
Safe Sleep in Oregon: Guiding Conversations with Families

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, serif font. A thin blue horizontal line is positioned between "Health" and "Authority".

Oregon
Health
Authority

Housekeeping

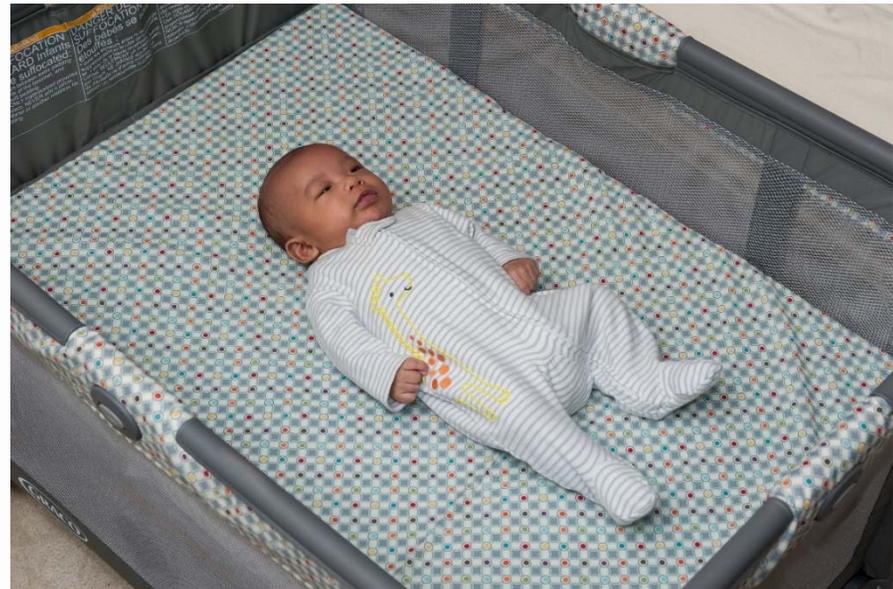
- Use your phone to call in for audio (you cannot listen using your computer speakers)
- You will be placed on mute
- Do not place call on hold
- Type in the Questions/Chat box when you would like to comment or ask a question
- Webinar recording will be posted on the Safe Sleep page of the Oregon Public Health Division website.
- Email with slides and directions for receiving a certificate of completion will be sent after the webinar.

Objectives

- By the end of today's training, you will be able to:
 - Explain the research/ the “why” behind 1 safe sleep recommendation
 - Identify 1 risk factor when viewing pictures of sleep environments
 - Name three key steps when talking with caregivers about a baby's sleep environment

Agenda

- Reflection Activity
- Definitions and Data
- Safe Sleep Recommendations
- Talking with Families
- Action Planning



Acknowledgement

Some parts of this presentation include materials borrowed with permission from the Children's Health Alliance of Wisconsin, Sleep Baby Sleep Initiative.

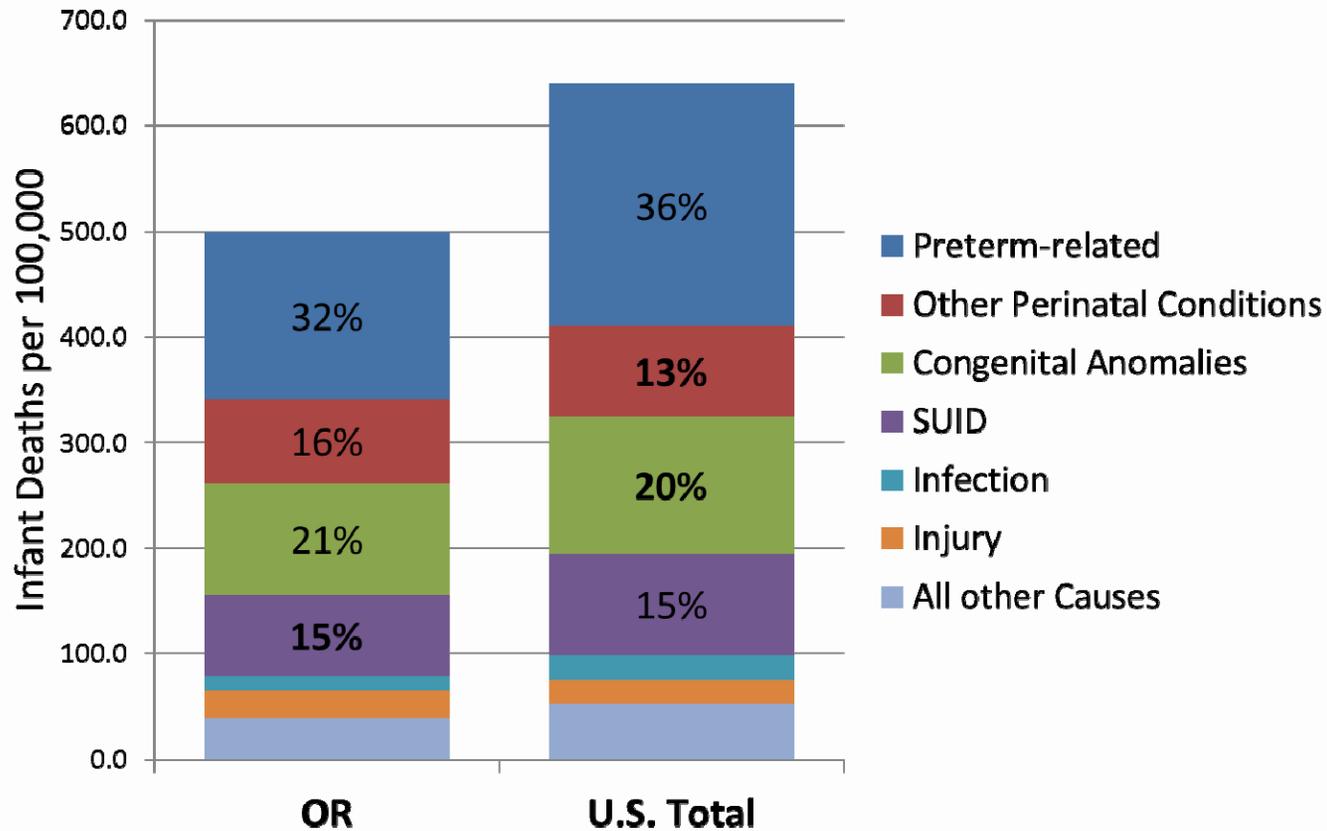


Reflection

- What do you already know about safe sleep recommendations?
- Are you confident in your conversations with families about the sleep environment?
- What are your personal feelings about safe infant sleep environments?



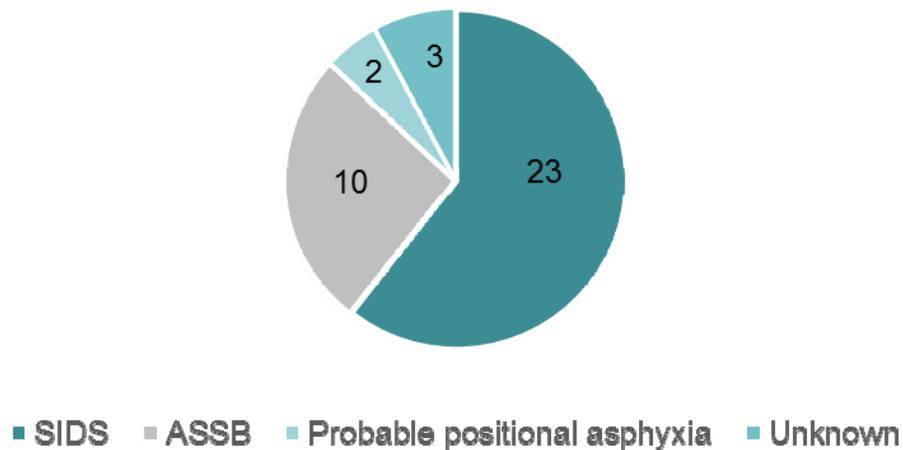
Infant Mortality Rates by Cause, 2008-2010



Sudden Unexpected Infant Deaths (SUID)

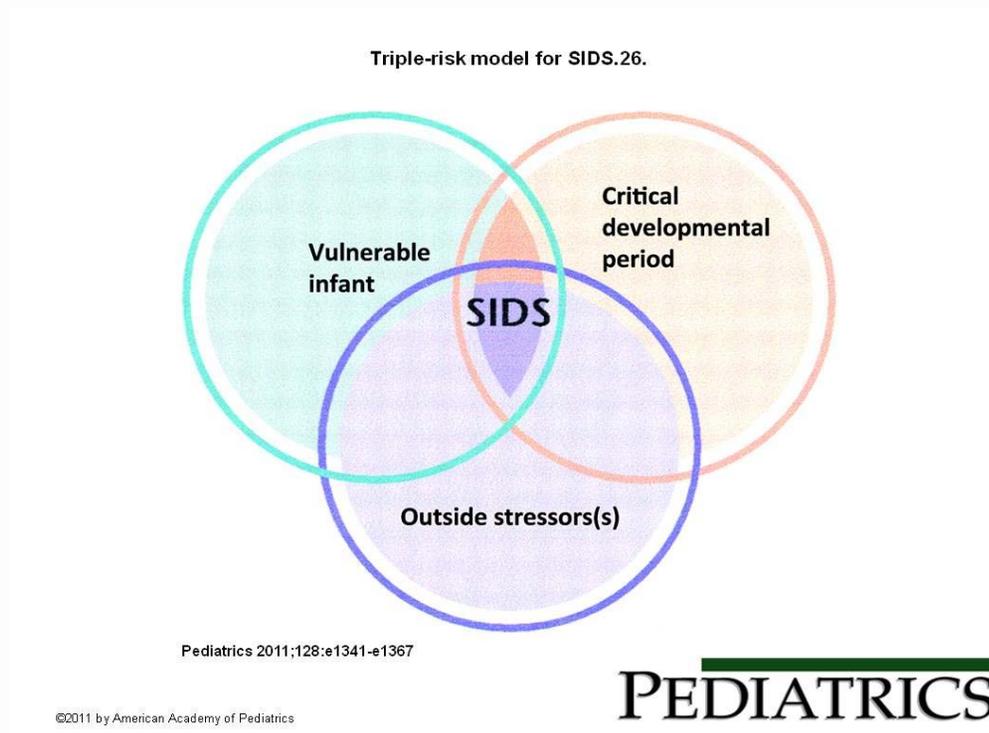
- Deaths occur among infants less than 1 year old and have no immediately obvious cause.
- The three commonly reported types of SUID are:
 - Sudden Infant Death Syndrome (SIDS)
 - Accidental suffocation and strangulation in bed (ASSB)
 - Unknown Cause.

38 Cases of SUID in Oregon, 2014



Definitions: Sudden Infant Death Syndrome (SIDS)

- Sudden death of an infant less than 1 year of age that cannot be explained. There is no known way to prevent SIDS, but there are effective ways to reduce the risk of SIDS.



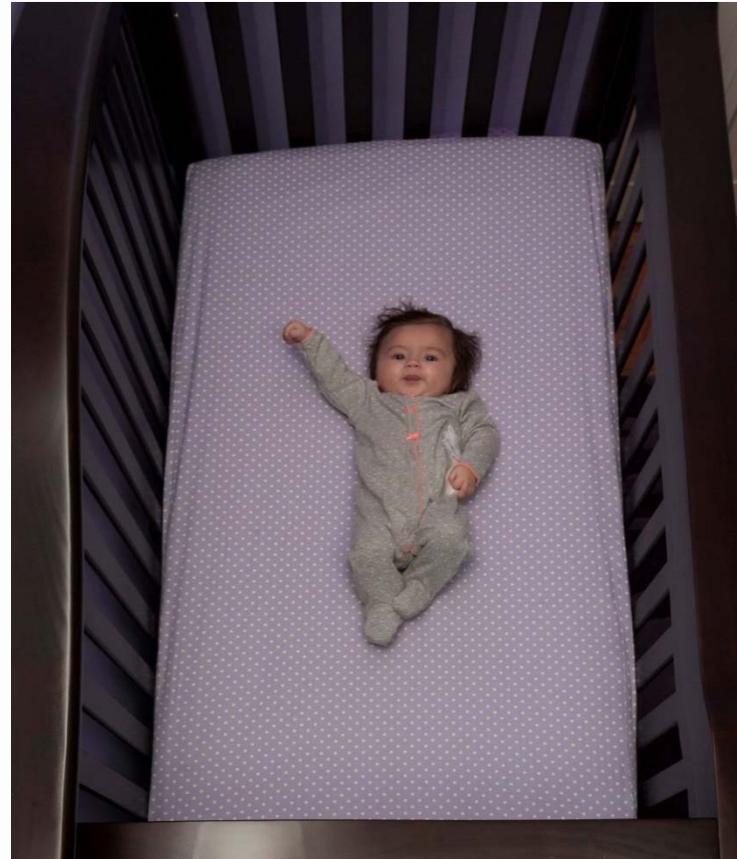
Definitions: Accidental Suffocation and Strangulation in Bed (ASSB)

Mechanisms that lead to accidental suffocation include:

- Suffocation by soft bedding—for example, when a pillow or waterbed mattress covers an infant's nose and mouth.
- Overlay—for example, when another person rolls on top of or against the infant while sleeping.
- Wedging or entrapment—for example, when an infant is wedged between two objects such as a mattress and wall, bed frame, or furniture.
- Strangulation—for example, when an infant's head and neck become caught between crib railings.

8 Safe Sleep Recommendations: for all infants less than 1 year-old

1. Sleep Position
2. Sleep Surface
3. Sleep Location
4. Temperature during Sleep
5. Caregiver Behavior
6. Smoke-free Environment
7. Breastfeeding and Pacifier Use
(Protective Factors)
8. Share the Message



1. Sleep Position

Decreased Risk

Baby is placed on their back to sleep.

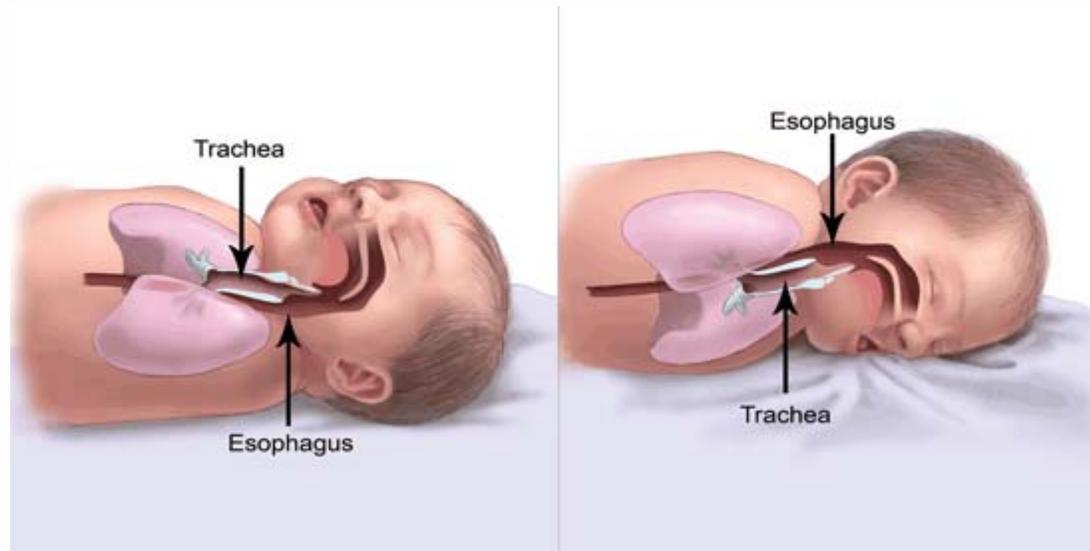
Increased Risk

Baby is placed on their tummy or side to sleep.

Discussion Points

- Placing a baby on their back is the most effective action parents can do to reduce SIDS
- The risk of SIDS is greater if the baby is usually a back sleeper and is placed to sleep on their tummy or side
- Tummy time when the baby is awake or playing will help prevent flat spots on the head
- Infants are less likely to choke on their backs

Sleep Position: Back-to-Sleep



Babies are less likely to choke on their backs

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Sleep Position: Back-to-Sleep, tummy to play

- Awake, tummy time allows baby to develop different muscles
- Tummy time helps avoid “flat head”
- Always supervise tummy time



2. Sleep Surface

Decreased Risk

Baby sleeps on a firm surface, in a safety approved bassinet or crib and mattress is covered with a fitted sheet.

Increased Risk

Baby sleeps on unsafe surface (couch, armchair, adult mattress, car seat).

There are hazards in the sleep area (pillows, toys/stuffed animals, blankets, bumper pads).

Discussion Points

- Babies that sleep on soft surfaces (couch, pillow, etc.) are at risk for SIDS or suffocation
- To reduce the risk of suffocation, the American Academy of Pediatrics recommends a firm sleep surface, with a fitted sheet that is free of loose materials (pillows, toys/stuffed animals, blankets, loose bedding, bumper pads)

Sleep Surface: Use a safe crib, bassinette or pack-n-play



Sleep Surface: Alternative Sleep Surfaces



Basket



Box or carton



Drawer



Washtub

Image courtesy of the Safe to Sleep® campaign, for educational purposes only; Eunice Kennedy Shriver National Institute of Child Health and Human Development, <http://safetosleep.nichd.nih.gov>; Safe to Sleep® is a registered trademark of the U.S. Department of Health and Human Services.

3. Sleep Location

Decreased Risk

Room sharing; crib or bassinet is close to caregiver.

Increased Risk

Baby shares a sleep surface with caregiver, non-primary caregiver, siblings, other person or pets.
Baby's crib or sleep surface is located in a separate room.

Discussion Points

- Though bed sharing is common in most cultures, in order to reduce the risk of SIDS, practicing room sharing is safer than bed sharing or solitary sleeping in a separate room
- Placing the crib or bassinet next to the caregiver's bed can make breastfeeding easier
- Bed sharing risk is increased if the baby is sharing a bed with someone who is not the primary caregiver

Sleep Location: Baby Near



4. Temperature during Sleep

Decreased Risk

Room temperature is comfortable for an adult. Baby not dressed in more than one layer than adult would wear.

Increased Risk

Room temperature is too warm or uncomfortable for an adult. Baby is overdressed or underdressed for the temperature of the room.

Discussion Points

- Overheated babies are more likely to go into a deep sleep that might be more difficult for them to arouse from

5. Caregiver Behavior

Decreased Risk

Baby does not sleep with an impaired primary caregiver.

Increased Risk

Baby sleeps with any caregiver who is very tired, smokes, or is under the influence of alcohol, drugs, or medications

Discussion Points

- Sharing a sleep surface with an impaired caregiver is dangerous because they have greater difficulty waking up and are less aware of the baby on a shared sleep surface

6. Smoke-free Environment

Decreased Risk

The baby is in a smoke-free environment.

Increased Risk

Baby is exposed to secondhand smoke.

Discussion Points

- Secondhand smoke increases the risk of SIDS
- Ask other caregivers and relatives not to smoke around the baby.

7. Breastfeeding and pacifier use (protective factors)

- Breastfeeding and pacifier use are protective factors against SIDS. Delay introduction of pacifier until breastfeeding is well-established (3-4 weeks).



8. Share the message

- Share where and how baby sleeps with baby sitters and other family members



Is this baby safe?



Image courtesy of the Children's Health Alliance of Wisconsin, Sleep Baby Safe Campaign.

Is this baby safe?



Image courtesy of the Children's Health Alliance of Wisconsin, Sleep Baby Safe Campaign

Is this baby safe?



Image courtesy of the Children's Health Alliance of Wisconsin, Sleep Baby Safe Campaign

Talking with Families



Talking with Families: Other considerations

- Religion
- Family traditions
- Neighborhood
- Socio economic

Why families might not embrace recommendations

- Comfort of baby or themselves
- Convenience
- Prior experience with other children or own childhood
- Advice from family members or friends
- Lack of space for a crib
- Lack of a crib (money or access)
- Differing information or knowledge
- Mixed messages from health care providers
- Information is not culturally competent

Talking with Families: Three Steps

- 1) Ask open-ended questions to explore
- 2) Affirm feelings
- 3) Educate

Open-ended questions

- *What do you already know about safe sleep?*
- *(If pregnant) Have you thought about where your new baby will sleep?*
- *How do you feel about where your baby should sleep?*
- *What has your mom or other family members told you about how your baby should sleep?*
- *How do you feel about where your baby should sleep?*
- *How is your sleep arrangement working for you?*
- *Tell me about a typical day at your house.*
- *Tell me why it is difficult for you to get your baby to sleep.*

Educate

- In partnership with public health, we would like to talk with all families with infants about safe sleep.
- These are the things we know will help to keep your baby safe during sleep.
 - *Avoid the use of “shoulds”

Barriers that come up

- I know putting my baby to sleep in a crib is safest, but.....
- If I put my baby to sleep in the crib then I won't be able to bond...
- My mom said
- My friend said

Helpful Tools

- Brochures available in English and Spanish
- Oregon Prenatal and Newborn Resource Guide (English/Spanish)
- Public Health Safe Sleep Webpage:
<https://public.health.oregon.gov/HealthyPeopleFamilies/Babies/Pages/sids.aspx>

Safe Sleep for Babies



Face up
Face clear
Smoke-free
Baby near!

Action Planning

- How will you apply what you've learned to your work with families?
- What support do you need?



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