Safe Infant Sleep

Location: Georgia
Date Submitted: May 2018
Category: Emerging Practice

BACKGROUND

Sleep-related infant deaths are the 3rd leading cause of infant mortality in Georgia (Georgia Child Fatality Review File & Georgia Vital Events Registration System 2016). This hospital-based safe infant sleep program works to provide accurate and consistent education on the American Academy of Pediatrics safe infant sleep recommendations to professionals, parents and other caregivers.

PROGRAM OBJECTIVES

The Georgia Department of Public Health’s (DPH) goals for the initiative were to: 1) provide accurate safe infant sleep information to hospital personnel, 2) support hospitals in implementing and modeling safe sleep practices, and 3) provide guidance on addressing caregiver infant sleep concerns. This initiative was designed to encourage positive behavior change or reinforce desired behaviors regarding infant sleep and therefore, reduce the risk of a sleep-related infant death from SIDS/SUID.

TARGET POPULATION SERVED

Georgia averages 130,000 births per year with the majority occurring within the 78 birthing hospitals. Addressing hospital practice enabled DPH to reach the majority of all mothers and families with newborns.

PROGRAM ACTIVITIES

The Georgia Department of Public Health (DPH) invited all birthing hospitals within the State of Georgia to participate in a statewide safe infant sleep hospital-based initiative. All 78 birthing hospitals agreed to educate their staff, create or update their policy on safe infant sleep, model safe infant sleep for parents/caregivers, and provide consistent and accurate education to all families. Hospitals completed crib audits to monitor how well safe sleep was being modeled and used the results for internal quality improvement processes. The initiative included a hospital implementation guide with tools to help facilitate implementation. Tools included access to a DPH safe sleep educational flip chart, example crib audit tools, example hospital safe sleep policy and, links to provider and parent educational materials and trainings. Educational support materials were also provided to all parents of newborns. These included a “Sleep Baby Safe and Snug” board book, sleep gown with safe sleep messaging, and for families who utilized Medicaid for delivery, a travel bassinet. DPH staff also held regular conference calls to facilitate sharing among hospitals of barriers and facilitors to implementation.

PROGRAM OUTCOMES/EVALUATION DATA

Process Evaluation: The DPH safe sleep program staff traveled to every hospital and conducted structured interviews with hospital staff to garner information on what worked, what was helpful and, what didn’t work or wasn’t as helpful. Staff also wanted to evaluate how hospitals had implemented the initiative and to evaluate sustainability of these efforts via four objectives:

1. All birth hospitals have a safe infant sleep policy
2. All safe infant sleep policies reference the AAP 2011 (or 2016) recommendations for safe infant sleep
3. All safe infant sleep policies specify the type and/or content of patient education on safe sleep
4. All hospitals require regular staff trainings on safe infant sleep to address changes in recommendations as research continues

The UGA team addressed these objectives with two sources of data: 1) structured interviews with hospital staff conducted by DPH program staff, and 2) review of documents (such as crib audit data, safe sleep policies) provided by hospitals. All 78 hospitals participated in semi-structured interviews and at the time of this evaluation, 44 provided data on crib audits and 39 provided copies of safe infant sleep policies.

Limitations: DPH promoted the initiative as a voluntary program; thus, hospitals controlled timing of implementation

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED

| NOM 9.1: Infant mortality rate per 1,000 live births. |
| NOM 9.5: Sleep-related Sudden Unexpected Infant Death (SUID) rate per 1,000 live births. |
| NPM 5: Percent of infants placed to sleep on their backs. |
activities which resulted in a lag time in implementation, which influenced progress towards the objectives. Implementation activities also varied by hospital and patient education activities and materials were not standardized across hospitals. Also, the initiative focused on AAP 2011 recommendations, however, AAP released 2016 recommendations during this same time period.

The following key process evaluation findings were observed:

1. Prior to implementing this initiative, 44.3% of hospitals reported having a safe sleep policy in place; as of January 2017, 87.3% of hospitals reported having a policy in place or in process.

2. Of the 39 safe sleep policies reviewed, 48.7% specifically referenced the AAP 2011 (or 2016) recommendations with another 20.5% referencing AAP 2005 recommendations.

3. Of the 39 safe sleep policies reviewed, 92.3% specified the type and/or content of patient education on safe sleep.

4. By January 2017, 82.3% of hospitals reported completing staff training and 74.7% reported requiring ongoing staff training.

Parent Survey: The DPH safe sleep program with the assistance of the University of Georgia conducted a qualitative analysis of the hospital-based program from the parent’s viewpoint. This was completed via an online parent survey that parents with new infants were asked to complete. 420 respondents participated. The survey showed that safe sleep education and support materials (gowns, books, bassinets) had a positive, self-reported change in knowledge and behaviors.

Some examples include:

- Ninety percent (90%) of all survey respondents identified the correct recommended sleep position for healthy babies as “On the back only,” and 85% of respondents identified the correct recommended sleep location for healthy babies as “In parents’ room, on a separate sleep surface.”
- Parents who reported receiving information from the hospital on room sharing were significantly more likely to put their infant to sleep alone in his or her crib, and parents who received a bassinet in the hospital were almost four times more likely to room share than parents who did not receive a bassinet.

PROGRAM COST

Personnel:

- 1 Program Coordinator plus fringe: $100,000
- 1 temp program support (5 months): $15,000

Educational Support Items:

- 130,000 Infant “this side up” gowns: $405,600
- 130,000 “Sleep Baby Safe & Snug” Books: $143,000
- 65,000 travel bassinets: $1,560,000

Supporting Educational Materials:

- Educational Flipbooks: $2,000
- Crib Cards: $5,000
- Stand up Banner: $7,000

Evaluation:

- Process Evaluation and Parent Survey: $40,000

Marketing Campaign:

- Billboards
- PSAs

ASSETS & CHALLENGES

Assets: DPH drew from several resources in design of this initiative, including the consultation with state health department coordinators from Ohio and Tennessee, American Academy of Pediatrics recommendations, the National Institute for Child Health and Human Development Safe to Sleep® public education campaign, and the research literature on safe sleep interventions, including in hospitals. This research is cited in the Miller, et al, 2018 research publication referenced below. The DPH safe to sleep coordinator pulled these materials together to develop the implementation guide and then engaged with stakeholders (listed above) to further refine the implementation guide.

Challenges: A challenge involved having 1 staff person to coordinate the implementation of a statewide program, and distribution of all educational support materials, to 78 birthing hospitals. The volume of people and products made it difficult to provide intensive assistance. Hospital staff turnover and changes in leadership also tended to cause a lag in implementation and fidelity to the model.

Overcoming Challenges: The challenges above were addressed with a high priority being placed on prompt communication with the hospitals. The program coordinator ensured that questions and concerns from hospital contacts were answered same day or next day in an attempt to develop a relationship with the staff that could be utilized to promote the goals and objectives of the program.

LESSONS LEARNED

Lessons learned are described in greater detail in Miller, et al, 2018, but include the following:

1) Engagement is vital to success
2) A comprehensive implementation guide is critical
3) Piloting the program provides opportunity for refinement
4) Ongoing support addresses barriers
5) Senior leadership facilitates success

FUTURE STEPS

Initially this program focused on birthing hospitals only. It has been expanded to include pediatric facilities, tertiary NICUs and, birthing centers (not technically hospitals) to ensure consistency of messaging for all families. The program is also developing education with the breastfeeding community to ensure that language is mutually supportive.

COLLABORATIONS

- 78 individual Georgia birthing hospitals
- Georgia Children’s Cabinet under the leadership of First Lady Sandra Deal
- Georgia Department of Public Health
- Georgia Hospital Association
- Georgia Chapter of the American Academy of Pediatrics
- Georgia Bureau of Investigation
- Georgia Obstetrical and Gynecological Society
- Georgia Connection Partnership
- Voices for Georgia’s Children
- Safe Kids Georgia
- University of Georgia (UGA) College of Public Health

PEER REVIEW & REPLICATION


RESOURCES PROVIDED

Georgia Safe to Sleep Campaign Materials: https://dph.georgia.gov/georgia-safe-sleep-campaign-materials
Hospital Implementation Guide: https://dph.georgia.gov/hospital-based-safe-sleep-program
Flip chart: https://dph.georgia.gov/georgia-safe-sleep-campaign-materials

Key words: Safe infant sleep, sleep-related death, hospital-based program, SIDS, SUID

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