STRENGTHENING A CULTURE OF SAFETY FOR INFANTS: DANE COUNTY SAFE SLEEP INITIATIVE

Daniel Stattelman-Scanlan RN, BSN
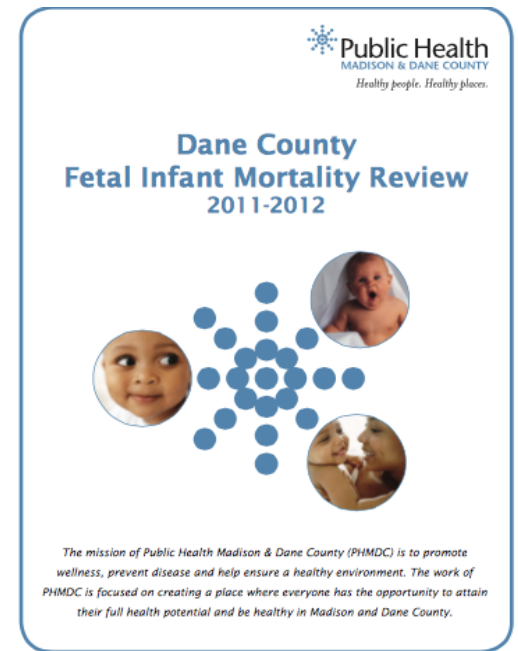
Nan Peterson RN, MS

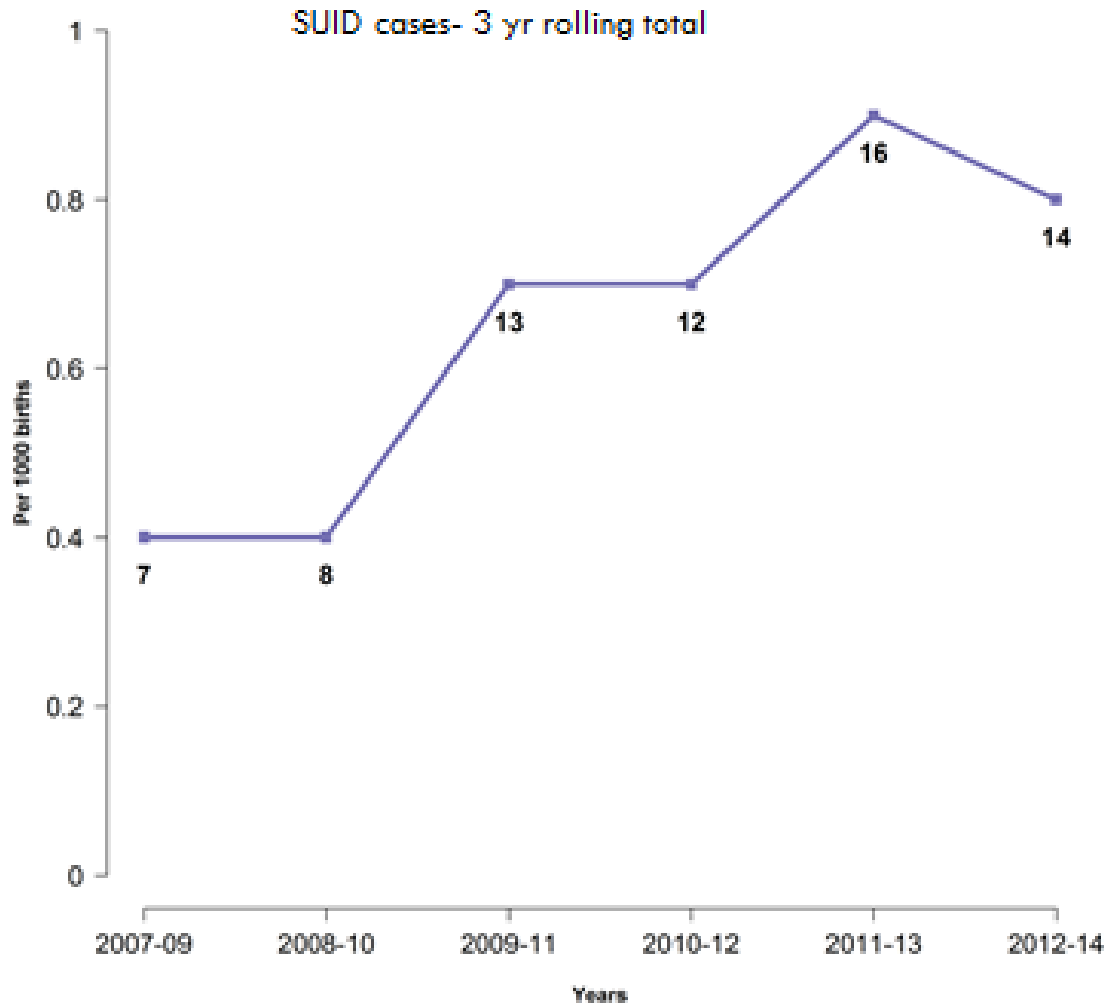Midwest Injury Prevention Alliance
11/8/2015
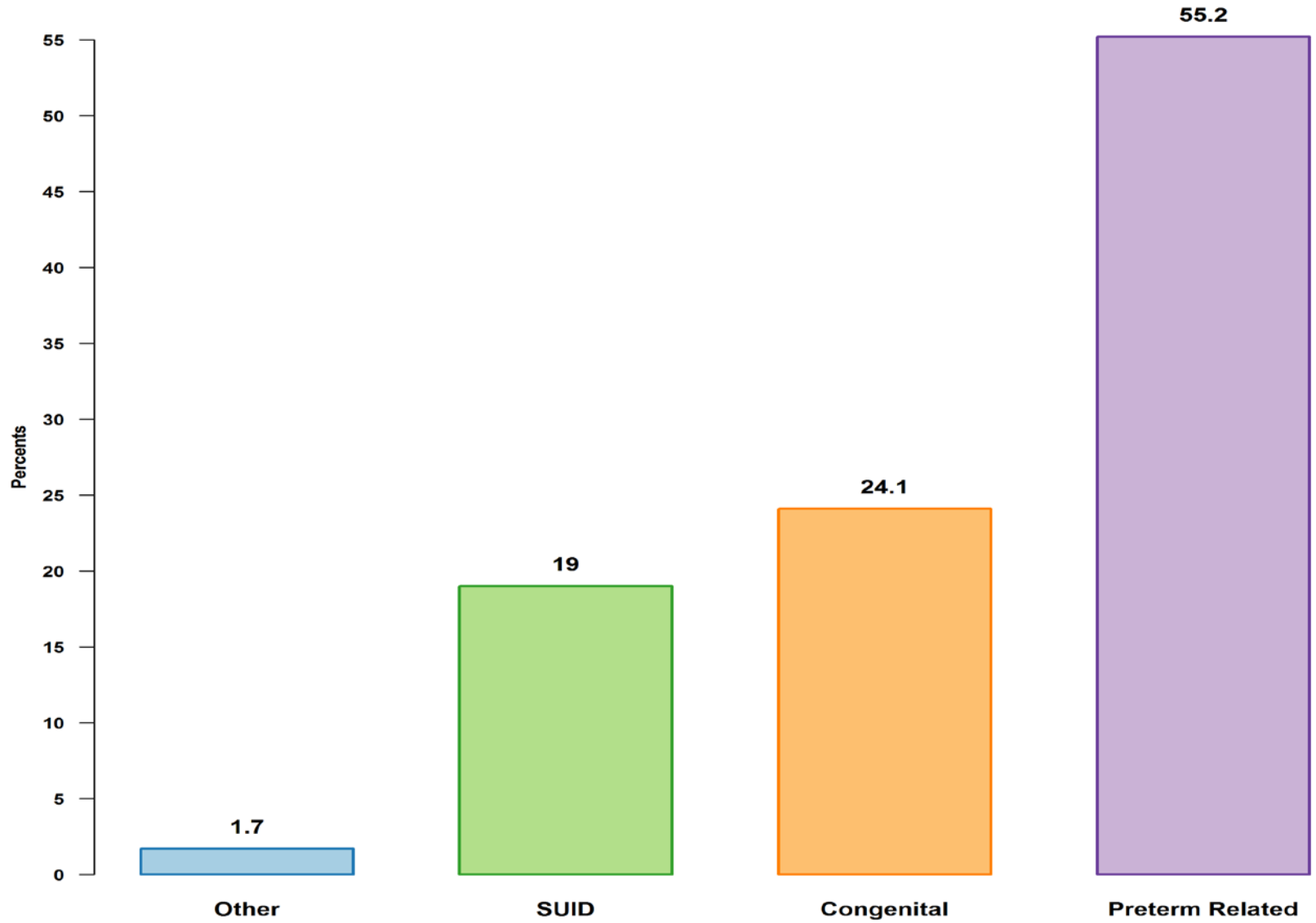
Community Assessment & Collective Impact

1. Collect data about children and families
2. Gather information about existing services & resources which promote health and minimize risk
3. ID opportunities to optimize services and resources
4. Choose strategic priorities to move forward

Public Health
MADISON & DANE COUNTY
Healthy people. Healthy places.

**Dane County
Fetal Infant Mortality Review**
2011-2012

The mission of Public Health Madison & Dane County (PHMDC) is to promote wellness, prevent disease and help ensure a healthy environment. The work of PHMDC is focused on creating a place where everyone has the opportunity to attain their full health potential and be healthy in Madison and Dane County.

Data

SUID cases- 3 yr rolling total

PHMDC 2015

Causes of Infant Death 2011-2012

PHMDC 2013

Sudden Unexpected Deaths in Infancy
Dane County 2000 To 2012

Per 1000 births

Years

All SUID
Sleep Related

PHMDC 2013
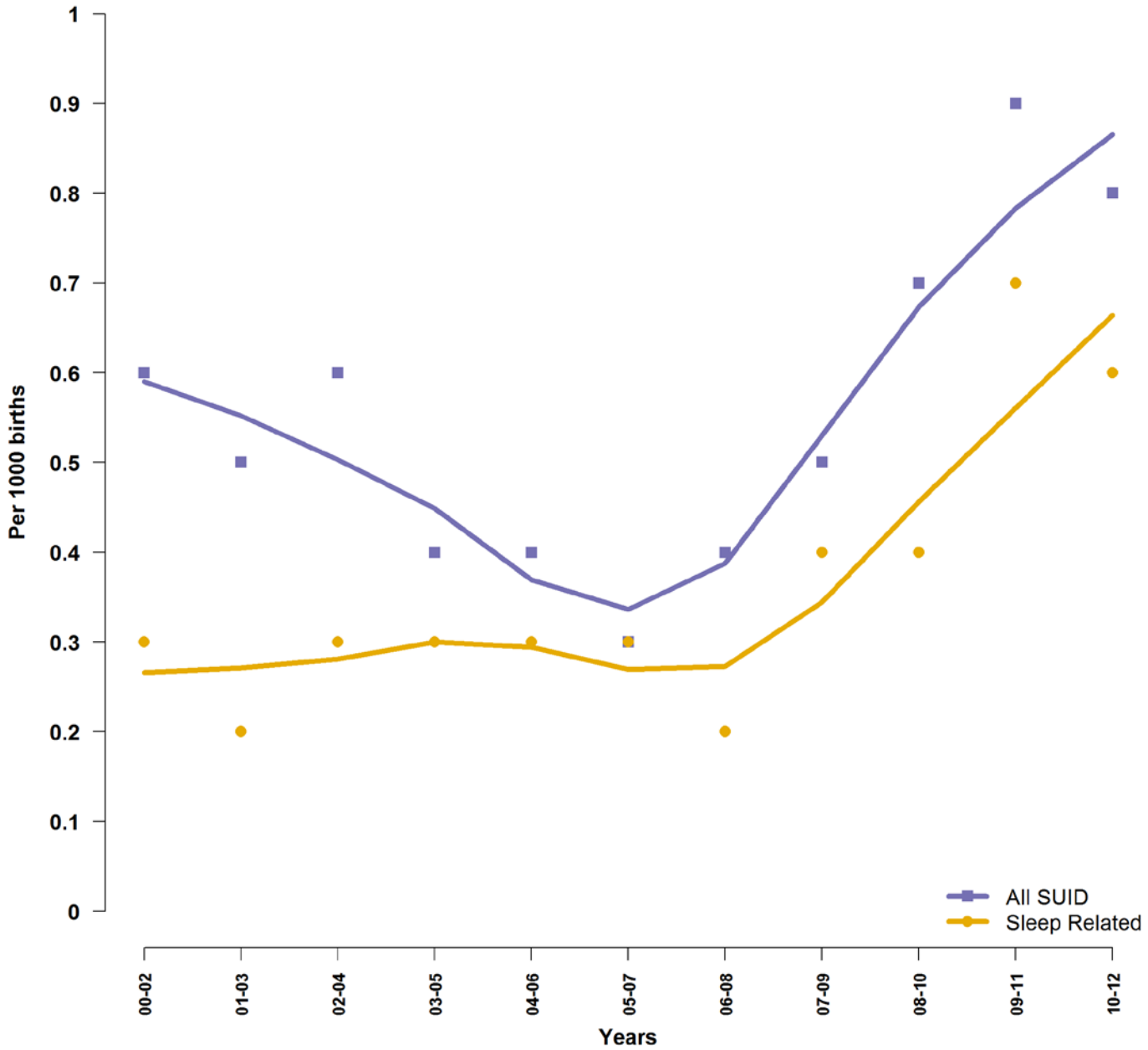
SUID - Dane County 2011-2014

- 21 SUID Cases

- 20 (95%) cases had unsafe sleep risk factors

- 17 (81%) cases had suffocation risks and unsafe sleep factors
  - 8 were explained by suffocation
  - 9 were possible suffocation

Safe Sleep Community Initiative

- Public Health, AFCH and the Medical Examiners Office provided leadership to the Dane County Task Force on Safe Sleep in response to local **FIMR** data
- Formed in October 2012, as a response to concerning local data
- Over 40 individuals working together to develop a countywide infant safe sleep message
- Safe sleep for infants is a complex issue, requires multi-faceted approach
- Goal: Improve infant health and decrease infant deaths from unsafe sleep

Dane County Safe Sleep Initiative

- Strategy: Develop an evidence-based, consistent, county-wide infant safe sleep message for all to use with an evaluation component, including:

  - Online toolkit (local resources for parents and providers)
  - Parent and provider trainings
  - Social marketing
  - Evaluation

Safe Sleep Community Initiative

- Surveyed Task Force members on what programs were available in the community and what were the needs of our local agencies

- Build on existing efforts and engaged stakeholders

  Can we improve our efforts?

  - Current with latest science?

  - Consistent across providers?

  - Training/ Resources for providers?

  - How to message families (individual/community) ?

- Focus groups: parent and provider feedback

US Preventive Services Task Force Levels of recommendation

□ Level A: Recommendations are based on good and consistent scientific evidence (i.e., there are consistent findings from at least 2 well-designed, well-conducted case-control studies, a systematic review, or a meta-analysis).

□ There is high certainty that the net benefit is substantial, and the conclusion is unlikely to be strongly affected by the results of future studies.

www.uspreventiveservicestaskforce.org/uspstf/grades.htm

American Academy of Pediatrics

- Share the Room - not the bed
- Breastfeed
- Back to sleep for every sleep
- Use a firm sleep surface
- Keep soft objects and loose bedding out of the crib
- Pregnant women should receive regular prenatal care
- Avoid smoke exposure during pregnancy and after birth
- Avoid alcohol and street drug use during pregnancy and after birth
- Consider offering a pacifier at nap time and bedtime
- Avoid overheating the infant

www.pediatrics.org/cgi/doi/10.1542/peds.2011-2284

Focus Groups

- Nurse Home Visitors - June 13th

- African American Breastfeeding Alliance - August 9th

- Asian Outreach Program Kennedy Heights - Sept. 9th

- Mount Zion Church - October 27th

Goal: Understand how parents felt about infant sleep;

Where they get information;

What concerns? Barriers? Benefits?

Focus Group – Provider Feedback

- There is a lot of information given to parents
- How to provide consistent message that parents will understand
- Important for extended family/caregivers to hear
- Address how to comfort a fussy baby
- How to talk with parents about safe sleep

Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Make sure nothing covers the baby's head.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Always place your baby on his or her back to sleep, for naps and at night.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Dress your baby in light sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Do not smoke or let anyone smoke around your baby.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

Focus Groups- Asian Outreach

- Child safety paramount, whatever method used
- Some follow health care provider advice- crib next to bed
- Others more traditional family bed
- Some mixed messages heard from providers
- Tradition values a round head- rotate sleeping position (not followed by younger generations)
- Concern with poor bonding if not co-sleeping
- Take information and make own choice

Focus Group-
African American Breastfeeding Alliance

- Know guidelines (on back, no bumpers/blankets)
- Know co-sleeping discouraged, but do it anyway
- Co-sleeping the norm in most families in this community and aids breastfeeding
- Significant concern about bonding and safety (keeping baby close)
- Need to focus on *safe* co-sleeping; skeptical that co-sleeping itself is the problem rather than mitigating circumstances

Focus Groups-
African American Breastfeeding Alliance

- Don't want to be judged or have parenting skills questioned; should acknowledge healthy co-sleeping and good parenting skills

- Parental instinct valued: "You know what's safe for your baby."

- One-size-fits-all messages turn people off

- Make messages positive and personal

Focus Group- Mount Zion

- Every single participant uses or used co-sleeping
- Most know guidelines ("back to sleep," no bottles, no loose blankets or pillows)
- Some tried guidelines, but now following what works for them so baby and parents can sleep
- Co-sleeping promotes bonding (highly valued) and breastfeeding
- Photo of recommended sleep environment looks cold (physically and emotionally), depressing, hard; MUCH prefer Mom in picture and cozier bassinette

Focus Group- Mount Zion

- Impact of post-partum depression not considered

- Info overload: constantly changing and contradictory recommendations are depressing and frightening

- Perception that guidelines are meant for stay-at-home, upper-middle-class mothers *with support*

- Need flexibility in messages; no "one-size-fits-all"

- Want to hear positive messages: "We love our babies" and want to feel we're doing a good job as parents.

Focus Groups – Parent Feedback

- Want what is best for their children
- Safety - Protect their babies
- Bonding - being close
- Breastfeeding
- Value Better sleep for parents and baby
- Convenience

Issues with current messages

- Parents don't feel unsafe sleep is a problem in Dane County

- Messages should speak to people on a personal level (many feel current messages aren't meant for them)

- Photo of recommended sleep environment looks cold; Much prefer Mom in picture and infant nearby

- Parents want to feel valued

- Info overload: constantly changing messages

Develop Key Messages:

- Ideal sleep situation includes a) baby on his/her back, b) separate sleep area for baby, c) in the same room as parents, d) simple bedding without soft objects or blankets

- There is a danger in Dane County, (number increasing, leading cause of death in Dane County)

- Both your baby and you can get a better night's sleep if you're safe.

Creative Theme: *Sleep Safe, Sleep Well*

Tag lines for key messages:

- ❑ Share the room, not the bed

Tag lines for key messages:

- Just me, on my back, a firm mattress and fitted sheet…*ahhh!*

Messengers/Partners

- News media
- Black community leaders (African American Church's, African American Breastfeeding Alliance, Project Babies, NAACP, Black sororities/fraternities)
- Daycare providers
- Healthcare providers
- Dane County Medical Examiner
- Other in-home visitors

Campaign Launch: May 5th Mount Zion Baptist Church

- Collective impact of many partners to improve infant health
- Key message: Sleep Safe, Sleep Well
- Sub messages (follow AAP):
  - Behavioral: share the room, not the bed
  - Environmental: just me, on my back

- Multi-faceted, data-driven
  - Training
  - Website
  - Training program
  - Social marketing
  - Evaluation

Campaign Launch

Safe Sleep Community Initiative

- Website: resources for educators and parents; crib programs
- Training: for parents & organizations wanting to learn more about developing a safe sleep policy, or effectively educating parents on a safe sleep environment.
- WIC Project
- Social Marketing Campaign
- Provider trainings: Dr. Rachel Moon; Pediatric Pathways

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Child Health Advocacy and Safety

Safe Sleep

Safe Kids: Safe to Sleep

There are simple things you can do to help keep your baby safe while he or she is sleeping. Check out the ABCs and the Do's and Don'ts below to help keep your baby safe.

ABCs of Sleeping Babies

Follow these simple "ABCs of safe sleep for babies" for guidance:

A: Alone. The American Academy of Pediatrics (AAP), recommend that the baby should sleep in the same room as the parents, but not in the same bed (room-sharing, not bed-sharing).

B: Back. Unless otherwise instructed by a pediatrician, an infant should always sleep on his or her back.

C: Crib. Railings should be no more than 2 3/8 inches apart. The mattress should be firm and covered with a tight, fitted sheet, and the crib should be clutter free (no blankets, bumper pads, stuffed animals, toys, etc.)

Do's and Don'ts of Safe Sleep

Do's

Videos

- ▶ Safe to Sleep
- ▶ Safe Sleep Video
- ▶ Safe Sleep Video (Spanish)

Safe Kids Madison Area Coalition

Resources for Parents/Caregivers

- What Does a Safe Sleep Environment Look Like? (pdf)
- Safe Sleep For Your Baby (pdf)
- A Parent's Guide to Safe Sleep (pdf)
- Sleeping With Your Baby: Know the Risks (pdf)
- Bedtime Basics: Safe Sleep Saves Lives!
- "Safe Sleep Saves Lives" Fact Sheet (pdf)
- Cribs for Kids Safe Sleep Information
- Text 4 Baby: Free text messages to keep you and your baby healthy

Resources for Educators

- American Academy of Pediatrics: SIDS and Other Sleep-Related Infant Deaths: Expansion of Recommendations for a Safe Sleep Environment (pdf)
- AAP Expands Guidelines for Infant Sleep Safety and SIDS Risk Reduction
- Integrating "Back to Sleep" RecommendationsInto Neonatal ICU Practice
- Safe to Sleep Public Education Campaign
- SUID/SIDS Resource Center
- Wisconsin PRAMS (Pregnancy Risk Assessment Monitoring System): Safe Sleep Practices (pdf)

Dane County Safe Sleep Initiative

Despite a major decrease in the incidence of sudden infant death syndrome (SIDS) since the American Academy of Pediatrics (AAP) released its recommendation in 1992 that infants be placed for sleep on their back, this decline has plateaued in recent years. Our local Child Death Review and Fetal Infant Mortality Review have identified concerns with unsafe sleep in Dane County. Because of this, we felt it was time to all come together to develop a county-wide safe sleep message to educate families on suffocation prevention.

Sudden unexpected infant deaths (SUIDs) are related to biological, environmental, and behavioral factors acting together or separately. We will focus on the factors related to environment (e.g., soft bedding and cigarette smoke) and behavior (e.g., placing infant on their stomachs to sleep and co-sleeping) to educate the families in our communities on modifying these risk factors that can lead to an infant's death.

Our goal is to develop an evidence-based, clear, consistent county-wide safe sleep message to be used by all.

Safe Sleep Community Initiative Training Materials

Other components of the Campaign:

- FAQ on how to talk with families and caregivers
- Door hangers with safe sleep messaging
- PSA's
- Safe Sleep display
- Books
- Newsletter template
- Provider packet of safe sleep materials

Social Marketing: Billboards

Share the room, not the bed.
uwhealthkids.org/sleepsafe
KOHL'S Sleep Safe Program

Just me, on my back.
uwhealthkids.org/sleepsafe
KOHL'S Sleep Safe Program

Social marketing: Bus signs

Social Marketing: Bus signs

Phase II small group work: Outreach

- Faith-based approach
- Foster parents/Relative Care
- Childcare
- Home visitor programs

Foster Care Newsletter

Foster Forum

**Dane County Department
Of Human Services
August 2015**

Infant Safe Sleep

Julie Ahnen
Manager of Child Protective Services

Is there anything better than holding a sleeping newborn? My children are now well into their teens and twenties, but I still remember that wonderful, peaceful feeling of holding them while they were content or sleeping. I also remember many, many sleepless nights of being up and down with a crying

sleep | Search

Children's Health Alliance of Wisconsin

ASTHMA

EARLY LITERACY

EMERGENCY CARE

GRIEF AND BEREAVEMENT

INJURY PREVENTION AND DEATH REVIEW

Overview ◄
Keeping Kids Alive in Wisconsin
Local Death Review Teams
Community Prevention
Resources ◄

MEDICAL HOME

ORAL HEALTH

Injury prevention and death review
Community prevention templates

Search results:

Refine your search:

sleep | Search

Or view all available templates:

View All

Motor vehicle crashes (Winnebago County)
Template from Winnebago County on motor vehicle crashes. (see more)

Poisoning (Iron County)
Template from Iron County on poisoning. (see more)

Safe sleep (Dane County)
Template from Dane County on safe sleep (see more)

Water safety (Oneida County)
Template from Oneida County on water safety. (see more)

Keeping Kids Alive IN WISCONSIN
★ Children's Health Alliance of Wisconsin

View our injury prevention & death review resources.

For more information, please contact Abby Collier at (414) 292-4016.

Like | Tweet

Kuv xwb,
Pw ntxeev tiaj.
Txaj pua ntaub khov kho..ahhh.

uwhealthkids.org/sleepsafe

KOHL'S
Sleep Safe Program

Sleep Safe
SLEEP WELL

Qhia pw los ntawm koj tus me nyuam mos

"Muab kuv pw ntxeev tiaj,
nruab hnub thiab hmo ntuj."

"Kuv nyiam lub txaj pua
ntaub khov kho."

"Thov muab tej yam zooj
li tog hauv ncoo,
khoom ua li, pam, thiab
ntaub rwb tawm ntawm
kuv lub txaj."

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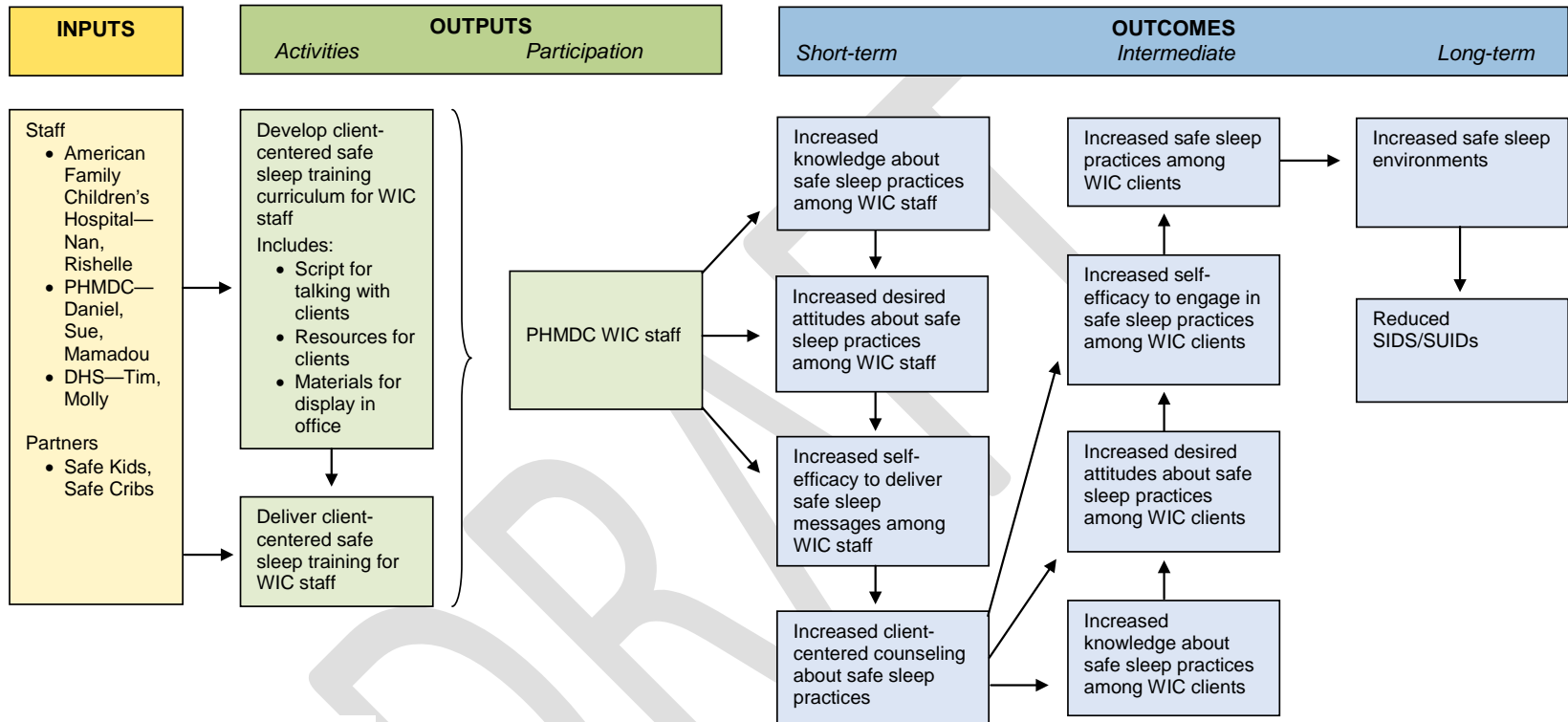
Evaluation Plan

- WIC Staff Training evaluation (knowledge, attitudes, behaviors)
- Social Marketing Campaign evaluation
  - Survey (starting October 2014 after 2nd messaging wave, and again after first campaign year completed)
  - Process Measures (message reach, trainings held, materials distributed, etc.)
- Death Data
- Where appropriate, compare to pre-program baseline data from PRAMS

INPUTS	OUTPUTS		OUTCOMES		
	Activities	*Participation*	*Short-term*	*Intermediate*	*Long-term*

Staff
- American Family Children's Hospital—Nan, Rishelle
- PHMDC—Daniel, Sue, Mamadou
- DHS—Tim, Molly

Partners
- Safe Kids, Safe Cribs

Develop client-centered safe sleep training curriculum for WIC staff
Includes:
- Script for talking with clients
- Resources for clients
- Materials for display in office

Deliver client-centered safe sleep training for WIC staff

PHMDC WIC staff

Increased knowledge about safe sleep practices among WIC staff

Increased desired attitudes about safe sleep practices among WIC staff

Increased self-efficacy to deliver safe sleep messages among WIC staff

Increased client-centered counseling about safe sleep practices

Increased knowledge about safe sleep practices among WIC clients

Increased desired attitudes about safe sleep practices among WIC clients

Increased self-efficacy to engage in safe sleep practices among WIC clients

Increased safe sleep practices among WIC clients

Increased safe sleep environments

Reduced SIDS/SUIDs

KEY EVALUATION QUESTIONS

| Were the inputs sufficient? | Was curriculum developed? Was training delivered? | Who attended the training? | To what extent did WIC staff's knowledge, attitudes, and self-efficacy increase? | Did WIC staff deliver client-centered counseling? | To what extent did WIC clients' knowledge, attitudes, and self-efficacy increase? | Did WIC clients increase their safe sleep practices? | Did safe sleep environments increase among WIC clients? Did SIDS/SUIDs reduce among WIC clients? |

INDICATORS

| # of staff # of partners | Curriculum | #, % of WIC staff attended | #, % of WIC staff with increased knowledge, attitudes, and self-efficacy | #, % of WIC staff who delivered client-centered counseling | #, % of WIC clients who report increased knowledge, attitudes, and self-efficacy | #, % of WIC clients who report increased safe sleep practices | #, % of WIC clients with safe sleep environments #, % of SIDS/SUIDs among WIC clients |

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WIC Project: Staff Self-confidence

I feel confident speaking with clients about the risks associated with sleep related infant deaths.
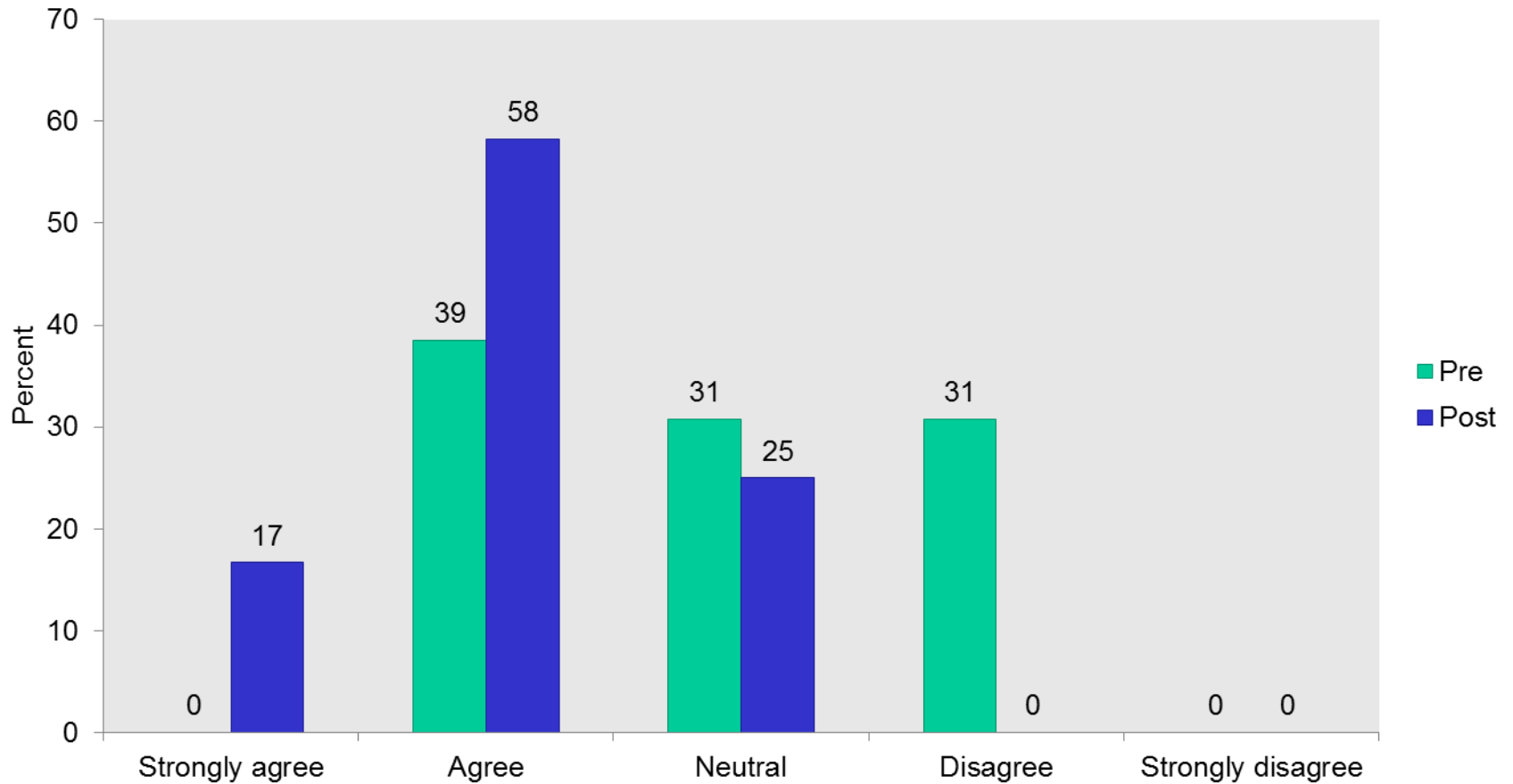
WIC Project

- Training increased WIC staff's knowledge and desired self-reported attitudes and self-confidence around safe sleep
- WIC is a promising venue for safe sleep education
- Limitations:
  - Does this mean they have a greater ability to educate participants about safe sleep?
  - Will it translate into safe sleep practices among participants?

Public Policy/Legislation

2015 - 2016 LEGISLATURE

2015 ASSEMBLY BILL 94

March 12, 2015 - Introduced by Representatives KERKMAN, EDMING, KLEEFISCH, KNODL, KREMER, KULP, T. LARSON, MURPHY, THIESFELDT, TITTL and WEATHERSTON, cosponsored by Senators DARLING, VUKMIR and WANGGAARD. Referred to Committee on Children and Families.

AN ACT to create 253.155 and 948.215 of the statutes; relating to: causing harm to a child by cosleeping while intoxicated, providing information about safe sleep, and providing a penalty.

Analysis by the Legislative Reference Bureau

Under this bill, no person may injure or kill a child under 12 months of age by cosleeping, while the person is intoxicated, with the child. Under the bill, if the child suffers bodily harm as a consequence, the person is guilty of a Class H felony, if the child suffers great bodily harm as a consequence, the person is guilty of a Class F felony, and if the child dies as a consequence, the person is guilty of a Class D felony.

The bill requires the Child Abuse and Neglect Prevention Board (board) to purchase, prepare, or arrange with a nonprofit organization to prepare printed and audiovisual materials relating to cosleeping while intoxicated. The materials must include information regarding safe sleep and the dangers of cosleeping while

Thank you