



Building on Campaigns with Conversations

An Individualized Approach to Helping Families Embrace Safe Sleep and Breastfeeding

The “Building on Campaigns with Conversations” on-line modules were created by the National Center for Education in Maternal and Child Health with extensive input from over 70 national organizations who represented the service systems, providers, programs, and community support networks that touch mothers, fathers, and other infant caregivers. The on-line modules are designed to help shift the approaches we have often used in promoting safe sleep and breastfeeding and to pull them together, since they are all part of caring for a new baby. They are based on the idea that our role is to help families make informed decisions about how to feed and sleep their babies—not give them rules and orders about what to do—and then ensure that they have the supports they need to follow through.

This training was created because we need to change our approach to families: Sleep-related deaths are not declining, and ongoing breastfeeding rates are not increasing as we had hoped. In addition, there are significant disparities based on race and ethnicity. Systemic racism contributes to overall poorer health and well-being and lower socio-economic status. It is vital to take these factors into account when promoting safe sleep and breastfeeding—only an individualized approach can address these contexts within which families live.

The full set of modules (seven in total) is an excellent training opportunity. Depending on your role, some parts may be more useful than others. NAPPSS-INN’s Conversations Modules Working Group recruited people who are working in **the role of Perinatal supporters (e.g. doulas, lactation consultants, childbirth educators, etc.)** to review the modules and recommend the sections, the handouts and the frequently asked questions they thought would be most useful to you.

We hope you will join us in building on campaigns with conversations to keep babies alive and healthy and to support their families in caring for them.

** This training on the Conversations Approach is based on Ajzen’s Theory of Planned Behavior and follows current recommendations from the American Academy for Pediatrics (AAP) for safe sleep and optimal breastfeeding for healthy infants.*

Recommended by Grass Roots Organizations as Needed and/or Very Important Material



Module 1: A New Approach— Module and the following supplementary materials

[Ajzen's Theory of Planned Behavior](#)

[Definitions of Key Terms](#)

FAQs

[Question 1](#): If I talk with families about doing anything except what is recommended, then I am condoning unsafe or unhealthy behaviors. They need a firm message about what to do and what not to do or else they may not follow the recommendations.

[Question 4](#): I am not an expert about breastfeeding, or I am not an expert on safe sleep. How am I supposed to integrate these topics into a conversation?

[Question 6](#): Is this really just motivational interviewing?

[Question 7](#): I provide information in groups settings—workshops or classes in settings such as WIC centers or Head Start sites, etc. How does the Conversations Approach apply to those types of situations?

Module 2: How Babies Sleep and Eat—Module and the following supplementary materials

[How Babies Sleep and Eat](#)

FAQs

[Question 1](#): Is there any evidence that sleep deprivation drives decisions about safe sleep and breastfeeding?

Module 3: Understanding Current Recommendations—Module and supplementary materials

[AAP Recommendations](#)

[Depictions of Safe Sleep Surface](#)

[Explanations of AAP Recommendations](#)

[Product Safety Standards](#)

FAQs

[Question 1](#): Explaining each recommendation seems very time consuming. I don't have time to communicate all these important recommendations.

[Question 2](#): I am not comfortable sharing information about reducing risks when bed sharing. Aren't we giving families permission to bed share?

[Question 3](#): Because of their culture and traditions, some families don't agree with all of the recommendations. Should I really share all of them with families?

Module 4: Anticipating Reluctance and Refusal—Module and supplementary materials

[Breastfeeding Benefits to Employers](#)

[Breastfeeding: General Information in English and Spanish](#)

[Breastfeeding at Work: Legal Rights](#)

[Choking: Why Choking is Less Likely When Baby is on the Back](#)

[Discussion Points about “Safe Sleep and Breastfeeding Not Being Beneficial”](#)

[Safety Standards for Infant Products, Including Infant Carriers](#)

[Second and Third Hand Smoke: Effects on Infants and Children](#)

[Slings and Other “Baby Wearing” Products](#)

[Tummy Time](#)

FAQ

[Question 1](#): What happens if families still do not accept or want to adopt the recommendations after I have shared additional information?

[Question 2](#): I am not sure I can know all of this information. It seems like too much to keep in mind when I talk with families.

Module 5: Respectful Dialogue and Structure of a Conversation—Module and supplementary materials

[Addressing Culture in Health Promotion](#)

[Bias, Its Impact, and How to Address it in Your Work](#)

[Conversation Grid](#)

[Families as Experts and the Concept of Family-Centered Care](#)

FAQ

[Question 1](#): I understand that bias is a problem, but aren't some stereotypes common because they are true?

[Question 2](#): Wow, there are a lot of parts to this conversation. Who has that much time?

Checklist for Biases in Conversations

Module 6: Creating Plans to Support Family Decisions

Module 7: Putting It All Together to Make A Difference – Only the following supplementary materials:

[Ms. Gordon's Plan](#)