

# SAY YES TO SAFE SLEEP

Jim McKay  
Our Babies: Safe & Sound

Our Babies:  
safe&sound  
.....

**SLIDES AVAILABLE AT  
[HTTP://WWW.SLIDESHARE.NET/PCAWV](http://www.slideshare.net/PCAWV)**

# OUR BABIES: SAFE & SOUND CAMPAIGN THEMES

## Say YES to Safe Sleep

**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.

Data from West Virginia Positive Community Norms Parent Survey Key Findings Report, March 2014.

**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)

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.

Our Babies: safe&sound | TEAM for West Virginia Children | The West Virginia Children's Trust Fund | Claude Worthington Benedum Foundation

## Keep Your Cool

Here's how cool dads **KEEP THEIR 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.

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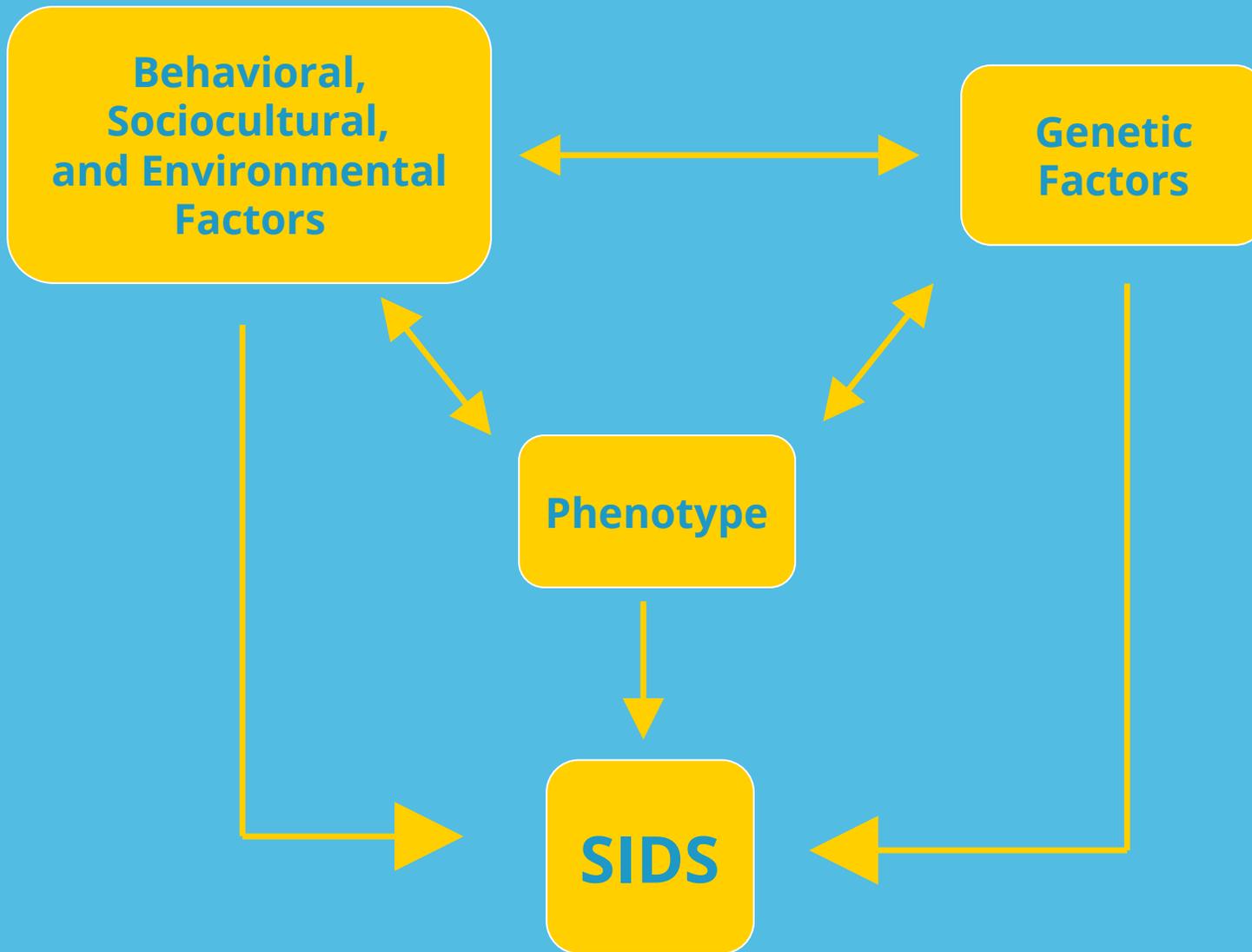
# Sleep-Related Deaths

Any **SUID** (i.e. sudden and unexpected death) that remains **unexplained** after:

- A complete review of the history
- An autopsy
- A death scene investigation

**Typically**, a seemingly healthy infant is found dead after a sleep period, dying either during sleep itself or during a transition from sleep to waking.

- A diagnosis of exclusion
- SIDS is not predictable



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# SIDS

*Our current hypothesis is that SIDS results when a vulnerable infant cannot adequately defend against an asphyxiating environment — a level of asphyxia where most infants would not die.*

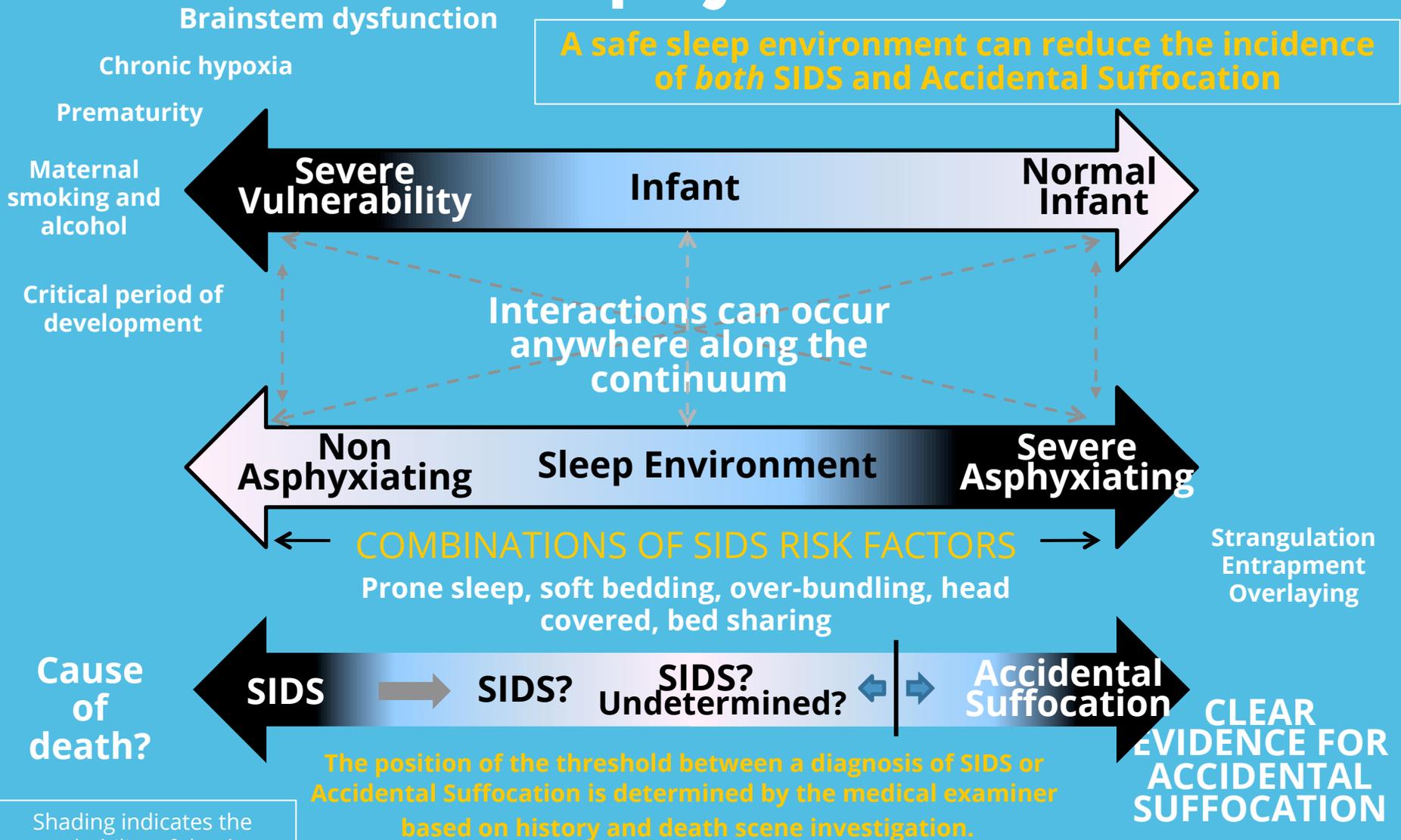
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# Rebreathing Theory

- Infants in certain sleep environments are more likely to trap exhaled CO<sub>2</sub> around the face
  - Lie prone and near-face-down/face-down
  - Soft bedding
  - Tobacco smoke exposure
- Infants rebreathe exhaled CO<sub>2</sub>
- Infants die if they cannot arouse/respond appropriately

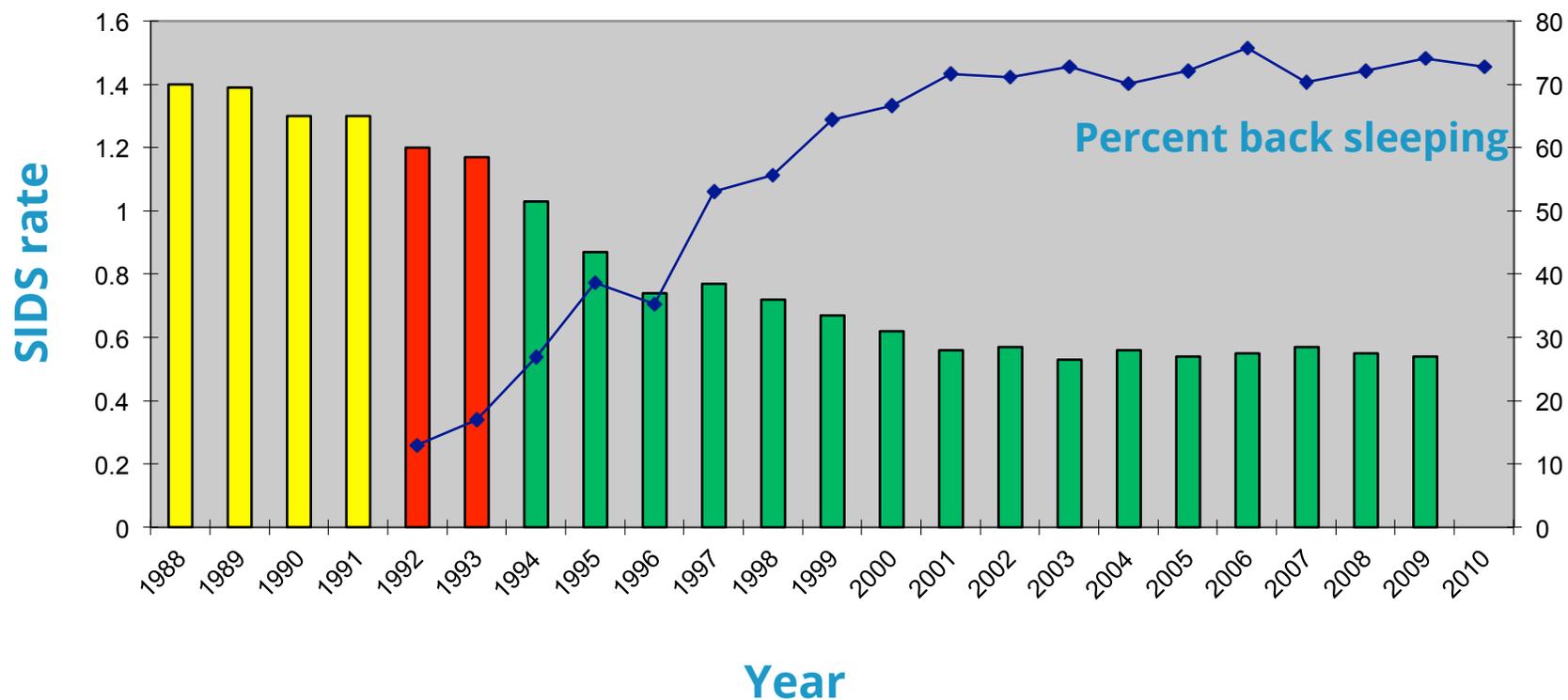
# Infant Vulnerability and Positional Asphyxia

A safe sleep environment can reduce the incidence of both SIDS and Accidental Suffocation



Adapted from Randall BB, et al. Forensic Sci Med Pathol, 5:254-260, 2009

## SIDS Rate and Infant Sleep Position, 1988-2010 (Deaths per 100,000 live births)



## ■ However...

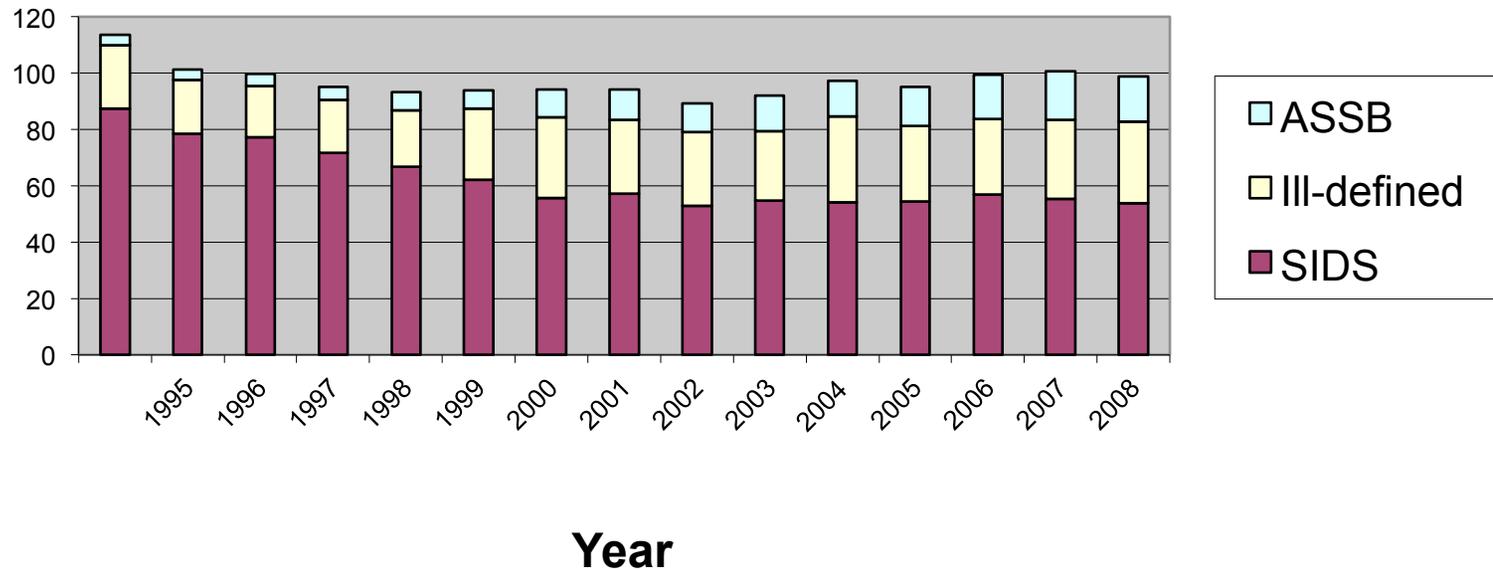
Increasing rates of other sleep-related deaths:

- Accidental suffocation
- Entrapment
- Undetermined
- Most (80->90%) of these occur in unsafe sleep environments
  - Bedding
  - Bed sharing with others

# Rates of SIDS and SUID

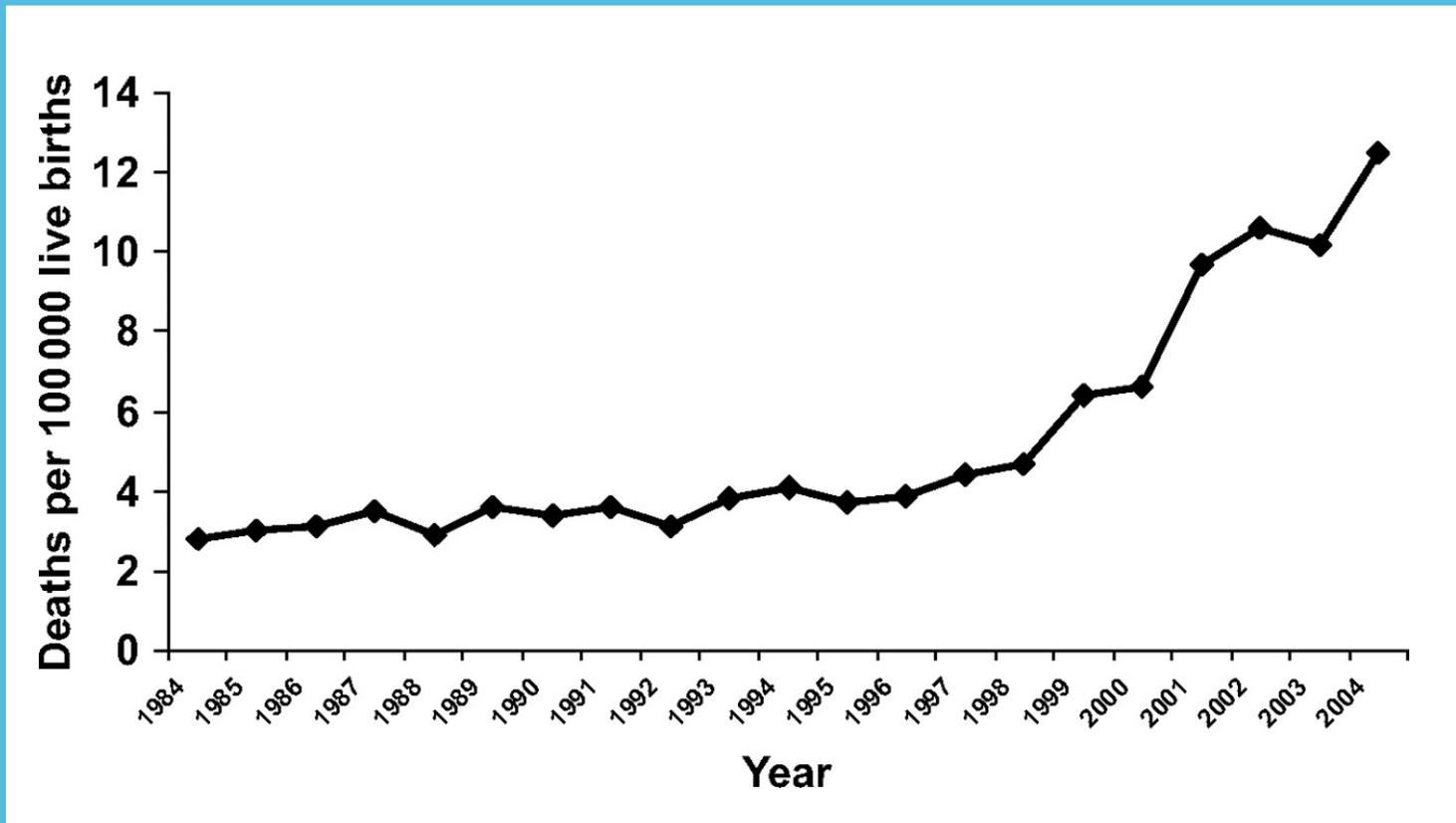
## Proportion of Sleep-Related Deaths, US: 1995-2009

Deaths/100,000 Live Births



Source: CDC Wonder, 2013

# ASSB rates per 100000 live births, United States, 1984-2004

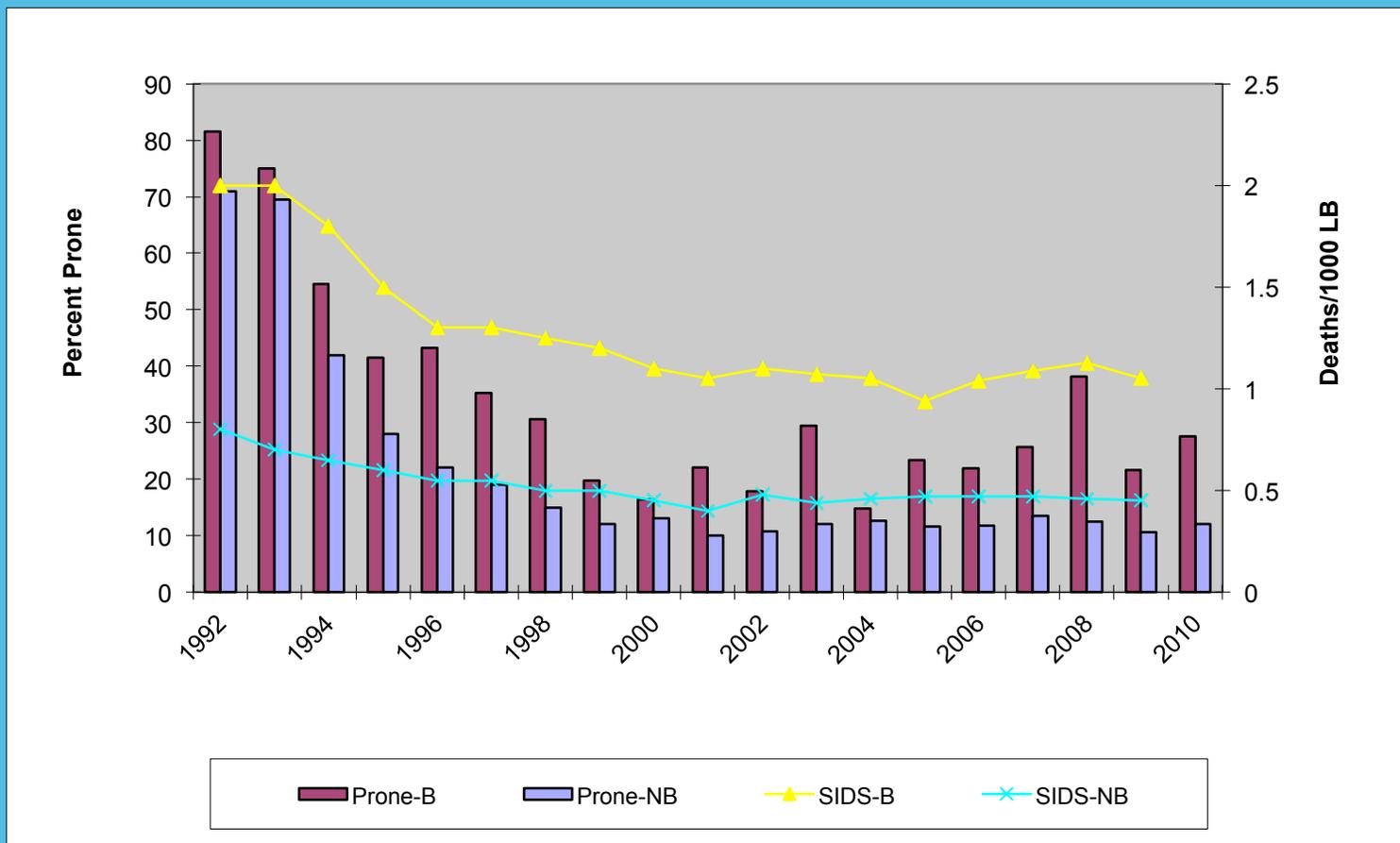


Shapiro-Mendoza, C. K. et al. Pediatrics 2009;123:533-539

# Why is SUID increasing?

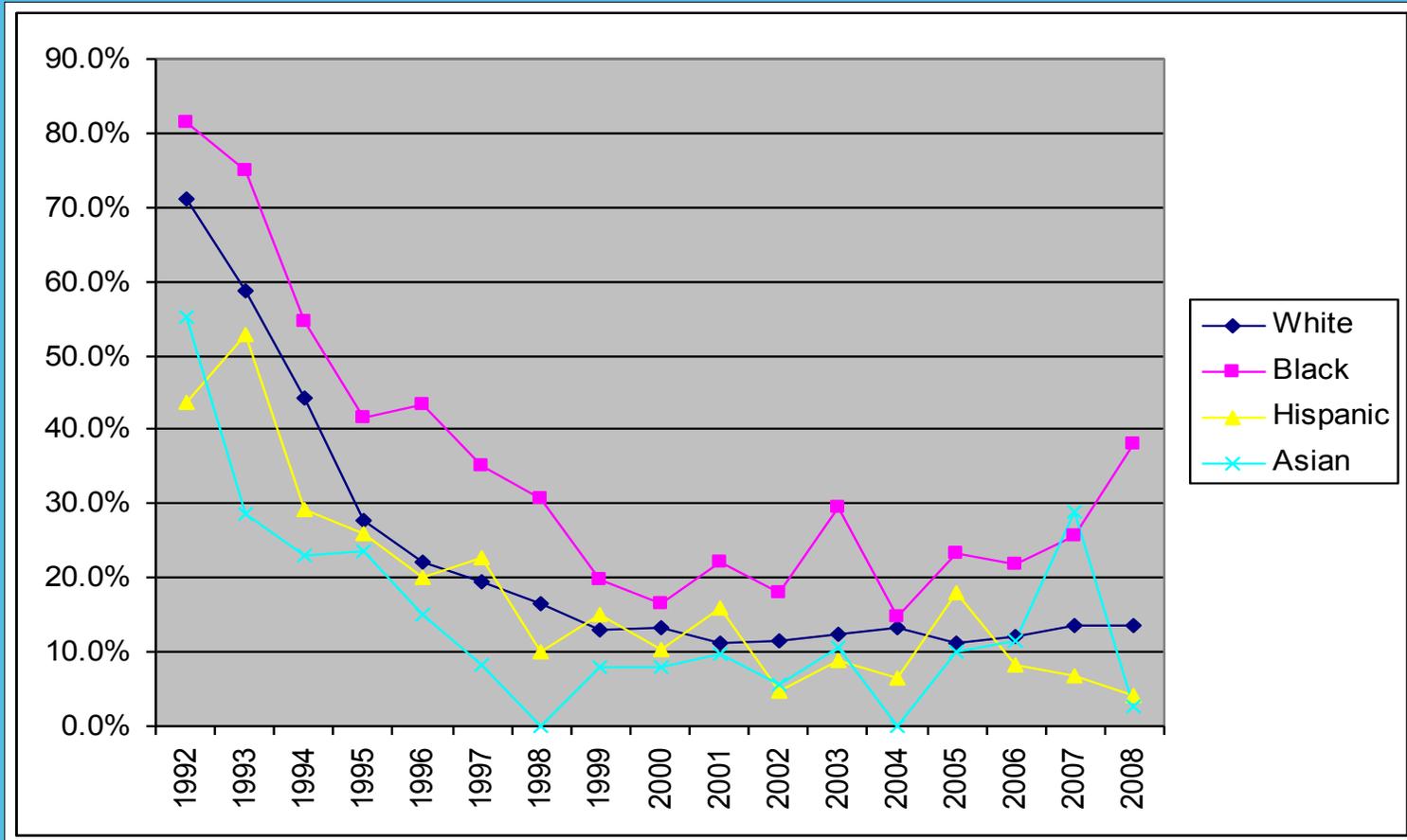
- Diagnostic shift
  - Improved death scene investigation
  - Deaths previously called SIDS now called something else
- Increases in prone sleeping
- Increases in soft bedding use
- Increases in bed sharing (particularly with multiple people, bedding, etc.)
- 80->90% of sleep-related deaths occur in unsafe sleep environments
  - Bedsharing
  - Bedding

# Black vs Non-Black Prone Prevalence and SIDS Rates



Sources: National Center for Health Statistics, National Infant Sleep Position study

# Prone Prevalence by Race/Ethnicity



Sources: NISP, 2008

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# The New York Times

## A Quiet Revolt Against the Rules on SIDS

By BRIAN BRAIKER

Published: October 18, 2005

In homes across the country, parents like Mrs. Stanciu are mounting a minor mutiny against the medical establishment. For more than a decade, doctors have advocated putting babies to bed on their backs as a precaution against **sudden infant death syndrome**, or SIDS.

Increasingly, however, some new parents are finding that the benefits of having babies sleep soundly - more likely when they sleep on their stomachs - outweigh the comparatively tiny risk of SIDS.

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# The New York Times

## Shhh...My Child Is Sleeping (in My Bed, Um, With Me)

By TARA PARKER-POPE

Published: October 23, 2007

“Ask parents if they sleep with their kids, and most will say no. But there is evidence that the prevalence of bed sharing is far greater than reported. Many parents are ‘closet co-sleepers,’ fearful of disapproval if anyone finds out, notes James J. McKenna, professor of anthropology and director of the Mother-Baby Behavioral Sleep Laboratory at the University of Notre Dame.”

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## What's the problem?

- Everybody thinks that his/her baby is the exception to the rule
  - Gastroesophageal reflux
  - Premature
  - "Bad" sleeper
- OR the rules don't apply to their particular situation
  - "This only happens to other people"
  - "I pay close attention to my baby"

## ■ Why should I care?

- I'm just a doctor (nurse, social worker, nutritionist, your position)
- Nobody listens to me
- Why should I care?

## The influence of health care professionals

- Parental report (Smith, 2010):
  - 54% receive no advice about infant sleep location/bedsharing
  - 73% receive no advice about pacifier use
  - 28% receive no advice about safe sleep position
- More likely to use safe sleep practices if counselled by physician
- 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)

# Current Recommendations

## American Academy of Pediatrics (AAP)

- Back to sleep for every sleep
  - Preterm infants by 32 weeks post-menstrual age
  - Infants in newborn nursery
- Use a firm sleep surface
  - No pillows, quilts, adult beds
  - No sitting devices
- Roomsharing without bedsharing is recommended
- Keep soft objects and loose bedding out of the crib
  - Pillows, quilts, sheepskins, blankets, bumper pads
- Pregnant women should receive regular prenatal care

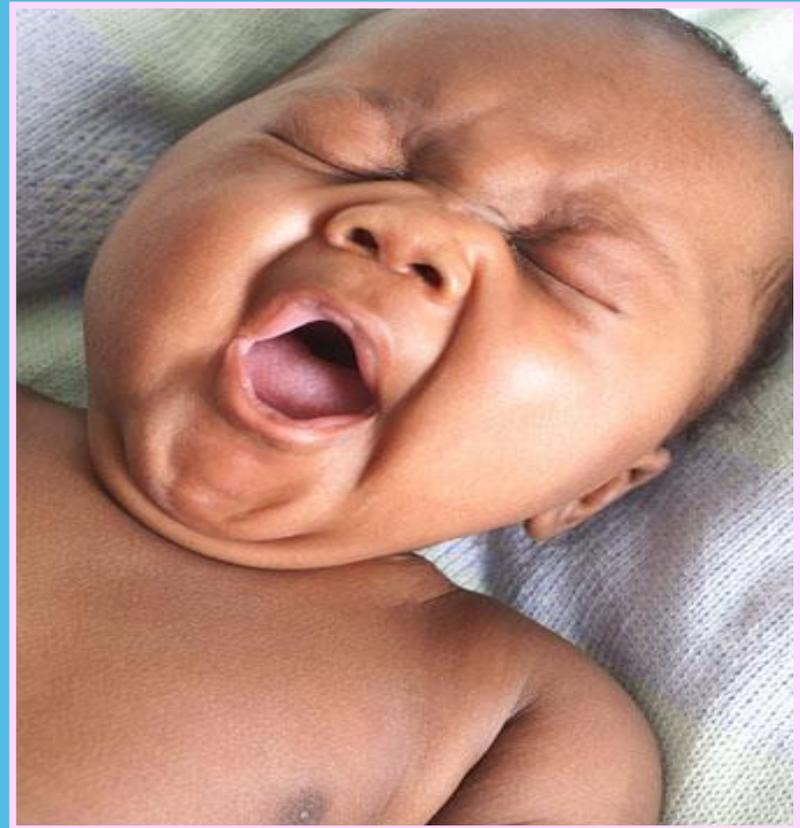
# Current Recommendations American Academy of Pediatrics (AAP)

- Avoid smoke exposure during pregnancy and after birth
- Avoid alcohol and illicit drug use during pregnancy and after birth
- Breastfeeding is recommended
- Consider offering a pacifier at naptime and bedtime
- Avoid overheating
- Immunize infants
- Avoid commercial devices marketed to reduce the risk of SIDS
- Supervised, awake tummy time is recommended

# Frequently asked questions

AKA

Questions that  
parents ask that  
you're afraid to  
answer



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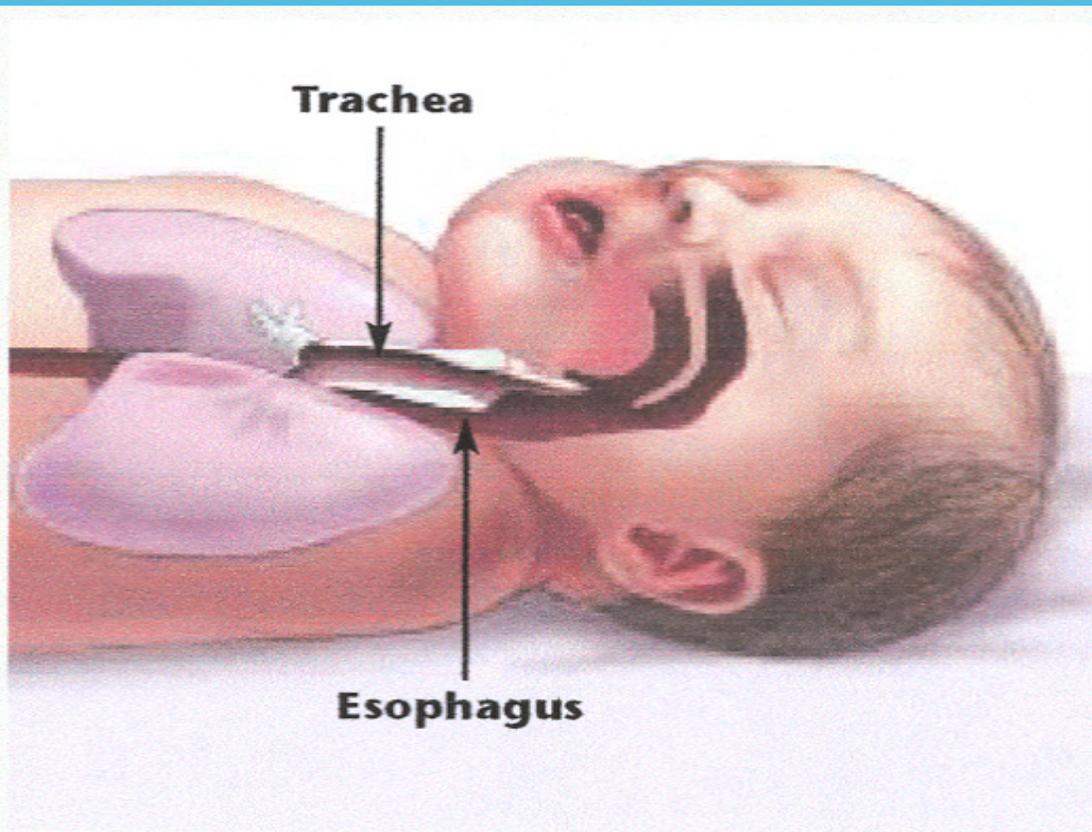
# Choking/aspiration

*My mother told me to never put my baby on her back to sleep, because she can choke and die. So my baby sleeps on her stomach.*

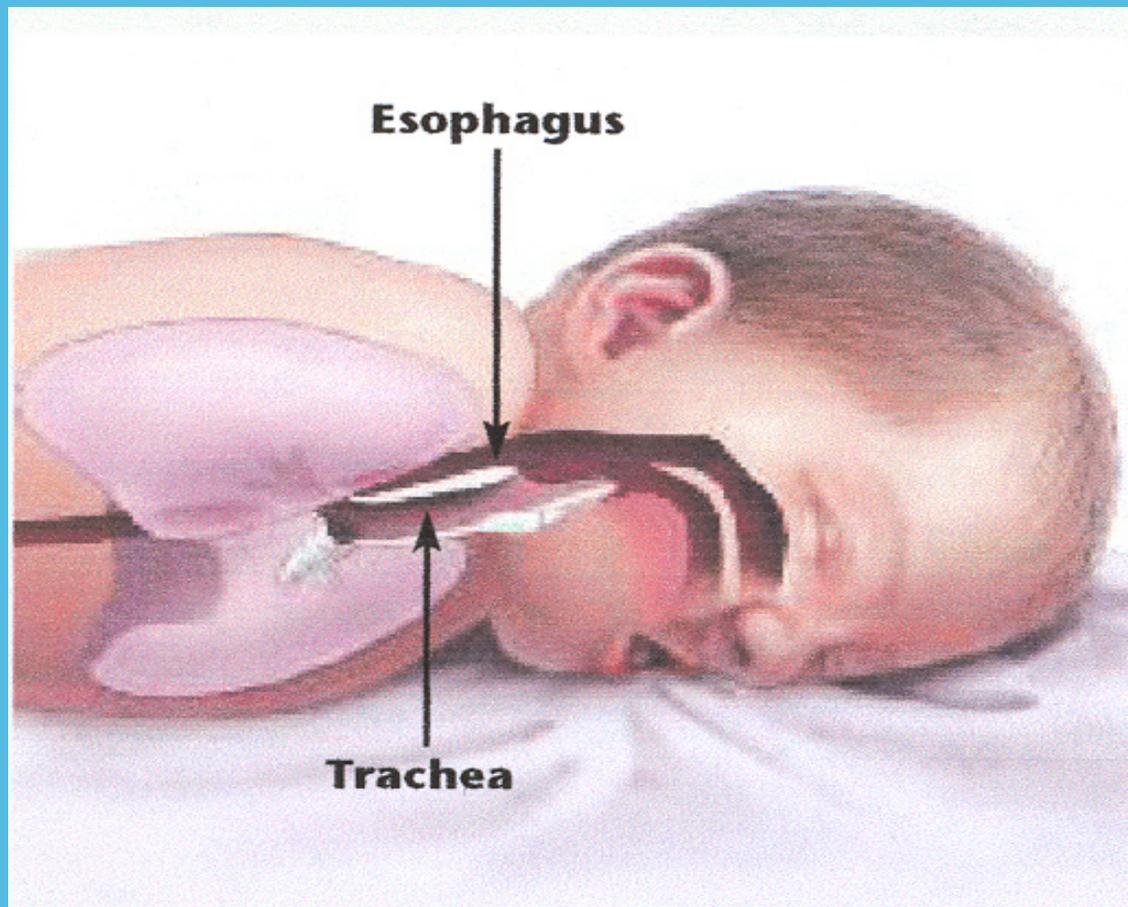
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# Choking/aspiration

- No increased risk of aspiration with supine sleeping, even if baby has reflux
  - Infants with GER should also be placed supine
  - Gag reflex
- Exception: so severe that risk of death from GER is higher than risk of SIDS
- Parents often don't believe this because this seems counterintuitive
- Drawing a picture of the anatomy is often helpful



**Figure 3.**  
**Upper-Respiratory Anatomy: Baby**  
**in the Back Sleeping Position**



**Figure 4.**  
**Upper-Respiratory Anatomy: Baby**  
**in the Stomach Sleeping Position**

# GE reflux and positioning

- Elevating the head of the infant's crib while the infant is supine is not effective in reducing GE reflux (Meyers, 1982; Tobin, 1997)
  - May also result in the infant sliding to the foot of the crib into a position that may compromise respirations and therefore is not recommended.
- Placing infant in sitting devices (car seats, etc.) makes GE reflux worse. (Orenstein, 1983)
  - May increase risk for upper airway obstruction, falls, and suffocation

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# Swaddling?

*I'm hearing different things about swaddling babies. Should I not swaddle my baby, or is it okay to swaddle?*



# Swaddling

## Pros:

- Calms the infant; promotes sleep; decreases number of awakenings
- Encourages use of the supine position



## Cons:

- Increased respiratory rate and reduced functional residual lung capacity
- Exacerbates hip dysplasia if the hips are kept in extension and adduction
- “Loose” swaddling becomes loose bedding
- Overheating, esp if the head is covered or the infant has infection
- Effects on arousability to an external stimulus remain unclear (conflicting data). There may be minimal effects of routine swaddling on arousal.
- 12x risk of SIDS if swaddled and not supine

## 2016 Meta-analysis

- Risk of SIDS increased with swaddling, compared to not swaddling, for each sleep position
- Risk of SIDS increased with increasing age
  - 6 months or older: OR 2.53 (1.21-5.23)

• Pease, Pediatrics 2016

# Swaddling

There is insufficient evidence to recommend routine swaddling as a strategy to reduce the incidence of SIDS.

If babies are swaddled, they should always be on the back

When the infant shows signs to trying to roll, swaddling should not longer be used.

Swaddling does not reduce the necessity to follow recommended safe sleep practices.



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# Bedsharing and breastfeeding?

*I am breastfeeding my baby. Everyone has been telling me that it's safe to bedshare since I'm breastfeeding. Is that true?*



# Problems with bedsharing

- Overheating
- Soft bedding
- No safety standards for adult mattresses
- No study has ever shown a protective effect of bed sharing on SIDS
- Risk of entrapment, accidental suffocation and strangulation (CPSC)
- Predominant risk factor for sleep-related deaths in infants <4 months (Colvin, 2014)
- Most studies on bed sharing have only looked at SIDS, not other deaths



# But is a breastfeeding mother a special case?

- Breastfeeding mothers are generally low risk
  - Older, higher SES, more educated
  - Non smokers
  - Do not drink alcohol as much
  - Do not usually use drugs (illicit and legal)
- Breastfeeding confers protection against SIDS
  - Doesn't that cancel out the risk of bedsharing?



## Breastfeeding and bedsharing

In Ostfeld's study, 25% of bedsharing deaths were breastfed (exclusively and partially breastfed) infants

- Younger (median 45 vs 97 days of life)
- More bedding risks (64.7% vs. 45.1%)
- Less likely to be prone (11.8% vs 52.9%)
- Less likely to be exposed to maternal smoking (33% vs 66%)

-Ostfeld et al, Pediatrics, 2006

## How can we make bedsharing safer for the breastfeeding mother (and other mothers)?

- No large-scale, epidemiologic data for breastfeeding mothers
- Breastfeeding does not cancel out the risk of bedsharing
- Still a risk, particularly for those <4 months of age
- No data about what makes bedsharing safer
- Sleeping with the baby on a separate surface next to you is the safest
- Recommendations for making bedsharing safer are extrapolated from solitary sleeping infants
- We don't know if they pertain here

## Ways to potentially, maybe make bedsharing safer...

- Use a firm, flat mattress without mattress topper or memory foam.
  - No waterbeds, air mattresses, couches, or armchairs
  - No pillows, comforters and other soft bedding
- Ensure that the baby's head and face are not covered.
- Do not use pillows or other soft objects to try to prevent the infant from falling out of bed or getting caught between the mattress and headboard or footboard.
- Do not cover the infant with loose bedding.
  - An alternative is to use infant sleep clothing such as a wearable blanket.
- Place the infant on the back for sleep.
- Bed sharing should be with mother or parents only.
- It is safer to breastfeed in bed than to move the infant to a sofa or armchair to feed.

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# Sofa Sharing

*We like to snuggle with the baby after we come home from work on the couch. Is that okay?*



# NO!

- The couch or sofa is probably one of the most dangerous places for a baby to sleep, with or without the parent (OR 5.1-66.9).
- Do not lie down on a couch with a baby or feed a baby on the couch, sofa, or other heavily cushioned chair, if there is a chance that you may fall asleep with the baby.
- It is less dangerous to feed the baby in bed than on a sofa or armchair.

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## But the baby sleeps better...

*My child care provider told me that she always puts babies on their stomachs because they sleep better that way. Can you sign this paper so that she can put my baby on the stomach?*



## ■ Is it really BETTER?

- #2 reason for babies being placed prone
- Babies prone have higher arousal thresholds, sleep longer and deeper
- This increased arousal threshold may be dangerous, as arousal may be the issue surrounding SIDS...
- Need to change definition of a “good” sleeper

# If we want to continue making progress

**We need to understand why the community is not embracing safe sleep recommendations:**

- Perceived barriers/cost
- Misconceptions
- It doesn't make sense to them
- It's not important to them

**We need to make sure that our message:**

- Makes sense
- Is consistent
- Explains the advantages
- Addresses misconceptions

# Your Important Role

You can impact on the number of SUID deaths that are occurring

- Consistent messaging
- Consistent modeling

You can definitely make a difference

# It helps if the message is consistent

## Health care professionals

*"When I was in the hospital, the nurse put my baby on her stomach... if it's so important, how come the nurse isn't doing it?"*

## Media

*If I'm not hearing about it, it must not be a problem anymore*

## Advertisers

*If the stores are selling it, it must be safe*



# In order to persuade, you need to know your audience



"You're not allowed to use the sprinkler system to keep your audience awake."

# Why parents may not embrace your words

**Risky behaviors may be perceived as being important practices (culture, tradition, safety)**

- Bedsharing
- Prone sleeping to avoid aspiration

**Risky behaviors may be important coping mechanisms**

- Smoking
- Alcohol use

**Risky behaviors may be unavoidable**

- No money to purchase a crib

**Very little perception of risk from SIDS**

# ■ Every parent wants two things...

Every parent wants his/her baby to be

- Safe
- Happy

**You are only as happy as your least happy child**

**Your message needs to be consistent with these 2 goals**

# It's a SALES JOB...

- Roomsharing without bedsharing
  - Crib next to parents' bed
  - Can be vigilant and keep eye on baby, but don't have to worry about pillows and blankets that are in your bed
  - Don't have to worry about baby falling off
- Pacifier: helps to soothe the baby
- Know what the perceived disadvantages are and be able to explain why they're not problems

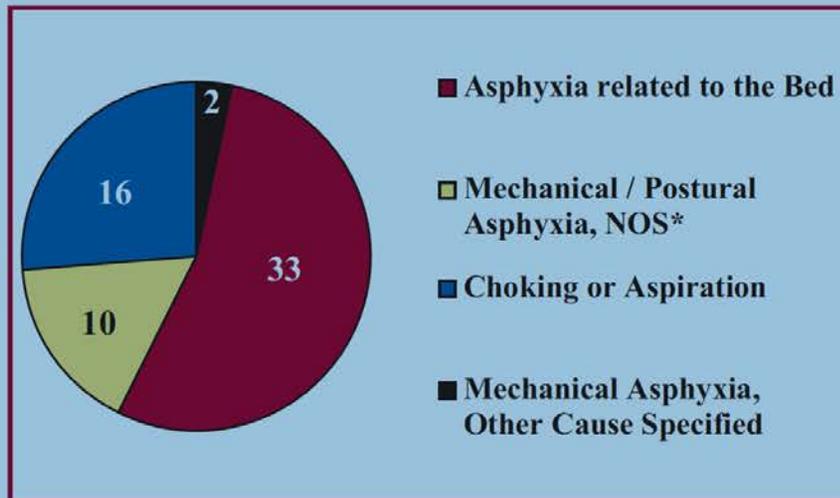


## West Virginia Data

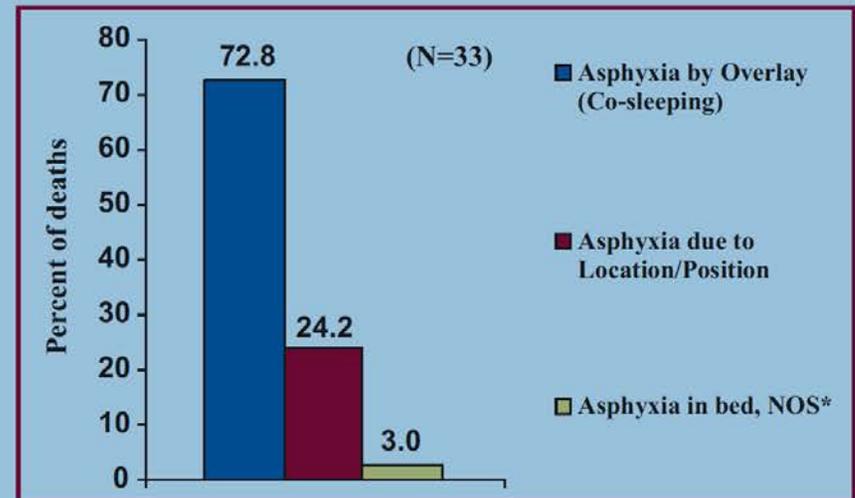
- West Virginia ranks 38/50 in infant mortality among US states
  - IMR 7.64/1000 LB, compared to national rate of 5.96.
- There were 38 SUIDs in 2013 – one every 10 days according to WV Vital Statistics
- Accidental suffocation or strangulation in bed is #1 cause of injury-related infant death in WV

# Alabama Incidence Data

**Infant Deaths Due to Threats to Breathing,  
Alabama 2000-2004 (N=61)**



**Percent of Infant Deaths by Bed-Related Causes,  
Alabama 2000 - 2004**



\*NOS = not otherwise specified, or no further details were listed on the death certificate.



# CITY OF PHILADELPHIA

FOR IMMEDIATE RELEASE  
October 23, 2007

## DHS and Health Department Launch New Campaign Warning to Parents About Dangers of Unsafe Infant Sleeping Environments

*43 Infant Deaths In Past 18 Months Spur New Public Outreach Campaign*

"From January 2006 through August of this year in Philadelphia, **43 infants have died in unsafe sleeping environments**, defined as the baby co-sleeping with an adult or older sibling, being placed on an unsafe sleeping surface (sofas, cushioned chairs, or cluttered cribs), or sleeping in the presence of tobacco smoke. Over the past 18 months, more Philadelphia infants have died in unsafe sleeping environments than have died from physical abuse over that same time span."

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# Los Angeles Times

## Parents warned about sleeping with infants

By Rong-Gong Lin II, Los Angeles Times Staff Writer  
April 24, 2008

L.A. County officials says the increasingly popular practice known as 'co-sleeping' can have tragic consequences.

In 2006, 44 infants died while sleeping with an adult (76% increase from 2005)

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# ST. LOUIS POST-DISPATCH

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## Bed Sharing Condemned By Two Children's Hospitals

By Nancy Cambria  
Jan 24, 2009

“Last year, the city medical examiner's office recorded that 19 otherwise healthy infants died from these factors, up from 14 in 2007. The majority of those deaths were caused by suffocation after an adult or other child rolled onto the baby while in a bed, or the child was unable to breathe in adult bedding such as pillows and blankets, said Michael Graham, chief medical examiner for the city. ‘The leading factor in why otherwise healthy children die is unsafe bedding and bed-sharing,’ Graham said.”

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# “BACK TO SLEEP” IS AN INADEQUATE MESSAGE



# NATIONAL OVERVIEW

**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

# NATIONAL OVERVIEW

## 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.

# CLARIFYING COMMON TERMS

## **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.











**Room Sharing**  
Infant sleeps near the parent or caregivers in their own crib, bassinet or portable crib.



# THE COMPETITION WE'RE UP AGAINST



# SAY YES TO SAFE SLEEP TOOLS



- 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 always sleeps alone, on her back and in her crib

**YES**

Baby has on only diaper, sleeper, & light blanket

**YES**

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

**YES**

Mattress is firm & fits close to the sides

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

**TEAM**  
for West Virginia  
Children

[SafeSoundBabies.com](http://SafeSoundBabies.com)

Our Babies:  
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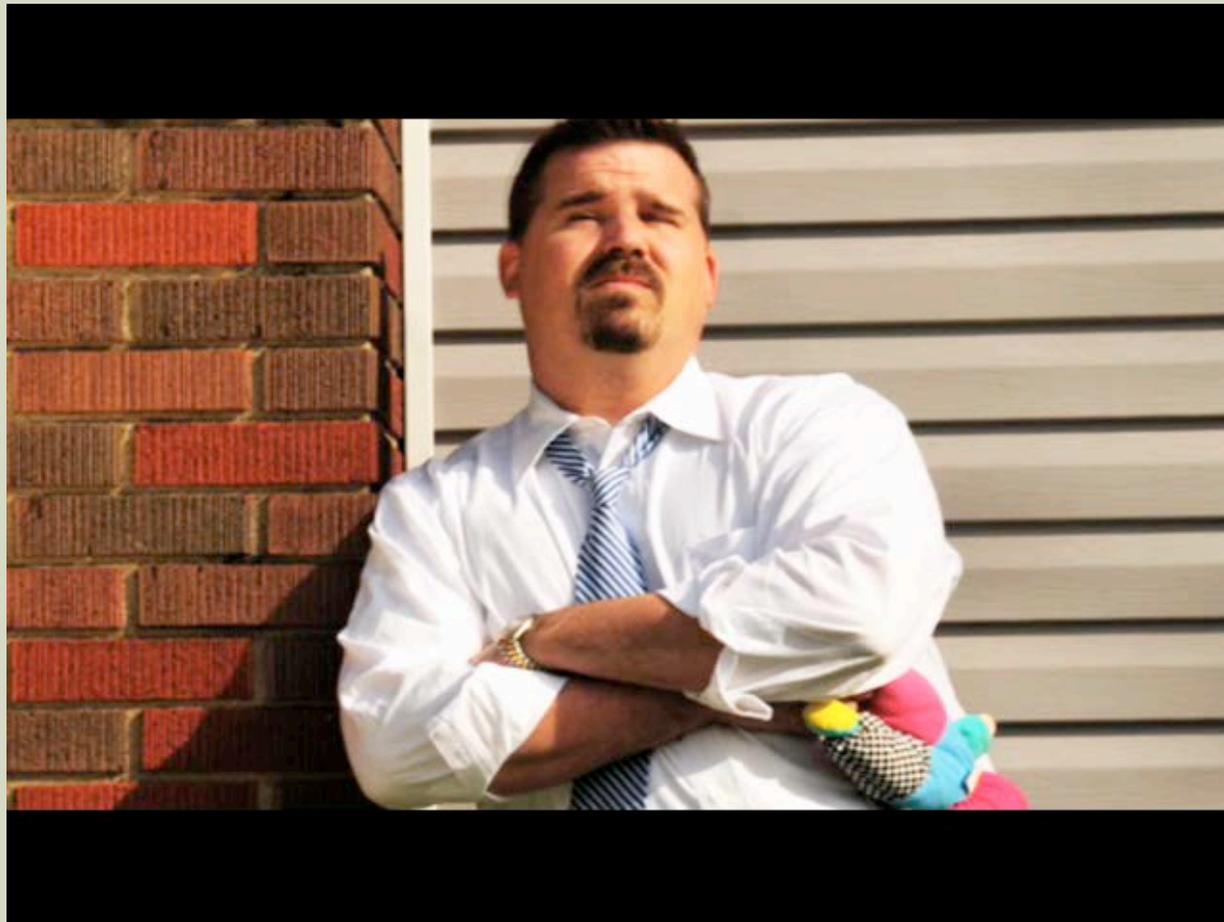
# SAY YES TO SAFE SLEEP PSA (2011)



# SAY YES TO SAFE SLEEP PSA (2015)



# KEEP YOUR COOL PSA (2011)



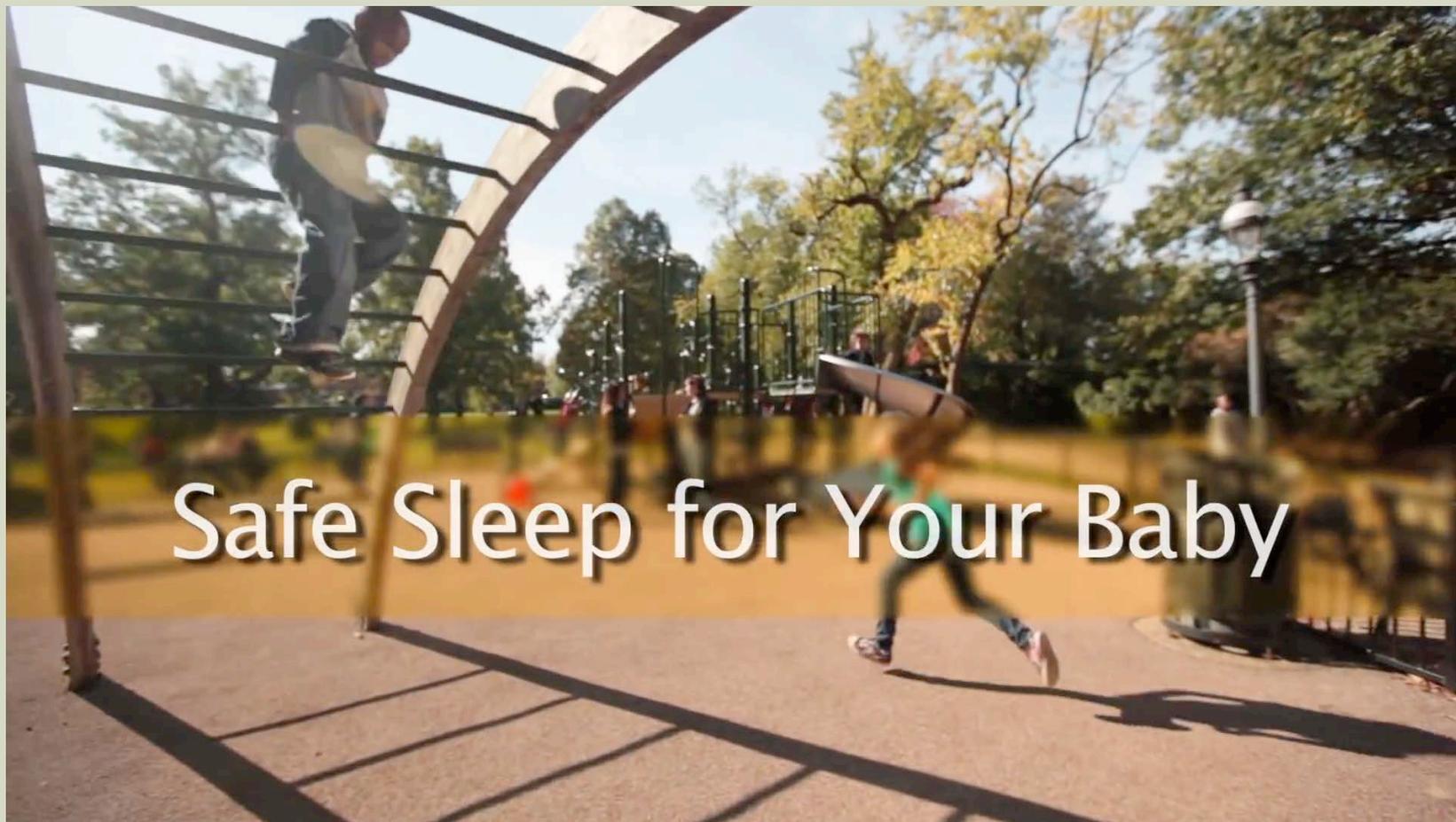
# KEEP YOUR COOL PSA (2015)



# 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=29sLucYtvpA>

# 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.

# Norms Theories

## The Actual Norm

The actual behavior or attitude of the majority of a population; what **most people** do or believe.

“How often do you smoke?”

## The GAP

## The Perceived Norm

The perceived behavior or perceived attitude of most people; what we think **most people** do or believe.

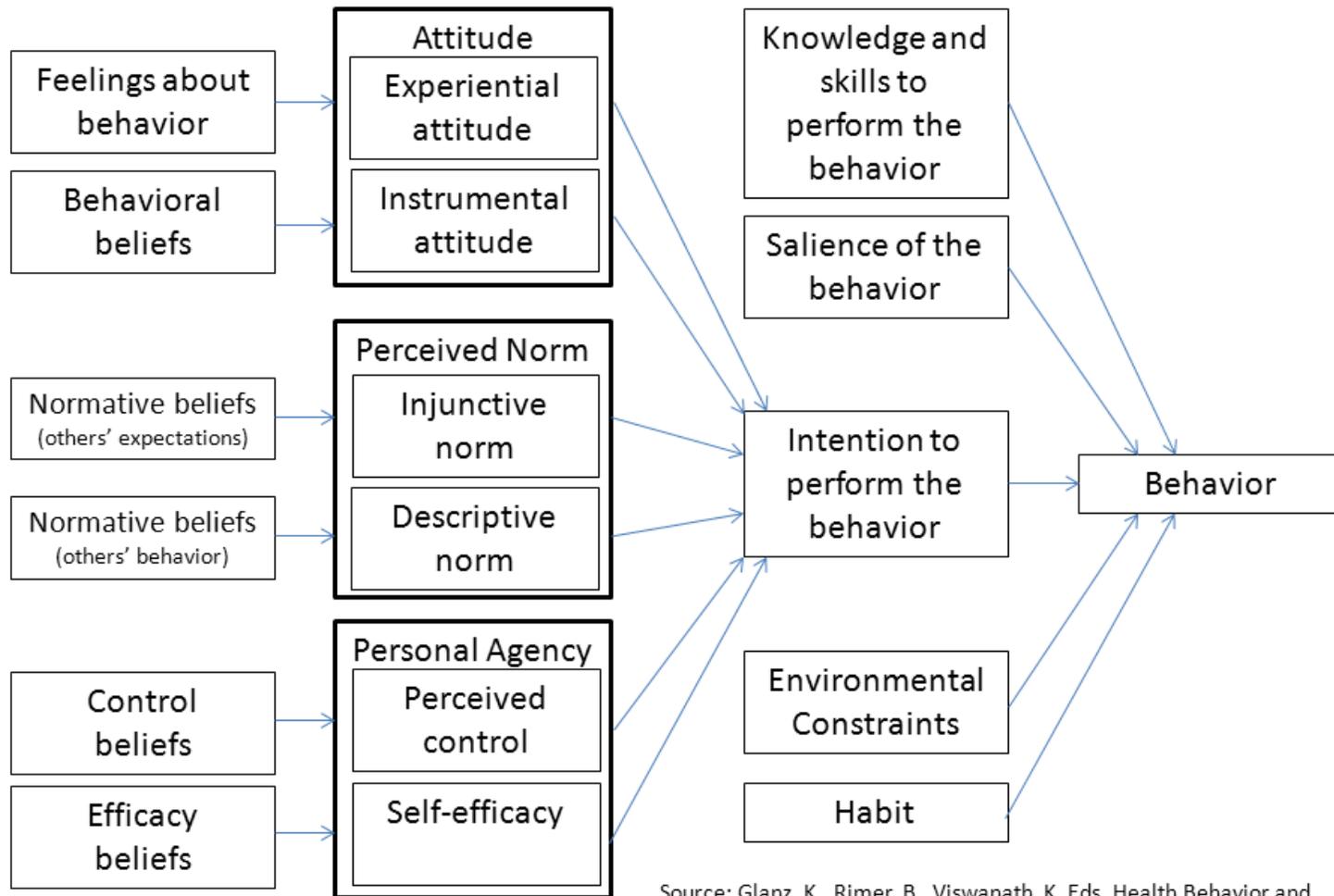
“How often do most students in your school smoke?”

# 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,  $\pm 4\%$  confidence interval at a 95% confidence level)
- Respondents: 90% female, average age was 30 years

# Integrated Behavior Model



Source: Glanz, K., Rimer, B., Viswanath, K. Eds, Health Behavior and Health Education, page 77, John Wiley & Sons, Inc., 2008.

**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

## MOST West Virginia Parents are Saying YES to Safe Sleep

### MOST West Virginia parents agree...

**96%** It is safest for baby to sleep alone instead of in a bed with an adult or other child.

**96%** Toys, heavy or loose blankets, comforters and bumper pads can cause suffocation and should be removed from the crib, bassinet or 'pack and play'.

**92%** Babies should only sleep in safety-approved cribs, bassinets or 'pack and plays' with a firm mattress that fits close to the sides.

**98%** Babies should always sleep in rooms and homes that are smoke-free.

Data from: West Virginia Positive Community Norms Parent Survey Key Findings Report, March 2014.

For video + more information visit:

[SafeSoundBabies.com](http://SafeSoundBabies.com)

Our Babies **sa**vesound

The West Virginia Children's Trust Fund

TEAM for West Virginia Children

Claude Worthington Benekum Foundation

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.

## Say YES to Safe Sleep

### For Babies

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

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



A quick guide to keeping your new baby safe & sound

## 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.

### Did you know?

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

[SafeSoundBabies.com](http://SafeSoundBabies.com)

**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**

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**

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

**YES**

Baby sleeps in a smoke-free room.



# 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**

Dress your baby in light sleep clothing and keep the room at a comfortable temperature

**YES**

It's safest for baby to sleep in the 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

Data from West Virginia Positive Community Norms Parent Survey Key Findings Report, March 2014.

## 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)

Our Babies: safeand

The West Virginia Children's Trust Fund

Claude Worthington Foundation

**TEAM**  
for West Virginia Children

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.

## SAY YES TO SAFE SLEEP

Poster

# 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**

# KEEP YOUR COOL POSTER

Here's how cool dads **KEEP THEIR 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.**

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# 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](http://SafeSoundBabies.com)

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## KEEP YOUR COOL when baby cries



## 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.**

# KEEP YOUR COOL MOM BROCHURE

## 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.

For more information visit:

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Cool moms **KEEP THEIR COOL**  
when baby cries



## 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 TOOLS

- 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](http://safesoundbabies.com) for professionals & public



WEST VIRGINIA  
SAY YES TO SAFE SLEEP  
HOSPITAL BASED PILOT  
PROJECT

SafeSoundBabies.com

# Say **YES** to Safe Sleep For **BABIES**



## 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<sup>®</sup>/Dias Model
- Three Doses
  - Hospital
  - Home Visitors / Office Visits
  - Public Awareness

# WV PILOT DESIGN

- 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

# WV PILOT DESIGN

- 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)

**SafeSoundBabies.com**

# 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 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

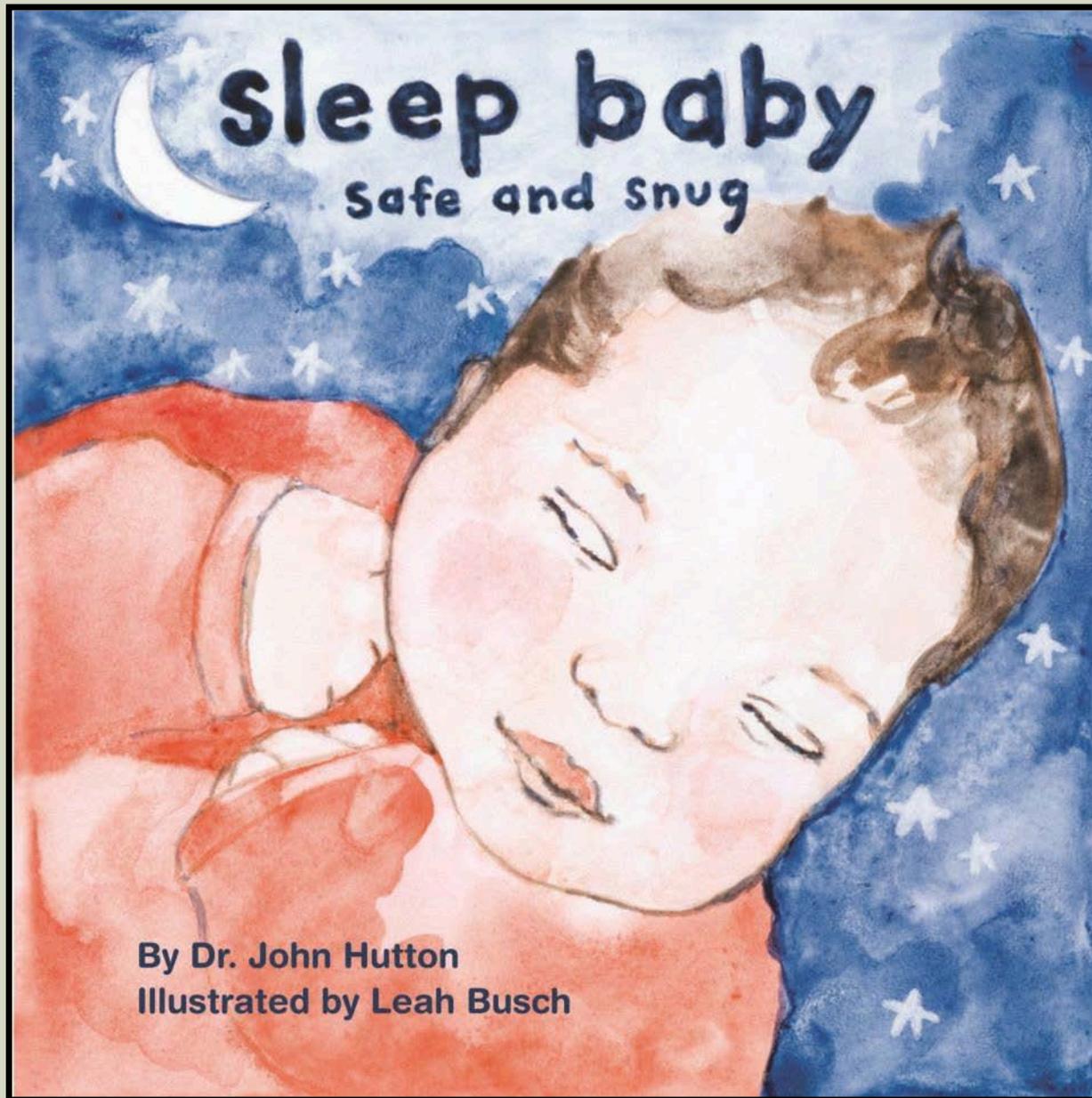
**YES**  
Baby sleeps in a smoke-free room

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

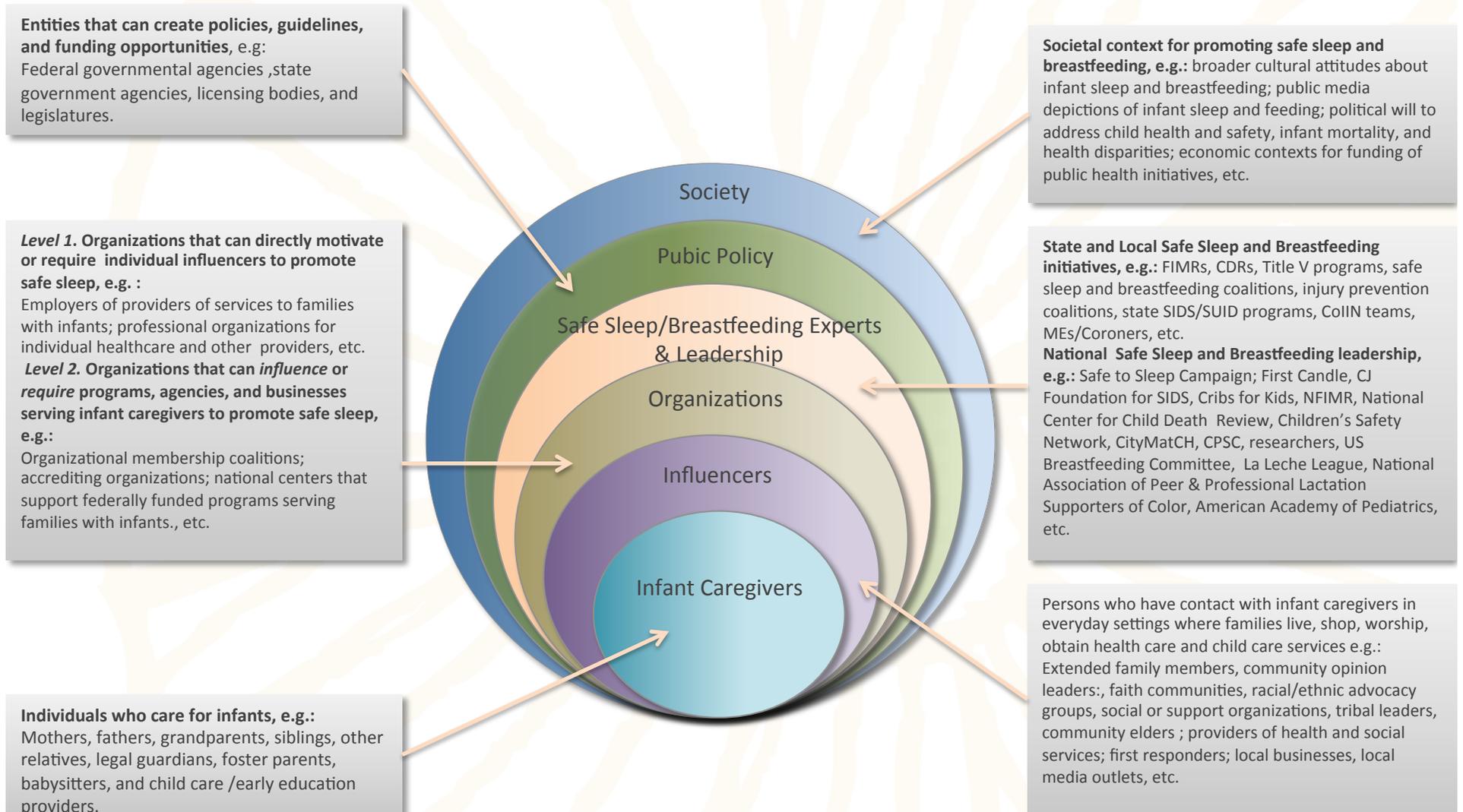


WV First Lady, Joanne Tomblin

<http://safesoundbabies.com/hospitals.html>



# NAPPSS Social-Ecological Model to Address Safe Sleep and Breastfeeding



## Community Outreach Strategies

- Display posters at appropriate locations + use other visuals
- Show the Say YES to Safe Sleep DVD and PSAs
- Set up a model nursery/safe sleep center with materials

## Community Outreach Strategies

- Host community baby showers
- Link with other community partners on outreach events
- Address mixed messages and visuals in the media
- Use social media tools to promote infant safe sleep



For the Say **YES** Guide and  
Toolkit and to order free  
materials visit:

[www.safesoundbabies.com](http://www.safesoundbabies.com)



Alabama Collaborative  
On Safe Sleep:

A Step-by-Step Blueprint for Hospital Safe Sleep Champions

[www.alaap.org](http://www.alaap.org)

# National Web Resources

- Cribs for Kids: [www.cribsforkids.org](http://www.cribsforkids.org)
- Eunice Kennedy Shriver National Institute for Child Health and Human Development  
[www.nichd.nih.gov/SIDS/](http://www.nichd.nih.gov/SIDS/)
- First Candle [www.firstcandle.org](http://www.firstcandle.org)
- National Center for SUIDS/SIDS [www.sidscenter.org](http://www.sidscenter.org)
- Healthy Childcare America/AAP  
[www.healthychild.org](http://www.healthychild.org)

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**Thank You!**



**Our Babies:**  
**safe&sound**  
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