readiness and implementation phases, messaging and materials. Emphasize the importance of modeling safe sleep practices.	25 min
3.	Review parent/caregiver and provider teaching materials related to education in the ofollowing envirinments: prenatal, in-hospital near the time of birth, and after hospital discharge.	The parent DVD may be shown in its entirety. Review the discussion points, brochure, pledge form, and the Cribs for Kids flipchart tool. If available, discuss any organizational policies and the readiness phase components.	15 min
4.	Briefly describe the on-line training workshop	Ask each participant to view the online *Say YES To Safe Sleep For Babies* training course and review how to access it.	5 min
5.	Answer questions and wrap-up	Address questions from participants. Ask participants to complete an evaluation form.	5 min
	Total estimated time		55-60 min

Online Training Module for Staff

All partner organizations must ensure their staff completes a one-hour online training on infant safe sleep practices. See www.safesoundbabies.com to access the training module.

Overview of In-Home Family Education / Home Visitation Program Partners and Contact Information

Four models of in-home family education / home visitation programs are active partners with Say YES To Safe Sleep For Babies, including:

- Healthy Families America (HFA),
- Maternal Infant Health Outreach Workers (MIHOW)
- Parents As Teachers (PAT)
- Right from the Start (RFTS)

In combination, these programs serve all 55 counties in West Virginia at no cost to the families served.

A description of the four models is provided below followed by links for specific contact information for each local organization offering the models in West Virginia.

Program Models

www.healthyfamiliesamerica.org

Healthy Families America is a nationally recognized evidence-based home visiting program model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. The HFA model, developed in 1992 by Prevent Child Abuse America, is based upon 12 Critical Elements derived from more than 30 years of research to ensure programs are effective in working with families. **In West Virginia, Healthy Families America is available in Cabell, Lincoln, Logan, Mason, Putnam, Wayne and Wyoming Counties through Mountain State Healthy Families. Enrolls families prenatally through 3 months of age and serves families up to the child's fifth birthday.**

www.mihow.org

Maternal Infant Health Outreach Workers Program is a parent-to-parent intervention that targets families from pregnancy through the child's third year of life. The program employs and trains parents to serve families in their own communities to encourage and support healthy lifestyles, positive parenting practices, and to help families understand and promote healthy child development. **In West Virginia, the MIHOW program is available in Fayette, Mingo, Monongalia, Ohio and Raleigh Counties and parts of Greenbrier and Summers Counties. Enrolls families prenatally and shortly after birth and serves the families up to the child's third birthday.**

Parents as Teachers™

www.parentsasteachers.org

Parents as Teachers is a nationally recognized evidence-based home visiting program model that provides parents with child development knowledge and parenting support. The Parents as Teachers National Center drives the philosophy through four components (personal visits, group connections, screening and resource network) and three key areas of emphasis (parent-child interaction, development-centered parenting and family well-being). **In West Virginia, PAT is available in Barbour, Berkeley, Boone, Braxton, Brooke, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Marion, Marshall, McDowell, Mercer, Mineral, Monongalia, Monroe, Morgan, Nicholas, Pendleton, Pleasants, Pocahontas, Preston, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Webster, Wetzel, Wirt and Wood Counties. Enrolls families prenatally through the child's fifth birthday.**

right from the start
Better beginnings for you and your baby.

http://www.wvdhhr.org/rfts/

The Right From The Start (RFTS) Program provides home visitation services to Medicaid eligible pregnant women and infants up to one year of age. RFTS home visitors, Designated Care Coordinators (DCCs), are registered nurses or licensed social workers and use evidence-based curriculum to provide education on a range of topics pertinent to mothers and infants, including what happens during pregnancy, nutrition, the importance of prenatal care, infant care, safe sleep, postpartum depression, and more. RFTS offers a smoking cessation program for women who are interested in quitting and/or reducing tobacco use during pregnancy. Our goal is to provide a support system for mom and baby by being in the home as an educational resource, assisting in access to care, and linking mom to other needed community resources. DCCs are employed by agencies within the communities where they work, giving them unique knowledge of the availability of other services in the area. Visits are tailored according to the information and support the family may request. Participants must be eligible for WV Medicaid. **RFTS serves all 55 West Virginia Counties.**

Local Contact Information

For specific details about counties served, local contact information and enrollment, see the links below.

For Healthy Families America (HFA), Parents as Teachers (PAT) and Maternal Health Outreach Workers (MIHOW) see http://www.wvpartners.org/documents/CURRENTListofIHFEprograms.pdf

For Right From The Start (RFTS) see http://www.wvdhhr.org/rfts/manual/appendixC/RCC_List.pdf

Discussion Points for Providers of Prenatal or Initial Education for Parents / Caregivers

Introductory remarks:

- Congratulations on your new baby!
- I am going to spend a few minutes sharing some very important information with you about how to keep your new baby safe and sound while sleeping – at every bed time and nap time during the first year.
- The reason this information is so important is because babies can accidentally suffocate while sleeping. And these kinds of infant deaths are preventable.
- You can trust this information since it comes from the American Academy of Pediatrics [*Hand parent(s) the pre-packaged materials: Hospital Kit which includes a letter from the First Lady, safe sleep brochure, DVD, pledge card, pen and 2 brochures about keeping cool when baby cries. The Sleep Baby - Safe and Snug book may be given as well.]*
- Do you know how to make sure your baby sleeps in a safe way?
- Every 10 days a West Virginia baby dies from unsafe sleep practices or conditions.
- Do you know where your baby will sleep? *(Be prepared to give parents information on crib resources/ options if they need it).*
- Let's look at the safe sleep brochure and we can review how to safely lie your baby down to sleep.

Review Key Teaching Points:

1. An easy thing to remember is **ABC** – baby sleeps Alone, on her/his Back, in the Crib, bassinet or portable crib nearby to you.

    - **ALONE**: Baby should always sleep **alone** in a crib, portable crib, or bassinet. No adults, children or pets.

      The safest place for your baby to sleep is in the room where you sleep. **Room sharing – Yes. Bed sharing – No.**

      You should not sleep with your baby, even in cold weather, because you could **accidentally roll over** on him/her. Your baby should always sleep alone, on her /his back and in her/his crib.

Place the baby's crib, portable crib, or bassinet **near your bed** – within arm's reach. That makes it easier to breastfeed your baby. *If the Mother is breastfeeding, encourage her with additional information as follows*:

Breastfeeding is best for both you and your baby's health. Breastfeeding your baby provides protection from many illnesses and diseases. It also significantly reduces the incidence of SIDS. Remember – to keep baby safe put baby alone in crib **when finished** breastfeeding.

[For questions or more information, you may visit: www.wvbfa.com or you may contact the National Breastfeeding Helpline from the Office on Women's Health. The number is: 800-994-9662. M-F 9am-6pm.]

If the Mother is practicing skin-to-skin (Kangaroo Care), please emphasize the importance of Mother staying awake and what do to if drowsy.

Twins should sleep separately.

- **BACK**
  Baby should always sleep on her/his **back**. Even if others have told you to put babies on their stomach. Back is safest, even if baby spits up.

- **CRIB**
  You should **never** lay your baby on a **couch** to sleep, or allow your baby to sleep with anyone on a couch. Babies should also never be laid to sleep on an **adult bed, waterbed, cushion, your chest or other soft surface** because of the risk of accidental suffocation.

  The crib should be clear of any kind of toys, stuffed animals, heavy blankets, loose blankets, bumper pads and pillows. There should be **no loose covers or blankets** in the crib. If a light blanket must be used, it should be **thin and tucked under** the two sides and foot of the mattress and be placed so as to avoid covering the head or face. **Sleep sacks are recommended** to replace blankets.

  The crib should be in good shape and meet Consumer Product Safety Guidelines.
  Drop-down side cribs are banned because they are too dangerous.

  The **space between the crib slats** should be narrow enough so a soda can does not fit through the opening.

  The **mattress** should be firm and fit close to the sides, and the **sheets** should fit tightly.

- **OTHER**
  Make sure your baby is **comfortable** and doesn't become **overheated,** which is dangerous. **Sleep sacks** are recommended as a way to avoid using covers and blankets so your baby doesn't get **overheated** or **tangled up** in a loose cover and not be able to **breathe**.

  A **smoke-free** place for baby at all times.

2. Here is a **5 minute DVD.** [View together with the family depending on family and situation or give to the parent for later viewing or ask that the parent reviews it on the hospital closed circuit TV.]
   The DVD describes a newborn's parents and grandmother making arrangements for the baby to sleep safely, even if it means doing things differently than we used to.

3. **Review Additional Teaching Points:**

   - If you have any questions, I will be happy to answer them for you. What questions do you have?

   - Here is a **safe sleep pledge card** that includes what we just discussed. [*Hand parent pledge card and pen*]. Will you pledge to keep your baby safe while sleeping? You may not realize that unsafe sleep conditions are one of the leading causes of infant deaths for WV babies – you are making great choices to keep your baby safe!!

   - You can keep the pledge card and take all of these materials home with you. The information will be valuable to you and any others who take care of your baby. It also has a website if you want more information. (www.safesoundbabies.com.)

   - You can give the ***Sleep Baby - Safe and Snug*** **book**, if desired. Review it and encourage parent/caregiver to read it to the baby!

   - **Who else will be with your baby** at bedtimes and nap times?

     Make sure you **tell them** to Say YES to Safe Sleep, too. Share the DVD and brochure with anyone who may be taking care of your baby.

4. ***Keep Your Cool*** **brochure/messages**
   [Give the parent/caregiver the *Meet Kate* and *Meet Sean* brochures.]

   One more important infant safety precaution is to always keep your cool when baby cries – even if it's **for hours and hours**.

   - **All babies cry. It's normal**.

   - Sometimes they don't stop **no matter what you do**.

- **Have a plan** in advance in case this happens and you feel like you'll lose your mind. First, make sure baby is safe in the crib. Then take a break and count to a hundred or listen to music or call a relative or friend or shoot some hoops for a few minutes.

- **Never, ever shake a baby**. And **tell anyone** who is caring for your baby to never shake the baby.

Closing Remarks:
I know you want to keep your baby safe – this information will help you do that. It will also help others caring for your baby to know what to do. Please never be afraid to ask questions, especially when others give you different advice. Thank you for talking with me about keeping your baby safe and sound.

Discussion Points for Providers of Reinforcement Education for Parents / Caregivers

For use by home visitors or other providers of safe sleep education to parents/caregivers shortly after discharge from the birthing hospital and in subsequent contacts with the family:

1. Did you get information from a nurse while you were in the hospital about ways to keep your baby safe while sleeping?
   If no, provide initial education. See Discussion Points for providers of initial education.
   If yes, provide Reinforcement Education as follows:

2. Do you want to talk about any of the ways to keep baby safe while sleeping? I will be happy to help. [Pause]

   Examples are:

   - **ABC** – **A**lone, on **B**ack, in the **C**rib, bassinet or portable crib nearby to you – **every bedtime and naptime**
   - Baby should sleep **alone but nearby to you**, even in cold weather. No adults, children, pets. Twins should sleep separately.
   - The safest place is the room where you sleep. Place the baby's bed **near your bed** – within arm's reach. That makes it easier to **breastfeed**.
   - **Room sharing** – **Yes**. Bed sharing – **No**. People who sleep with baby could easily accidentally roll over on him/her.
   - Sleep on **back**. Even if others have told you to put babies on their stomach.
   - Never on a **couch** to sleep, or allow your baby to sleep with anyone on a couch. Never on an **adult bed, waterbed, cushion, your chest or other soft surface** because of the risk of accidental suffocation.
   - **The crib should be clear of** any kind of toys, stuffed animals, heavy blankets, loose blankets, bumper pads and pillows. There should be **no loose covers or blankets** in the crib. If a light blanket must be used, it should be **thin and tucked under** the two sides and foot of the mattress and be placed so as to avoid covering the head or face. **Sleep sacks are recommended** to replace blankets.
   - The space between the **crib slats** should be narrow enough so a soda can does not fit through.
   - Firm **mattress**. **Sheet** fits tightly.
   - Make sure your baby is **comfortable** and doesn't become **overheated,** which is dangerous. **Sleep sacks** are recommended as a way to avoid using covers and blankets so your baby doesn't get **overheated** or **tangled up** in a loose cover and not be able to **breathe**.

- A **smoke-free** place at every bedtime and naptime
- **Tell everyone** else who cares for baby how to use safe sleep practices.

3. **Ask** where baby sleeps. Every 10 days a West Virginia baby dies because of safe sleep conditions.

4. **Observe** environment and practices – offer nonjudgmental guidance and help parent make corrections as needed so baby is safe.

5. Review the ***Sleep Baby - Safe and Snug*** **book**.

6. Show the **5-minute DVD** for reinforcement messaging, if appropriate.

7. **Ask who else is with baby** – regularly or from time to time. Encourage telling anyone who spends time with the baby about safe sleep.

8. One more important infant safety precaution – **always keep your cool when baby cries** – even if it's **for hours and hours**. **All babies cry. It's normal**. Sometimes they don't stop no **matter what you do**.

   Have a plan in advance in case this happens and you feel like you'll lose your mind. First, make sure baby is safe in the crib. Then take a break and count to a hundred or listen to music or call a relative or friend for a few minutes.

   Never, ever shake a baby. And **tell anyone** who is caring for your baby to never shake the baby.

9. **Ask** if there are questions. Please never be afraid to ask questions, especially when others give you different advice.

Cribs for Kids®

Since 1998, Cribs for Kids® National Infant Safe Sleep Initiative has been making an impact on the rate of babies dying of sleep-related death in unsafe sleeping environments. The mission of Cribs for Kids® is to prevent these deaths by educating parents and caregivers on the importance of practicing safe sleep for their babies and by providing Graco® Pack ‘n Play® portable cribs to families who, otherwise, cannot afford a safe place for their babies to sleep.

Also, The Cribs for Kids® National Safe Sleep Hospital Certification program awards recognition to hospitals that demonstrate a commitment to reducing infant sleep-related deaths by promoting best safe sleep practices and by educating on infant sleep safety.

For more information see: http://www.cribsforkids.org/

Sample Hospital Press Release Template (can be adapted to other programs)

FOR IMMEDIATE RELEASE

Add Date
Add Contact Person (name, phone number and email)

_____HOSPITAL PARTICIPATING IN *SAY YES TO SAFE SLEEP FOR BABIES*

____ hospital, is one of 21 hospitals in West Virginia participating in an innovative educational program to reduce the risk of injury or death of infants while sleeping. The program, *Say YES To Safe Sleep For Babies*, is in response to the fact that the leading cause of injury-related death for WV infants under age 1 is suffocation and strangulation in an adult bed or other unsafe sleep surface. According to the WV Vital Registration Office, 38 infant deaths were attributed to unsafe sleep practices in 2013. **(Optional: Add personal quote about why your hospital is participating)**

The project operates under the auspices of *Our Babies: Safe & Sound* and TEAM for WV Children. Participating hospitals include:

Berkeley Medical Center
Bluefield Regional Medical Center
Cabell Huntington Hospital
CAMC Women & Children's Hospital
Camden Clark Medical Center
Garrett County Memorial Hospital (MD)
Grant Memorial Hospital
Greenbrier Valley Medical Center
Jefferson Medical Center
Logan Regional Medical Center
Mon General Hospital
Ohio Valley Medical Center
Princeton Community Hospital
St. Joseph's Hospital
St. Mary's Medical Center
Stonewall Jackson Memorial Hospital
Summersville Regional Medical Center
United Hospital Center
Weirton Medical Center
Wheeling Hospital
WVU Medicine Children's Hospital

The program uses a systemic hospital-based approach in conjunction with community-based reinforcement to educate parents and other caregivers of newborns about infant safe sleep at a time when families are responsive to receiving information. Hospitals and other caregivers provide "Dose I" education to the parents following the birth of their babies and prior to discharge. After discharge from the hospital, home visitors and other educators provide "Dose II" to reinforce the education. The program currently has the potential to reach 81% of West Virginia's annual births and hopes to reach 100% of the birthing population over the next several years.

First Lady Joanne Jaeger Tomblin serves as an ambassador of the program and has visited many parts of the state to increase awareness about infant safe sleep practices. Additional information can be found www.safesoundbabies.com.

Say YES To Safe Sleep For Babies Process Evaluation – Report of Findings and Recommendations

January 2015

The report that follows reflects the process evaluation conducted during the pilot phase of Say YES To Safe Sleep For Babies.

SAY YES TO SAFE SLEEP FOR BABIES

Process Evaluation

REPORT OF FINDINGS AND RECOMMENDATIONS

January, 2015

Report Prepared by:
Steven Heasley, MA
Independent Evaluator

Contents

Introduction

In 2010 TEAM for WV Children established a statewide infant safety educational campaign called Our Babies: Safe and Sound. Based on guidelines of the American Academy of Pediatrics, the campaign focuses on two areas: (1) ways to keep babies safe while sleeping, in order to prevent or reduce unintended injury or death, primarily from accidental suffocation and (2) ways to cope with frustrations resulting from frequent, constant or inconsolable baby crying. Over 240 local organizations partner with the campaign to educate families with whom they work.

In response to the increasing number of infant deaths in 2013, a task team was established to design a more intensive hospital-home visitation initiative, *Say YES to Safe Sleep for Babies*, to promote safe sleep practices with parents and caregivers of newborns. The hospital component was closely integrated with home visiting services provided to families through West Virginia's *Right From the Start Program*, as well as other evidence-based home visitation programs including *Healthy Families America* (HFA), *Maternal Infant Health Outreach Worker* (MIHOW), and *Parents As Teachers* (PAT) that are available in some parts of the state, in order to provide multiple doses of safe sleep instruction to families.

West Virginia's hospital-home visitation Safe Sleep initiative was modeled on the program at WellSpan York Hospital in York, Pa. that was implemented under the leadership of Dr. Michael Goodstein. This program has been evaluated and shown to result in a statistically significant increase in intention to follow through with supine sleep and the use of a crib. The WellSpan York Hospital program includes several key process components including:

- Education of labor and delivery staff about safe sleep practices.
- Development of educational materials and curriculum for providing safe sleep information to parents and caregivers.
- Presentation of safe sleep information and education to all parents and caregivers prior to discharge from the hospital.
- A voluntary acknowledgement statement signed by parents confirming receipt of information on infant sleep safety and acknowledging that the safest position for an infant to sleep is on the back and that sleeping with an infant increases the risk that the baby can die of SIDS.
- Public awareness and community-wide education about safe sleep practices.
- Limited follow-up with some families to reinforce the information provided during the hospital stay.

The key process components of the West Virginia program generally mirror those of the WellSpan York Hospital program with some additional elements. The pilot hospital-home visitation program in West Virginia - *Say YES to Safe Sleep for Babies* – has the following critical process components:

1. Completion of readiness activities including participation agreement, development of internal policies, and compliance with procedures related to infant safe sleep.

2. Education of labor and delivery staff at participating birthing hospitals and home visitation staff through:
    a. Face-to-face "train the trainer" regional sessions,
    b. On-line and web-based training module, and
    c. Local in-service training.
3. Development and provision of educational tools and resources to all participating hospitals and home visitation programs including:
    a. Brochure
    b. Pledge card
    c. DVD
    d. Letter from First Lady Joanne Tomblin
    e. *Sleep Baby: Safe and Snug* book
4. An ongoing public awareness campaign promoting key safe sleep messages.
5. Delivery of safe sleep education and resources to all parents or caregivers of newborns prior to discharge. (Dose I)
6. Follow-up with parents or caregivers served through home visiting programs to reinforce safe sleep practices in the home. (Dose II)
7. Regular (usually monthly) peer-to-peer conference calls with local safe sleep partners based at participating hospitals and home visiting programs to discuss implementation issues, problem solve, and share strategies.

The pilot phase of the *Say YES to Safe Sleep for Babies* initiative included twelve hospitals and twenty–two home visitation programs (see appendix for list of all participating programs). These hospitals and home visitation programs are located in geographically diverse areas throughout West Virginia. Six of the initial pilot hospitals were included in the evaluation of the pilot phase of the initiative. These six birthing hospitals are:

- Cabell Huntington Hospital,
- Greenbrier Valley Medical Center,
- Ohio Valley Medical Center,
- Princeton Community Hospital,
- Stonewall Jackson Memorial Hospital, and
- United Hospital Center.

Process Evaluation Methodology

A process evaluation focuses on program implementation. This type of evaluation is designed to examine how well program activities are carried out and the extent to which program services and content are delivered as planned. Some of the issues examined through a process evaluation include:

- Were the critical program components implemented in the intended manner?
- How was the program received by both those persons delivering the program and the intended target population?
- What barriers were encountered in delivering the program?
- How many people were reached through the program?

- Were those persons delivering the program knowledgeable and comfortable in their role?
- The extent to which various program components work well together in a manner consistent with program design.
- What changes may be needed in the way the program is being implemented to improve results?

The process evaluation for the *Say YES to Safe Sleep for Babies* pilot phase is based on multiple sources of information and includes both quantitative data collected through surveys and qualitative data from an independent review of program documents and interviews conducted by the evaluator with the state co-coordinators and other key informants.

Local labor and delivery supervisors within the six pilot hospitals participating in the evaluation and Regional Care Coordinators (RCCs) for the *Right From the Start* program completed a survey in order to capture information about their practice and experiences during the pilot phase of the initiative. This survey also provided an opportunity for these key implementers of the initiative to offer suggestions and recommendations about how program implementation might be improved. Survey responses were also collected from new parents discharged at each of the six birthing hospitals during a two week period (September 22nd through October 5th, 2014) about their experience while in the birthing hospital related to the *Say YES to Safe Sleep for Babies* initiative. Parent survey responses about how the safe sleep teachings were delivered to them provide additional process related information for evaluation purposes.

In addition to analyzing data collected through surveys of key implementers and a sample of the target population of new parents, the evaluator reviewed hospital policies, descriptions of processes used to educate parents in the six hospitals participating in the evaluation, program materials made available by the initiative, summaries of planning sessions, training content, notes from monthly conference calls, and other documents related to program design and delivery. The six hospital contacts provided additional information to the evaluator about the local process for safe sleep education at each of these hospitals during one of the monthly conference calls. A conference call was also held with HFA, MIHOW and PAT contacts and the statewide initiative co-coordinators to gain additional information about process issues related to implementation within the those home visitation programs, which were not part of the evaluation.

Specific questions addressed through the process evaluation for the pilot phase of the *Say YES to Safe Sleep for Babies* initiative include:

Is training sufficient to assure consistent and accurate safe sleep education?

- Are hospital labor and maternity staff and *Right From the Start* staff adequately trained in program content?

Are the safe sleep teachings delivered to the target population in an effective manner?

- Is the program content delivered to the target population?
- Is the program content delivered in a manner consistent with the program design?
- Is the program content delivered to the target population in an effective manner?
- Does the target population receive both dose 1 and dose 2 of the safe sleep information?

Does the target population understand and agree with the program teachings?

- Is the information provided through the program well received by the target population?
- Does the target population (parents and caregivers) understand the information provided?
- Do local and regional staff providing safe sleep instruction to the target population agree with all safe sleep practices?

Is delivery of program content supported through materials, resources, and statewide coordination and support?

- Are materials and resources to support the instruction made available as needed?
- Are local and regional programs delivering the *Say YES to Safe Sleep for Babies* program content adequately supported by the statewide program infrastructure?
- Are peer-to-peer conference calls useful and valued by local and regional programs participating in the initiative?

Do birthing hospitals and local home visitation programs work together well to deliver dose 1 and dose 2 education?

- Do participating hospitals and home visitation programs work together well in delivering the program content to the target population?

The overall evaluation design of the *Say YES to Safe Sleep for Babies* pilot phase also includes an outcomes evaluation component which will address the degree to which parents and caregivers exposed to the pilot hospital-home visitation program report knowledge of safe sleep practices prior to discharge from the hospital and actually employ safe sleep practices in the home two months after discharge. Over the longer term, a review of any available data related to reduced incidence of unintended injury and death that may be attributable to increased prevalence of safe sleep practices with infants will also be examined. These outcomes will be discussed in a separate report.

The process evaluation summarized in this report is useful in order to provide information about why the *Say YES to Safe Sleep for Babies* initiative was or was not effective and to examine issues related to implementation during the pilot phase of the initiative that can be used to improve program design, sustainability and outcomes in the future.

Evaluation Findings

Is Training Sufficient to Assure Consistent and Accurate Safe Sleep Education?

Two regional "train the trainers" sessions were provided in November of 2013 for key contacts of hospitals and home visitation programs prior to implementation of the *Say YES to Safe Sleep for Babies* pilot phase. The train the trainer sessions appear to be effective in preparing local program participants to deliver the *Say YES to Safe Sleep for Babies* program content to the target audience. Evaluation forms completed by training participants following the training indicate that a very high percentage of all participants found the training session to be useful and informative and participants reported

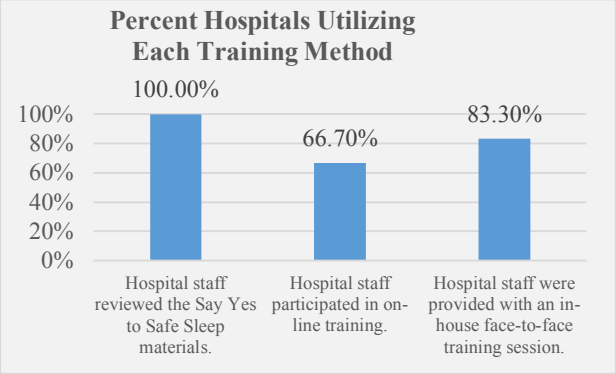
> *"The leadership and commitment of the local partners during the pilot phase will have a lasting impact on the safety of our babies in West Virginia."*
>
> - Initiative Statewide Co-Coordinators

they had "a good working knowledge about elements of infant safe sleep" and were "comfortable using the safe sleep messages and tools with parents".

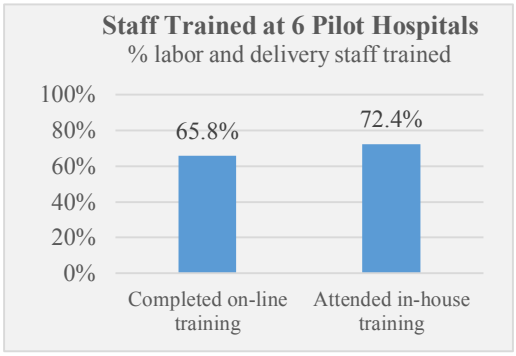
An on-line training module (webinar) was also developed and made available in 2013. Completion of the on-line training was required for those hospitals and home visiting programs participating in the *Say YES to Safe Sleep for Babies* pilot project. A scan of the evaluations completed by those persons completing the on-line training during calendar year 2013 indicate the on-line training session is also an effective means of preparing hospital and home visiting staff delivering the safe sleep messages to parents and caregivers.

Training in Pilot Hospitals

The local key contacts at the six pilot hospitals participating in the evaluation reported training labor and delivery staff in the safe sleep program content prior to implementing the program within each of the hospitals. 100% of the hospitals reviewed the *Say YES to Safe Sleep for Babies* materials with staff and five of the six hospitals (83.3%) provided staff with a local in-house face-to-face training session. Four of the six hospitals (66.7%) required staff to complete the web-based one-hour on-line training.



A total of 142 nursing staff employed by the six birthing hospitals participated in an in-house training session. This was 72.4% of all labor and delivery nursing staff employed at these hospitals.

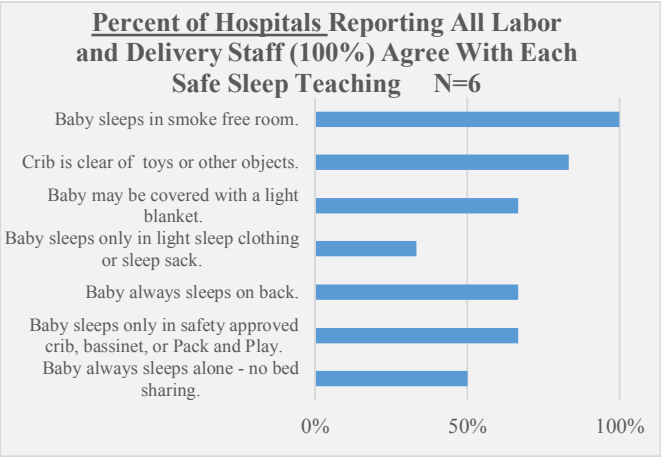


129 labor and delivery nursing staff completed the on-line training module - 65.8% of the total labor and delivery nursing staff employed at the six hospitals. One of the hospital contacts completing the survey said they would like to see a more condensed version of the on-line training developed and the length of the training module may be a factor as to why some staff do not complete the on-line training.

Additional steps taken by some pilot hospitals prior to launching the initiative included developing a hospital policy and training labor and delivery staff on hospital policy and procedure related to safe sleep practices. Five of the six hospitals included in the evaluation developed a local safe sleep policy and trained staff on in-house policy and procedures. Four of the six hospitals also developed an audit process to assure safe sleep practices were adhered to within the labor and delivery unit. Two of the hospitals developed additional parent education materials to supplement the materials and resources provided by the statewide program.

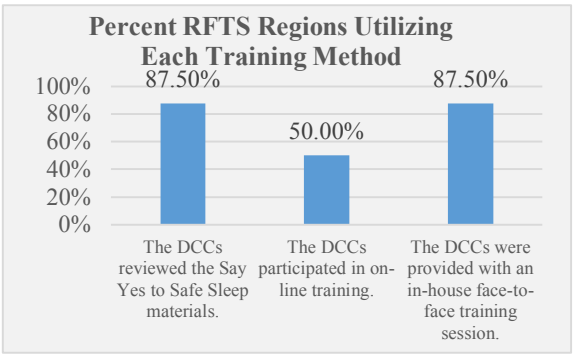
The hospital contacts in each of the six hospitals participating in the evaluation were also asked about the level of agreement among the hospital labor and delivery staff related to each of the

safe sleep practices. Practices that are fully agreed with are likely to be more effectively conveyed to parents than those that may be less fully accepted by hospital staff.

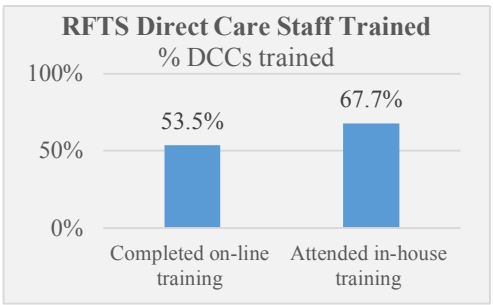


The only "specific teaching" that all six hospital contacts believe all labor and delivery staff (100% agreement) fully agree upon is "baby sleeps in smoke free room". Five of the six hospitals reported a high level of agreement that the crib should be clear of any toys, heavy or loose blankets, bumper pads, pillows, or other objects. Other teachings appear to be somewhat less fully accepted by hospital staff; however, the evaluation design does not allow for specific conclusions to be reached about the level of overall staff agreement with each of the safe sleep teachings.

Training by *Right From the Start*



Each of the eight Regional Care Coordinators reported training direct care staff (DCCs) in their region after attending the "train the trainers" session. Seven of the eight regions (87.5%) reviewed the *Say YES to Safe Sleep for Babies* materials with staff, seven regions also reported providing a face-to-face regional training session for direct care staff. Four of the eight regions (50%) had their direct care staff complete the on-line training module.



Across all eight RFTS regions, eighty-six (86) direct care staff have attended a face-to-face training session about the *Say YES to Safe Sleep for Babies* initiative representing 67.7% of all staff involved in providing the safe sleep teachings. A total of 68 RFTS direct care staff have completed the on-line training module representing just over half (53.5%) of the total direct care staff.

Comments provided by RFTS regional coordinators (RCCs) on the process survey indicate all newly hired direct care staff are now required to complete the on-line safe sleep training module.

Six of the eight Regional Care Coordinators reported they had completed the on-line training module through the Our Babies Safe and Sound website.

Based on the survey responses from the RFTS Regional Care Coordinators, there is a high degree of agreement with all safe sleep teachings among the direct care RFTS staff. Seven of the

eight regional coordinators reported 100% agreement of direct care staff with all safe sleep teachings and the remaining coordinator indicated 100% agreement with all teachings other than "baby may be covered with a light blanket".

Are Safe Sleep Teachings Delivered to the Target Population in an Effective Manner?

Dose 1 Delivery in Hospitals

Research indicates learning is most effective when program content is delivered in a multi-modal manner. Discussing the safe sleep information with the parent and demonstrating (modeling) safe sleep practices for the parent are teaching strategies more likely to result in retention of the information than simply having the parent read the information or view the video.

All hospitals included in the evaluation reported they provide safe sleep information to parents through one or more modalities prior to discharge from the hospital. All six hospitals (100%) said "a nurse or other trained staff person discusses the information about *Say YES to Safe Sleep for Babies* with the parent". Five of the six hospitals also provide the safe sleep information for the parent(s) to review on their own and four play the video presentation for parents to view in their rooms.

When asked how safe sleep practices are modeled in the hospital if labor and delivery staff observe parents engaging in non-recommended practice, all six hospital contacts reported "staff correct the situation and remind the parent about the recommended safe sleep practice".

A sampling of new parents discharged at the six hospitals included in the evaluation were asked: "How did you receive information about Infant Safe Sleep while in the hospital?" Eighty-two parents responded to this question representing 41.4% of the total number of births over the two week period when parent surveys were collected (September 22nd through October 4th of 2014).

82.9% of the parents completing the survey indicated they received the "packet of information" however, only 51.2% of the parents completing the survey prior to discharge said "a nurse discussed the information about *Say Yes to Safe Sleep for Babies* with me". 40.2% said they watched the video about Say Yes to Safe Sleep for Babies during their hospital stay; 3 of the 82 parents completing the survey (3.7%) indicated they did not receive any information about *Say YES to Safe Sleep for Babies* while in the hospital.

Dose 1 and/or 2 Delivery by RFTS

In addition to providing dose 2 education after birth, all eight of the RFTS regions reported they provide dose 1 during the pre-natal period to families they serve. All eight RFTS Regional Care Coordinators indicated in their survey responses that RFTS enrolled families are exposed to the safe sleep materials and teachings prior to entering a birthing hospital. The *Say YES to Safe Sleep*

for Babies information is provided to parents and caregivers in seven of the eight RFTS regions through a multi-modal approach. Survey responses indicate the video presentation is used to educate the parent or caregiver in all eight RFTS regions and direct care staff in at least seven of the eight regions also discuss the dose 2 information directly with the parent or caregiver during face-to-face educational sessions in the home.

> *"DCC's determine on a case by case basis how to best present information. Materials are minimally reviewed during 3rd trimester and during visit postpartum. Material may also be reviewed 2nd trimester or when discussing preparation for baby earlier in pregnancy. Safe sleep and tummy time are reviewed as needed in all visits."*
>
> - RFTS Regional Care Coordinator

Does the Target Population Understand and Agree with the Program Teachings?

When hospital safe sleep coordinators and RFTS regional coordinators were asked if they think parents understand the information provided, four of the six hospital contacts (66.7%) and five of the eight RFTS coordinators (62.5%) indicated they thought "parents fully understand all of the information". The remaining hospital contacts and RFTS regional supervisors believe parents "understand some of the information".

> *"We receive a lot of feedback stating other family members etc. are instructing clients on unsafe practices (giving bad advice)".*
>
> - RFTS Regional

Five of the six hospital contacts and five of the eight RFTS regional coordinators also indicated they thought the level of information provided to parents about safe sleep for babies was "just right". Remaining hospital contacts and RFTS coordinators indicated they thought there was "not enough" information provided.

Parent understanding of the safe sleep teachings was also assessed through the survey completed by eighty-one new parents and one grandparent prior to discharge at the six hospitals over a two week period. Parents were asked if they understood the information provided to them about infant safe sleep and 96.3% of all parents completing the survey indicated they "fully understand the information". Only one parent said they did not understand a lot of the information. Thus, it appears that the vast majority of parents feel confident that they fully understand the safe sleep teachings.

> *"I think parents fully understand what they are being taught but some choose to practice otherwise despite the education provided."*
>
> - Hospital Safe Sleep Contact

When asked if they agree with the information about safe sleep provided to them in the hospital, 85.2% of the parents said they "fully agree with everything they learned about safe sleep for babies". The remaining 14.8% of parents indicated they "agree with most of the information but not everything". Almost all (97.5%) of the parents surveyed also reported the information provided to them about safe sleep for babies was "just right". Only one parent felt the information was too much and only one felt it was not enough.

Is Program Delivery Supported through Materials, Resources, and Statewide Coordination?

Birthing hospitals and RFTS staff appear to have access to all *Say YES to Safe Sleep for Babies* resources and materials as needed. All hospital contacts and RFTS regional coordinators said they had access to all materials in a timely fashion. The *Sleep Baby: Safe and Snug* book has been cited by several local providers as a particularly useful resource.

All (100%) of the hospital contacts and RFTS regional coordinators also reported that the *Say YES to Safe Sleep for Babies* statewide coordinators have provided them with "all necessary support and assistance". The monthly peer-to peer conference calls hosted by the statewide coordinators is also generally found to be useful by all six of the birthing hospitals. Four of the six (66.7%) hospital contacts find the calls to be "extremely useful" and the remaining two indicate the calls are "somewhat useful". Comments about the conference calls from the pilot hospitals indicate the calls are good way to share safe sleep education strategies – *"We have exchanged many good ideas with other hospital contacts"*.

RFTS Regional Care Coordinators (RCCs) are less enthusiastic about the peer-to-peer conference calls – two of the eight RCCs think the calls are "extremely useful" and four find the calls to be "somewhat useful". One coordinator responded that the calls were "not very useful", and one said the calls were "not useful at all". RFTS RCCs commented that the calls could be every two months and one RCC respondent said they did not always have information to review prior to the call.

Interviews with the statewide co-coordinators of the initiative provide anecdotal information about the value of First Lady Joanne Tomblin's involvement and support for the *Say YES to Safe Sleep for Babies* initiative. Hospitals and home visitation programs have responded quite favorably to the First Lady's appeals to participate in the program and her involvement has also increased public awareness and attention to the safe sleep messages through public appearances and resulting media coverage.

Do Birthing Hospitals and Local Home Visiting Programs Work Together Well?

Regional Care Coordinators report working with all twelve pilot hospitals during 2014. Two different RFTS regions worked with Cabell-Huntington Hospital and CAMC and one RFTS region worked with each of the remaining ten hospitals.

The type of working relationship between birthing hospitals and the *Right From the Start* program appears to vary from region to region. When asked to specify the type of working relationship with birthing hospitals in the region, one RFTS Regional Care Coordinator said they were based at a birthing hospital and had a "close working relationship" with hospital labor and maternity staff. Four of the seven regional coordinators responding to this question indicated they were not based at a hospital but "worked with labor and delivery staff". Two of the RCCs said they receive information and referrals from birthing hospitals but "do not work closely with hospital staff". One respondent skipped over the question. When asked how the RFTS program works with hospital staff to "reinforce safe sleep practices for clients or families eligible for RFTS, the RCCs report different levels of coordination across the eight regions. Two regions

report communication with hospital staff prior to admission and RFTS staff in four of the regions regularly meet with hospital labor and delivery staff to coordinate services. In four of the eight regions, the RCC also indicates the hospital makes referrals for follow-up after discharge. Based on the survey responses, RFTS staff in three regions participate in joint training sessions with hospital labor and delivery staff about safe sleep for infants.

Feedback received from the six birthing hospitals included in the process evaluation of the *Say YES to Safe Sleep for Babies* pilot reflects a less formal and less intense working relationship between these hospitals and the RFTS program. Five of the six hospitals report they "are aware of the RFTS program but do not work closely with RFTS staff". Also, when asked how they work with RFTS to reinforce the safe sleep practices, three of the six pilot hospitals (50%) that are included in the evaluation indicate "hospital staff have little planned contact or communication with RFTS staff". One of the hospitals does report they have participated in joint training sessions with RFTS staff about safe sleep.

Regarding linkage with HFA, PAT and MIHOW, Five of the eight RFTS regions "work closely with other home visiting programs serving the area to assure the *Say YES to Safe Sleep* practices are reinforced" after discharge from a birthing hospital. An additional two regions "are aware of other home visiting programs but do not have a close working relationship with them, and one RFTS region reports they are not aware of any other home visiting programs serving the region. In the seven regions where other home visiting services are available, RFTS Regional Care Coordinators report that staff refer families to other home visiting programs for continued follow-up and support after RFTS services end. Estimated referral rates range from a high of 90% of RFTS families being referred for continued home visiting services in one region to a low of 10% in some other regions.

None of the six birthing hospitals included in the evaluation appear to have a working relationship with other home visiting programs such as Parents As Teachers, MIHOW, or Healthy Families America. Half of these pilot hospitals (3 of 6) indicate in survey responses that they are not aware of any other home visiting programs serving their area and the other three hospitals are aware of other programs but do not have a close working relationship with them. One of the birthing hospitals does report that hospital staff have made referrals to a home visiting program (other than RFTS) for follow-up after discharge.

Conclusions and Recommendations

General Conclusions and Recommendations

The *Say YES to Safe Sleep for Babies* initiative in West Virginia appears to have been successfully implemented during the hospital-home visitation pilot phase. Generally speaking, the basic parameters of the program model were carried out by all participants.

> *The pilot phase has resulted in a firm foundation for sustaining and expanding the program to reach all births in the state.*
> - Statewide Co-coordinators

Although the pilot phase was reasonably well defined in terms of the expectations of local providers, there was a considerable degree of variation in how the pilot hospitals and home visitation programs trained staff,

delivered the safe sleep teachings, and otherwise implemented the initiative. Flexibility was permitted during the pilot phase as to specific procedures and standards that would be adhered to at each local site.

As the initiative moves beyond the pilot phase to include more local providers, it is recommended that program guidelines or standards be more explicitly defined and adhered to in order to assure that the safe sleep teachings are delivered in a consistent manner at all locations. A number of specific conclusions and recommendations are listed in the following section to improve the fidelity of the *Say YES to Safe Sleep for Babies* program statewide.

Specific Conclusions and Recommendations

Conclusion 1: Regional train-the-trainers sessions are an effective way to provide an orientation to the program requirements and train key local contacts to implement the *Say YES to Safe Sleep for Babies* initiative through birthing hospitals and home visitation programs.

Recommendation 1: ***Additional train-the-trainers orientation sessions should be held as needed for new hospitals and home visitation programs joining the initiative.***

Conclusion 2: All hospitals included in the evaluation trained labor and delivery staff in safe sleep practices and use of the "*Say YES to Safe Sleep for Babies*" materials.

Conclusion 3: Not all hospitals provided labor and delivery staff with an in-house training session and not all required completion of the on-line training module.

Recommendation 2: ***In order to improve fidelity to the program model, local birthing hospitals participating in the Say YES to Safe Sleep for Babies initiative should be required to train all labor and maternity staff through both (1) an in-house training session and (2) the on-line webinar.***

Recommendation 3: ***As the on-line training module is revised and updated, feedback from training participants as to length and content should be considered.***

Conclusion 4: Not all hospitals developed a specific policy related to safe sleep practices and auditing procedures to verify compliance with policy.

Recommendation 4: ***In order to improve fidelity to the program model, all participating hospitals should be required to adopt formal policy and procedures consistent with safe sleep practices.***

Conclusion 5: All RFTS direct care staff have received some training in safe sleep practices and use of the "*Say YES to Safe Sleep for Babies*" materials.

Conclusion 6: Not all RFTS direct care staff have completed the on-line training module.

Recommendation 5: ***The program may wish to require that all staff providing home visiting services complete the on-line module in order to establish a uniform training requirement related to safe sleep education with families.***

Conclusion 7: All six hospitals included in the evaluation reported providing safe sleep education by discussing the information with the parent; however, only about half of the parents surveyed reported that the information was discussed with them by nursing staff.

Recommendation 6: ***The Say YES to Safe Sleep for Babies initiative should take steps to assure that the dose 1 information is provided to all new parents through a dialogue with labor and maternity staff since this is a more effective way to provide the teachings than having parents read the materials or view the video alone.***

Conclusion 8: Hospital staff report effective modeling of safe sleep practices and correction of unsafe practices while the baby is in the hospital.

Recommendation 7: ***Hospital staff should continue to model safe sleep practices and correct any unsafe practices by parents that may be observed while in the hospital.***

Conclusion 9: Although safe sleep education is provided to parents by the birthing hospitals through several different modalities, not all hospitals appear to utilize a multi-modal learning approach.

Recommendation 8: ***The Say YES to Safe Sleep for Babies program may wish to further clarify how the materials and instruction should be provided to parents and caregivers prior to discharge in order to provide more consistency related to content delivery.***

Conclusion 10: Education about safe sleep practices is provided by RFTS staff to all families served through the RFTS program.

Conclusion 11: Seven of the eight RFTS regions report providing additional instruction through discussion of the materials with the parent.

Recommendation 9: ***The Say YES to Safe Sleep for Babies program may wish to provide further guidance as to how the materials and instruction should be provided through discussion with parents and caregivers during home visits in order to improve consistency of content delivery.***

Conclusion 12: The target population understands the information provided about safe sleep for babies; however, there are indications that advice from family members and other influences affect actual practice in the home.

Recommendation 10: ***Efforts to educate the <u>general public</u> about infant safe sleep should be continued and enhanced to the degree possible.***

Recommendation 11: ***The dose 1 and 2 messaging related to "tell others about safe sleep" should be emphasized.***

Conclusion 13: There is general agreement among both professionals delivering program content and parents receiving the information that the amount of information provided is appropriate.

Recommendation 12: Content dosage should continue to be provided at the current level.

Conclusion 14: The involvement and support of First Lady Joanne Tomblin has been extremely helpful in bringing public attention to the *Say YES to Safe Sleep for Babies* campaign.

Recommendation 13: Continue involvement of the First Lady in order to recruit more Dose I and II providers, promote the "Say YES" teachings, and increase public awareness.

Conclusion 15: Local safe sleep educators report a generally high level of support from the statewide *Say YES to Safe Sleep for Babies* initiative and have access to materials, resources, and the statewide coordinators as needed.

Recommendation 14: Statewide coordination and support should continue to be provided in order to assure local programs have access to needed resources and to monitor compliance with necessary requirements and standards.

Conclusion 16: Monthly peer-to-peer calls appear to be more useful to hospital contacts than they are to RFTS coordinators.

Conclusion 17: Few home-based family education programs (other than RFTS) participate in the monthly peer-to-peer calls.

Recommendation 15: Topics for discussion on peer-to-peer calls should be of interest to both hospitals and home visiting programs.

Recommendation 16: Peer-to peer calls with established programs should be held only as necessary and useful.

Conclusion 18: The RFTS program maintains a working relationship with at least some of the birthing hospitals serving each of the eight regions; however, the type and intensity of the relationship varies from one region to another.

Conclusion 19: None of the six birthing hospitals participating in the process evaluation report a sufficiently well-developed working relationship with either the RFTS program or with other home visiting programs to assure families served by these programs receive dose 2 follow-up and reinforcement of the safe sleep practices after babies are discharged from the hospital.

Conclusion 20: Working relationships related to continued follow-up and promotion of safe sleep practices appear to be reasonably good between the RFTS program and other home visiting programs in regions where other home visiting programs are available.

Recommendation 17: Adoption of formal standards or guidelines related to procedures for dose 2 follow-up after birth may be necessary to assure safe sleep practices are reinforced after discharge from the birthing hospital.

Recommendation 18: Local face-to-face joint training opportunities that include RFTS, staff of other home visiting programs, and hospital labor and delivery staff may be an effective way to promote closer working relationships between hospitals providing dose 1 and programs providing dose 2 after the birth.

Recommended Next Steps

- Based on the findings from the process evaluation, the hospital-home visitation *Say YES to Safe Sleep for Babies* initiative should be expanded to include all birthing hospitals and home visitation programs in West Virginia.

- The planned outcomes evaluation should be conducted as soon as possible in order to determine the extent to which parents and caregivers of infants are adhering to safe sleep practices in their homes after discharge from the hospital.

- Sudden Unexpected Infant Death (SUID) data should be analyzed to the extent possible in order to determine what factors influence the prevalence of infant death and how those factors might be addressed through the *Say YES to Safe Sleep for Babies* initiative in future years.

- Basic process data should be routinely collected by all participating hospitals and home visitation programs and reported to a statewide coordinating entity on a regular basis. The monitoring of basic process indicators can provide for an acceptable degree of assurance that the dose 1 and dose 2 program content is being delivered in a manner consistent with participation requirements.

- Ongoing reporting of process data should include but not necessarily be limited to:
    - Number of hospital labor and delivery staff delivering dose 1 program content.
    - Number of labor and delivery staff completing the on-line training module.
    - Number of births at participating hospitals.
    - Number of families with newborns who receive dose 1 program content prior to discharge from hospital.
    - Percent families with newborns receiving dose 1 program content prior to discharge from birthing hospital.
    - Number of families referred to home visitation program for follow-up after discharge from birthing hospital.
    - Number of home visiting staff delivering dose 2 program content.
    - Number of home visiting staff completing on-line training module.

- Number of families receiving dose 2 program content from home visitation program after discharge from birthing hospital.
- Percent families receiving dose 2 program content after discharge from birthing hospital.

Appendix

List of Participating Hospitals and Home Visitation Programs – Pilot Phase

Pilot Hospitals	**Pilot Home Visitation Programs**
Bluefield Regional Medical Center Cabell Huntington Hospital CAMC Women and Children's Hospital, Neonatal Intensive Care Unit Garrett County Memorial Hospital Greenbrier Valley Medical Center Ohio Valley Medical Center Princeton Community Hospital St. Joseph's Hospital of Buckhannon, Inc. St. Mary's Medical Center Stonewall Jackson Memorial Hospital United Hospital Center Wheeling Hospital	ABLE Families, Inc., MIHOW Children's Home Society of WV, Parents As Teachers Program Cornerstone Family Interventions, Parents As Teachers Program Doddridge County Starting Points Family Resource Center, Parents As Teachers Program Marshall County Starting Points for Family Resource Center, Parents As Teachers Program Monroe County Head Start/Early Head Start, Parents As Teachers Program Mountain State Healthy Families, Healthy Families America Program Northern Panhandle Head Start, MIHOW Preston County Caring Council, Inc./Taylor County Starts Points Family Resource Center, Parents As Teachers Program REACCH Family Resource Center, Parents As Teachers Program Right From The Start, Regions I-VIII The Community Crossing, Parents As Teachers Program Tucker County Family Resource Network, Parents As Teachers Program Upper Kanawha Valley Start Points Family Resource Center, Parents As Teachers Program

Say YES To Safe Sleep For Babies Outcomes Evaluation – Report of Findings and Recommendations

June 2015

The report that follows reflects the outcomes evaluation conducted at the end of the pilot phase of Say YES To Safe Sleep For Babies.

SAY YES TO SAFE SLEEP FOR BABIES

Outcomes Evaluation

REPORT OF FINDINGS AND RECOMMENDATIONS

June, 2015

Report Prepared by:
Steven Heasley, MA
Independent Evaluator

Contents

Introduction

In 2010 TEAM for WV Children established a statewide infant safety educational campaign called Our Babies: Safe and Sound. Based on guidelines of the American Academy of Pediatrics, the campaign focuses on two areas: (1) ways to keep babies safe while sleeping, in order to prevent or reduce unintended injury or death, primarily from accidental suffocation and (2) ways to cope with frustrations resulting from frequent, constant or inconsolable baby crying. Over 240 local organizations partner with the campaign to educate families with whom they work.

In response to the increasing number of infant deaths in 2013, a task team was established to design a more intensive hospital-home visitation initiative, *Say YES to Safe Sleep for Babies*, to promote safe sleep practices with parents and caregivers of newborns. The hospital component was closely integrated with home visiting services provided to families through West Virginia's *Right From the Start Program*, as well as other evidence-based home visitation programs including *Healthy Families America* (HFA), *Maternal Infant Health Outreach Worker* (MIHOW), and *Parents As Teachers* (PAT) that are available in some parts of the state, in order to provide multiple doses of safe sleep instruction to families.

The pilot phase of the *Say YES to Safe Sleep for Babies* initiative included twelve hospitals and twenty–two home visitation programs (see appendix for list of all participating programs). These hospitals and home visitation programs are located in geographically diverse areas throughout West Virginia.

Outcomes data was collected on families who had babies at six of the initial pilot hospitals. These six birthing hospitals participating in the evaluation are:

- Cabell Huntington Hospital, Huntington, WV
- Greenbrier Valley Medical Center, Lewisburg, WV
- Ohio Valley Medical Center, Wheeling, WV
- Princeton Community Hospital, Princeton, WV
- Stonewall Jackson Memorial Hospital, Weston, WV and
- United Hospital Center, Clarksburg, WV.

Outcomes Evaluation Methodology

Outcomes evaluation focuses on the degree to which an intervention results in obtaining desired results.

The outcomes evaluation for the *Say YES to Safe Sleep for Babies* initiative was designed to answer three key questions. These questions were examined through data collected from two separate cohorts of parents who had their babies at one of the six birthing hospitals participating in the evaluation.

1. Do families exposed to the safe sleep program teachings understand and demonstrate knowledge of the *Say YES to Safe Sleep for Babies* program content? (Cohort 1)
2. Do the families exposed to the safe sleep program teachings agree with and intend to adhere to the safe sleep practices when they leave the birthing hospital? (Cohort 1)

3. Do families exposed to the safe sleep program teachings actually adhere to safe sleep practices in the home at approximately two months after birth? (Cohort 2)

Questions 1 & 2, related to the degree to which parents demonstrate knowledge of the safe sleep teachings and intend to apply safe sleep practices in the home with their infants, are examined through analysis of information collected from a survey of 82 parents (cohort 1) who were discharged from one of the six birthing hospitals participating in the evaluation during the two week period September 22nd to October 5th, 2014. Parents discharged during this period completed a survey before leaving the birthing hospital that included a number of questions about how well they understand the safe sleep teachings, their level of agreement with the practices, and their expectations about implementing the practices in the home after discharge. The mother completed the survey 94% of the time (77 of the 82 respondents). Remaining surveys were completed by fathers (4) and a grandmother (1). This cohort of 82 parents or caregivers who completed the survey prior to discharge from the six birthing hospitals were provided with the dose 1 safe sleep education while in the hospital.

It is not known to what extent the parents/caretakers making up cohort 1 were exposed to the dose 1 safe sleep education prior to entering the birthing hospital or to what extent they may have received the dose 2 safe sleep education after leaving the hospital. Tracking this particular cohort after discharge was beyond the scope of the evaluation.

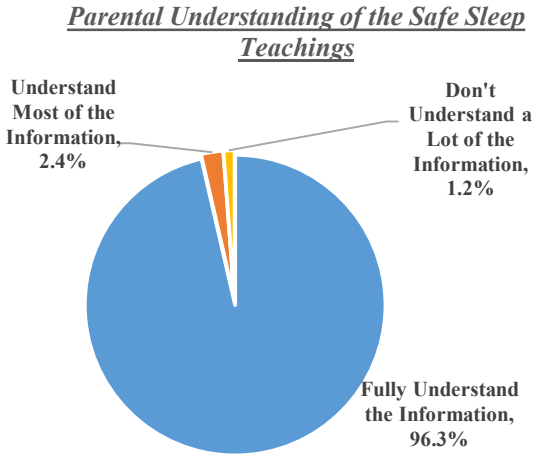
In order to examine question 3 (*Do families exposed to the safe sleep program teachings actually adhere to safe sleep practices in the home at approximately two months after birth?*), a second survey was designed to capture information about post-partum safe sleep practices in the home by families enrolled in the *Right From the Start* (RFTS) program. This survey was completed by Direct Care Coordinators (DCCs) for the RFTS program in order to capture information about safe sleep practices in the home by enrolled families at approximately 2 months post-partum. Information was collected through this survey for families enrolled in the RFTS program who had a birth at one of the six birthing hospitals participating in the evaluation during the months of November, December, and January. RFTS direct care staff were asked a series of questions about their observations of safe sleep practices in the home at the time the case was closed (typically 2 months after the birth of the baby).

Nearly all of the 66 families included in cohort 2 who were served by the RFTS program were provided with dose 1 safe sleep education while in the hospital and also received dose 2 follow-up safe sleep education after returning home with the baby. Only one of the families within this cohort failed to receive both dose 1 and dose 2 safe sleep education. The RFTS home visitors also reported 78.8% of the families within this cohort received dose 1 safe sleep education from RFTS staff prior to entering the birthing hospital.

Evaluation Findings

Parental Knowledge of Safe Sleep Practices

When asked how well they understood the information provided to them about infant safe sleep, 96.3% of the parents and caregivers indicated they "fully understood" the information. An additional 2.4% (2 people) said they understood most of the information. One respondent said they did not understand a lot of the information.



Parents and caregivers were asked to respond to a series of True-False statements in order to assess their knowledge of safe sleep practices. A high percentage of all parents/caregivers selected the correct response for each statement. The statements and percentage of correct responses are summarized in the Table 1 below.

Table 1

Statement	**Percent Correct Responses**
It is safest for my baby to sleep in the same bed with the mother. (F)	98.6%
My baby should sleep on his/her back and in a crib or bassinet. (T)	100%
It is OK to let my baby sleep with a stuffed animal or plush toy since this is comforting for the baby. (F)	98.8%
It is safest for my baby to sleep alone. (T)	92.6%
There should be no bumper pads in the crib with my baby. (T)	88.5%
It is OK if there is a warm quilt or comforter in the crib with my baby. (F)	91.4%
My baby should always sleep in rooms that are smoke free. (T)	97.6%
While sleeping, my baby should only have a diaper, sleeper or sleep sack. (T)	93.8%

Although nearly all parents appear to understand the recommended safe sleep practices, the survey responses indicate some degree of uncertainty about the use of bumper pads and blankets in the crib, and also about appropriate sleep clothing among some (6% to 11%) of the parents/caregivers in the cohort.

Parental Understanding of Safe Sleep Teachings

Questions were also included in the parent survey administered prior to discharge from the birthing hospital that were designed to assess the degree to which parents/caregivers agree with the safe sleep practices.

When asked: "How much do you agree with the information about safe sleep for babies provided to you in the hospital?" 85.2% of the parents/caregivers said they "fully agree with everything I learned about safe sleep for babies". The remaining 14.8% of the parents/caregivers (12 people) said they "agree with most of the information but not everything".

Survey respondents were also presented with several statements related to safe sleep practices and asked to indicate "how much" they agree or disagree with each statement. A five point Likert type scale ranging from "Strongly Agree" to "Strongly Disagree" was used to assess the level of agreement or disagreement with each of the statements. Statements were intentionally designed to require a degree of judgement on the part of the respondent in order to identify safe sleep practices that may not be fully understood. Each statement and the percentage of parents/caregivers responding in agreement or disagreement with the statement is summarized in Table 2.

Table 2

Statement	**Percent Agreement**	**Percent Disagreement**
It is OK for my baby to sleep in the same bed with me if I am breast feeding.	9.0%	91.0%
My baby should only sleep alone in a safety approved crib, bassinet, or pack and play.	97.5%	2.5%
My baby should be bundled in a warm blanket to be sure he or she doesn't get too cold while sleeping.	43.7%	56.4%
Bumper pads help keep my baby from getting stuck in the side of the crib.	39.8%	60.2%
It is OK for my baby to sleep on his or her tummy sometimes.	13.6%	86.4%
It is important for me to talk to anyone caring for my baby about safe sleep.	98.7%	1.3%

Note: "Percent Agreement" in above table reflects the percentage of parents/caregivers who either strongly agree or agree with the statement. "Percent Disagreement" reflects the percentage of parents who strongly disagree or disagree with the statement.

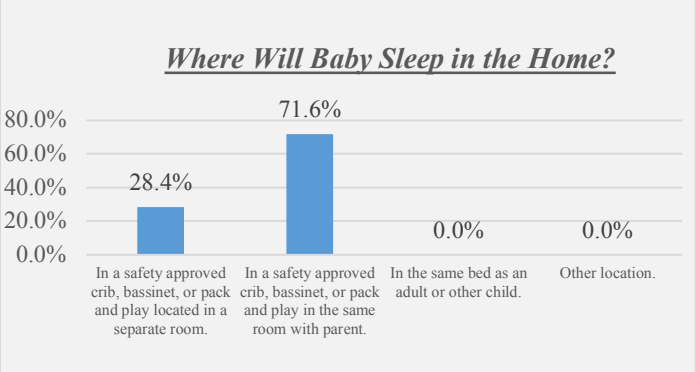
Responses to these statements about safe sleep practices indicate a high percentage of parents/caregivers exposed to dose 1 education have a good understanding of safe sleep teachings related to the baby sleeping alone; sleeping in an approved crib, pack and play, or bassinet; and sleeping on their back. The survey respondents also believe it is important to talk with anyone caring for their baby about safe sleep.

There appears to be far less understanding and/or agreement among these parents/caregivers about the use of blankets and crib bumpers.

Parental Intention Related to Safe Sleep in the Home

A few questions were also included in the pre-discharge parent survey about where baby will be sleeping when baby is taken home. Survey respondents were asked: "When you get home where will your baby be sleeping?"

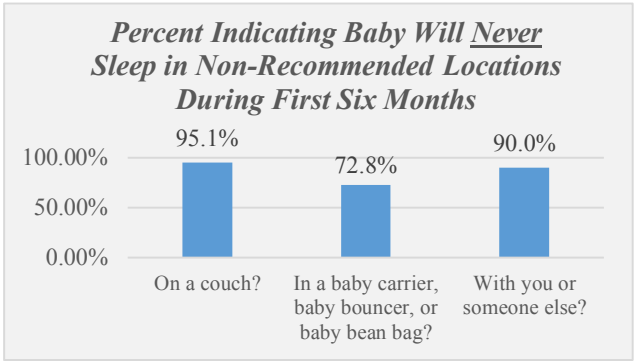
28.4% of the parents/caregivers indicated their baby would sleep in an approved crib, bassinet, or pack and play located in a separate room and the remaining 71.6% said the baby would be sleeping in a safety approved crib, bassinet, or pack and play in the same room with parent(s).



None of the survey respondents indicated the baby would be sleeping with an adult or other child, or in any other location within the home.

Parents/caregivers were also asked how often they thought their baby would sleep in non-recommended locations over the next six months.

Respondents were somewhat less certain about baby sleeping only in approved crib, bassinet, or pack and play when responding to this question.

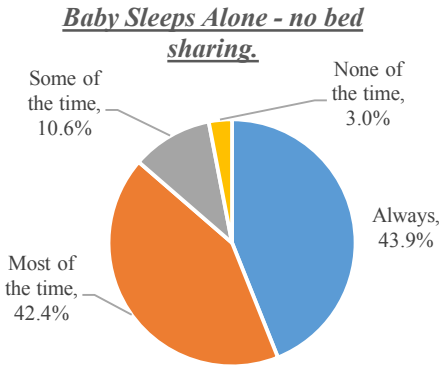


90% of the parents/caregivers said baby would never sleep with them or someone else and 95.1% said baby would never sleep on a couch. However, 27.2% of survey respondents expect that baby may sometimes sleep in a baby carrier, baby bouncer, or baby bean bag.

Safe Sleep Practices in the Home – Two Months Post-Partum

Direct Care staff for the *Right From the Start* (RFTS) program provided information about safe sleep practices in the home at approximately two months after the birth of the baby. The observations of RFTS staff provide for a reasonably objective assessment of safe sleep practices at two months post-partum. RFTS staff were asked to rate the degree to which they believed each safe sleep practice was being implemented by each family on their caseloads where a baby was born during the three month period of November, 2014 through January, 2015. This is a total of 66 families. A four point scale was used ranging from the parent or caregiver is **always** adhering to the practice in the home to the parent or caregiver is adhering to the practice in the home **none of the time**.

Families enrolled in the *Right from the Start* program must be Medicaid eligible; consequently, this cohort of families is not necessarily typical of the general population of families with infants. It is a group, however, that has been repeatedly exposed to the safe sleep teachings both through the RFTS program and at the birthing hospital.

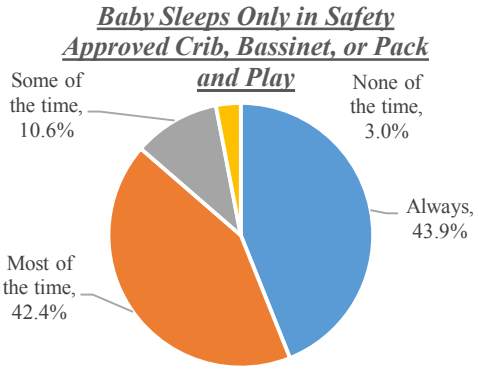


Baby Sleeps Alone

Based on the RFTS staff observations in the home, 43.9% of the infants always sleep alone and an additional 42.4% of infants sleep alone most of the time.

Baby Sleeps Only in Approved Crib, Bassinet, or Pack and Play

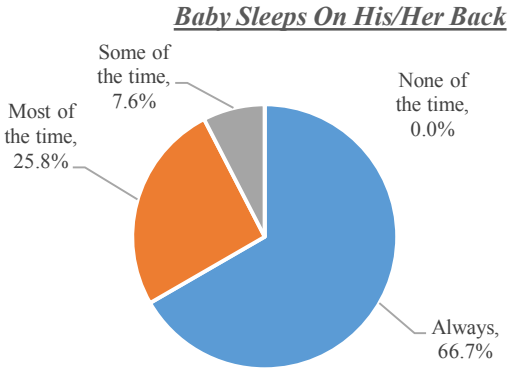
The RFTS home visitors observations about where the infant sleeps mirror their opinions about whether or not the infant sleeps alone. In the opinion of the home visiting staff, 43.9% of the babies always sleep in a safety approved crib, bassinet, or Pack and Play and 42.4% sleep in these recommended locations "most of the time".



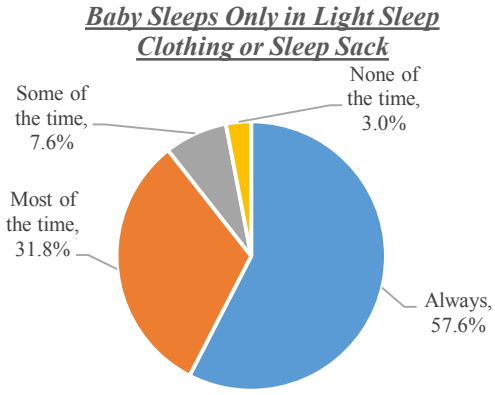
> *"The mother sometimes lets infant sleep on her chest."*

13.6% of this cohort of infants may be considered "at risk" based on observations by home visitors that they sleep alone and in a safety approved environment only some of the time or none of the time.

Baby Sleeps On Back

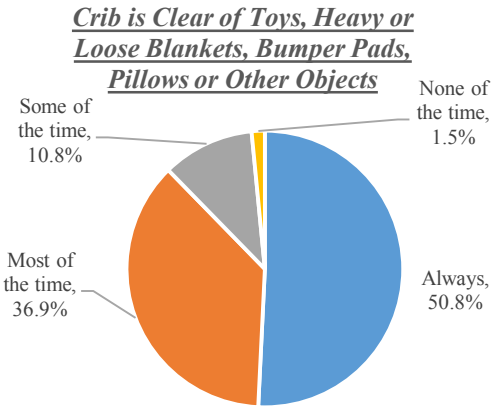


Most infants within this cohort appear to sleep on their back at least most of the time. 66.7% of these infants were reported to always sleep on their back and an additional 25.8% sleep on their back most of the time.



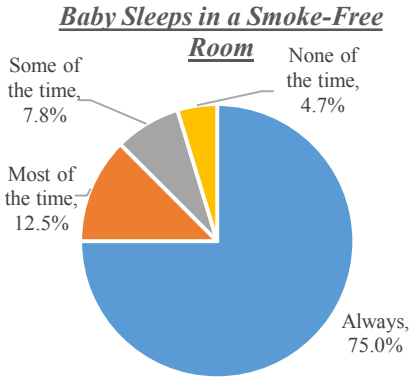
Baby Sleeps in Light Sleep Clothing or Sleep Sack

89.4% of the infants sleep in light sleep clothing or a sleep sack all or most of the time. Based on the observations of the RFTS staff in the home, 10.6% of these infants are dressed in light sleep clothes or use a sleep sack only some of the time they are sleeping or not at all.



Crib is Clear of Potentially Hazardous Objects

More than half of these infants appear to sleep in cribs that are free of any objects that might be potentially hazardous. The crib is always clear of these objects in 50.8% of the cases and is clear of these objects most of the time in an additional 36.9% of the cases observed. The crib was clear of potentially hazardous objects in one case none of the time.



Baby Sleeps in Smoke Free Environment

87.5% of the infants sleep in a smoke free room all or most of the time. A total of 12.5% of these infants sleep in smoke free environments only some of the time or none of the time and these infants may be at risk from exposure to tobacco smoke.

> *"The mother smokes but says she smokes outside. The home smells of smoke and she doesn't feel that it is a problem."*

Conclusions

- The Say YES to Safe Sleep initiative appears to be an effective means to (1) educate parents/caregivers about recommended infant safe sleep practices, and (2) influencing practices related to infant safety in the home.

- The dose 1 and dose 2 Say YES to Safe Sleep for Babies education is effective in conveying safe sleep practices to nearly 100% of parents/caregivers exposed to the teachings.

- A high percentage (over 90%) of parents/caregivers provided with the dose 1 information are able to correctly answer questions about safe sleep practices with infants.

- Not all parents/caregivers agree with all safe sleep teachings. At least 15% do not fully agree with some practices encouraged through the Say YES to Safe Sleep initiative.

- Practices related to the use of blankets and bumper pads are less well understood by parents and caregivers than are the other recommended practices.

- Messages about sleeping in a safety approved crib, bassinet, or Pack and Play are effectively conveyed to all parents/caregivers through the dose 1 education.

- All (100%) of the parents/caregivers making up evaluation cohort 1 intend at the time they leave the hospital to have their infant sleep in a safety approved crib, bassinet, or Pack and Play in the home.

- About 1 in 4 parents/caregivers expect that the infant will occasionally sleep in a baby carrier, baby bouncer, or baby bean bag.

- Safe sleep practices are not adhered to all of the time within approximately half of the families included in the RFTS 2-month follow-up cohort.

- Based on the observations of RFTS staff in client homes at two months post-partum, approximately 10% to 14% of the infants in the evaluation cohort appear to be "at risk" due to a lack of safe sleep practices "most or "all of the time".

Recommendations

- Continue to expand the Say Yes to Safe Sleep initiative throughout West Virginia.

- Further define expected benchmarks of success for the initiative related to both parent/caregiver education and post-partum safe sleep practices in the home.

- Continue to collect outcomes data on a regular basis in order to monitor trends in safe sleep practices over time.

Appendix

List of Participating Hospitals and Home Visitation Programs – Pilot Phase

Pilot Hospitals	**Pilot Home Visitation Programs**
Bluefield Regional Medical Center Cabell Huntington Hospital CAMC Women and Children's Hospital, Neonatal Intensive Care Unit Garrett County Memorial Hospital Greenbrier Valley Medical Center Ohio Valley Medical Center Princeton Community Hospital St. Joseph's Hospital of Buckhannon, Inc. St. Mary's Medical Center Stonewall Jackson Memorial Hospital United Hospital Center Wheeling Hospital	ABLE Families, Inc., MIHOW Children's Home Society of WV, Parents As Teachers Program Cornerstone Family Interventions, Parents As Teachers Program Doddridge County Starting Points Family Resource Center, Parents As Teachers Program Marshall County Starting Points for Family Resource Center, Parents As Teachers Program Monroe County Head Start/Early Head Start, Parents As Teachers Program Mountain State Healthy Families, Healthy Families America Program Northern Panhandle Head Start, MIHOW Preston County Caring Council, Inc./Taylor County Starts Points Family Resource Center, Parents As Teachers Program REACCH Family Resource Center, Parents As Teachers Program Right From The Start, Regions I-VIII The Community Crossing, Parents As Teachers Program Tucker County Family Resource Network, Parents As Teachers Program Upper Kanawha Valley Start Points Family Resource Center, Parents As Teachers Program