NICHQ National Institute for Children's Health Quality

Insights

How Can Hospitals Reduce Sleep-Related Infant Deaths?

A Texas Team Shares Recent Lessons-Learned

"Sleep-related infant deaths in the counties we serve are twice as high as the rest of the state," says Stacie LeBlanc, BSN, RN, IBCLC, lead lactation consultant at Christus Southeast Texas St. Elizabeth Hospital. "Due to these alarming statistics, we felt a sense of urgency to join a national safe sleep improvement initiative. By teaching families to understand and adopt safe sleep behaviors, we can prevent unnecessary tragedies for our Southeast Texas families."

This fervor is what prompted St. Elizabeth to become one of five pilot hospitals participating on the NICHQ-led National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN).

Between 2013-2017, national infant mortality rates dropped by 5 percent, an encouraging sign that efforts across the country were proving successful. Yet, nationwide sleep-related death rates remained relatively unchanged. This prompted an increased national focus on strategies to prevent unsafe sleep practices, especially strategies to eliminate the troubling disparities—like those in Texas—that persisted, whether by zip code, race, ethnicity, or socioeconomic status.

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“While these numbers are jarring, they also signify the potential for change,” says NICHQ Chief Health Officer, Elizabeth Coté, MD, MPA. “Improving conversations between health professionals and caregivers can help ensure that more families have the knowledge, skills and self-efficacy to practice safe sleep at *every* sleep.”

To help improve these conversations, NAPPSS-IIN hospital teams are developing a bundle of evidence-based best practices that can then be spread and scaled to hospitals across the country. While the hospital teams are still testing strategies, St. Elizabeth has come across initial bright spots and lessons. Keep reading for four key takeaways.

Address mothers’ concerns about their own sleep

“Lack of sleep is a reality for new mothers,” says LeBlanc. “When overtired, mothers are more likely to fall asleep while breastfeeding and end up accidentally co-sleeping with their baby, which is a high-risk factor for sleep-related infant deaths. Mothers who’ve experience postpartum depression or anxiety have also voiced concerns about sleep deprivation. Obstetricians can play a key role prenatally by advising on strategies that support healthy sleep habits for both mom and baby, and breastfeeding success.”

Similarly, shares LeBlanc, nurses and lactation consultants can offer advice on actions mothers can take to help them stay awake while breastfeeding, like sitting up straight in bed and having a drink nearby, especially during night time feeds.

All conversations about breastfeeding and co-sleeping are most effective when founded in trust, where mothers know they have someone in their corner who is willing to engaging in a bilateral conversation that identifies challenges and opportunities. This creates a safe place for sharing questions, concerns and strategies. Together, hospital staff and families can discuss an individualized safe sleep and breastfeeding plan that is rooted in evidence-based recommendations.

Interested in more ideas on improving safe sleep habits for mothers and babies? In this article, neonatologist and safe sleep and breastfeeding expert Michael Goodstein, MD, offers advice.

Engage *all* mothers in safe sleep conversations

“Mothers who have their second or third baby will often tell us they’ve already been taught about ‘Back to Sleep,’” says LeBlanc. “But while they may know not to put their baby to sleep on his stomach, we’ve found that they often don’t know about the other current safe sleep recommendations, like not wearing hats to sleep or when to use pacifiers. Making sure we have

these conversations with experienced mothers can help us uncover inconsistencies in what's recommended versus what they've heard or done in the past."

Some families with babies in the neonatal intensive care unit (NICU) are also at risk of missing out on these life-saving conversations. Since NICU babies aren't always sharing a room with their mother, those families don't get to practice safe sleep behaviors before discharge. In response to this high-risk population, St. Elizabeth has implemented a program where mothers can come back and spend a night, or "room in" at the hospital when the baby is ready for discharge. This gives parents and caregivers an opportunity to learn about and practice safe sleep and breastfeeding, with assistance from lactation consultants and registered nurses, before returning home.

Practice inclusive conversations

Many of the families St. Elizabeth serves have their own unique cultural traditions regarding infant sleep. Conversations need to account for these differences, explains Leblanc, and be catered to individual family's cultural preferences. These inclusive conversations help ensure that families of all backgrounds can make informed decisions about their baby's sleep behaviors.

Moreover, safe sleep education has a greater impact when it includes all those who may care for the baby, such as grandparents, extended family and friends, and childcare providers.

"We've discovered that a large percentage of families' visitors don't realize how high the incidence of sleep-related injuries and deaths are in our area," says Leblanc. "That's why we're working to bring safe sleep information to *all* those who may put a baby to sleep."

Incorporate repetition in how families learn about safe sleep

Each interaction a mother has with the healthcare system—whether during pregnancy, delivery or postpartum care—is an opportunity to discuss the sometimes-conflicting information available to families, and to reinforce safe sleep and breastfeeding messages, both vocally and visually. Before birth, mothers and prenatal instructors can talk about how to identify products that will support safe sleep spaces. Starting at prenatal classes, lactation consultants can review and reinforce breastfeeding habits that support safe sleep behaviors. And after delivery, nurses can model safe sleep behaviors with mothers and develop a post-discharge plan.

Moreover, safe sleep handouts in prenatal classes, crib cards with the most up-to-date safe sleep images and recommendations, and safe sleep signage throughout a hospital's maternity-

ward can all come together to reinforce a consistent message for new mothers and caregivers.

“St. Elizabeth’s early findings confirm that improving conversations has the potential to reduce the risks of unsafe sleep behavior,” says Coté. “By looking at where conversations occur, what messaging they employ, and how often they take place, we can promote a model for improving conversations in hospitals across the country.”

Looking for tools to support safe sleep conversations with caregivers? Check out NICHQ’s safe sleep video quiz, a teaching tool for maternal health professionals.