

# document

# 4

From Readiness to Action:  
Implementation Phase

## 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 <i>Say YES To Safe Sleep For Babies</i> Education To Parents and Other Caregivers			
Environment	Settings / Providers	Type of Education	Format
<b>Prenatal Education</b>	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
<b>In-Hospital Education Near Time of Birth</b>	At the birthing hospital, shortly prior to birth or prior to discharge from hospital	Initial education (Dose 1)	Individual education
<b>Education After Discharge from the Birthing Hospital</b> (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
<b>Community Education at Any Time</b>	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](http://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](http://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](http://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](http://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](http://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](http://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



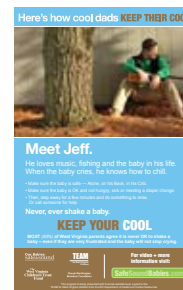
Keep Your Cool (when baby cries) Brochure for Males



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
<b>Timing of parent/caregiver education</b>	Prenatally or in hospital before or after birth	At home visit shortly after hospital discharge and in subsequent visits. May also be done prenatally
<b>Linkage among hospital and home visitation staff</b>	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)
<b>Messaging Tools</b>	<ul style="list-style-type: none"> <li>• Discussion points for prenatal or initial education</li> <li>• Parent Education Kit: White envelope with enclosures – letter from First Lady, safe sleep brochure, DVD, safe sleep pledge card, pen, 2 <i>Keep Your Cool</i> brochures, <i>Sleep Baby-Safe and Snug</i> book</li> <li>• Method for viewing the 5-minute DVD</li> <li>• Cribs For Kids® Educational Flip Book</li> </ul>	<ul style="list-style-type: none"> <li>• Discussion points for prenatal, initial and reinforcement education</li> <li>• Parent Education Kit if education was not received while in hospital or prenatally. Then follow up with reinforcement of messaging at later visit</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Reinforcement education using individual materials such as safe sleep brochure, <i>Sleep Baby-Safe and Snug</i> book,</li> <li>• Method for viewing the 5-minute DVD, when applicable</li> <li>• Cribs For Kids® Educational Flip Book</li> </ul>
<b>Key Messaging</b>	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
<b>Questions</b>	Answer parent/caregiver questions	Answer parent/caregiver questions
<b>Ongoing Monitoring of Practices</b>	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.)
<b>Data / Recording / Reporting</b>	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.