

# Creating a Hospital and Community Based Infant Safe Sleep Education and Awareness Program: The York Hospital Experience

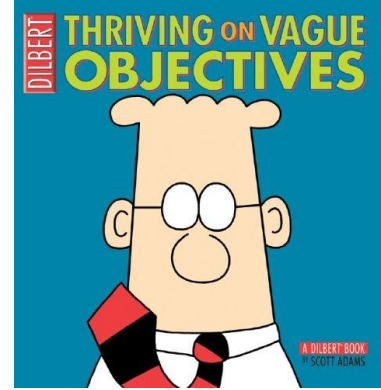
Michael Goodstein, MD, FAAP

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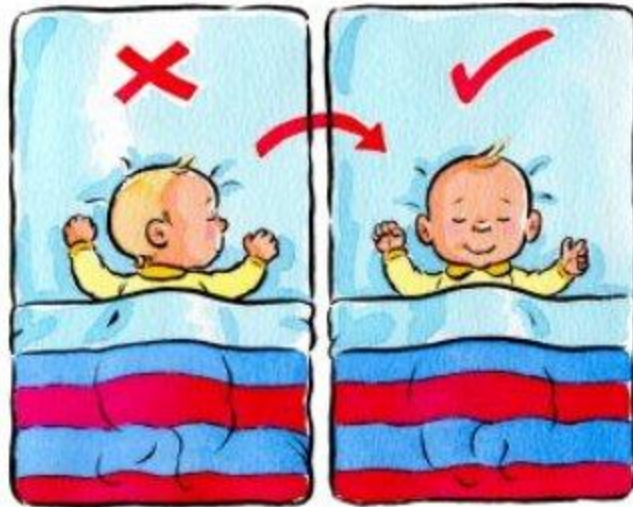
# Objectives for Today's Talk



- Review statistics supporting the need for increased family education on infant sleep safety.
- Understand how to organize a hospital-based infant sleep safety program.
- Be aware of the potential deterrents to development of an infant sleep safety program and how to overcome them.
- Be familiar with ongoing research to demonstrate the effectiveness of increased family education efforts.

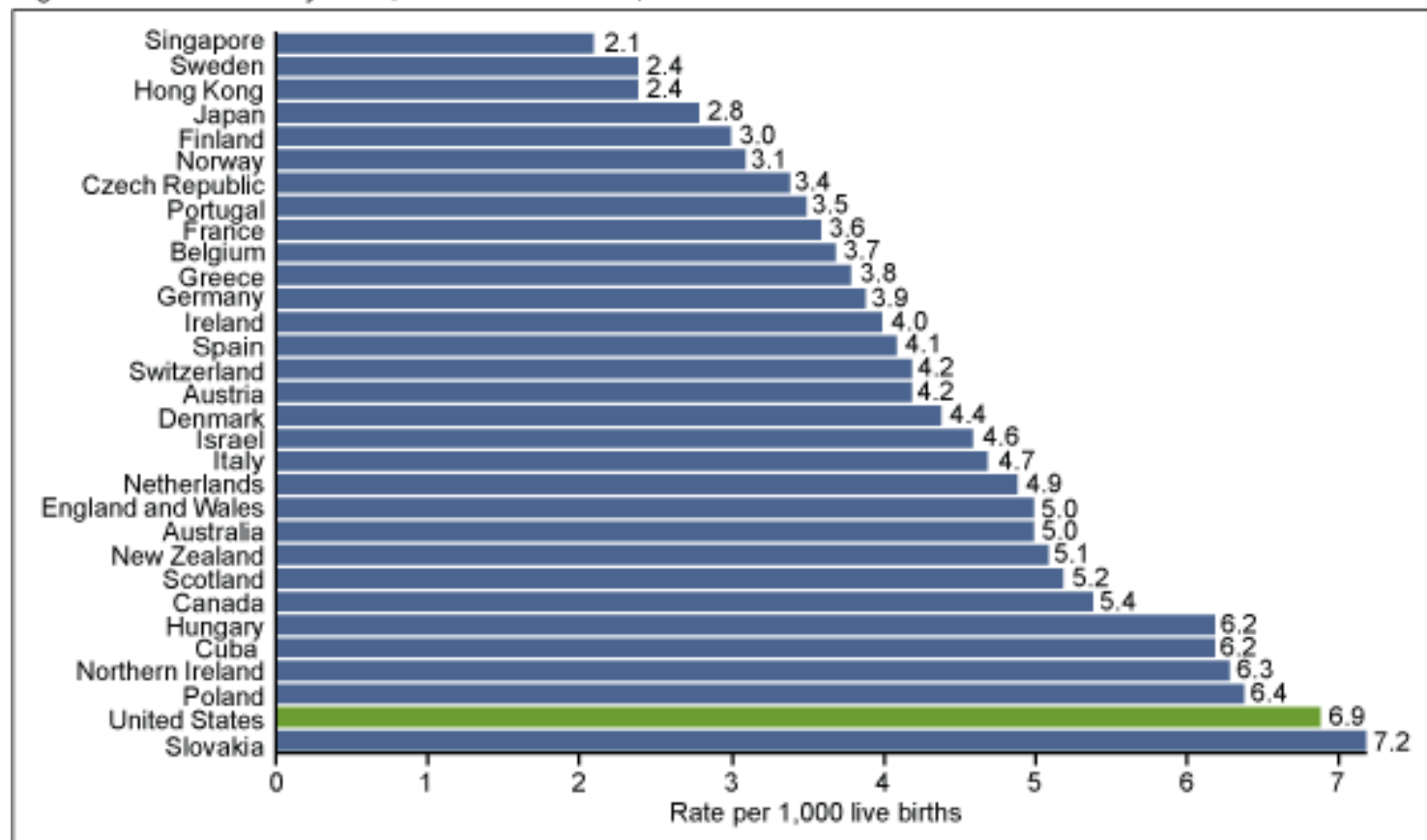
# Infant Sleep Safety

Requires a consistent and repetitive message in the community to prevent accidental deaths



# Infant Mortality Rates in Industrialized Countries, 2005

Figure 1. Infant mortality rates, selected countries, 2005



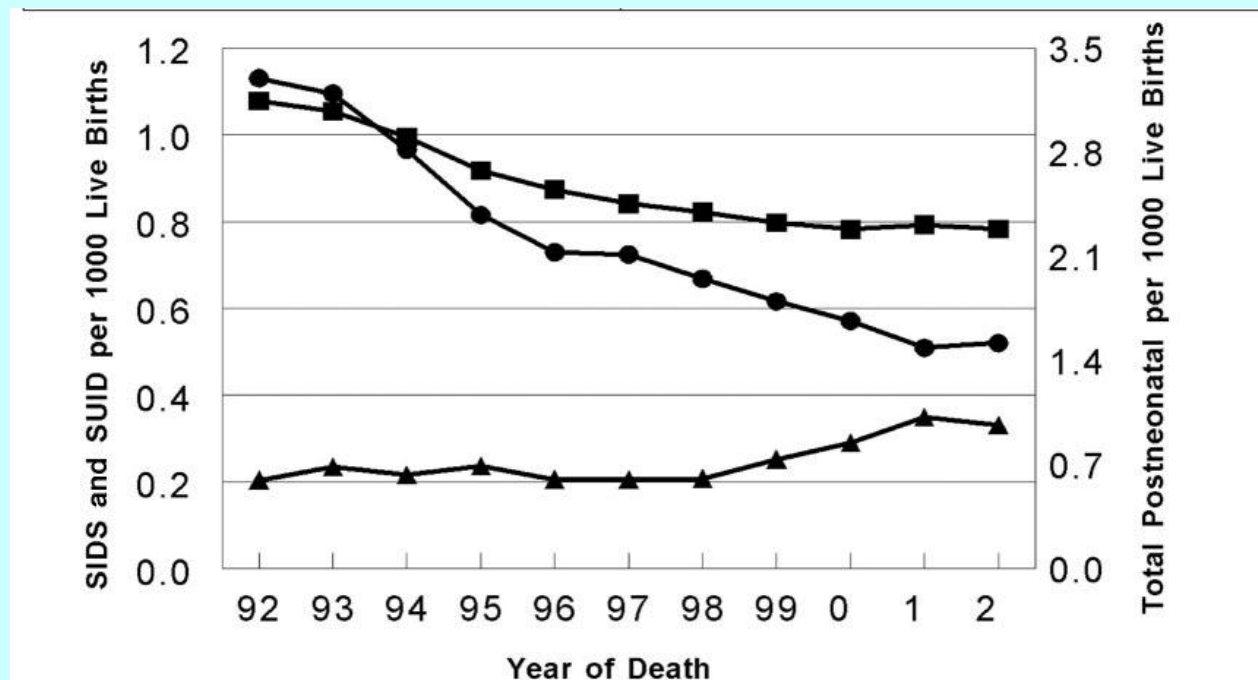
SOURCE: Health, United States, 2008.

# Trends in Infant Sleep Safety

- SIDS is still the leading cause of post-neonatal mortality
- Between 13% and 25% of babies still sleep in prone position
- African-American families are twice as likely to put a baby to sleep prone and their SIDS rates are twice as high as the Caucasian population
- Use of the family bed is increasing
- Over 70% of parents have slept with their infant at one time

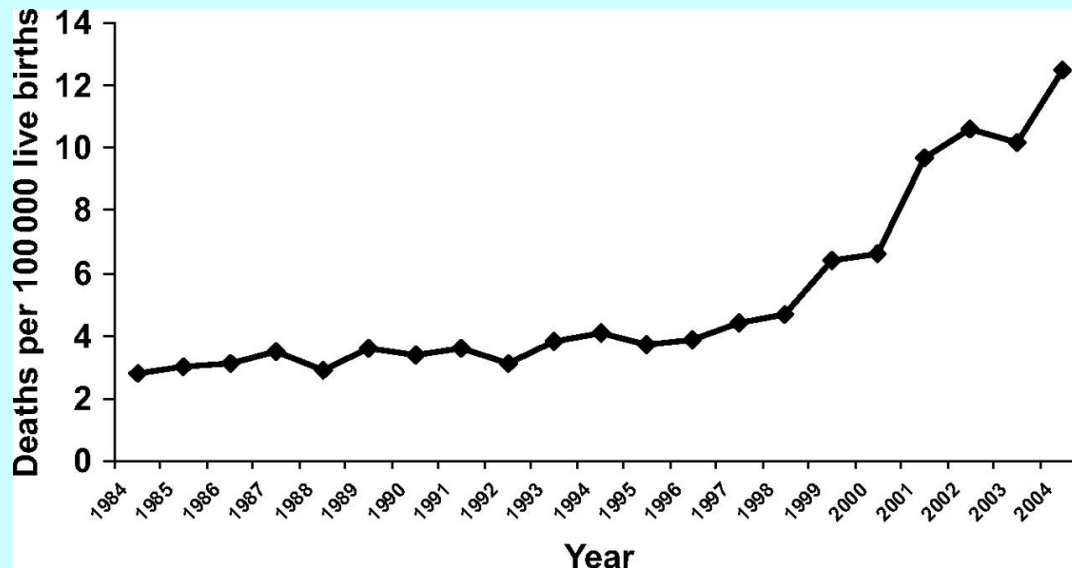
# Post-Neonatal Mortality: Have We Hit a Wall?

- 4,500 infants in the US die unexpectedly each year
- Post-neonatal mortality rates have been stagnant since 2002
  - AAP Task Force on SIDS Policy Statement: Nov. 2005



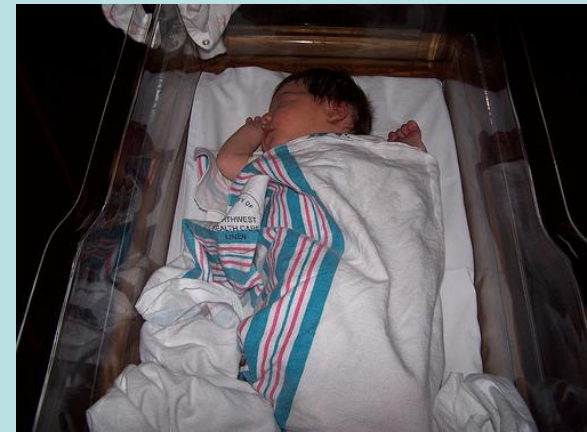
# Trends in Infant Sleep Safety

- From 1984 to 2004, infant mortality rates attributed to accidental suffocation and strangulation in bed increased from 2.8 to 12.5 deaths per 100,000 live births



Shapiro-Mendoza CK, Kimball M, Tomashek KM, Anderson RN, Blanding S. US Infant mortality trends attributable to accidental suffocation and strangulation in bed from 1984 through 2004: are rates increasing? *Pediatrics* 2009; 123:533-539.

# Modeling Safe Sleep in the Hospital???



# Educating Families? A Failure of Our Hospitals

- Newhouse and Grey: Riverside Methodist Hospital, Franklin County, OH
- Found in their nursery: 54% of babies were not supine, 27% of bassinets had loose blankets, and 15% had toys!



# Safe sleep education in PA Birthing Centers

20 question survey to evaluate how well  
birthing centers in PA provide education on  
infant sleep safety to new families\*



# Results



- 119 birthing centers
  - 113 performing deliveries
- Results obtained at 48 hospitals (42%)
  - Accounting for 51,880 deliveries/yr (35.7%)
- Mean deliveries/year: 1081 (50-5000)
- Only 41% of centers had a formal policy on infant sleep safety!

# Results: Safe Sleep Program?

- Do you have a program to teach parents infant sleep safety?
  - 67% said yes, BUT...
  - Almost nobody could identify a specific program
    - “We have been teaching ‘Back to Sleep’ for years”
- Suggests lack of comprehensive teaching, especially since recommendations had significant changes in 11/2005!

# Results: Back to Sleep, Really?

- Infants always placed on the back: 81%
- But...48% of sites admitted to using side position sometimes
  - Average: 38% of babies per site kept on the side
  - Some nurseries 100% of babies kept on the side
- Large (>1000 deliveries/yr) vs. small birthing centers:
  - Large centers more likely to state exclusive use of back position ( $p = 0.002$ ) and to never observe side position ( $p = 0.04$ )

# Practicing what we preach?

- Recommendation: Babies should lay flat on the back in the crib.
  - 65% of nurseries prop the bassinet
  - Range 1 to 100%
  - Average 58% per nursery



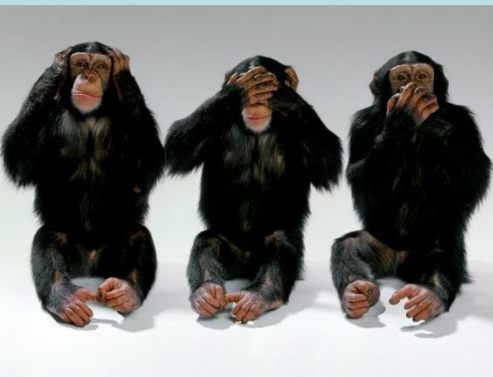
# Practicing what we preach?

- Recommendation: Do not over-bundle. Keep blankets away from the face.
  - 73% of nurseries bundle babies up to the chin
  - Range: 5% to 100%
  - Mean: 77% of babies per nursery



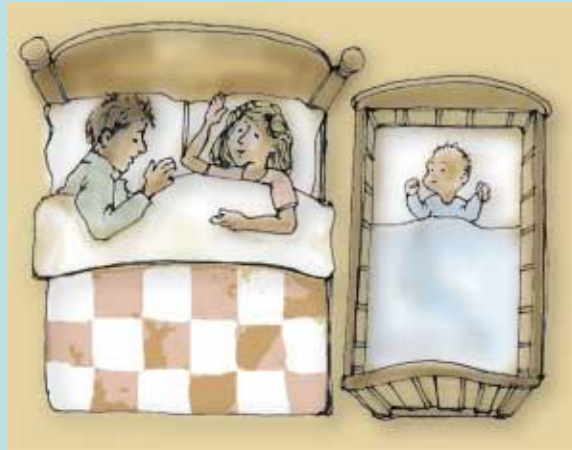
# Practicing what we preach?

- Recommendation: Nothing in the crib but the baby.
  - 43% of nurseries place a washcloth near the baby's face after feeding to prevent sheets from being dirtied
  - Range: 1% to 100%
  - Average 40% per nursery



# On a Positive Note: Bedsharing

- No institution promotes bedsharing
  - When discovered on maternity ward, baby returned to bassinet
  - Family re-educated
- 9% noted some providers promote bedsharing (2 cases were twins in same crib)

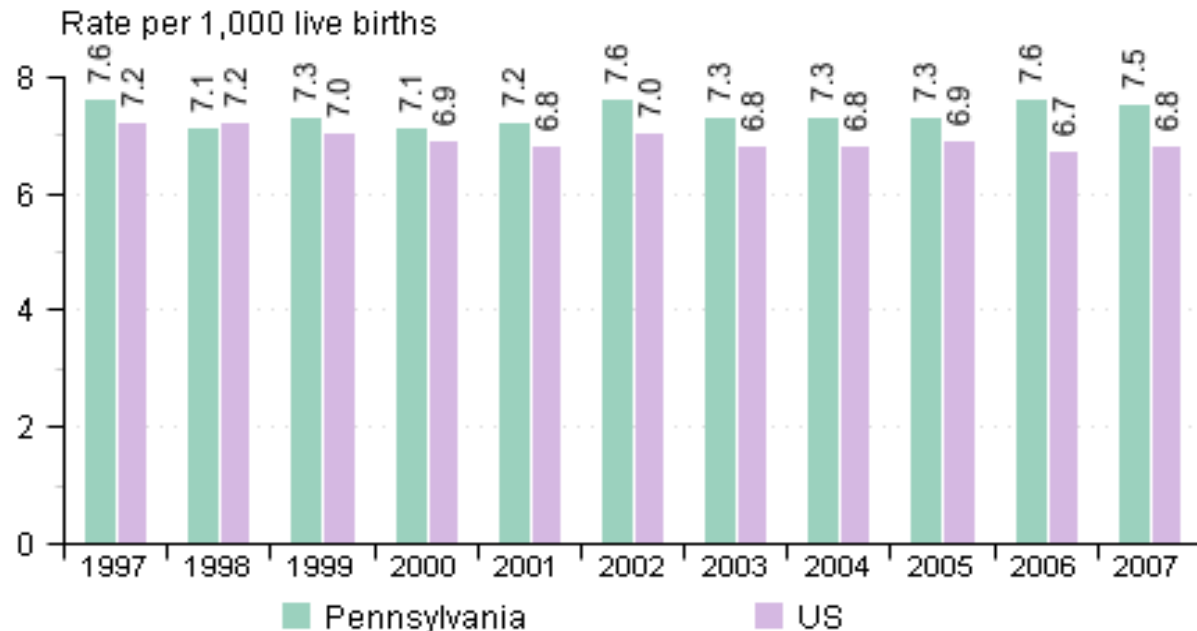


# Despite the problems identified in Pennsylvania Nurseries...

- 94% of those surveyed felt that their staffs were well-educated regarding infant sleep safety!
- Only 21% of the units required regular competencies on infant sleep safety.
- 67% of sites felt their staff would benefit from additional education
- 80% interested in a safe sleep program

# Infant mortality rates

## Pennsylvania and US, 1997-2007



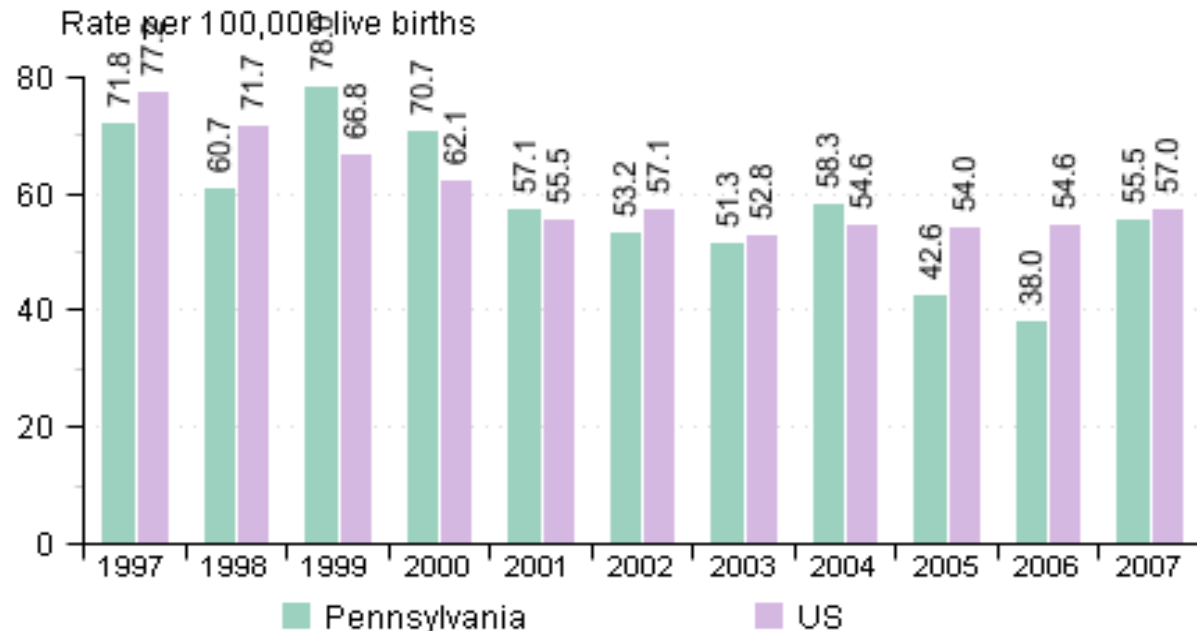
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An infant death occurs within the first year of life.

Source: National Center for Health Statistics, final mortality data, 1990-1994 and period linked birth/infant death data, 1995-present. Retrieved September 4, 2012, from [www.marchofdimes.com/peristats](http://www.marchofdimes.com/peristats).

# Infant deaths due to sudden infant death syndrome

## Pennsylvania and US, 1997-2007



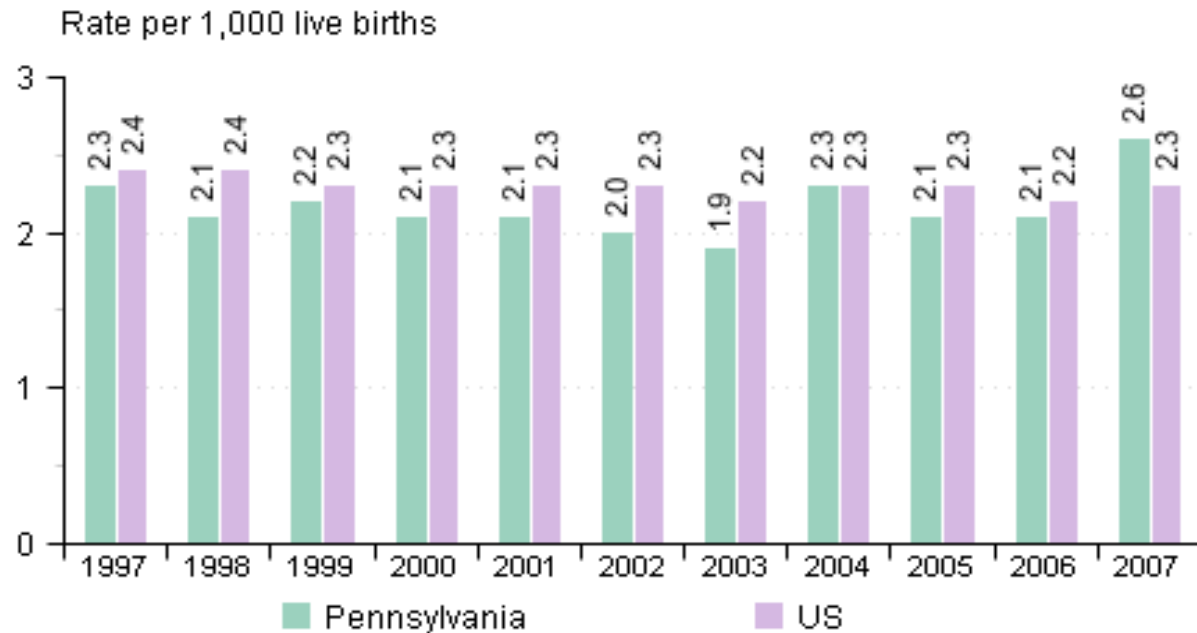
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Cause of death for 1996-1998 is based on the Ninth Revision, International Classification of Diseases (ICD-9); cause of death for after 1998 is based on the Tenth Revision, International Classification of Diseases (ICD-10).

Source: National Center for Health Statistics, period linked birth/infant death data. Retrieved September 4, 2012, from [www.marchofdimes.com/peristats](http://www.marchofdimes.com/peristats).

# Postneonatal deaths

## Pennsylvania and US, 1997-2007



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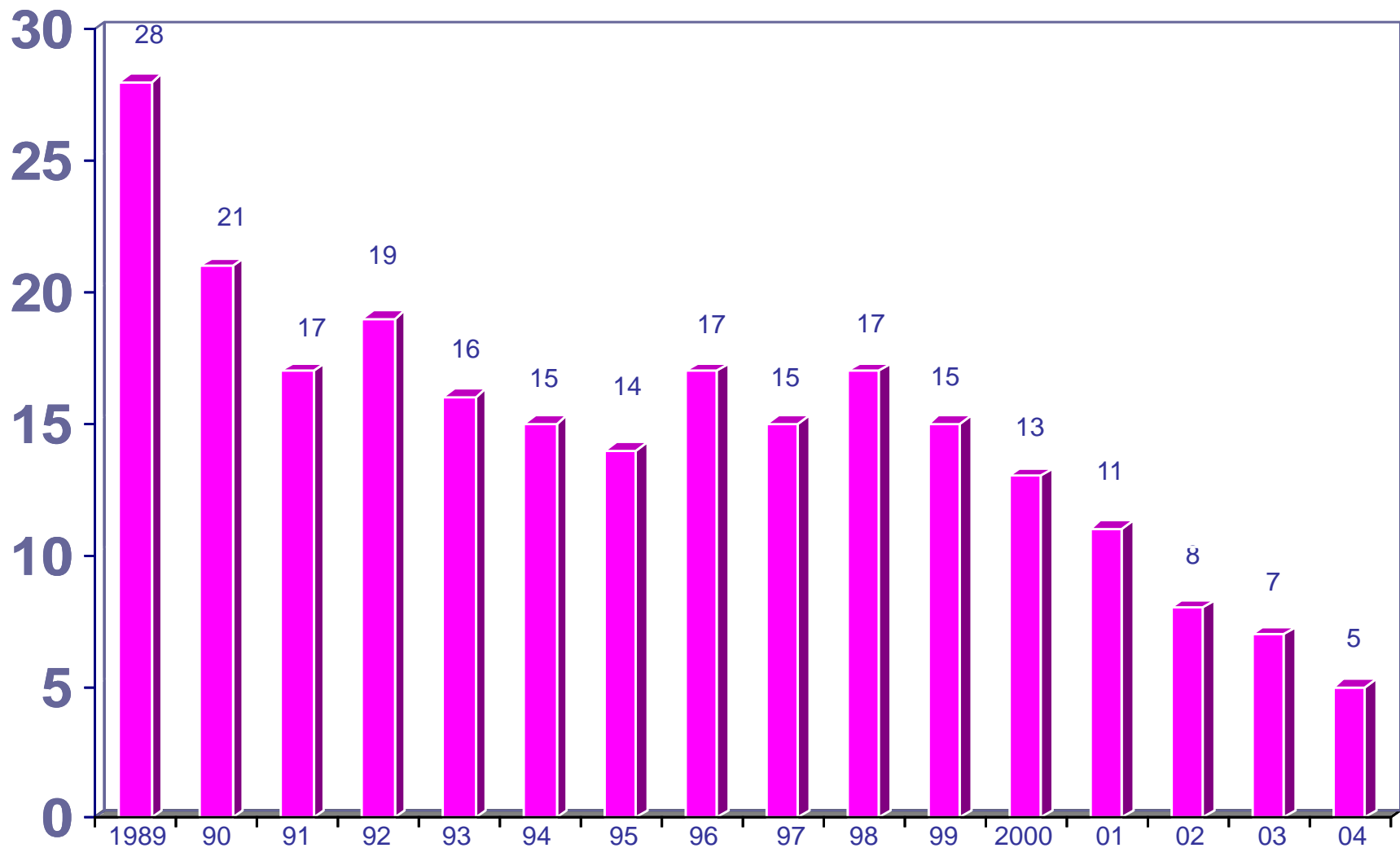
A postneonatal death occurs from 28 days to under one year of life.

Source: National Center for Health Statistics, period linked birth/infant death data. Retrieved September 4, 2012, from [www.marchofdimes.com/peristats](http://www.marchofdimes.com/peristats).

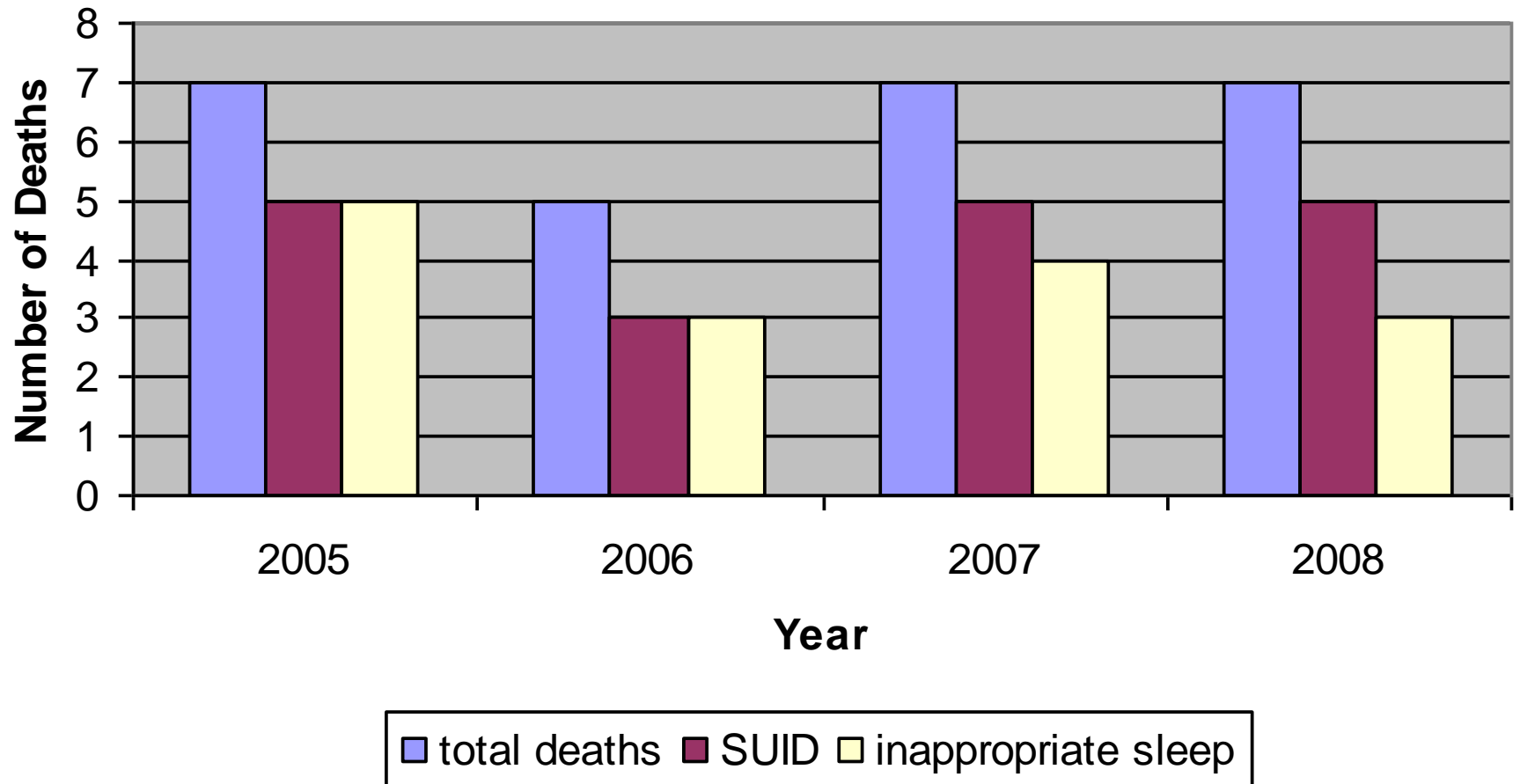
# Allegheny County, PA

## SIDS/Accidental Suffocation Deaths

1989-2004



# Infant Coroner Cases York County 2005-8



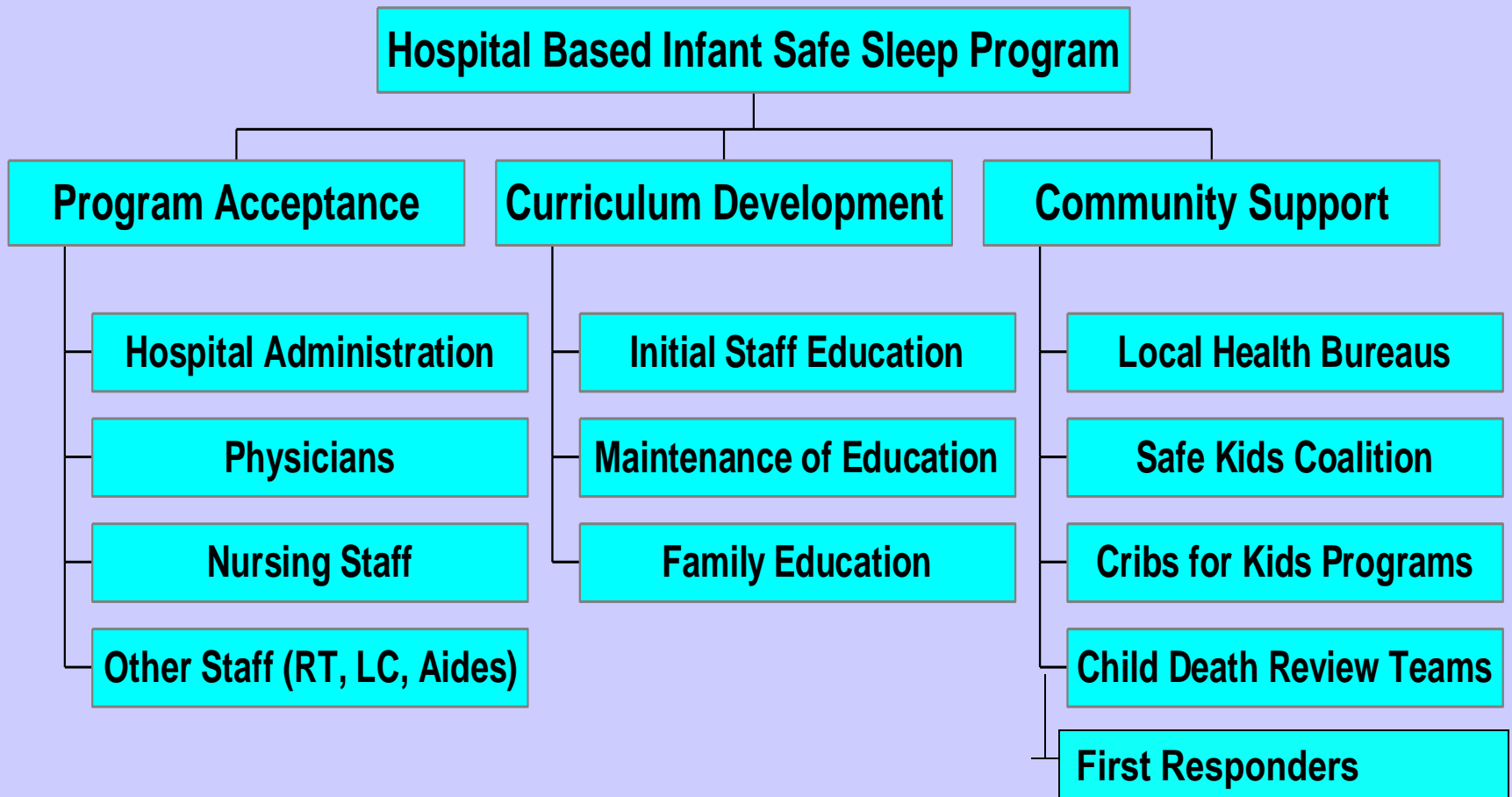
- First Annual **Cribs For Kids®** National Conference  
**"Breaking the Cycle - A Safe Sleep Summit"**  
**...its for the babies**
- **April 2008 ~ Pittsburgh, PA**



# Hospital Based Infant Safe Sleep Program

- Goal: Reduce the risk of injury or death to infants while sleeping
  - Provide accurate and consistent infant safe sleep information to hospital personnel
    - Medical, nursing, breastfeeding, child birth education, and nutritional staff
  - Enable hospitals to implement and model infant safe sleep practices throughout the facility
  - Provide direction to health care professionals so parents receive consistent, repetitive safe sleep education

# Organizational Chart for an Infant Sleep Safety Program





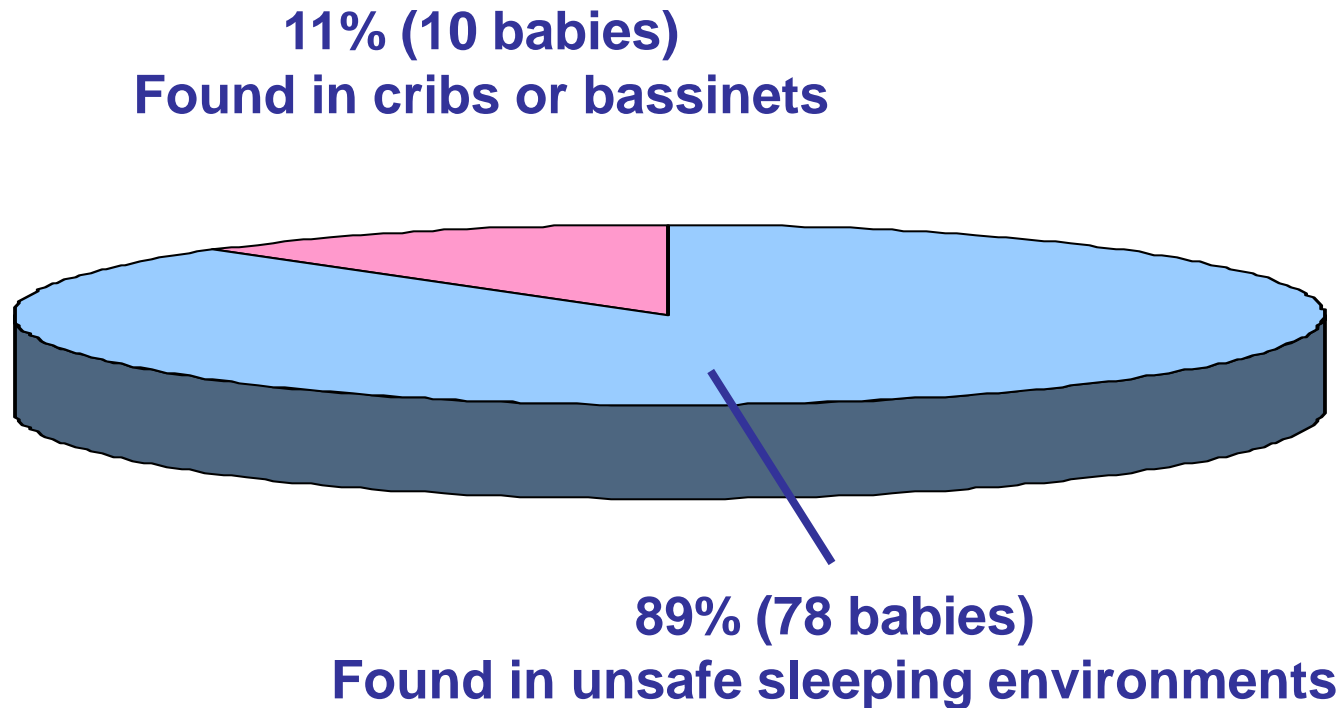
# Presentation for Administration



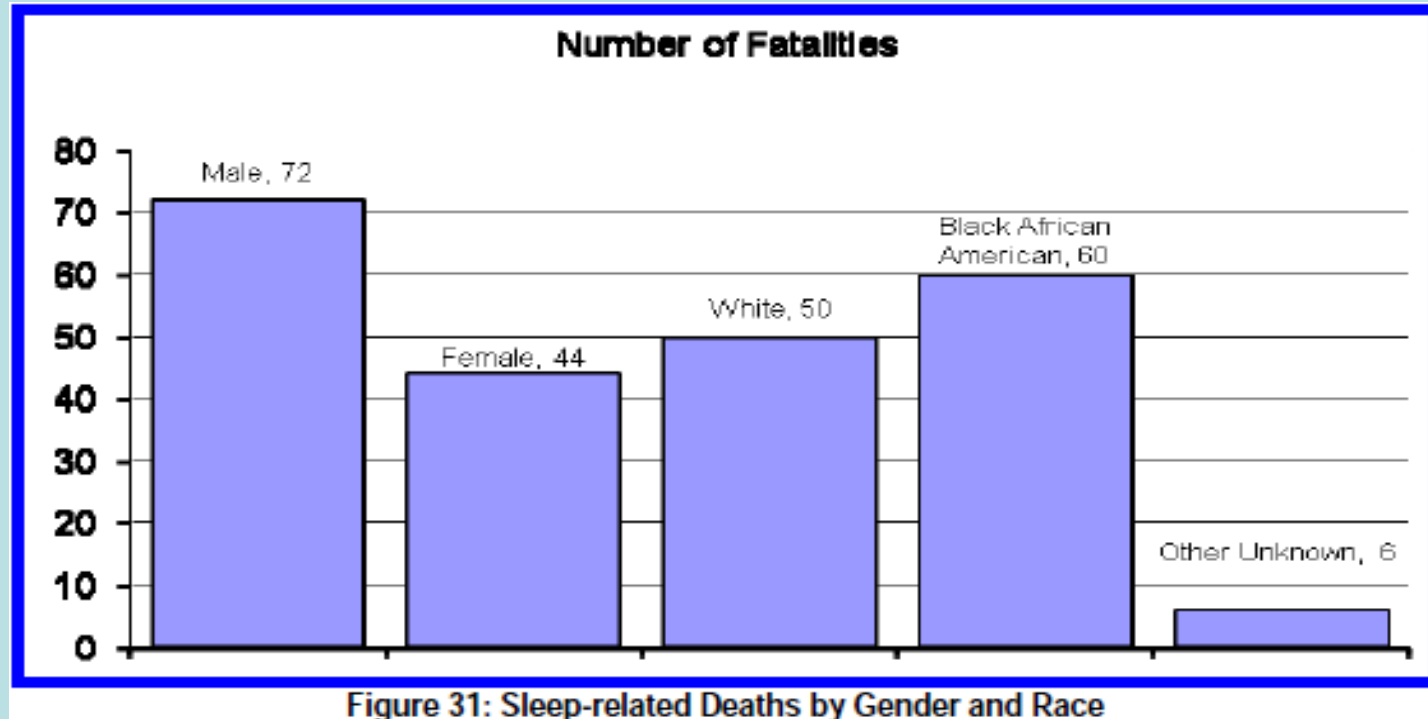
- Support from physicians already knowledgeable about SIDS/SUID (pediatricians, neonatologists, ED docs)
- Scope of problem- including national and local statistics
- Logistics of program- focusing on a successful program model that has produced excellent public health care results
- Cost-effectiveness

# Allegheny County, Pa

## Study of 88 SIDS Deaths, 1994-2000



# PA CDR 2010 Report



- 116 deaths
- 72% < 3 months age
- 62% male
- 52% African-American
- 67% not in crib
- 47% bed-sharing

# Staff Acceptance “Buy-In”

- Pediatric and NBN nurses with knowledge about SIDS make quick allies
- Resistance to “another program” is easily overcome by:
  - Concept of a program to reduce local infant mortality
  - Use of Statistics
  - Use of Evidence-Based Medicine

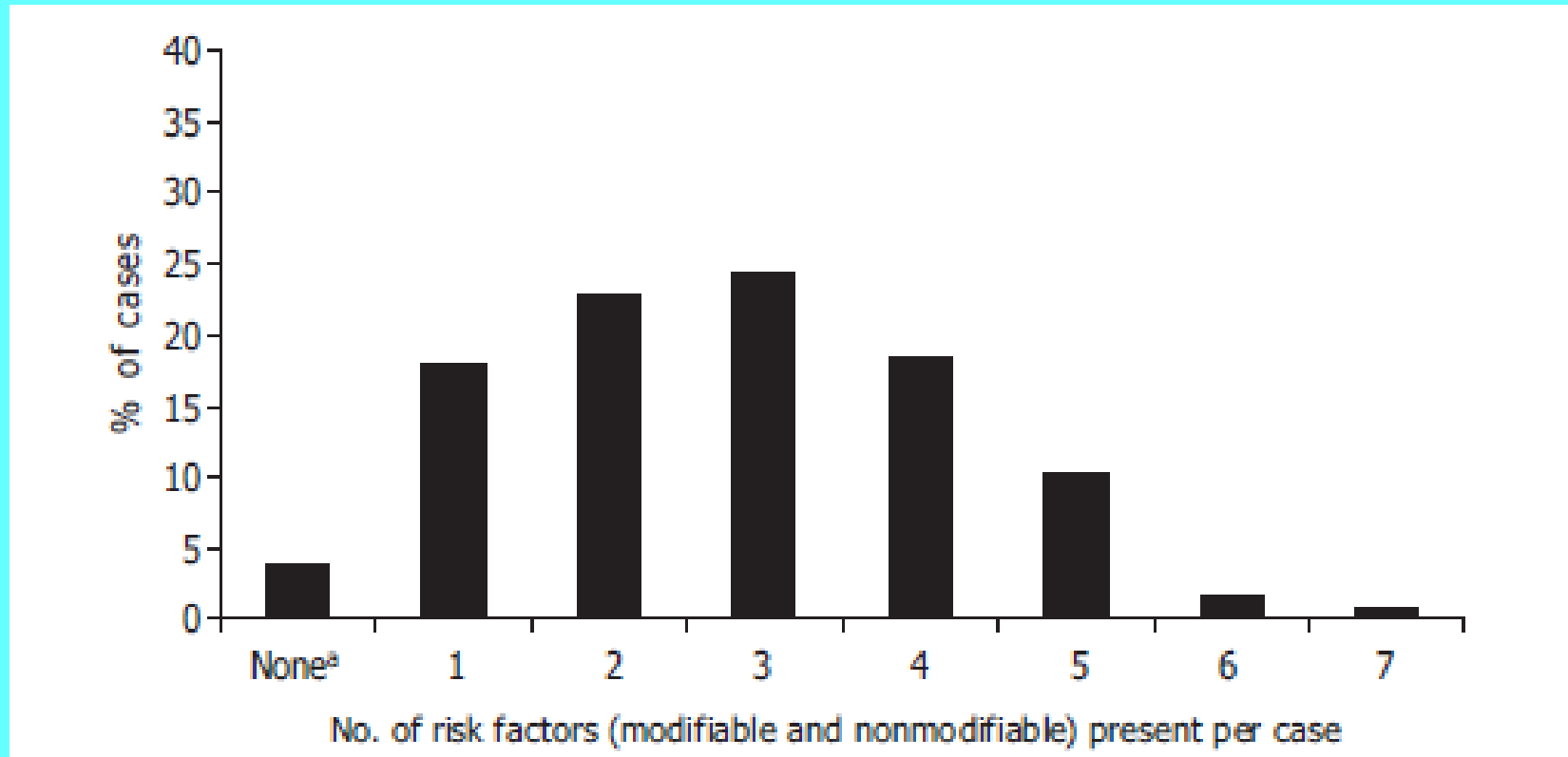


# Bed Sharing with Siblings, Soft Bedding Increase SIDS Risk – Chicago Infant Mortality Study, Pediatrics, May, 2003

- Sleeping on soft bedding:  
increased SIDS risk 5 X
- Sleeping on the stomach:  
increased SIDS risk 2.4 X
- SIDS victims were 5.4 times more likely to have  
shared a bed with other children.
- Sleeping on the stomach on soft bedding:  
increased risk of SIDS 21 times



# Multiple Risk Factors in SIDS



Only 1% of 244 cases without risk factors!

(1996-2000)

# Nursing Buy-In: Initial Discussions

- Nurse Managers: NBN, ICN, L&D, Pediatrics, ED
- Discussions at staff organizational levels: multidisciplinary committees (neonatal care), nursing counsels (education, practice)
  - Nurse leaders: support dissemination of program concept to general staff
  - Follow-up discussions at nurse staff meetings, reinforcement through e-mail
- Timing is important- do not conflict with other developing nurse programs



# Challenge Your Staff!

Why are our babies dying???



VS



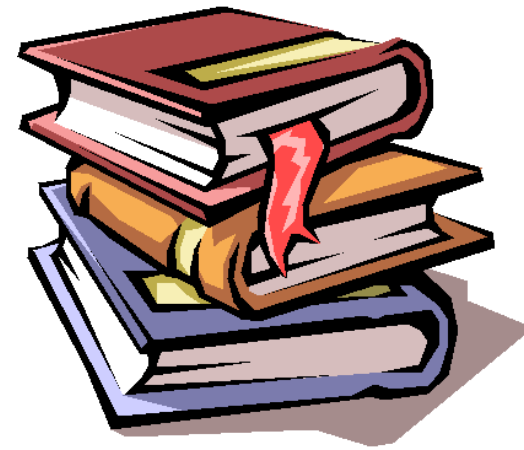
# Staff Education

- Intensive education to develop expertise to talk to families
- Nurses are reluctant sleep safety advocates because:
  - Lack of formal training
  - Lack of time to review research
  - Disbelief that changing their behavior will make a difference
  - Discomfort with back to sleep (fear of aspiration)



# Curriculum Development

- Created by combining best materials from numerous infant sleep safety groups to develop a comprehensive program with a consistent and repetitive message
- 2 components:
  - Healthcare provider education
  - Public education



# Healthcare Provider Education

- Develop an infant sleep safety policy for the hospital:
  - Set the standard of care at the institution
  - Sample policies on the Allegheny County Dept of Health and First Candle websites
  - York Hospital policy modified the Allegheny sample and was merged with existing policy
  - Finalized through newborn and pediatric hospital committees



# Hospital Nursing Education

- In-service lectures vs. computer-based training
- Lecture compliance may be difficult if not mandatory...non-productive hours
- Computer-based easier to do, but teaching may be less effective
- Provided CME credits



# Hospital Nursing Education

- Core group of volunteers to provide lectures
  - Cribs for Kids® staff (mostly NICU, NBN, and pediatric nurses)
- Developed power point presentation and had practice sessions
  - Materials included: AAP SIDS policy statement, NIH materials, Cribs for Kids® lecture materials
- Supplemental poster boards in clinical areas
- Mandatory viewing of Safe Sleep DVD
  - Reinforce materials, know what parents will see

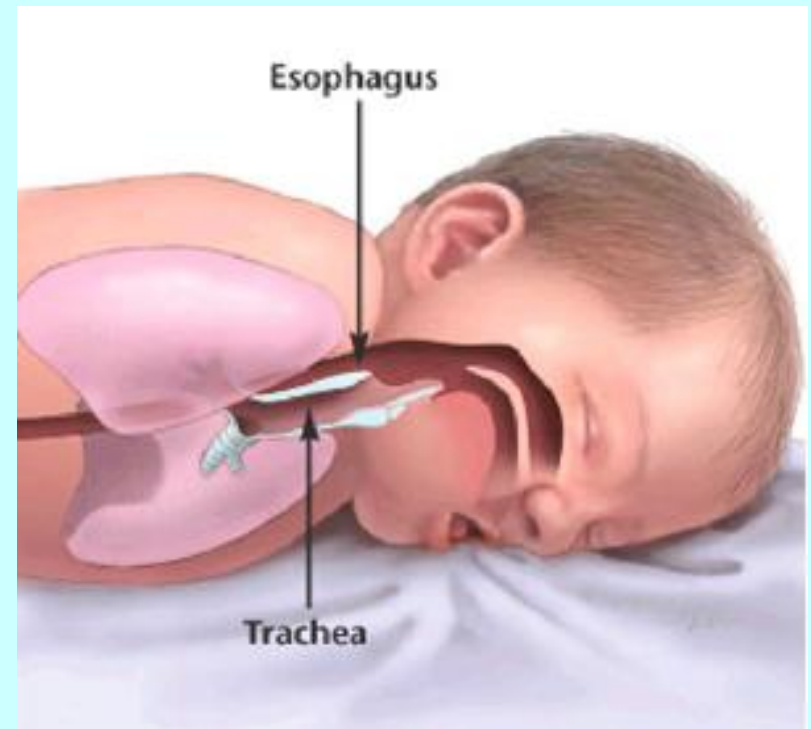
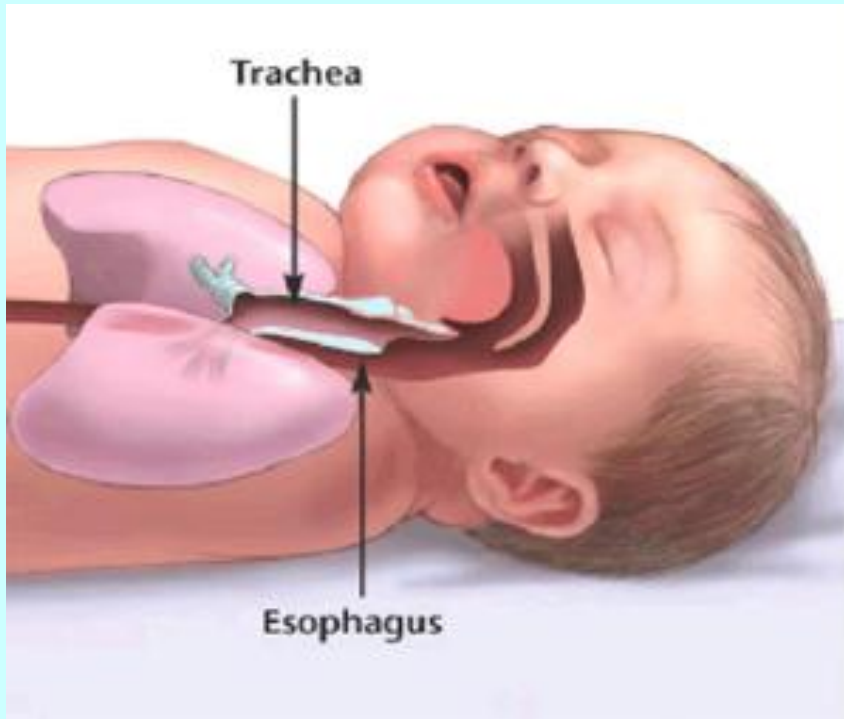
# Hospital Nursing Education

- Refined after feedback from initial teaching sessions
  - Anticipation of criticisms (bonding, breastfeeding, bed-sharing)
- Focus on evidence-based medicine
- Focus on back vs. side sleeping and fear of aspiration



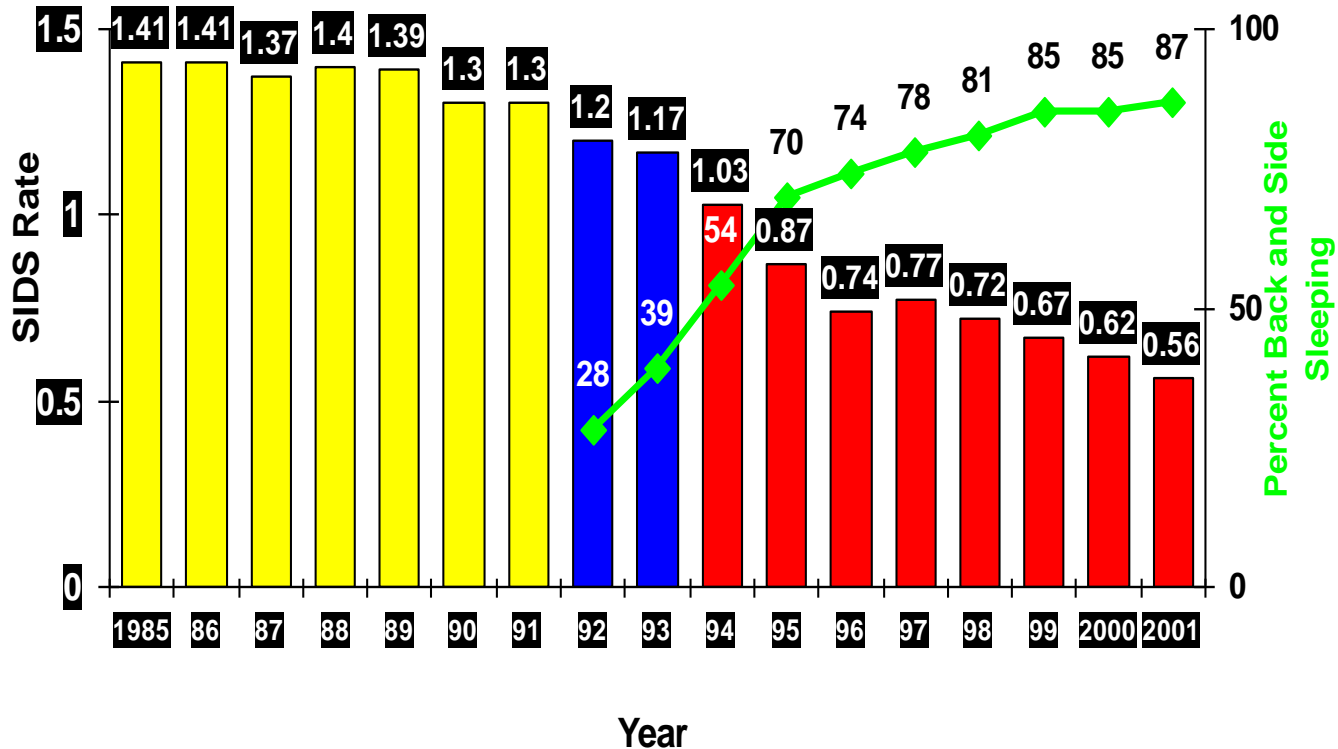
# The Truth About Supine Sleep and Aspiration: Ending the fallacy

## Orientation of the Trachea to the Esophagus

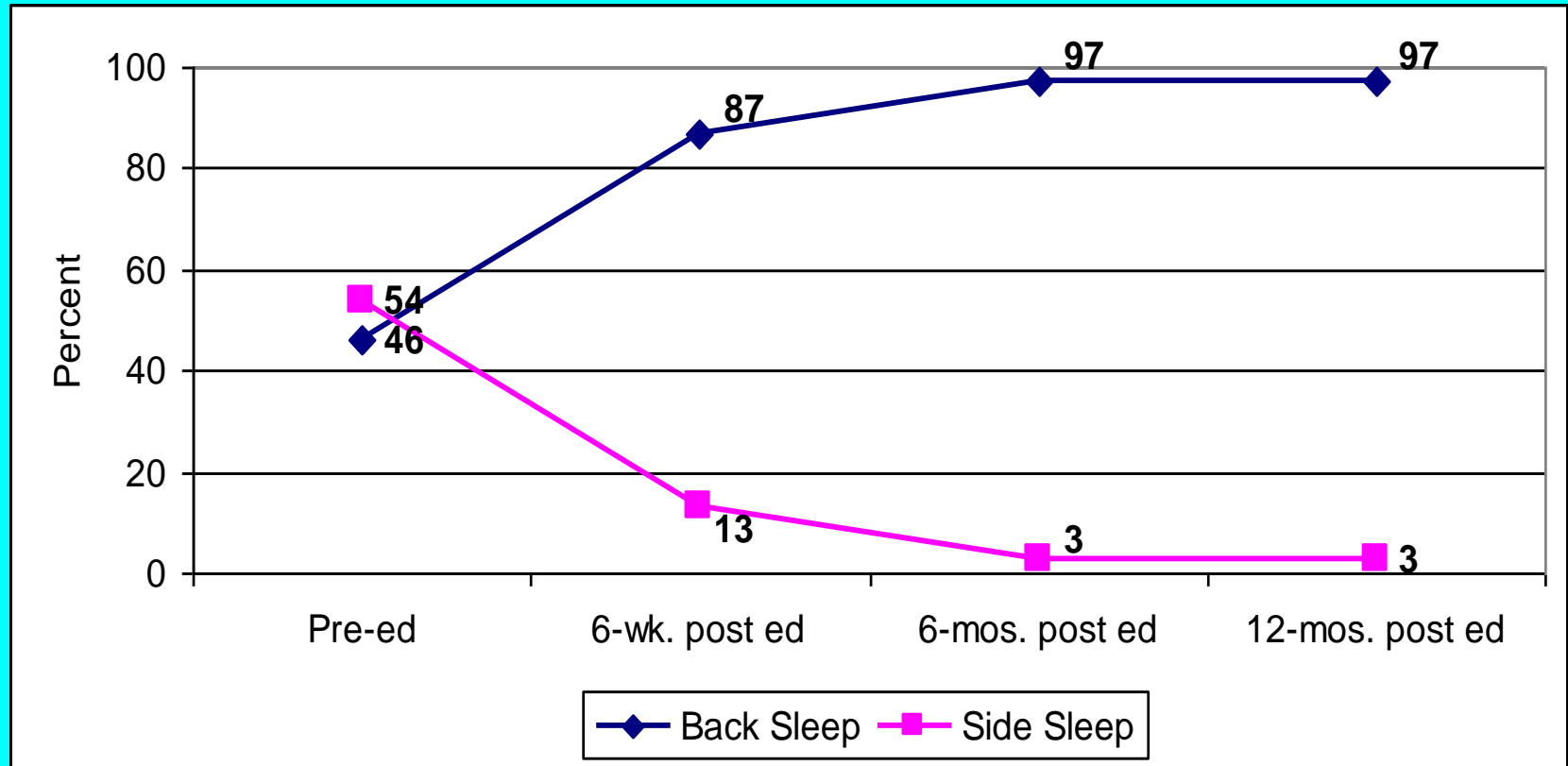


# The Back to Sleep Campaign resulted in a 53% decrease in SIDS-related deaths over 10 years

SIDS Rate and Sleep Position, 1985-2000  
(Deaths per 1,000 Live Births)

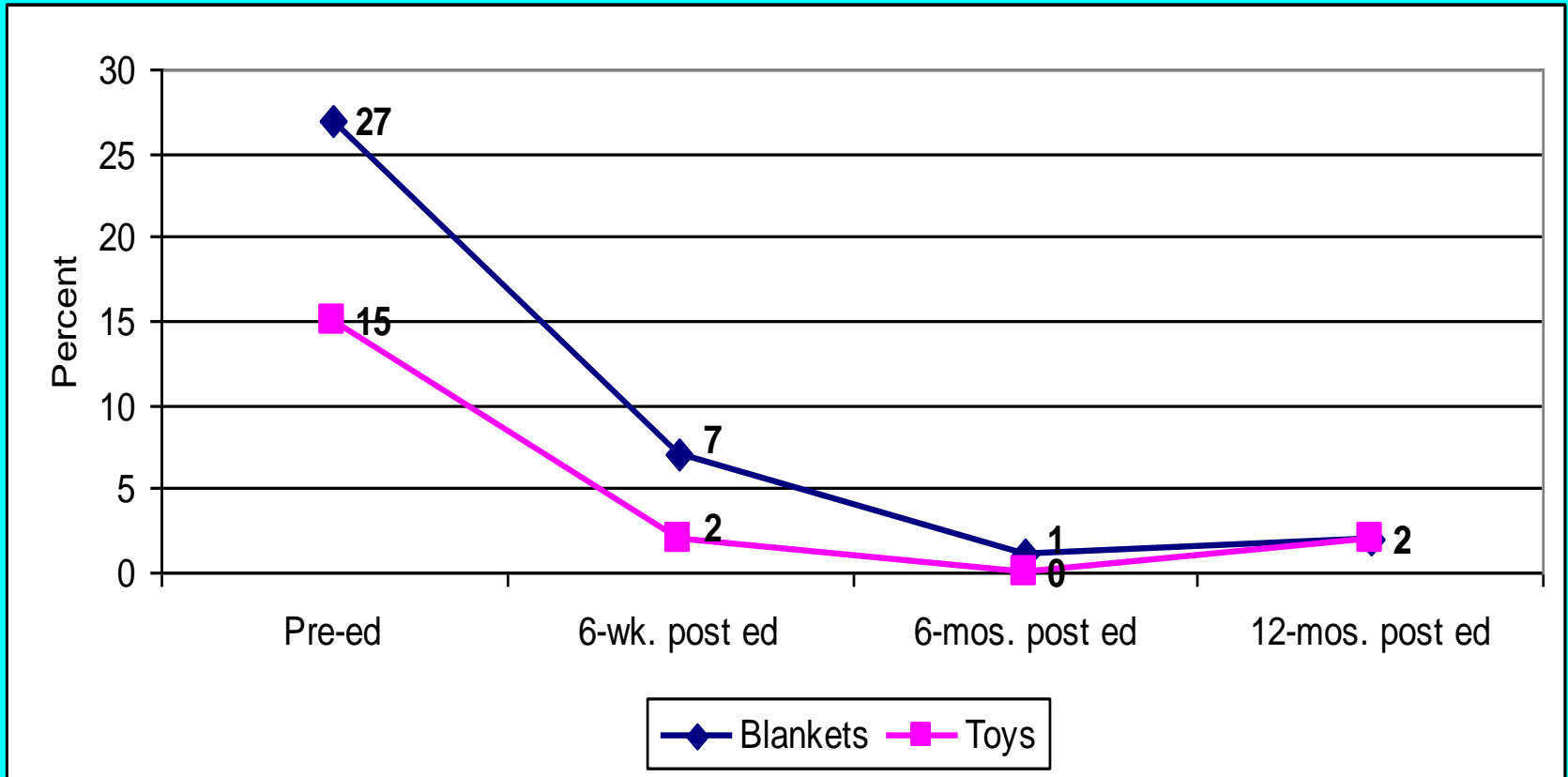


# Position of Baby – Riverside Methodist Hospital



Franklin County Infant Safe Sleep and SIDS Risk Reduction Task Force  
Linda Newhouse, MSN, RNC, WHNP; Karen Gray, MS, CHES

# Non-Essential Items in Crib – Riverside Methodist Hospital



Franklin County Infant Safe Sleep and SIDS Risk Reduction Task Force  
Linda Newhouse, MSN, RNC, WHNP; Karen Gray, MS, CHES

# Who Do You Trust???

## A MATTER OF TRUST

Occupations and how they ranked for honesty and ethics in an opinion poll.

Occupation	%
1. Nurses	94
2. Pharmacists	87
3. Doctors	80
9. Police	64
11. Accountants	50
12. Religious ministers	48
14. Bank managers	35
15. Lawyers	31
26. Print journalists	12
27. Real estate agents	11
28. Car dealers	5

SOURCE: ROY MORGAN RESEARCH



# Safe Sleep Nurse Modeling

- People trust nurses
- Whatever the nurse does must be correct and it will be imitated in the home
- Fact: supine positioning in the nursery can almost **DOUBLE** its use in the home!

**model behavior**

Parents tend to copy practices that they observe in hospital settings. As a nurse, you play a vital role in ensuring an infant's health and survival after they leave the hospital. This is the most important modeling job of your life.

All term infants should be placed to sleep on their backs from the start.

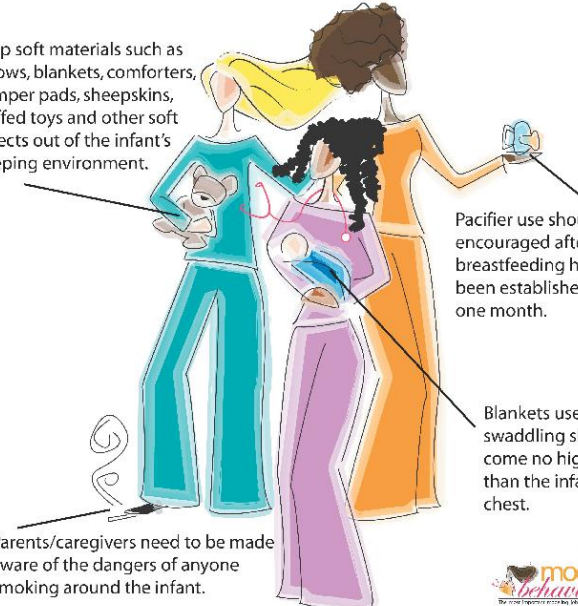
During rooming in, it must be made clear that the infant is to sleep in a crib or bassinet. Bedsharing should not take place in the mother's room.

Keep soft materials such as pillows, blankets, comforters, bumper pads, sheepskins, stuffed toys and other soft objects out of the infant's sleeping environment.

Pacifier use should be encouraged after breastfeeding has been established for one month.

Blankets used for swaddling should come no higher than the infant's chest.

Parents/caregivers need to be made aware of the dangers of anyone smoking around the infant.



The illustration shows a nurse in a blue uniform holding a baby in a blue onesie. A parent in an orange dress is holding a baby in a purple onesie. The nurse is pointing to the baby's back, and the parent is holding a pacifier. There are also lines pointing to the baby's blanket and the parent's hand.

**model behavior**

For more information on the Model Behavior Program, please call 1.800.221.7437 or visit [www.firstcandle.org](http://www.firstcandle.org)

First Candle  
NATIONAL SIDS & Infant Death Prevention Foundation

ISIDPSC  
June 2006

# Physician Advocacy

- Srivatsa 1997: HCP education to new families...34% reduction in prone sleeping
- Eron 2009: Study of Central NY state physicians...30% identified incorrect safest sleep position...30% do not discuss with families
- Colson 2009: Only 1/3 mothers advised by MD to use supine position ...3 times more likely to position the baby properly



# Avoiding Potential Pitfalls

- Fear of Aspiration
- Claims made against the program:
  - Anti-bonding
  - Anti-breastfeeding



# Claim: This is anti-Breastfeeding

- Answer: Untrue! AAP completely supports breastfeeding through the first year of life
- Only became a SIDS Task Force recommendation in 2011 because earlier data were conflicting about benefit in SIDS risk reduction.
- Claim that it will reduce breastfeeding...

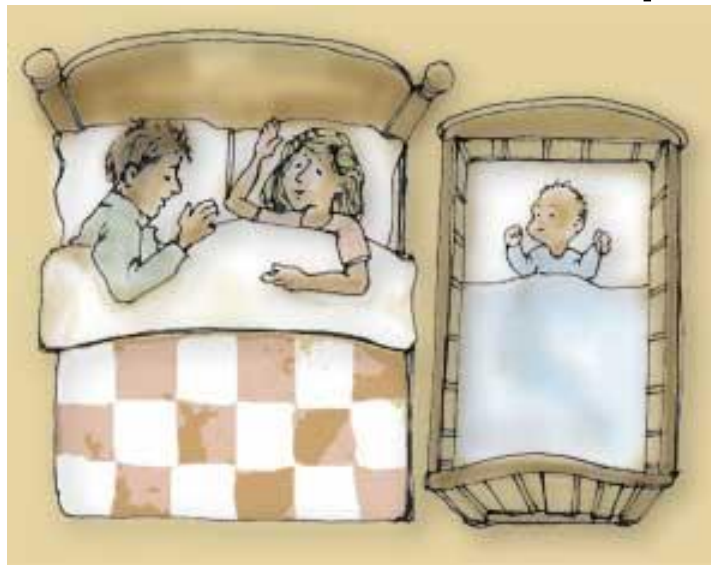
# Factors Associated with Breastfeeding at 6 months

- International Breast Feeding Journal (2006)
- Strong desire to breastfeed
- Mothers who had been breastfed as infants
- Maternal birth in an Asian country
- Older Maternal Age



# Breastfeeding and Infant Sleep Safety

- Bedsharing has NEVER been shown to be essential to the success of breastfeeding or the establishment of parental bonding.
- This is all about the SAFETY of the baby, NOT the convenience of the parents!





# The Bedsharing Advocates



- Dr. James McKenna, Dr. Bill Sears, Academy of Breastfeeding Medicine
- Many of their recommendations = AAP
- They do NOT advocate other children in the bed
- List many caveats to bedsharing:
  - Smoking, drinking, medications causing drowsiness, obesity
  - **Don't if you are excessively tired!!!!**



# Epidemiological Studies and the Hazard of Bed Sharing

- Blair et al: BMJ 1999
- McGarvey et al: Arch Dis Child 2003
- Carpenter et al: Sudden unexplained infant death in 20 regions in Europe: case control study. Lancet 2004
- Tappin et al: Bedsharing, roomsharing and SIDS in Scotland. A case-control study. J Pediatrics 2005.



# Bedsharing and Infant Death

- **FACT:** Half of the infants in the U.S. who die from Sudden Unexpected Death do so while sleeping with their parents
  - U.S. experience with bedsharing and infant death is very different from other cultures
  - Cultures where babies routinely sleep with their parents:
    - Use firm mats on the floor
    - Have separate mats for the infant
    - Do not use soft bedding



# Maintenance of Education

- Safe sleep toolkit at nurses' stations (modified from Allegheny county)
  - Hospital safe sleep policy
  - Review of appropriate practices
  - Discussion points to review with families
- Informational flip charts (scripted prompts, stats)
- Computer-based review course with test as part of yearly competencies



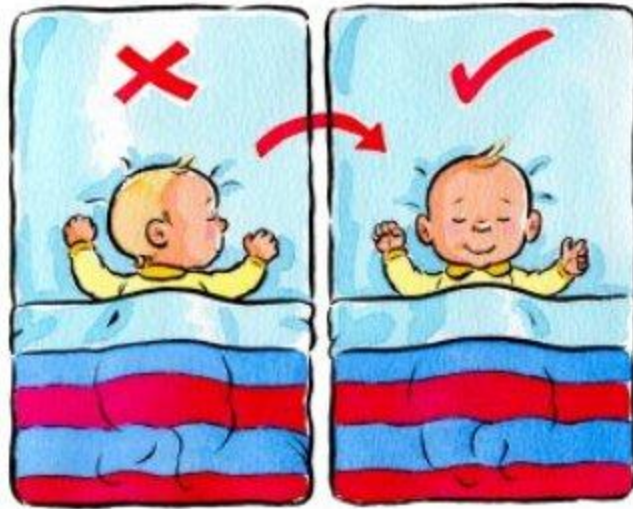
# Healthcare Provider Education: In the Community

- Went into local physician offices to lecture during staff meetings
  - Pediatric and obstetrical
    - OB offices focused on prenatal educators
  - Provided posters and teaching materials
  - Discussed bad information in free magazines
- Family Practice Grand Rounds
- Emergency Department education
- VNA
- Red Cross Educators
- Prenatal Class Educators



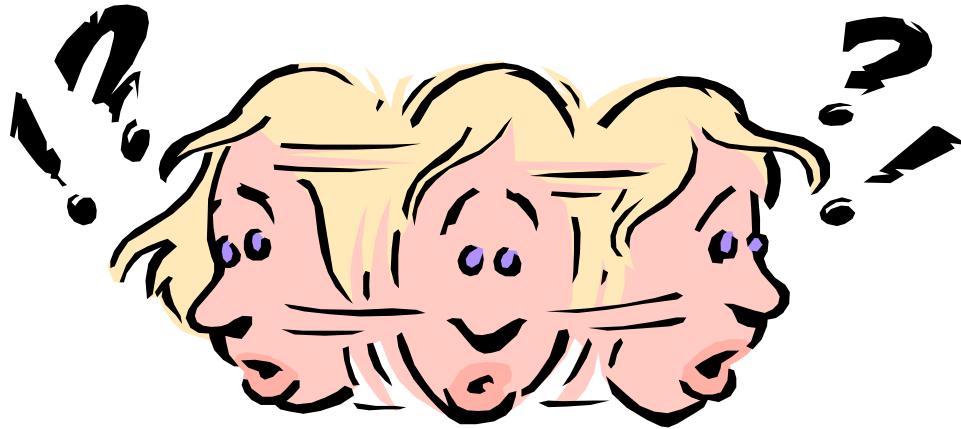
# Infant Sleep Safety

- Requires a consistent and repetitive message in the community to prevent accidental deaths



# Advice on Infant Sleep Safety: Who Do You Listen to...

- Family and Friends
- Doctors, Nurses, Lactation Counselors
- Magazines, Newspapers, Internet
- Oprah, Dr. Phil, Dr. Spock, Dr. Sears
- Grandma!!!



**“It Will Never Happen to Me...”**

There are scores of bereaved parents who saw themselves as low risk; who didn't smoke, received early prenatal care, were middle class, Caucasian, and breastfed their infant and although they knew the recommendations for “Back to Sleep”, they ignored them....WHY???

**“Because it will never happen to me!”**

“It Won’t Happen to Me”

AND IT DID!!!



# Bereaved Parent...

“Why didn’t  
anyone tell me  
it was  
dangerous to  
sleep with my  
baby?”



# Why Develop a Hospital-Based Program?

- It is the only way to capture 100% of the birthing population for education
- It is the point of intersection for all the members of the health care team including obstetrician, pediatrician, nursing, and lactation counselor with family members
- Nurses are critical role models
- It is efficient and cost-effective



# A Model Program

- Replicate Shaken Baby Program (now called abusive head trauma)
- 50% reduction in shaken baby injuries reported by Dr. Dias (Peds April 2005)
- Program Components:
  - DVD presentation on infant sleep safety
  - Face to face review with nursing staff
  - Sign voluntary acknowledgement statement



# Infant Safe Sleep DVDs





# Infant Safe Sleep Program: Supplemental Components

- Posters placed prominently in every labor, maternity, and pediatric room, offered to all OB, Peds, FP offices
- Sleep sacks available for purchase at discount at gift shop and lactation center
- Display nursery at entrance to Maternity
- Hospital phone service (on-hold message)



# Voluntary Acknowledgement Statement

**By signing this statement I agree that I have received this information and understand that:**  
**my baby should sleep on the back; sleeping on the side or tummy is dangerous.**  
**sleeping with my baby increases the risk of my baby dying from suffocation or SIDS.**

- An acknowledgement form only
- Focuses family on the importance of the information
- Not for legal purposes
- Protects the hospital from potential legal action in event of a later SUID event at home



# Voluntary Acknowledgment Statement

- An acknowledgement form only
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# Safe Sleep Posters

## Wrong Right

Four ways to help reduce the risk of Sudden Infant Death Syndrome



- 1 Face up to wake up - healthy babies sleep safest on their back.



- 2 Place baby in a crib meeting Consumer Product Safety Commission crib safety standards; **do not** place pillows, quilts, bumpers, toys, or anything in the crib.



- 3 If a light blanket is needed, securely tuck all sides along bottom half of crib, below baby's arms. Make sure baby's feet are at bottom of crib.



- 4 Supervised tummy time during play is important to baby's healthy development.

Face up to wake up™

York County Cribs for Kids

812-7427 or 81-CRIBS

Created as a public service by Della Femina Rothchild Joery and Partners

202 10/30/06

## Incorrecto Correcto

Cuatro maneras para ayudar a reducir el riesgo del Síndrome de Muerte Súbita del Lactante



- 1 Boca arriba para despertar - los bebés saludables duermen con mayor seguridad al ponerlos boca arriba.



- 2 Ponga al bebé en una cuna que cumpla con las normas de seguridad de las cunas dictadas por la Comisión de Seguridad de Productos al Consumidor; no ponga almohadas, colchas, topes, juguetes ni nada en la cuna.



- 3 Si se necesita una manta liviana, inserte firmemente todos los lados a lo largo de la mitad inferior de la cuna, pasándola por debajo de los brazos del bebé. Revise que los pies del bebé queden al final de la cuna.



- 4 El tiempo boca abajo con supervisión al jugar es importante para el desarrollo saludable del bebé.

Boca arriba para despertar™

York County Cribs for Kids

812-7427 or 81-CRIBS

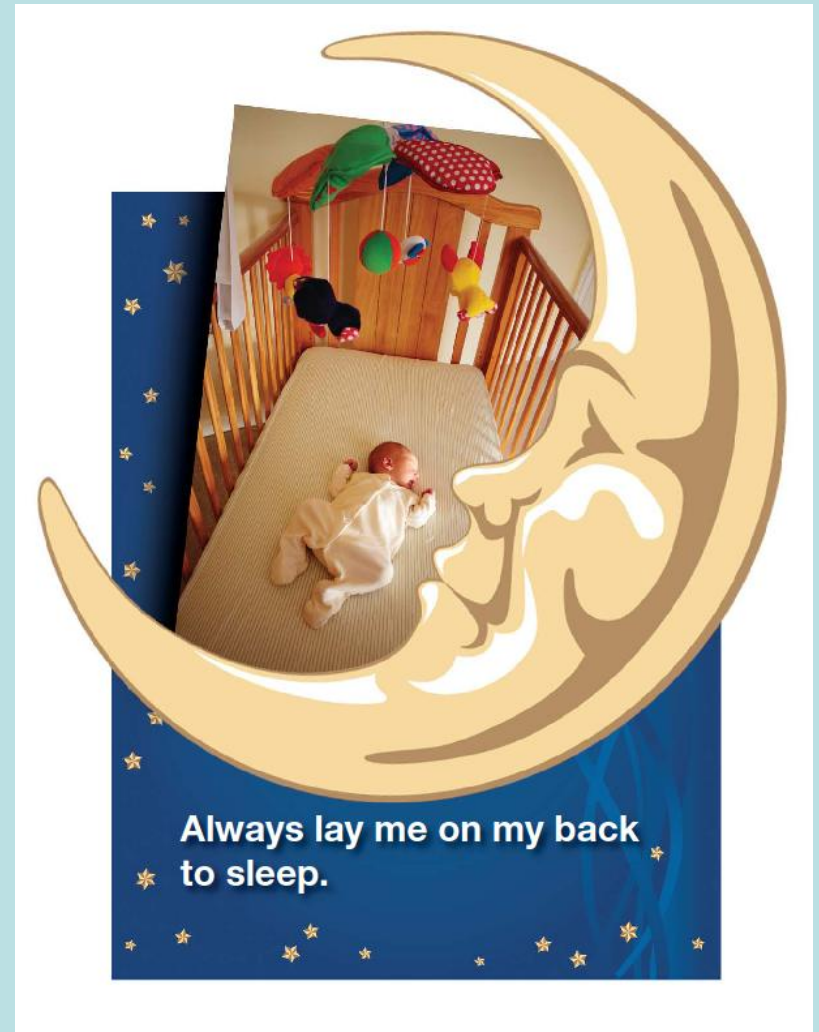
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# Model Nursery/Infant Sleep Safety Center

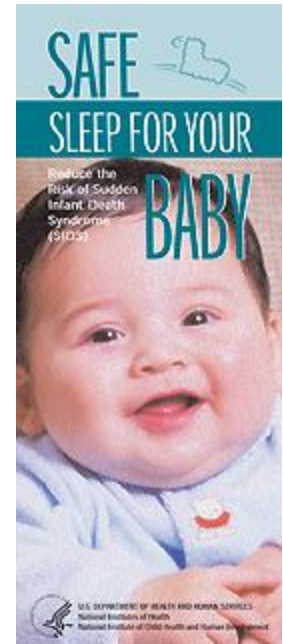


# Model Nursery



# Parent Education

- Prior to discharge, all parents should be informed!
- Review the “Safe Sleep for your Baby” pamphlet. Parents should also be taught what SIDS is, risk factors, and how to prevent SIDS at home.
- Ask parents if they have a safe place for their baby to sleep. If not, help them get one! Contact social service to be referred for a Pack-n-Play.
- Parents should view the new DVD and sign the SIDS Educational Voluntary Acknowledgement Statement (like Shaken Baby). This will become a part of the patient’s permanent medical record.



# Anticipated Outcomes

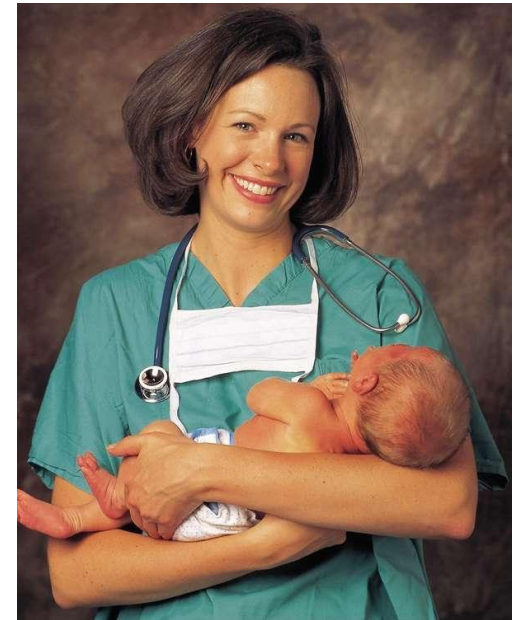
- Back to Sleep Campaign- 50% reduction in SIDS (compliance 87%)
- Shaken Baby Program- 50% reduction in abusive head trauma injuries
- Some SIDS experts estimate up to 90% of these deaths are related to suffocation (Theresa Covington-National Child Death Review)
- Reasonable expectation of up to 50% reduction in SIDS/SUID events

# \$\$\$ Cost of Program \$\$\$

- DVD- Safe sleep for your baby- right from the start- \$20
- Voluntary acknowledgement statement- paper supplies
- Safe sleep toolkit- more paper supplies
- Safe sleep educational brochures- free from NIH
- Computer based training- no charge
- Volunteerism- to assist with in-services

# \$\$\$ Cost of Program \$\$\$

- Saving one baby from a preventable suffocation death.....PRICELESS!



# Safe Sleep Program Evaluation

- Sleep safety questionnaire filled out before delivery and repeated at discharge
- Baseline data collected for 6 months
- Safe sleep program started Oct. 2008
- Intervention data collected for 6 months, completed April 2009



# Safe Sleep Program Evaluation: Results

- 2725 healthy deliveries, 2256 surveys
- No differences in age, race, education
- Excellent knowledge base about sleep environment (94-9% supine, 99% crib)
- Knowledge does not equal intent (15% drop)
- Reasons for sleeping with baby:
  - Improve bonding
  - Easier feeding
  - Desire to do it



# Safe Sleep Program Evaluation: Results

- Improvement after program intervention
- Intention to follow through with:
  - Supine sleep position increased from 82% to 97% ( $p < .01$ )
  - Crib or bassinette use increased from 81% to 92% ( $p < .01$ )
- First time mothers equally likely as experienced mothers to keep baby supine
- Experienced mothers less likely to use the crib! ( $p < .05$ )

# HCP Knowledge, Attitudes, and Practice on ISS: Results

- Number of surveys completed:
  - Baseline: 358 (190 RNs, 21 pediatricians)
  - Post-ed (6-9 months): 153
- Prior to education: Only 25% of respondents felt very familiar with AAP recommendations



# Results of HCP Education

- Understanding of the AAP guidelines increased from 75% to 99% ( $p < 0.01$ )
- Agreement with all of the AAP guidelines increased from 88% to 94% ( $p = 0.049$ )
- Staff education on ISS increased from 47% to 99% ( $p < 0.01$ )
- Staff adequately trained about ISS increased from 43% to 99% ( $p < 0.01$ )



# Results of HCP Education

- Supine position stated as safest by 98%
- Proponents of bedsharing decreased from 7.6% to 2.6% AND 100% of respondents noted bedsharing as a risk factor for SIDS
- Improved awareness of SIDS risk factors:
  - Side sleeping (from 65% to 82%)
  - Overheating (83% to 97%)
  - Cigarette use in pregnancy (79% to 93%)
  - Second hand smoke (86% to 97%)

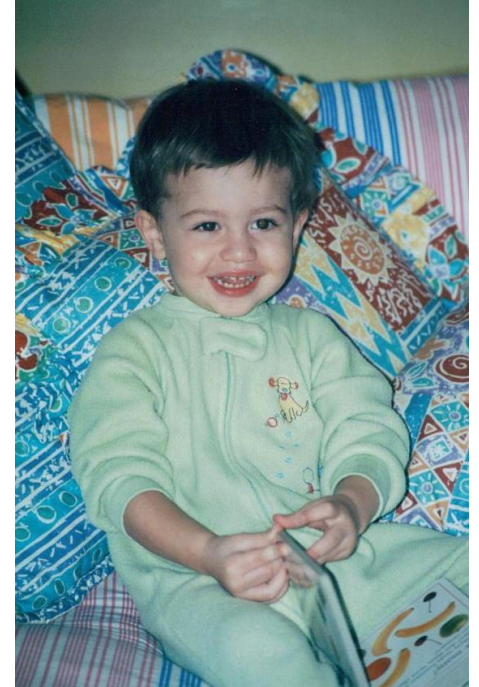
# Future Directions

- Further study on parental knowledge of other infant safe sleep issues such as pacifier use and appropriate room temperature could be useful in guiding future educational efforts
- Additional follow-up on actual sleep conditions in the home would be useful for assessing the impact of intensive education on long-term behavior modification



# Where do we go from here???

- Legislation: PA ACT 73 and National
- Expand State-wide efforts on safe sleep
- Additional efforts at the community level:
  - Day Care
  - Religious Community
  - High Schools
- Research
- Manufacturers and Advertising



# Media: Unsafe Sleep



# Advertisement: Unsafe Sleep



# Future Directions

- Community-wide Education:
  - Franklin County, OH
  - York County, PA
  - N. Carolina Healthy Start
- Public Awareness
  - Floor Talker program (LA)
  - Informational Kiosk (MD)
  - Model Nursery (PA)
- Project IMPACT
  - [http://www.suid-im-projectimpact.org/index.php?option=com\\_content&view=article&id=19&Itemid=4](http://www.suid-im-projectimpact.org/index.php?option=com_content&view=article&id=19&Itemid=4)



# Future Directions

- Louisiana Dept of Health
  - “Floor Talker” program
  - Decals placed on floors in grocery stores



# Future Directions



The Story of Pixar Animation Studios

**To Infinity and Beyond!**

By Karen Park and Leslie Iwerks  
Foreword by John Lasseter, Steve Jobs, and Ed Catmull

- Promote safe sleep education for healthcare providers
  - Continuing education for nurses
    - <http://www.nichd.nih.gov/SIDS/sidsnursesce.cfm>
  - Improved education for physicians
    - AAP, ACOG, AAFP



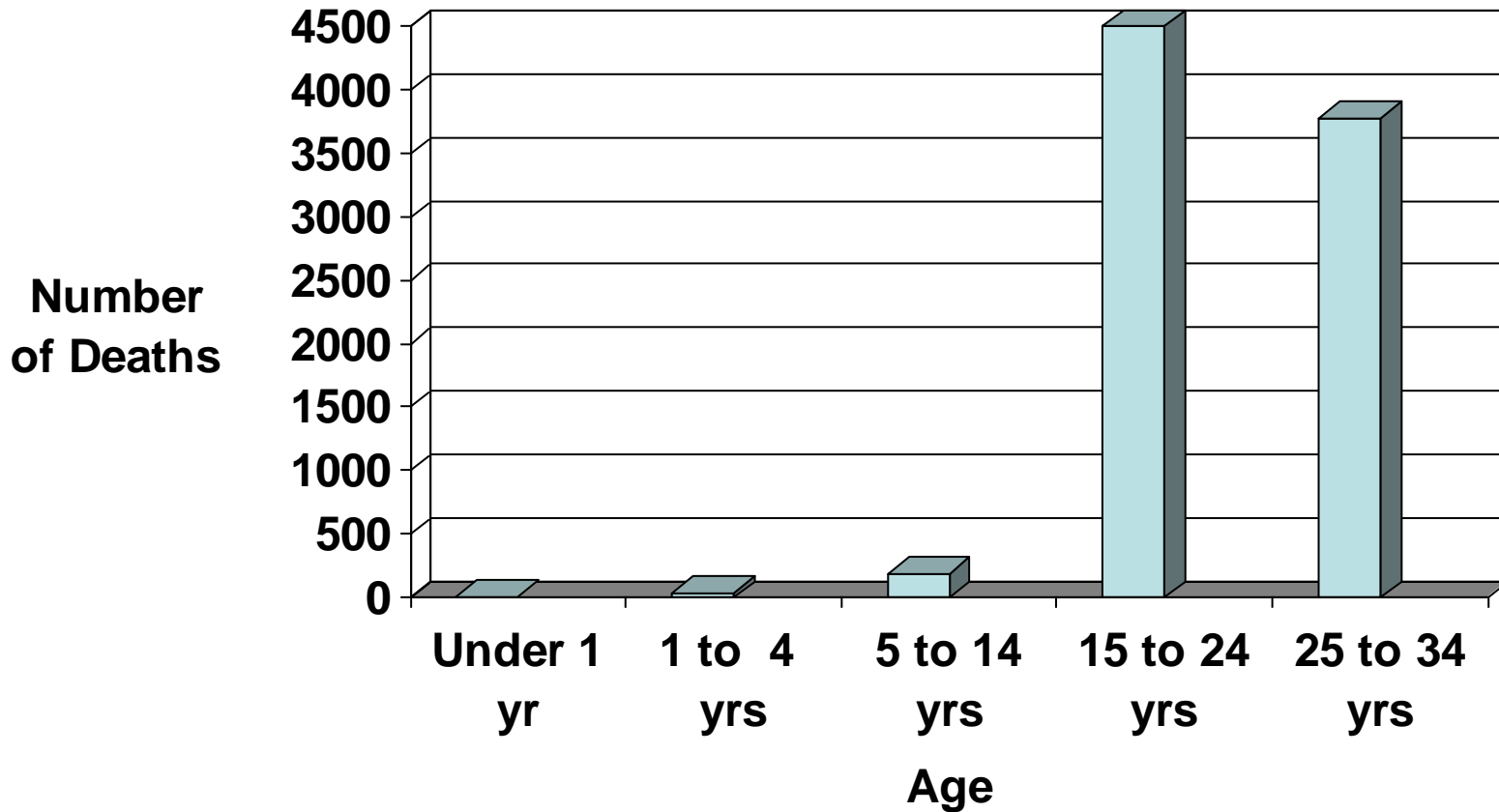
# Future Directions

- Promote education in the media and advertising



- Think outside the box...
  - Research by Rachel Moon
    - SIDS: not preventable... "It's in God's hands"
    - Accidental sleep death... "Okay, I don't want the baby to suffocate. What can help?"

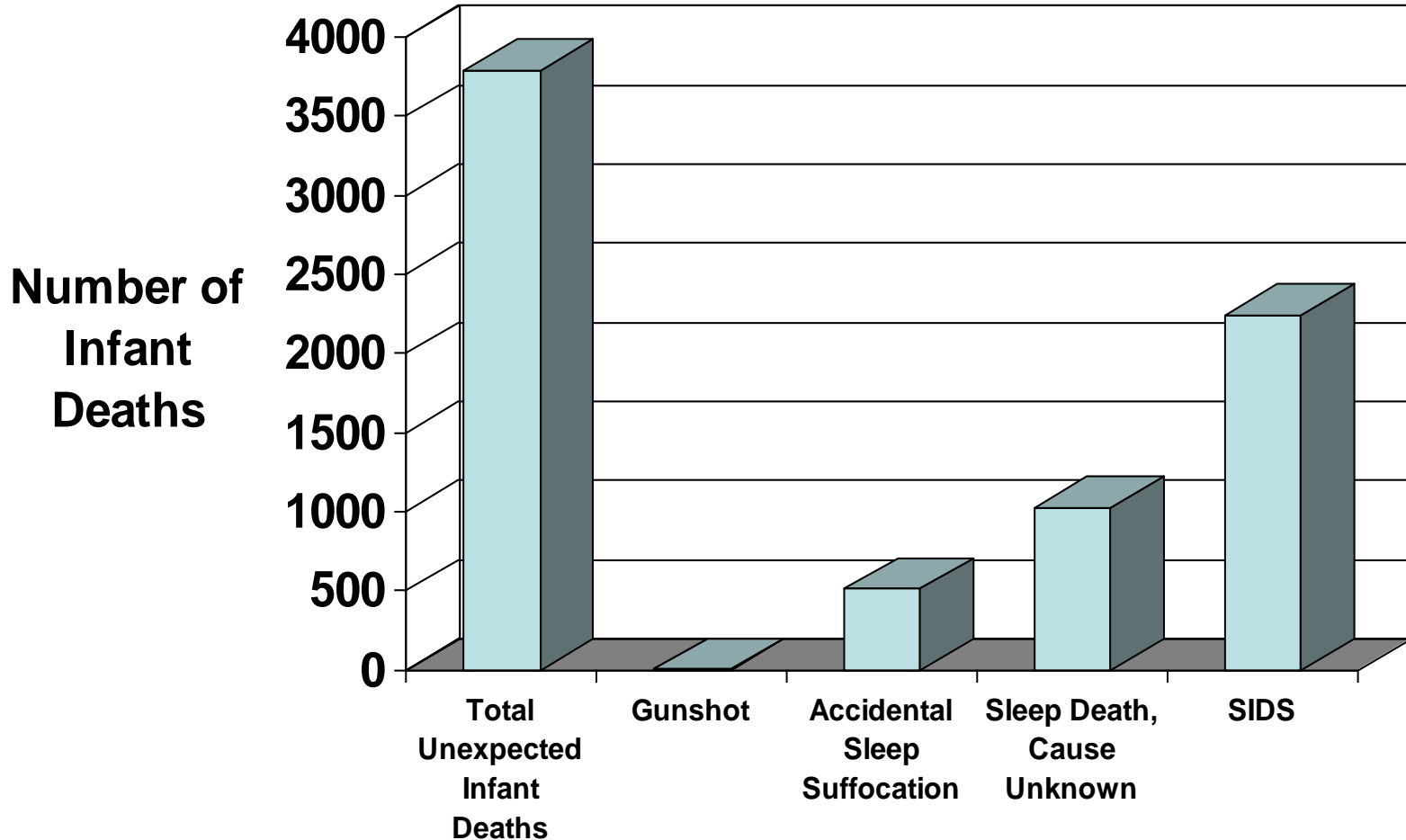
Q. How many babies die of gunshot wounds each year?



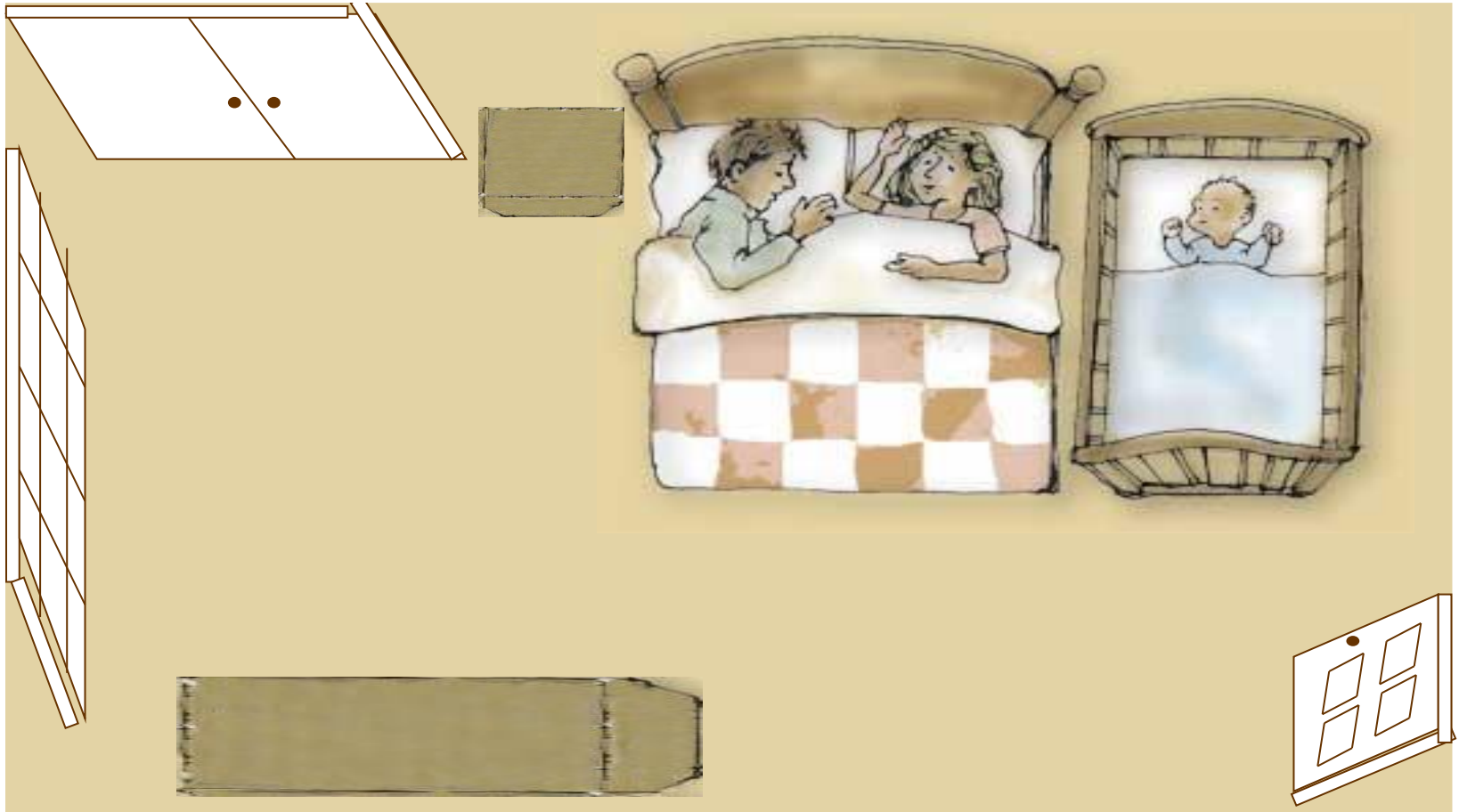
Answer: **ALMOST NONE!!**

Q: Why are our babies dying?

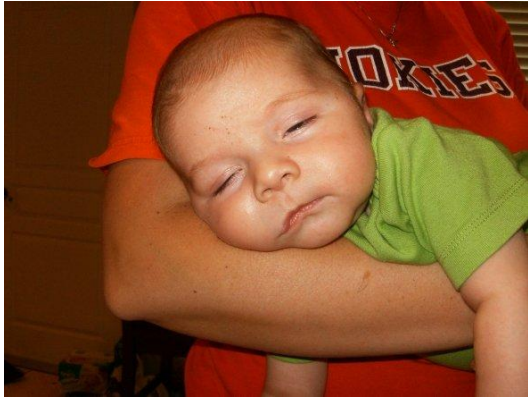
A: Sleep-related deaths!



Q. How can I arrange the room for safety?



# Give Parents Tools for Fussy Babies!



**SIDE CARRY**



**SUCKING**



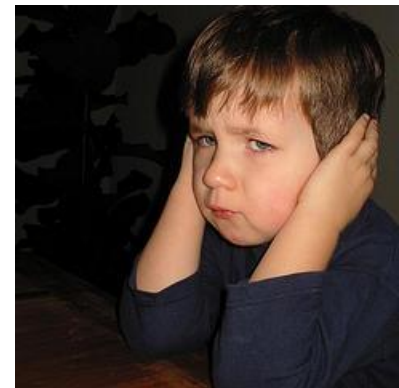
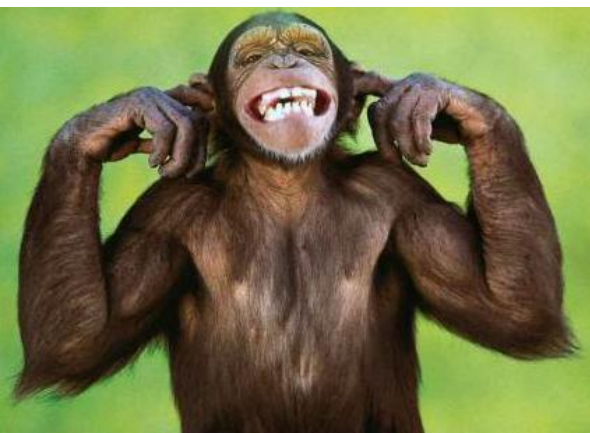
**SWINGING**



**SWADDLING**

According to the Institute of Medicine, it takes HCPs 17 years to accept a new research-based recommendation!!!

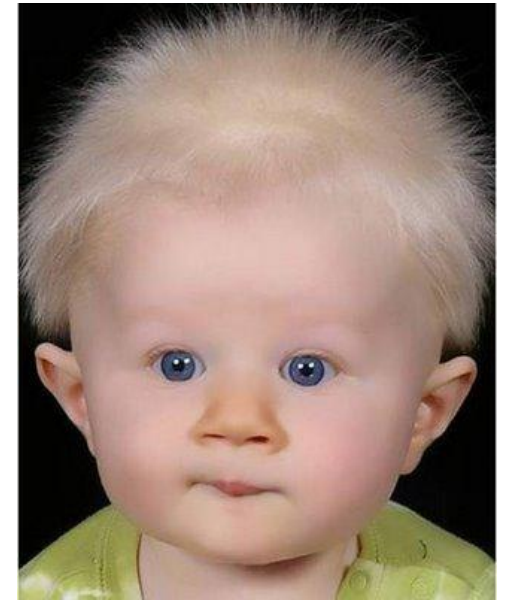
If we don't believe our own research, why would we expect the public to?



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# THANK YOU!!!



Any Questions??

