

Insights

Successful Strategies Hospitals Can Use to Support Safe Sleep

Every year, thousands of babies die from sleep-related causes. These deaths reflect an urgent need to help families understand safe sleep practices, but [nearly half of caregivers](#) don't receive correct advice about safe sleep from their healthcare providers. The National Action Partnership to Promote Safe Sleep Improvement and Innovation Network ([NAPPSS-IIN](#)), funded by the Health Resources and Services Administration Maternal and Child Health Bureau and led by NICHQ, seeks to change those numbers.

Over the course of two years, NICHQ worked with five hospital teams testing ways to help ensure families receive consistent, evidence-based instruction about safe sleep while in the hospital. Now, we're sharing their lessons-learned so that hospitals across the country can leverage successful strategies for improving safe sleep education.

The participating hospitals are the first of three NAPPSS-IIN cohorts. Two additional cohorts will build off the lessons learned from the original five hospitals, leveraging their change ideas at their hospitals and then introducing them to prenatal sites, Women Infant and Children (WIC) centers, and home visiting services. Ultimately, NAPPSS-IIN aims to make infant safe sleep and breastfeeding the national norm by improving the likelihood that infant caregivers and families receive consistent, evidence-based instruction about safe sleep in multiple different care settings—whether in the hospital, in the community or in their homes.

Effective safe sleep *and* breastfeeding education: While breastfeeding is incredibly beneficial, positive behaviors that support breastfeeding—such as skin-to-skin care and rooming-in—can be associated with unsafe sleep habits because parents may accidentally fall asleep with their baby in their bed. Helping parents breastfeed by supporting safe skin-to-skin care and [safe rooming-in](#) (both of which have numerous benefits) is an important strategy for reducing sleep-related infant deaths, and is embedded in NAPPSS-IIN's aim.

Recently, the first cohort of hospitals came together to share successes and lessons-learned. The chart below lists their highest-rated strategies and change ideas, all of which reflect early successes in their work. Hospitals seeking to improve safe sleep education can refer to this list as a place to start and guide for gaining quick wins.

([Click here](#) to download the PDF version.)

“As health professionals, we know we need to do more to help families keep their babies safe,” says NICHQ President and CEO Scott D. Berns, MD, MPH, FAAP. “The change ideas NAPPSS-IIN’s teams have identified help answer that need. They emphasize the importance of non-judgmental, individualized conversations; modeling behaviors; and connecting with community partners—all necessary ingredients for supporting comprehensive and effective education. This is the beginning of a roadmap for sustainable, systems-level change that can spread across the nation.”

A note on drivers and change ideas:

The chosen strategies are organized under three primary drivers. Together, these drivers are NAPPSS-IIN’s theory of what will “drive” improvement in making safe infant sleep and breastfeeding a national norm. Each primary driver has a list of secondary drivers, which break down the primary drivers into more specific goals. The strategies and change ideas corresponding with secondary drivers are the actions and interventions hospitals have tested and recommend for driving improvement in safe sleep education.

Primary Driver 1: Active endorsement of American Academy of Pediatrics (AAP) guidelines for infant safe sleep promoting breastfeeding in a safe sleep environment

Secondary Drivers	Strategies and Change Ideas
<p>SD1: Health care professional policies and practices are adopted to promote safe sleep and breastfeeding within the context of culturally sensitive and competent care</p>	<ul style="list-style-type: none"> • The hospital has a safe sleep policy that is consistent with AAP Task Force on SIDS recommendations • Develop and implement an infant feeding policy that is supportive of breastfeeding
<p>SD2: Knowledgeable and activated healthcare professionals</p>	<ul style="list-style-type: none"> • Use existing toolkits for improving safe sleep and breastfeeding in birthing hospital
<p>SD3: Safe sleep modeling including evidence-based infant practices</p>	<ul style="list-style-type: none"> • Use systems of visual reminders for staff and families including safe sleep and breastfeeding bassinet sheets with safe sleep and breastfeeding messages <ul style="list-style-type: none"> ◦ Processes in place to provide assistance with breastfeeding

Primary Driver 2: Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for e

Secondary Drivers	Strategies and Change Ideas
<p>SD1: Individualized education and assessment of belief, knowledge and intent, sharing evidence behind best practices</p>	<ul style="list-style-type: none"> • Early in the post-partum course, new parents receive standardized education on infant sleep safety and breastfeeding including: (a) viewing an educational video; (b) direct education with nursing, including role-play materials and teach back from the video; (c) individualized conversations about safe sleep and breastfeeding education about the risks of non-medically indicated formula supplementation.
<p>SD2: Reduction of barriers for supporting caregivers to keep infants’ safe within the context of day-to-day needs</p>	<ul style="list-style-type: none"> • Support/resources needed for families to implement safe sleep and breastfeeding identified

<p>SD3: Reinforcement of safe sleep and breastfeeding messaging</p>	<ul style="list-style-type: none"> • Confirm that all distributed materials are consistent with safe sleep and breastfeeding messages, free of commercial marketing
<p>SD4: Development and implementation of culturally congruent education materials, social marketing messages and communication strategies on safe sleep and breastfeeding partnership with caregivers</p>	<ul style="list-style-type: none"> • Use media messages and training materials using a multigenerational approach: grandmothers (Healthy Start Foundation, Safe to Sleep Campaign), Cribs for Kids Safe Sleep Education for Young Fathers, WIC educational materials for fathers and grandmothers • Use existing educational materials such as those from NICHD and from Georgetown University Building Blocks Campaigns with Conversations learning model to help families develop a plan for sleep and feeding
<p>SD5: Targeted outreach and strategies for historically underserved and/or high-risk populations</p>	<ul style="list-style-type: none"> • Partner with the state's Office of Health Equity and Minority Health to ensure that disparity reduction is a focus in the framing of the work and alliances with community groups are forged

Primary Driver 3: Activated community champions

Secondary Drivers	Strategies and Change Ideas
<p>SD1: Safe sleep and breastfeeding behavior is understood and championed by trusted individuals and groups who are influential in the lives of mothers, fathers, grandparents, and other infant caregivers</p>	<ul style="list-style-type: none"> • Engage respected sources of information and expertise in child care and health in system-wide efforts to promote safe sleep and breastfeeding
<p>SD2: Reinforced safe sleep and breastfeeding messaging in community settings</p>	<ul style="list-style-type: none"> • Model and promote Safe Sleep Image Guide and consider strategy for spreading what is happening to community
<p>SD3: Utilize local data to identify bright spots</p>	<ul style="list-style-type: none"> • Build on bright spots, positive deviance theories and approaches