



“Their stories are so powerful”:

**Community-based approaches to infant safe sleep
and breastfeeding promotion**

**National Action Partnership to Promote Safe Sleep
Improvement and Innovation Network**

August 23, 2023

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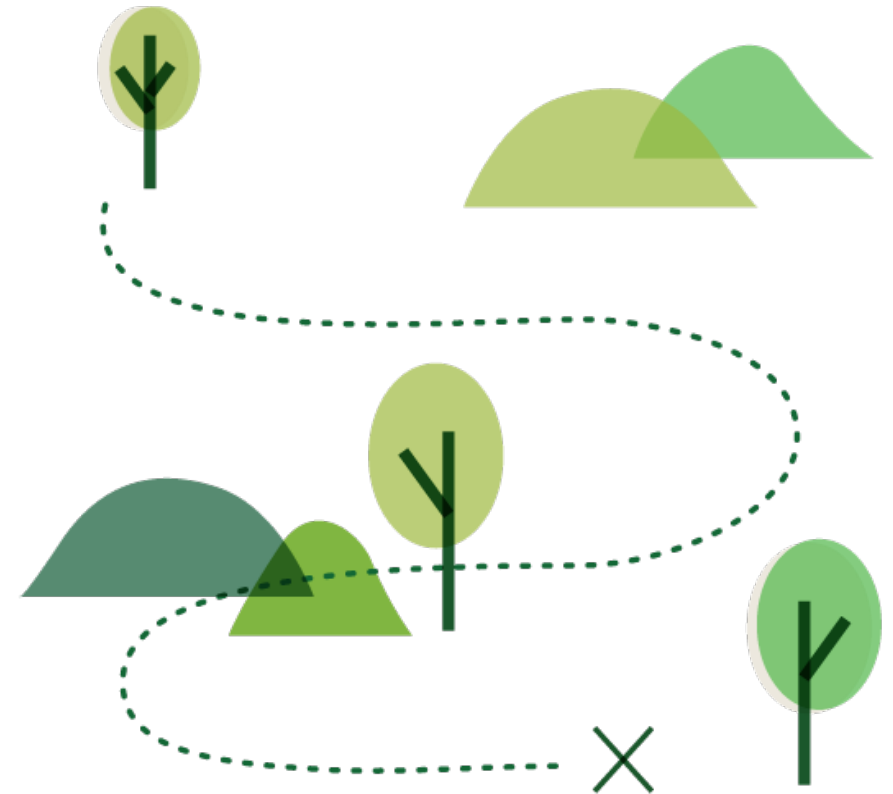


**Tell us about yourself
in the chat!**

*Where are you from?
What is your role?*

Agenda

- Welcome and introductions
- About NICHQ + NAPPSS-IIN
- Community Listening Sessions
 - Methodology
 - Thematic results
- Panel discussion
- Closing



In Memorium

Karla's dedication, commitment, tenacity, compassion, vulnerabilities, and struggles defined her for many as what we refer to as a Strong Black Woman. "In many cases, we don't realize that the 'strength' of Black women has been used as a backhanded compliment, a convenient rationalization for the oppressive circumstances under which Black women live and labor." Karla worked to address this and save the lives of Black women and babies across this nation. The seeds Karla planted will continue to grow. Karla's legacy will live on.

-Dr. Stacy Scott, PhD, MPA



**Karla
Coleman,
MBA**

NICHQ NAPPSS-IIN Team



**Scott Berns, MD, MPH,
FAAP**
*NICHQ CEO; NAPPSS-IIN
Principal Investigator*



Stacy Scott, PhD, MPA
*VP, Health Equity
Innovation*



Becky Russell, MSPH
*VP, Applied Research and
Evaluation*



Jey Weisgerber
*Director of Communications
and Digital Strategy*



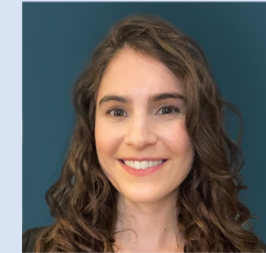
Dana West, PhD
*Associate Project
Director of Equity*



Isabel Zuckoff, MPH
*Associate Project
Director*



Meera Menon, PhD
*Associate Director,
Applied Research
and Evaluation*



Rebecca Huber, MPP
Senior Analyst

Faculty Leads



Michelle Edison, MPH, MS
Community Engagement Expert



Lori Feldman-Winter, MD, MPH
Pediatrician



Michael Goodstein, MD
Neonatologist



Karla Coleman, MBA
Equity and Communications Expert

Community Think Tank Members



Sue Butts-Dion



Jane Taylor, Ed.D.



Lauren Nunally, MPH, RN, BSN, RNC



Jarvis Gray MHA, FACHE,
CMQ-OE, CLSSMBB, PMP



Isabel Zuckoff, MPH



Cheniqua Morales, BSN, RN,
RNC-MNN, C-EFM, C-ONQS

HRSA Team



Dr. Sara Kinsman
Director of the Division of Child,
Adolescent and Family Health at HRSA



Bethany Miller
Director of Child Injury
and Violence Prevention at
Health Resources and
Services Administration



Maureen Perkins
Project Officer at
Maternal and Child
Health Bureau

Focusing on today

- What are you hoping to learn?





NICHQ National Institute
for Children's
Health Quality

About NICHQ

www.NICHQ.org

Meet NICHQ

The National Institute for Children's Health Quality **boldly leads improvements in children's health by addressing inequities** and other complex issues facing families.

NICHQ National Institute
for Children's
Health Quality





What Motivates Us

Mission

Driving change to improve children's health

Vision

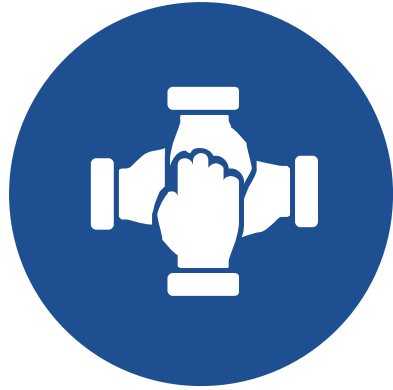
Every child achieves their optimal health

Our Core Values



Equity

We prioritize health equity and elevate experiences of children and families in marginalized communities to challenge systemic inequities.



Collaboration

We engage diverse partners in shared learning, action, and measurement to improve systems of care and eliminate inequities for children and families.



Innovation

We create and promote new approaches for lasting systems change to improve children's health.



Data-Driven Impact

We use applied research and evaluation to make data-driven decisions that accelerate measurable changes to health outcomes for all children.



Passion & Influence

We are determined to influence transformative, equitable change for the health of children and their families.

About NAPPSS-IIN



Stacy Scott, PhD, MPA
*VP, Health Equity
Innovation*

National Action Partnership to Promote Safe Sleep Improvement and Innovation Network (NAPPSS-IIN)

NAPPSS-IIN aimed to make infant safe sleep and breastfeeding the national norm by aligning stakeholders to test safety bundles in multiple care settings to improve the likelihood that infant caregivers and families receive consistent, **evidence-based instruction** about safe sleep and breastfeeding.



The Global Aim

The global aim of NAPPSS-IIN was to make safe infant sleep and breastfeeding **a national norm**. The project aimed to increase infant caregiver adoption of safe infant sleep and breastfeeding practices as recommended by the American Academy of Pediatrics by **empowering champions** for these protective behaviors within systems that serve families at risk.



Collaborative Aim

NAPPSS-IIN intends to increase the proportion of infants who:

- 1) are placed to sleep **on their backs** in a **safe sleep environment** that follows the AAP recommendations,
- 2) are **ever breastfed**, and
- 3) continue to breastfeed at **six months**.

Ultimately, this program sought to reduce the rate of infants who tragically die due to sudden and unexplained infant deaths (SUID) with a focus on reducing **geographic** and **racial/ethnic** disparities.

Project Methods

- **Activate champions** of safe infant sleep and breastfeeding
 - National Coalition
 - Wisdom Advisory Council (formerly Wisdom Council and Expert Advisory Committee)
 - Communities of Practice
- Engage **National Action Teams** to drive measurable change in increasing the adoption of safe infant sleep behavior and breastfeeding
- Bundling care into “**safety bundles**” implemented in multi-disciplinary sites to drive change towards meeting the aim.
 - Cohort A Hospital Sites (**Postpartum**)
 - Cohort B Hospital and Prenatal Sites (**Prenatal**)
 - Cohort C Hospital and Community Sites (**Post-discharge**)



About the Cohorts

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Cohort A Teams

- Choctaw Nation Medical Center, OK
- Christus St. Elizabeth Medical Center, TX
- Advent Health Tampa, FL
- New York Presbyterian Lawrence Hospital, NY
- Tufts Floating Hospital for Children, MA

Cohort B Teams

- Bailey Medical Center, OK
- Bon Secours Mercy Health - Anderson Hospital, OH
- Chickasaw Nation Medical Center, OK
- Comer Children's Hospital, UChicago Medicine, IL
- Crouse Health, NY
- MetroHealth Medical Center, OH
- MetroWest Medical Center, MA
- Montefiore Medical Center, NY
- Mount Carmel St. Ann's Hospital, OH
- North Shore Medical Center, FL
- Phoebe Putney Memorial Hospital, GA
- South Shore Hospital, MA
- The Christ Hospital, OH
- UMASS Memorial Medical Center, MA
- University of Alabama at Birmingham Health Center, AL

Cohort C Teams

- Babies Born Healthy, Montgomery County DHHS
- Mindful Mommy LLC
- Community Action Organization of Scioto County, Inc.
- Community Health Council of Wyandotte County (Cradle Kansas City)
- Healthy Start of North Central Florida Coalition
- Cradle Cincinnati
- Wichita Black Breastfeeding Coalition
- Six Dimensions
- Southern New Jersey Perinatal Cooperative
- Healthy Start of Hillsborough County
- Chickasaw Nation WIC
- Framingham WIC
- Quincy WIC
- Port Arthur WIC
- Beaumont WIC

The Journey...

Cohort A (2018)

In-hospital evidence-based practices related to safe sleep and breastmilk feeding piloted with 5 hospitals.

Cohort B (2019)

In-hospital practices spread to 15 additional sites. Hospitals pilot **prenatal** best practices with prenatal partners.

Cohort C (2020)

Expand to include 15 **community-based organizations and post-discharge** practices.

Commitment to addressing structural racism as the root cause of SUID inequities among Black and Indigenous infants.

Promote common messaging in collaboration with multiple organizations and stakeholders that intersect with infant caregivers

The Methods...

Cohort A (2018)

In-hospital evidence-based practices related to safe sleep and breastmilk feeding piloted with 5 hospitals.

Breakthrough Series (BTS) Collaborative for Spread

Cohort B (2019)

In-hospital practices spread to 15 additional sites. Hospitals pilot **prenatal** best practices with prenatal partners.

BTS Collaborative for Spread and Consulting & TA for Innovation

Cohort C (2020)

Expand to include 15 **community-based organizations and post-discharge** practices.

Consulting & TA for Innovation

Cohort C Aim Statement

Tragically, Black and Indigenous families bear an undue burden of sudden and unexplained infant deaths (SUID) caused by **structural racism**. The NAPPSS-IIN Collaborative intends to save lives by reducing **geographic** and **racial/ethnic disparities** to make breastfeeding and safe sleep a national norm. NAPPSS-IIN aims to increase the proportion of infants who:

- 1) are placed to sleep on their backs in a safe sleep environment that follows the AAP recommendations,
- 2) are ever breastfed, chestfed, or fed human milk, and
- 3) that feeding is continued at 6 months.

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Cohort C Aim Statement (cont.)

- Between January 2021-January 2022, community-based organizations, in conjunction with the families and support systems they serve, worked in authentic partnership with the NAPPSS-IIN network to share information and provide the support families need to implement safe sleep and breastfeeding.
- Building upon the expertise of community-based organizations and hospitals working with birthing people, mothers, fathers, partners, families, and their support systems post-discharge, NAPPSS-IIN supported these organizations by providing space for authentic partnership to mutually share knowledge, attitudes, and practices to address structural racism, breastfeeding, and safe sleep.
- Focusing on evidence-based practices and messaging throughout the continuum of care will result in a 5% increase in number of mothers, birthing people, and families reporting continued exclusive breastfeeding, chestfeeding, or human milk feeding, and use of safe sleep practices at 6 months

Community Listening Sessions: Methods



Meera Menon, PhD
*Associate Director,
Applied Research
and Evaluation*

Concept

- To inform Cohort C development, NAPPSS-IIN hosted a series of community listening sessions to better understand the experiences of **community-level** organizations and providers in promoting safe sleep and breastfeeding
- Research questions
 - What areas do community-level organizations need **support** to meet their community's needs around safe sleep and breastfeeding?
 - What **tools** or **resources** could assist community-level organizations in improving their work to promote safe sleep and breastfeeding among their client populations?

Recently Published in *BMC Public Health*

Research article | [Open Access](#) | [Published: 07 March 2023](#)

Community-based approaches to infant safe sleep and breastfeeding promotion: a qualitative study

[Meera Menon](#), [Rebecca Huber](#) , [Dana D. West](#), [Stacy Scott](#), [Rebecca B. Russell](#) & [Scott D. Berns](#)

BMC Public Health **23**, Article number: 437 (2023) | [Cite this article](#)

2219 Accesses | 5 Altmetric | [Metrics](#)

Abstract

Background

In the U.S., sudden unexpected infant deaths (SUID) due to accidental suffocation and strangulation in bed (ASSB) are increasing, with disparities by race/ethnicity. While breastfeeding is a protective factor against infant mortality, racial/ethnic disparities are present in its uptake, and motivations to breastfeed are also often coupled with non-recommended infant sleep practices that are associated with infant sleep deaths. Combining infant safe sleep (ISS) and breastfeeding promotion on the community level presents opportunities to address racial/ethnic disparities and associated socioeconomic, cultural, and psychosocial influences.

READ THE
PUBLICATION



<http://bit.ly/44ivPJU>

Defining Community

Contained by specific **place-based, geographic boundaries**

Comprised of individuals in that space that share **social ties** and **connections** including, but not limited to, culture, socio-economic status, and ethnicity

Design and Methods

- Hermeneutical phenomenology with thematic analysis
- Four focus groups (n=18) conducted in March 2021
- Analysis was conducted by a team of two analysts (Pooled $K > 0.80$)
- Key themes were identified and discussed iteratively by a team of three



Informant Roles, Organizations, and Service Areas

Case	Informant roles	Organization/Sectors	Service areas
1	<ul style="list-style-type: none"> Lactation Consultant (2) Program Director/Manager (1) Program Coordinator (1) Registered Nurse (1) 	<ul style="list-style-type: none"> Non-profit (2) Health system (1) Head Start/Early Head Start (1) 	<ul style="list-style-type: none"> Statewide (1) Urban (1) Rural (1) Unspecified service area (1)
2	<ul style="list-style-type: none"> Program Director/Manager (2) Program Coordinator (1) Clinical Consultant (1) Data Analyst (1) Lactation Consultant (1) Quality Assurance Manager (1) Registered Nurse (1) 	<ul style="list-style-type: none"> Department of Health (2) Non-profit (2) Health insurance (1) Healthy Start (1) 	<ul style="list-style-type: none"> Urban (3) Statewide (2) Rural (1) National (1)
3	<ul style="list-style-type: none"> Program Director/Manager (1) Case Manager (1) 	<ul style="list-style-type: none"> Non-profit (1) Health insurance (1) 	<ul style="list-style-type: none"> Statewide (1) Urban (1) Rural (1)
4	<ul style="list-style-type: none"> Program Director/Manager (2) Program Coordinator (2) Registered Nurse (1) Doula (1) Mental Health Clinician (1) 	<ul style="list-style-type: none"> Department of Health (3) Non-profit (2) Independent healthcare professional (1) 	<ul style="list-style-type: none"> Urban (4) Statewide (2)

Note: Some participants had more than one role/certification, service area, and organization/sector type.

Community Listening Sessions: Results



Rebecca Huber, MPP
Senior Analyst



Theme 1:
Education and Dissemination

Education and Dissemination

Education Challenges

- Absence of effective teaching guidance
- Ignoring guidelines



Education and Dissemination

Education Challenges

“**Not all nurses teach the same thing**...we actually looked to see where they get their education, and some of them got it just in nursing school, and if you're like me, **that was 35 years ago**. And if they just graduated then they had it more recently. If they had a baby, then they had that education to pull in on... Some didn't even get any information on safe sleep or, let alone, breastfeeding and safe sleep.”

Education and Dissemination

Education Opportunities

- Guidance on messaging and tone
- Education standards



Education and Dissemination

Education Opportunities

“[We have a] universal screening, and through the universal screening we have to contact healthcare providers...we’re **taking that opportunity** to educate their officers on safe sleep, breastfeeding, and some other things...so they can **educate their patients.**”

Education and Dissemination

Dissemination Challenges

“[We need] tools for **open, candid conversations** to talk with families about this intersection between breastfeeding and safe sleep. We see that they're often [taught] separate **and parents experience them together**...And so I would like...to have conversations that are less prescriptive, less, "Abstinence only, you should do this," on both breastfeeding and safe sleep and more **nuanced**. Be able to get down into the **realities** without being so... Preachy, I guess.”



Education and Dissemination

Dissemination Opportunities

- Nighttime decision making
- Translated materials

Education and Dissemination

Dissemination Opportunities

“It's a chance to [establish], ‘Let's walk through what's going to happen at 2AM and you're **exhausted** and all the **best intentions** in the world [around safe sleep and breastfeeding] are gone out the window.’”



Theme 2:
Relationship Building and Support

Relationship Building and Support

Client-Provider Relationship Building

- Individualized attention
- Provider follow through
- Virtual



Relationship Building and Support

Client-Provider Relationship Building

“Having the Maternal Nurse Navigators that are able to reach out, even if it's a small population, they give them a lot of information, they make sure they **have the resources**...I've worked in four hospitals and this was the first hospital that had this outreach program for moms prenatally. And I think that's a **really great start**. I know we're catching some of the moms [who we would normally miss].”



Relationship Building and Support

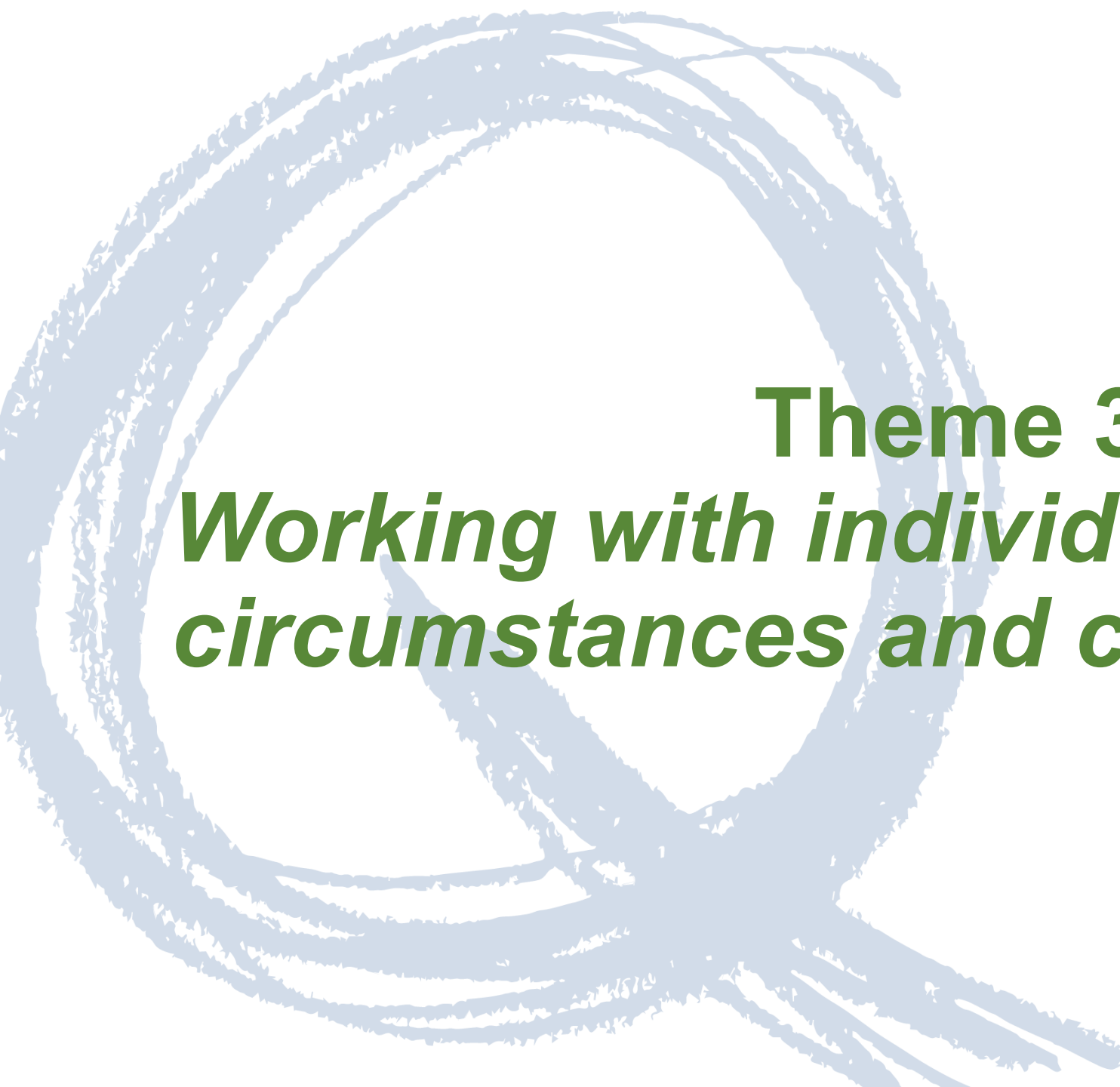
Peer-to-Peer Connections

- Support groups
- Events
- Connections to external specialists/organizations
- Referrals

Relationship Building and Support

Peer-to-Peer Connections

“I've also learned to just **maintain connections** with mothers and families that I have served or been a doula for in the past because they can **tell their stories** to clients that I'm serving now and I think that stories are so, so, so, so **powerful.**”



Theme 3:
***Working with individuals' personal
circumstances and considerations***

Personal Circumstances and Considerations

Capacity

- Overwhelm
- Trusting own intuition



Personal Circumstances and Considerations

Capacity

“Most of the time when it comes to safe sleep...parents **know it's a risk** and they know it's not safe but they do it anyway because...it's easy for them. I feel like there's also this kind of fine line that you walk sometimes when you provide that education, because...We **don't want to make them feel bad** or guilty, but at the same time you also want to **provide them with the truth**. [It] can be kind of scary [for them] to hear that that could kill their child...because of the risk that they're taking.”

Personal Circumstances and Considerations

Social Determinants

- Opioid use
- Poverty
- Mental health
- Language barriers



Personal Circumstances and Considerations

Social Determinants

“[Safe sleep promotion makes] **assumptions** that [the client] has a crib or room for a crib. [But,] we **don't always know** their living circumstances and how that impacts what they're able to do.”

Personal Circumstances and Considerations

Generational Barriers

“**Things have changed** a lot since our clients’ mothers and grandmothers were having babies. [Extended family members will say]...you’ve got to give both [formula and breastmilk] because the baby is not [eating] enough, or, you put the baby on their stomach to sleep because that's what we did. We educate our moms, but then there's kind of **that missing piece** – how does it get from the mom, to the grandma, and the auntie and the older generation who **did things differently?**”



Theme 4:
Tools and Systems



Tools and Systems

- Material resources for patients
- Media portrayal of safe sleep and breastfeeding
- Policy
- Work environment

Tools and Systems

“A lot of them aren't getting that full six weeks of maternity leave and having to go back weeks after having the baby. And then working in jobs that don't allow them time to pump, **putting a burden** on them...and that's where we kind of see breastfeeding **rates fall off** after those first couple of months, when they have to go back to work in an **environment that is not supportive** of breastfeeding.”

Limitations

- Focus groups conducted virtually over Zoom
- Did not examine responses based on demographics of providers/community-based organization
- Demographics of communities not considered as part of the analysis
- Broadly categorized community-based organizations and providers (both policy-level focused, individual-level focused, etc.)
- Perspective of providers only



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Questions?

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Panel Discussion

Moderator and Panelists



Meera Menon, PhD
*Associate Director, Applied
Research and Evaluation*



Lynnette Byfield
*Community Health Worker,
Babies Born Healthy*



Angeline Bell, BS, RN, CCE, CBS
*Nurse Manager,
Babies Born Healthy*



**Crystal Trent Paultre,
MSN, RN, CBS**
*Community Health Nurse,
Babies Born Healthy*



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Questions?

www.NICHQ.org

Closing and Brief Survey

Thank You to Our Partners

- HRSA MCHB team
- NAPPSS-IIN expert faculty, think tank members, and collaborators
- National Coalition members
- Wisdom Advisory Council members
- National Action Team co-chairs and members
- Cohort A, B, and C team members
- Community of Practice panelists and participants
- ...And everyone who has been involved with the NAPPSS-IIN project!

Connect with NICHQ

Follow us on social media and sign up to receive valuable info and resources to support children and families directly in your inbox.



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- sscott@nichq.org
- mmenon@nichq.org
- rhuber@nichq.org