



# Safe Sleep: Effective Partnering to Build Consistent Messaging

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Partnering with clinical staff  
to improve safe sleep  
education

## learning objectives

Learn the process for developing an injury prevention training with clinical staff

Gain access to conversation-based safe sleep training



background



## the facts



According to the Ohio Department of Health 2019 Infant Mortality report, the infant mortality rate in Montgomery County is 9 of every 1,000 live births and the rate increases to 13.1 for

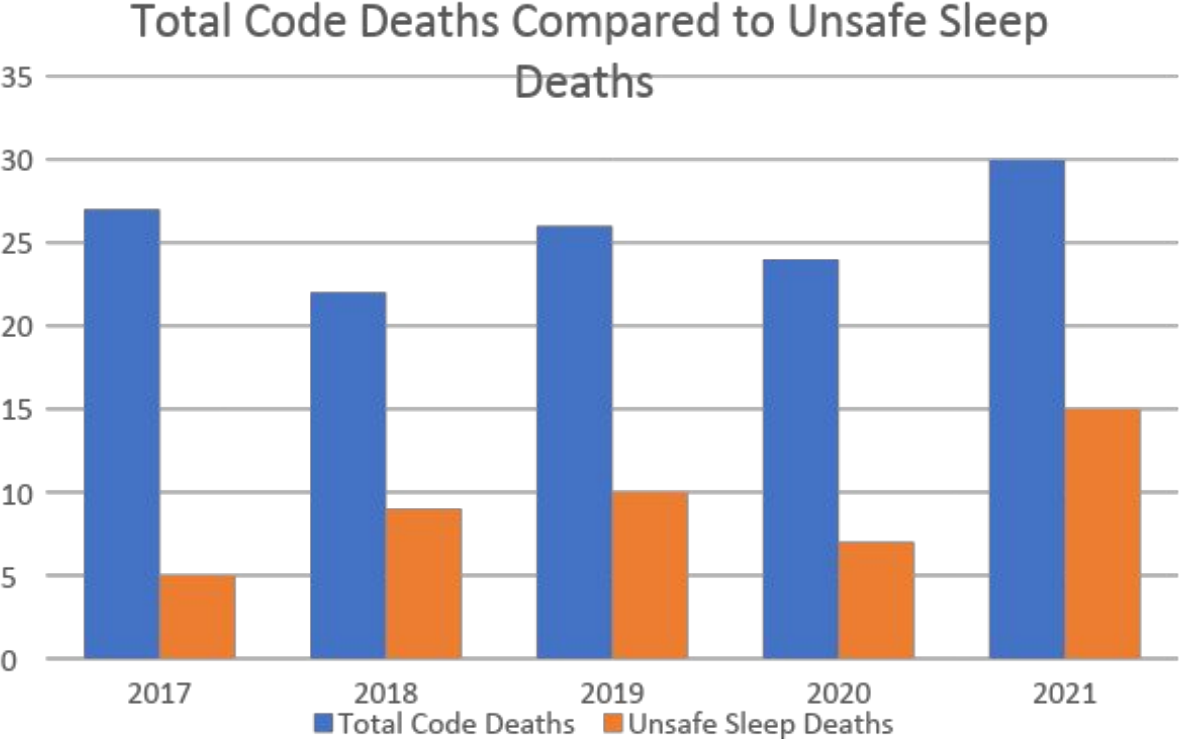


Since 2012, 71 infants were pronounced dead at Dayton Children's emergency department after being found in unsafe sleep environments. Dayton Children's had contact with 45 percent of those infants in some way prior to their



Dayton Children's lecture-based caregivers create a fear or judged b

# unsafe sleep related deaths in the emergency department



# best way to teach safe sleep?

## Factors Associated With Choice of Infant Sleep Location

Ann Kellams, MD,\* Fern R. Hauck, MD, MS,\* Rachel Y. Moon, MD,\* Stephen M. Kerr, MPH, Timothy Heeren, PhD,\* Michael J. Corwin, MD,\* Eze Colson, MD, MPP\*

**OBJECTIVE:** To assess the prevalence of and factors associated with actual recent practice and near-future intention for infant sleep location in a national sample.

**METHODS:** There were 3260 mothers from 32 US hospitals who responded to a survey at infant age 2 to 6 months regarding care practices, including usual and all infant sleep locations in the previous 2 weeks and intended location for the next 2 weeks. Mothers were categorized as (1) having practiced and/or intending to practice exclusive room-sharing without bed-sharing, (2) having practiced and/or intending to practice exclusive room-sharing but intending to practice exclusive room-sharing, (3) intending to have the infant sleep in another room; and (4) intending to practice bed-sharing all night or part of the night. Multivariable multilevel logistic regression examined associations between sleep-location category, demographic factors, and theory of planned behavior domains (attitudes toward bed-sharing, norms, and perceived control).

**RESULTS:** Fewer than half (45.4%) of the mothers practiced and also intended to practice exclusive room-sharing without bed-sharing, and 24.2% intended to practice some bed-sharing with intended bed-sharing included African American race (OR 1.5, 95% CI 1.1-2.1) associated with intended bed-sharing. The highest likelihood of bed-sharing intention was associated with perceived social norms favoring bed-sharing toward room-share without bed-sharing (OR 1.1, 95% CI 1.0-1.2) and positive attitudes toward room-share without bed-sharing (OR 1.1, 95% CI 1.0-1.2). Women with a doctor's advice to room-share without bed-sharing (OR 0.5, 95% CI 0.3-0.85) practiced bed-sharing less (aOR 0.56; 95% CI 0.36-0.85).

**CONCLUSIONS:** Sleep-location practices do not always align with theory of planned behavior. Sleep-location practices and intention does not always correspond to theory of planned behavior. Sleep-location practices and intention does not always correspond to theory of planned behavior. Sleep-location practices and intention does not always correspond to theory of planned behavior.

## Nurses Leading Safe Infant Sleep Initiatives in the Hospital Setting

Sharon C. Hitchcock & Catherine...



### BUILDING ON CAMPAIGNS WITH CONVERSATIONS

## An Individualized Approach to Helping Families Embrace Safe Sleep & Breastfeeding

“Supposing is good but finding out is better.” - Mark Twain

**PEDIATRICS** Articles ▾ Authors/Reviewers ▾ Collections ▾ Sub

Volume 144, Issue 5  
November 2019

ARTICLES | NOVEMBER 01 2019

### Prevalence and Factors Associated With Safe Infant Sleep Practices

Ashley H. Hira, PhD ■ Katherine Kortsmit, PhD, MPH; Lorena Kaplan, MPH, CHES; Erin Rainey, MPH, MCHES; Lee Warner, PhD, MPH; Sharyn E. Parks, PhD, MPH; Maureen Perkins, MPH; Marion Koso-Thomas, MD; Denise V. D'Angelo, MPH; Carrie K. Shapiro-Mendoza, PhD, MPH

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**POTENTIAL CONFLICT OF INTEREST:** The authors have indicated they have no potential conflicts of interest to disclose.

**FINANCIAL DISCLOSURE:** The authors have indicated they have no financial relationships relevant to this article to disclose.

Pediatrics (2019) 144 (5): e20191286.  
<https://doi.org/10.1542/peds.2019-1286> Article history

# let's talk about the elephant in the room



Staff stated that safe sleep is not a comfortable topic to cover with patient families. Common themes

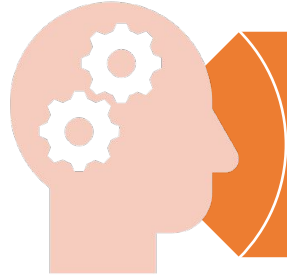
- It's not staff's place to tell a patient how their baby sleeps.
- What if the family states they won't follow safe sleep guidelines?
- What if the family asks a question and staff don't know the answer?



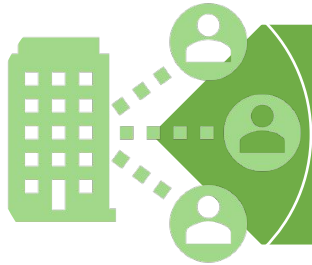


training development

# training goals



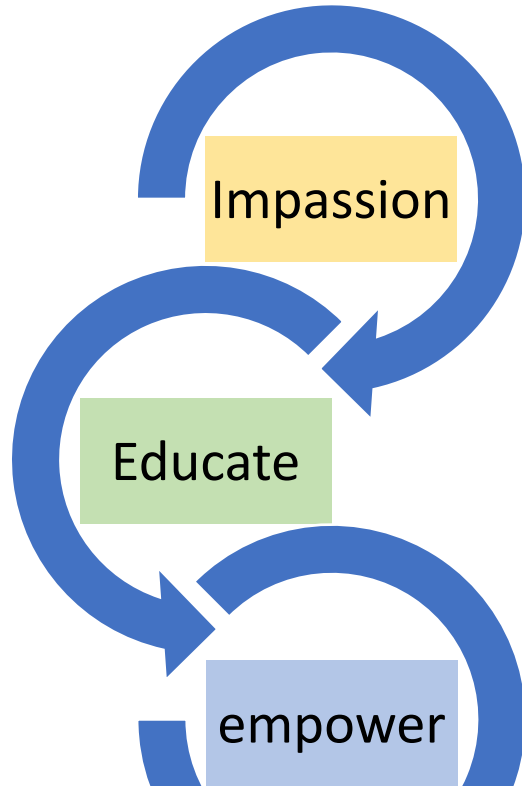
Increase knowledge of Dayton Children's staff  
on conversation-based teaching techniques



Collaborate and share training with  
community partners



# training development



Do they care about the issue?

What do they need to know about the t

What tools do they need to be succe

# training format

## Impassion

- Show staff what happens in the emergency department when a child dies from unsafe sleep

## Educate

- Share current recommendations from the American Academy of Pediatrics
- Share tips on how to start a conversation about safe sleep with patients

## Empower

- Share vignettes of sample conversations to have with families
- Share tools (graphic of trachea/esophagus positioning, EPIC Scripting)

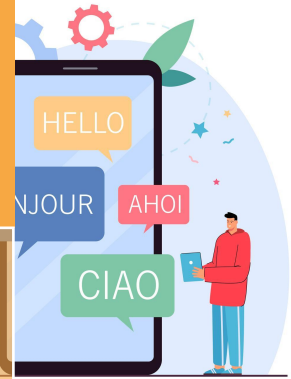
# translating clinical jargon

My most important role in working with clinical partners was translating their language so it could be easily understood by patient families.

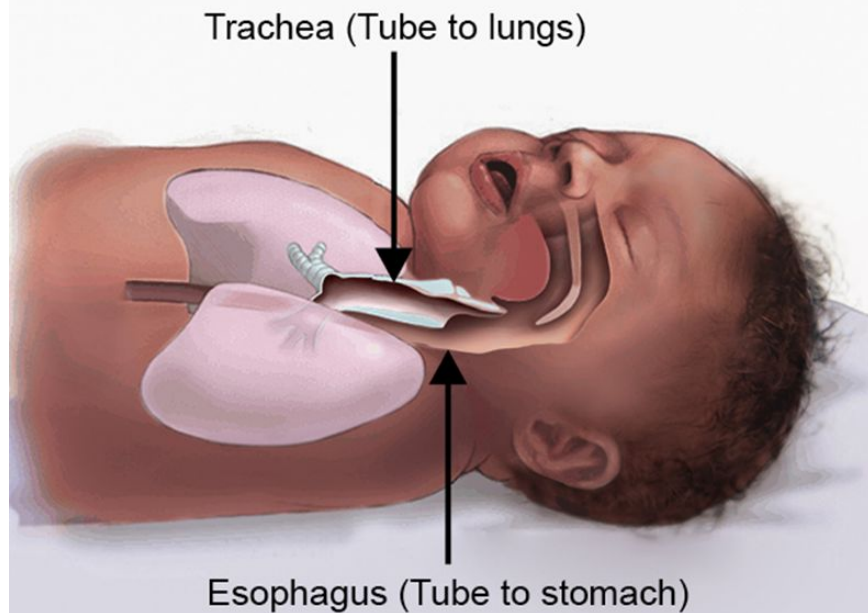
Trachea  
tube to  
lungs/breathing  
tube

Esophagus  
tube to  
stomach/food  
tube

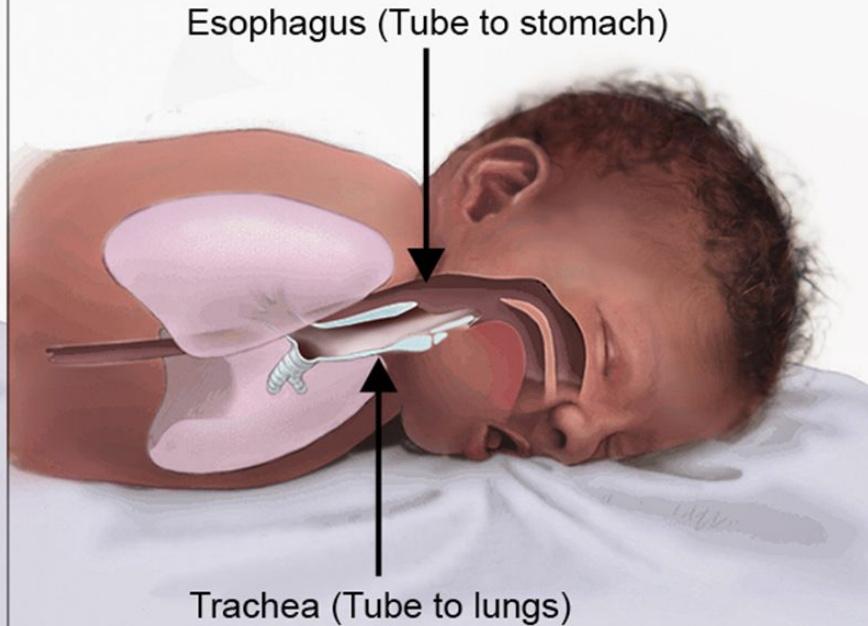
Asphyxia  
breathing in  
too much bad  
air



### Baby in the back sleeping position



### Baby in the stomach sleeping position



# safe sleep screening of EPIC proportions

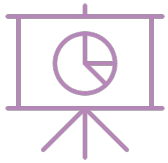
- Has your baby ever slept on a couch, chair, pillow, or in a swing  
Couch/Chair Pillows/Boppy pillow Swing No
- Safe sleep dialog regarding concern for baby's safety sleeping on soft surfaces and in swings.
  - **Recommended scripting:** I am concerned about your baby's safety while sleeping on a couch. When sleeping on a couch, a baby can easily slip and become trapped in the cushions, blanket or pillow and suffocate. Can I share some safe sleep practices with you?

safe sleep training



<https://vimeo.com/646644979>





## Results and next steps

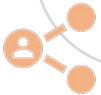
## results to date



Training assigned to all patient-facing, clinical staff at Dayton Children's as part of mandatory training



Training shared with locally, state-wide and nationally



Scripting in medical record evoking staff behavior change based on nurse educator observation

# challenges



COVID-19

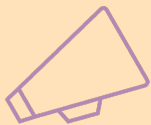


Staffing



Communication

# lessons learned



## Communication

- Make sure you are on the same page with your clinical partners every step of the way.
- Schedule regular check-ins to ensure the goals of the training are aligned.



## Collaboration

- Agree on goals as a team.
- Use each team member's strengths.



## Flexibility

- Remember this may not be every team member's primary responsibility, clinical care comes first.
- There may be departments outside your work group you'll need to engage to implement

# questions?

- Abbey Pettiford
- Injury Prevention Coordinator
- Center for Health Equity
- [pettiforda@childrensdayton.org](mailto:pettiforda@childrensdayton.org)



# references

- Dayton Children's Hospital Emergency Department Quality Improvement Data
- Ohio Department of Health 2018 Infant Mortality Report
  - <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/infant-and-fetal-mortality/reports/2018-ohio-infant-mortality-report>
- The American Academy of Pediatrics
  - <https://www.healthychildren.org/>
- The Center's for Disease Control and Prevention
  - <https://www.cdc.gov/>
- National Institute for Children's Health Quality
  - [The National Institute for Children's Health Quality | NICHQ Homepage](#)
- *Baby's anatomy when on the stomach and on the back*. National Institute of Health.
  - [https://safetosleep.nichd.nih.gov/resources/providers/downloadable/baby\\_anatomy\\_image](https://safetosleep.nichd.nih.gov/resources/providers/downloadable/baby_anatomy_image)
- *Prevalence and Factors Associate with Safe Infant Sleep Practices*
  - [Prevalence and Factors Associated With Safe Infant Sleep Practices | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)
- *Factors Associated With Choice of Infant Sleep Location*
  - [Factors Associated With Choice of Infant Sleep Location - PubMed \(nih.gov\)](#)
- *Nurses Leading Safe Infant Sleep Initiatives in the Hospital Setting*
  - [Nurses Leading Safe Infant Sleep Initiatives in the Hospital Setting - PubMed \(nih.gov\)](#)



# Repeating the Message

## Safe Sleep from All Directions

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Injury Prevention Coordinator, UVMHC

Emily Fredette  
Injury and Violence Prevention Program Manager, VDH

# Learning Objectives

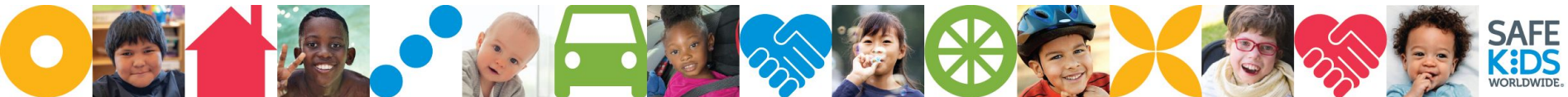


- Discover why repeated consistent messages are so key
- Identify partners in your community interested in safe sleep



# Communication = Repeat Exposure

- 3-7 Times
- Recognition
  - Credible
  - Trusted



# Points of Contact



# Points of Contact = Community Partners





## Vermont Chapter

INCORPORATED IN VERMONT

American Academy of Pediatrics

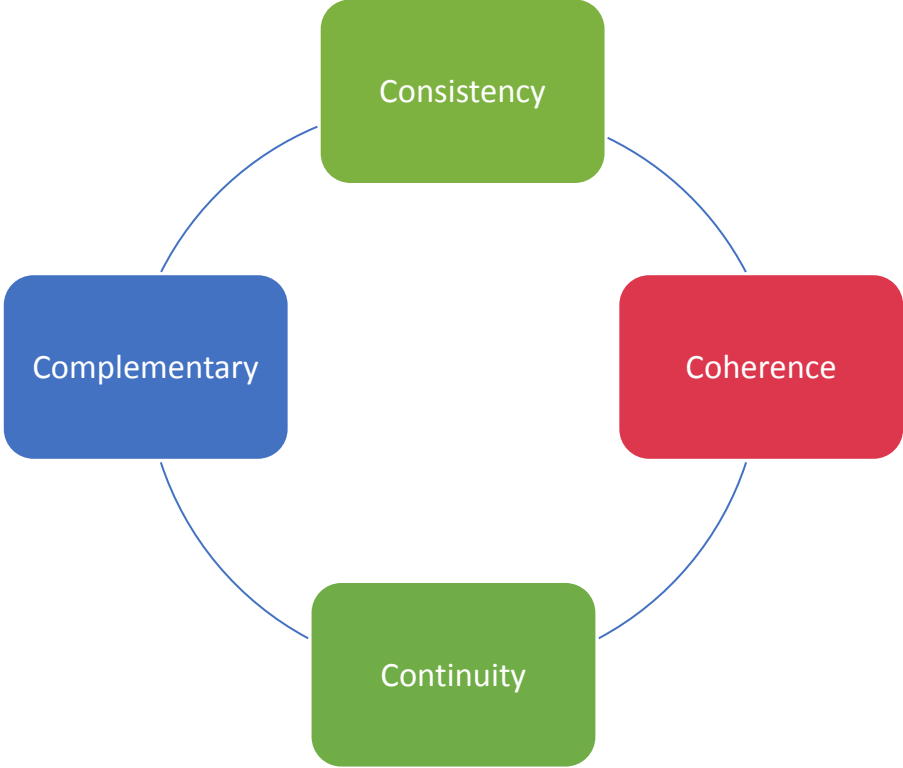
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Not Shown: Be Seat Smart, EMS-C, Department of Children and Families, University of Vermont



# Enveloping via Integration



# Content Creation

- Accessible
  - Translatable
  - Multiplatform
- Memorable





## Finding Support

While frequent waking for baby is normal and healthy, it can be very difficult for parents. Being stressed and exhausted can make settling baby back to sleep even harder.

Take a deep breath. Count to 5.

- Ask family members, friends, or someone you trust to watch baby while you nap or catch up on sleep.
- Talk to your Pediatrician about strategies specific to your child's needs.
- PCAYT's Parent Helpline 1-800-CHILDREN (244-5373).

Created in partnership with:



## What is Infant Sleep?

Babies do not have regular sleep cycles until about 6 months of age. While newborns sleep about 16 to 17 hours per day, they may only sleep for 1 or 2 hours at a time. Frequent waking is developmentally appropriate for babies. Talk to your baby's pediatrician if you have any concerns about how they are sleeping.

Sleeping in a safe sleep space can be a hard adjustment for baby from the warmth of the womb. It may take time for them to adapt. While it can be a struggle for both baby and caregivers, there are tips to help.

## Sleep Tips for Babies



## Creating a Safe Sleep Space



Baby sleeps alone on their back on a flat surface

Baby sleeps in a crib, bassinet, portable crib, or play yard \*

Remove unsafe sleep products such as pillows, blankets, stuffed animals, lounger, or pacifier cord/attachment

Sometimes babies can't be soothed and that's okay. It does not harm a child's development. If you are stressed or overwhelmed, take care of yourself first and let baby stay in the safety of the crib. Crying is not harmful if you need space.

Share your room, NOT your bed

Offer a pacifier

Keep your baby cozy by using a one piece sleeper/suit or sleep sack



## Room Sharing

Baby should share your room, not your bed.

Room sharing means keeping your baby's crib, play yard, or bassinet in your bedroom, close to your bed for at least the first 6 months. This makes it easier to comfort or feed your baby, and then place them in their own sleep space when you're ready to go to sleep.

If there is any possibility that you might fall asleep while your baby is in your bed, make sure there are no pillows, sheets, blankets or any other items that could cover your baby's face, head and neck, or overheat them. As soon as you wake up, be sure to move your baby to their own bed.

Avoid falling asleep with your baby in other spots, too. The risk of sleep-related infant death is higher when infants sleep with someone on a couch, soft armchair, or cushion.

It's extra important not to bed share with your baby if you have been drinking alcohol or used cannabis, illicit drugs, or any medications that cause drowsiness or impact sleep.

If your baby falls asleep in a car seat, stroller, swing, infant carrier or sling, move them to a firm sleep surface on their back as soon as possible.

\* Consumer Product Safety Commission Approved





# Questions

[VTSafeKids@uvmhealth.org](mailto:VTSafeKids@uvmhealth.org)

[Emily.Fredette@Vermont.gov](mailto:Emily.Fredette@Vermont.gov)



# Safe Sleep: Effective Partnering to Build Consistent Messaging

## Safe Sleep Environments: Maryland Communities focus on the ABC's

Cynthia Wright Johnson, MSN RN  
Maryland EMS for Children Director, MIEMSS  
Safe Kids Maryland Chair

Lisa Wilson EMT  
Maryland FAN Chair, Maryland EMSC  
Winfield VFD

# Maryland Program Objectives



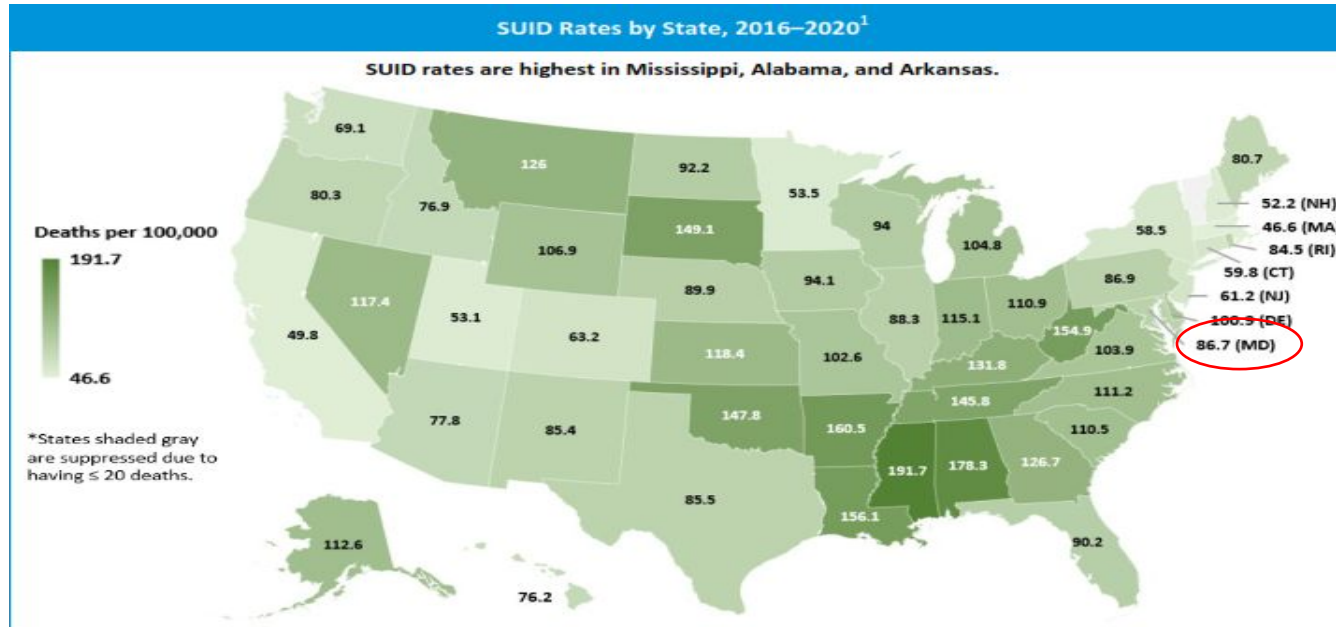
- Provide Maryland healthcare professionals & injury prevention advocates with current, consistent, and compelling information on infant SUID cases in Maryland
- Differentiate between SUID and SIDS
- Discuss the importance of ABC as a daily practice for infant safe sleep in all homes across Maryland
- Describe the purpose of the doll reenactment protocol as part of the forensic investigation after an infant death
- List the key messages for families represented in the Safe Sleep Displays

# Infant Sleep Safety

- 1992 – AAP Policy statement on infant sleep (back / side)
- 1994 – “Back to Sleep” Campaign
- 2012 – “Safe to Sleep” Campaign terminology change
- 2022 – AAP revisions to both Policy Statement and Technical Report



# CDC/NICHHD (2021)



### Notes and References



# Data driving Maryland's program



In Maryland, high rates of SUID occurred in some rural and urban jurisdictions.

**33%** of cases occurred in rural jurisdictions.

SUID rates per 100,000 live births by jurisdiction\*



\*Based on Maryland Vital Statistics Administration live birth data. Counties not displayed here had fewer than five SUID cases in this period.

September 2021

## Sudden Unexpected Infant Deaths

Maryland, 2015-2019



**264**

SUID cases occurred between 2015 and 2019 in Maryland and were reviewed by the State Child Fatality Review (CFR) Team. During this time period, Maryland SUID cases occurred at a rate of **73.5** deaths per 100,000 live births, while the national SUID rate was **91.7**.

Data shown below are from the 2015-2019 period, unless otherwise noted.

**In Maryland from 2015-2019, 264 cases of SUID were reviewed.**

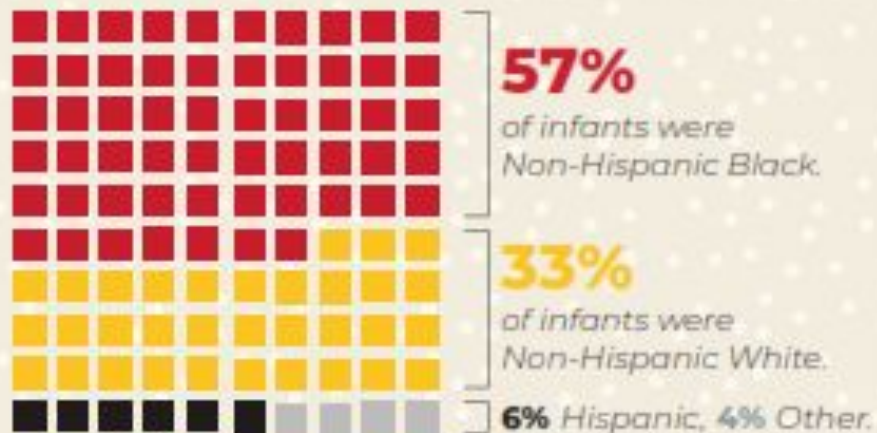
Almost **90%** of SUIDs cases in MD occur in early infancy between 0-6 months. Over half of these cases occurred in non-hispanic Black infants, with additional racial and ethnic disparities in other groups. Cases occur across the state, with **33% in rural areas** - which often have higher rates of SUIDs than urban areas.



# Maryland's Child Fatality Review State Committee – Priority 1



Racial and ethnic disparities continue to be seen in SUID cases, in Maryland and across the US.



n=264 cases in Maryland

## Recommendations from the CFR Program:

- Increase community awareness of SUID associated risk factors and prevention, especially in jurisdictions with highest SUID rates and disproportionately-affected communities.
- Continue to review and report SUID cases to the National Child Death Review Case Reporting System to improve surveillance of infant deaths.
- Stay updated with guidance from NIH and contact your Maryland Department of Health for resources.

# Maryland Data: trends in infant care – not A..B..C..

## Always follow ALL safe sleep practices.

Among cases reviewed in Maryland,

- **49%** placed infant on back to sleep

---

- **61%** had a crib or bassinet available

However,

- **71%** had soft object in sleeping area
- **31%** had secondhand smoke exposure

---

- only **19%** of infants slept in crib/bassinet
- **56%** slept with adult, child or pet
- **51%** slept in adult bed

**Safe Sleep for Your Baby**

Helping you to reduce the risk of SIDS







# Safe Sleep Display Resources

Funded by Maryland EMS for Children State Partnership Grant  
Lead by Maryland EMSC Family Advisory Network



## Piloted at 2022 MSFA Convention: Display & Lecture

Developed a table top family educational display on infant safe sleep:

- To increase community awareness on the risks to infants
- To promote education on the risk factors associated with SUID
- To promote safe sleep best practices (AAP, CDC- NIH, Safe Kids Worldwide materials)
- To disseminate the Maryland Child Fatality Review committee 5 years report data & information

Maryland Coalitions for  
**Risk Watch & Safe Kids**  
Interactive Injury Prevention Stations  
*Learn How to Teach  
Steps for Safety*

Sunday, June 18, 2023 11:00 AM to 3:00 PM  
Monday, June 19, 2023 9:00 AM to 3:00 PM  
Tuesday, June 20, 2023 9:00 AM to 3:00 PM

*New in 2023!*

**Baby Sitting Awareness Class**  
11:00AM-11:30AM  
1:00PM - 1:30PM  
2:00PM - 2:30PM  
Sunday, Monday,  
and Tuesday

**Steps to Safety**

- Dial 9-1-1: Make the Right Call
- Burn Safety: Scalds & Fireworks
- Water Safety
- Medication Safety: Up and Away
- Safe Sleep for Infants: ABC
- Baby Sitting Safety
- Bike Helmet Safety
- Buckle Up: In All Vehicles

2023 MSFA Convention - Room 210  
#SafeKidsMD @RightCare@MSFAcon

**Join Us in Room 210**

MARYLAND STATE EMS ASSOCIATION MARYLAND STATE FIREMEN'S ASSOCIATION MARYLAND STATE POLICE SAFE KIDS MARYLAND MARYLAND AMBULANCE

# Safe Sleep Display uses:



- Health department static displays
- Hospital Nursery/ NICU waiting areas
- Community health & safety events
- Public Safety Open houses (May, August, October)
- Baby sitting & Prenatal classes
- High school child development courses
- EMS & Nursing Conferences
- Friday night out community summer events

# Maryland Safe Sleep Display Resources



Initial Kits (N=20 in 2022) includes:

- portable crib (Pack n Play)
- fitted sheets
- life sized infant doll (White, Brown, Asian)
- sleep sack
- 3 metal signs with stands

Second Round of Kits (N=30 in 2023)

- Changed to toy Pack n Play
- Changed to smaller doll

## Safe Kids Coalitions

- ▢ Baltimore City @ UMMS
- ▢ Carroll County @ DOH
- ▢ Howard County @ DFRS
- ▢ Frederick County @ DOH
- ▢ Montgomery County @ DFRS
- ▢ Prince George's County @ F&EMS
- ▢ Washington County @ Meritus

## Local Partnering Communities

- ▢ Caroline County DES
- ▢ Cecil County – Singerly VFD
- ▢ Garrett County HD
- ▢ Johns Hopkins Children Center
- ▢ Southern Maryland VFA Auxiliary
- ▢ Tidalhealth Trauma Center
- ▢ Winfield VFD

## Maryland ENA Chapters

- ▢ Mid Maryland
- ▢ Metro Baltimore
- ▢ Eastern Shore

## Pediatric EMS Champions

28 EMS Agencies in 5 Regions

# Signage for Displays

## Help Baby Sleep Safely... every night & every nap



### Alone

Share your room, but **not** your bed



**No sofas or adult beds!** Most sleep-related deaths occur when babies sleep with an adult or another child, or other unsafe surfaces.



### Back

Safest position for baby to sleep is on their back. This helps baby breathe easily.



**Don't smoke!** Keep home free of cigarette, marijuana, or vaping smoke. Any kind of smoke can cause breathing problems in babies.



### Crib

Keep baby's sleeping place clean and clear with just a tight-fitting sheet on a firm mattress.



**No soft objects in baby's sleeping place!** Blankets, pillows, stuffed animals, or crib bumpers increase risk of suffocation.

### In Maryland from 2015-2019, 264 cases of SUID were reviewed.

Almost **90%** of SUIDs cases in MD occur in **early infancy** between 0-6 months. Over half of these cases occurred in non-Hispanic Black infants, with additional racial and ethnic disparities in other groups. Cases occur across the state, with **33% in rural areas** which often have higher rates of SUIDs than urban areas.



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Talk with your provider for more information.

For more resources, contact [mdh.mchb@maryland.gov](mailto:mdh.mchb@maryland.gov)

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SUID rates per 100,000 live births by jurisdiction\*



\*Based on Maryland vital statistics Administration live birth data. Counties not displayed here had fewer than five SUID cases in this period.

Racial and ethnic disparities continue to be seen in SUID cases, in Maryland and across the U.S.



SUID rates per 100,000 live births by race/ethnicity

Race/Ethnicity	Maryland, 2015-2019*	National, 2014-2018*
Non-Hispanic Other	38.3	35.8
Non-Hispanic Black	131.2	116.9
Non-Hispanic White	55.9	54.9
Hispanic	26.2	54.1

\*National SUID rates by race/ethnicity for 2015-2019 not yet available.

### Recommendations from the CFR Program:

- Increase community awareness of SUID associated risk factors and prevention, especially in jurisdictions with highest SUID rates and disproportionately-affected communities.
- Continue to review and report SUID cases to the National Child Death Review Case Reporting System to improve surveillance of infant deaths.
- Stay updated with guidance from NIH and contact your Maryland Department of Health for resources.



The Maryland CFR Program is a systematic, multi-agency, and multi-disciplinary review of unexpected child deaths. Jurisdictional CFR teams should contact the Maryland CFR Program at [mdh.mchb@maryland.gov](mailto:mdh.mchb@maryland.gov) for more information.

## What Does A Safe Sleep Environment Look Like?

The image below shows a safe infant sleep environment.

Baby's sleep area is in the same room, next to where parents sleep.

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

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

Do not smoke or let anyone else smoke around your baby.



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

Keep soft objects, toys, and loose bedding out of your baby's sleep area. Make sure nothing covers the baby's head.

Dress your baby in sleep clothing, such as a wearable blanket. Do not use a loose blanket, and do not overbundle.

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



NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development



\* A crib, bassinet, portable crib, or play yard that follows the safety standards of the Consumer Product Safety Commission (CPSC) is recommended. For information on crib safety, contact the CPSC at 1-800-638-2772 or <http://www.cpsc.gov>.

# Safe Sleep Displays: Lessons Learned

2022 Version



2023 Version



Dogs are always popular

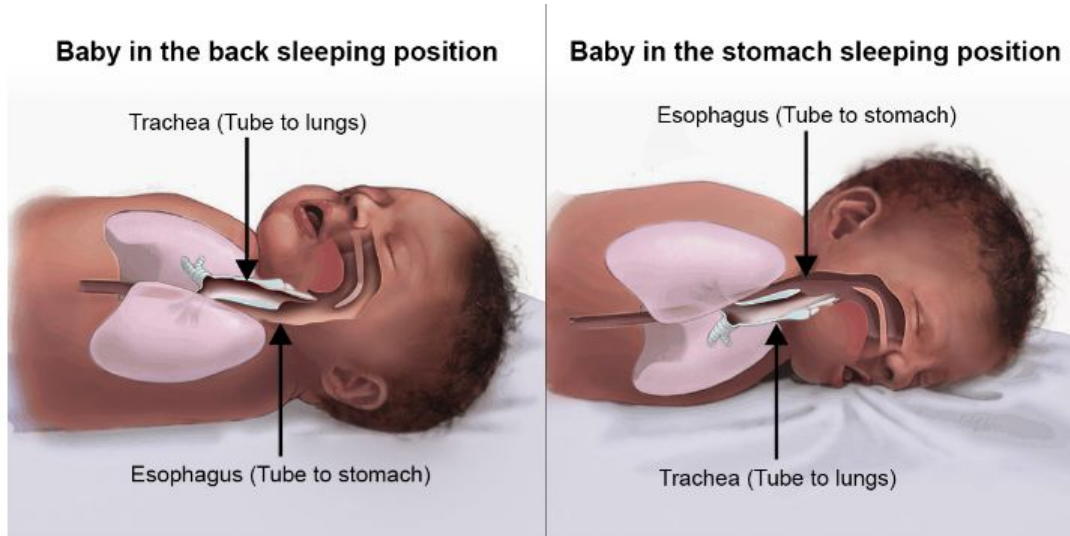


# EMS & ED Champion Education (TtT)

- **Data (National and State) on SUID and SIDS**
- **Definitions of SIDS, SUID, ASSB**
- **Sleep positions: Suffocation, Overlay, Entrapment, Strangulation**
- **Anatomy – Airway 101**
- **Empower families to make informed decisions**
- **Breast feeding, No smoking, Swaddling, Pacifiers, Tummy Time**
- **Home 60 second survey**
- **ABC – primary assessment & Alone on Back in Crib**
- **Infant death investigation**

# **BACK:** prevention of aspiration

## **Anatomy 101** – Trachea is in front of the Esophagus



# EMS & ED Champion Education

**Little Angels SUIDI Dolls** are specially designed dolls for the sudden, unexplained infant death investigation (SUIDI) community

- are weighted to be as infant-like as possible
- featureless to avoid causing further pain to grieving families
- made from rugged outdoor, water-resistant fabrics
- white or orange color that show up well in photographs

Dolls are used by trained Forensic Investigators to recreate and document scenes of sudden, unexplained infant death and families are asked to position the infant as it was found in the same location.

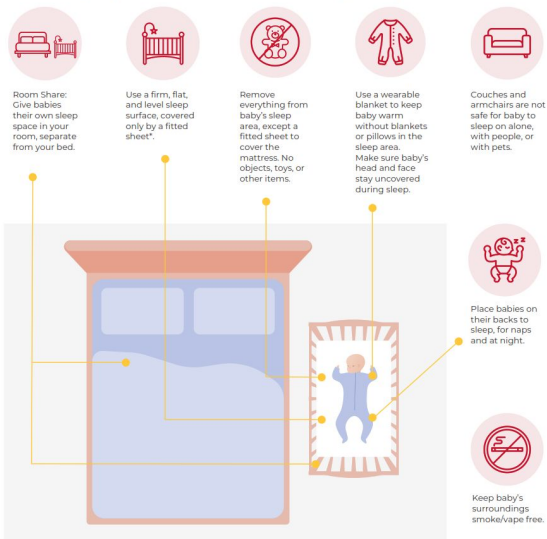




# KEY: current, consistent, and compelling information

## WHAT A SAFE SLEEP ENVIRONMENT LOOKS LIKE

The following images show a safe sleep environment for your baby.



## Safe Infant Sleep Checklist



## Lista de Control para el Sueño Seguro del Bebé





Thank you.



SAFE  
KIDS  
WORLDWIDE.