



Safe Infant Sleep: Innovative National and State Efforts to Protect Our Youngest

December 9th, 2015

Meeting Orientation

- If you are having any technical problems with the webinar please contact the Adobe Connect hotline at 1-800-416-7640 or type your question into the Q&A box
- For audio, listen through computer speakers or call into the phone line at 866-835-7973
- Type any additional questions or comments into the Q&A box on the left

Moderator



Becky Spicer, PhD

Presenters



Suzanne Bronheim, PhD



Rachel Heitmann, MS

Among children <1, SIDS was the 3rd leading cause of death in 2012

10 Leading Causes of Death by Age Group, United States – 2012

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 4,939	Unintentional Injury 1,353	Unintentional Injury 743	Unintentional Injury 807	Unintentional Injury 11,908	Unintentional Injury 15,851	Unintentional Injury 15,034	Malignant Neoplasms 48,028	Malignant Neoplasms 113,130	Heart Disease 477,840	Heart Disease 599,711
2	Short Gestation 4,202	Congenital Anomalies 501	Malignant Neoplasms 440	Malignant Neoplasms 472	Suicide 4,872	Suicide 6,216	Malignant Neoplasms 11,337	Heart Disease 35,265	Heart Disease 71,228	Malignant Neoplasms 403,497	Malignant Neoplasms 582,623
3	SIDS 1,679	Malignant Neoplasms 392	Congenital Anomalies 167	Suicide 306	Homicide 4,614	Homicide 4,342	Heart Disease 10,489	Unintentional Injury 20,394	Unintentional Injury 15,822	Chronic Low. Respiratory Disease 122,375	Chronic Low. Respiratory Disease 143,489
4	Maternal Pregnancy Comp. 1,507	Homicide 339	Homicide 138	Homicide 173	Malignant Neoplasms 1,574	Malignant Neoplasms 3,674	Suicide 6,758	Liver Disease 8,877	Chronic Low. Respiratory Disease 15,212	Cerebro-vascular 109,127	Cerebro-vascular 128,546
5	Unintentional Injury 1,169	Heart Disease 154	Heart Disease 67	Congenital Anomalies 160	Heart Disease 956	Heart Disease 3,231	Homicide 2,705	Suicide 8,862	Diabetes Mellitus 12,553	Alzheimer's Disease 82,690	Unintentional Injury 127,792
6	Placenta Cord. Membranes 1,018	Influenza & Pneumonia 93	Chronic Low. Respiratory Disease 63	Heart Disease 108	Congenital Anomalies 423	HIV 652	Liver Disease 2,469	Diabetes Mellitus 5,747	Cerebro-vascular 11,230	Diabetes Mellitus 52,881	Alzheimer's Disease 83,637
7	Bacterial Sepsis 566	Septicemia 62	Benign Neoplasms 47	Chronic Low Respiratory Disease 56	Diabetes Mellitus 196	Diabetes Mellitus 646	Diabetes Mellitus 1,867	Cerebro-vascular 5,654	Cerebro-vascular 11,070	Unintentional Injury 44,698	Diabetes Mellitus 73,932
8	Respiratory Distress 504	Cerebro-vascular 56	Influenza & Pneumonia 44	Cerebro-vascular 51	Cerebro-vascular 183	Liver Disease 597	Cerebro-vascular 1,730	Chronic Low. Respiratory Disease 4,533	Suicide 6,929	Influenza & Pneumonia 43,355	Influenza & Pneumonia 50,636
9	Circulatory System Disease 492	Benign Neoplasms 55	Cerebro-vascular 34	Influenza & Pneumonia 41	Complicated Pregnancy 169	Cerebro-vascular 535	HIV 1,345	HIV 2,582	Septicemia 4,982	Nephritis 37,740	Nephritis 45,622
10	Neonatal Hemorrhage 422	Chronic Low Respiratory Disease 51	Septicemia 26	Benign Neoplasms 40	Influenza & Pneumonia 147	Congenital Anomalies 401	Septicemia 757	Septicemia 2,340	Nephritis 4,765	Septicemia 27,022	Suicide 40,600

Data Source: National Vital Statistics System, National Center for Health Statistics, CDC.
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

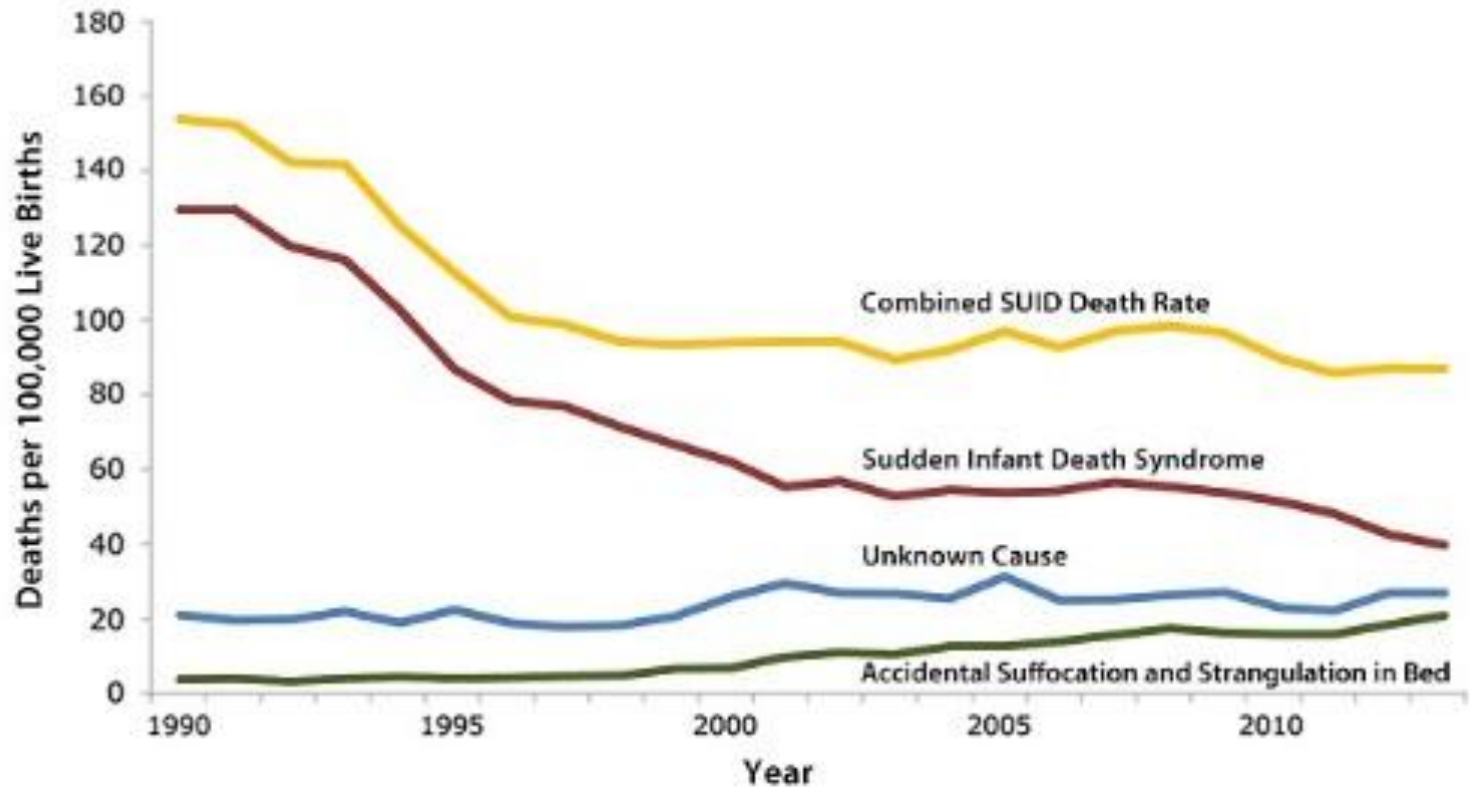
Leading Causes of Fatal Injury, United States, 2010

Rank	Age Groups				
	<1	1 - 4	5 - 9	10 - 14	15-19
1	SUID 3,610	Drowning 436	MVT 354	MVT 452	MVT 7,024
2	Homicide Unspecified 203	MVT 343	Drowning 134	Suicide Suffocation 168	Homicide Firearm 3,889
3	MVT 79	Homicide Unspecified 163	Fire/Burn 89	Drowning 117	Poisoning 3,183
4	Drowning 39	Fire/Burn 151	Homicide Firearm 58	Homicide Firearm 107	Suicide Firearm 2,046
5	Suffocation Undetermined 39	Suffocation 134	Suffocation 31	Suicide Firearm 80	Suicide Suffocation 1,824

SUID = Sudden Unexplained Infant Death

Data Source: NCHS, Multiple Cause of Death File, 2010

SUID/100,000 live births





NAPPPSS

National Action Partnership to Promote Safe Sleep
A Wake-Up Call to Safeguard Sleeping Infants



Safe Infant Sleep: Innovative National and State Efforts to Protect Our Youngest

**Wednesday, December 9, 2015
3:00-4:00 PM Eastern Standard Time**

National Action Partnership to Promote Safe Sleep

Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)



Why NAPPSS?

- The National Action Partnership to Promote Safe Sleep (NAPPSS) is part of the Maternal and Child Health Bureau's efforts to measurably reduce infant mortality.



National Action Partnership to Promote Safe Sleep

Funded by the U.S. Maternal and Child Health Bureau (grant number UF7MC26937-01-00)



Why NAPPSS?

- Where we are now:
 - AAP Guidelines
 - Back to Sleep
 - Safe to Sleep®
- Many efforts at the state and local levels, but no comprehensive national strategy



Why NAPPSS?

Where we are now:

- Caregivers often know the safe sleep “message,” but are not changing behaviors
- Caregivers report a need to understand the reasons for safe sleep recommendations
- Racial disparities persist



Our Integrated Approach— Breastfeeding and Safe Sleep

- Breastfeeding is protective.
- The field has addressed feeding and sleeping separately—families don't.
- Need to bring together the power of these important behaviors



Source: United States Breastfeeding Committee.

National Action Partnership to Promote Safe Sleep

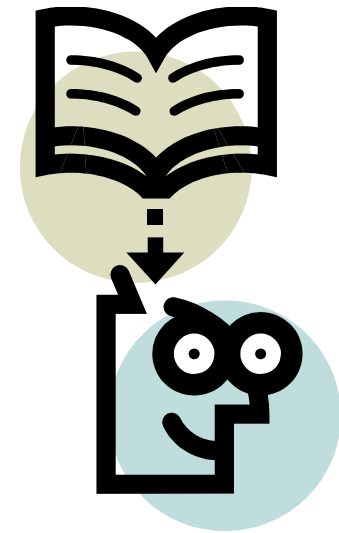
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A Theory-Driven Approach

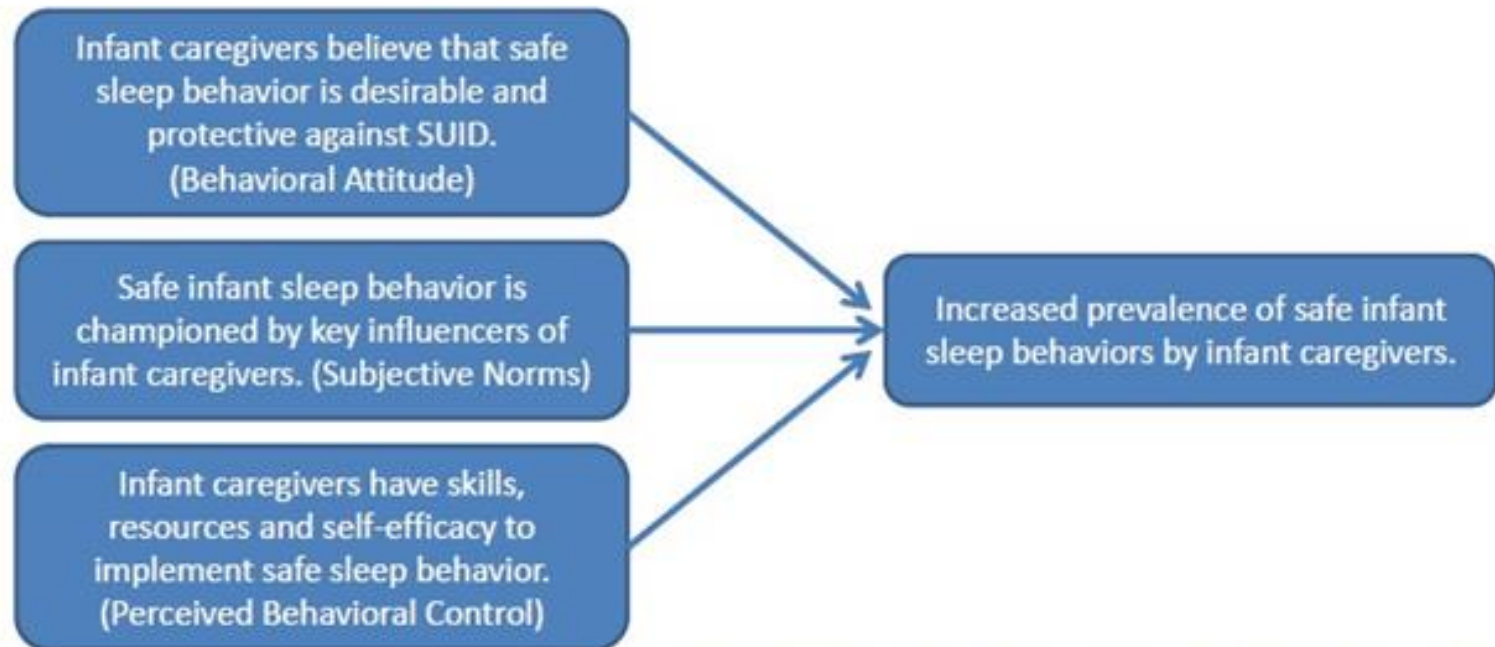
- Azjen's Theory of Behavior Change
- Social-ecological Model
- Diffusion of Innovation

Read more about our approach at
<http://nappss.org/conceptual-model.php>



Azjen's Theory of Planned Behavior

Conceptual Framework for Increasing Adoption of Safe Sleep Behaviors by Infant Caregivers



Model derived from the Theory of Planned Behavior (Azjen, 1985)



Public Health Examples

Smoking:

1. Surgeon General's warning on cigarettes, PSAs, etc.
2. Outlawing smoking in public places; workplace policies
3. Quit lines, smoking cessation programs, medications

Car seats:

1. Education for parents, public campaigns
2. Laws requiring car seats
3. Local fire departments install car seats

Drunk driving:

1. MADD, SADD campaigns
2. Stricter DUI laws and enforcement
3. Designated drivers



How Do We Get People to Accept New Things?

- Diffusion is the process in which an innovation is communicated through certain channels over time among members of a social system. This is a two-way communication that leads to diffusion.



Rogers, E. (2003) *Diffusion of Innovations: Fifth Edition*. New York, NY: Free Press



How Do We Get People to Accept New Things?

Three stages

Campaigns—One way communication

- Letting people know it exists—media, brochures

Conversations—Two way communication

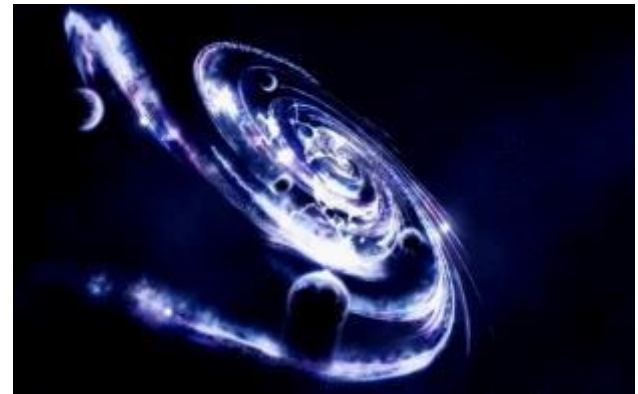
- Reinforcement/Persuasion—input from trusted others who approve of the innovation
- Decision/adoption—can I make it work, will I like it?

Rogers, E. (2003) *Diffusion of Innovations: Fifth Edition*. New York, NY: Free Press



Moving from Campaigns to Conversations

This is the new frontier!



How do we do this?

Who can help us?

How do we train people to be effective?—
Looking at other models including lactation
consultants, health educators, etc.



Social Ecological Model

We need Safe Sleep to be everybody's business.

Who provides the influence and support needed in Azjen's second step?



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Broader cultural attitudes and political will to address child health and safety, infant mortality, and health disparities.

Society

Public Policy

Federal/state governmental agencies
Governors and state legislatures.

FIMRs, CDRs, safe sleep coalitions, injury prevention coalitions, state SIDS/SUID programs, ColIN teams, Safe to Sleep® Campaign; First Candle, CJ Foundation for SIDS, Cribs for Kids, AAP's Task Force on Sudden Infant Death Syndrome, etc.

Safe Sleep Experts/Leadership

Level 1. Organizations that can directly motivate or require influencers to promote safe sleep. **Level 2.** Organizations that can influence, impact or require programs/agencies, businesses that serve caregivers of infants to promote safe sleep

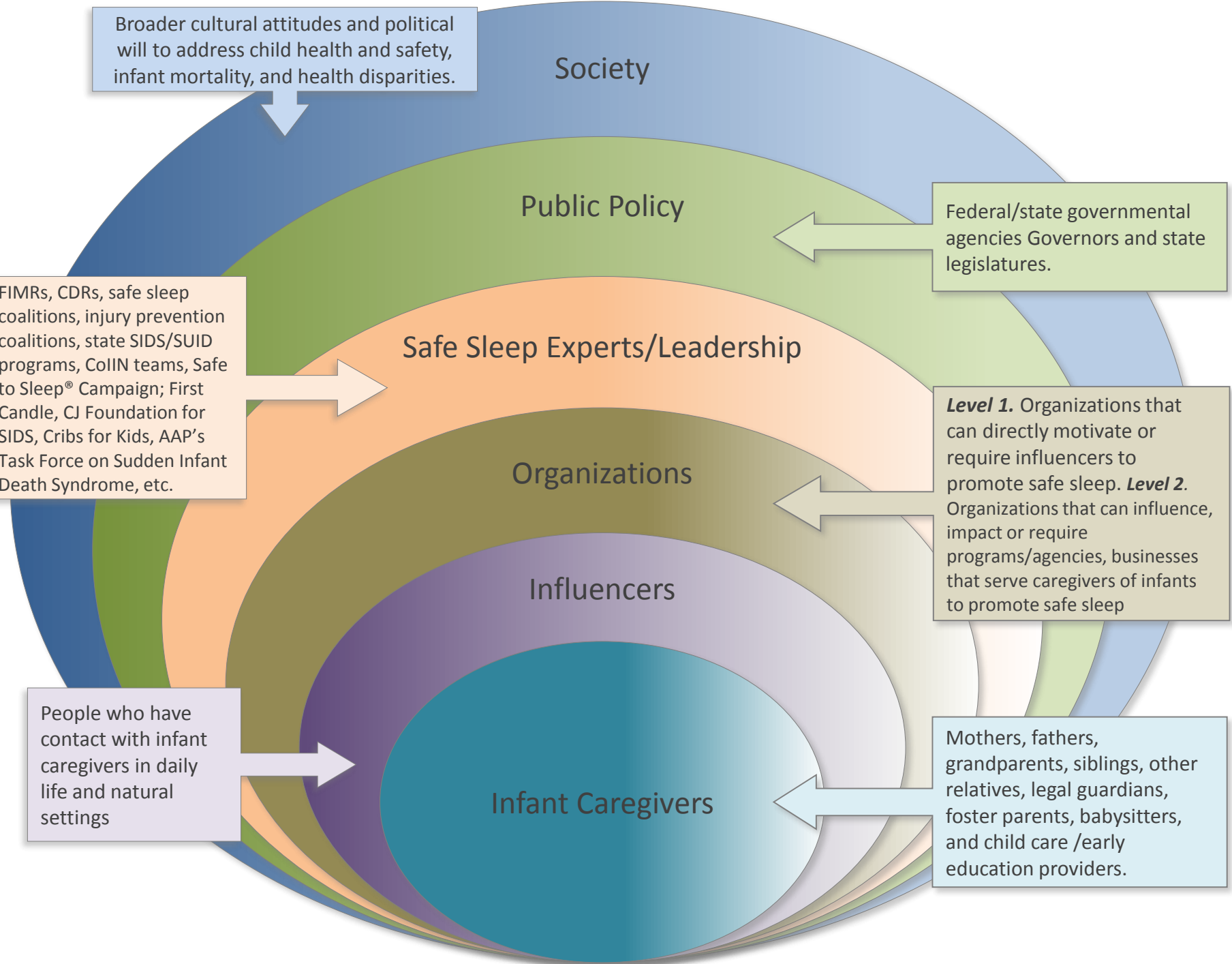
Organizations

Influencers

People who have contact with infant caregivers in daily life and natural settings

Infant Caregivers

Mothers, fathers, grandparents, siblings, other relatives, legal guardians, foster parents, babysitters, and child care /early education providers.



How NAPPSS Is Meeting the Challenge

- Create a national action plan
- Engage a strategic national coalition to populate the plan with concrete actions
- Create Action Teams to implement key components of the plan on a national level
- Integrate safe sleep and breastfeeding promotion
- Move from campaigns to conversations
- Host an interactive website to share progress, engage new partners and track the plan



NAPPSS Steering Committee

- Georgetown Members
 - Rochelle Mayer
 - Suzanne Bronheim
 - John Richards
 - Susan Lorenzo
 - Keisha Watson
- External Leadership
 - Barb Himes, First Candle
 - Mary Adkins, Tomorrow's Child
 - Megan Renner, USBC
 - Rachel Moon, Chair AAP SIDS Task Force
 - Maureen Perkins, MCHB Project Officer
 - Lorena Kaplan, NICHD Safe to Sleep® Campaign



Expert Leadership Group

SUID/SIDS Focused Organizations

- Cribs for Kids
- CJ Foundation for SIDS
- First Candle
- National Center for Child Death Review
- National Fetal/ Infant Mortality Review Program
- Tomorrow's Child

SUID/SIDS Researchers

- Eve Colson, M.D., Yale School of Medicine
- Michael Goodstein, M.D. York Hospital
- Carrier Shapiro Mendoza, Ph.D., MPH Centers for Disease Control and Prevention
- Fern Hauck, M.D., M.S., University of Virginia School of Medicine
- Barbara Ostfeld, Ph.D., SIDS Center of New Jersey
- Lena Camperlengo, R.N., Dr. PH

National Public Health Membership and Advocacy Organizations

- American Academy of Pediatrics
- Association of MCH Programs
- Association of State and Territorial Health Officials
- Children's Safety Network
- Safe Kids Worldwide
- National Resource Center for Health and Safety in Childcare
- Safe Sleep CoIIN—NICHQ
- CityMatCH



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NAPPSS Coalition Members

(Learn more at nappss.org)

Early Childhood Care; Maternal and Child Education and Wellness

- Baby & Me—Tobacco Free
- Centering Healthcare Institute
- Child Care Aware
- National Healthy Start Association
- Emergency Medical Services for Children National Resource Center
- Lamaze International
- National Military Family Association
- National WIC Association
- Healthy Start EPIC Center
- National Child Care Association
- Parents as Teachers
- Text4Baby
- Zero to Three



Health Care Provider Organizations

- American Academy of Family Physicians
- Coalition for Quality Maternity Care
- American Academy of Pediatrics
- American College of Nurse Midwives
- Association of Clinicians for the Underserved
- Association of Women's Health, Obstetric and Neonatal Nurses
- National Association of Pediatric Nurse Practitioners
- National Institute for Health Care Management

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NAPPSS Coalition Members

Racial/Cultural-Specific Advocacy and Service Organizations

- Alaska Native Medical Center
- Beloved Community Church
- Black Women's Health Imperative
- National Birth Equity Collaborative

Collaborative

- National Council of Urban Indian Health
- National Urban League
- The Links, Incorporated Potomac Chapter
- Urban Indian Health Institute

Breastfeeding Advocacy and Support Organizations

- Baby-Friendly USA
- La Leche League USA
- United States Breastfeeding Committee
- United States Lactation Consultant Association



NAPPSS Coalition Members

Health and Human Service Systems Organizations

- American Association of Birth Center
- Child Welfare League of America
- ideas42
- Keystone Center
- March of Dimes
- MedStar Georgetown University Hospital
- Michigan Health & Hospital Association
- National Association of County & City Health Officials
- National Association of Community Health Centers
- National Center for Health in Public Housing

Media

- National Association of Black Owned Broadcasters
- Native Health News Alliance

Businesses

- Wendy's Bloggers
- Juvenile Products Manufacturers Association



Purpose of the National Action Plan to Increase Safe Infant Sleep—A Call to Action

- The Plan informs the actions of NAPPSS, but it is national—not just to be implemented by NAPPSS and the Coalition Members.
- The Plan organizes current and potential actions based on theory to produce behavior change
- The Plan provides an organized way to gather information about actions across the country to support behavior change
- The Plan can be used as a foundation for state and local decision-making and fund-seeking for their efforts.



National Action Plan

Vision

We envision a world where all babies sleep safely—each night and each naptime —and wake up healthy and strong.



National Action Plan

Mission

The National Action Partnership to Promote Safe Sleep (NAPPS) will develop and implement a practical National Action Plan to Increase Safe Infant Sleep and partner to support breastfeeding among infant caregivers by activating systems, supports, and services to systematically work together to make safe infant sleep a national norm.



National Action Plan

Overarching Principles

1. Ensure that actions are designed to support all individuals and are effective for populations who experience the highest rates of sleep-related infant deaths.
2. Incorporate values and principles of cultural and linguistic competence to ensure that actions are respectful and effective for infant caregivers from all backgrounds.



National Action Plan

Overarching Principles

3. Engage infant caregivers and their communities in designing, implementing, and evaluating actions to promote safe sleep practices.
4. Activate the systems and services that touch families to work together to ensure that all babies sleep safely each night and each naptime.



National Action Plan

Overarching Principles

5. Honor caregiver's experiences of caring for infants by integrating the promotion of safe sleep practices and breastfeeding to reduce SUID/SIDS deaths.
6. Recognize that families are the ultimate decision-makers each day and night in the moments of personal choice about how to care for their infants.



National Action Plan

Goal 1: Infant caregivers will understand the advantages of safe sleep practices and breastfeeding; develop positive perceptions of these practices; and adopt such practices.

Strategies

1.1: *Share consistent, accurate, evidence-based and culturally competent information with infant caregivers about current safe sleep and breastfeeding recommendations and why they are important.*

- Action 1.1.1: Create approaches to disseminating accurate and consistent information through mass media and advertising.
- Action 1.1.2 Reinforce awareness of the recommendations through the use of appropriate images in media.
- Action 1.1.3: Create approaches to disseminating accurate and consistent information in social media.
- Action 1.1.4: Engage infant caregivers in the development of content and approaches to delivering information that address diverse beliefs, values and practices.



National Action Plan

Goal 1: Infant caregivers will understand the advantages of safe sleep practices and breastfeeding; develop positive perceptions of these practices; and adopt such practices.

Strategies

1.1: *Share consistent, accurate, evidence-based and culturally competent information with infant caregivers about current safe sleep and breastfeeding recommendations and why they are important. (continued)*

- Action 1.1.5: Mobilize national organizations of health care professionals, programs that serve infant caregivers and their communities to develop or update positions and policies.
- Action 1.1.6: Mobilize organizations of health care professionals, programs that serve infant caregivers and their communities to audit their websites, publications and media resources to insure they reflect best practices in images and information.
- Action 1.1.7: Mobilize organizations of health care professionals, programs that serve infant caregivers and their communities to support training for their constituents on providing accurate and consistent information.
- Action 1.1.8: Create and implement policies in health care settings and other programs serving infant caregivers and their communities to provide consistent and accurate information and modeling.



National Action Plan

Goal 1: Infant caregivers will understand the advantages of safe sleep practices and breastfeeding; develop positive perceptions of these practices; and adopt such practices.

Strategies

1.2: *Promote actions that use shared conversations with infant caregivers that identify their concerns and barriers to implementing safe sleep behaviors and breastfeeding and that seek solutions, in partnership, to these challenges.*

- Action 1.2.1: Create content and approaches for shared conversations that resonate with caregivers and reflect cultural beliefs, values and practices and support them in creating goals.
- Action 1.2.2: Develop methods for implementing shared conversations through existing relationships and programs.
- Action 1.2.3: Train health care professionals and others who interact with infant caregivers on how to have conversations about safe sleep behaviors and breastfeeding.



National Action Plan

Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregiver's child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies

2.1: Engage these trusted individuals and groups in systems-wide effort to promote safe sleep and breastfeeding.

- Action 2.1.1: Utilize focus group and other methods to learn perceptions, beliefs and values of community members who influence infant caregivers to inform promotion efforts.
- Action 2.1.2: Provide training and toolkits for action to community groups and systems to integrate safe sleep and breastfeeding promotion into their policies and activities.



National Action Plan

Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregivers' child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies

2.2: Enlist these trusted individuals and groups as safe sleep “champions” who have the motivation, knowledge, and skills to engage in meaningful conversations with mothers, fathers, and other infant caregivers to promote safe sleep behaviors and breastfeeding.

- Action 2.2.1: Utilize existing programs that support infant health to promote safe sleep and breastfeeding.
- Action 2.2.2: Engage and train community members including, but not limited to EMS providers, child care and early education providers, faith and cultural leaders, extended family, community social and service organizations to promote safe sleep and breastfeeding.



National Action Plan

Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregivers' child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies

2.3: Actively promote safe sleep and breastfeeding within all systems and programs that serve families with an emphasis on populations who experience the highest rates of sleep-related infant deaths.

- Action 2.3.1: Provide training and toolkits for action to state coalitions and programs, community groups, healthcare organizations, and other systems to integrate safe sleep and breastfeeding promotion into their policies and activities.
- Action 2.3.2: Empower child care and early education providers with training to implement supportive policies and practices.



National Action Plan

Goal 2: Individuals and groups who are trusted by infant caregivers and who influence infant caregivers' child-rearing beliefs and practices will understand the importance of safe sleep behaviors and breastfeeding, and will effectively communicate their protective benefits.

Strategies

2.3: Actively promote safe sleep and breastfeeding within all systems and programs that serve families with an emphasis on populations who experience the highest rates of sleep-related infant deaths. (continued)

- Action 2.3.3: Mobilize national organizations of health care professionals and state and local programs that serve infant caregivers and their communities to share communication on safe sleep and breastfeeding through existing communication resources, social media, websites, newsletters, list serves, blogs, etc.
- Action 2.3.4: Engage state Title V Maternal and Child Health (MCH) programs to explore how to integrate safe sleep and breastfeeding messaging into state and local MCH programs.
- Action 2.3.5: Convene action gatherings of community leaders to develop and promote strength-based approaches to infant health, safety, and resilience among families adversely affected by health inequities.



National Action Plan

Goal 3: Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep practices and breastfeeding within the realities of their lives.

Strategies

3.1: Equip infant caregivers with the skills and supports to reach their goals for feeding and sleeping their infants.

- Action 3.1.1: Create content for conversations and a process to help infant caregivers develop individualized plans for implementing and sustaining behaviors to reduce the risk of SUID/SIDS.
- Action 3.1.2: Develop mechanisms to provide infant caregivers quick and easy access to resources and supports to deal with challenges encountered in implementing and sustaining safe sleep and breastfeeding.



National Action Plan

Goal 3: Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep practices and breastfeeding within the realities of their lives.

Strategies

3.2: Provide access to best practice training and supports so that infant caregivers understand sleep/wake/feeding patterns in infancy and learn how best to comfort and settle their infants in ways that are consistent with safe sleep practices.

- Action 3.2.1: Develop and deliver through health care professionals, state and community programs and electronic/social media information about realistic expectations for infant sleep and feeding patterns and coping with the challenges of parenting infants.



National Action Plan

Goal 3: Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep practices and breastfeeding within the realities of their lives.

Strategies

3.3: Create processes for infant caregivers, regardless of their financial or housing status, to have safety-approved safe sleep surfaces and equipment needed to support and sustain breastfeeding.

- Action 3.3.1: Provide a systematic process within communities to assess the need for providing safe sleep surfaces and assure resources to provide them.
- Action 3.3.2: Provide a systematic process to help families understand and access breastfeeding equipment (e.g. breast pumps, etc.).
- Action 3.3.3: Engage cultural and community leaders to create culturally appropriate approaches to providing safe sleep surfaces.



National Action Plan

Goal 3: Infant caregivers will be empowered, through knowledge, access to resources and confidence, to integrate safe sleep practices and breastfeeding within the realities of their lives.

Strategies

3.4: Engage community systems and supports as partners in promoting safe sleep and breastfeeding to help families address housing insecurity, substandard housing, safe childcare, neighborhood violence, household violence, and other threats to the safety and well-being of infants in their care.

- Action 3.4.1: Engage organizations at the national and local levels that address these issues to join coalitions to address safe sleep and breastfeeding.
- Action 3.4.2: Develop mechanisms to support families to deal with the socioeconomic challenges that impede safe sleep and breastfeeding practices.



Let's Get Moving!

- **Action Teams**
- **Developing “Conversations” approaches**
- **Engaging all of you in implementing the plan!**



Action Team Topics

Action Teams—Taking Action at the National Level

- Child Care and Early Education Settings
- Organizational Outreach and Promotion
- Organizational Self Assessment
- Public Media



Conversation Approaches

- Work of NAPPSS for next two years
- Tasks include tapping the knowledge and networks of NAPPSS Coalition Members and other experts to:
 - Engage families and community members from a range of racial, cultural and ethnic backgrounds to provide input to content and suggested approaches to conversations
 - Learn from safe sleep and breastfeeding experts evidence base for the content
 - Learn from current efforts using conversation approaches (such as motivational interviewing) to develop an approach
 - Develop a tool kit and training for implementation of the approaches (including how to adapt for local communities)
 - Disseminate through the NAPPSS Coalition



Assuring Cultural and Linguistic Competence

- Ensure that all work groups have members who bring cultural perspectives of groups most affected by SUID/SIDS
- Create a structure to include all such coalition members to inform the entire NAPPSS process and the conversation approaches.
- Integrate an equity lens in the planning of activities to implement action team goals



How can the plan support your work?

- A way to organize and plan activities to achieve behavior change
- A way to give justification of current or proposed activities to funders
- A way to relate your work to others across the country
- A way to see what others are doing to support the plan



How can the National Coalition support your work?

- NAPPSS can connect you with the national coalition members' networks at the state and local level (a way to get more groups to the “table”)
- NAPPSS Action Teams will address issues at the national level—such as safe sleep and breastfeeding in child care—that can support state and local efforts



What Can You Do?

Go to www.nappss.org to:


- Document what you are doing to support implementation of the plan—share your successes, document our progress
- Sign up as a Friend of NAPPSS to receive updates on Action Team activities and progress on implementing the plan



National Action Plan to Increase Safe Infant Sleep

GEORGETOWN UNIVERSITY

NCMCH




NAPPSS
National Action Partnership to Promote Safe Sleep
A Wake-Up Call to Safeguard Sleeping Infants

Making Safe Sleep a National Norm
Funded by the U.S. Maternal and Child Health Bureau

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Click here for
National Action
Plan

It's time for a wake-up call. The NAPPSS project marks a new opportunity to safeguard the lives of infants at a time when understanding and reducing the risks of sleep-related infant deaths is advancing on multiple fronts. Key components are in place, including expanded professional safe sleep guidelines and a reinvigorated national campaign that has moved the needle from Back To Sleep to Safe To Sleep. But until now there has been no national coordinated strategy to engage the full set of partners to make safe sleep a national norm. [Read More](#)



Stay Connected: Safe Sleep Is Everyone's Business

We want to connect with you. Every person who represents a group that interacts with families and infants can play a role in making safe sleep a national norm. **Please sign up for our mailing list** to keep in communication about NAPPSS activities and resources.

NAPPSS is pleased to announce the official release of the National Action Plan to Increase Safe Infant Sleep.

Join us for a webinar hosted by HRSA's Maternal and Child Health Bureau to learn how your work on promoting safe sleep practices and breastfeeding fits into this national framework.

Date/Time: Wednesday, October 21, 2015 2:00-3:00 p.m. EDT

[Register Now](#)

Safe Sleep Resources

Here are resources that you, as a NAPPSS Coalition Member, can share with your constituents to move forward the safe sleep agenda:


nappss.org

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
Sharing Your Actions

 Vision



 Mission



 Principles




Interactive GOALS


To read the strategies and actions under each of the three goals below, please click on the goal itself or the down arrow to the right. After you expand the goal, you will see all the strategies and actions displayed.


Click on each action to access a fillable form to let us know what you and/or your organization are doing to promote this action. NAPPSS staff will collect these actions and will further populate this plan with your input. To close expanded goals, strategies, and actions, click on the corresponding text again or the up arrow to the right. Roll over hotlinked words to see their definitions.

Check back often, as we add more actions from the field—remember, this is a living document that will grow with time and use.


 **GOAL 1:** Infant caregivers will understand the advantages of safe sleep and breastfeeding; develop positive perceptions of these practices; and adopt such practices.




 **Strategy 1.1:** Share consistent, accurate, evidence-based and culturally competent information with infant caregivers about current safe sleep and breastfeeding recommendations and why they are important.

 **Action 1.1.1:** Create approaches to disseminating accurate and consistent information through mass media and advertising.



 **Action 1.1.2:** Reinforce awareness of the recommendations through the use of appropriate images in media.



 **Action 1.1.3:** Create approaches to disseminating accurate and consistent information in social media.



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Let's Keep Talking

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Maureen Perkins

U.S. Maternal and Child Health Bureau

mperkins@hrsa.gov



INNOVATIVE SAFE SLEEP INITIATIVES IN TENNESSEE

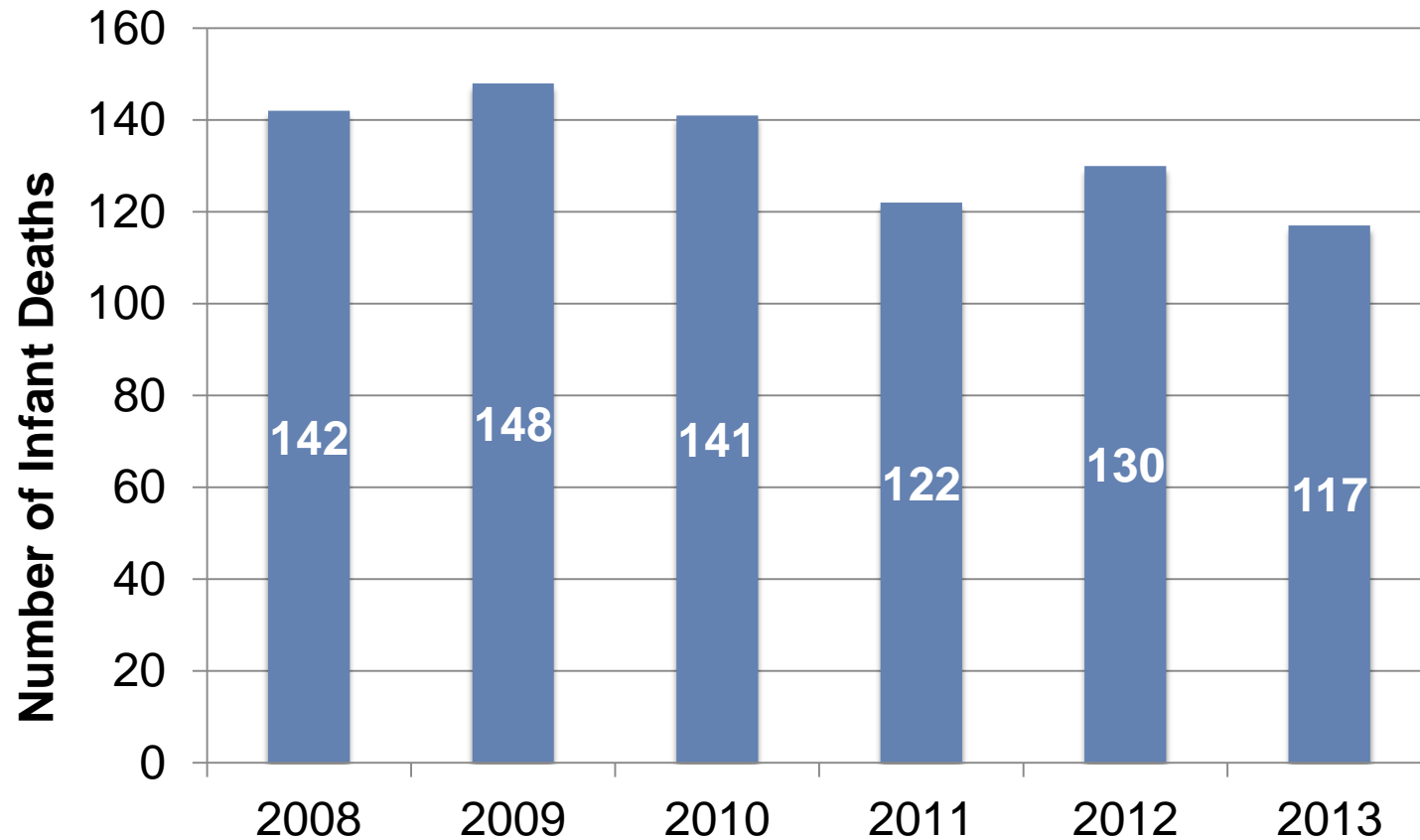
Rachel Heitmann, MS
Section Chief, Injury Prevention and
Detection

Content

- ❑ Sleep-Related Infant Deaths in Tennessee
- ❑ Statewide Safe Sleep Campaign
 - ▣ Hospital Policy Project
 - ▣ WIC educational module
 - ▣ Safe Sleep Floor Talker Project
 - ▣ DOSE Program
- ❑ Data Trends

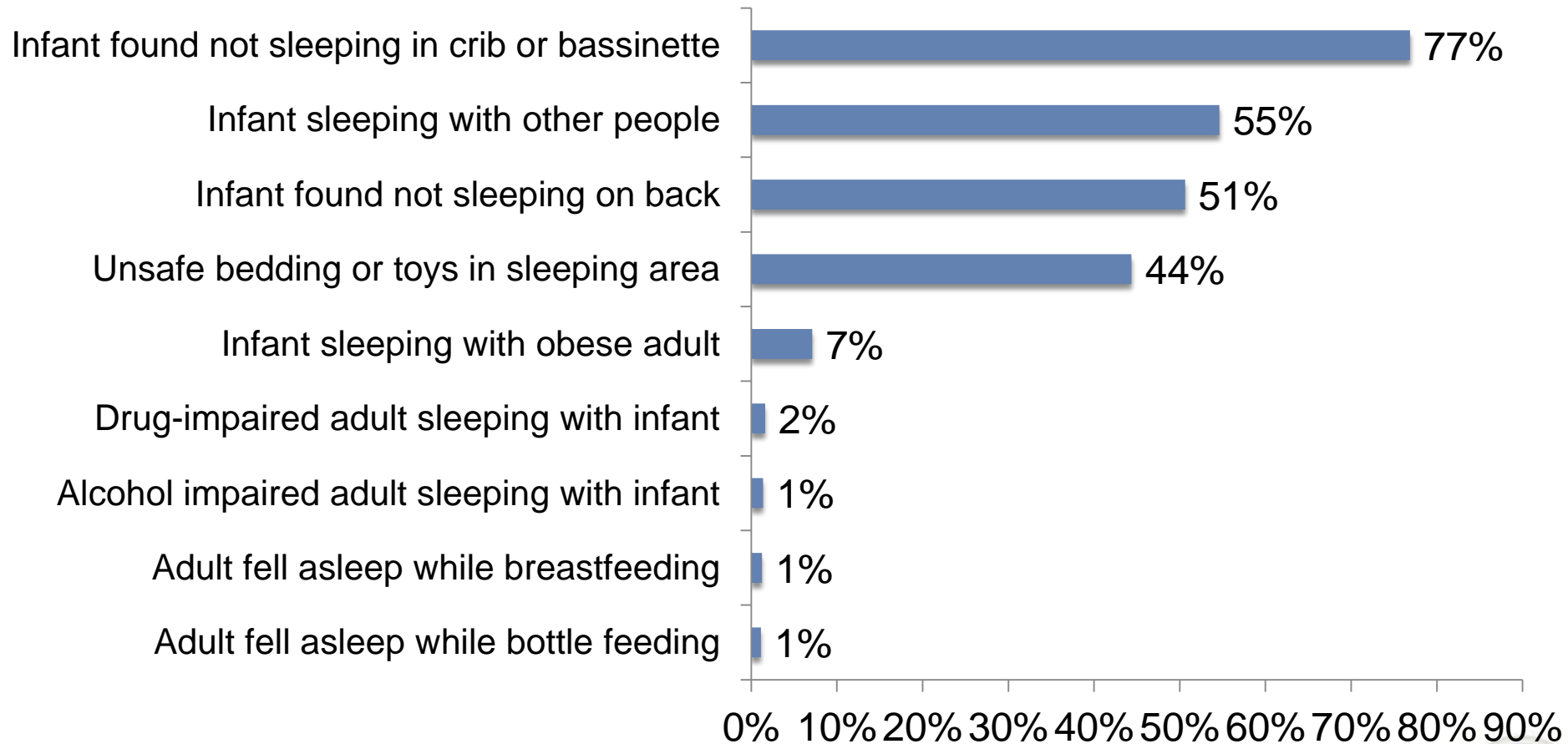


Sleep-Related Deaths In Tennessee, 2008 - 2013



Tennessee Sleep-Related Deaths 2008-2013

Contributors to Sleep-Related Deaths



Source: Tennessee Child Fatality Review, 2008-2013

*Multiple factors may have contributed to each death, therefore percentages do not sum to 100%.



Safe Sleep Campaign

- Statewide campaign launched in 2012 to promote the ABC's of safe sleep: Babies should *always* sleep **ALONGE**, on their **BACK** and in a **CRIB**
- New projects added in 2014 and 2015
 - ▣ Hospital Policy Project
 - ▣ WIC online educational module
 - ▣ Floor Talker Project
 - ▣ DOSE Program



Hospital Policy Project

- Develop and implement hospital Safe Sleep policy
- Policies must, at minimum, address requirements for:
 - Annual education to all perinatal staff on Safe Sleep recommendations
 - Requirements for staff to model Safe Sleep recommendations
 - Education for parents
- Required to report compliance on an annual basis



Hospital Policy Project

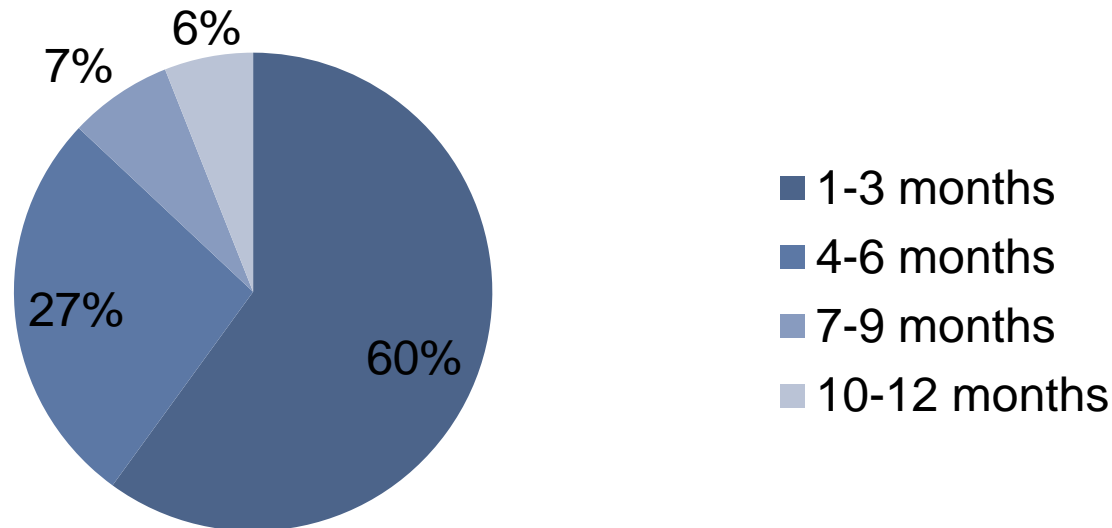
- As policies are submitted to TDH, partner hospitals receive:
 - Free “Sleep Baby, Safe and Snug” board book for each birth
 - Free TDH “ABCs of Safe Sleep” materials
 - Free educational flipchart
 - Free Recognition on TDH website
 - Signed certificate from TDH Commissioner
 - Press release template



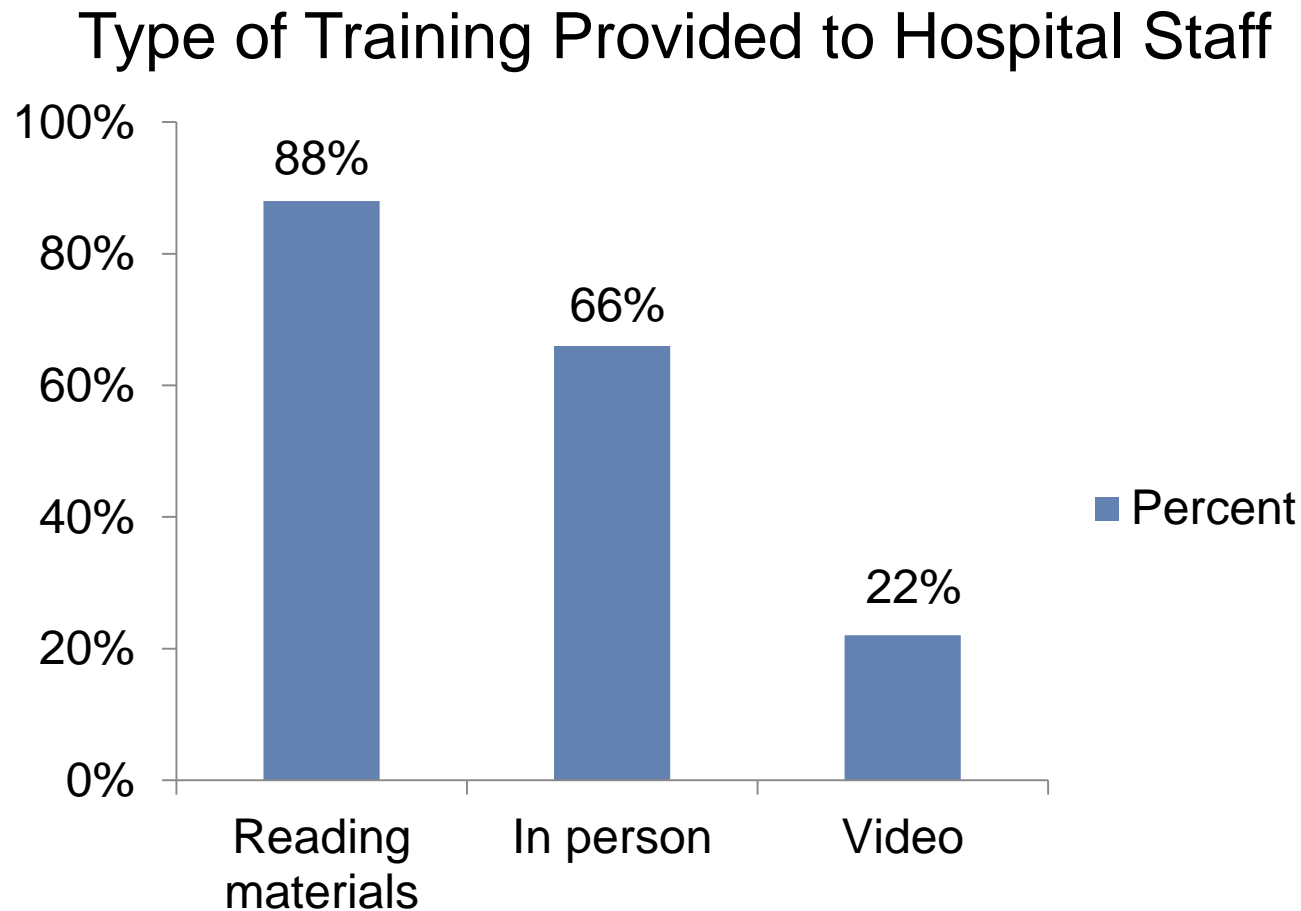
Hospital Policy Project Results

- Average completion time of policies
 - ▣ All 71 hospitals developed and implemented policies within 1 year

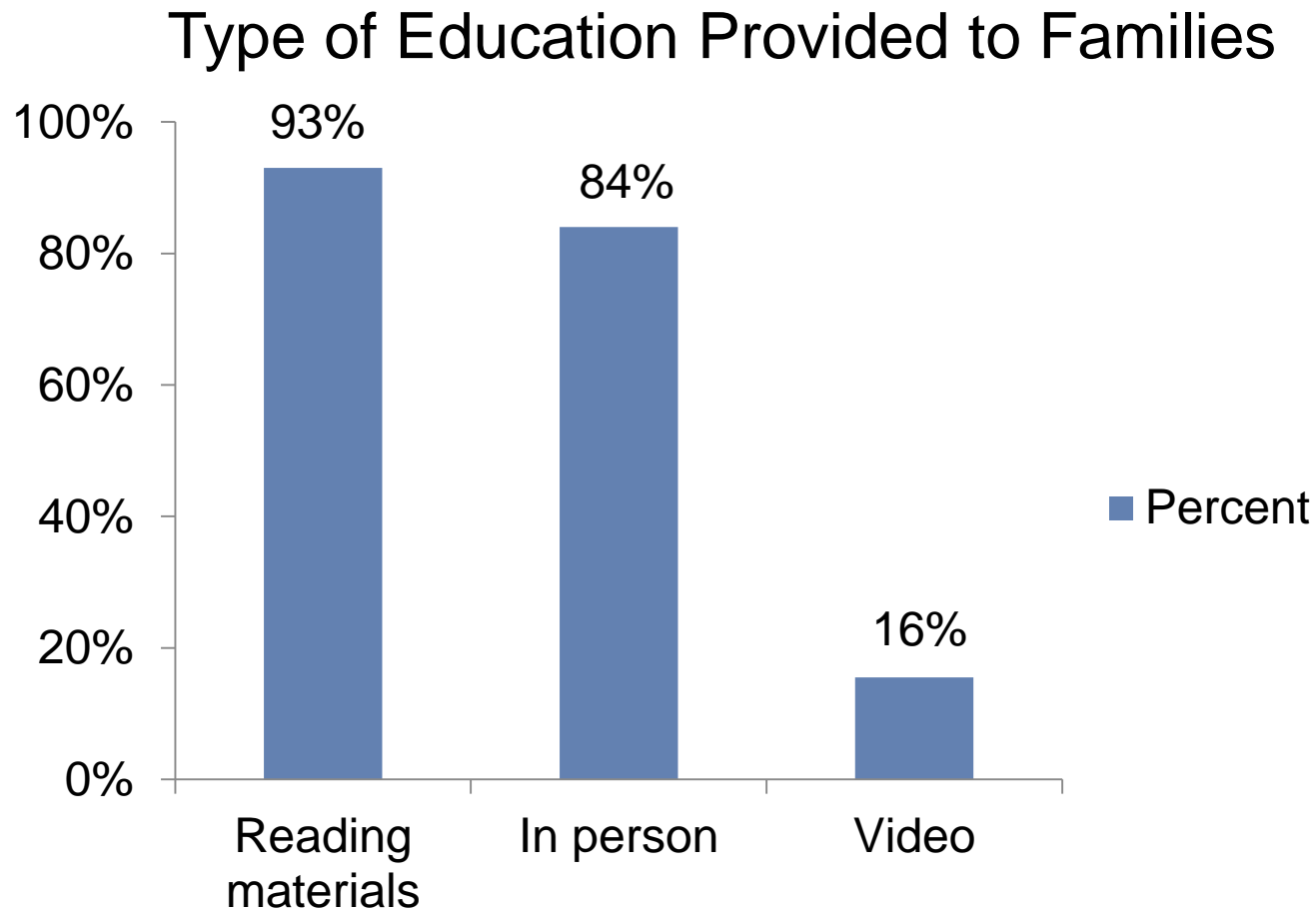
Time Taken for Policy Submission



Hospital Policy Project Results



Hospital Policy Project Results



Hospital Policy Project Results

Crib Audit Frequency	Number of Hospitals	Percent
Monthly	13	30.2
Weekly	9	20.9
Quarterly	9	20.9
Less than quarterly	7	16.3
Blank	3	11.6
Total	43	100%



Hospital Policy Project Results

Overall Impact	Average Percent Change
Infants not in safe sleep environment	-45.3%

Crib Audit Measures	Average Percent Change
Infants had a toy or an object in crib	-51.9%
Infants not asleep on their back	-43.9%
Infants not sleeping in crib	-48%
Infants had a blanket in crib	No decrease



Hospital Policy Project Successes and Challenges

Successes

- Positive feedback from parents and families on educational materials
- Hospitals have been very creative with the implementation strategies

Challenges

- Hospital nursery staff turnover
- Sending books out in a timeframe that works for each hospital



Hospital Safe Sleep Policy Project

Practical Tips for Implementation

- ❑ Allow enough staff time for technical assistance to hospitals
- ❑ Provide templates of all materials (sample crib audit tool and sample policy)
- ❑ Ensure a staff person at each hospital is assigned to be the safe sleep contact

WIC Online Educational Module

- ❑ Module focuses on safe sleep and breastfeeding
- ❑ Feedback obtained from staff and parents
- ❑ Module pilot tested in two metro areas and two rural regions
- ❑ Pre/Post test measures behavior and intent

WIC Module Successes and Challenges

Successes

- ❑ 181 WIC parents have completed the module in WIC classes
- ❑ Positive feedback from WIC parents

Challenges

- ❑ Creating slides on safe sleep and breastfeeding
- ❑ Time to program module

Safe Sleep WIC module

Practical tips for implementation

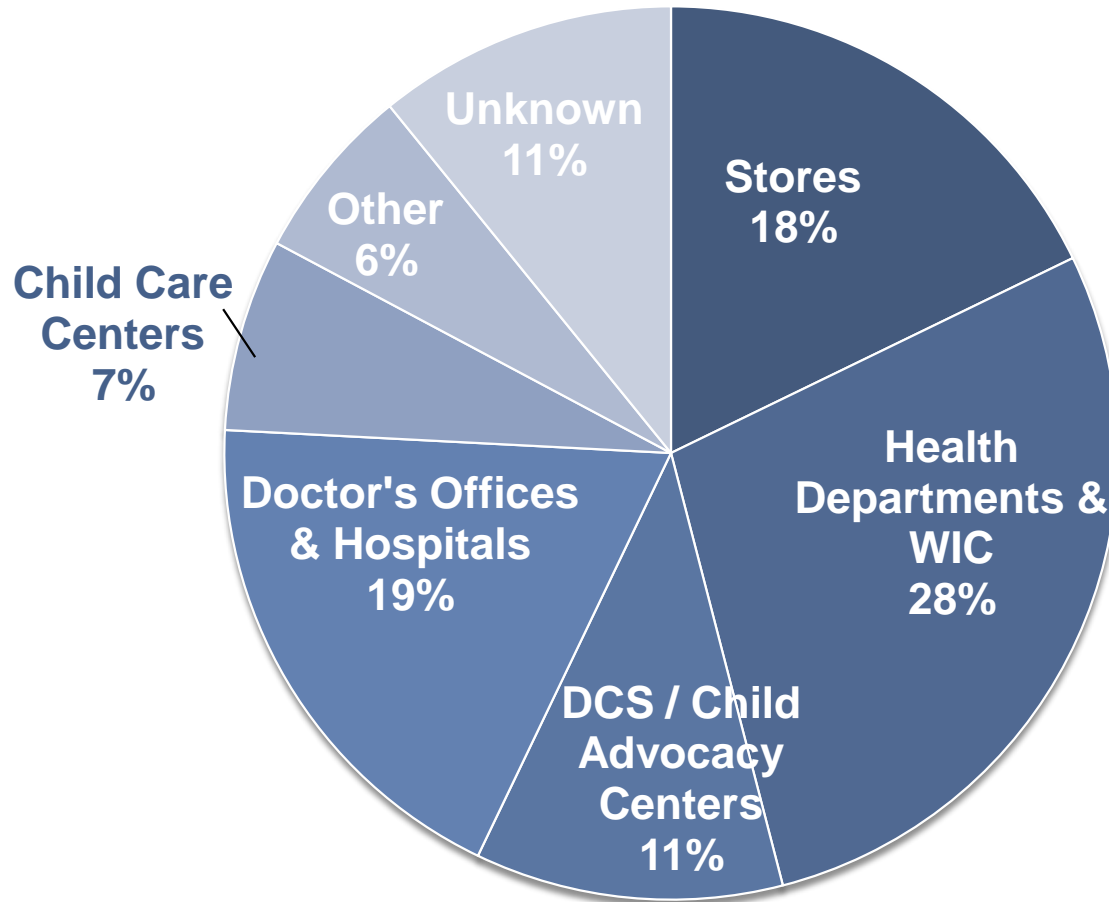
- ❑ Engage all stakeholders in the beginning of project
- ❑ Obtain feedback from both professionals and parents

Safe Sleep Floor Talkers

- ❑ Large sticker designed to place on the floor
- ❑ Distributed to clinics, stores, agencies and businesses serving parents
- ❑ 446 placed in 18 months



Floor Talker Placement Sites



Floor Talker Successes and Challenges

Successes

- ❑ Engaged additional partners in safe sleep (ex: grocery stores and businesses)
- ❑ Connected people with other resources

Challenges

- ❑ Tracking placement
- ❑ Evaluating impact

Safe Sleep Floor Talkers

Practical tips for implementation

- ❑ Require commitment from business/agency
- ❑ Keep a list of all floor talker recipients
- ❑ Partner with community businesses and state agencies (ex: WIC, DCS, grocery stores)
- ❑ Creative placement



DOSE Program

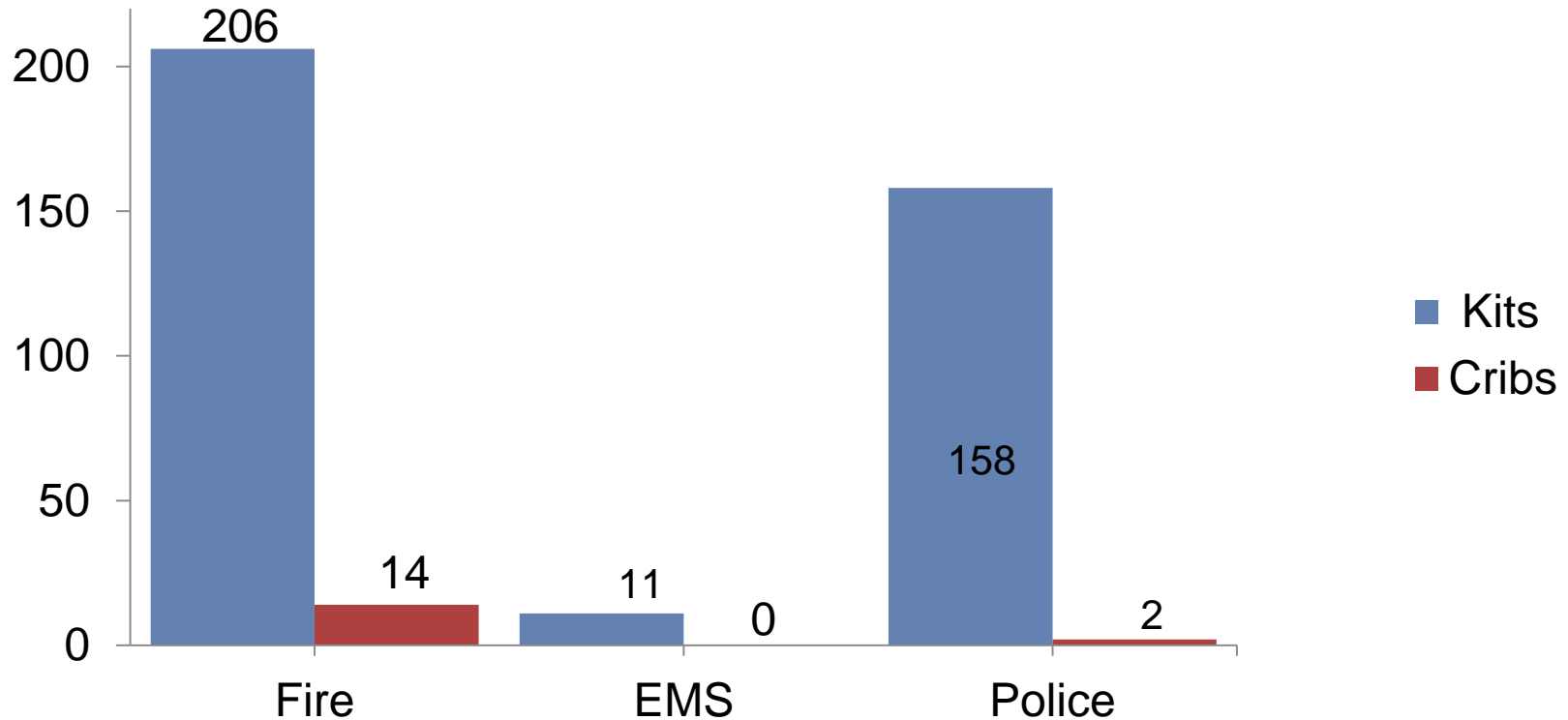
Direct On Scene Education

- Facilitated by Lt. James Carroll, Ft. Lauderdale Fire Department
- Participants from 30 departments, covering 18 counties
- Utilizes First Responders to educate households with pregnant women and infants about the importance of safe sleep
 - Safe sleep kits
 - Cribs



DOSE Program

Safe Sleep Kit and Crib Distribution by Agency



DOSE Program

Practical tips for implementation

- ❑ Monthly reporting – utilize Survey Monkey
- ❑ Kit Distribution
- ❑ Communication with participating agencies
- ❑ Encourage agencies to utilize opportunities other than emergency calls (i.e. car seat checks)



DOSE Program Successes and Challenges

Successes

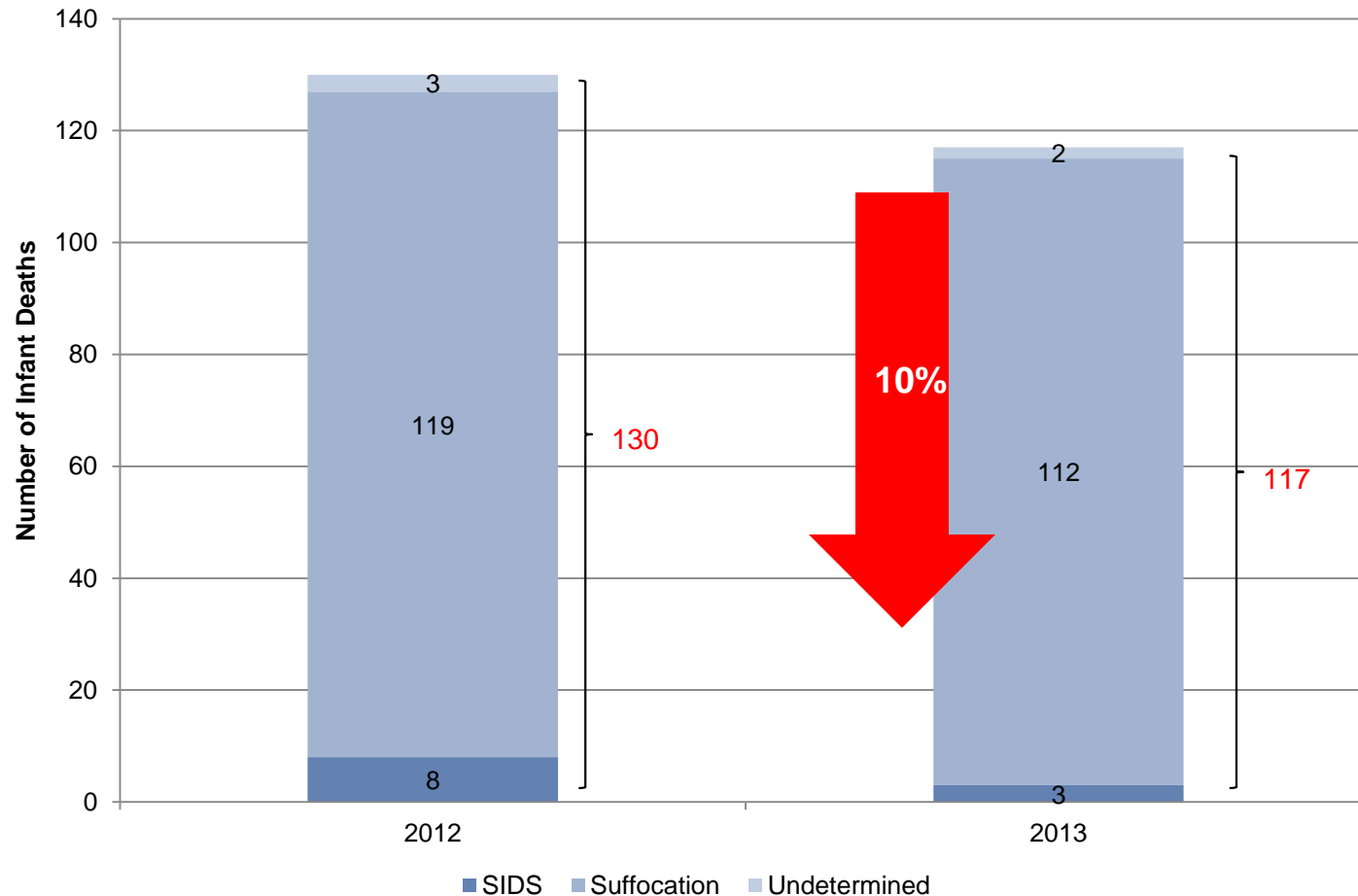
- ❑ Other agencies/venues have expressed an interest in utilizing safe sleep kits to distribute to families
- ❑ Increased media attention on safe sleep

Challenges

- ❑ Collecting monthly numbers
- ❑ Staff turnover at participating agencies



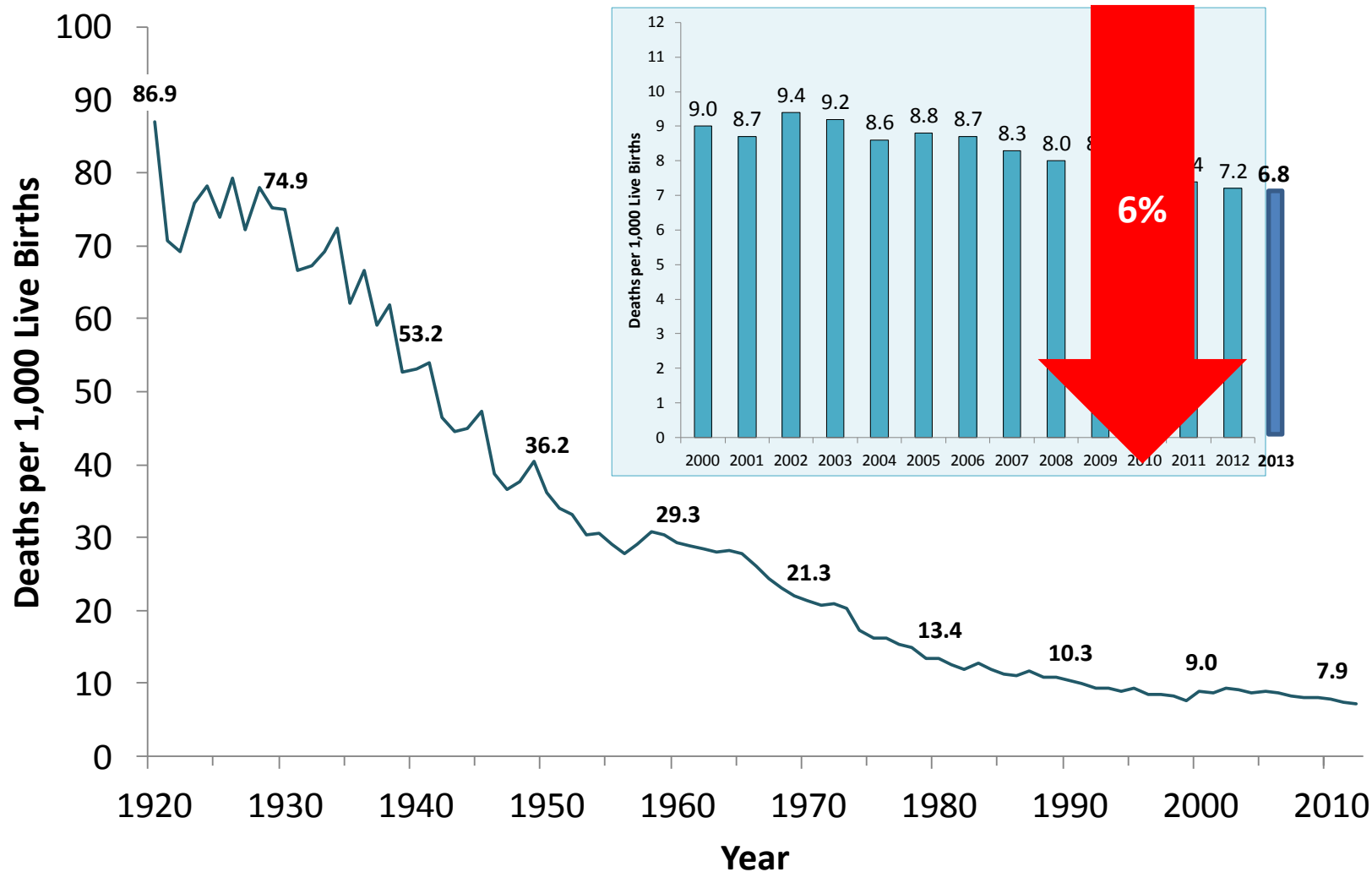
Success: SUID Reduction



Data Source: Tennessee Department of Health, Division of Family Health and Wellness, Child Fatality Review Database System.



Success: IM Reduction



Data Sources: Tennessee Department of Health; Division of Policy, Planning and Assessment; Office of Health Statistics; Birth and Death Statistical Systems and Tennessee Vital Statistics Annual Bulletins. Starting in 1934, data are restricted to TN residents.



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Evaluation

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/r/BBBTHM2](https://www.surveymonkey.com/r/BBBTHM2)