

Safe Sleep for Infants: The Role of Hospitals

**Training for Hospital Staff
Developed September 2013**



SUGGESTED SCRIPT FOR TRAINER:

Good morning/afternoon. Thank you for coming to today's training on infant safe sleep. Our hospital is partnering with the Tennessee Department of Health on a new project to educate parents and caregivers about safe sleep.

Did you know that over 100 babies die every year in Tennessee because of unsafe sleep practices? These babies die because an adult or another caregiver rolls over on top of them, or because the baby becomes entangled in or smothered by items in their sleep environments. These deaths are entirely preventable. And when we all work together, we can help keep these babies safe and help more of them live to see their first birthday.

Objectives

- After today's training, you should be able to:
 - *Describe the latest recommendations for infant safe sleep*
 - *Know how to eliminate risk factors for infant sleep deaths*
 - *Understand your role in modeling safe sleep practices for infants*



SUGGESTED SCRIPT FOR TRAINER:

Today we are going to talk about the latest recommendations for infant safe sleep. We will also talk about how you can help parents keep babies safe and what you can do to promote safe sleep before babies go home from the hospital.

By the end of this presentation, you will have a better understanding of how we can all work together to save babies.

Infant Safe Sleep Recommendations

- In 2011, the American Academy of Pediatrics released updated guidelines for infant safe sleep¹
 - *Update to “Back to Sleep”*
- Specific recommendations included:
 - *Infants should sleep alone (no bed-sharing)*
 - *Infants should sleep on their back*
 - *Infants should sleep in a crib or bassinette*

1. American Academy of Pediatrics. Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2011; 128: 1030-1039.



SUGGESTED SCRIPT FOR TRAINER:

Many of you have probably heard of the “Back to Sleep” campaign—this was started in the 1990’s to reduce the risk of Sudden Infant Death Syndrome (or SIDS). Since that time, there have been major reductions in the numbers of babies dying from SIDS. However, the number of other sleep-related deaths, such as those due to suffocation or strangulation, have increased.

The American Academy of Pediatrics (AAP) updated their safe sleep recommendations in 2011 to include other strategies for preventing sleep-related deaths. The recommendations still call for placing babies on their back to sleep at every sleep time. But they also have been expanded to state that babies should sleep alone in their crib or bassinette—that is, they should not share a bed with a parent, another caregiver, or a sibling. The recommendations also say that babies should sleep in a crib or bassinette—not in an adult bed, and not in other unsafe locations, like a couch or chair or in a sibling’s bed or a pet bed.

Infant Safe Sleep Recommendations

- Higher risk of death associated with bed sharing¹
 - Overall odds of dying: **2.89 times greater**
 - Odds of dying if infant <3 months old: **10.37 times greater**
 - Odds of dying if mother smokes: **6.72 times greater**

1. Vennemann MM et al. Bed Sharing and the Risk of Sudden Infant Death Syndrome: Can We resolve the Debate? Journal of Pediatrics. 2012; 160: 44-8.



SUGGESTED SCRIPT FOR TRAINER:

The new AAP recommendations are based on strong evidence that babies who share a bed with someone else are more likely to die. There are no known ways to safely share a bed with an infant. A study published in 2012 looked at multiple studies on bed-sharing and found that there was no evidence for any times that bed sharing is safe. In general, babies who share a bed with an adult are nearly 3 times more likely to die than infants who do not bed-share. The odds of dying are much greater if the baby's mother smokes or if the baby is younger than 3 months old.

The bottom line is that there is no safe circumstance for bed sharing. Even though parents may hear that it is okay or read on websites that bed sharing is okay, that is not true. Remember that babies should sleep alone—not with an adult, other caregiver, or another child.

What is okay is for babies to share a room with their parents. Encourage families to put the baby's crib or bassinet in their room so that the baby is close to them. Just be sure that the baby is not in the bed with them. Room sharing also makes it easier for breastfeeding moms to nurse their baby and then put the baby back down to sleep in the crib or bassinet, rather than having to take them to another room.

Infant Safe Sleep Recommendations

- Higher risk of death associated with sleeping on side or stomach^{1,2}
 - Odds of dying if sleeping on side:
2.0 times greater
 - Odds of dying if sleeping on stomach:
2.6 times greater

1. Li D, et al. Infant Sleeping Position and the Risk of Sudden Infant Death Syndrome in California, 1997-2000. American Journal of Epidemiology. 2003; 157(5): 446-455.
2. Hauck FR et al. The Contribution of Prone Sleeping Position to the Racial Disparity in Sudden Infant Death Syndrome: The Chicago Infant Mortality Study. Pediatrics. 2002. 110: 772-780.



SUGGESTED SCRIPT FOR TRAINER:

There is also strong evidence that babies are at increased risk of dying if they sleep on their side or stomach. Compared to babies who sleep on their back, babies who sleep on their stomach are 2.6 times more likely to die, and babies who sleep on their side are 2 times more likely to die.

Babies should always be put on their back to sleep, every time they are put down to sleep, for the first year of life. Once the baby is old enough to roll over, if the baby rolls over onto his or her side or stomach while sleeping, it is okay to leave them in the position they assume. But every time a parent puts the baby down, they should put them on their back.

Infant Safe Sleep Recommendations

- Other recommendations¹:
 - *Use firm sleep surface*
 - *Keep soft objects and loose bedding out of crib*
 - *Pregnant women should receive regular prenatal care*
 - *Avoid smoke exposure, alcohol, and illicit drug use during pregnancy*
 - *Breastfeed*
 - *Offer pacifier at nap time and bedtime*
 - *Avoid overheating*

1. American Academy of Pediatrics. Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2011; 128: 1030-1039.



SUGGESTED SCRIPT FOR TRAINER:

In addition to the recommendations that babies sleep alone, on their back, and in a crib or bassinette, the AAP statement offers a number of other recommendations to prevent SIDS and other sleep-related infant deaths. These include:

Use firm sleep surface—the baby should be on his or her back to sleep on a firm mattress with a tight-fitting sheet. It is important to point out the distinction between firm and taut. Some parents may think that they could stretch a sheet out over pillows or another surface that may be soft to keep the baby comfortable—even though the sheet is pulled taut, the surface underneath is not firm and the baby could suffocate as his or her body sinks down on the soft surface.

Keep soft objects and loose bedding out of crib—blankets, stuffed animals, and other items can block the baby's nose and face and smother them. These items are pretty and make the crib look nice, but they can be deadly. Encourage parents to put those items in the baby's room but not in the baby's crib.

There are also things that pregnant women and new moms can do to reduce the risk of SIDS and other sleep-related deaths. These include: receiving regular prenatal care; avoiding smoke exposure, alcohol, and illicit drug use during pregnancy; and breastfeeding.

Parents can also offer their baby a pacifier at nap and at bedtime. This should be done only after a good breastfeeding latch is firmly established. The pacifier may help keep the baby from drifting into such a deep sleep and may help them rouse if there is a threat to their breathing.

Finally, parents should avoid overheating their baby. The baby does not need extra blankets to keep warm if the room is kept at a moderate temperature (like 70-72 degrees) and if the baby is wearing a layer of clothing like a onesie or a sleep sack. Extra blankets that parents use to keep the baby warm might actually smother the baby or overheat them, which is believed to be a risk factor for dying during sleep.

Is This a Problem in Tennessee?

- Each year in Tennessee, **nearly 600 infants** die before reaching their first birthday
 - In 2011, 109 of those infants died from preventable sleep-related deaths¹
 - **Twenty percent** of infant deaths in Tennessee are attributable to **preventable** unsafe sleep practices¹
- Among sleep-related infant deaths in TN between 2009-2011¹:
 - 84% were not sleeping in a crib or bassinette
 - 68% were not sleeping alone
 - 46% were not sleeping on their back



1. Tennessee Department of Health, Division of Family Health and Wellness. Child Fatality Review.

SUGGESTED SCRIPT FOR TRAINER:

So you might be asking, why are we focusing so much on safe sleep?

Sleep-related deaths are actually a major problem in Tennessee. Each year in Tennessee, nearly 600 infants die before reaching their first birthday. Of those, about one in five—or twenty percent—die from preventable sleep-related causes such as suffocation or strangulation. These deaths can be prevented, and we can all work together to help accomplish that!

Tennessee has a Child Fatality Review process through which all deaths of children 17 and under are reviewed. The review process is performed to identify strategies for preventing future deaths. For these sleep-related infant deaths, the following risk factors were noted over the past few years in Tennessee:

- 84% of the infants were not sleeping in a crib or bassinette
- 68% of the infants were not sleeping alone
- 46% of the infants were not sleeping on their back

You can see that even though the “Back to Sleep” message has been around for more than 20 years, parents and other caregivers still put their babies at risk by putting them on their side or stomach. Nearly two-thirds of the deaths occurred when infants were bed sharing, either with a parent, another caregiver, or a sibling. And more than 8 out of 10 were not sleeping in a crib or bassinette. Clearly by focusing on these three simple aspects of safe sleep (babies should sleep alone, babies should sleep on their back, and babies should sleep in a crib), we can help prevent sleep-related infant deaths.

Why Focus on Safe Sleep?

*If we could eliminate
these preventable sleep-related deaths,
we would **move from the bottom five states**
in infant mortality
to the national average!*



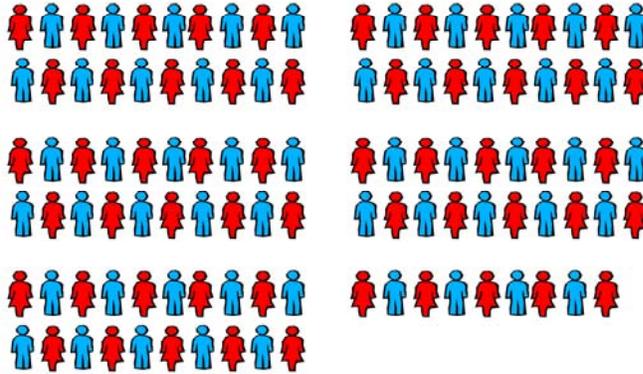
SUGGESTED SCRIPT FOR TRAINER:

The infant mortality rate is a public health measure of how many babies die before reaching their first birthday. In Tennessee, in 2012, the infant mortality rate was 7.2—meaning that out of every 1,000 babies born, 7 did not live to see their first birthday. Tennessee ranks in the bottom five states for infant mortality—meaning that we perform worse than most other states in the country.

If we focus on preventing these sleep-related infant deaths, we have a chance to dramatically improve our infant mortality rates. If we were able to eliminate all the sleep-related deaths that occur in Tennessee, our infant mortality ranking would move from the bottom five states to the national average—from 45 to 25!

Impact of Eliminating Sleep-Related Deaths

- 109 children = equivalent of five kindergarten classrooms



SUGGESTED SCRIPT FOR TRAINER:

This focus on safe sleep is about more than just improving rankings.

Each time a baby dies, there is a huge emotional toll on the family, friends, and even the health care providers who take care of that baby. Behind the rankings and ratings, there are real babies and real families who suffer when those babies die.

In Tennessee in 2011, 109 infants died from preventable sleep-related deaths. Those 109 babies would eventually have grown up to go to kindergarten. Yet they suffered a preventable fate by dying from suffocation or strangulation while sleeping. That leaves five kindergarten classrooms empty. We all have an opportunity prevent these deaths and be sure that these babies grow up to lead happy and healthy lives.

Always Remember the ABC's

- Babies should sleep:
 - **A**LONE
 - Not with adults, other children, or pets
 - Not with toys, stuffed animals, blankets
 - On their **B**ACK
 - Not on their side
 - Not on their stomach
 - In a **C**RIB or bassinette
 - Not in the parent's bed or a sibling's bed
 - Not in a couch or chair
 - Not in a car seat or carrier



SUGGESTED SCRIPT FOR TRAINER:

It is important to keep the message simple for parents. We are focusing on the “ABC’s of Safe Sleep”—the message is that babies should sleep Alone, on their Back, and in a Crib.

The “A” stands for “ALONE.” Babies should sleep in their own sleep environment, not with adults, other children, or pets. They should also not sleep with toys, stuffed animals, blankets. Remember that room sharing is okay, but bed sharing is not safe.

The “B” stands for “on their BACK.” Remember that babies who sleep on their side or stomach are twice as likely to die as those who sleep on their back.

And the “C” stands for “In a CRIB or bassinette.” This means that a baby should have its own sleep space, and should not sleep in the parent’s bed or a sibling’s bed, not in a couch or chair, and not in a car seat or carrier.

What About Reflux?

- **All** babies reflux
 - *Babies have protective mechanisms to keep their airway safe*
 - *The back position is still the safest*
- Elevating the head of the bed is not recommended¹
 - *Does not help reflux*
 - *Baby may slide to foot of bed and compromise airway*
- **Rare** exceptions: example—compromised airway protective mechanisms (such as grade 3-4 laryngeal cleft before surgical repair)

1. American Academy of Pediatrics. Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2011; 128: 1030-1039.



SUGGESTED SCRIPT FOR TRAINER:

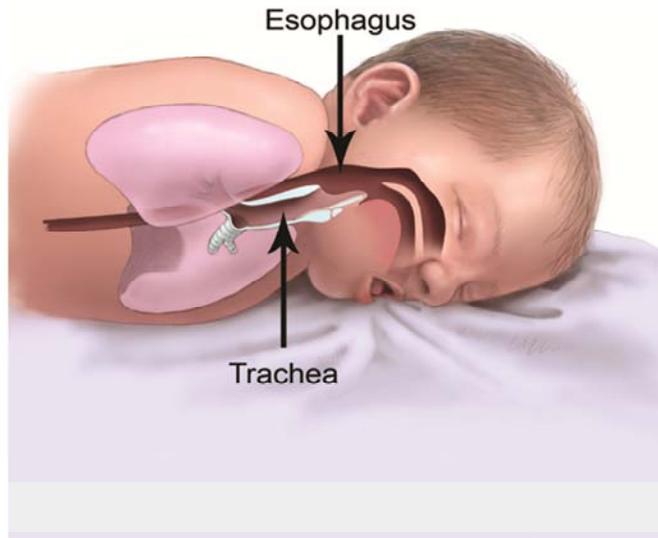
Many parents and grandparents may worry that their baby may choke if they put their baby on their back to sleep—they worry that if the baby spits up, this will cause the baby to choke.

It is important for parents to know that, to some extent, all babies spit up (or reflux). The important thing to know is that babies are born with protective mechanisms, like a gag reflex, to help protect their airway. So even if they spit up, they have some built-in protection against choking.

Some parents will try to elevate the head of the baby's crib in order to help with reflux. This does not work. There is no evidence that raising the head of the bed prevents reflux. This does, however, put the baby at danger—the baby could slide down in the crib, and potentially compromise their airway.

There are some very rare exceptions to the rule for sleeping on the back. There are certain conditions (like very severe laryngeal clefts) that may put the baby at added risk for choking. If there is any question about a baby's risk for choking, you should consult with the baby's medical team and specialists to help determine how the baby should sleep. Still, the answer in almost all cases is going to be that babies are safest when they are put to sleep on their back.

Sleep Position and Choking Risk



Baby on Stomach INCORRECT

If this baby vomits or spits up, gravity might pull food down into the wind pipe (trachea), causing the baby to aspirate or choke.

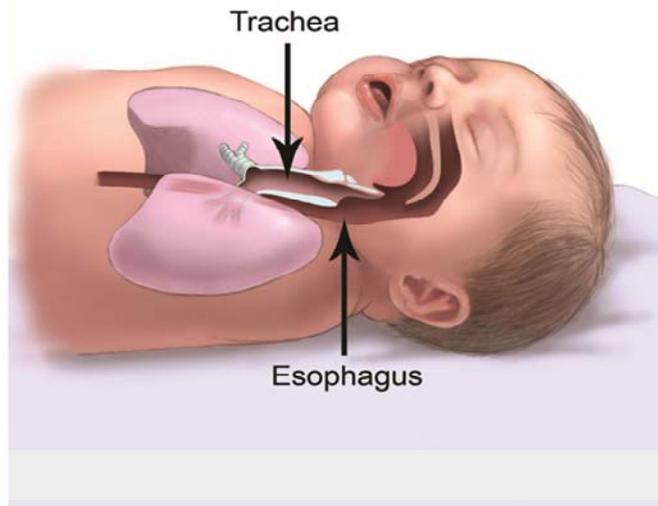
Images courtesy of the Back to Sleep campaign: for educational purposes only; NICHD, NIH, DHHS; <http://www.nichd.nih.gov/sids>

SUGGESTED SCRIPT FOR TRAINER:

Some people worry that if they put their baby on its back, the baby might get choked if they spit up while sleeping. Actually, the baby has a greater chance of choking if they are on their stomach. Here's why:

Look at this picture. The esophagus, or "food pipe," connects the baby's mouth and stomach. The trachea, or "wind pipe," connects the baby's nose and mouth with the lungs. When the baby is on its stomach, the food comes up the esophagus and gravity can easily pull it down into the trachea, blocking the airway and choking the baby. So putting the baby to sleep on its stomach actually makes it more likely to choke.

Sleep Position and Choking Risk



Baby on Back CORRECT

If this baby vomits or spits up, gravity might keep food from going into the wind pipe (trachea), making it less likely for the baby to aspirate or choke.

Images courtesy of the Back to Sleep campaign: for educational purposes only; NICHD, NIH, DHHS; <http://www.nichd.nih.gov/sids>

SUGGESTED SCRIPT FOR TRAINER:

Remember in the last picture how gravity helps pull food down into the trachea if the baby spits up? That makes it more likely for the baby to choke.

Now look at this picture—when the baby is on its back, the esophagus is below the trachea. So if the baby spits up, the food comes up the food pipe, but it would have to work against gravity to get into the trachea. So the baby is **less likely** to choke if it is on its back.

The other important thing to remember is that all babies spit up. Sometimes this may be called “reflux.” Even babies who have a lot of reflux or spit up a lot should sleep on their back. Babies are born with a gag reflex and sensors in their mouth, throat, and windpipe that help them know when they are spitting up and to help them swallow it back down into their stomach.

What About NICU Babies?

- Preterm infants are at increased risk of sleep-related deaths
- AAP recommends that preterm infants be placed on their back as soon as medically stable
 - *Well in advance of discharge home*
 - *By 32 weeks postmenstrual age*
- Make a point of educating families on the new position and why back sleeping is important

1. American Academy of Pediatrics. Policy Statement: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. Pediatrics. 2011; 128: 1030-1039.



SUGGESTED SCRIPT FOR TRAINER:

Babies who are born premature have an increased risk of dying from SIDS and other sleep-related infant deaths. So it is particularly important that parents of former NICU babies know the ABC's of Safe Sleep.

You probably know that in some cases, very sick premature babies in the NICU are placed on their stomach. It is important to realize that while this is occurring, they are typically connected to a ventilator that is helping them to breathe, and to monitors that will alarm if the baby's breathing or heart rate drops. However, usually by 32 weeks, most babies are stable enough to be weaned off of such intense support and they are placed on their back to sleep.

It may be confusing for parents if we are telling them to put their babies to sleep on their back when they might have seen their baby sleeping on his or her stomach in the NICU. It is very important to point out to these parents that back sleeping is the safest position, and to talk to them about why their baby should now sleep on their back, even though they may have seen their baby sleeping on his or her stomach earlier in their hospitalization.

Unsafe and Potentially Deadly Sleep Scenarios



SUGGESTED SCRIPT FOR TRAINER:

Look at these pictures. These are all unsafe ways for baby to sleep. These babies are at risk of dying. What is unsafe about these pictures? (*allow audience to answer*)

Upper left: Baby sleeping in bed with parents. Parents could roll over and suffocate baby.

Upper right: Baby on side and sleeping in crib with blankets and stuffed animals. Baby could roll over on its face into the mattress. Small babies don't have strong enough muscles in their head or neck to be able to move their face if it becomes blocked. Also, the stuffed animal or blanket could block the baby's face and smother them.

Lower right: The baby is sleeping on its stomach and her mouth and nose could become blocked by the mattress. Small babies don't have strong enough muscles in their head or neck to be able to move their face if it becomes blocked.

Lower left: Baby sleeping on stomach and with adult. The adult is asleep—the baby could slip down between him and the chair and become strangled. Also the baby's mouth or nose could be blocked while sleeping on his chest and the baby would not be able to breathe.

Safe Places for Baby to Sleep



SUGGESTED SCRIPT FOR TRAINER:

The pictures on this page shows different examples of safe places for babies to sleep.

Notice that in each picture:

- There is a firm mattress.
- There are no blankets.
- There are no stuffed animals or toys.

Also notice that we don't have a picture of a baby sleeping in bed with his parents. That would be unsafe and would put the baby at risk for suffocating.

Sometimes you might hear about products like co-sleeping devices or wedges or positioners that are supposed to keep your baby safe. There is no evidence that these devices are safe or that they prevent suffocation.

UNSAFE Places for Baby to Sleep



 Inflatable mattresses



 Car seat or carrier



 Bouncy chair or swing



 Sofa or couch



 Chair

SUGGESTED SCRIPT FOR TRAINER:

On the last slide, we looked at pictures of safe places for babies to sleep.

This page has pictures of places that are **not safe** for a baby to sleep.

Air mattresses—A baby should always be on a firm mattress in their crib or bassinette. Air mattresses are not firm and the baby's face could become blocked, causing it to suffocate.

Car seat—A baby should be put in the car seat anytime he or she is riding in the car. But when the baby is not in the car, don't use the car seat as a place for baby to sleep. Babies tend to slide down and their heads push down on their necks—this can block their airway and they can suffocate. The same thing can happen in a bouncy chair or swing.

Sofas, couches, and chairs—There are lots of dangers here. The baby's face could become pressed up against the side or back of the couch and they won't be able to breathe. If another person is on the couch with them, they could become trapped between that person and the back or side of the couch. And as the baby gets older, they could roll off the couch. The same things could happen in a chair.

Why Focus on Hospitals?

- Because the AAP says so!
 - *AAP recommends that health care professionals endorse risk-reduction strategies*
- Because we can impact the families of almost every baby born in Tennessee
 - *Nearly all (98.7%) of Tennessee births occur in hospitals¹*

1. Tennessee Department of Health, Division of Policy Planning and Assessment.



SUGGESTED SCRIPT FOR TRAINER:

So why are we spending so much time focusing on safe sleep? We work in hospitals. Babies typically only spend a couple of days in the hospital before going home. Why should we make such a big deal about safe sleep in hospitals?

First, because the American Academy of Pediatrics (AAP) says that health care professionals are key partners for educating parents about safe sleep.

We also are focusing on hospitals because in Tennessee, almost all babies are born in hospitals. That means we have a unique opportunity to talk to families and educate them on safe sleep practices before they ever go home.

Why Focus on Hospitals?

- Health care providers may not always provide the most up-to-date information or model correct safe sleep practices
 - 2006 study: Only 52% of NICU nurses provided discharge instructions for exclusive back sleeping¹
 - 2007 study: Only 74% of pediatricians and 62% of family physicians recommended exclusive back sleeping²
 - 2009 study: 72% of nurses knew back sleeping protective for SIDS; only 30% regularly placed infants on back³

1. Aris C, et al. NICU nurses knowledge and discharge teaching related to infant sleep position and risk of SIDS. *Advances in Neonatal Care*. 2006; 6(5): 281-284.
2. Moon RV, et al. Physician Recommendations Regarding SIDS Risk Reduction: A National Survey of Pediatricians and Family Physicians. *Clinical Pediatrics*. 2007; 46: 791-800.
3. Carrier CT. Back to Sleep: A Culture Change to Improve Practice. *Newborn and Infant Nursing Reviews*. 2009; 9: 163-168.



SUGGESTED SCRIPT FOR TRAINER:

Despite all the evidence about risk factors for sleep-related infant deaths, we know that health care providers may not always provide the most up-to-date information or model correct safe sleep practices.

Studies from the literature show that people who should know the most about safe sleep practices—like pediatricians and NICU nurses—don't always provide the most current or correct recommendations to families on safe sleep. Even when providers know about safe sleep practice, they may not “practice what they preach.”

Why Focus on Hospitals?

- What parents see matters!
 - 1998 study: *Among parents who observed stomach sleeping in hospital, 93% intended to place infant on stomach at home*¹
 - 2001 study: *Parents who saw exclusive back sleeping in nursery more likely to put baby on back at home*²

1. Brenner RA et al. Prevalence and Predictors of the Prone Sleep Position Among Inner-City Infants. JAMA. 1998; 280(4): 341-346.
2. Colson ER et al. Position for newborn sleep: associations with parents' perceptions of their nursery experience. Birth. 2001. Dec; 28(4): 249-53.



SUGGESTED SCRIPT FOR TRAINER:

When health care professionals do not model the correct safe sleep practices, families may think it is okay to follow the same unsafe practices at home. Parents really pay attention to what they see in hospitals.

In a 1998 study, 93% of parents who saw their babies put to sleep on their stomachs (which is wrong) said that they intended to put their baby to sleep on his or her stomach at home. They saw it done that way in the hospital and thought it was okay, and so they intended to do the same thing at home.

But parents also pay attention when health care providers do the right thing—a 2001 study showed that parents who saw their babies put to sleep only on their backs while in the nursery were more likely to put their baby on his or her back to sleep once they got home.

So remember, parents are paying attention, and we need to model the right behavior—the safe behavior—every time!

Why Focus on Hospitals?

- Because hospital-based interventions can make a difference!
 - Large metropolitan level II nursery: NICU staff education and trigger tool and rapid-cycle change → *increased use of appropriate bedding and parent education*¹
 - Large TX NICU: Safe sleep algorithm, crib card, education for staff/parents, crib audit tool, and postdischarge telephone reminders → *increased supine positioning; improved parental compliance*
 - York, PA hospital: Educational DVD, face to face review with nurses, parental acknowledgement statement → *improved parental intent for supine positioning and use of crib/bassinette; improved understanding of AAP guidelines*

1. Carrier CT. Back to Sleep: A Culture Change to Improve Practice. *Newborn and Infant Nursing Reviews*. 2009; 9: 163-16
2. Geller P et al. Integrating "Back to Sleep" Recommendations Into Neonatal ICU Practice. *Pediatrics* 2013; 131:e1264–e1270
3. Goodstein M. Creating a Hospital and Community Based Infant Safe Sleep Education and Awareness Program: The York Hospital Experience. Presentation on Cribs for Kids website. Available at: http://cribsforkids.org/wp-content/uploads/2012/09/DrGoodstein_ISSProgram_SSS.pdf



SUGGESTED SCRIPT FOR TRAINER:

We also know that there are things that hospitals can do to make it more likely for parents to know about safe sleep and to practice safe sleep behaviors.

Hospitals can do things like train their staff, implement policies and algorithms for safe sleep, provide education to families, and do crib audits to make sure that staff are following the safe sleep recommendations.

Studies have shown that when these kinds of initiatives are put into place, staff are more likely to model the correct safe sleep behaviors, and parents are more likely to understand the safe sleep recommendations and more likely to plan to follow the recommendations once they go home.

Why Focus on Hospitals?

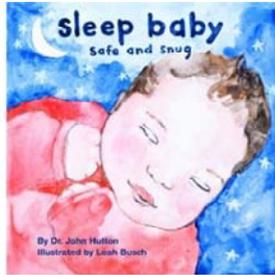
- Perhaps most importantly, **parents and caregivers trust health care providers**



SUGGESTED SCRIPT FOR TRAINER:

Perhaps the most important reason for us to focus on training hospitals is that parents and caregivers place a great deal of trust in us. They look to us as the experts in how to care for their precious children. They trust that we will tell them how to keep their babies safe and that we will show them the correct ways to care for their baby. When we talk to them about safe sleep and when we model safe sleep practices in the hospital, we are being good stewards of that trust and we are doing our best to help keep their baby as safe as possible.

Hospital Partnership



- Our hospital has partnered with the Tennessee Department of Health to promote safe sleep
- Each baby born in our facility will receive a free copy of the “**Sleep Baby, Safe and Snug**” board book
- We also have access to free safe sleep promotional materials from the Tennessee Department of Health



SUGGESTED SCRIPT FOR TRAINER:

Earlier, we talked about the huge problem of sleep-related infant deaths in Tennessee. To address this problem, the Tennessee Department of Health launched a campaign in 2012 to create awareness about the recommendations for safe sleep. You may have seen these purple-colored materials in our hospital or in the community—the materials have the safe sleep recommendations and focus on the ABC’s of Safe Sleep—remember, that stands for babies should sleep Alone, on their Back, and in a Crib.

We can use these materials to promote safe sleep in our hospital. The Department of Health will provide us with as many copies of these materials as we need. We can put up the posters in our patient rooms and waiting rooms, we can use the fliers in our teaching and discharge instructions, and we can send families home with the door hangers that have the safe sleep checklist.

The Department of Health has also purchased enough copies of this board book, “Sleep Baby Safe and Snug,” to distribute to every new baby who is discharged from our hospital. This board book contains all the latest safe sleep recommendations and is a great teaching tool for families. Giving families the book is also an opportunity to promote family reading time with the baby.

More Details on the Partnership

- Our hospital has agreed that promoting safe sleep recommendations is important and is a priority
- In partnership with the Tennessee Department of Health, we have agreed to:
 - *Develop a hospital safe sleep policy*
 - *Provide at least annual education to staff*
 - *Conduct at least quarterly compliance monitoring*



SUGGESTED SCRIPT FOR TRAINER:

Our hospital agrees that promoting safe sleep is a priority. As part of this partnership with the Department of Health, we have agreed to develop a safe sleep policy that will outline the way that we talk to families about safe sleep and that will guide our practices throughout the hospital.

We also agreed to educate staff through sessions like this one at least once a year so that we can be sure that staff stay up to date with the latest safe sleep recommendations.

And as part of our commitment to accountability, we committed to monitoring our own compliance with the safe sleep policy at least once a quarter. This means that we will be checking to be sure that our own staff are following the safe sleep recommendations and being good role models for our new parents.

Practical Tips

- Explain the hospital policy on safe sleep to parents and caregivers
 - Make this a routine part of your interactions (just like you would talk with them about visiting hours, rooming-in policies, etc)
 - Include this as a part of routine infant care teaching and discharge teaching
- Inform parents and caregivers of the risks of unsafe sleep (bed-sharing, sleeping on side or stomach)
- Remind other colleagues of the safe sleep policy if you see them putting a baby at risk



SUGGESTED SCRIPT FOR TRAINER:

There are some practical tips that can help us all as we promote safe sleep throughout our hospital.

First, we should explain our hospital's safe sleep policy to parents and caregivers. This helps set the expectation that we will practice safe sleep and that we expect them to do the same. We are good at sharing policies and instructions with families—this one should be no different. Just like we talk to them about rooming in, or visiting hours, we should talk to every parent about our safe sleep practices.

When we are talking to families, we should tell them about the risks of unsafe sleep. We aren't just making up these rules on a whim—there is good evidence that unsafe sleep practices increase the baby's chance of dying. And since we want babies to be healthy, we should do everything we can to make sure parents know how to keep them safe.

We can also work to keep one another accountable. If you see a staff member practicing unsafe sleep behaviors—like putting a baby to sleep on its side or stomach, or putting blankets or other items in the crib—you should use the opportunity to point out the correct way to keep the infant safe while sleeping. Remember, families pay attention to what we do—and if we want families to keep their babies safe, they need to see us doing the same thing.

Practical Tips

- Model the correct safe sleep practices **every time** you put the baby down to sleep
 - Make a point to tell parents and caregivers why you are putting the baby down this way
 - If you find the baby sleeping in an unsafe position, correct the situation and use it as a teachable moment
 - Use hospital policy to back you up



SUGGESTED SCRIPT FOR TRAINER:

When we model the correct safe sleep practices for families, we are teaching them how to keep their baby safe.

Don't just assume that families automatically know why we are putting babies to sleep this way—when you put the baby down in the crib or bassinette, take a moment to explain to the family why you are putting them on their back, and why you are removing items from the crib.

If you find that the family has put the baby in an unsafe position—maybe they put the baby in its bassinette on its stomach or side, or maybe the baby is sleeping in the bed with the mother—correct the situation and take the opportunity to explain that these behaviors are unsafe and increase the baby's likelihood of dying.

If a parent or caregiver becomes angry or distressed with you while you are enforcing the safe sleep practices, use the hospital policy to back you up. If they persist, ask your supervisor or someone from the hospital administration to become involved. We would never tolerate families doing other things that put their babies at risk—like leaving without a car seat, or shaking the baby while crying—our approach on safe sleep should be just as firm.

Practical Tips

- Things to keep out of the infant's crib:
 - Measuring tape
 - Blankets
 - Wash cloths and towels
 - Thermometers
 - Bumper pads
 - Charts



SUGGESTED SCRIPT FOR TRAINER:

Remember that when we are modeling safe sleep to families, we should take the opportunity to point out that the crib should be empty and not contain items that may smother or strangle the baby. Our cribs and bassinets should be empty—remember to keep things like measuring tape, blankets, wash cloths, towels, thermometers, bumper pads, and charts out of the crib. Sometimes it can be tempting to keep items there so that they are easier to find next time we need them—but remember that when we do that, we give families a mixed message. To keep the baby safe, keep these items out of the crib.

Practical Tips

- The recommendations for infant safe sleep apply **throughout** the hospital. This includes:
 - Newborn nursery
 - Mother’s room
 - Family rooms
 - NICU
 - Other inpatient floors
 - Emergency department
 - *And anywhere else that infants might sleep*

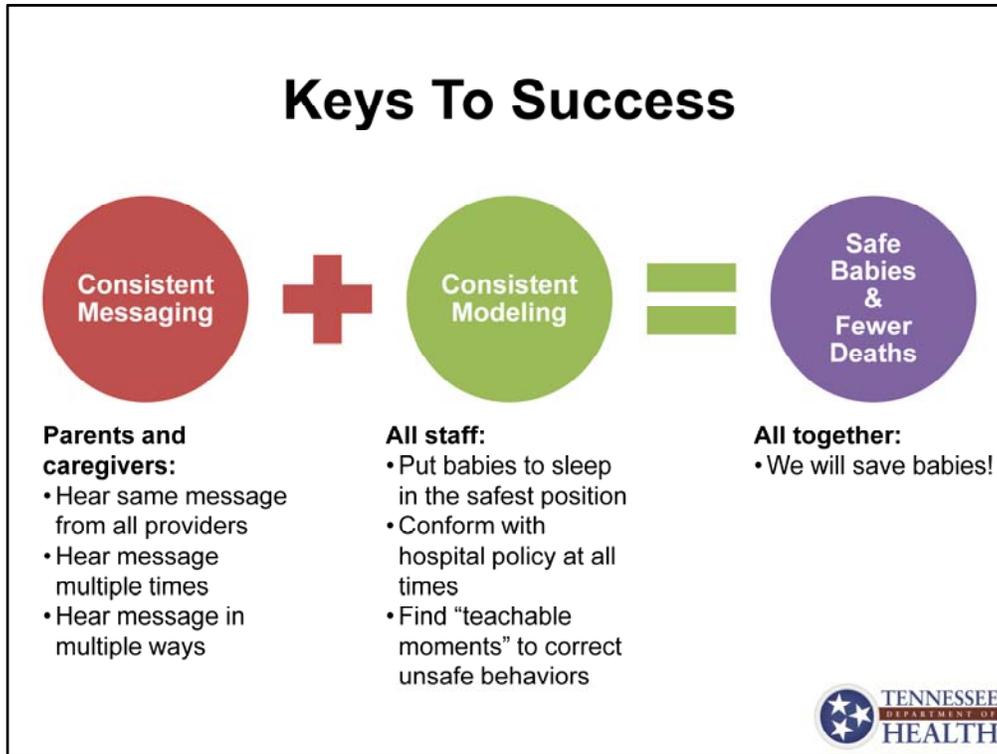


SUGGESTED SCRIPT FOR TRAINER:

Remember that we need to be consistent throughout the hospital when we apply these recommendations.

This means that babies should sleep Alone, on their Back, and in a Crib everywhere in the hospital—not just in the nursery. This means that the policy applies throughout the hospital, including the mother’s room, family rooms, the intensive care units, other inpatient rooms (like medical or med-surg wards), the emergency department, and anywhere else that infants might sleep.

If we are not consistent, families will think that there are times when the recommendations don’t apply. Imagine if we said a child should ride in a car seat when they were going on long trips, but not for short trips. That would be absurd! We know that babies should ride in a car seat every time they are in the car, regardless of how long the trip is. In a similar way, we need to make sure that families know that regardless of where the baby may sleep, the same recommendations apply.



SUGGESTED SCRIPT FOR TRAINER:

We have a wonderful opportunity to help keep babies safe. In order to do that, we all have to be on the same page. We all have to be sharing the same message, that babies should sleep Alone, on their Back, and in a Crib. Families will pay attention to the message even more if they hear that same message from everyone who interacts with them, multiple times, and in multiple settings. Remember that we learn things when they are repeated—so it is important for families to hear this message multiple times in multiple ways.

Just giving the message is not enough. Remember that families pay attention to what we do. So in order to be successful, we also have to model the correct behavior. We have to put babies to sleep in the safest position and we have to comply with the hospital policy all the time. If we see families engaging in unsafe behaviors, we need to take advantage of those teachable moments and point out the safer behaviors.

If we all spread the safe sleep message, and we all put babies to sleep in the safest environment, we will save babies.

Summary

- Sleep-related infant deaths are a serious problem in our state
 - *And we know how to prevent them*
- Our hospital policy supports the latest recommendations from the American Academy of Pediatrics
 - *Babies should always sleep ALONE, on their BACK, and in a CRIB*
- We should all work together to keep babies safe by spreading the same message and modeling the safest behaviors



SUGGESTED SCRIPT FOR TRAINER:

So we have covered a lot of information during this training. Thank you for coming today and for paying attention during this session.

We have learned that sleep-related infant deaths are a serious problem in our state. Twenty percent of all infant deaths are due to causes such as suffocation and strangulation—and we know that these deaths are preventable.

To help keep babies safe, our hospital has partnered with the Tennessee Department of Health to support the latest recommendations for infant safe sleep. We have committed to the ABC's of Safe Sleep: Babies should sleep **A**lone, on their **B**ack, and in a **C**rib.

If we all work together to spread the same message and model the correct safe sleep behaviors, we will keep babies safe and fewer babies in Tennessee will die before reaching their first birthday.

For More Information

- Tennessee Department of Health Safe Sleep Website
 - <http://safesleep.tn.gov>
- Centers for Disease Control and Prevention (CDC)
 - <http://www.cdc.gov/SIDS/>
- First Candle Safe Sleep Campaign
 - <http://www.firstcandle.org/new-expectant-parents/bedtime-basics-for-babies/>

SUGGESTED SCRIPT FOR TRAINER:

If you would like more information about safe sleep, here are some resources to help you.

The Tennessee Department of Health has created a safe sleep website, safesleep.tn.gov, that has lots of educational information for you and for parents.