

Safe Sleep Partnership

Tennessee Department of Health
and Tennessee Birthing Hospitals



Background: Safe Sleep

- In 2011, the American Academy of Pediatrics released updated guidelines for infant safe sleep
 - *Update to “Back to Sleep”*
- Specific recommendations included:
 - *Infants should sleep alone (no bed-sharing)*
 - *Infants should sleep on their back*
 - *Infants should sleep in a crib or bassinette*

Background: Why Tennessee?

- Each year in Tennessee, **nearly 600 infants** die before reaching their first birthday
 - *Twenty percent of infant deaths in Tennessee are attributable to **preventable** unsafe sleep practices¹*
- Among sleep-related infant deaths in TN between 2009-2011¹:
 - *84% were not sleeping in a crib or bassinette*
 - *68% were not sleeping alone*
 - *46% were not sleeping on their back*



Background: Why Safe Sleep?

*If we could eliminate
these preventable sleep-related deaths,
we would **move from the bottom five states**
in infant mortality
to the national average!*

Background: Why Intervene?

- Health care providers may not always provide the most up-to-date information or model correct safe sleep practices
 - *2006 study: Only 52% of NICU nurses provided discharge instructions for exclusive back sleeping¹*
 - *2007 study: Only 74% of pediatricians and 62% of family physicians recommended exclusive back sleeping²*
 - *2009 study: 72% of nurses knew back sleeping protective for SIDS; only 30% regularly placed infants on back³*

1. Aris C, et al. NICU nurses knowledge and discharge teaching related to infant sleep position and risk of SIDS. *Advances in Neonatal Care*. 2006; 6(5): 281-294.
2. Moon RY, et al. Physician Recommendations Regarding SIDS Risk Reduction: A National Survey of Pediatricians and Family Physicians. *Clinical Pediatrics*. 2007; 46: 791-800.
3. Carrier CT. Back to Sleep: A Culture Change to Improve Practice. *Newborn and Infant Nursing Reviews*. 2009; 9: 163-168.

Background: Why Hospitals?

- AAP recommends that health care professionals endorse risk-reduction strategies
 - *Nearly all (98.7%) of Tennessee births occur in hospitals¹*
- What parents see matters!
 - *1998 study: Among parents who observed stomach sleeping in hospital, 93% intended to place infant on stomach at home²*
 - *2001 study: Parents who saw exclusive back sleeping in nursery more likely to put baby on back at home³*

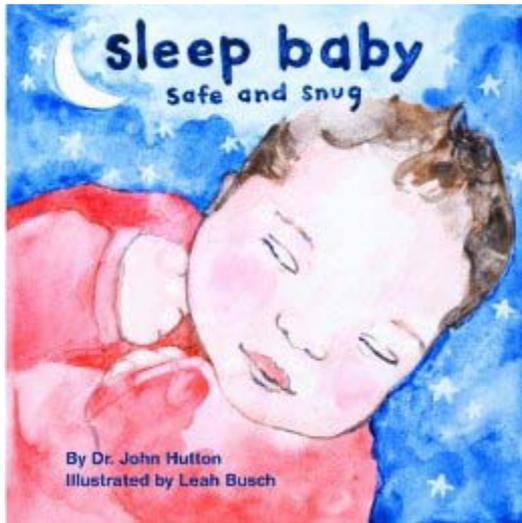


Background: What Can Be Done?

- Interventions are available for hospital use
 - *Large metropolitan level II nursery: NICU staff education and trigger tool and rapid-cycle change → increased use of appropriate bedding and parent education¹*
 - *Large TX NICU: Safe sleep algorithm, crib card, education for staff/parents, crib audit tool, and postdischarge telephone reminders → increased supine positioning (39% → 83%); improved parental compliance (23% → 82%)²*
 - *York, PA hospital: Educational DVD, face to face review with nurses, parental acknowledgement statement → improved parental intent for supine positioning (82% → 97%) and use of crib/bassinette (81% → 92%); improved understanding of AAP guidelines (75% → 99%)*

1. Carrier CT. Back to Sleep: A Culture Change to Improve Practice. *Newborn and Infant Nursing Reviews*. 2009; 9: 163-16
2. Gelfer P et al. Integrating "Back to Sleep" Recommendations Into Neonatal ICU Practice. *Pediatrics* 2013;131:e1264–e1270
3. Goodstein M. Creating a Hospital and Community Based Infant Safe Sleep Education and Awareness Program: The York Hospital Experience. Presentation on Cribs for Kids website. Available at: http://cribsforkids.org/wp-content/uploads/2012/09/DrGoodstein_ISSProgram_SSS.pdf

Hospital Incentive Bundle



- **Free** “Sleep Baby, Safe and Snug” board book for each birth in your facility
- **Free** TDH “ABC’s of Safe Sleep” materials
- **Free** Recognition on TDH website (<http://safesleep.tn.gov>)



- Signed certificate from TDH Commissioner
- Press release template

Hospital Requirements

- Identify main hospital contact for communication with TDH and submit intent pledge
- Develop hospital Safe Sleep policy
- Implement Safe Sleep policy, which at a minimum must include:
 - At least annual education to all perinatal staff (OB, peri/postpartum, and pediatrics) on safe sleep recommendations
 - Requirements for staff to model safe sleep recommendations
 - Plan for at least quarterly internal compliance audits with hospital policy
- Submit annual report on educational activities and staff compliance in order to receive books

Hospital Requirements

- Intent Pledge
 - Signature by one of the following: CEO, CMO, CNO, NICU or NBN Director
 - Commitment to develop safe sleep policy, train staff at least annually, implement safe sleep practices and conduct quarterly internal audits
 - Estimate number of births (inborns plus outborn transfers not previously discharged home)

Next Steps for Hospitals

- Identify main hospital contact and submit intent pledge
 - Send name, email address, and phone number to Rachel Heitmann (rachel.heitmann@tn.gov)
- Review sample hospital policies available on TDH website
 - <http://safesleep.tn.gov/hospitals.shtml>
- Develop and implement policy

Contact Information

- TDH Safe Sleep Website
 - <http://safesleep.tn.gov>
- Questions/information
 - Rachel Heitmann, Director of Injury Prevention and Detection
 - Email: Rachel.Heitmann@tn.gov
 - Phone: 615-741-0368

Partnership Acknowledgement

