

Sudden Unexpected Infant Death Prevention (SUIDP) Change Package

Instructions

Select 1-3 strategies to implement and spread. For each strategy selected, collect data for the primary measure and any to all of the secondary measures to report on monthly as well to inform your improvement efforts.

Strategies	Measures
<p>1. Work with hospitals and birthing facilities to provide infant safe sleep training to health care providers</p>	<p>Primary Number of hospitals and birthing facilities providing infant safe sleep training to health care providers</p> <p>Secondary 1a. Number of health care providers who participated in the training 1b. Number of parents/caregivers who received education through health care providers 1c. Number of infants reached</p> <p>Guidance For the primary measure, identify the number of hospitals and birthing facilities you aim to reach. Report on a monthly basis the number of hospitals and birthing facilities providing training(s) to health care providers. Report the name of the training(s). For secondary measures, you may need to estimate the number of health care providers, parent/caregivers, and infants (e.g., number of health care providers working in the department that receives the training, number of parents/caregivers health care providers serve, number of infants less than one year of age parents/caregivers are responsible for, etc.)</p>
<p>2. Work with hospitals and birthing facilities to provide parent/caregiver education, conduct crib audits, and use an attestation form to verify parent/caregiver receipt of infant safe sleep education</p>	<p>Primary 2. Number of hospitals and birthing facilities providing infant safe sleep education to parents/caregivers</p> <p>Secondary 2a. Number of parents/caregivers who participated in infant safe sleep education 2b. Number of crib audits conducted 2c. Number of attestation forms used to verify parent/caregiver receipt of safe sleep education 2d. Number of infants reached</p>

Sudden Unexpected Infant Death Prevention (SUIDP) Change Package

Strategies	Measures
	<p>Guidance For the primary measure, identify the number of hospitals and birthing facilities you aim to reach. Report on a monthly basis the number of hospitals and birthing facilities providing education to parents/caregivers. Report the approach(es) and type of education. For secondary measures, you may need to estimate the number of parent/caregivers and infants (e.g., number of parents/caregivers the hospitals and birthing facilities serve, number of infants less than one year of age parents/caregivers are responsible for, etc.)</p>
<p>3. Distribute free or discounted Pack n' Plays or cribs to parents/caregivers</p>	<p>Primary 3. Number of organizations distributing free or discounted Pack n' Plays or cribs to parents/caregivers</p> <p>Secondary 3a. Number of free or discounted Pack n' Plays or cribs distributed to parents/caregivers</p> <p>Guidance For the primary measure, identify the number of organizations you aim to reach. Report on a monthly basis the number of organizations distributing free or discounted Pack n' Plays or cribs to parents/caregivers</p>
<p>4. Implement and spread evidence-informed infant safe sleep education in underserved, at-risk communities (e.g., low socio-economic status, immigrant/minority communities)</p>	<p>Primary 4. Number of parents/caregivers in underserved, at-risk communities receiving evidence-informed safe sleep education</p> <p>Secondary 4a. Number of low socio-economic status and immigrant/minority communities that receive culturally-relevant infant safe sleep education 4b. Number of infants reached</p> <p>Guidance For the primary measure, identify the underserved, at-risk communities you aim to reach and the number of parents in each community you aim to reach. Specify how underserved, at-risk communities are defined. Report on a monthly basis the number of parents/caregivers receiving education. Report the type of education received. . You may need to estimate the number of parents/caregivers (e.g., number of parents/caregivers served by organization providing the education, number of downloads from a website, etc.). For secondary measure 4b, you may need to estimate the number of infants (e.g., number of infants less than one year of age parents/caregivers are responsible for)</p>

Sudden Unexpected Infant Death Prevention (SUIDP) Change Package

Strategies	Measures
<p>5. Train first responders (e.g. firefighters, police officers, Emergency Medical Services) in infant safe sleep to enable them to identify and eliminate safe sleep hazards while on emergency calls (e.g., DOSE program)</p>	<p>Primary 5. Number workplaces and organizations providing training on infant safe sleep hazards to fire/police/Emergency Medical Services personnel</p> <p>Secondary 5a. Number of firefighters, police officers, and Emergency Medical Services personnel trained 5b. Number of infants reached</p> <p>Guidance For the primary measure, identify the workplaces and organizations you aim to reach. Report on a monthly basis the number of organizations providing training(s). Report the name of the training(s). You may need to estimate the number of first responders and infants (e.g., number of first responders in each workplace/organization, number of infants less than one year of age whose parents/caregivers receive infant safe sleep kits from first responders, etc.)</p>
<p>6. Implement and spread the use of home visitors to distribute infant safe sleep educational materials</p>	<p>Primary 6. Number of home visitor program sites distributing safe sleep educational materials</p> <p>Secondary 6a. Number of home visitors who use infant safe sleep checklists and distribute safe sleep educational materials 6b. Number of infants reached</p> <p>Guidance For the primary measure, identify the number of home visitor program sites you aim to reach. Report on a monthly basis the number of home visitor program sites distributing safe sleep educational materials. For secondary measure 6b, you may need to estimate the number of infants reached (e.g., number of infants less than one year of age served by each home visitor site)</p>
<p>7. Implement and spread statewide safe sleep campaigns that promote evidence-informed risk reduction strategies (e.g., NICHD's Safe to Sleep Campaign, ® SLEEP SAFE campaign)</p>	<p>Primary 7. Number of organizations implementing infant safe sleep campaigns</p> <p>Secondary 7a. Number of campaign materials (e.g., fact sheets, toolkits, videos) distributed 7b. Number of parents/caregivers reached 7c. Number of infants reached</p>

Sudden Unexpected Infant Death Prevention (SUIDP) Change Package

Strategies	Measures
	<p>Guidance For the primary measure, identify the organizations you aim to reach. Report on a monthly basis the number of organizations implementing infant safe sleep campaigns. Report the name of the campaign. You may need to estimate the number of parents/caregivers and infants (e.g., number of parents/caregivers who subscribe to receive campaign materials, number of infants less than one year of age parents/caregivers that are receiving materials are responsible for, etc.)</p>
<p>8. Implement and spread evidence-based smoking cessation programs and strategies and best practices for expectant and new mothers (e.g., providing incentives, counseling, feedback, and health education to reduce smoking during and after pregnancy)</p>	<p>Primary 8. Number of organizations providing evidence-based smoking cessation programs, strategies, or best practices for expectant and new mothers</p> <hr/> <p>Secondary 8a. Number of expectant or new mothers participating in smoking cessation programs</p> <hr/> <p>Guidance For the primary measure, identify the organizations you aim to reach. Report on a monthly basis the number of organizations providing programs, strategies, or best practices. Report the name of the program(s), strategies, or best practice(s). You may need to estimate the number of expectant and new mothers (e.g., number of expectant and new mothers each organization serves)</p>
<p>9. Implement and spread education on breastfeeding practices along with the use of evidence-informed safe sleep practices to parents</p>	<p>Primary 9. Number of organizations providing education on the use of breastfeeding practices with safe sleep practices to new and expectant parents</p> <hr/> <p>Secondary 9a. Number of expectant and new mothers reached 9b. Number of infants reached</p> <hr/> <p>Guidance For the primary measure, identify the organizations you aim to reach. Report on a monthly basis the number of organizations providing education on the use of breastfeeding practices with safe sleep practices to new and expectant parents. You may need to estimate the number of new and expectant mothers and infants (e.g., number of new and expectant mothers who subscribe to receive information on breastfeeding practices, number of infants less than one year of age whose parents/caregivers are receiving education)</p>

Sudden Unexpected Infant Death Prevention (SUIDP) Change Package

References and Resources

- American Academy of Pediatrics. Task Force on Sudden Infant Death Syndrome. (October 2011). SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 135(4):e1105. <http://pediatrics.aappublications.org/content/early/2011/10/12/peds.2011-2284>
- American Academy of Pediatrics. Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics*. 2016;138(5):e20162938.
- Carlin, R., & Moon, R. Y. (March 2018). Learning from national and state trends in Sudden Unexpected Infant Death. *Pediatrics* 141(3): e20174083. DOI: 10.1542/peds.2017-4083
- Centers for Disease Control and Prevention. (January 2018). Sudden Unexpected Infant Death and Sudden Infant Death Syndrome. Available at: <https://www.cdc.gov/sids/AboutSUIDandSIDS.htm>
- Direct on Scene Education (Dose) Program. Available at: <https://www.doseprogram.com/>
- Erck Lambert, A. B., Parks, S. E., & Shapiro-Mendoza, C. K. (March 2018). National and State Trends in Sudden Unexpected Infant Death: 1990–2015. *Pediatrics*, 141(3): e20173519; DOI: 10.1542/peds.2017-3519
- Hauck, F. R., McEntire, B. L., Raven, L. K., Bates, F. L., Lyus, L. A., Willett, A. M., & Blair, P. S. (August 2017). Research Priorities in Sudden Unexpected Infant Death: An International Consensus. *Pediatrics*, 140(2): e20163514. DOI: 10.1542/peds.2016-3514
- Hauck, F. R., Thompson, J. M. D., Tanabe, K. O., Moon, R. Y., & Vennemann, M. M. (2011). Breastfeeding and Reduced Risk of Sudden Infant Death Syndrome: A Meta-analysis. *Pediatrics*. 128 (103). DOI: 10.1542/peds.2010-3000
- Lewis, F. (February 2018). Examining trends in Sudden Unexpected Infant Deaths as a clue to prevention. AAP Journals Blog. Available at: <http://www.aappublications.org/news/2018/02/12/examining-trends-in-sudden-unexpected-infant-deaths-as-a-clue-to-prevention-pediatrics-2-12-18>
- Moon, R. Y., Hauck, F. R., & Colson, E. R. (February 2016). Safe infant sleep interventions: What is the evidence for successful behavior change? *Current Pediatric Review*, 12(1): 67-75. DOI: [10.2174/1573396311666151026110148](https://doi.org/10.2174/1573396311666151026110148)
- Parks, S. E., Erck Lambert, A. B., & Shapiro-Mendoza, C. K. (June 2017). Racial and ethnic trends in Sudden Unexpected Infant Deaths: United States, 1995-2013. *Pediatrics*, 139(6): e20163844. DOI: 10.1542/peds.2016-3844
- Safe to Sleep Campaign® at: <https://www1.nichd.nih.gov/sts/Pages/default.aspx>
- Shapiro-Mendoza, C. K. (July 2017). Interventions to improve infant safe sleep practices. *Journal of the American Medical Association*, 318(4), 336-338. DOI: 10.1001/jama.2017.9422