

Successful Strategies Hospitals Can Use to Support Safe Sleep

The chart below lists the highest-rated strategies and change ideas from the first cohort of hospitals on the National Action Partnership to Promote Safe Sleep (NAPSS-IIN). Learn more about the project [here](#).

Primary Driver 1: Active endorsement of American Academy of Pediatrics (AAP) guidelines for infant safe sleep, including promoting breastfeeding in a safe sleep environment	
Secondary Drivers	Strategies & Change Ideas
SD1: Health care professional policies and practices are adopted to promote safe sleep and breastfeeding within the context of culturally sensitive and competent care	<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
SD2: Knowledgeable and activated health care professionals	<ul style="list-style-type: none"> Use existing toolkits for improving safe sleep and breastfeeding in birthing hospital
SD3: Safe sleep modeling including evidence-based infant practices	<ul style="list-style-type: none"> Use systems of visual reminders for staff and caregivers including safe sleep and breastfeeding bassinet cards, crib sheets with safe sleep and breastfeeding messaging, etc. Processes in place to provide assistance and support with breastfeeding
Primary Driver 2: Infant caregivers have the knowledge, skills and self-efficacy to practice safe sleep for every sleep	
Secondary Driver	Strategies & Change Ideas
SD 1. Individualized education and assessment of belief, knowledge and intent, sharing evidence behind best practices	<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(s); (b) direct education with nursing, including review of written materials and teach back from the video; (c) non-judgmental conversations about safe sleep and breastfeeding; and (d) education about the risks of non-medically indicated infant formula supplementation.
SD2. Reduction of barriers for supporting caregivers to keep infants' safe within the context of day-to-day needs	<ul style="list-style-type: none"> Support/resources needed for families to implement safe sleep and breastfeeding identified
SD3. Reinforcement of safe sleep and breastfeeding messaging	<ul style="list-style-type: none"> Confirm that all distributed materials are consistent with safe sleep and breastfeeding messages, free of formula marketing

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

Secondary Driver	Strategies & Change Ideas
<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 focused on a multigenerational approach: grandmothers (North Carolina Healthy Start Foundation, Safe to Sleep Campaign materials, Cribs for Kids Safe Sleep Education for Your Grandbaby, WIC educational materials for fathers and grandparents) • Use existing educational materials such as those from NICHD and from Georgetown University Building on Campaigns with Conversations learning modules 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/ Office of Minority Health to ensure that disparity reduction is included in the framing of the work and alliances with key community groups are forged

Primary Driver 3: Activated community champions

Secondary Drivers	Strategies & 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 opinions about 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 Guidelines. Perhaps consider strategy for spreading what is happening in hospital to community
<p>SD3. Utilize local data to identify bright spots</p>	<ul style="list-style-type: none"> • Build on bright spots, positive deviance theory and approaches