

Insights

NYS Builds Unlikely Partnership to Promote Safe Infant Sleep

New York State (NYS) has reduced its infant mortality rate from 5.99 deaths per 1,000 live births in 2002, to 4.5 deaths per 1,000 live births in 2014. But if you ask leaders in NYS, there is still room for improvement.

In 2014, approximately 100 infants died suddenly or unexpectedly in NYS. These sudden unexpected infant deaths (SUID) represent the third leading cause of infant mortality in NYS, and the leading cause of mortality among infants between 1 month and 1 year of age. SUID deaths can be overwhelmingly prevented by following basic safe sleep guidelines for infants.

Because safe sleep is such a complex issue that requires continuous communication and education for families, the New York State Department of Health (NYSDOH) uses a multifaceted approach with its Safe Sleep Project. This initiative, which began in September 2015, intersects with two initiatives that NYS collaborates on with NICHQ, the New York State Perinatal Quality Collaborative ([NYSPQC](#)) and the national Collaborative Improvement and Innovation Network to Reduce Infant Mortality ([Infant Mortality ColIN](#)).

Through the NYSPQC, the NYSDOH has brought the science of quality improvement (QI) to 80 NYS hospitals. These participating facilities reported a 38 percent increase in newborns placed in a safe sleep environment during the birth hospitalization—a crucial step in reducing the risk of sudden infant death syndrome (SIDS). Additionally, the NYSDOH is working with seven community-based organizations to improve infant safe sleep practices once women are discharged home from the birth hospitalization. As a part of this community-based project, home visitors continue to educate new mothers and families on safe infant sleep. They also survey the primary caregiver after safe sleep education has been delivered to assess safe sleep practices that have been established in the home, and the effectiveness of the education that was received.

Through the Infant Mortality ColIN—the NICHQ led national initiative that aims to address systemic challenges in creating better infant health outcomes—NYSDOH is creating partnerships with key stakeholders in infant health, including birthing hospitals, perinatal care providers, local departments of health and community-based home visiting organizations. To reach every family, the NYSDOH also collaborates with organizations and agencies outside of public health and healthcare.

“As we brought more and more partners to the table for the project, we’d get suggestions for partnerships that weren’t all that traditional for us but that turned out to make perfect sense,” says Marilyn Kacica, MD, MPH, Medical Director for NYSDOH’s Division of Family Health. “That’s been one of the most exciting parts of the project: learning about other avenues to get our message out.”

In one of the most recently established partnerships, the NYSDOH enlisted the NYS Department of Motor Vehicles (DMV) to spread the word about safe infant sleep practices.

“The DMV has taken the safe sleep video we made at the NYSDOH, and added it to the loop playing in their waiting rooms across the state,” says NYSPQC Program Director Kristen Lawless. “The collaboration with DMV was unexpected, but they were very open to working with us. It’s amazing to see so many agencies coming together to get a unified message out about safe infant sleep.”

The NYSDOH has also collaborated with the NYS Office of Temporary and Disability Assistance and the NYS Office of Alcoholism and Substance Abuse Services. Through these partnerships, the project is offering safe sleep training to staff members at homeless shelters and residential substance-abuse treatment centers, where new mothers and infants may seek services.

“We want to make sure people seeking services from these organizations get the message on safe sleep, and that the staff knows what to look for so they can help families implement safe sleep practices as well,” says Lawless.

In each partnership, the NYSDOH provides a set of materials—brochures, videos, posters, crib cards, magnets—carefully designed to highlight the American Academy of Pediatrics-endorsed ABCs of safe sleep. ‘A’ means the baby should sleep alone, ‘B’ means to put the baby on their back, and ‘C’ means that the baby should always sleep in a crib.

Identifying Further Opportunities for Change

Improvement in the percentage of babies placed in a safe sleep environment isn’t the only positive outcome of the project. In March 2017, the NYSPQC reported that participating hospitals have seen a 9 percent increase in medical records showing documentation of safe sleep education being provided during the birth hospitalization. That education includes asking patients to complete a safe sleep-related follow-up survey prior to leaving the hospital.

“The survey is a way to make sure that new mothers understand what they’ve learned before they’re discharged,” says Lawless. “If it seems like there’s a lack of understanding, then the nurse or physician can verbally review the responses with the patient and center the discussion on what’s safest for the infant.”

Even with its many successes—including a 22 percent increase in caregivers indicating that they understand safe sleep practices through the NYSPQC initiative—the NYSDOH Safe Sleep Project still faces certain challenges, such as the issue of crib safety and using unnecessary items like bumper pads. Lawless noted that constant education is necessary, from the prenatal period through postpartum visits. To achieve that and other aims, the NYSDOH is moving

forward with fostering resourcefulness and imagination through its partnerships.

“This project has shown that setting up successful collaborations really means thinking outside the box,” says Lawless. “When it comes down to it, every organization deals with families and children in one capacity or another, so there’s always some kind of link to safe sleep.”

Not only a powerful tool in standardizing the message of safe sleep and reducing infant mortality, those unlikely partnerships may have a more far-reaching effect.

“The overall improvements we’re seeing in education and behavior are really gratifying,” says Kacica. “We still have work to do, but having so many partners working on so many different pieces has made an incredible difference.”