



Children's Safety  
Network



Education  
Development  
Center

May 8, 2019

# Infant Safe Sleep: An Introduction and Model Program



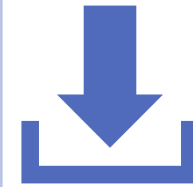
# Funding Sponsor

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the Child and Adolescent Injury and Violence Prevention Resource Centers Cooperative Agreement (U49MC28422) for \$5,000,000 with 0 percent financed with non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

# Technical Tips



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Use the Q & A (bottom left) to ask questions at any time



You are muted



This session is being recorded

# Moderator

Abby Collier



# Presenters

Sharyn Parks Brown



Cherie Sage



Christy Schunn



# SUDDEN UNEXPECTED INFANT DEATH: OVERVIEW, EPIDEMIOLOGY, AND DATA SOURCES



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Reproductive Health



## CDC DISCLAIMER

The findings and conclusions in this report are those of the author and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

# PRESENTATION OBJECTIVES

- **Define Sudden Unexpected Infant Death (SUID)**
- **Review the epidemiology and trends in SUID**
- **Describe CDC's role in addressing SUID**
- **Provide brief overview of available sources of data on SUID**



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WHAT IS SUID?



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# SUDDEN UNEXPECTED INFANT DEATHS

- **3,500 deaths occur each year in the U.S.**
  - **Deaths of infants less than 1 year old**
  - **Often occur during sleep or in a sleep environment**
- **Sudden Unexpected Infant Death (SUID) includes:**
  - **Sudden Infant Death Syndrome (SIDS)**
  - **Accidental suffocation and strangulation in bed**
  - **Undetermined causes**

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# RISK AND PROTECTIVE FACTORS



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# FACTORS THAT INCREASE RISK OF SUID

Known Risk Factors
Non-supine position (e.g., on side or stomach)
Sleep surface sharing
Non-firm, non-flat sleep surface
Presence of soft bedding or other soft objects
Overheating during sleep
Tobacco exposure (prenatal & environmental)
Alcohol exposure (prenatal & environmental)

# HOW TO REDUCE RISK OF SUID

Known Risk Factors	This means infants should be...
Non-supine position (e.g., on side or stomach)	Placed on their back to sleep every time they go to sleep
Sleep surface sharing	Placed on a separate space to sleep, in same room as caregiver
What to avoid	Where the infant sleeps should be...
Non-firm, non-flat sleep surface	Flat and level surface, such as crib, portable crib or bassinette with tight-fitting sheet
Presence of soft bedding or other soft objects	Free of thick or plush blankets, bumper pads, stuffed animals, pillows, or infant positioners
Overheating during sleep	Kept at a moderate temperature in infant's sleep area, avoid excessive layering of clothing
What else to avoid	What else can you do?
Tobacco exposure (prenatal & environmental)	Stop smoking during and after pregnancy, and around infants
Alcohol exposure (prenatal & environmental)	Don't use alcohol during pregnancy or when caring for an infant

# WHERE CAN WE REDUCE RISKS AND INCREASE PREVENTION?

Estimated U.S. Prevalence of Selected Risk Factors	
Risk Factors	Prevalence (%)
Not sleeping in a crib, portable crib, or bassinet	76
Sleep surface-sharing	61
Use of soft bedding or soft objects	39
Non-supine sleep position	22
Prenatal tobacco exposure	10
Prenatal alcohol exposure	8

- Bombard JM, Kortsmid K, Warner L, et al. *MMWR* 2018;67:39–46 (non-supine, surface share, soft bedding)
- Kemp JS, et.al. *Pediatrics* Sep 2000, 106 (3) e41 (non-firm sleep surface)
- CDC PRAMStat Data for 2011 (alcohol and tobacco exposure)

# PROTECTIVE FACTORS FOR SUID

- **60% are breastfeeding at least through the infants' first 2 months**
- **32% of infants placed to sleep with a pacifier**



- Bombard JM, Kortsmid K, Warner L, et al. *MMWR* 2018;67:39–46
- Hauck FR, Herman SM, Donovan M, et al. *Pediatrics* 2003;111:1207–1214

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# EPIDEMIOLOGY AND TRENDS



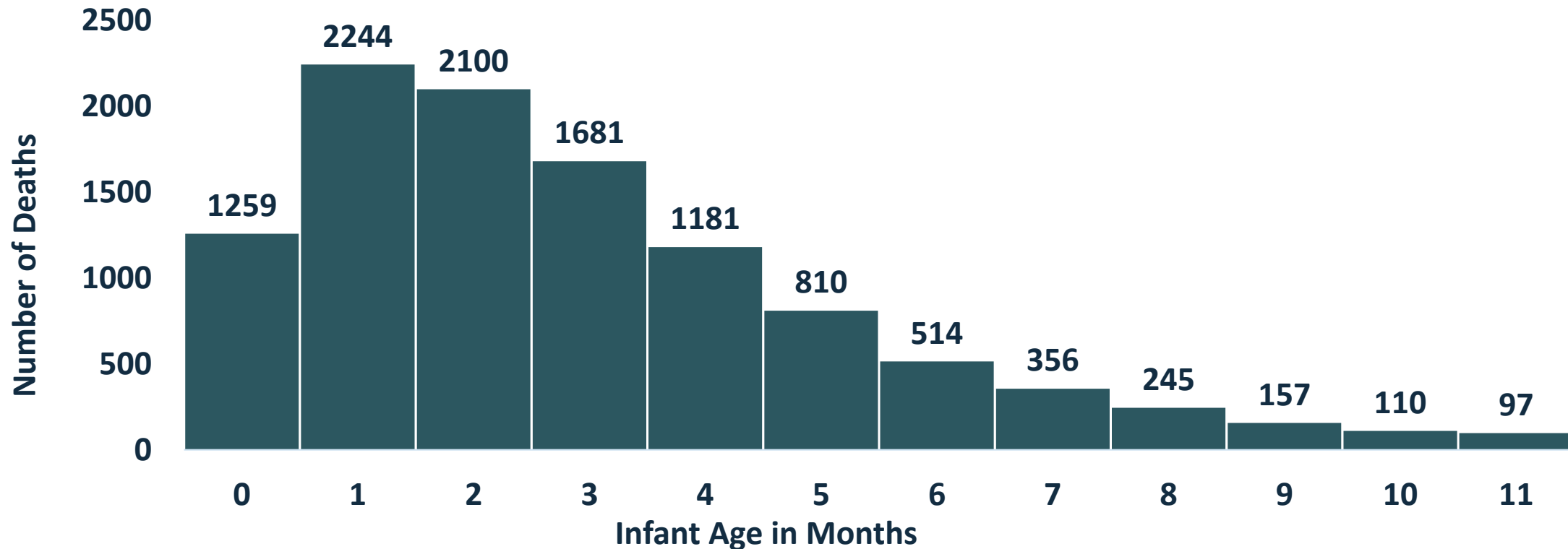
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# ALMOST 80% OF SUID OCCUR BEFORE INFANTS ARE 5 MONTHS OLD

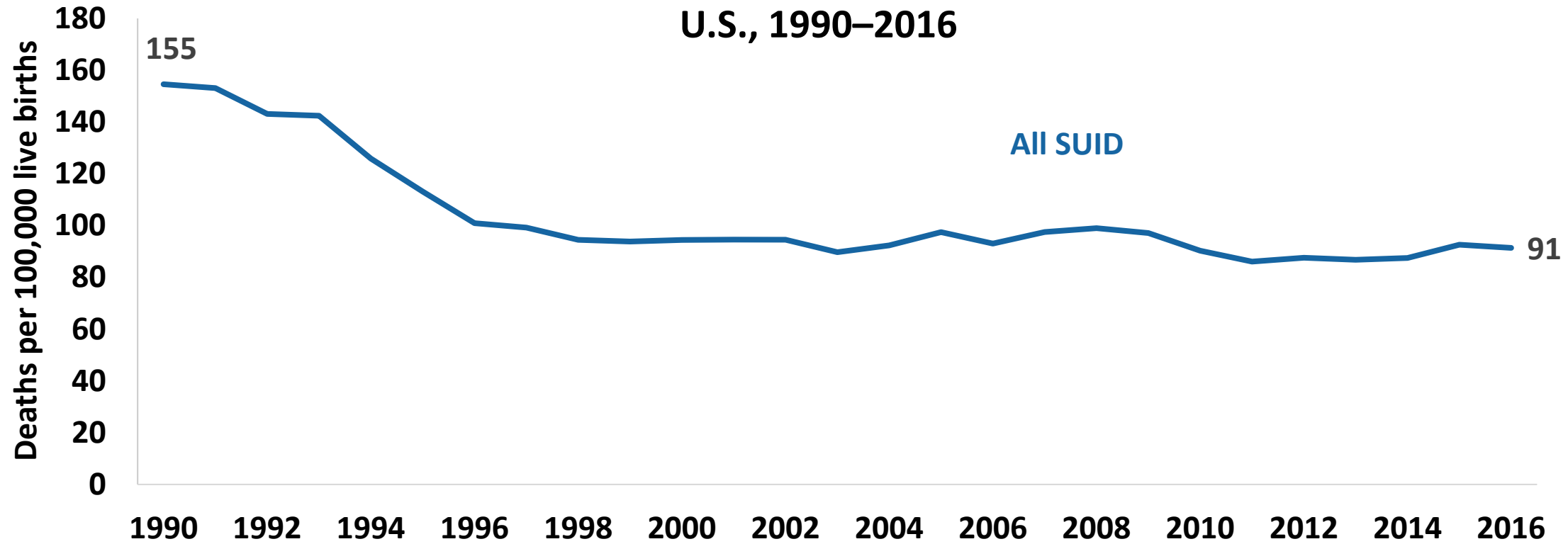
Age of SUIDs, U.S., 2014–2016; N=10,754



National Center for Health Statistics, *Public Use Data File Documentation: 2014–2016 Period Linked Birth/Infant Death Data Sets*, Centers for Disease Control and Prevention, Editor. 2016–2018, Department of Health and Human Services:

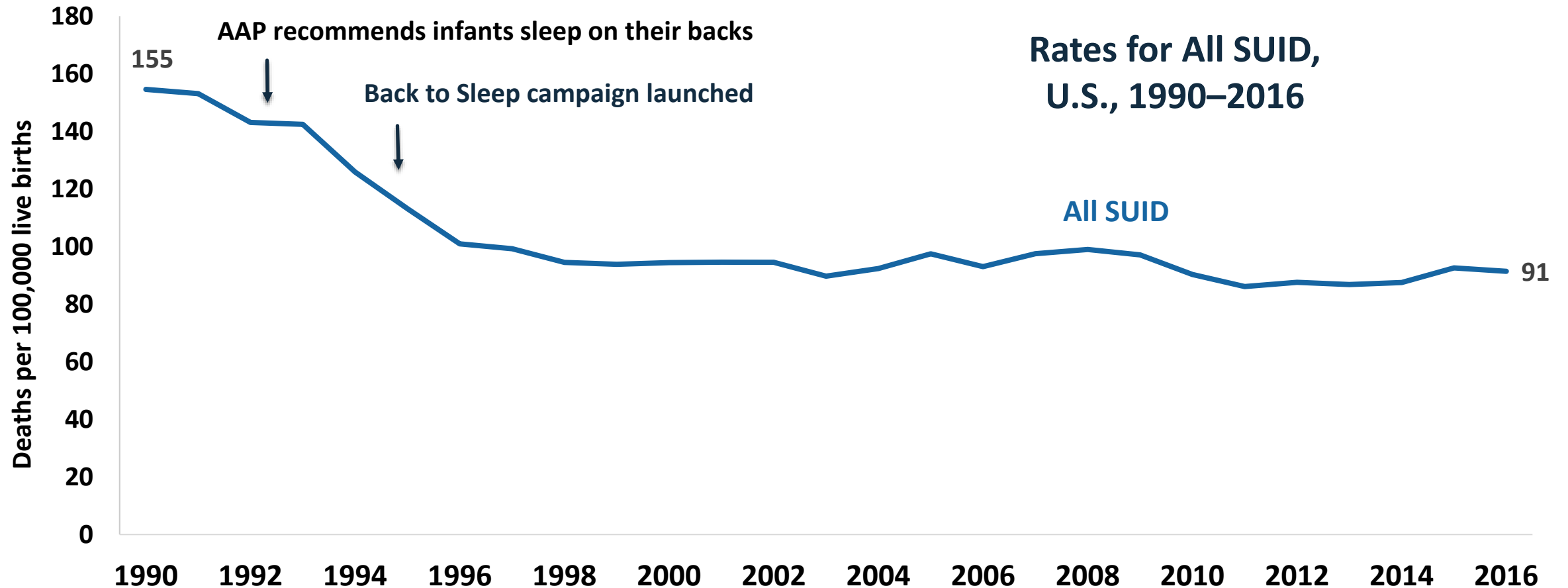
# RATES OF SUID

Rates for All SUID,  
U.S., 1990–2016



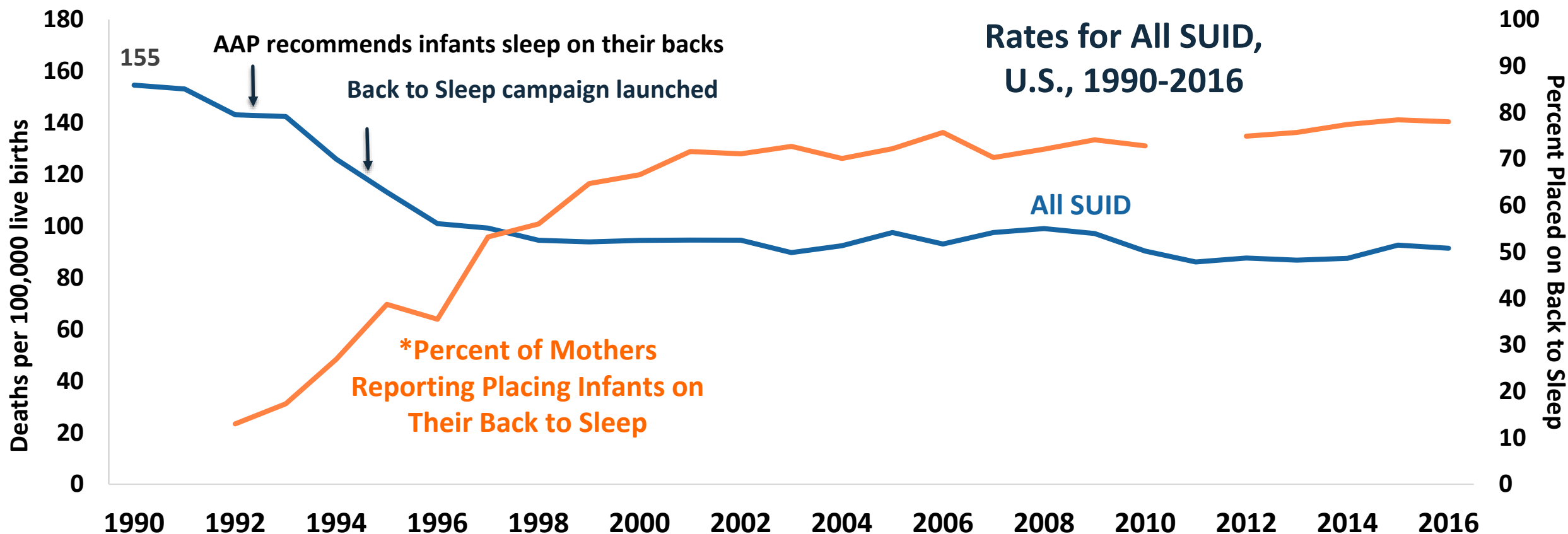
• Released June 2017; [wonder.cdc.gov/cmfi10.html](http://wonder.cdc.gov/cmfi10.html)

# SUID RATES DROPPED IN 1990S BUT HAVE REMAINED FAIRLY STABLE SINCE 2000



Released June 2017. [wonder.cdc.gov/cmfi-cd10.html](http://wonder.cdc.gov/cmfi-cd10.html)

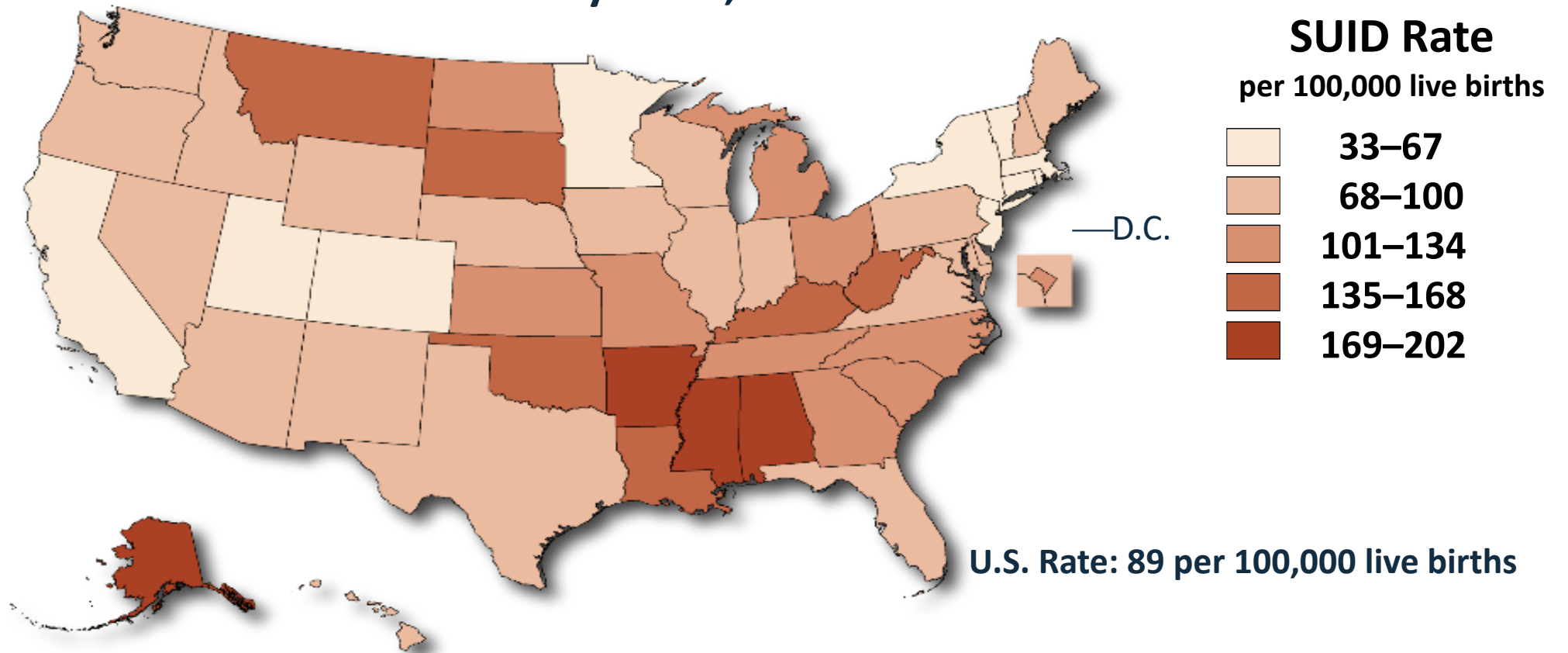
# SUID RATES CORRESPOND TO NUMBERS OF INFANTS PLACED ON THEIR BACK TO SLEEP



- \*Data for placing infants on their back to sleep is from 4 data sources: PRAMS 2016 data-unpublished; [www.cdc.gov/prams/pramstat/pdfs/mch-indicators/PRAMS-All-Sites-2012-2015-508.pdf](http://www.cdc.gov/prams/pramstat/pdfs/mch-indicators/PRAMS-All-Sites-2012-2015-508.pdf); Colson ER, Rybin D, Smith LA, et al. *Archives of Pediatric and Adolescent Medicine* 2009;163:1122-8; and Colson ER, Geller NL, Heeren T, et al. *Pediatrics* 2017; 140 (3) e20170596

# SUID RATES VARY WIDELY AMONG STATES

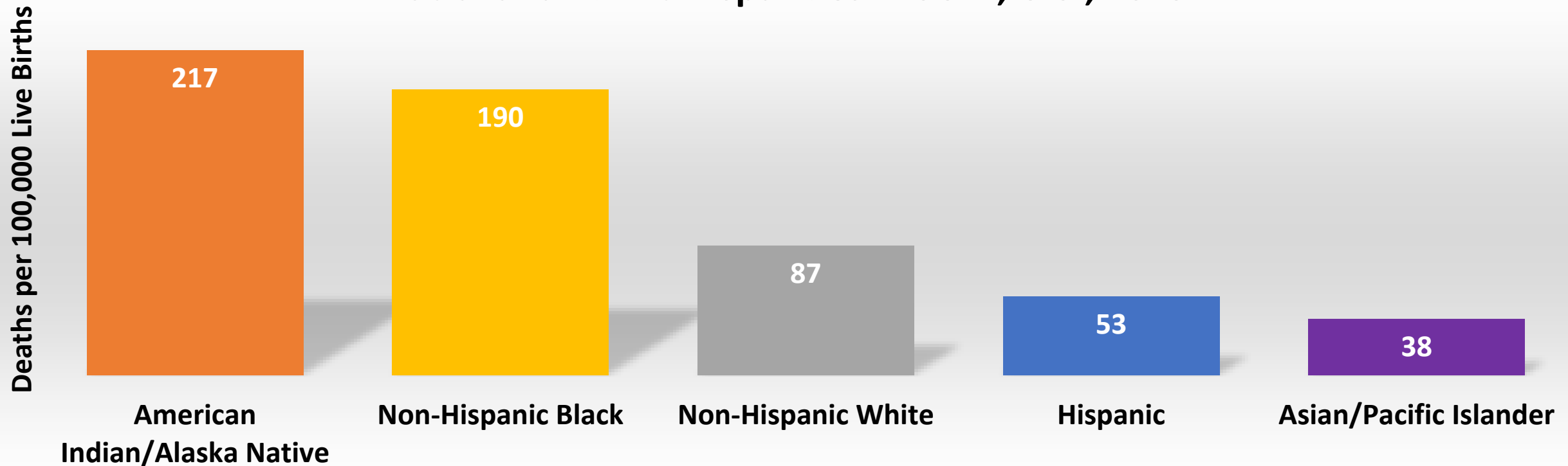
## SUID Rates by State, 2013–2015



- Erck Lambert AB, Parks SE, Shapiro-Mendoza CK. *Pediatrics* Feb 2018, e20173519

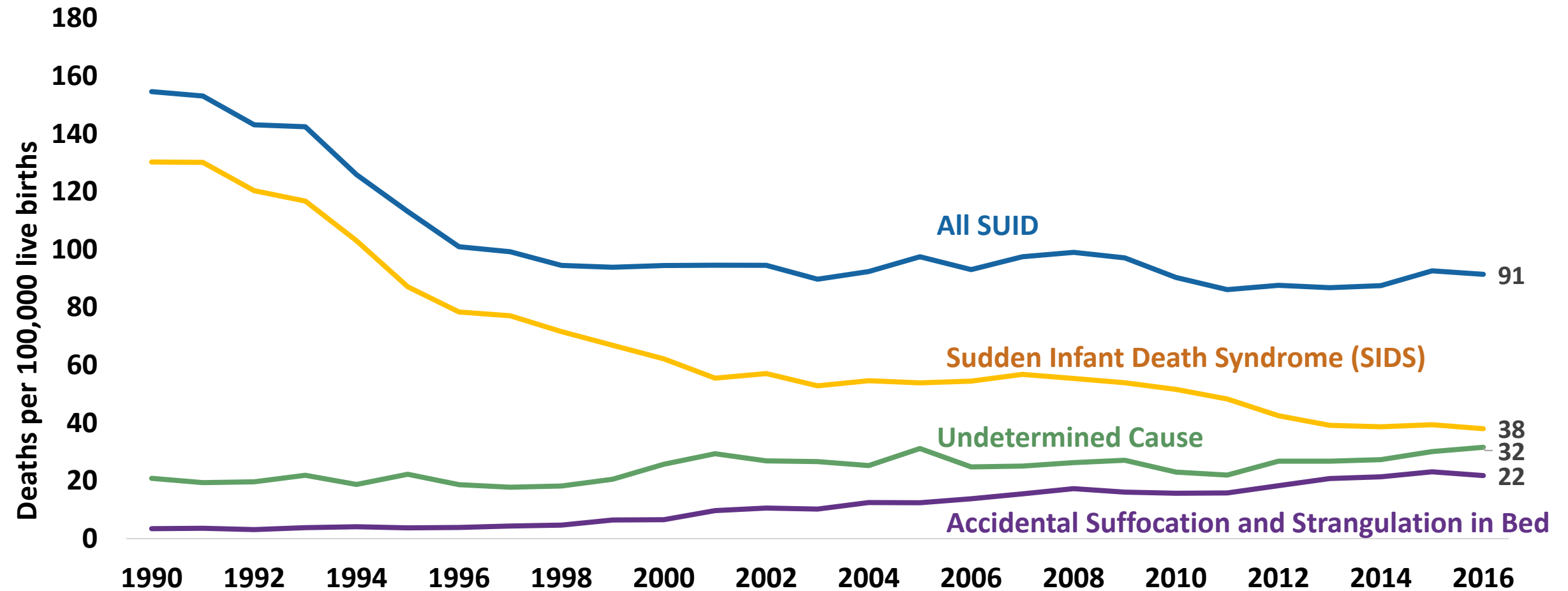
# RACIAL AND ETHNIC DISPARITIES EXIST IN SUID

## Racial and Ethnic Disparities in SUID, U.S., 2015



- National Center for Health Statistics, *Public Use Data File Documentation: 2014–2016 Period Linked Birth/Infant Death Data Sets*, Centers for Disease Control and Prevention, Editor. 2016-2018, Department of Health and Human Services:

# SINCE 2000, DECREASES IN SIDS HAVE NOT LED TO DECREASES IN OVERALL SUID



Released June 2017. [wonder.cdc.gov/cmfi10.html](http://wonder.cdc.gov/cmfi10.html)

# CHANGES IN CAUSE OF DEATH DETERMINATION FOR SUID

- **Medical examiners and coroners (ME/Cs) certify cause of death**
  - **Include terms that describe cause and manner of death**
- **Cause-of-death codes (ICD-10) are used for national surveillance**
  - **Sudden Infant Death Syndrome (SIDS): R95**
  - **Undetermined: R99**
  - **Accidental suffocation and strangulation in bed: W75**
- **Moving away from SIDS as a diagnosis**
- **Reporting more deaths as undetermined or accidental suffocation**



# VARIABILITY IN CAUSE OF DEATH DETERMINATION LIMITS OUR UNDERSTANDING AND PREVENTION EFFORTS

- **Shifts in cause-of-death reporting**
  - **More thorough investigations lead to more deaths being classified as accidental suffocation or undetermined causes**
  - **Increased influence of multidisciplinary child death reviews**
  - **Changing death certifier diagnostic preference, away from SIDS**
- **This variability influences surveillance and research**
- **Impacts true understanding of causes of sleep-related infant deaths**

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WHAT IS CDC DOING TO ADDRESS SUID?



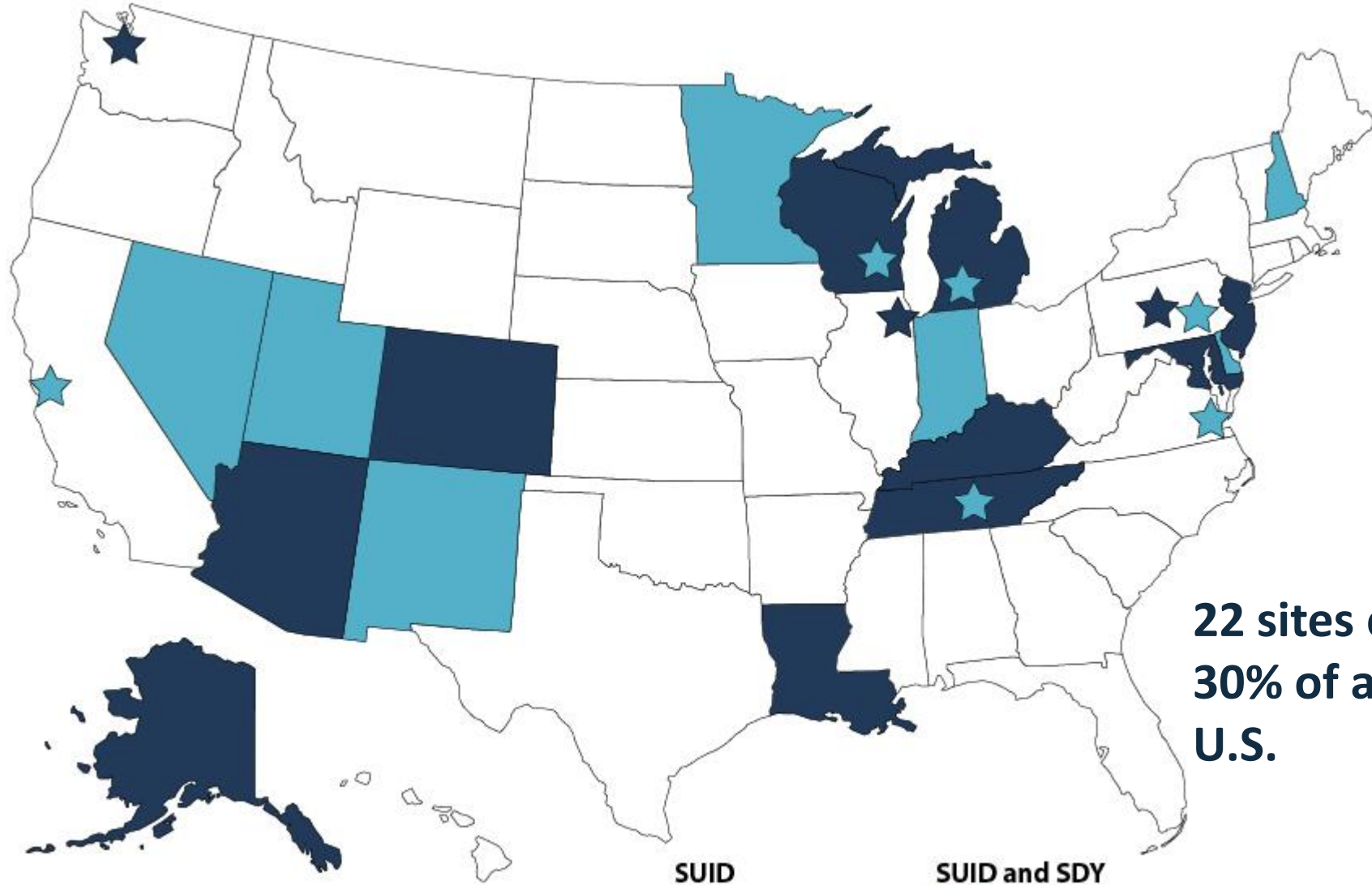
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# SUDDEN UNEXPECTED INFANT DEATH (SUID) CASE REGISTRY

- **CDC supports the SUID Case Registry to monitor sleep-related deaths and related circumstances**
- **US multi-jurisdictional SUID surveillance program**

## SUID CASE REGISTRY GOALS

- **Conduct population-based SUID surveillance**
- **Categorize SUID using standard definitions**
- **Use SUID categories to monitor trends and describe demographic and environmental factors**
- **Provide information that will improve death scene investigations**
- **Inform prevention activities and reduce infant death rates**



**22 sites covering almost 30% of all SUIDs in the U.S.**

**SUID**

Statewide

Select Counties

**SUID and SDY**

Statewide

Select Counties

# SUID CASE REGISTRY SURVEILLANCE PROGRAM MODEL

- **Built upon established child death review programs**
  - Same web-based reporting system and protocols
  - Rely upon multidisciplinary teams and review of medicolegal records
  - Compile info on demographics, infant health history, sleep position, location and contents of the sleep environment

# CDC SUID CLASSIFICATION ALGORITHM

- **Provides a standardized grouping method**
- **Accounts for unknown and incomplete investigation**
- **Acknowledges uncertainty about suffocation or asphyxiation**
- **Allows calculation of SUID category-specific death rates**

# SUID CLASSIFICATION SYSTEM CATEGORIES

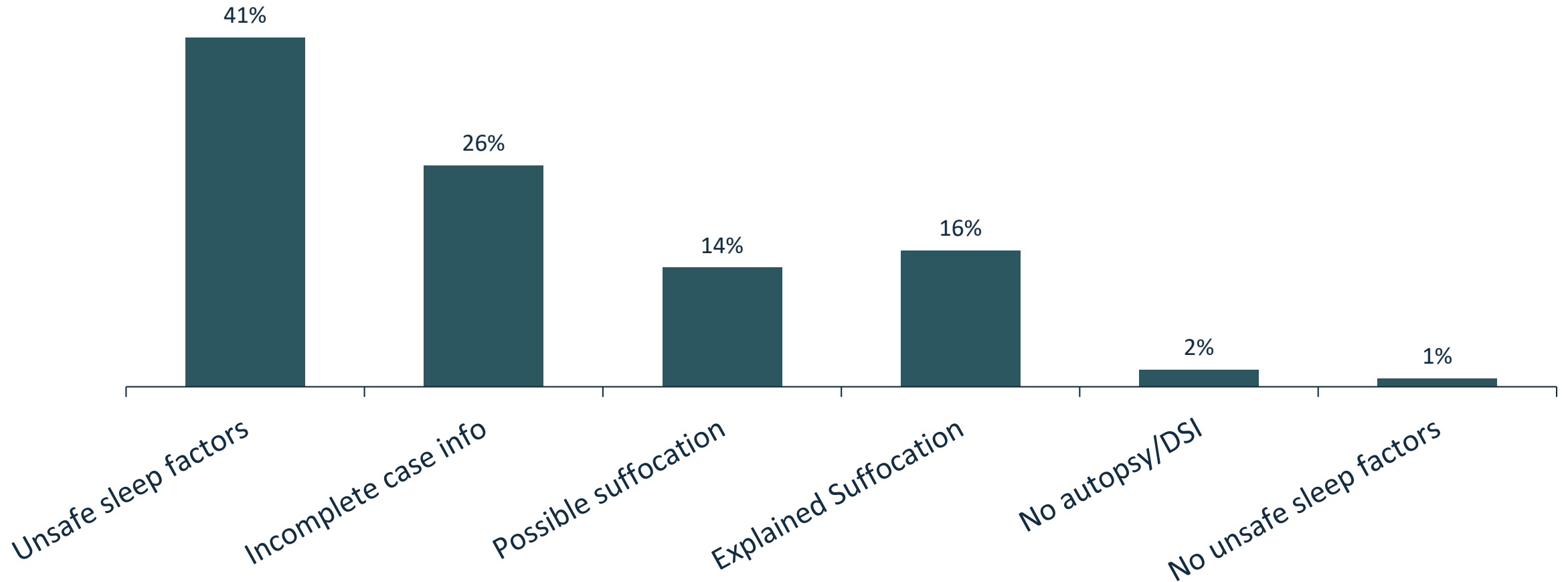
- **Explained Causes**
  - Excluded-other causes
  - Explained suffocation with unsafe sleep factors\*
- **Unexplained Causes**
  - No autopsy or death scene investigation
  - Incomplete case information
  - No unsafe sleep factors
  - Unsafe sleep factors
  - Possible suffocation with unsafe sleep factors\*

\*also assigned a mechanism (soft bedding, overlay, wedging, other)



# SUID CASE REGISTRY DATA

## SUID CATEGORIES ASSIGNED (2011-2015)



# IMPLICATIONS OF CDC'S SUID CLASSIFICATION SYSTEM

- **Allows local and state programs to more accurately track the magnitude of specific types of SUID over time and across states/jurisdictions**
- **Is a valuable tool to identify gaps in SUID case investigation**
- **Enhances ability to identify highest risk groups who might benefit from focused interventions or increased services**

# CDC SUDDEN UNEXPLAINED INFANT DEATH INVESTIGATION (SUIDI) REPORTING FORM

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
Division of Reproductive Health  
Maternal and Infant Health Branch  
Atlanta, Georgia 30333

Sudden Unexplained Infant Death Investigation  
**SUIDI**  
Reporting Form

[Reset Form](#)

### INVESTIGATION DATA

Infant's Last Name	Infant's First Name	Middle Name	Case Number
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: _____ Age: _____ SS#: _____			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African Am. <input type="checkbox"/> Asian/Pacific Isl. <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Hispanio/Latino <input type="checkbox"/> Other _____			
Infant's Primary Residence:			
Address: _____ City: _____ County: _____ State: _____ Zip: _____			
Incident Address: _____ City: _____ County: _____ State: _____ Zip: _____			
Contact Information for Witness:			
Relationship to deceased: <input type="checkbox"/> Birth Mother <input type="checkbox"/> Birth Father <input type="checkbox"/> Grandmother <input type="checkbox"/> Grandfather			
<input type="checkbox"/> Adoptive or Foster Parent <input type="checkbox"/> Physician <input type="checkbox"/> Health Records <input type="checkbox"/> Other Describe: _____			
Last: _____ First: _____ M.: _____ SS#: _____			
Address: _____ City: _____ State: _____ Zip: _____			
Work Address: _____ City: _____ State: _____ Zip: _____			
Home Phone: _____ Work Phone: _____ Date of Birth: _____			

### WITNESS INTERVIEW

- Are you the usual caregiver?  No  Yes
- Tell me what happened:  
\_\_\_\_\_
- Did you notice anything unusual or different about the infant in the last 24 hrs?  
 No  Yes Specify: \_\_\_\_\_
- Did the infant experience any falls or injury within the last 72 hrs?  
 No  Yes Specify: \_\_\_\_\_
- When was the infant LAST PLACED?  
Date: \_\_\_\_\_ Military Time: \_\_\_\_\_ Location (room): \_\_\_\_\_
- When was the infant LAST KNOWN ALIVE(LKA)?  
Date: \_\_\_\_\_ Military Time: \_\_\_\_\_ Location (room): \_\_\_\_\_
- When was the infant FOUND?  
Date: \_\_\_\_\_ Military Time: \_\_\_\_\_ Location (room): \_\_\_\_\_



# SUIDI REPORTING FORM (SUIDIRF) ELEMENTS

- **Witness interview**
- **Infant's medical history**
- **Pregnancy history**
- **Investigation summary & diagrams**
- **Summary for pathologist**
- **Incident scene investigation**

# HOW IS THE SUIDIRF USED?

- During the death investigation
- To assist in determining cause of death – the detailed description of the infant's airways and sleep environment can help medical examiners and coroners distinguish between explained and unexplained causes
- During the Child Death Review process – at case reviews and entered into the National Fatality Review Case Reporting System

## OTHER CDC INITIATIVES AND EFFORTS

- PRAMS infant safe sleep questions
- Promoting recommendations and educational campaigns
  - American Academy of Pediatrics safe sleep recommendations
  - NIH's Safe to Sleep public health education campaign
- Supporting hospital-based quality improvement initiatives
  - CDC-funded Perinatal Quality Collaborative (PQC)
  - National Network of PQCs



# OTHER SOURCES OF DATA ON SUID

- CDC's National Center Health Statistics-Public-Use Data Files

The screenshot shows a web browser window displaying the CDC's Vital Statistics Online Data Portal. The browser's address bar shows the URL [https://www.cdc.gov/nchs/data\\_access/vitalstatsonline.htm](https://www.cdc.gov/nchs/data_access/vitalstatsonline.htm). The page header includes the CDC logo and the text "Centers for Disease Control and Prevention" with the tagline "CDC 24/7: Saving Lives, Protecting People™". A search bar is located in the top right corner. The main navigation bar is blue and contains the text "National Center for Health Statistics". Below this, a breadcrumb trail reads "CDC > NCHS > Data Access > Public-Use Data Files". The left sidebar contains a "Data Access" menu with the following items: "National Death Index", "Public-Use Data Files" (which is highlighted), "Compressed Mortality File", "Data User Agreement", "Inter-university Consortium for Political and Social Research", "SPACE Program", and "Vital Statistics Online". The main content area features the heading "Vital Statistics Online Data Portal" and a paragraph stating: "This page is a portal to the online data dissemination activities of the [Division of Vital Statistics](#), including both interactive online data access tools and downloadable public use data files." Below this, there is a section titled "Downloadable Data Files" with the text: "Public use [Birth](#), [Period Linked Birth – Infant Death](#), [Birth Cohort Linked Birth – Infant Death](#), [Mortality Multiple Cause](#), and [Fetal Death](#) data files are available for independent research and analyses." A "On This Page" box on the right side of the page lists "Downloadable Data Files" and "Data Access Tools". At the bottom of the page, there are two bullet points: "• [Vital Statistics Data Release Policy](#)" and "• [Data Users Agreement](#)".

# OTHER SOURCES OF DATA ON SUID

- CDC's National Center Health Statistics-CDC WONDER

The screenshot shows the CDC WONDER web application interface. The browser address bar displays the URL: <https://wonder.cdc.gov/controller/datarequest/D69>. The page title is "Linked Birth / Infant Death Records, 2007-2016 Request". The interface includes a navigation menu with "CDC WONDER", "FAQ", "Help", "Contact Us", and "WONDER Search". A search bar is located in the top right corner. The main content area is titled "Linked Birth / Infant Death Records, 2007-2016 Request" and contains several sections:

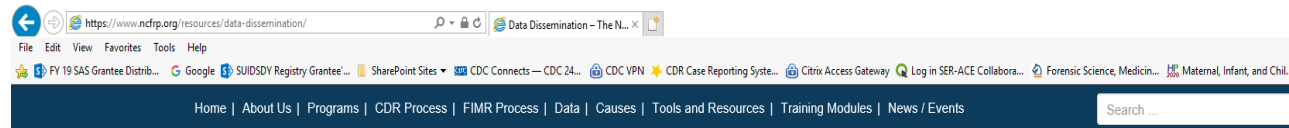
- Request Form**: Includes tabs for "Request Form", "Results", "Map", "Chart", and "About".
- 1. Organize table layout:** Contains dropdown menus for "Group Results By" (set to "Census Region"), "And By" (set to "None"), and "Measures" (checked for "Deaths", "Births", and "Death Rate"). A "Title" input field is also present.
- 2. Select maternal residence:** Includes a "States" dropdown menu and a "Currently selected:" box.

The "States" dropdown menu is currently set to "All (The United States)". The "Currently selected:" box displays "All (The United States)".



# OTHER SOURCES OF DATA ON SUID

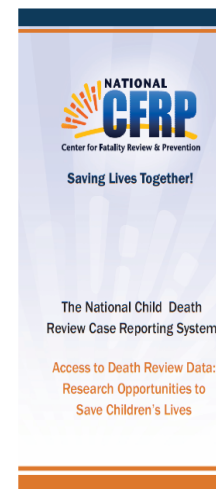
- National Center for Fatality Review and Prevention-Child Death Review data



## Data Dissemination

The National Fatality Review Case Reporting System (NFR-CRS) is a standardized, web-based reporting tool and database used by state and local CDR and FIMR teams to record, analyze and report on the case information and findings from their reviews. The reporting tool contains over 2,600 data items including information on the child, caregivers, supervisors, cause and manner of death, risk factors relevant to the death (e.g., whether the child was in proper restraints in the car, whether a pool had a fence, whether the home had smoke alarms, where a baby was sleeping, what factors precipitated a suicide or abuse fatality), and team recommendations for prevention, services, and improvements to agency systems. Forty-four states CDR programs are enrolled and using the system, and as of October 2018, there are more than 200,000 individual deaths entered into the System. The System is managed by the National Center for Fatality Review and Prevention (NCFRP) at the Michigan Public Health Institute. Participating states have agreements with the Institute that protect their data while permitting limited access to de-identified datasets.

NCFRP has developed policies and guidelines for access to the System's data for use by researchers and government policy makers. NCFRP encourages researchers to apply to use the data to advance evidence-based studies in order to prevent future deaths. There are countless topics researchers could potentially investigate to enhance current knowledge about how to keep kids safe and alive. It is important to know, however, that there are limitations on the type of data that can be released and on the way the data can be analyzed and interpreted. For example, because the database includes only the deaths of children reviewed by CDR teams and not all child deaths, the data cannot be used for population studies. In spite of these limitations, the database is a rich source of comprehensive information on child deaths not available through other sources.



# ACKNOWLEDGEMENTS

## THANK YOU!

### Centers for Disease Control and Prevention

Carri Cottengim, Alexa Erck Lambert, Emily Osteen Johnston, Cynthia Ferre, Tiffany Colarusso, Carrie Shapiro-Mendoza

### National Center for Fatality Review and Prevention

Heather Dykstra, Esther Shaw, Meghan Faulkner, Erik Buczkowski, Abby Collier, Susanna Joy

### SUID Case Registry Awardees

San Francisco County, California; Delaware; Indiana; select counties in Michigan; Minnesota; Nevada; New Hampshire; New Jersey, New Mexico; Philadelphia County, Pennsylvania; select counties in Tennessee, Tidewater Region, Virginia; Utah; and select counties in Wisconsin

**SAFE  
K:IDS**  
KANSAS

**CRIBS**  
Center for Research for  
Infant Birth and Survival



**KIDS**  
Kansas Infant Death and SIDS Network



# Safe Sleep

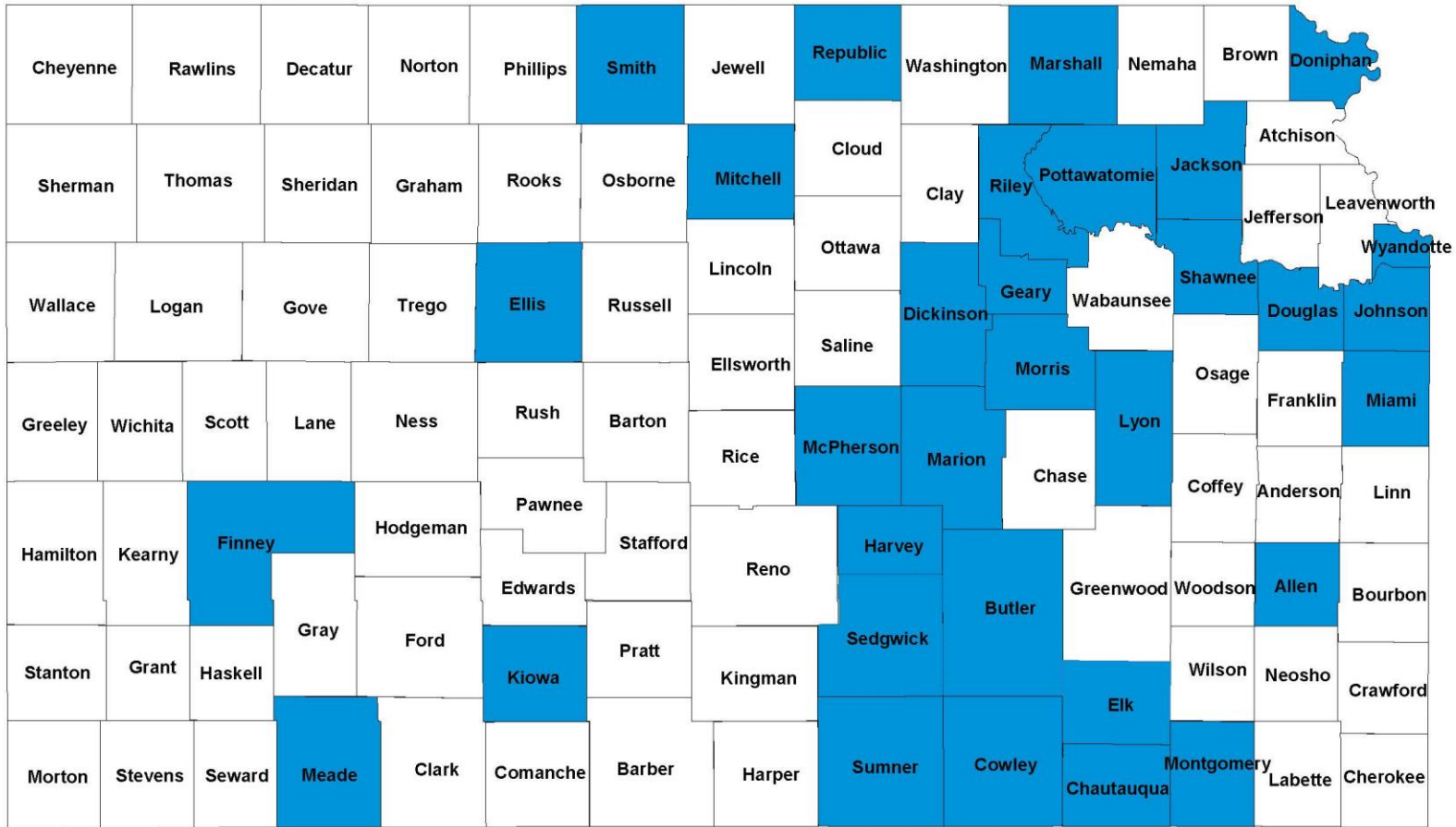
A Collaborative Approach





# Safe Kids Kansas

**Safe Kids Coalitions in Kansas by County, 2019**



Safesleepkansas.org



safe sleep  
Alone, on their Back and in a Crib

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### Welcome to the Safe Sleep Website

<a href="#">Safe Sleep Kansas Home</a>
<a href="#">Preparing for Baby</a>
<a href="#">Bringing Baby Home</a>
<a href="#">Making the Crib Safe</a>
<a href="#">Special Care</a>
<a href="#">Choose High Quality Child Care</a>
<a href="#">Tell Everyone</a>
<a href="#">Putting it all Together</a>
<a href="#">Safe Sleep Booklet</a>
<a href="#">Safe Sleep Magnet</a>
<a href="#">Contact Information</a>

Click to play  
[DVD Quality Video - 70 MB](#)  
[Standard Quality Video 35 MB](#)  
[Video Transcript](#)  
[Safe Sleep on You Tube](#)

Click to play  
[Spanish DVD Quality Video - 80 MB](#)  
[Spanish Standard Quality Video 40 MB](#)  
[Spanish Video Transcript](#)  
[Spanish Part 1 on You Tube](#)  
[Spanish Part 2 on You Tube](#)

### ABC's of Safe Sleep

Babies are safest when they are:

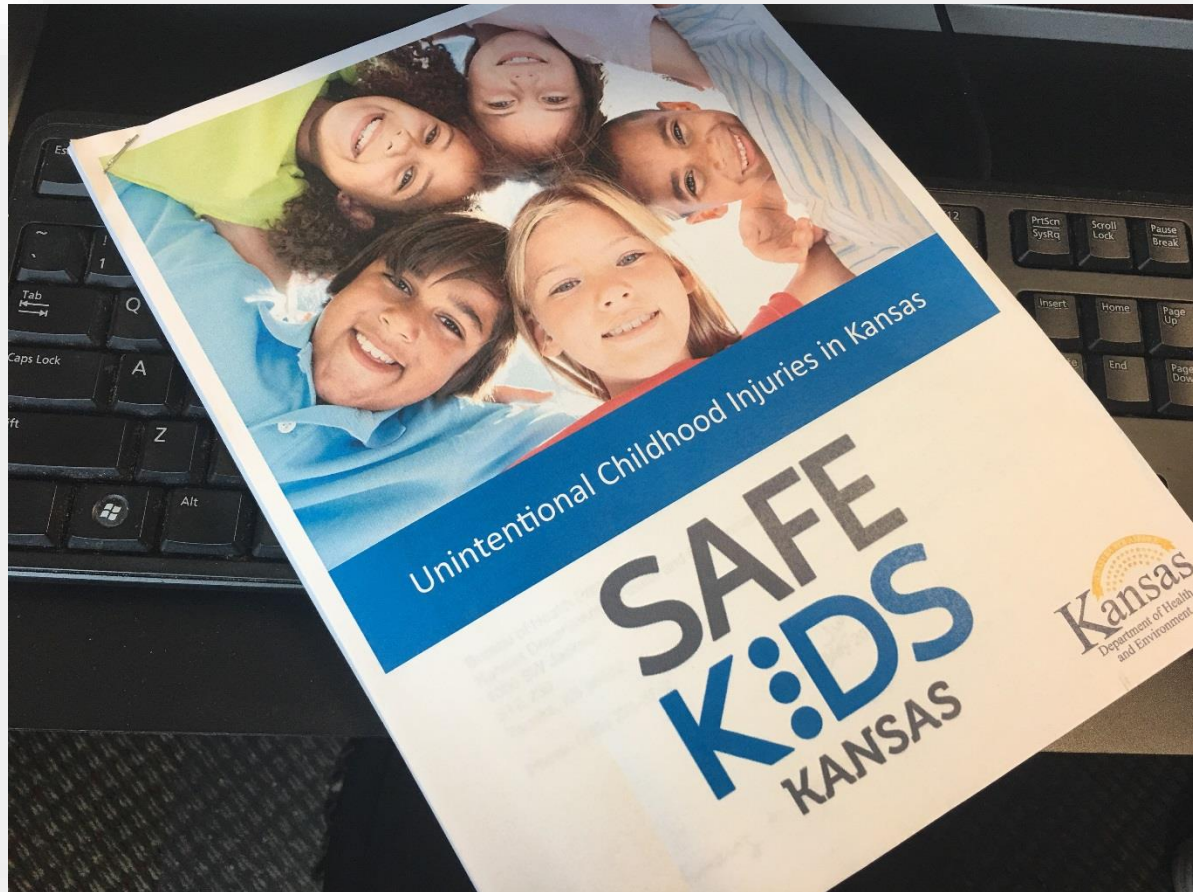
- ★ Alone
- ★ On their back
- ★ In a crib

Check for crib recalls

  
[www.Recalls.gov](http://www.Recalls.gov)



# 2012 – Burden Report on Unintentional Injuries





# Injury Priority Risk Areas

- Motor Vehicle Safety
- Poison Prevention
- Fire and Burn Prevention
- **Safe Sleep**



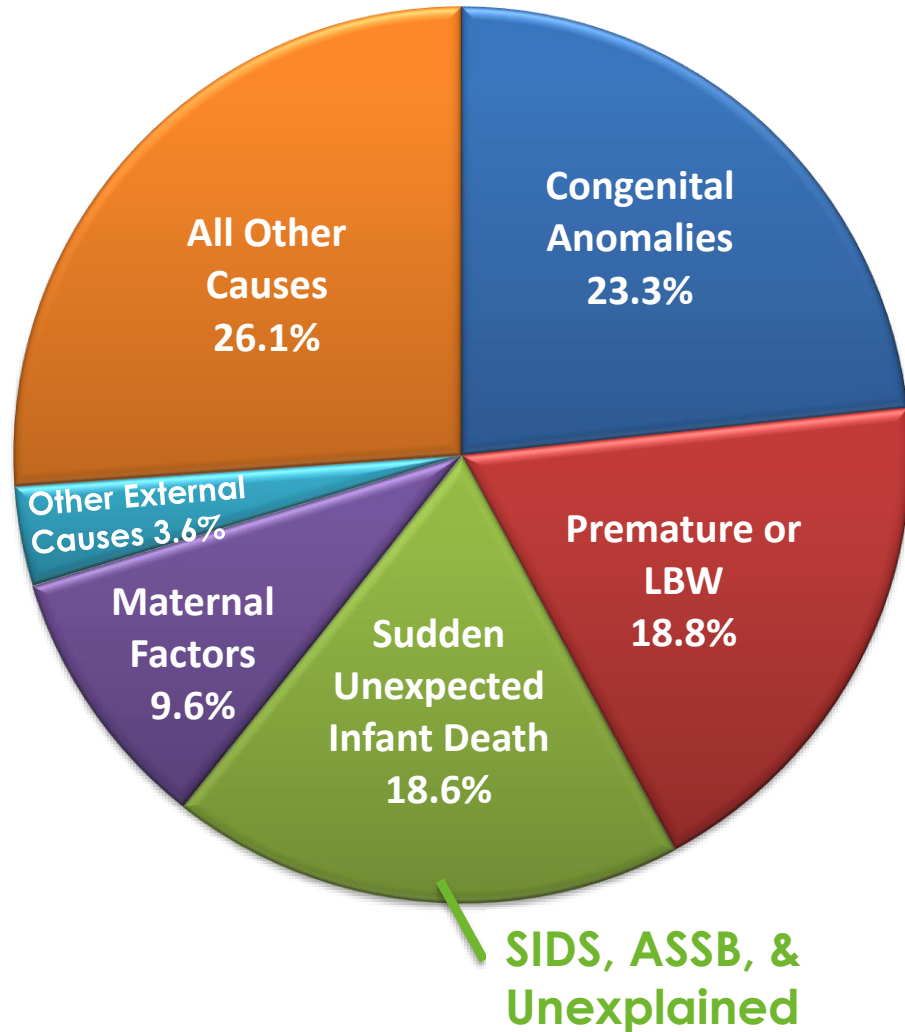


# Hospital Survey





# Kansas Infant Mortality 2013-2017



Source: Bureau of  
Epidemiology and Public  
Health Informatics, KDHE



## KANSAS JOURNAL of MEDICINE

Safe Sleep Practices of Kansas Birthing  
Hospitals

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<sup>1</sup>University of Kansas School of Medicine-Wichita,  
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<sup>3</sup>Safe Kids Kansas, Topeka, KS

## ABSTRACT

**Introduction.** Sleep-related death is tied with congenital anomalies as the leading cause of infant mortality in Kansas, and external risk factors are present in 83% of these deaths. Hospitals can impact caregiver intentions to follow risk-reduction strategies. This project assessed the current practices and policies of Kansas hospitals with regard to safe sleep.

**Methods.** A cross-sectional survey of existing safe sleep practices and policies in Kansas hospitals was performed. Hospitals were categorized based on reported delivery volume and data were compared

Research purpose: Assessment of current safe sleep practices & policies

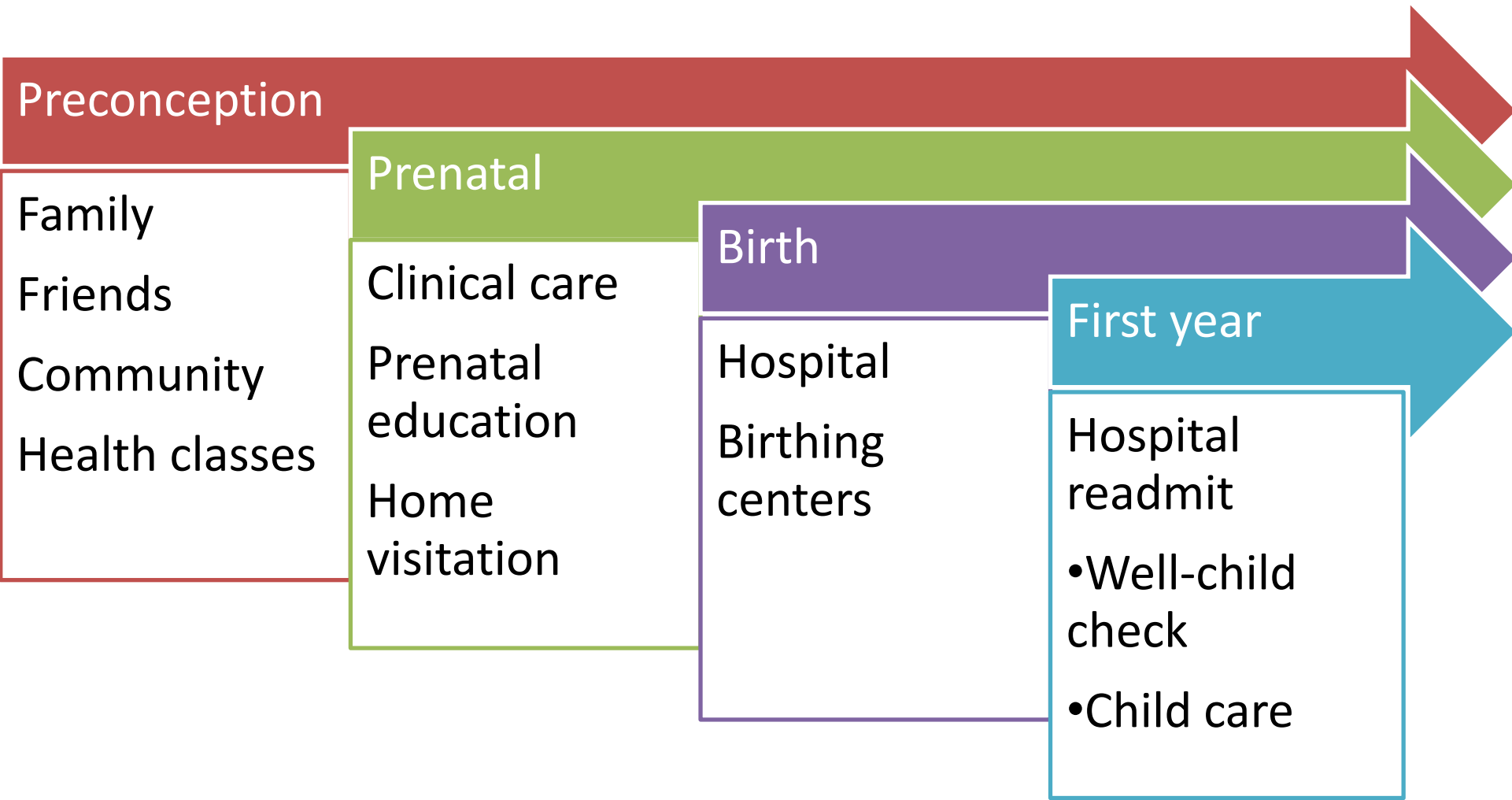
## Results

- 42% response rate (N=73)
- Hospital Units reporting
  - 68% Newborn/well-baby
  - 29% Non-nursery
  - 3% Neonatal Intensive Care
- 58% were trained on safe sleep
- 44% held annual safe sleep training
- 39% had safe sleep policy
- Only 33% audit compliance with policy

## Conclusions

- Top barrier to safe sleep reported as conflicting patient and family member beliefs
- Need assistance with auditing
- Access to safe sleep materials
- Hospital not solely responsible for safe sleep education

# Consistent Safe Sleep Messages



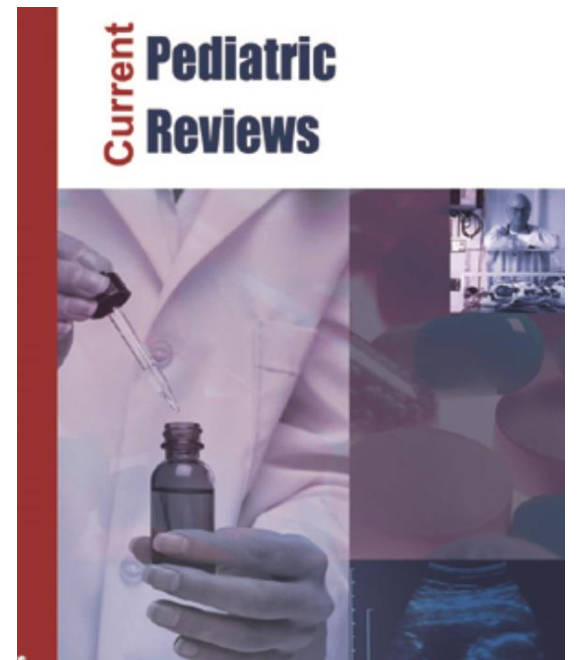
# Informed Safe Sleep Strategies



The national experts have identified the following approaches to be evidence-based safe sleep interventions:

- Safe Sleep Community Baby Showers
- Crib distribution programs (crib clinics, hospital Cribs for KIDS programs, BAM collaborations, and home visiting programs)
- Child care legislation
- 60-day mobile health program

KIDS Network is building comprehensive safe sleep tools to implement consistent safe sleep across a continuum.



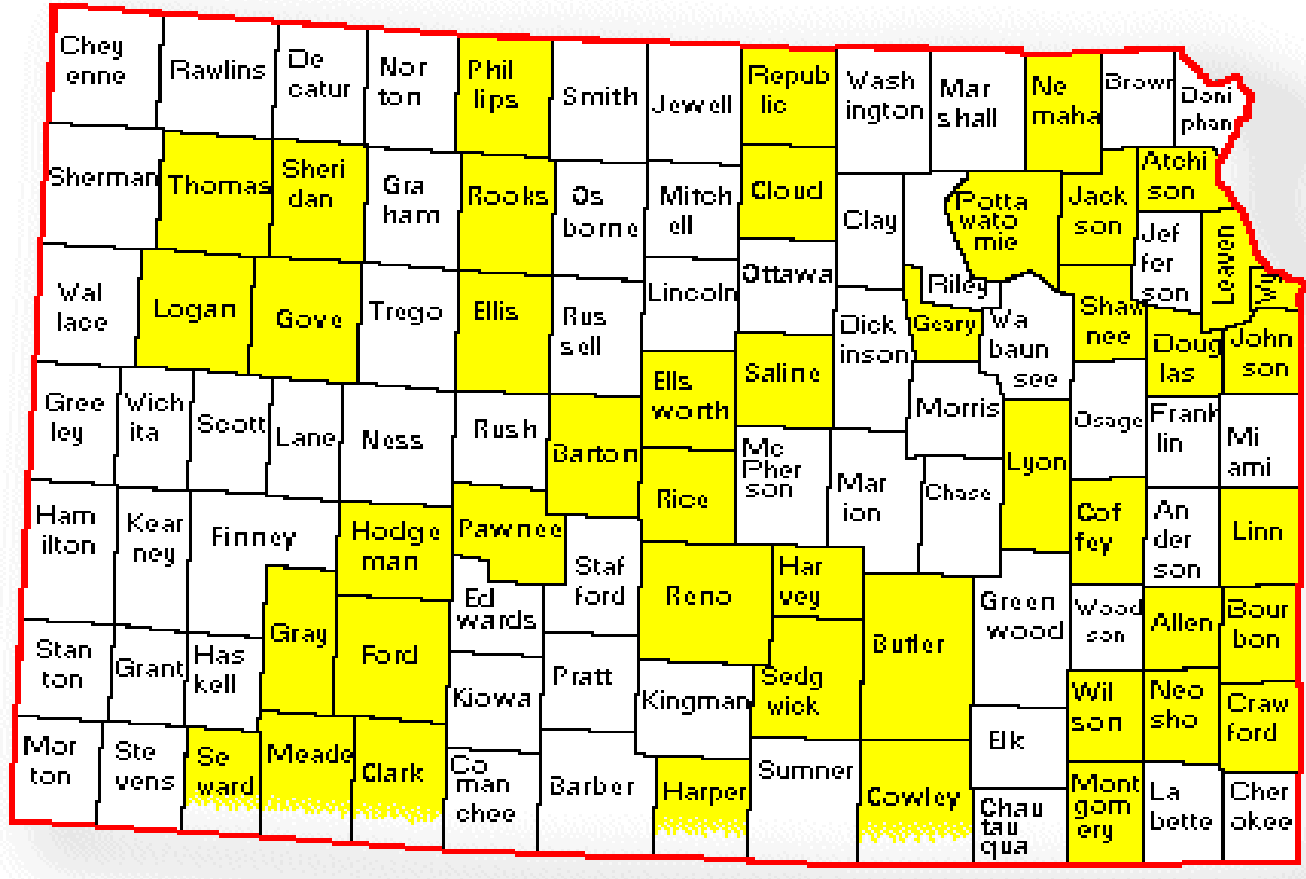


## Safe Sleep Instructor Project

- Pilot project to test Safe Sleep Instructor idea supported by March of Dimes
  - Provide Safe Sleep Training to at least 10 professionals
- 3-year statewide expansion supported by Title V MCH includes:
  - Safe Sleep Instructor Certification Process
    - Facilitate Safe Sleep Community Baby Showers
    - Implement Cribs for KIDS Hospital Safe sleep certification program in local delivering hospital
    - Implement Safe Sleep Star Outpatient QI Toolkit in OB/PEDS/FM clinics







115 healthcare providers, home visitors, and early childhood professionals convene for a 2-day training including:

- Demonstration
- Breakout sessions
- Practice with feedback
- Instructors were from Kansas, Nebraska, Pennsylvania and Michigan
- Instructors significantly increased in knowledge from pre- to post-test





- Requirement
  - SSI provide safe sleep training to at least 10 professionals/caregivers
- FY18 Results
  - 54 SSIs trained
  - Trainees significantly increased in knowledge from pre- to post-test
    - Pretest = 8.9 (SD=2.2)
    - Posttest = 10.2 (SD=2.1)







## Requirement

- SSI host at least 1 community baby shower/crib clinic
- 29 showers in FY18
- 870 pregnant women participated in pre- and post-event surveys
  - 53% non-Hispanic White
  - 21% Hispanic
  - 15% Black/African American
  - 2% Multiracial/Other
  - 58% ≤ high school diploma
  - 12% Spanish speaking only



**FY18 Results: Safe Sleep Intentions**

	Pre	Post	P-value
Safe Position: Back Only	83.1%	93.8%	<0.001
Safe Location: Crib, Bassinet, Portable Crib	83.2%	93.6%	<0.001
No Unsafe Items: Blankets, Bumpers, etc.	69%	87.7%	<0.001
Will educate others who care for their baby	66.7%	91.7%	<0.001

**FY18 Results: Breastfeeding Intentions**

	Pre	Post	P-value
Very Likely to Breastfeed	71.7%	75.4%	<0.001
Confident Able to Breastfeed ≥6 months	69.9%	75.9%	<0.001
Identify ≥3 local resources for breastfeeding support	26%	47.2%	<0.001

**FY18 Results: Tobacco Cessation**

	Pre	Post	P-value
Identify ≥3 ways to avoid 2 <sup>nd</sup> hand smoke	73.2%	86.6%	<0.001
Identify ≥3 local resources for cessation	12.4%	27.5%	<0.001

- 10.5% participants reported they used tobacco in the previous 6 months
- 39.6% were ready to quit in next 30 days



## Requirement

- Develop a safe sleep policy statement
  - Train Staff
  - Educate parents
  - Replace blankets with wearable blankets
  - Audit/record progress & report to C4K
  - Provide community & media outreach
  - Partner with C4K
- 
- FY18 Results
    - 2 Bronze
    - 0 Silver
    - 4 Gold





## Requirement



1. **Provide annual safe sleep training to OB/FP/PED clinic employees**
2. **Create a clinic safe sleep policy**
3. **Distribute Safe Sleep materials to clients**



4. Embed the Safe Sleep Quiz and provider script at 28 & 36 weeks/newborn & well baby appts
5. Collect pre- and post-test data and submit to KIDS Network



6. **Engage in safe sleep education at the community level (i.e. Health fairs, community baby showers at least twice a year)**

## FY18 Results

Number of clinics engaged:

- **4 Bronze**
- **2 Silver**
- **4 Gold**

**Safe Sleep Star Clinic**  
**Gold Certified**



**KIDS**  
Kansas Infant Death and SIDS Network

KANSAS INFANT DEATH AND SIDS NETWORK



- Continue to prioritize communities with high IMR
- Engage community members (lay persons) to become SSIs
- Embed Today's Baby in SSI infrastructure
- First responders as safe sleep messengers

## Thank you/Questions



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# Questions?



Please enter your questions in the Q & A pod

# Thank you!

Please fill out our evaluation: <https://www.surveymonkey.com/r/XPD3CDD>



Visit our website:

[www.ChildrensSafetyNetwork.org](http://www.ChildrensSafetyNetwork.org)