

# Promoting Safe Sleep in the Community

Meghan M McLaughlin, MD and Alexandra C Taffany, MD  
Faculty Mentor: Andy Aligne, MD, MPH



## PROJECT PROPOSAL

Newborn education is delivered to mothers in many ways. Some learn from books or other resources, some learn from pediatricians, many learn from their own mothers or other relatives. One important aspect of newborn care is safe sleep for an infant. Education regarding safe sleep should occur before, at the time of, and after the birth of an infant. The goal of our project is to further promote safe sleep through prenatal and postnatal education and optimize the way in which this information is delivered.

## BACKGROUND

Sudden unexpected infant death (SUID), also known as sudden unexpected death in infancy (SUDI), is a term used to describe any sudden and unexpected death, whether explained or unexplained (including sudden infant death syndrome [SIDS] and ill-defined deaths), occurring during infancy (less than 1 year). In the United States there are approximately 7000 infant deaths annually. Nearly half of these deaths are due to SUIDs. Many SUIDs are due to unsafe sleeping conditions, and these deaths are preventable. In Monroe County, approximately 10 babies die each year from unsafe sleep. There are multiple reasons that safe sleep practices are not universally followed which include lack of education, misinformation, cultural practices, and lack of resources. Promoting safe sleep practices in our community is an important public health initiative.

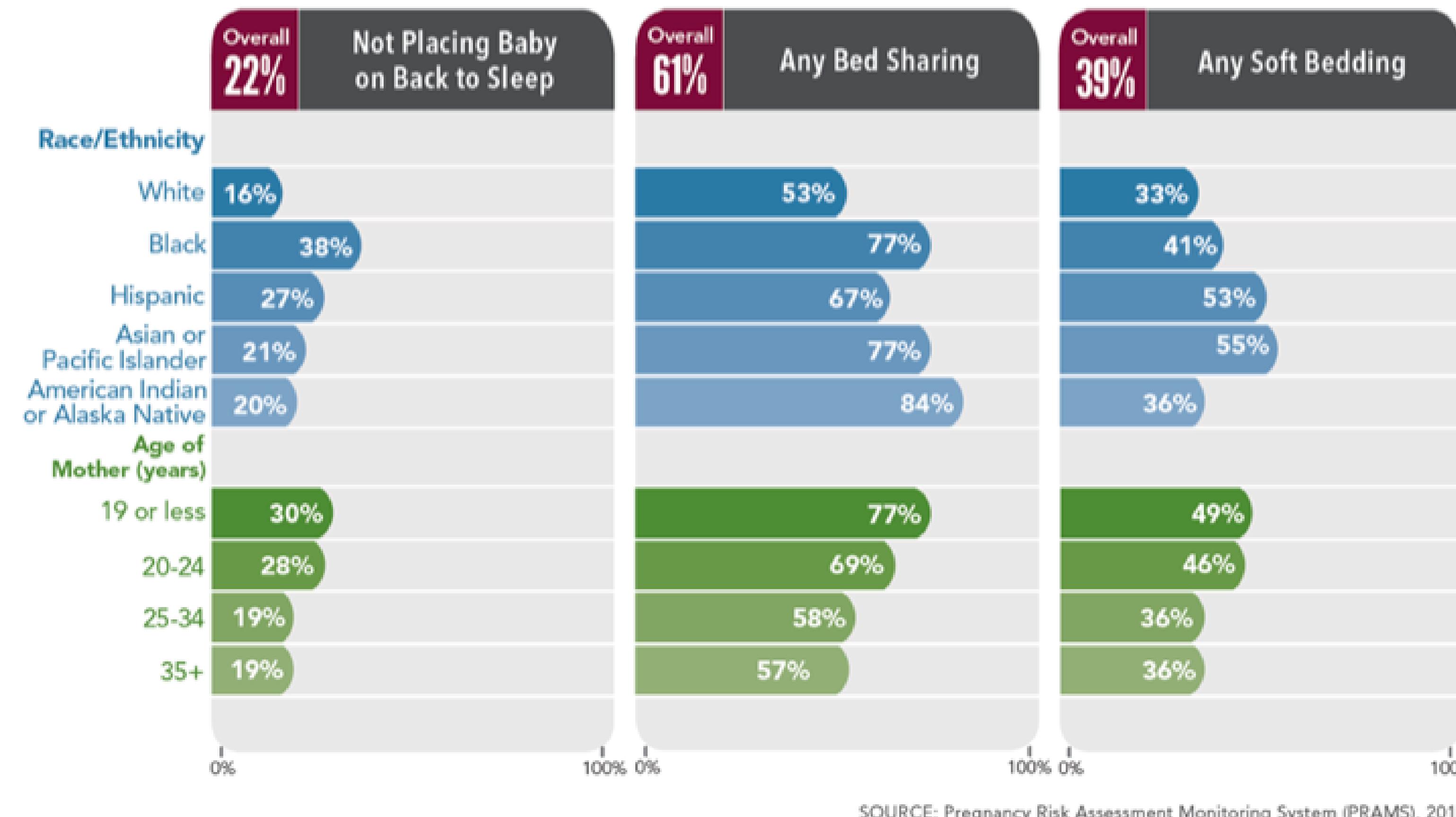
## AAP CURRENT SAFE SLEEP RECOMMENDATIONS

### For the first year of life:

- Place the baby on his or her back on a firm sleep surface such as a crib or bassinet with a tight-fitting sheet.
- Avoid use of soft bedding, including crib bumpers, blankets, pillows and soft toys. The crib should be bare.
- Share a bedroom with parents, but not the same sleeping surface.
- Avoid baby's exposure to smoke, alcohol and illicit drugs.

## Illustration of the Problem

### UNSAFE SLEEP PRACTICES WITH BABIES ARE COMMON.



## Proposed Interventions in Rochester, NY

Timing of Intervention	Existing Intervention	Proposed Intervention
Prenatal	No structured intervention widely taught at this time	<ul style="list-style-type: none"> <li>Education at prenatal visit with pediatrician or OBGYN</li> <li>Aim to focus on centering groups as a way to trial prenatal education</li> <li>Aim to focus on high risk groups such as teenagers</li> <li>Ideal education would come from a peer educator</li> </ul>
Time of Birth (Hospital)	<ul style="list-style-type: none"> <li>Safe sleep video</li> <li>Safe sleep bag with information, door hanger, tip sheet</li> <li>Safe sleep sack (Halo)</li> <li>Parental education</li> <li>Modeling in nursery</li> </ul>	
Postnatal	<ul style="list-style-type: none"> <li>Education with pediatrician</li> </ul>	<ul style="list-style-type: none"> <li>Written safe sleep information given at 1<sup>st</sup> newborn visit</li> <li>Written information regarding safe sleep and tip sheet available online through patient portal (MyChart)</li> <li>Improved modeling in pediatric hospital on inpatient units</li> </ul>

## TRENDS IN SUIDS IN THE UNITED STATES

Following the "Back to Sleep" campaign in the 1990s that educated the public about the evidence based practice of placing babies on their back for sleep, the rates of SUIDs declined, however this decline has slowed.

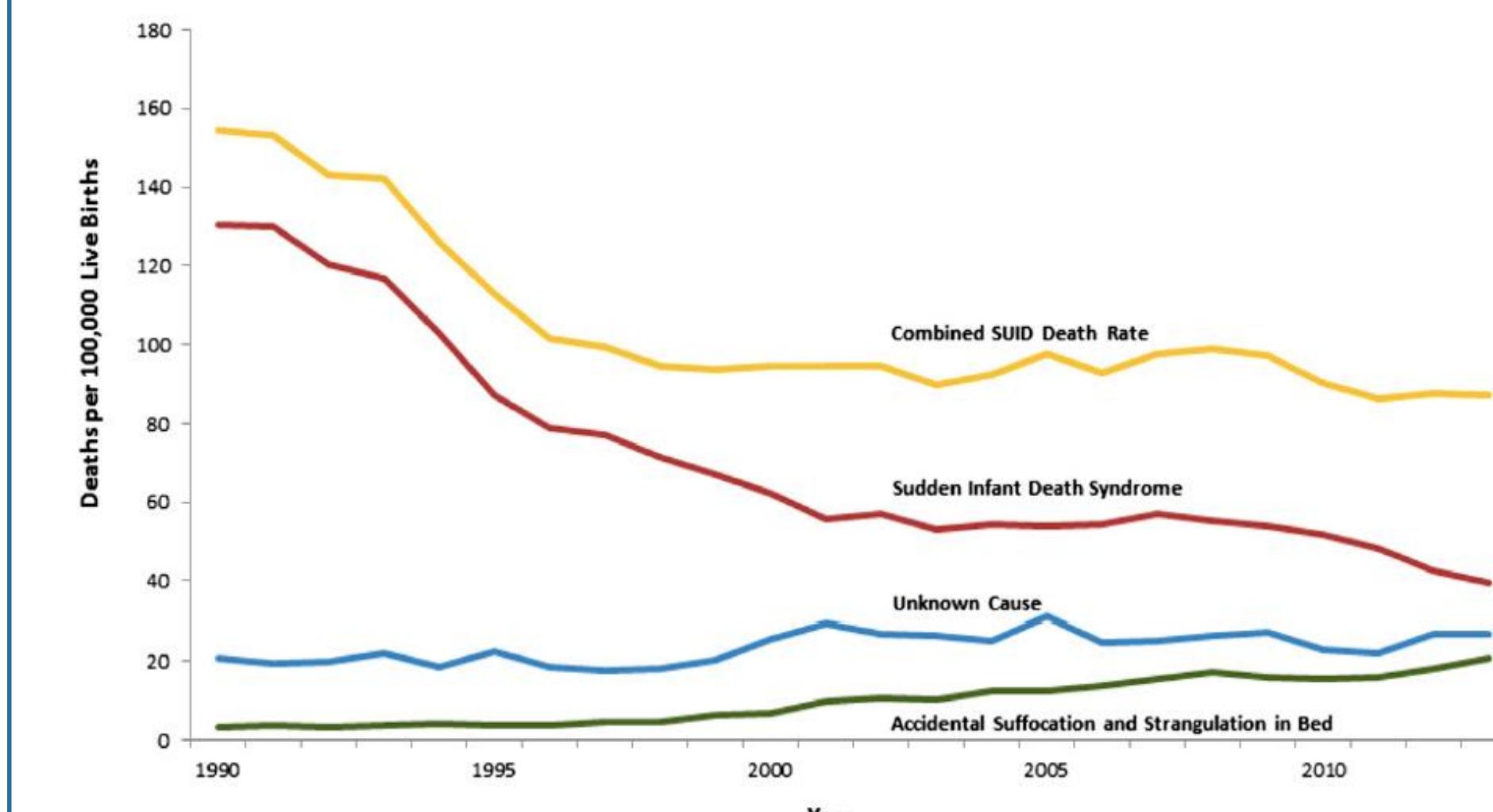


FIGURE 1  
Trends in SUID by cause, 1990–2013. Source: Centers for Disease Control and Prevention/National Center for Health Statistics, National Vital Statistics System, compressed mortality file. (Figure duplicated from <http://www.cdc.gov/sids/data.htm>)

## REFERENCES

- Ahlers-Schmidt CR, Schunn C, Dempsey M, Blackmon S. Evaluation of community baby showers to promote safe sleep. *Kansas J Med* 2014; 7(1): 1-5.
- Bairoliya N, Fink G (2018) Causes of death and infant mortality rates among full-term births in the United States between 2010 and 2012: An observational study. *PLoS Med* 15(3): e1002531. <https://doi.org/10.1371/journal.pmed.1002531>
- Colson ER, Geller NL, Heeren T, et al. Factors Associated With Choice of Infant Sleep Position. *Pediatrics*. 2017;140(3):e20170596
- Colson ER, et al. Barriers to following the supine sleep recommendation among mothers at four centers for the Women, Infants, and Children Program. *Pediatrics*. 2006;118:e243-250. doi: 10.1542/peds.2005-2517.
- Department of Health and Human Services, Centers for Disease Control and Prevention National Center for Health Statistics. Medical examiners' and coroners' handbook on death registration and fetal death reporting. 2003 revision, Atlanta: Centers for Disease Control and Prevention; 2003 [cited 2018 Feb 19]. Available from: [https://www.cdc.gov/nchs/data/misc/hb\\_me.pdf](https://www.cdc.gov/nchs/data/misc/hb_me.pdf)
- Isler RM, Marostica PJ, Giugliani ER. Infant sleep position: a randomized clinical trial of an educational intervention in the maternity ward in Porto Alegre, Brazil. *Birth* 2009; 36(2): 115-21.
- Moon RY, Oden RP, Grady KC. Back to Sleep: educational intervention with Women, Infants, and Children program clients. *Pediatrics* 2004; 113(3): 542-7.
- Moon RY, Hauck RF, and Colson ER. "Safe Infant Sleep Interventions: What is the Evidence for Successful Behavior Change?" *Current Pediatric Reviews*, 2016, 12, 67-75.
- Task Force on Sudden Infant Death Syndrome. SIDS and Other Sleep-Related Infant Deaths: Updated 2016 Recommendations for a Safe Infant Sleeping Environment. *Pediatrics* 138, 10.1542/peds.2016-2938 (2016).

## ACKNOWLEDGEMENTS

We would like to thank the following groups and individuals for assistance and guidance with our project:

- The Hoekelman Center including Dr. Andy Aligne and Kelly McDermott
- Baby Safe Sleep Coalition including Dr. Joanne Cordaro
- Dr. Sema Hart and Stephanie Havens, RN of the University of Rochester
- Michelle Slymon, PNP of Rochester General Hospital