



Georgia Department of Public Health

Georgia Safe to Sleep

Presentation to:

Presented by: Type here

Date: Type here



We Protect Lives.

Welcome

- **Introduction: Why develop and implement a hospital safe to sleep policy?** Sleep related deaths are a major, largely preventable, burden of death to infants in Georgia and the United States.
- It has been demonstrated that observing hospital staff utilizing safe sleep practices reinforces the behavior for parents when they return to their home.
- Hospitals have the ability to reach just about every new parent within the community.
- .
- Hospitals have the ability to become a regional leader in protecting infants and reducing preventable infant sleep-related deaths.
- Reducing infant deaths and increasing supine sleeping are objectives of Healthy People 2020.
- Role modeling and provider education have been demonstrated to lead to significant increases in adherence to safe infant sleep guidelines.

Today's Objectives

1. Define SIDS – etiology, risk factors, and epidemiology.
2. List the critical SIDS risk reduction messages for parents and caregivers.
3. List four barriers to back sleeping.
4. Describe your role as an educator to parents and caregivers about SIDS and safe sleep.
5. Describe ways that nurses can effectively communicate SIDS risk reduction messages to parents and caregivers.
6. Describe Georgia's burden of infant death due to sleep-related causes.
7. List components of a successful Hospital-based Safe to Sleep Program.

SIDS and other SUIDs

- Each year in the US, more than 4,000 infants, without a prior known illness or injury, die suddenly and unexpectedly
 - Sudden unexpected infant death (SUID), is defined as a death of an infant less than 1 year of age that occur suddenly and unexpectedly, and whose cause of death is not immediately obvious prior to an investigation
 - After a case investigation, some SUIDs deaths can be attributed to various etiologies such as:
 - Suffocation
 - Asphyxia (CO)
 - Entrapment
 - Trauma

SIDS

- If no etiology is determined, then the SUID is classified as a SIDS death IF:
 - 3 criteria are met: autopsy, death scene investigation and review of clinical history
 - SIDS is defined as “the sudden death of an infant, **under 1 year of age**, that remains unexplained after a **thorough investigation**, including autopsy, **death scene investigation**, and a **review of the infant’s clinical history.**” (1991)
- In many instances, the requirements for a SIDS classification are not met
 - These deaths are signed out as undetermined

Historic Review

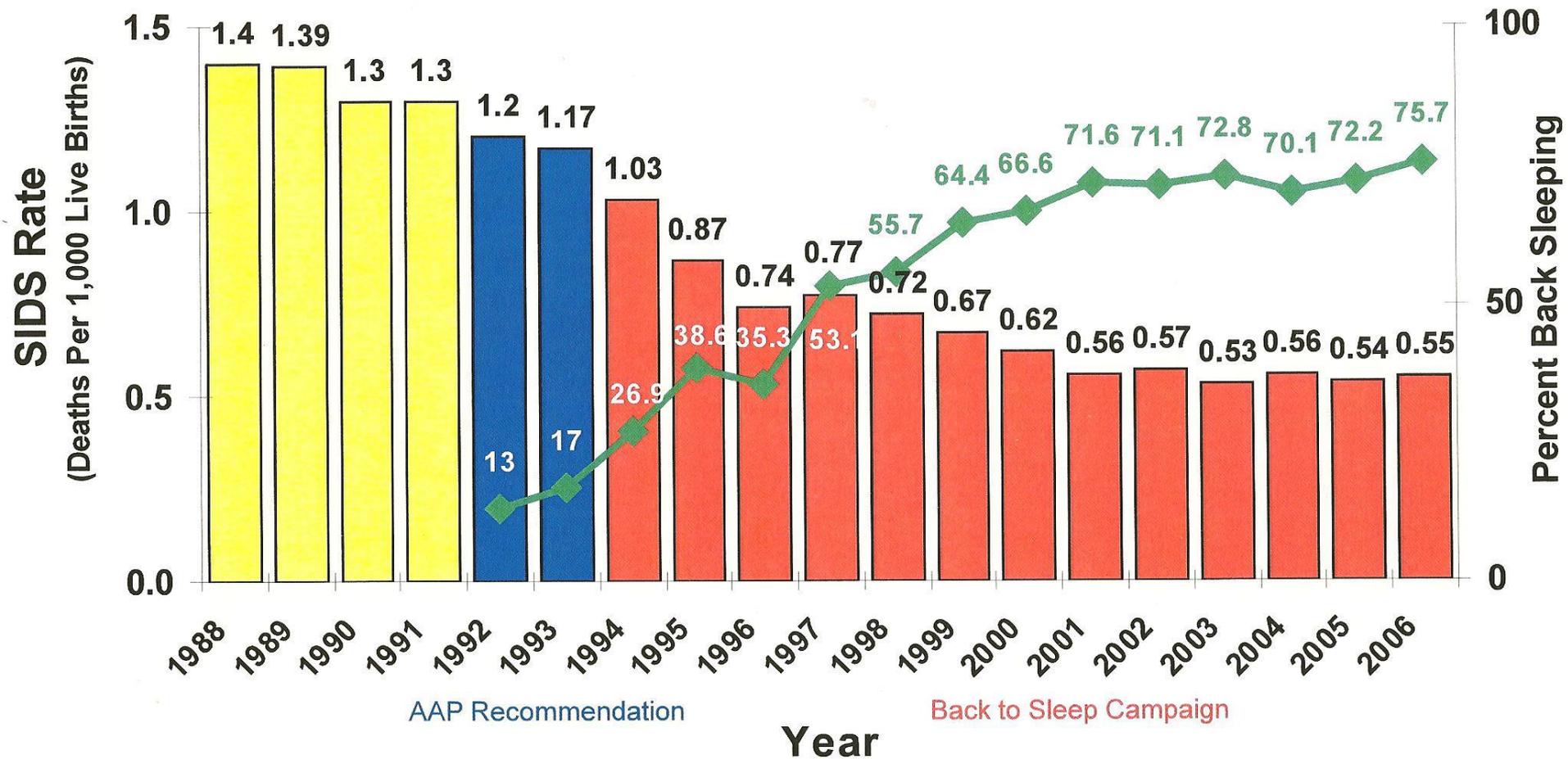
- In 1992, in response to epidemiologic reports from Europe and Australia (Tasmania), the AAP recommended that infants be placed for sleep in a **non-prone** position as a strategy for reducing the risk of SIDS
- Resisted by most Pediatricians



Back to Sleep Campaign

- The “Back to Sleep” Campaign was initiated in 1994 (because very few clinicians were following the 1992 recommendation)
 - Consumer driven campaign: PSA ads, magazine ads, etc.
 - Emphasized “non-prone” position until 1996 then BACK ONLY!
 - **Side Sleeping Is Not Safe and Is Not Advised**
 - 3rd highest risk factor after prone sleep position and smoking
 - Suggested breast feeding, no smoking, pacifier use. etc.

SIDS Rate and Back Sleeping (1988 – 2006)

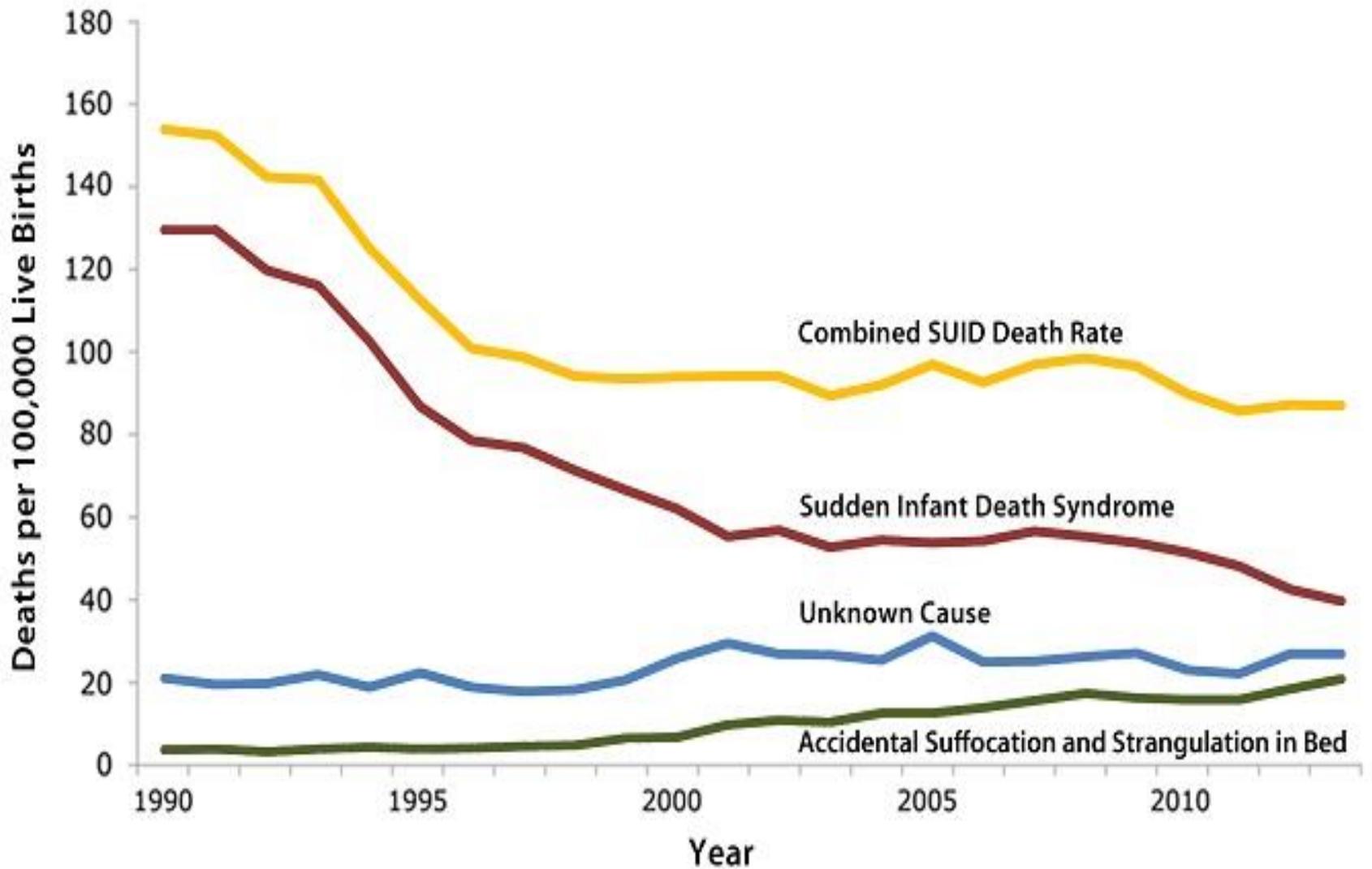


SIDS Rate Source: CDC, National Center for Health Statistics,
 Sleep Position Data: NICHD, National Infant Sleep Position Study.

GREAT!



BUT



SOURCE: CDC/NCHS, National Vital Statistics System, Compressed Mortality File.

Safe To Sleep

- In response to the realization that the SIDS rate had changed very little (as did the percentage of supine sleeping) over the past 10 years while the percentage of infants dying of suffocation has exponentially increased, the Safe To Sleep Campaign was launched in 2012
 - an expansion of the original Back to Sleep campaign started in 1994
 - In addition to strategies for reducing the risk of SIDS, Safe to Sleep also describes actions that parents and caregivers can take to reduce the risk of other sleep-related causes of infant death, such as suffocation

Safe To Sleep

- In addition to sleep position other issues discussed include:
 - Sleep surfaces
 - Co-sleeping
 - Crib specifications: No drop sides, crib slats
 - Contents of cribs
 - Alone
 - Back
 - Crib

Issues related to Sleep Position

- Recommendations also apply to preterm infants and they should be placed supine as soon as possible
 - Recommendations from the AAP state that hospitalized preterm infants should be placed in the supine position for sleep by 32 weeks' postmenstrual age
- One study of NICU nurses (2010) found that only 50% of nurses place preterm infants supine during the transition to an open crib
 - more than 20% never place preterm infants supine or will only place them supine 1 to 2 days before discharge

Thank you Dr. Freed

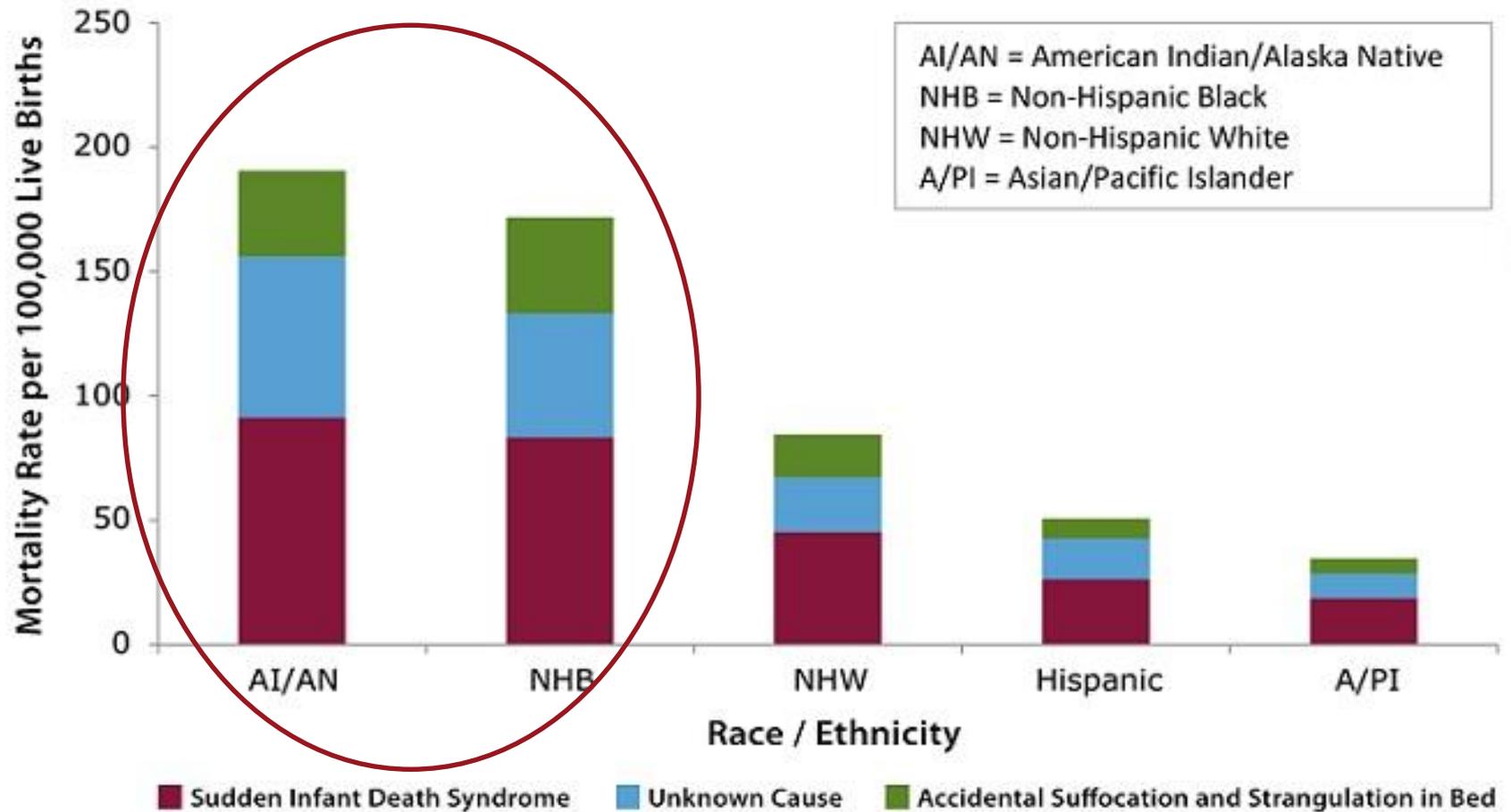
What's happening now, in Georgia?

As of 2013, Georgia averaged
3 infant deaths per week
due to sleep-related causes.

**The majority of these deaths were
preventable.**

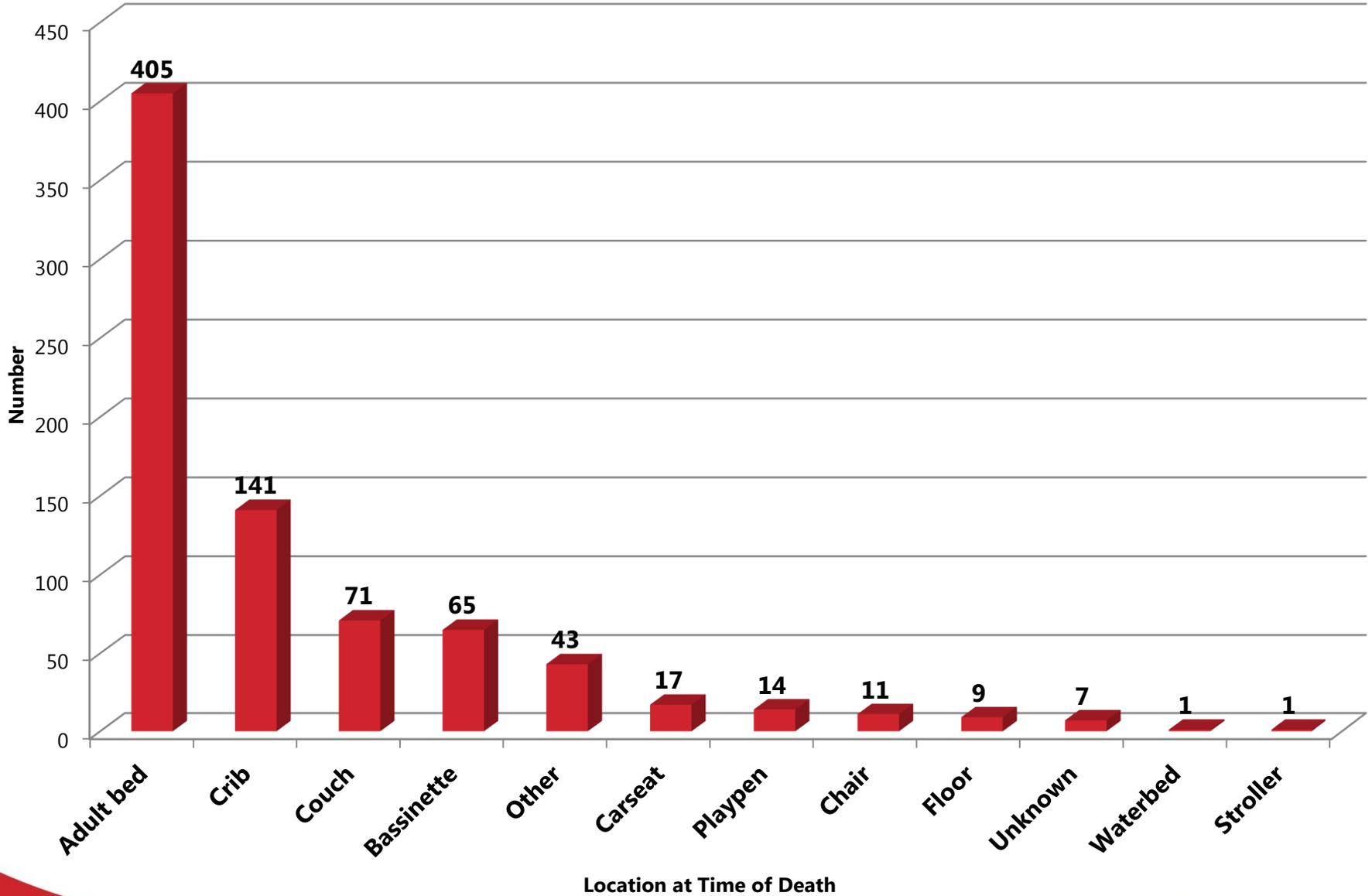


Demographics/Equity

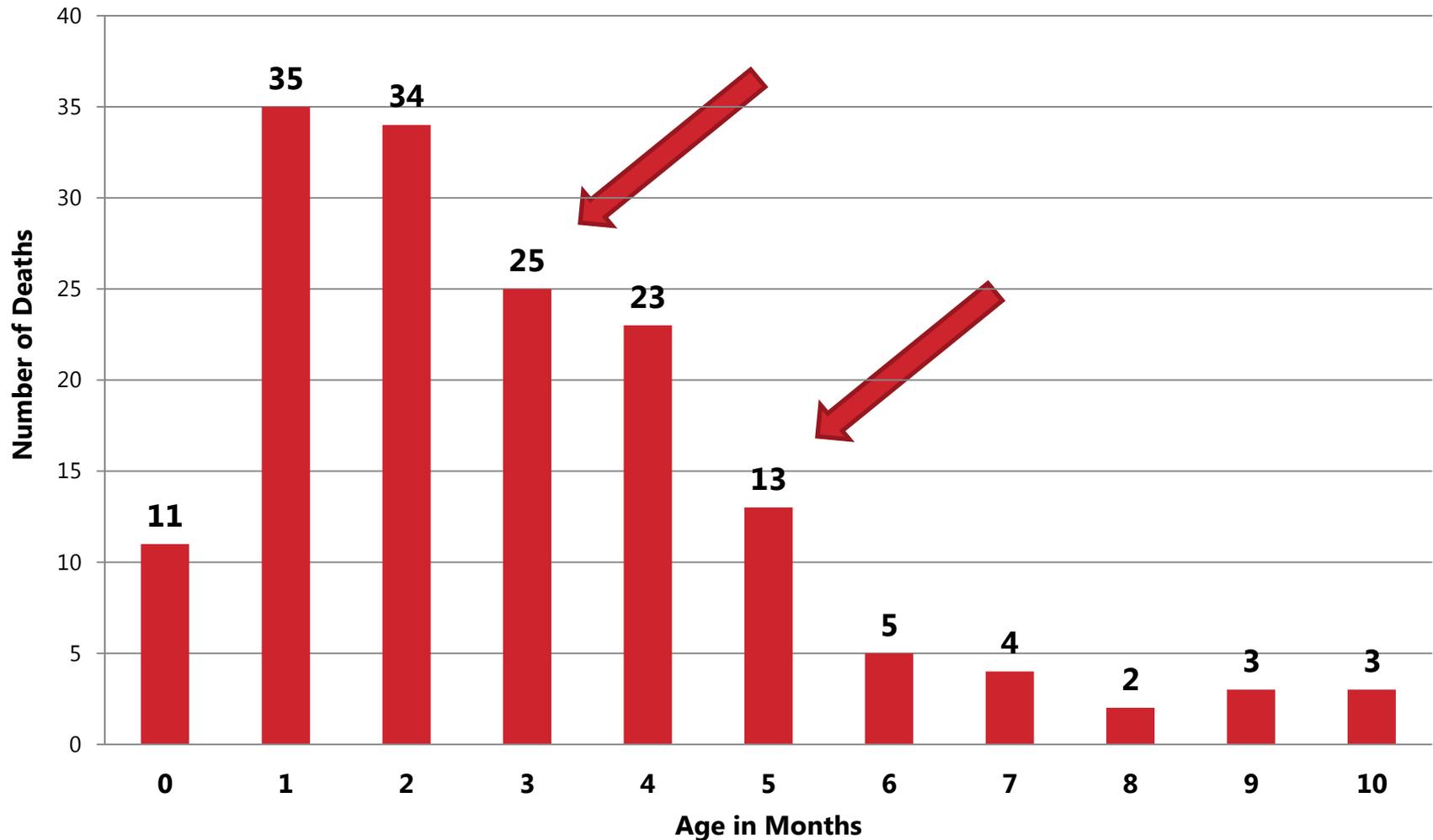


SOURCE: CDC/NCHS National Vital Statistics System, Period Linked Birth/Infant Death Data

Location at time of Infant Sleep-related Death 5 Year Totals 2009-2013



Sleep-Related Deaths by Age in Months, GA, 2014, n=158



Source: GA Child Fatality Review File, 2014

Infant Mortality Risk Factors

Commonly accepted risk factors can be grouped into 3 main areas;

- Vulnerable Infant
- Critical Development Period
- Outside Stressors

Risk Factors

Vulnerable Infant

- Male gender
- African American or Native American (2 x greater risk)
- Maternal age younger than 20 years old
- Maternal smoking/alcohol use during pregnancy
- Low Birth Weight (LBW) or prematurity (includes late preterm)
- Genetic abnormality

Critical Developmental Period

- 0-12 months; specifically during 2-4 months (**84% were less than 5 months old in 2013**)
- When most rapid growth happens
- Transition from intrauterine environment (**newly functioning respiratory system**)

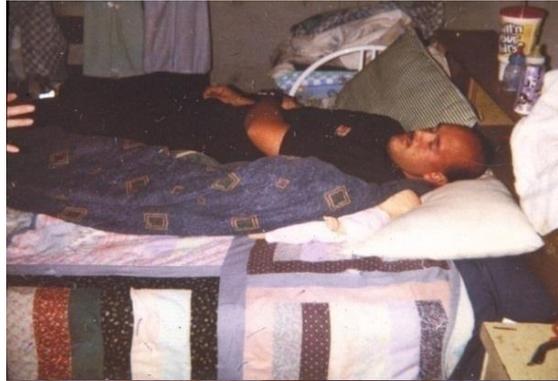
Risk Factors

Outside Stressors/ Modifiable Risk Factors (exogenous stressor)

- Tummy or Side Sleeping
- Babies put on their tummies (**5 x greater risk**)
- Babies put on their tummies to sleep when they usually sleep on their backs (**7 to 8 x greater risk**)
- Bed, or other surface, sharing
- Over heating
- Soft Bedding/soft sleep surface
- Environmental Tobacco Smoke (**2.5 x greater risk**)
- Alcohol or drug use in caregiver
- Late or no prenatal care

ASSB Mechanisms

- Suffocation by soft bedding, pillows, extra blankets, soft mattresses, etc.
- Overlaying (rolling on top of or against baby while sleeping)
- Wedging or entrapment between mattress and wall, bed frame, furniture
- Strangulation (infant's head and neck caught between crib railings)





Provided by GBI

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Most Commonly Identified Barriers

- 1. better caregiver and infant sleep,**
- 2. convenience/comfort,**
- 3. familial tradition,**
- 4. perceived child safety/concerns of choking and,**
- 5. parent and child emotional needs**

My Baby Sleeps Safe –
Please follow these guidelines.



Alone – My baby should always have his or her own safe sleep space. No sharing of the sleep space with others, including children.



Back – My baby is placed on his or her back for every sleep, every time, even naps.



Crib – My baby needs a crib without blankets, quilts, crib bumpers or other items. Please no couches or adult beds.

For more Information on Safe Sleep for Babies – visit www.dph.ga.gov/safetosleep

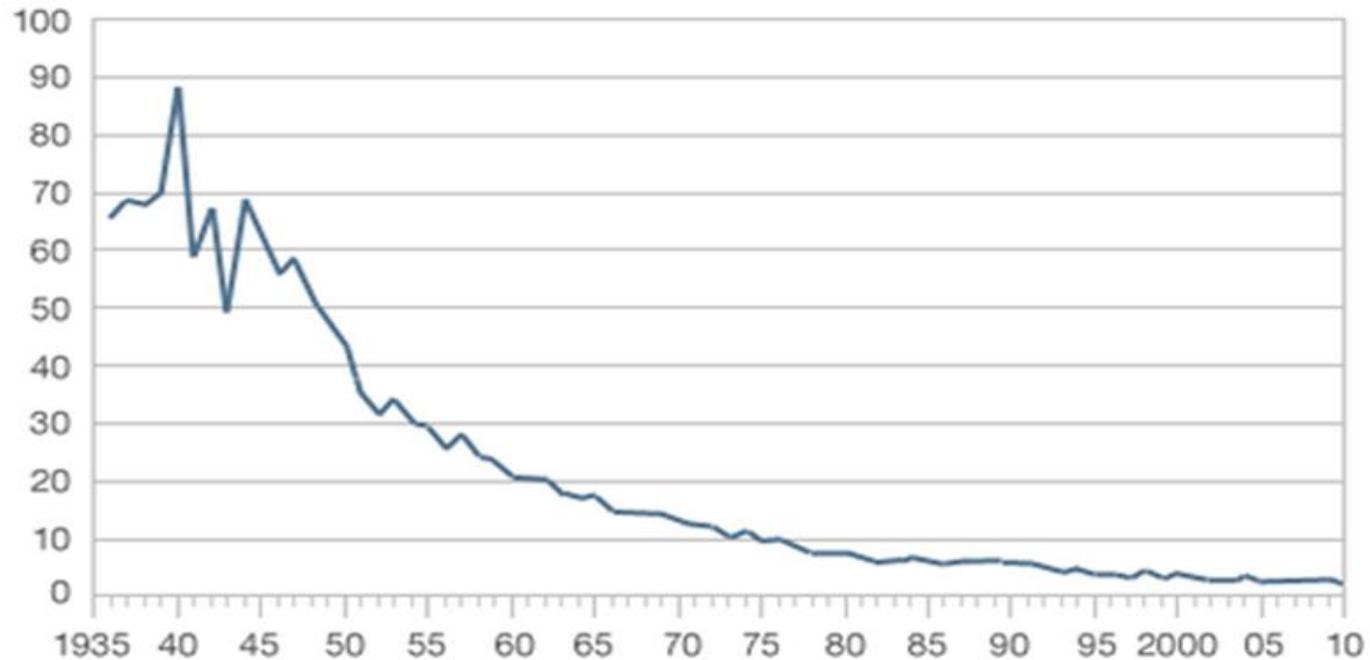
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So what can we do to
reduce infant sleep-
related deaths?

Finland

Infant mortality in Finland, 1936 to 2010 per 1,000 births



Source: Statistics Finland

Finnish Baby Box



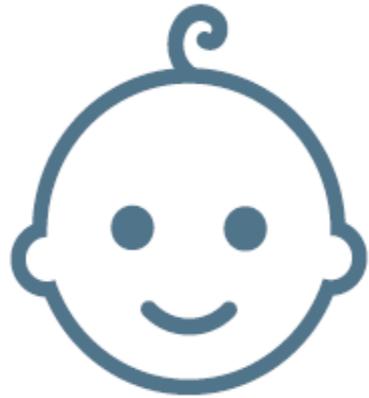
Finnish Baby Box



Travel Bassinet



Infant "This Side Up" Gown



THIS
SIDE
UP

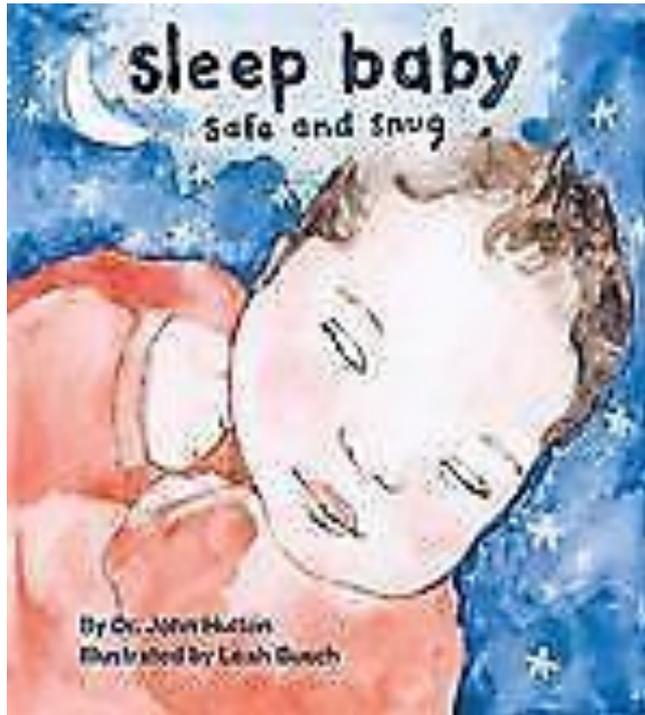


PLEASE
TURN ME
OVER

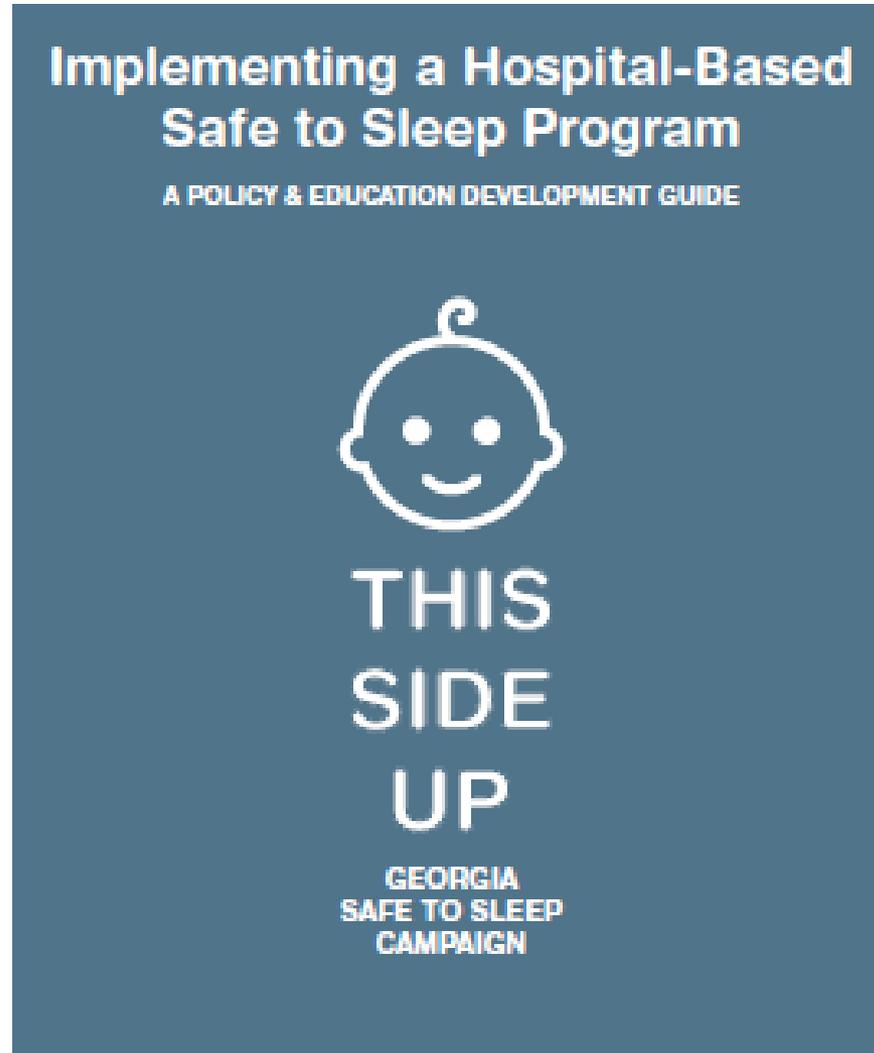
GEORGIA SAFE TO SLEEP CAMPAIGN
dph.ga.gov/safetosleep

We Protect Lives.

Safe and Snug Board Book



Policy & Education



Next Steps?

How do we join the Georgia Safe to Sleep Campaign?

Pledge of Intent

- This is what we need today! This is a way for us to know you are interested in being an active part of the Safe to Sleep Campaign
- It is non binding and, very importantly, will give us a contact person, and shipping address, for each participating location.
- The pledge of intent will be found as attachment B in the guide or, on page 17 in the pdf version.

Pledge of Intent

If equipment is made available, our hospital would be interested in learning more about, or receiving:

Yes No One year supply of “this side up” infant gown for parents of newborns being discharged from the hospital

Yes No One year supply of “Sleep Baby Safe and Snug” board book for parents of newborns being discharged from the hospital

Yes No A limited supply of travel bassinets for parents of newborns.

Safe to Sleep: Step 1

- 1) Designate an internal Safe to Sleep Champion.
 - This will be the main person of contact for DPH as well as hospital staff and leadership.

Safe to Sleep: Step 2

2) Conduct a Brief Baseline Survey:

- Current Safe Sleep Guidelines/Policy: yes/no?
- Requirements for staff training: yes/no
- Requirements for patient education: yes/no
- Baby room sharing without bed sharing: yes/no
- Patient safe sleep educational materials provided: yes/no?
- Crib Audit - Preferred baseline of at least 20 audits or 10%, whichever is greater.

What is a Crib Audit?

Safe to Sleep Crib Audit Tool

If the baby is awake, please stop and return to complete evaluation when asleep.

Room #

Date:

Caregiver(s) present:

Mother

Father

Other:

What is the status of the infant? (Please circle one)

Sleeping on back in crib

Sleeping in another device

Sleeping held by an awake adult

Sleeping on side in crib

Sleeping on stomach in crib

Other (explain)

*Sleeping held by sleeping adult

*Sleeping on/in caregivers bed

What item(s) are in the crib?

Clothing

Diapers

Stuffed toy

Burp Cloths

Pillow

Pacifier

Extra Blankets

Suction Bulb

Other loose items

Fluffy Blankets

Medical Equipment not in use

Medical Equipment in use

An Example from Doctor's Hospital in Augusta

| <u>Status of the Infant</u> | <u>Pre/Post-Intervention</u> | |
|-------------------------------|------------------------------|-----|
| Sleeping on Back in Crib | 54% | 76% |
| Sleeping on Side in Crib | 20% | 3% |
| Sleeping on/in Caregivers Bed | 10% | 0% |

Rest of the steps in a nutshell

- **Model Safe Infant Sleep**, Adopt & implement internal safe sleep policies
- **Educate**, Provide counseling and education to new parents and their families and friends. **Audit**, the newly implemented safe sleep policy.
 - (see attachment H for a sample audit)
- **Community/Media Outreach**, optional

Any Questions or Concerns?

Please contact the Safe to Sleep Coordinator at,
terri.miller@dph.ga.gov

