SAY YES TO SAFE SLEEP

Jim McKay
Our Babies: Safe & Sound
Prevent Child Abuse WV
SLIDES AVAILABLE AT
HTTP://WWW.SLIDESHARE.NET/PCAWV
Say YES to Safe Sleep

Did you know?

- Baby always sleeps alone, on her back and in her crib.
- Crib is clean, dry, and promises a safe sleep without shocks & pillows.
- It’s always the baby to sleep in the room even when you sleep, but not your

MOST (99%) of West Virginia parents agree they want to do what’s best for their children. What’s best for infants is saying YES to safe sleep.

For video & more information visit:
SafeSoundBabies.com

Keep Your Cool

Meet Jeff.

He loves music, fishing, and the baby in his life. When the baby cries, he knows how to chill.

- Make sure the baby is safe — Alone, on his Back, in his Crib.
- Make sure the baby is OK and not hungry, sick or needing a diaper change.
- Then, step away for a few minutes and do something to relax.
- Or call someone for help.

Never, ever shake a baby.

KEEP YOUR COOL

MOST (93%) of West Virginia parents agree it is never OK to shake a baby — even if they are very frustrated and the baby will not stop crying.

For video & more information visit:
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This program is being presented with financial assistance as a grant to the TEAM for West Virginia Children from the WV Department of Health and Human Resources.

Data from West Virginia Positive Community Norms Parent Survey Key Findings Report, March 2014.
“... sudden death of an infant under one year of age which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.”

An umbrella term for infant deaths that:

- Includes SIDS, suffocation, or other unknown causes
- Occur suddenly and unexpectedly in previously healthy infants
- Can be explained after a case investigation. Investigations may reveal head injury, infection or overdose
- Exclude deaths with an obvious cause such as motor vehicle accidents
While rate of SIDS has decreased, other causes of SUID that occur during infant sleep (suffocation, asphyxia, entrapment) have increased.
Accidental Suffocation & Strangulation in Bed Rates
United States, 1984 – 2004

* CDC, Wonder 2013
• According to CDC, approx. 4,600 SUID cases yearly
• 383 babies are dying each month in US
• 1 death every 2 hours
• Rates comparable to birth defects mortality
• Accidental Suffocation & Strangulation in Bed (ASSB) rates more than tripled in the last decade
• 3.7 to 12.5 deaths per 100,000 live-births from 1995 to 2005
• Potentially preventable infant mortality
Suffocation & strangulation in an adult bed or other unsafe sleeping surface is the leading cause of injury-related death for WV infants under age 1.

Risk of sleeping-related infant death is 40 times higher for babies who sleep in adult beds compared to babies who sleep in their own cribs.
• 37 deaths attributed to sudden unexpected infant death in 2013
• Bed sharing, strangulation and hazardous bedding were key factors
• One of the leading causes of death age 1-12 months in WV

* WV Child Fatality Review Team Data
“BACK TO SLEEP”
IS AN INADEQUATE MESSAGE
1992: American Academy of Pediatrics (AAP) released its first recommendations that infants be placed for sleep in non-prone position

1994: Back to Sleep Campaign began to educate parents, caregivers, health providers about SIDS & placement of infants on their back to sleep; reduced incidence of rate of SIDS by 50%

State child care regulations also revised, with over 50% requiring babies to be put to sleep on their backs & soft bedding not be used in cribs
In response to increasing rates of SUIDs:

- **2006**: CDC began standardized reporting, data collection, training of professionals for SIDS & SUIDS.
- **July 2011**: National crib safety regulations were strengthened and a federal ban on drop-down side cribs was issued.
- Several local jurisdictions have also banned the sale of bumper pads.
- State-led awareness campaigns implemented in at least 37 states.
Bed sharing
An infant shares a sleep surface with one or more adults or other children. In past years, this was referred to as co-sleeping.

Room sharing
An infant sleeps near the parent or caregivers in their own crib, bassinet or portable crib.
Bed Sharing
(also known as co-sleeping)
Room Sharing
Infant sleeps near the parent or caregivers in their own crib, bassinet or portable crib.
THE COMPETITION WE’RE UP AGAINST
NO INCREASED INCIDENCE OF ASPIRATION SINCE THE CHANGE TO SUPINE SLEEPING

(Byard 2000, Malloy 2002, Tablizo 2007)
• Brochures
• Posters
• 30 and 60 second Public Service Announcements
• 5 minute video on Say YES to Safe Sleep
Safe Sleep is Simple

The ONLY place a baby should sleep is in a crib or bassinet.

YES
Baby always sleeps in a smoke-free room.

YES
Baby has on only diaper, sleeper, & light blanket.

YES
Mattress is firm & fits close to the sides.

YES
Baby always sleeps alone, on her back and in her crib.

YES
Crib is clear of toys, heavy blankets, bumper pads & pillows.

Babies who sleep in an adult bed are 40 times more likely to die from accidental suffocation.

SafeSoundBabies.com

TEAM for West Virginia Children
SAY YES TO SAFE SLEEP PSA (2015)
KEEP YOUR COOL PSA (2015)

Man, the baby’s been crying forever..
SAY YES TO SAFE SLEEP 5 MINUTE VIDEO
NIH SAFE SLEEP VIDEO (10 MINS)

Safe Sleep for Your Baby

https://www.youtube.com/watch?v=29sLucYtpA
West Virginia Positive Community Norms Initiative

- Partnership with Center for Health and Safety Culture at Montana State.

- Provide communication tools to prevent child maltreatment and promote positive outcomes for children in West Virginia by:
  - growing positive parenting norms supporting safe, stable nurturing relationships (broadly),
  - creating safe sleeping environments and behaviors, and
  - reducing shaken-baby syndrome.
<table>
<thead>
<tr>
<th>The Actual Norm</th>
<th>The Perceived Norm</th>
</tr>
</thead>
<tbody>
<tr>
<td>The actual behavior or attitude of the majority of a population; what <strong>most people</strong> do or believe.</td>
<td>The perceived behavior or perceived attitude of most people; what we think <strong>most people</strong> do or believe.</td>
</tr>
</tbody>
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“How often do you smoke?”

“How often do most students in your school smoke?”
West Virginia Parent Survey Overview

Methodology

• Random sample of 3,000 parents of children born in 2011, 2012 or 2013 from across West Virginia

• Mailed paper-based survey (4 contacts) with a $2 incentive

• 663 responses (25% response rate, ±4% confidence interval at a 95% confidence level)

• Respondents: 90% female, average age was 30 years
Integrated Behavior Model

Feelings about behavior
Behavioral beliefs

Normative beliefs (others’ expectations)
Normative beliefs (others’ behavior)

Control beliefs
Efficacy beliefs

Attitude
Experiential attitude
Instrumental attitude

Perceived Norm
Injunctive norm
Descriptive norm

Personal Agency
Perceived control
Self-efficacy

Knowledge and skills to perform the behavior
Salience of the behavior
Intention to perform the behavior

Environmental Constraints
Habit
Behavior

Center for Health and Safety Culture

West Virginia
Positive Community Norms
Parent Survey Key Findings Report
March 2014

Prepared for:
TEAM For West Virginia Children
P.O. Box 1653
Huntington, WV 25717

Center for Health and Safety Culture
Montana State University
P.O. Box 170548, Bozeman, MT 59717
www.Mostofus.org
Safe Sleeping

Most parents, 88% strongly agree: “I believe the safety of my baby is most important when thinking about where my baby sleeps.”

• However, 83% of parents did not think most parents would strongly agree.

• And, 97% of HV service providers did not think most parents would strongly agree. (Q23)
Safe Sleeping

Most parents, 70% strongly agree: “Babies should only sleep or nap in safety-approved cribs, bassinets or ‘pack and play’ with a firm mattress that fits close to the sides.”

• However, 83% of parents did not think most parents would strongly agree.

• And, 97% of HV service providers did not think most parents would strongly agree. (Q27)
Safe Sleeping

Most parents, 72% reported that their baby sleeps in a separate place (or sleeping surface) like a crib, bassinet, or “pack and play” more than half the time.

• However, 76% of parents thought most babies slept in a separate place half the time or less.

• And, 67% of HV service providers thought most babies slept in a separate place half the time or less. (Q20)
SAY YES TO SAFE SLEEP BROCHURE
Say **YES** to Safe Sleep

**MOST** (99%) of West Virginia parents agree the safety of their babies is most important when thinking about where their babies sleep.

- **YES** Baby always sleeps alone, on her back and in her crib.
- **YES** Crib is clear of toys, heavy or loose blankets, bumper pads & pillows.
- **YES** It’s safest for baby to sleep in the room where you sleep, but not in your bed.
- **YES** Dress your baby in light sleep clothing and keep the room at a comfortable temperature.
- **YES** Mattress is firm & fits close to the sides.
- **YES** Baby sleeps in a smoke-free room.

Did you know?

One baby dies every 10 days in West Virginia as a result of unsafe sleeping.

**MOST** (99%) of West Virginia parents agree they want to do what’s best for their children.

What’s best for infants is saying **YES** to safe sleep.

For video + more information visit: [SafeSoundBabies.com](http://SafeSoundBabies.com)
SAY YES TO SAFE SLEEP PLEDGE CARD

Our Babies: safe&sound

Say Yes to Safe Sleep Pledge

My Say Yes to Safe Sleep Pledge to: ____________________________

Name of baby:

I love you and promise to:

• Make sure that you always sleep alone, and on your back, in your crib, bassinet or pack and play, even during naptimes.
• Check to make sure your crib is safety approved, and the mattress is firm and fits close to the sides of the crib, bassinet or pack and play.
• Remove toys, heavy blankets, comforters and bumper pads from your crib, bassinet or pack and play.
• Keep you away from places where people smoke.
• Teach anyone who takes care of you about keeping you safe when you sleep.

Signature: ____________________________ Date: ____________________________

Signature: ____________________________ Date: ____________________________

SafeSoundBabies.com
OUR BABIES: SAFE & SOUND DVD

A Resource DVD for Keeping Babies Safe

FIND OUT
how to put an infant
down to sleep safely,
how to cope with
crying, and how
to help others.

Safe Sleep
is Simple

KEEP YOUR
COOL

SafeSoundBabies.com
Meet Jeff.

He loves music, fishing and the baby in his life. When the baby cries, he knows how to chill.

• Make sure the baby is safe — Alone, on his Back, in his Crib.
• Make sure the baby is OK and not hungry, sick or needing a diaper change.
• Then, step away for a few minutes and do something to relax.
  Or call someone for help.

Never, ever shake a baby.

KEEP YOUR COOL

MOST (93%) of West Virginia parents agree it is never OK to shake a baby – even if they are very frustrated and the baby will not stop crying.

For video + more information visit:

SafeSoundBabies.com
KEEP YOUR COOL BROCHURE

It's NEVER ok to shake a baby.

- Shaken Baby Syndrome usually happens when a baby's caregiver doesn't cope with long periods of crying and shakes the baby.
- Shaking a baby or hitting a baby's head can cause serious injury, even death.
- Symptoms of head injury may include fussiness, difficulty staying awake, trembling, vomiting, seizures, difficulty breathing and coma.
- If a baby has been shaken, early treatment can make a big difference. Call 911 or go to the hospital immediately.

Never, ever shake a baby

You can KEEP YOUR COOL

MOST (99%) of West Virginia parents agree they want to do what's best for their children.

What's best for babies is keeping them safe by keeping your cool when they cry.

For more information visit: SafeSoundBabies.com

Meet Sean.

He loves basketball, cars and the baby in his life. Like MOST West Virginians, Sean knows how to chill when the baby cries.

MOST (93%) of West Virginia parents agree it is never OK to shake a baby – even if they are very frustrated and the baby will not stop crying.

A quick guide to keeping your cool when the new baby cries.

This program is being presented with financial assistance as a grant to TEAM for West Virginia Children from the WV Department of Health and Human Resources.
It’s NEVER ok to shake a baby.

• Shaken Baby Syndrome is most often triggered when a baby’s caregiver can’t cope with long periods of crying.
• Shaking a baby or hitting a baby’s head can cause serious injury, even death.
• Symptoms of head injury may include fussiness, difficulty staying awake, trembling, vomiting, seizures, difficulty breathing and coma.
• If a baby has been shaken, early treatment can make a big difference. Call 911 or go to the hospital immediately if you think a baby has been shaken.

Never, ever shake a baby.

You can KEEP YOUR COOL.

MOST (99%) of West Virginia parents agree they want to do what’s best for their children.

What’s best for babies is keeping them safe by keeping your cool when they cry.

Meet Kate.

She loves being outdoors, cooking and especially, the new baby in her life. Like MOST West Virginia parents, Kate knows exactly what to do when her baby cries.

MOST (93%) of West Virginia parents agree it is never OK to shake a baby – even if they are very frustrated and the baby will not stop crying.

A quick guide to keeping your cool when the new baby cries.
• Say YES to Safe Sleep web-based Training Module with key talking points for providers delivering materials
• TV and radio spots for public education
• Website: safesoundbabies.com for professionals & public
Safe Sleep For Your Baby

Reducing the risk of SIDS
NURSES / HOME VISITORS FLIP BOOK

Safe Sleep For Your Baby
Reducing the risk of SIDS
What is SIDS?

• SIDS stands for sudden infant death syndrome. This term describes the sudden, unexplained death of an infant younger than 1 year of age.

• SIDS is the leading cause of death in infants between 1 month and 1 year of age.

• The peak incidence of SIDS is 2-4 months.
SIDS Facts

• Babies sleep safer on their backs.

• Sleep surface matters.

• Every sleep time counts!
Talking points

• Babies who sleep on their stomachs are much more likely to die of SIDS than babies who sleep on their backs.

• Babies who sleep on soft bedding are more likely to die of SIDS.

• Babies who usually sleep on their backs but who are placed on their stomachs, like for a nap, are at very high risk for SIDS.
Top **10** ways to reduce SIDS!

1. **ALWAYS** place your baby on his or her back to sleep, for naps and at night!
Talking points

• The back sleep position is the safest, and EVERY sleep time counts!

• Stomach sleeping **Doubles** the risk of SIDS!

• Once your baby can roll over it is not necessary to go in and reposition him or her. Just remember to **start** any sleep time on the back.
• Place your baby on a firm sleep surface, such as a safety-approved mattress, covered by a fitted sheet.
3

• Keep soft objects, toys, and loose bedding out of your baby’s sleep area.
• Do not allow smoking around your baby.
• Keep your baby’s sleep area close to, but separate from where you and others sleep.
• Think about using a clean, dry pacifier when placing your infant down to sleep.
• Do not let your baby overheat during sleep.
• Avoid products that claim to reduce the risk of SIDS.
• Do not use home monitors to reduce the risk of SIDS.
10

• Reduce the chance that flat spots & bald spots will develop on your baby’s head.

Your baby needs Tummy Time! Place babies on their stomachs when they are awake and someone is watching. Tummy time helps your baby’s head and neck muscles get stronger and helps to prevent flat spots on the head.
Q. Does Back Sleeping really work?

YES!!!

**1992**

Before 8,000 babies died.  After 4,000 babies died.

30,000 babies’ lives have been saved!
Q. Is there anything else I can do to keep my baby safe?
Answer

• About 1 in 5 infant SIDS deaths occur while the infant is in the care of someone else. Many times this occurs because the caregiver places the baby to sleep on his/her tummy. This is called “unaccustomed tummy sleeping” and these babies are 18 times more likely to die from SIDS!

• TALK about the SIDS risk to child care providers, grandparents, babysitters, friends, and everyone who cares for your baby!!!
WEST VIRGINIA
SAY YES TO SAFE SLEEP
HOSPITAL BASED PILOT
PROJECT
Say YES to Safe Sleep For BABIES

YES Baby always sleeps alone, on her back and in her crib

YES Crib is clear of toys, heavy or loose blankets, bumper pads & pillows

YES It's safest for baby to sleep in the same room where you sleep, but not in your bed

YES Mattress is firm & fits close to the sides

YES Baby sleeps in a smoke-free room

A GUIDE AND TOOLKIT
for Continuation and Expansion of West Virginia’s Hospital and Home Visitation Educational Program
**HOSPITAL & COMMUNITY-BASED IMPORTANCE**

- Reach parents early
- Nurses are important role models
  - More than 90% of parents follow sleep recommendations from MD/RN
  - 93% of parents who see infant placed prone by hospital personnel use prone (Brenner, 1998)
- Home Visitors also viewed as important role models
- Cost-effectiveness
- Prevention is part of quality
WV PILOT DESIGN

- Based on York Hospital in PA
  - Replicated in Baltimore and East Tennessee

- Modeled after AHT Program/Period of PURPLE Crying Program®/Dias Model

- Three Doses
  - Hospital
  - Home Visitors / Office Visits
  - Public Awareness
• Provide consistent, accurate, safe sleep messages to expectant parents, parents, and caregivers of infants under one year of age, ideally within first few weeks of baby’s life

• Trained providers working with parents and babies deliver & reinforce Say YES to Safe Sleep materials
Each family receives its own set of materials - *Say YES to Safe Sleep* Brochure, DVD, Safe Sleep Pledge - distributed as one package

Person delivering materials reviews content with parents and encourages them to share information with others
STEPS IN DELIVERING
SAY YES TO SAFE SLEEP MESSAGES

• Review materials one-on-one with parents by watching DVD & reviewing brochure using provided teaching points
• Answer any questions
• Confirm there is a safe place for their baby to sleep
• Encourage parents to share materials with others
• Ask parents to sign voluntary sleep pledge promising safe sleep practices for their baby
• Reinforce messages at follow-up visits
ADDITIONAL STRATEGIES

- Wear *Say YES to Safe Sleep* buttons/use floor talkers
- Display posters at appropriate locations
- Add messages to call-waiting/use screen savers
- Show the *Say YES to Safe Sleep* DVD via closed circuit TVs in waiting rooms, hospital rooms, community events, etc.
- Set up a model nursery/safe sleep center with materials
- Continue to model safe sleep practices!
RESOURCES AND MATERIALS

• All materials are free – based on AAP – focus on the positive!
• Parent *Say YES to Safe Sleep* Kits
• *Say Yes to Safe Sleep* Online Training Course
• Script and Teaching Points
• Flipchart Q&A
• Sample Hospital Policies
• Sample Hospital Readiness Tool
• Community Resource Guide
• Baby Safe and Snug Book (Dose II)
• Website: [www.safesoundbabies.com](http://www.safesoundbabies.com)
Say YES to Safe Sleep
For BABIES

YES
Baby always sleep alone, on her back, and in her crib

YES
Crib is clear of toys, heavy or loose blankets, bumper pads & pillows

YES
Draw your baby in light sleep clothing and keep the room a comfortable temperature

YES
Mattress is firm & this close to the sides

YES
Baby sleeps in a smoke-free room

A GUIDE AND TOOLKIT
for Continuation and Expansion of West Virginia's Hospital and Home Visitation Educational Program

http://safesoundbabies.com/hospitals.html

WV First Lady, Joanne Tomblin
sleep baby
Safe and Snug

By Dr. John Hutton
Illustrated by Leah Busch
The National Action Partnership to Promote Safe Sleep (NAPPSS) is part of the Maternal and Child Health Bureau’s efforts to measurably reduce infant mortality.
Our Integrated Approach—Breastfeeding and Safe Sleep

• Breastfeeding is protective.
• The field has addressed feeding and sleeping separately — families don’t.
• Need to bring together the power of these important behaviors.
A Theory-Driven Approach

- Ajzen’s Theory of Behavior Change
- Social-ecological Model
- Diffusion of Innovation

Read more about the approach at http://nappss.org/conceptual-model.php
Ajzen’s Theory of Planned Behavior

Conceptual Framework for Increasing Adoption of Safe Sleep Behaviors by Infant Caregivers

- Infant caregivers believe that safe sleep behavior is desirable and protective against SUID. (Behavioral Attitude)
- Safe infant sleep behavior is championed by key influencers of infant caregivers. (Subjective Norms)
- Infant caregivers have skills, resources, and self-efficacy to implement safe sleep behavior. (Perceived Behavioral Control)

Increased prevalence of safe infant sleep behaviors by infant caregivers.

Model derived from the Theory of Planned Behavior (Azgen, 1985)
Social Ecological Model

We need safe sleep to be everybody’s business.
NAPPSS Social-Ecological Model to Address Safe Sleep and Breastfeeding

Entities that can create policies, guidelines, and funding opportunities, e.g.: Federal governmental agencies, state government agencies, licensing bodies, and legislatures.

Level 1. Organizations that can directly motivate or require individual influencers to promote safe sleep, e.g.: Employers of providers of services to families with infants; professional organizations for individual healthcare and other providers, etc.

Level 2. Organizations that can influence or require programs, agencies, and businesses serving infant caregivers to promote safe sleep, e.g.: Organizational membership coalitions; accrediting organizations; national centers that support federally funded programs serving families with infants, etc.

Individuals who care for infants, e.g.: Mothers, fathers, grandparents, siblings, other relatives, legal guardians, foster parents, babysitters, and child care /early education providers.

Societal context for promoting safe sleep and breastfeeding, e.g.: broader cultural attitudes about infant sleep and breastfeeding; public media depictions of infant sleep and feeding; political will to address child health and safety, infant mortality, and health disparities; economic contexts for funding of public health initiatives, etc.

State and Local Safe Sleep and Breastfeeding initiatives, e.g.: FIMRs, CDRs, Title V programs, safe sleep and breastfeeding coalitions, injury prevention coalitions, state SIDS/SUID programs, CoIN teams, MEs/Coroners, etc.

National Safe Sleep and Breastfeeding leadership, e.g.: Safe to Sleep Campaign; First Candle; CJ Foundation for SIDS, Cribs for Kids, NFIMR, National Center for Child Death Review, Children’s Safety Network, CityMatCH, CPSC, researchers, US Breastfeeding Committee, La Leche League, National Association of Peer & Professional Lactation Supporters of Color, American Academy of Pediatrics, etc.

Persons who have contact with infant caregivers in everyday settings where families live, shop, worship, obtain health care and child care services e.g.: Extended family members, community opinion leaders; faith communities, racial/ethnic advocacy groups, social or support organizations, tribal leaders, community elders; providers of health and social services; first responders; local businesses, local media outlets, etc.
NAPPSS Actions

• Engage a strategic national coalition to create a national plan and support its implementation
• Create a national action plan
• Create Action Teams to implement key components of the plan on a national level
• Move from campaigns to conversations
• Host an interactive website to share progress, engage new partners and track the plan
Interactive Website -
www.nappss.org
ADDITIONAL RESOURCES


National Institutes of Health Safe Sleep Campaign - https://www.nichd.nih.gov/sts/

Crib for Kids - http://www.cribsforkids.org/

First Candle - http://www.firstcandle.org/

NAPPSS - www.nappss.org
Jim McKay
Our Babies: Safe & Sound
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www.safesoundbabies.org

Slides available at:
http://www.slideshare.net/pcawv