

Care Transformation Collaborative Best Practices: Safe Sleep



December 19, 2023

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Division of Community Health & Equity

Rhode Island Department of Health

Objectives



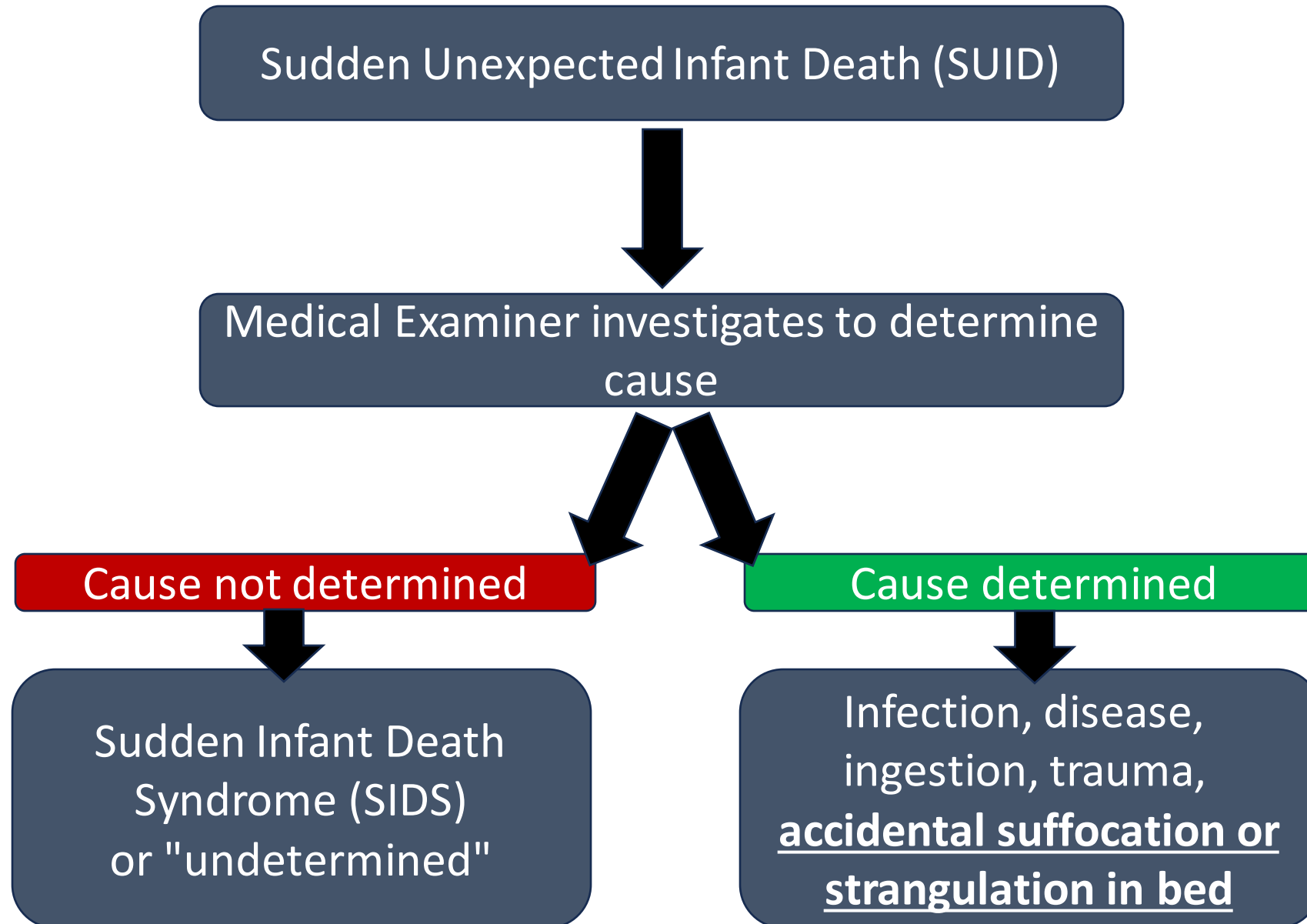
- Increase understanding of the patient perspective by hearing one parent's safe sleep experience
- Increase understanding of Sudden Unexpected Infant Death (SUID) and SUID prevalence in Rhode Island through the presentation of national and state-specific data
- Describe safe and unsafe sleep products so that primary care teams are better equipped to guide patient purchasing decisions
- Learn to deliver effective safe sleep messaging to help patients adopt positive safe sleep attitudes and practices
- Understand how Family Visitors can work with primary care practices to support families' adoption of positive safe sleep attitudes and practices



The parent perspective



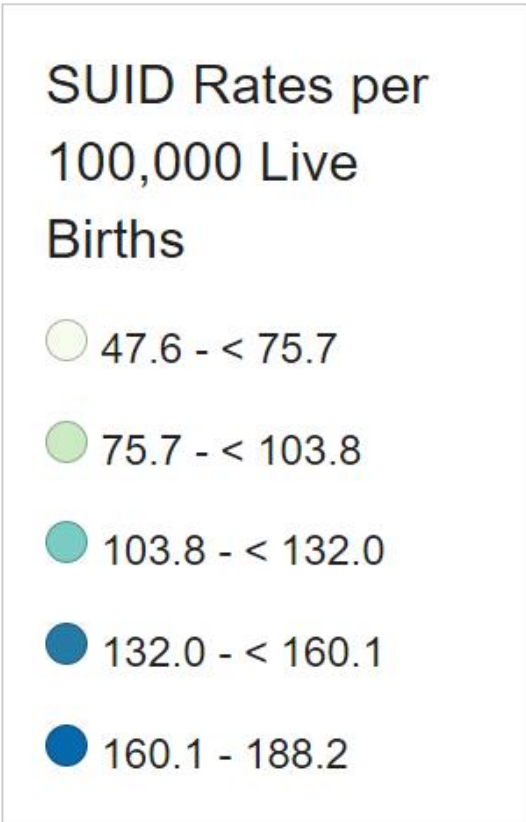
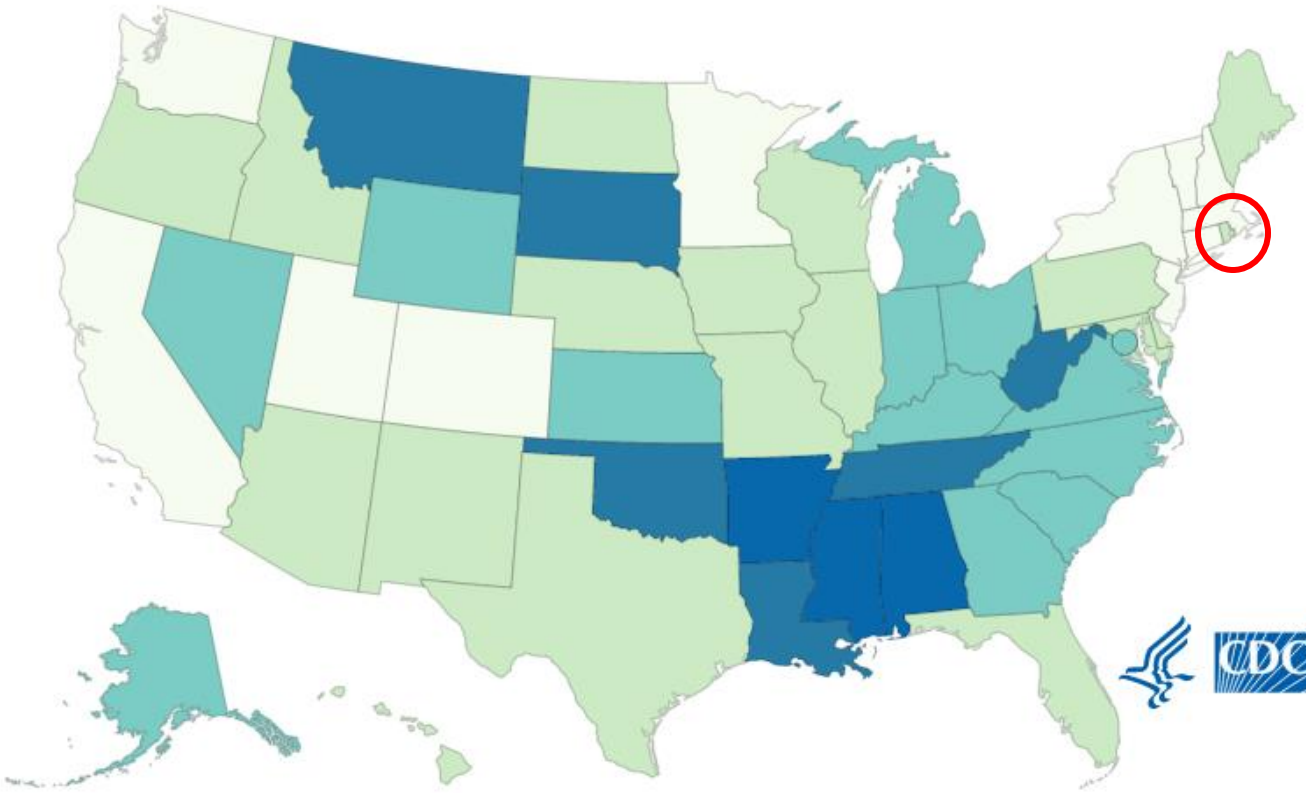
Introducing Kiana





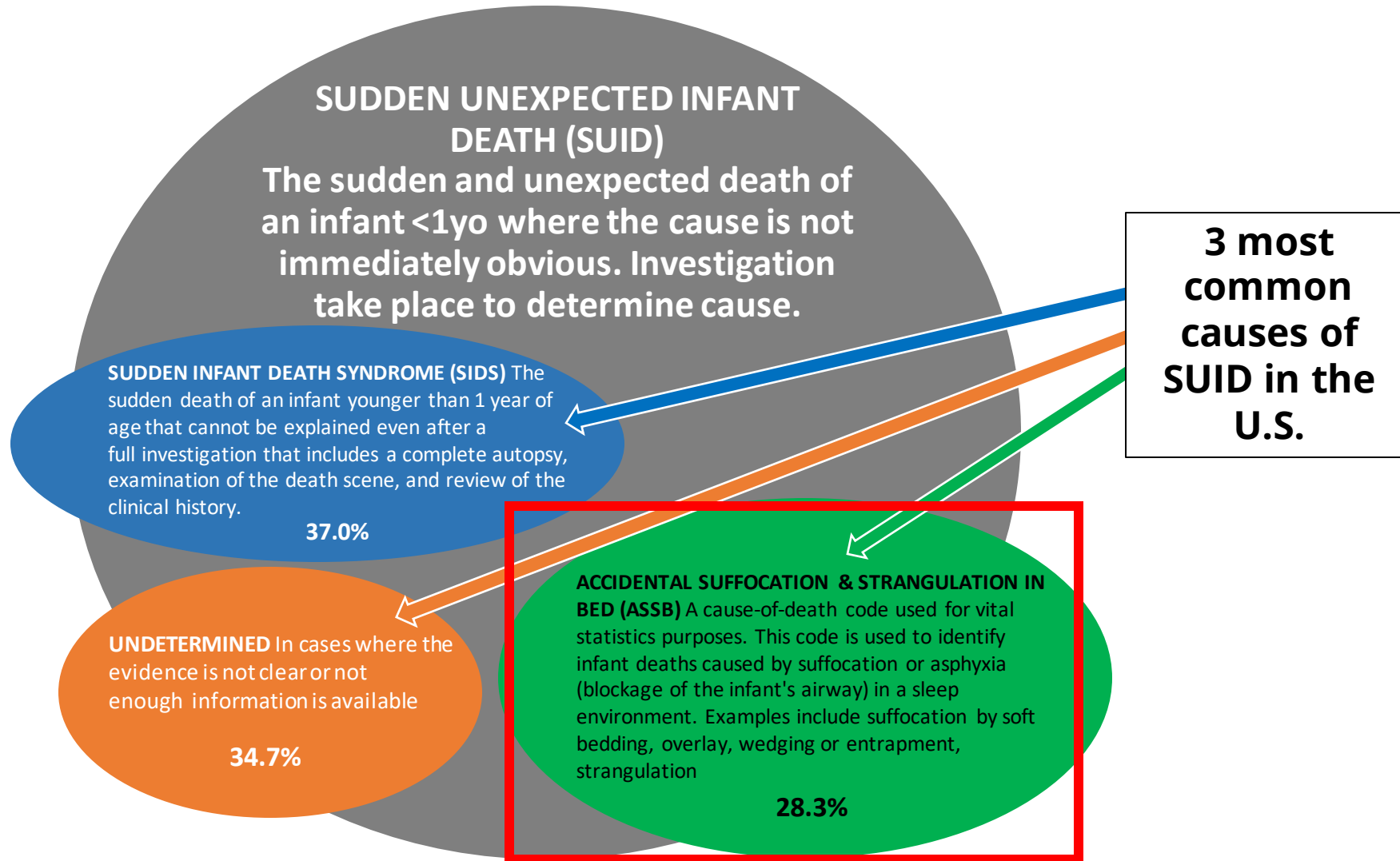
National Data

SUID Rates by State, 2016-2020

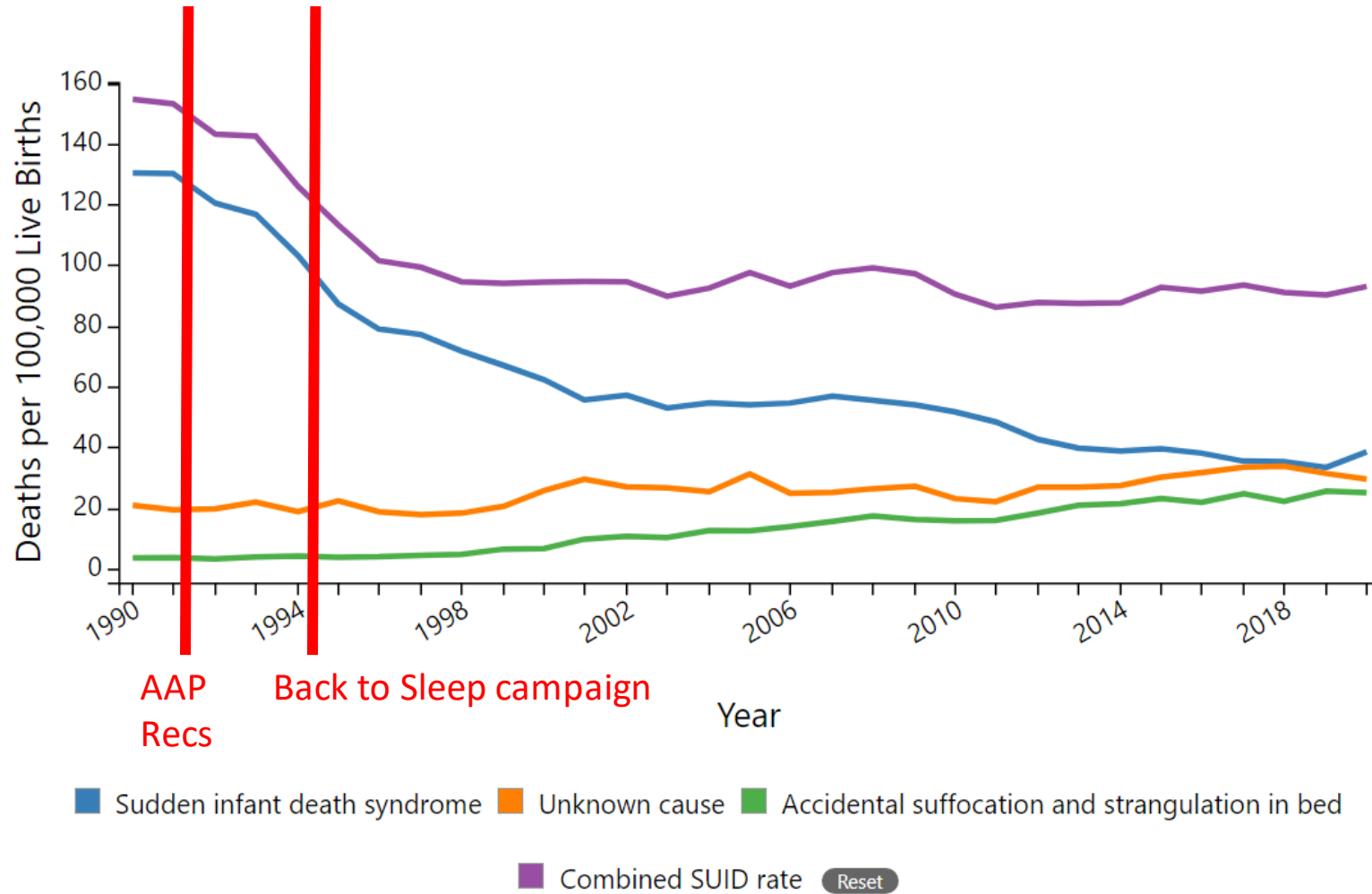


- US average rate: 92.9 deaths per 100,000 live births
- RI average rate: 86.2 per 100,000 live births (down from 88.5)
- RI highest of NE states

Framing the Safe Sleep Conversation

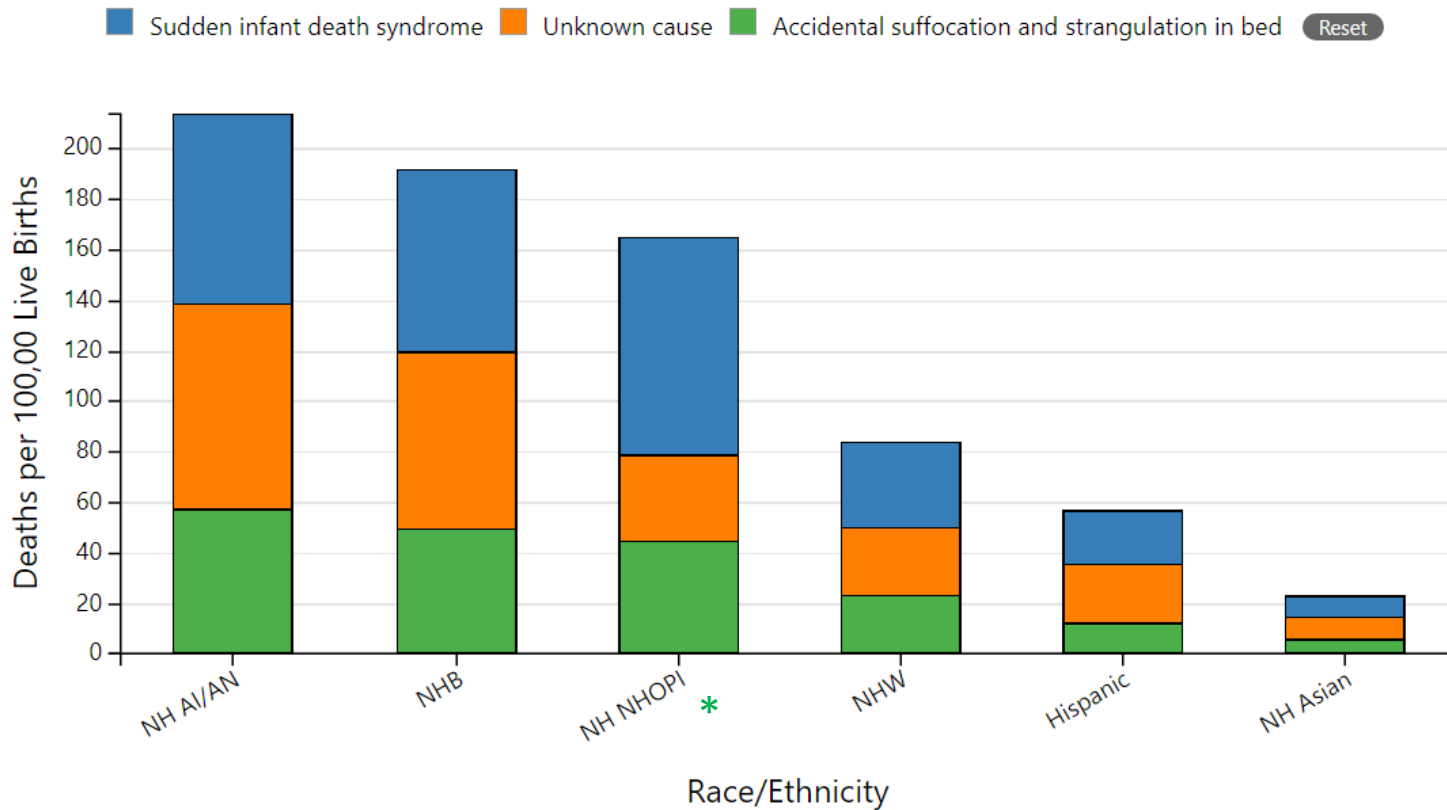


Trends in SUID by Cause, 1990-2020



- Combined SUID rate sharply declined, has since leveled off
- SIDS rate sharply declined, continued to decline until recently
- Undetermined cause rate creeping up, due in part to no standardized decision-making among Medical Examiners
- Rate of accidental suffocation and strangulation in bed steadily creeping upward

SUID rates by cause and by race/ethnicity in the U.S., 2016-2020



NH AI/AN = Non-Hispanic American Indian/Alaska Native; NHB = Non-Hispanic Black; NH NHOPI = Non-Hispanic Native Hawaiian/Other Pacific Islander; NHW = Non-Hispanic White; NH Asian = Non-Hispanic Asian

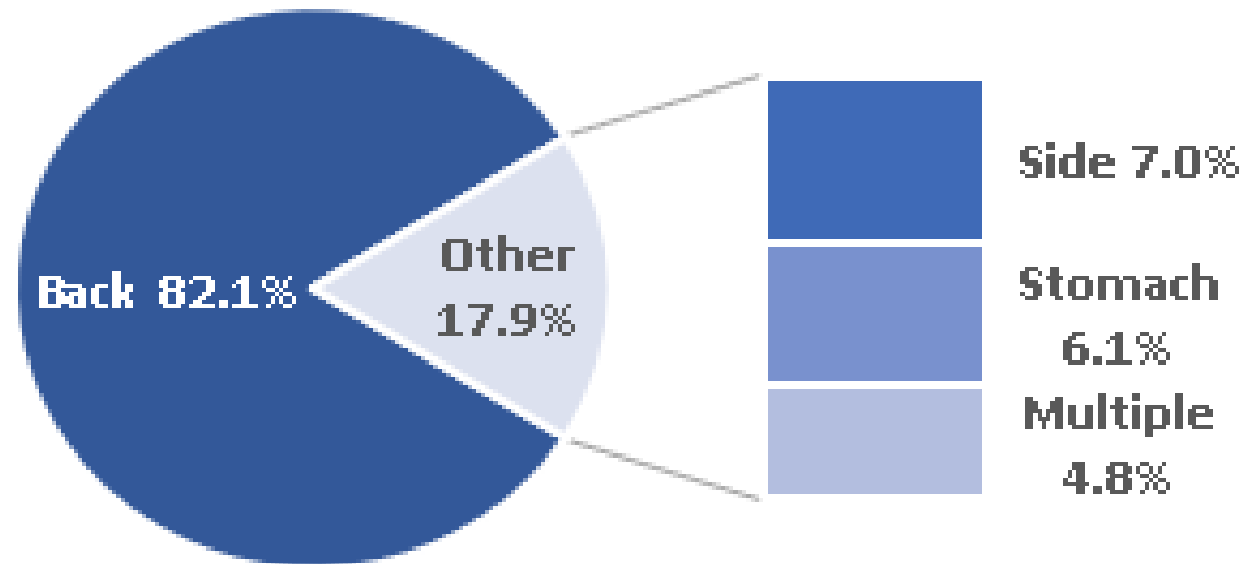
- Combined SUID rates highest among Non-Hispanic American Indian/Native Alaskan, Black, and Hawaiian/Pacific Islander infants
- Combined SUID rates lowest among non-Hispanic white, Hispanic, and non-Hispanic Asian infants
- Accidental Suffocation and Strangulation in Bed death rates are smallest in proportion except for non-Hispanic Native Hawaiian/Pacific Islander infants

2016-2021 RI Pregnancy Risk Assessment Monitoring System (PRAMS)

RI Pregnancy Risk Assessment Monitoring System (PRAMS) - Positional placing

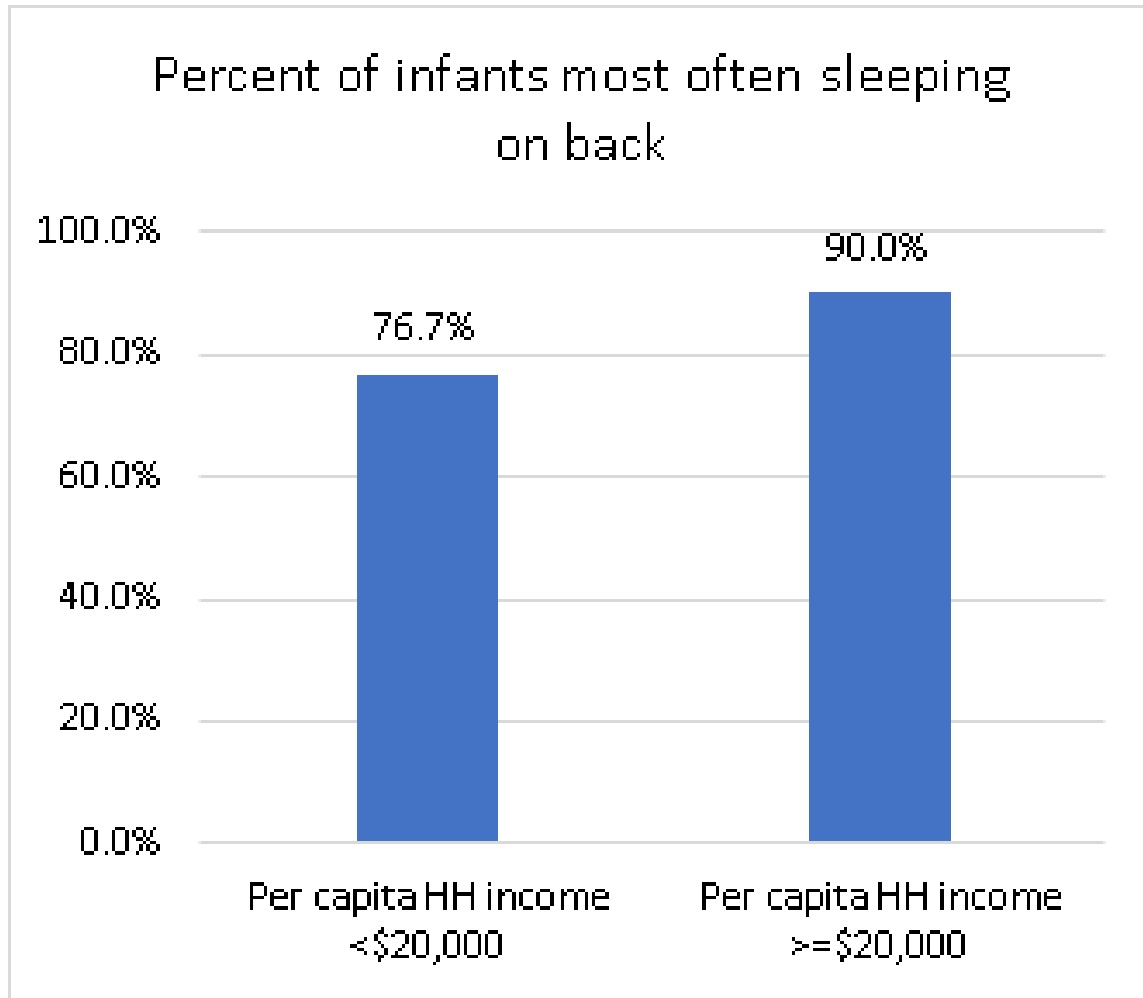


Position infant most often sleeps in



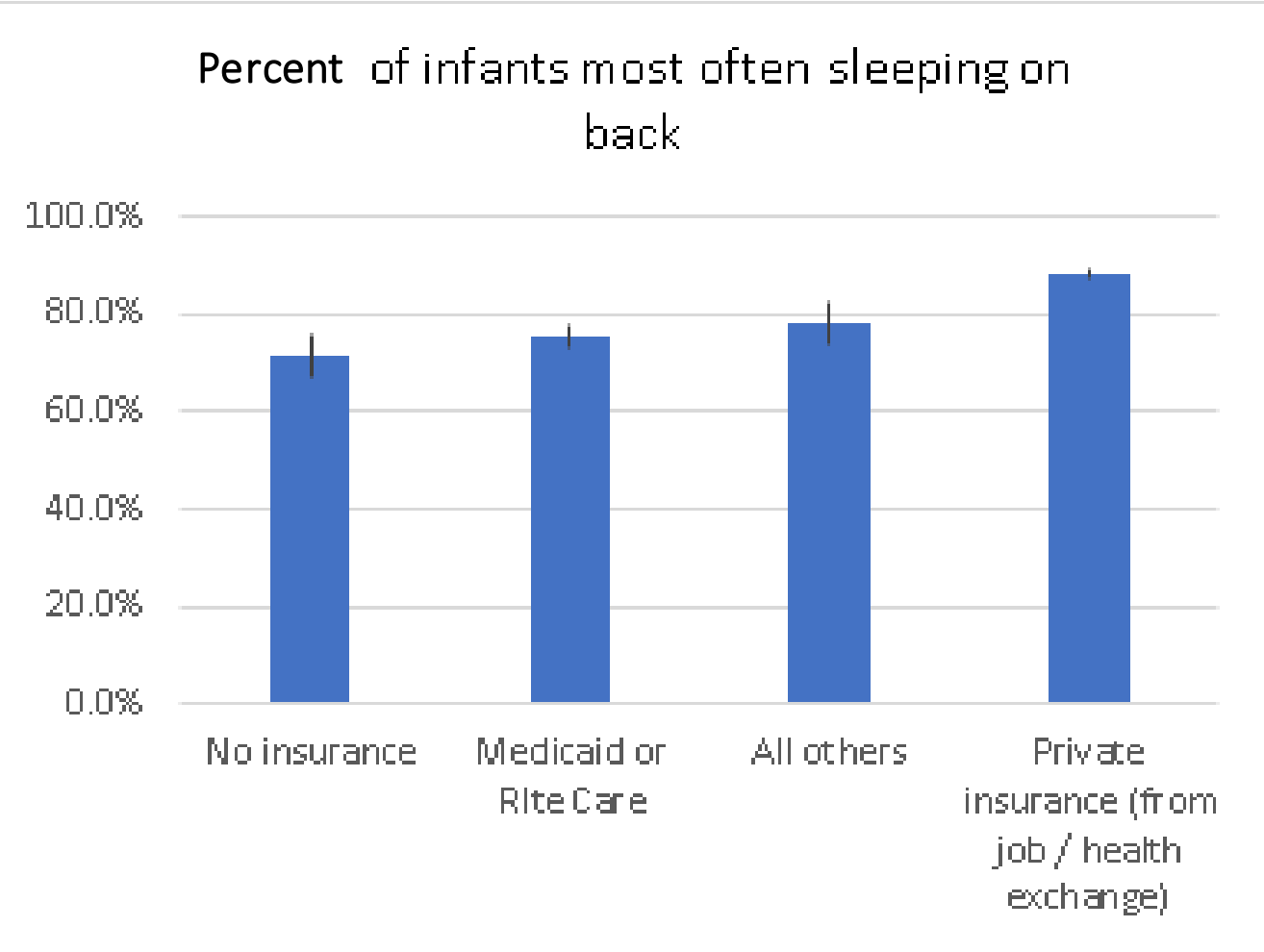
Most RI babies are put to sleep on their back.

RI Pregnancy Risk Assessment Monitoring System (PRAMS) - On back by household income



Infants in households with incomes under \$20,000 are less likely to be placed to sleep on their back.

RI Pregnancy Risk Assessment Monitoring System (PRAMS) - On back by insurance



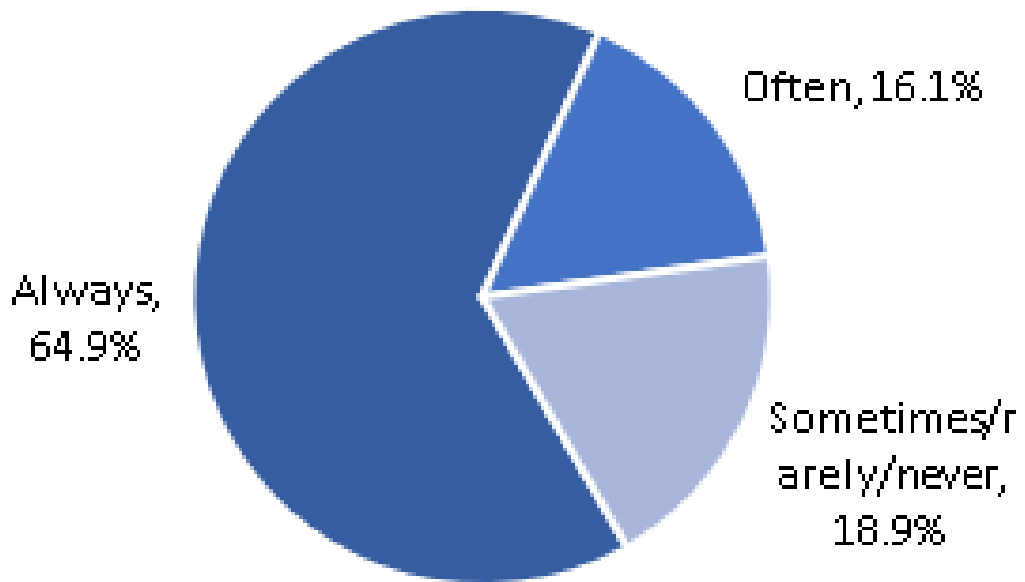
Infants in households with public or no insurance are less likely to be placed to sleep on their back.

Data source: 2016-2021 RI PRAMS

RI Pregnancy Risk Assessment Monitoring System (PRAMS) - Always vs. not always bed sharing

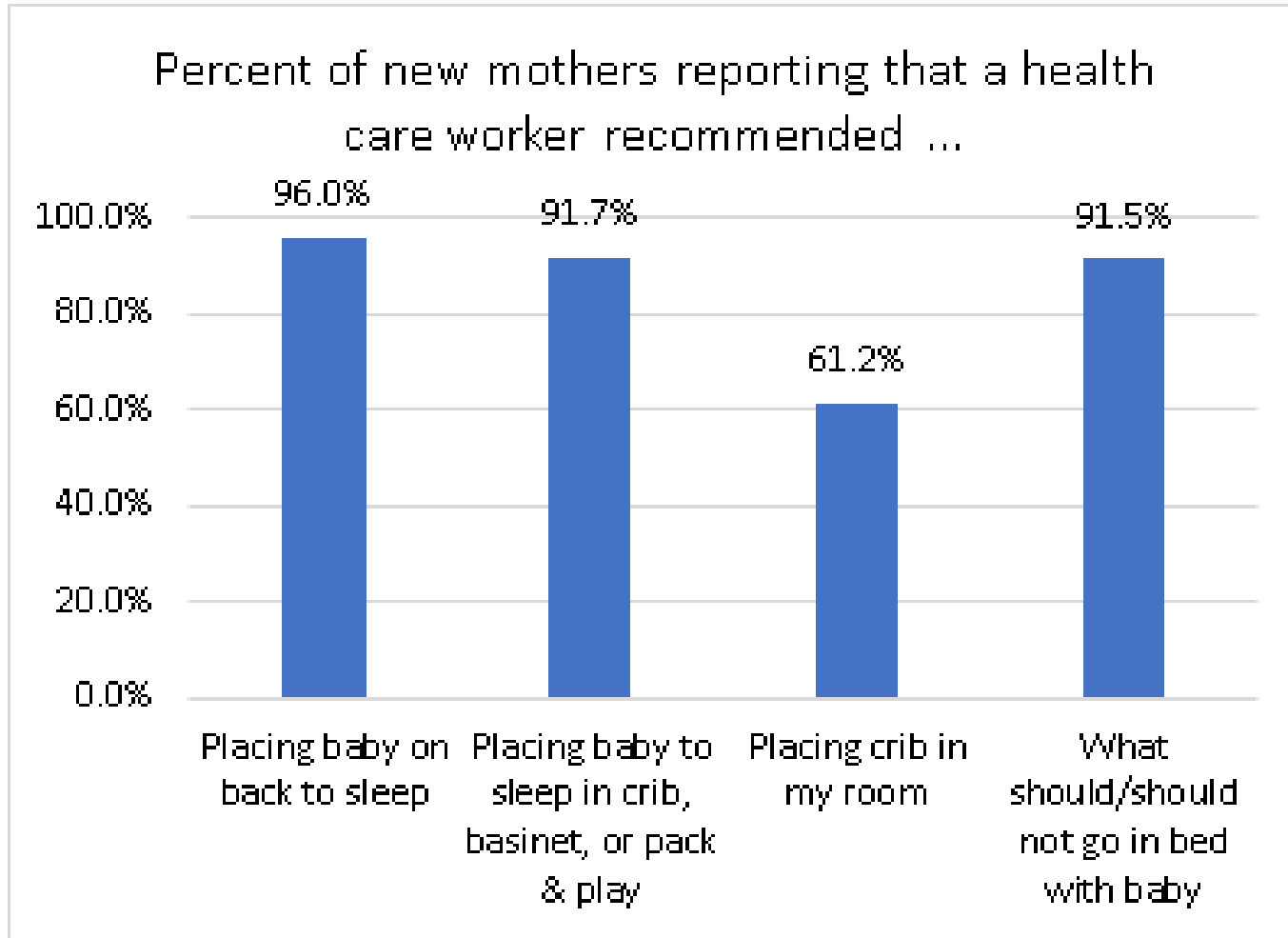


Frequency of baby sleeping alone in past 2 weeks



A little more than half of RI babies always sleep alone.

RI Pregnancy Risk Assessment Monitoring System (PRAMS) - Education from HCPs



Most healthcare professionals educate on the ABCs of Safe Sleep... but fail to provide an option to "share a room, not a bed."

2022 Family Visiting Data

Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parent as Teachers (PAT) regularly ask families a series of three questions about their safe sleep practices through the child's first birthday:

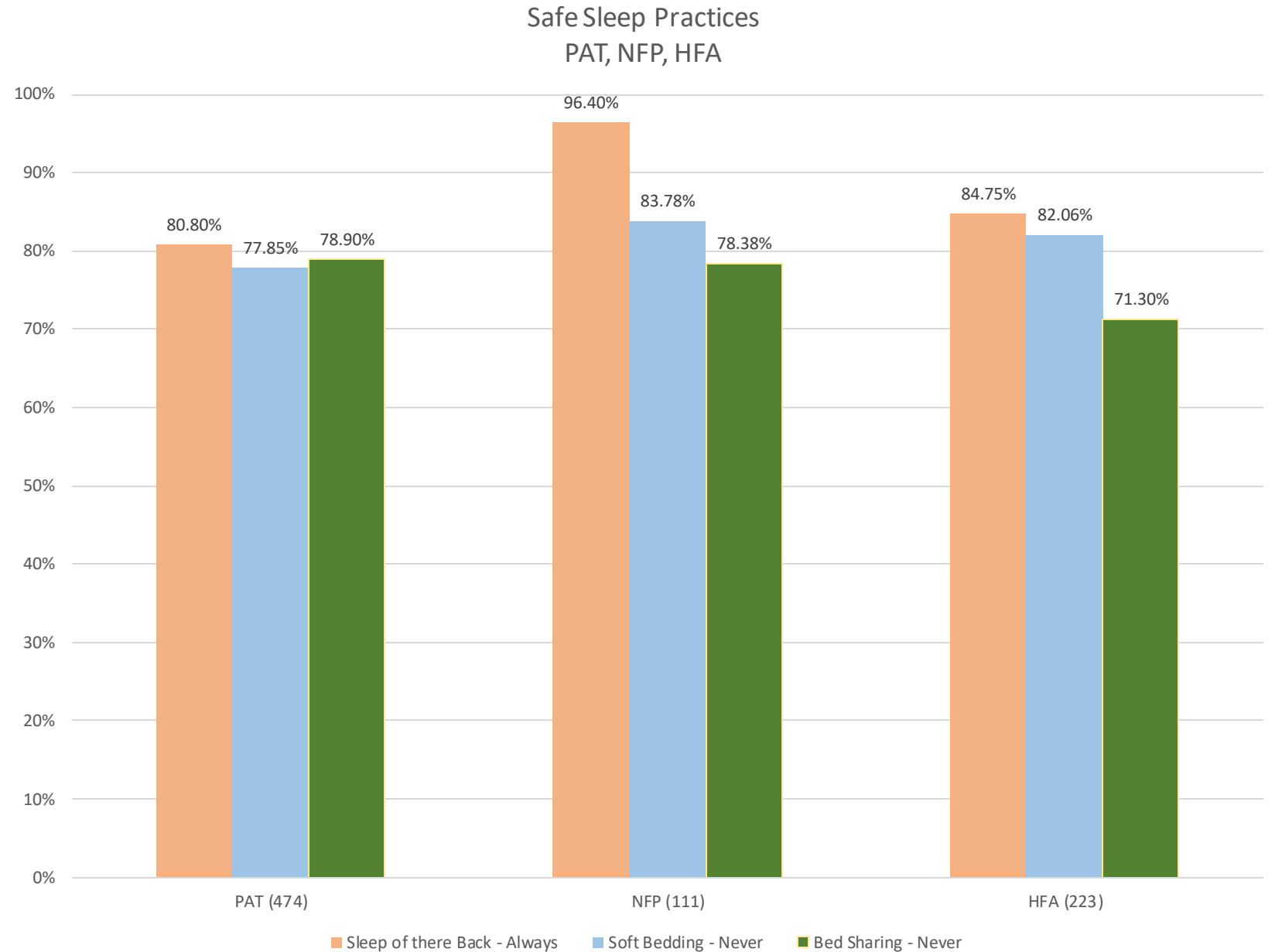
- 1) Do you always place baby to sleep on their back?
- 2) Do you never place soft objects in baby's sleep environment?
- 3) Do you never bed-share?

Safe Sleep Data for RI's Healthy Families America (HFA), Nurse-Family Partnership (NFP) and Parents as Teachers (PAT) programs

Calendar Year 2022

Across the 3 Family Visiting Programs there is no absolute commitment to the practice of Alone-Back-Crib.

Yet the message of placing baby to sleep on their back seems to be, in practice, the most endorsed practice.



RI Family Visiting Data (cont'd)



Culture

For recent immigrants to the US, cultural norms related to infant sleep persist, particularly bed-sharing and the use of soft bedding.

Race

Participants who identified as Multi-Race reported higher adherence to safe sleep practices than Asian, Black, or White participants. White participants reported the lowest adherence, particularly around never bed-sharing (65%).

Ethnicity

Participants who self-identified as Hispanic/Latino reported lower adherence to Alone-Back-Crib practices but not by much.

Language

For participants whose primary language was Spanish, Alone-Back-Crib practices were lower than for those whose primary language was English or Other, but again not by much.

EV Core Cities

Participants in the core city of Central Falls had the lowest overall adherence to Alone-Back-Crib practices than other core cities. Yet, participants in Cranston reported a lower rate of never bed-sharing than the other core cities.



"Second Sleep"

Data: The "Second Sleep"



- Second Sleep = sleep after nighttime waking
- 1,500 parents self-reported their alone-back-crib behavior for the second sleep: 74% female, 65% white, 12% black, 17% Hispanic
- 39% reported second sleep behavior
 - Only 9% of that cohort reported practicing safe sleep during both the 1st and 2nd sleep
 - Of those 9%, many were young parents (<25yo), first-time parents, parents in homes with smoke exposure, parents with infants born prematurely



Sudden Unexpected Infant Death (SUID)



Select SUID Data: Rhode Island – 2018-2022

MOB RACE

- White 43%
- Other Races 21%
- Black 17%
- Multiple Race 11%

MOB ETHNICITY

- 43% Not Hispanic
- 25% Hispanic

MOB EDUCATION

- 64% Grade 12

MOB MARITAL STATUS

- Single 74%
- Married 17%

LOCATION

- 66% Core City
- 34% Non-Core City

38% **FIRST BABY**

15% **TEENAGE MOB**

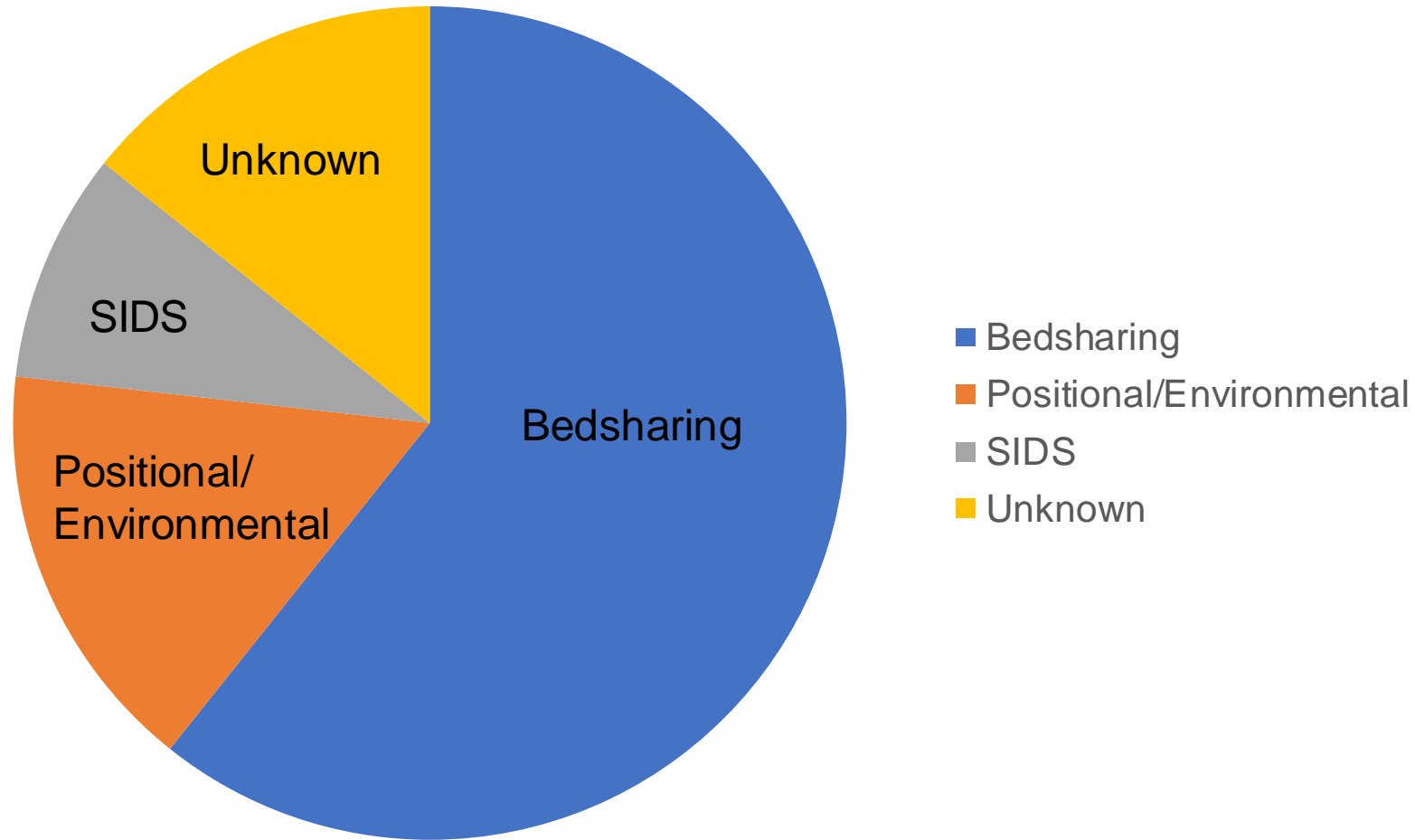
89% **MOB ENGLISH-SPEAKING**

22% **PRENATAL SUBSTANCE USE**

RI Data: SUID by risk factor

- 2018-2022: 4-13 SUID deaths/year
- Most occur in Providence
- Blankets and pillows often present in the sleep environment

Bed-sharing is the #1 risk factor in preventable infant sleep-related deaths in RI



Most SUID cases in RI are preventable



Reasons for bed-sharing include:



Exhaustion, trauma, fear, poverty, culture, choice

Evidence-Based Recommendations



POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Sleep-Related Infant Deaths: Updated 2022 Recommendations for Reducing Infant Deaths in the Sleep Environment

Rachel Y. Moon, MD, FAAP,* Rebecca F. Carlin, MD, FAAP,* Ivan Hand, MD, FAAP,*
THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME AND THE COMMITTEE ON FETUS AND NEWBORN

TECHNICAL REPORT

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Evidence Base for 2022 Updated Recommendations for a Safe Infant Sleeping Environment to Reduce the Risk of Sleep-Related Infant Deaths

Rachel Y. Moon, MD, FAAP,* Rebecca F. Carlin, MD, FAAP,* Ivan Hand, MD, FAAP,* and THE TASK FORCE ON SUDDEN INFANT DEATH SYNDROME and THE COMMITTEE ON FETUS AND NEWBORN



Alone
Back
Crib

Parents don't just want to know *what*, they want to know *why*

There seems to be a disconnect

- AAP's recommendation against bed-sharing has become increasingly orthodox: *under no circumstances...*
- Yet, proliferation of bed-sharing endorsements on social media from parents and others
- Is there a solution?
 - Endorse science
 - Acknowledge risk
 - ?Offer harm reduction strategies



A difficult conversation

- There are many practical and emotional barriers to practicing safe sleep – the concept of being a good parent is reflected in choices made
- Take lived and felt experiences into account – know your audience
- Concept of risk can be intangible
- Active listening and respectful responses may help caregivers/parents be open to new ways of doing things.



Shopping for baby

Mixed messaging = Confusion



5-D Sleeper • Moisés

WARNING

Prevent serious injury or death:

- Never leave child unattended.
- This product is not intended for unsupervised or prolonged periods of sleep.

- Deceiving and confusing
- Picture suggests one thing, small print indicates the opposite

Far more unsafe sleep products than safe sleep products



SAFE FOR SLEEP



NOT SAFE FOR SLEEP



Boppy products

Safe Sleep is counter-intuitive to parental instincts



Put away comforters, blankets, stuffed animals until baby is a year old.

Changing the conversation



From this --> to this
Just for the first year

Adorable can be dangerous



92% of stock images on the internet (and celebrities) counter safe sleep recommendations



Safe Sleep is not easy



- Comfort of baby
- Comfort of parents/caregivers
- Convenience (especially when feeding at night)
- Safety (perceived or real)
- Prior experience with other children
- Advice from family members or friends
- Advertising influences
- Social media influences
- Lack of money for a crib
- Lack of space for a crib
- Mixed messages from healthcare providers
- Cultural differences
- Philosophical differences
- Exhaustion
- Fussy baby



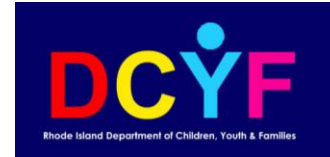
What families are saying



- The baby sleeps better with me.
- I don't want my baby sleeping in an empty crib.
- I don't have space for a crib or playpen.
- When the baby's in bed with me I'm careful and don't move.
- I'm going to follow my Mom's advice; she slept with me and nothing bad happened.
- Where I come from, we sleep together as a family.
- If I don't sleep with my baby, I won't be able to bond.
- The bouncy chair helps the baby fall asleep faster. I don't want to move him after I finally get him to sleep.
- I have to go to work in the morning. It's easier to get him to sleep when he's in my bed with me.

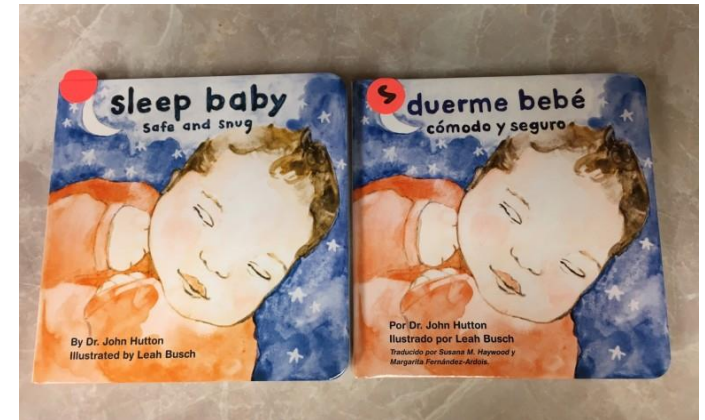


RIDOH's Safe Sleep Program



Mission: To reduce preventable infant sleep-related deaths in Rhode Island

Education, training and resources for hospitals, practices, and community-based organizations



Period of Purple Crying – Google it



The Letters in **PURPLE** Stand for

P U R P L E

PEAK OF CRYING

Your baby may cry more each week, the most in month 2, then less in months 3-5

UNEXPECTED

Crying can come and go and you don't know why

RESISTS SOOTHING

Your baby may not stop crying no matter what you try

PAIN-LIKE FACE

A crying baby may look like they are in pain, even when they are not

LONG LASTING

Crying can last as much as 5 hours a day, or more

EVENING

Your baby may cry more in the late afternoon and evening

The word *Period* means that the crying has a beginning and an end.

Having a new baby can feel isolating – especially when no one's getting any sleep.

Current NIH SS Flyer



WHAT DOES A SAFE SLEEP ENVIRONMENT LOOK LIKE?

The following image shows a safe sleep environment for baby.



- Room share:** Give babies their own sleep space in your room, separate from your bed.
- Use a firm, flat, and level sleep surface, covered only by a fitted sheet.
- Remove everything from baby's sleep area, except a fitted sheet to cover the mattress. No objects, toys, or other items.
- Use a wearable blanket to keep baby warm without blankets in the sleep area. Make sure baby's head and face stay uncovered during sleep.
- Place babies on their backs to sleep, for naps and at night.
- Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.
- Keep baby's surroundings smoke/vape free.



The Consumer Product Safety Commission sets safety standards for infant sleep surfaces (such as a mattress) and sleep spaces (like a crib). Visit <https://www.cpsc.gov/SafeSleep> to learn more.



SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths



Place babies on their backs to sleep for naps and at night.



Stay smoke- and vape-free during pregnancy, and keep baby's surroundings smoke- and vape-free.



Use a sleep surface for baby that is *firm* (returns to original shape quickly if pressed on), *flat* (like a table, not at an angle or incline), and *covered only with a fitted sheet*.



Stay drug- and alcohol-free during pregnancy, and make sure anyone caring for baby is drug- and alcohol-free.



Feed your baby human milk, like by breastfeeding.



Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.



Share a room with baby for at least the first 6 months. Give babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.



Get regular medical care throughout pregnancy.



Keep things out of baby's sleep area—no objects, toys, or other items.



Follow health care provider advice on vaccines, checkups, and other health issues for baby.



Offer baby a pacifier for naps and at night once they are breastfeeding well.



For more information about the Safe to Sleep® campaign, contact us:

Phone: 1-800-505-CRIB (2742) | Fax: 1-866-760-5947

Email: SafetoSleep@mail.nih.gov

Website: <https://safetosleep.nichd.nih.gov>

Telecommunications Relay Service: 7-1-1

NIH Pub. No. 22-HD-5759 | August 2022

State of Rhode Island
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Resources



- Free portable cribettes available from First Connections agencies – Call 401-222-5690
- Free sleepsacks and swaddlers available for families who enroll with Family Visiting programs

- <https://www.halosleep.com/childbirth-educator-program>
- <https://safetosleep.nichd.nih.gov/resources>

Safe sleep videos

- <https://youtu.be/oP5wLIYXC0g> [youtu.be]
- <https://youtu.be/8NoHPkrHgck> [youtu.be]

Reducing the risk of SIDS -Video

- <http://www.nichd.nih.gov/SIDS/pages/sidsnursesce.aspx> [nichd.nih.gov]

Spanish

- [Sueño seguro para su bebé \(nih.gov\) \[nichd.nih.gov\]](https://www.nichd.nih.gov/SIDS/pages/sidsnursesce.aspx)
- <https://youtu.be/2KhDr8nM3pc> [youtu.be]
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- Use a wearable blanket to keep baby's sleep area without blankets in the sleep area.
- Place babies on their backs to sleep. For naps and at night.
- Couches and armchairs are not safe for baby to sleep on alone, with people, or with pets.
- Keep baby's surroundings smoke/vape free.

SAFE SLEEP FOR YOUR BABY

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Infant Deaths

- Place babies on their backs to sleep for naps and at night.
- Use a sleep surface for baby that is firm, conforms to original shape, and is covered with a fitted sheet. Use a mattress that is level (not at an angle or inclined) and covered only with a fitted sheet.
- Feed your baby on demand, like by breastfeeding.
- Share a room with baby for at least the first 6 months. Care babies their own sleep space (crib, bassinet, or portable play yard) in your room, separate from your bed.
- Keep things out of baby's sleep area - no objects, cribs, cribs, or other items.
- Follow health care provider advice on vaccines, cribs, cribs, and other health issues for baby.
- Other baby a pacifier for naps and at night once they are breastfeeding well.

SAFE SLEEP FOR YOUR BABY

- Step smoke- and vape-free during pregnancy, and keep baby's room free of smoke and vape fumes.
- Step drug- and alcohol-free during pregnancy and avoid alcohol while caring for baby in drug- and alcohol-free.
- Avoid letting baby get too hot, and keep baby's head and face uncovered during sleep.
- Get regular medical care throughout pregnancy.
- Give health care provider advice on vaccines, cribs, cribs, and other health issues for baby.
- For more information about the Safe to Sleep® campaign, contact us: Phone: 1-800-525-CRIB (27-43) | Fax: 1-866-760-9147 Email: SafeSleep@nichd.nih.gov Website: <https://safetosleep.nichd.nih.gov> | Facebook: <https://www.facebook.com/safetosleep> | Twitter: <https://twitter.com/safetosleep> | YouTube: <https://www.youtube.com/safetosleep>

NH Pub. No. 22-40-5793 August 2022

Order Publications:
Department of Health
(ri.gov)

How Family Visiting supports safe sleep

Maria Camarena, Parents as Teachers, Westerly Public Schools

Wendy Lincoln, Healthy Families America, CCAP

We want all babies to grow up healthy and safe



Questions?
Thank you!



Margo Katz

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