Transcription

Media File Name: Safe Sleep.mp3

Media File ID: 2277669

Media Duration: 59:55

Order Number:

Date Ordered: 2015-07-14

Transcription by Speechpad

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Megan: Hello, everyone and welcome to the Safe Sleep: Best Practices. What Healthy Start Grantees Need to Know - Ask the Expert webinar. I'm Megan Hiltner with the Healthy Start EPIC Center. I'll be moderating today's event and we have about 60 minutes set aside for this event. The webinar is being recorded and the recording along with the transcripts and slides will be posted to the EPIC Center website following this webinar.

Before I introduce your great speakers for today, I have a couple of housekeeping announcements. We really want your participation today. So if at any point, you have questions or comments, please just chat them into the chat box at the bottom left corner of your screen. We will be taking questions just through the chat box today and we'll be breaking after the presenters have completed their presentation to respond to your questions.

If we have too many questions to get through by the end of the webinar, we will be including them in a Frequently Asked Questions document that we'll also post with the webinar materials on the EPIC Center website. You'll be asked to complete an evaluation survey at the end of this webinar, so please give us your feedback; we really do take it to heart.

So with that, let me introduce your wonderful speakers for today. Dr. Shavon Artis. She oversees and directs the Safe Sleep Campaign, which is the national outreach campaign to reduce infant deaths from Sudden Infant Death Syndrome or SIDS and other sleep-related causes of infant death. She is currently a Health Science Policy Analyst at the Eunice Kennedy Shriver National Institute of Child Health and Human Development at the National Institute of Health. Dr. Artis has 14 years of experience in developing and implementing health promotion disease prevention programs as a public health professional. Her experience includes analyzing research data and policy recommendations, directing science translation and dissemination activities, and developing culturally-tailored health initiatives for national health promotion programs to improve the health of infants, women, and families.

Joining Dr. Artis is Ms. Erin Reiney. She's the Director of Injury and Violence Prevention Programs at HRSA's Maternal and Child Health Bureau. She serves as a federal project officer for the National Action Partnership to Promote Safe Sleep Program, the Children's Safety Network Program, and also leads HRSA's Bullying Prevention Initiative. Before joining NCHB, she served as the Injury Prevention Coordinator for the Maryland Department of Health and Mental Hygiene. Other experience of hers includes working as a community health educator and Spanish language interpreter at a local health department in Maryland and serving as a Peace Corps volunteer in El Salvador. She received her master's in public health from the Johns Hopkins Bloomberg School of Public Health, and was actively involved in the school's Center for Injury Research and Policy.

So without further adieu, I want to turn it over to Dr. Artis to begin the presentation. Dr. Artis?

Dr. Artis: Thank you so much. I'm really happy to have this opportunity to speak to the Healthy Start grantees about such an important national health education program. Many of you are familiar it, it's been formally known as Back to Sleep and the last two years, we have transitioned to be called Safe to Sleep, and in my presentation I'll explain a little bit more about why we have transitioned from Back to Sleep to Safe to Sleep. Next slide, please?

We really want to just make sure you understand where this campaign is, how and it is at the National Institute of Health, which is a part of the U.S. Department of Health and Human Services, which is the nation's medical research agency. We're made up of 27 institutes and centers with each having a specific research agenda. We're often focusing on a particular disease or body system and I represent the Eunice Kennedy Shriver National Institute of Child Health and Human Development, where we focus on conducting and translating research spanning pre-conception through adulthood to improve the health of children, families, communities, and ultimately populations.

And so Safe to Sleep sits at NICHD through the NIH and just really wanted to start the presentation, so people can really understand where we are. We're located in Bethesda, Maryland, which is a suburb of D.C. Next slide, please?

As I mentioned before, many of you are familiar with the previous campaign name, which when we were launched in 1994, this campaign was titled Back to Sleep. Very much focusing on reducing SIDS through promoting back sleeping. And over the years, the campaign has really embraced promoting an overall safe sleep environment and to follow the recommendations that were put out by the American Academy of Pediatrics, we expanded our campaign name to follow the latest recommendations released in 2011 to be named Safe to Sleep. And that is to really embody this mission to promote a safe sleep environment.

So when you hear people talk about, "Oh, that was the Back to Sleep campaign." We are still that campaign, but we are now expanded and updated and we are now Safe to Sleep. So we want everyone to become familiar with this brand name and logo, because we know that Back to Sleep had a lot of recognition. And so we're hoping that Safe to Sleep will become just as recognizable as the Back to Sleep name and logo was over 20 years ago. Next slide, please?

I want to acknowledge our campaign collaborators, because we would not be as successful as we are with getting our messages out and working with state and local communities if it wasn't for the support that we have from our campaign collaborators. And they include HRSA, which is representing the Maternal and Child Health Bureau, which I'm very happy to have one of my colleagues joining me and presenting today. We also have our other sister agency, CDC, with their Division of Reproductive Health. And we also have the national organizations such as the American Academy of Pediatrics, known as the AAP, which is really important because many people think that the campaign develops the safe sleep recommendations and we actually don't. Our job is to endorse the recommendations and guidelines that are actually set out by the AAP.

So AAP forms the guidelines and recommendations around Safe Sleep and the national campaign endorses them and disseminates the messages to communities and health professionals. Speaking of health professionals, we also work with the American College of Obstetricians and Gynecologists, known as ACOG. Which is not a very likely partner, but a recent partner that we added and we're really excited about because we recognize that OB-GYNs have a great opportunity to start discussing with their patients, while they're pregnant, about where they should possibly think about where their baby will be sleeping. And so this is a really prime time when women are soaking in lots of information and what better time than the previous month before delivery to actually be thinking about where your baby should be sleeping. So we're really excited to have OB-GYNs joining us in this effort to promote safe infant sleep.

So lastly but not least, we have two nonprofit organizations that have joined us to support the campaign and been so for many years the entire time with the campaign. And that is First Candle, which is a nonprofit organization housed in Baltimore, Maryland and also the Association of SIDS and Infant Mortality Programs, ASIP. And so we're really excited about the work that we're able to do, because we're able to do so much with the support of our campaign collaborators. So I really wanted to make sure that people are aware of those that are supporting the campaign and getting the messages out. Next slide?

Our campaign has many outreach arms. We have our general outreach arm, which really focuses on having materials that are multicultural and diverse. But then we have specific tailored materials as part of our campaign outreach. Specifically for high-risk communities such as African-Americans, American Indians and Alaskan Native communities. We also have all of our general materials translated into Spanish for our Spanish-speaking community. And we also have materials developed for nurses and pharmacists, specifically, to actually give them opportunities not only to educate themselves about Safe Sleep, but to provide continuing education credits. And the campaign has really invested a lot of resources in engaging states in statewide outreach efforts, and

we've actually conducted state outreach projects in Mississippi and currently, Arkansas. Next slide?

All these different outreach arms that I just went over, I like to display the different materials that we have tailored for each group. To your far left of the side, you will see our general education materials, which we have brochures, door hangers and one-pagers that are also translated into Spanish which you see in the purple. And then we have our African-American materials, which you see on the slides that are in orange colors. And we also have national American Indian/Alaska Native materials for our Safe to Sleep campaign and you see them to your far right. But I also like to make a plug; now that we have these national materials, we'll have the Healthy Native Babies Project, which is geared towards American Indians and Alaska Natives in the northern tier of the country where we serve the Aberdeen/Great Plains area, Alaska, the Billings area, Bemidji, and Portland. And those five areas are made up by the Indian Health Service and we actually have worked to actually tailor the materials to each of those five areas where we actually have materials translated into tribal languages using images from tribes and communities in those regions. And so we're really excited about our tailored materials for American Indians and Alaska Natives, because we realize that one size does not fit all. And so in addition to our national American Indian and Alaska Native materials, we have the very specific area of materials tailored under the Healthy Native Babies Project. Next slide?

We also have the one pager which I mentioned which you displayed here, which is in English and Spanish. And actually, I would like to update this slide to actually reflect our most current one-pager, which actually shows a room-sharing photo. In addition to where the baby should sleep, we also talk about the best environment, which is having the baby in the same room where the parents sleep. And so we have updated our one-pager to include not only this crib setting to show what should not be in a baby's sleep area, but we also have a smaller picture that goes in the corner of it to reinforce the message of room sharing, which I'll get more into that further along in the presentation.

We also recognize that there's a great deal of information needed to be shared with grandparents. Because oftentimes, they are the caregivers of infants. They are babysitting their grandchildren. Some of them are primary caregivers at times. So it's really important that we have materials for grandparents. And we have developed campaign materials for grandparents in English as well as in Spanish as you will see displayed here on the screen. And lastly but not least, part of our suite of materials includes actually a video, which we have available via DVD as well as a link to YouTube, where you can actually view. It's about 10 minutes long, it's multicultural and it's very conversational in tone. It's really a great video to show to your clients or families that you're working with. That really talks about safe sleep in a very conversational tone, and some of the challenges that may come up when you're speaking to families about why you may or may not place your baby to sleep. And definitely presenting it in a way that can be relatable, as in the video, a family is preparing to celebrate a baby's first birthday. Next slide?

When launched the new expanded campaign name and logo, Safe to Sleep, we spent a lot of time developing a new campaign website. We're very proud of this website, because we now have a place where you can go that you can really look at different aspects of the campaign. You can learn about the history of the campaign. There's actually a tab where you can look for common terms, views when talking about safe sleep, and various other terms related to SIDS or sudden unexpected infant death. And so we have a really great website; it's a great place to go. We like to really direct families or anyone that we're talking to about Safe to Sleep through this website, because we find it to be very informative and really walk through all the different materials that we have for various groups. So everything I'm talking about today you can find on our website. Next slide?

So what have we been able to accomplish since we launched to Back to Sleep campaign 20 years ago? We've seen the SIDS rate overall decline by 50% across all racial and ethnic groups. We've seen the rate of back sleeping among infants increase to almost 200% since 1994. We recognize the data show risk factors for SIDS and infant mortality go beyond just back sleeping. These risk factors include features in the overall sleep environment. Henceforth why we

are really focusing on the safe sleep environment with our new campaign name and logo, and definitely in our messages. Next slide?

This is a great slide to really depict that success that we've seen over the last 20 years. You will see the goal line representing actual SIDS rates over several decades and then the purple line representing the increase in back sleeping. So you can see based off of this graph that nationally, it's reported that we have between 73 and 74% babies being placed on their backs to sleep, which is great. And we definitely attribute that to the success of the campaign and local campaigns promoting the back sleep message. Next slide?

Unfortunately, there's still a lot of work to be done. This graph here depicts the rate of SIDS and other sleep-related causes of infant death across the races. So you will see there's still, unfortunately, a disparity in the number of babies that are dying, particularly in the African-American community and in the American Indian/Alaska Native communities. The rates reported are that African-American infants are two times as likely as white infants to die from SIDS and other sleep-related causes of infant death. And American Indian and Alaska Native babies are three times higher to die from SIDS and other sleep-related causes of infant death. So due to these health disparities, there's still much work that needs to be done on the community level and from the campaigns aspect, we really want to make sure that we're investing resources and developing tailored materials for these communities, as well as making sure that the messages are continuing to reach other populations as well.

We see significant numbers being extremely low among Hispanic infants and Asian and Pacific Islander infants and those rates are great and we want to keep them low. We want to continue to make sure that parents and families are educated about how to keep their babies safe during sleep time and promoting back sleeping. And so we have a lot of work to do; we've seen some great success, but more work still needs to be done. Next slide?

Where are we today? We see based on the numbers that nearly 3,400 deaths are still occurring each year from sudden unexpected infant death, which we call that SUID, as well as SIDS. And we recognize that other sleep-related causes of infant death have increased, as we've seen the number of SIDS deaths plateau. This could be due to a better classification being done now to really identify how these babies are dying. But unfortunately, there are no national standards regarding infant death investigations and there's not a consensus on how to classify sleep-related infant deaths. So therefore, we have to make sure that we look at all categories of sleep infant deaths, as it relates to making sure we're getting an accurate picture of how many babies are dying and where we're seeing improvement. Next slide?

And this depicts the different causes of sleep infant death. You'll see the total sudden unexpected SUID death rate in that . . . I guess you would call it an orange line. And beneath that, you will see the rate of SIDS, unknown cause of death, and accidental suffocation or strangulation in bed. And so when you look at those three causes - SIDS, unknown and accidental suffocation - those three causes combined gives us the total sudden unexpected infant death number, which you see represented with the orange line. So we still have some work to do. We want to see the rates decrease across all sleep infant death and that is the mission and goal of the campaign and the work that our partners and our campaign collaborators are doing so diligently to get safe sleep messages out. Next slide?

So now we're going to stop and take some time to really explain these terms. Because sometimes, they are used interchangeably and we want to make sure that people understand clearly what each term means. SIDS is defined as being the sudden unexplained death of a baby younger than one year of age. It doesn't have a known cause after a complete investigation and that's really important. So to have a [inaudible 00:17:24] investigation, it must include a complete autopsy, examination of the death scene, and a review of the family's clinical history, including the infant and the family that the infant is residing with.

Sudden unexpected infant death, known as SUID, is a death of an infant less than one year of age that occurs suddenly and unexpectedly and after a full investigation, these deaths may be diagnosed as suffocation, asphyxia, entrapment, infection, metabolic diseases including cardiac arrhythmia or trauma or SIDS. So SUID is really the umbrella term and we focus for the campaign and for safe sleep outreach on the sleep-related sudden unexpected infant death. As I mentioned before on the previous slide, those deaths that are classified as SIDS or accidental suffocation or unknown. So those are the sleep-related sudden unexpected infant deaths that we are focusing on for our outreach in safe sleep education. In some cases, the evidence is not clear enough to know how the death is determined. And so the death may be labeled as an undetermined cause. Next slide, please?

This is just a nice visual to show you the different types of SUID that I just defined for you in the previous slide. And if you're looking at this clockwise, these three areas that we focus on are really shown from 12 o'clock to 3 o'clock, where we focus on SIDS, accidental suffocation and undetermined death. And these are the sleep-related infant deaths that we are focusing on. Next slide?

SIDS is the leading cause of death in infants from one month to one year of age, and it's a sudden and silent medical disorder that can happen to a seemingly healthy infant. It can occur with little or no signs of suffering and can only be determined after an autopsy and a death scene investigation and a review of the infant and family's clinical history. It is a diagnosis of exclusion in which the cause of death can be determined only after ruling out the other causes. Next slide?

SIDS is not preventable. Preventable, but the risk can be reduced. Due to the research evidence that we have, we know some risk-reducing behaviors that can significantly reduce the event of SIDS from occurring. We do know that SIDS is not suffocation; that is a separate type of sleep infant death and is not caused by vomiting or choking. It's not caused by vaccines or any other immunizations. It's not contagious; it's not the result of child abuse and neglect. And it is not the cause of every unexpected infant death. Next slide?

There's some risk factors that are particularly important to go over, as it relates to pregnancy and that is, infants who are born with a low birth weight, born at less than 37 weeks, which is premature, maternal smoking occurring during pregnancy, multiple births, the mother being younger than 18 and having less than 18 months between births. These are specific risk factors that can occur during pregnancy and delivery that can increase the chance for SIDS occurring. Next slide?

Specifically for babies, some of the risk factors that we know that are apparent are, as I mentioned before, African-Americans being two times at greater risk, American Indian and Alaska Native babies being three to four times greater risk. Babies who breathe secondhand smoke are at a two and a half greater time risk. Babies who sleep on their tummies are five times greater risk from dying from SIDS. And most importantly, I really want to highlight this point that babies who are put on their tummies to sleep, who usually sleep on their backs are seven to eight times greater risk.

And what does that mean? So we've seen in the literature where infants who are being placed on their backs to sleep, but then when they are with another caregiver and someone else is caring for them and places that infant on his or her stomach who's been accustomed to sleeping on his back, they are at seven to eight times greater risk of dying from SIDS. That's why it's extremely important to make sure we get out the back sleeping message to everyone who cares for infants. It's really great if the parent has heard this message and is following the message. But it can be really dangerous and even more dangerous if the baby is in the care of someone else and that person places the baby on his or her stomach to sleep.

This is an actual picture from a death scene investigation where they used doll reenactments. Where a baby was found on their stomach and this is really where we're reiterating the importance of making sure that everyone who cares

for a baby places the baby on his or her back for every sleep time, including naps. Next slide, please?

Research has revealed something called a triple risk model, where we look at the conversions of three conditions that must take place to lead to the death of an infant from SIDS. And that is a vulnerable infant. An infant who may have a brain abnormality or a genetic mutation that makes them particularly susceptible to SIDS. Unfortunately, we do not know who those babies are. And so after they pass away and actually an autopsy is conducted.

And then, we defined as critical developmental period, where the infant is going through rapid growth and changes in homeostasis. So this period is really from the newborn to the actual six-month period of age where it's considered a critical development period. And then there are outside stressors, which are the things that we focus on for safe sleep education. The things that can be done to create a safe sleep environment. All three elements must be present for SIDS to occur. But what we've learned from the research is that removing one or more of these outside stressors actually creates a great reduction in SIDS. And that's really important for us as we're trying to get these messages out about why you should practice safe sleep. Next slide?

The triple risk model that I just described is visually depicted here, where you will see the critical development period, the vulnerable infant, and the outside stressors, such as blankets, sometimes being overheated, smoking, not being placed on his or her back. When you see the convergence of all three of things occurring, you see where SIDS will occur. And what we're trying to do through the Safe Sleep Campaign is reduce the chance of SIDS occurring by removing the outside stressors in the environment. Next slide, please?

What we know about SIDS death is that it's the most common death in infants aged one month to one year. It's the third leading cause of infant mortality, and it mostly occurs when the baby is four months of age or younger. African-American babies are twice as likely to die from SIDS as white babies and not

just SIDS, but any other sleep-related cause of infant death. More boys die from SIDS than girls, we do not know why, but we do see a gender disparity there. And it's really important to make sure that we educate everyone, because we don't know which babies are at risk. Next slide?

Now, getting into defining other sleep-related causes of infant death. By classification on a death certificate, it will be "accidental suffocation and strangulation in bed." But I want to specify that accidental suffocation can occur in other sleep environments besides the bed. Specifically, the couch, a chair. And so it's really important that we really get out the message about why this is a risk. And this is caused by an infant's airway being blocked in his sleeping environment. So suffocation can occur by soft bedding from blankets, quilts, soft toys; anything in a baby's sleep area. Overlay or if someone is sleeping on the same sleep surface with the infant and someone accidentally rolls over on the baby or the baby becomes wedged or entrapped between the mattress and furniture. Or strangulation from chords or strings from crib bumpers. So these are the definitions of how an infant could be classified as dying from accidental suffocation. Next slide, please?

This slide shows pictures from an actual death scene investigation where they did a doll reenactment. And it's really important to make sure we highlight these risk factors. Having a shared sleep surface, such as a bed or couch or a chair. Soft bedding items; pillows, blankets, quilts. Really making sure that we remove these items, because we find them to be particularly dangerous for a baby during sleep time and it's really important that we get this message out, so that we can reduce the number of infants dying from accidental suffocation and overlay. Next slide, please?

Unsafe sleep conditions, as I've just mentioned, include having anything in the baby's sleep environment. You don't want any toys, pillows, blankets or quilts, or even crib bumpers in the baby's sleep area. Next slide, please?

There's a term called co-sleeping, that's often used interchangeably. It can include bed sharing or room sharing and we really want to specify that we want to talk about these terms separately, because they do have different meanings. Sometimes, bed sharing and co-sleeping are used interchangeably, but they do have different meanings, so we really want to take the time to really define these terms. Next slide, please?

Bed sharing is where the infant is sleeping on the same surface, such as a bed, couch or chair with another person and sleeping with a baby in an adult bed, couch or chair increases the risk for suffocation and other sleep-related injuries. We actually see that this risk is greatly higher, even on a couch or chair; greater so than even an adult bed. So we really need to stress the dangers of having the baby share a sleep surface and by doing so in a manner that we are recognizing that certain cultures or traditional practices make this message very difficult to convey. What we do want to promote, though, is room sharing and that's where the infant sleeps in the parent's room, but on a separate sleep surface, such as an approved crib, bassinet, or play yard. There is evidence to show that room sharing reduces the risk of SIDS and other sleep-related causes of infant death. And so we really want to do a better job in promoting room sharing as we're talking about safe sleep messages. So it's not just about creating a space for a baby with nothing in the baby's sleep area, but we want to talk about having the baby in the same room where parents sleep and even placing that baby next to where a parent sleeps in his or her own crib, bassinet, or play yard. So that the mother will be able to facilitate feeding through the night, to be able to monitor and comfort the infant.

We recognize that this can be a very challenging area to address, so we wanted to find and discuss ways to help families be able to think about how they can create the safest sleep environment possible for their infant to reduce the chance of their infant passing away from SIDS or another sleep-related cause of infant death, such as accidental suffocation. So we're really increasing the focus and emphasis on room sharing. Next slide, please?

There are many arguments against why a baby should be placed on his or her back to sleep. One is the fear of choking. Another is the comfort of the infant; that an infant sleeps better when he or she is placed on his or her stomach. The concern about the infant's head becoming flattened from sleeping on his back or being on his back for multiple hours of the day. And certainly, advice from others. When you have elders in your family, grandparents, aunties, others who have cared for children, they will convince the mother or the family that you should care for the infant in this way. So we have some competing messages out there that we have to constantly work to counter to really get the research evidence out there about what the evidence shows about the safest way for a baby to sleep. Next slide?

With the fear of choking, it is important to address that choking is not more common among healthy infants who sleep on their backs than infants who sleep on their stomachs. There has actually been no increase in episodes of choking since we've seen an increase in back sleeping. And the fact is, babies actually . . . they actually clear secretions better when placed on their backs. Next slide?

I love this slide because it clearly shows how when a baby is on his or her back, they are not at greater risk for choking. And this is a really important message, particularly as you're trying to help parents be able to hear this message. They may have older family members or a mother or an auntie in the home or even just giving them advice. And when you show this picture, it really shows clearly that a baby is not at a greater risk for choking when placed on his or her back just based on the anatomy.

You see in the picture to the left, when a baby is placed on his or her back, the tube to the stomach is actually on the bottom and on the top, is actually the windpipe. And so if fluids were to come up, it would actually have to work against gravity to pool into the windpipe and cause choking. Versus if you look at the picture to the right on the slide, the tube to the stomach, the esophagus is laying on top of the windpipe. If any fluids were to pool up or come up, they could easily go into the baby's windpipe and cause choking. Actually, the baby

is at greater risk for choking when he or she is placed on the stomach. Next slide?

Comfort of the infant. Many times, parents may express that they have a concern about their babies sleep longer or deeper when they're on their stomach? And this may be true. Unfortunately, these are not the characteristics that we want a baby to experience. And the reasons why are that when a baby sleeps on his or her stomach, they are less reactive to noise. There are sudden decreases in blood pressure and heart rate control. There's less movement. Their arousal threshold is actually higher. And there are longer periods of deep sleep.

But unfortunately, these characteristics put babies at a higher risk for SIDS. You do not want your baby going to such a deep sleep that they're not able to arouse themselves. If anything becomes a challenge for them or anything blocks their airway or anything happens where they're trying to stabilize or control their blood pressure or heart rate, you want them to be able to wake up and arouse themselves. And so it's really important that as we talk about the comfort of the infant and how often a baby sleeps, that we really explain what makes a baby more at risk for a condition such as SIDS? And so we really have to explain this as we're talking about why it's okay for a baby to sleep on his or her back and that it's not going to actually decrease the comfort in it, but to actually put them in a greater state to be aroused and that's what we want. Next slide, please?

When you're dealing with trying to spread safe sleep messages and there may be counter messages coming from others, we recognize that this is a very sensitive area. Particularly for families who may be getting messages from family members who they greatly respect. And it's different from what they're hearing from the health professionals. And so it's really important as you, as the Healthy Start grantee, as you're trying to educate families and serve families, that you really find a way to talk about safe sleep messages with families in a way that is culturally sensitive, that's culturally appropriate. Understanding that there are challenges for a family to maybe adhere to these messages, but is important to educate everyone.

Unfortunately, research has shown that particularly, for African-American families, the likelihood of an infant being placed on the stomach is double if the grandmother lives in the home. We also are aware that parents need to be able to give solid reasons for why they're choosing the back sleep position and not wanting anything else in the baby's sleep environment. And it's really important, as I mentioned earlier, that to insist anyone who cares for infants to use the back sleep position, because we know that they are at greater risk if they are not accustomed to stomach sleeping. Next slide?

Cultural challenges. We really have to address that sometimes, that this is a really hard place to have a discussion, because it sounds like you're trying to give a message that contradicts what has been taught and practiced in the family for many, many generations. Particularly for African-American families, more than 15% of infants are placed to sleep on their stomach. So it may be really important to convey and focus on the back sleeping message, as you're trying to tailor your safe sleep messages to different communities. It's important for American Indian and Alaska Native families to understand that being overdressed for sleep is a risk factor for SIDS. Avoiding overheating could be a very important message to make sure that you get across.

So really, as you're educating and working with families, find out where they are. Find out which of the messages you're trying to teach them about could be the most difficult for them to follow. Ask them why. Having these conversations, there's really been an emphasis and a focus placed on really talking about having conversations with families. Not just giving them the message, but having conversations about what may or may not hinder them from being able to follow these safe sleep recommendations. Next slide?

I would like to go over all of the recommendations for safe sleep guidelines set by the AEP. As focused a lot on back sleeping and having nothing in the baby's sleep environment, but there's others that are extremely important. I've hit on a few. I've talked about always placing the baby on his or her back for every

sleep time. Making sure that the baby is placed on a firm sleep surface covered with a fitted sheet. Room sharing without bed sharing - extremely important message. Keeping soft objects and loose bedding out of the baby's sleep area. So that's no blankets, pillows, toys. Nothing in the baby's sleep area that could possibly cover the baby's head or airway. We recognize from the research that prenatal care reduces SIDS. Next slide?

Avoiding smoking. We really think it's a really important message that oftentimes doesn't get the attention that it deserves. But we know that smoking greatly places an infant at risk for SIDS. So it's really extremely important that we get the message out that mothers should not smoke during pregnancy and even after birth, because we recognize smoking exposure still increases a baby's chance of dying from SIDS.

Avoiding alcohol and drug use during pregnancy as well as after birth and breastfeeding a baby, which is one of the recent recommendations that was added that is extremely important. And we must do a better job in promoting breastfeeding to our mothers because we recognize, from the research, that breastfeeding can reduce the risk of SIDS greatly. There's some research that shows that SIDS can be reduced by as much as 50% by breastfeeding. So this is extremely important for all the other health benefits that are associated with breastfeeding. We're excited that we can add another benefit to breastfeeding to promote why you should follow this to reduce SIDS.

As well as talking about getting a pacifier at nap time or bedtime. Sometimes, this can be a little contradictory because obviously, you want to establish breastfeeding first before a pacifier is introduced. But various research shows that something from the suckling effect can reduce the risk of SIDS. We do not understand completely why. We just know that the babies who were given a pacifier when placed to sleep were less likely to die from SIDS.

Avoiding overheating. It's extremely important not to make sure that the baby is not overdressed during sleep time and that the baby is placed to sleep in just

about one layer more what an adult would wear to be comfortable for sleep. And this can be extremely important, particularly for families who may live in the colder regions of the country and due to socioeconomic status, may not have the resources to sufficiently heat their homes or the rooms that the babies are placed in. So it's really important to educate parents about ways that they can keep their babies warm, but without putting them at risk for SIDS. Such as having nice, thick sleep blankets placed on them. Where it's something that they wear and the blanket can't become loose and cover the baby's head. So that's extremely important. Next slide?

The recommendations also include enforcing getting well baby checkups and vaccinations. Avoiding any commercial device marketed to reduce SIDS. There's just not enough evidence out there to show that they reduce SIDS and families should not even spend their money on these devices. And also, not using home breathing or heart monitors to reduce SIDS. They are often prescribed for a particular health reason and they should be used for that reason only and not used as a way to reduce SIDS.

And lastly but very importantly, really emphasizing giving supervised tummy time. While someone is watching and when the baby is awake, placing the baby on his or her stomach to give the opportunity for the baby to practice on his motor development skills. Particularly when you're placing the baby to sleep on his or her back, it has been shown that those skills are delayed. They still develop, but it takes longer. So it's really important to make sure that the baby is getting sufficient tummy time while someone is watching. So when the baby is awake, having the baby on his or her stomach. But when the baby is placed to sleep, making sure that that baby is placed on his or her back. Next slide?

So I just went over all of the safe sleep recommendations from the AEP and it's a lot of information. So when you're talking to parents, so like, what is it that you really want to hone in on to make sure that they hear and understand what is it that is key for them to practice to create a safe sleep environment? And these key messages include making sure that that baby is placed on his or her back for every sleep time; that's for naps and at night. Making sure that the

baby is placed on a firm sleep surface, such as a crib, bassinet, or play yard with a fitted sheet with no blankets, no soft bedding or toys around, and placing the baby in a separate sleep area, but in the same room where the parents sleep. Room sharing, not bed sharing. And to promote feeding and particularly breastfeeding, really emphasizing having that baby's sleep area next to where the mom is sleeping. And lastly but not least, we definitely want to promote a safe sleep environment, which is in a smoke-free environment.

So these are really just the nuggets that you really want to walk away with. "What is it that I want to make sure I convey to parents?" On his back, nothing in the baby's sleep area. In the same room where you're sleeping to promote breastfeeding and no smoking around the baby. Next slide?

As we talk about sharing these key safe sleep messages with parents and families, it's important that we recognize there are challenges that you have to overcome as you're trying to talk about safe sleep. Oftentimes, there may be contradictory messages coming from family and friends. You see it in the media; if you open up a magazine or look at a commercial, you may not see safe sleep behaviors being demonstrated or displayed. Making sure that the health professionals are all giving a consistent, safe sleep message and talking about back sleeping. Talking about nothing in the baby's sleep area. Having the baby in his own sleep area, such as a crib, bassinet, or play yard.

And social networks. You know that a lot of people get information from Facebook. They're talking about different things and families and parents can be influenced by all these different channels of communication. And so it's really going to be important for educators, health professionals; all of us who are working in this area in maternal, child, infant health, to really continue to spread safe sleep messages because we want everyone we know hearing the same message. And that's difficult. So we're really working towards changing cultural norms about what is safe sleep, which is not easy.

And there are common fears about choking and death, which we can totally understand why a family would be afraid of that. And so it's important to explain how following these safe sleep messages do not put your infant at greater risk for those things happening. Understanding the concern about comfort; you have a tired mom who's been working and they get home and they just want their baby to sleep; they may resort to doing whatever it is that they need to do to get their baby to fall asleep and sleep through the night. So really addressing what those challenges may be for a family and having these conversations about what it is that you can do as a parent, as a caregiver, to practice safe sleep no matter what, in spite of these challenges that may occur.

And lastly but not least, addressing the cultural and traditional practices. Because we want to give these messages in a way that's respectful to the community, but explain to them that research has shown us that these safe sleep practices actually reduce the chance of a baby dying from SIDS or other sleep-related causes of infant death. And really making sure that the entire community understands these safe sleep messages. So it's not just about educating the parents, but it's educating the grandparents, the siblings, the family members, the caregivers, the babysitters; everyone who's caring for an infant. And recognizing that we still have a great deal of work to do to reduce racial and ethnic disparities. And many of the Healthy Start grantees, I know you're working in communities of color and we want to make sure that the messages that we give are culturally appropriate, that we're giving tailored materials to help disseminate these safe sleep messages. So we are hoping that through the campaign resources that we have available, it can help you in educating and working with families. Next slide?

I love this picture because as we're trying to talk about promoting a safe sleep environment, we really want to promote this. Showing a baby in his or her own sleep area with nothing around the baby; no blankets, no toys, nothing in the baby's sleep area, but in the same room with the parent. And particularly here, showing this infant right next to where the mother is sleeping. Again, so we can enforce the breastfeeding messages and being able to comfort and monitor the infant. Next slide?

This is our resource slide that I want to show because it has our 1-800 number, 505-CRIB, where you can order materials or go to our website, which I highlighted earlier in the presentation; SafeToSleep.nichd.nih.gov. You can order our campaign materials, they are free. And we also have them available on our website if you want to download any of our campaign materials. And we hope that the resources that we have available for you will help you as you're trying to educate the families that you're working with to talk about safe infant sleep.

I will now like to turn over the presentation to my colleague, Erin Reiney.

Erin: Thanks so much. Hi, everyone, this is Erin Reiney, coming to you from the Maternal and Child Health Bureau at HRSA. I want to say what a great pleasure it is to be connecting with you today. None of you are a stranger to HRSA and NCHB. And we are all so grateful for the hard work that you're doing in communities to improve the lives of women, infants, children and their families, and there's a tremendous amount of work going on across different programs via HRSA and NCHB to increase safe sleep behaviors and to really try to protect those babies and carry them through to that first birthday.

My opportunity today is to share with you a little bit about a very new program. A new effort that hopefully, will ultimately provide some support to your work. This is called the National Action Partnership to Promote Safe Sleep. And so as you've heard Dr. Artis talk about. And we know more than we've ever known before about the risk factors, and the protection factors, for how we can keep babies safe during sleep time and the challenge becomes how do we communicate that? How do we educate families? How do we provide support to families as they try to troubleshoot and strategize to what degree they can embrace these protective strategies?

And so if we can move to the next slide, we really think and believe in the power of system. To build a web around families. To support them, to educate them. To create change in the lives of families. And so again, that speaks to the value of the work that you all do and the power of that.

So the National Action Partnership to Promote Safe Sleep, NAPPSS for short. The goal here is certainly to increase safe sleep behaviors across the country among infant caregivers, but how? It's through the integration of effective programs and policies within systems that actually touch those families.

So what do we mean by a system? We mean it could be a hospital system. It could be a childcare system. It could be an education system. It could be a community-based program that touches families like Healthy Start. It could be home visiting programs. So I hope you can see, really, really casting a wide net about the different kinds of systems out there that touch families.

So what is this program doing? Well, first, it's been working to convene a multidisciplinary national coalition to advance safe sleep. We have four very specific domains that have been recruited to sit on this national coalition. First, safe sleep experts. Folks who've been working hard, maybe who have been supporting the Back to Sleep Campaign and ultimately, the Safe to Sleep Campaign's effort across the span of decades and really trying to sort of take their expertise and infuse all the work that they have with their lessons learned.

Second, we are including representatives from those systems that serve families. So the Healthy Start program does have a representative from the federal side. Also, here at the EPIC Center has a representative on this national coalition, as well as many other systems out there that serve families.

In addition to that, representation from communities that are at higher risk. So you've seen already that African-American babies and American Indian/Alaska Native babies do have a higher risk of dying from Sudden Infant Death. So

really trying to bring those voices to the table at the beginning to inform the vision of this group.

And fourth and finally, breastfeeding promotion leadership. So we definitely want to see the integration of bringing breastfeeding promotion and safe sleep promotion into the same team, because we are all speaking the same outcomes.

Number two, the activity is to sort of bring all of these great minds together and develop a national strategic plan, on how are we going to increase safe sleep promotion within systems that help to disseminate and meaningfully spread the word about the great information you heard already earlier in the webinar from the Safe to Sleep campaign.

Ultimately, this program will be leveraging partnerships to try to measurably advance changes in policy and practice that touch back to the national strategic plan, and ultimately produce resources and tools that can fill gaps. So if we identify a really important action that really needs to happen if we're going to move the needle on safe sleep. Coming up to a certain degree with what it's going to take to make that happen.

This program is just beginning its second year. The coalition is just getting off the ground and the national action plan is still under development. But there actually is some great information on the NAPPSS.org website and I encourage everyone to go there, because you can sign up to what we call a Friend of NAPPSS and you will get updates from us. We will ask folks who are our friends to share their stories about how things are going with safe sleep, success stories and challenges. And we hope that this ultimately serves you by creating kind of a national framework that can empower you to go activate additional supporters and champions on the local level.

So with that, again, I want to thank you so much for the chance to connect with you. And I'm going to pass it back to Megan who's going to moderate a little question and answer session.

Megan: Thanks so much, Erin and thanks so much, Dr. Artis. The first question that came in is about bassinets. "How safe are bassinets and how can we convey this as not a permanent alternative to our clients?" Dr. Artis, I think that's probably directed more to you at this point.

Dr. Artis: Sure, not a problem. We're excited to talk about one of our partners, who's part of the work that we're doing in promoting safe sleep and that is Consumer Product Safety Commission. So whenever we talk about using a safety-approved crib, bassinet, or play yard, we're talking about those safety items being approved by CPSC. And recently, they actually put out new standards for bassinets. And so the bassinets that are sold currently in retailers have been safety approved by the CPSC.

And so we're excited because now, not only are bassinets, but cribs and play yards; all of those items that are currently sold at retailers are safety-approved and meet the regulations set by CPSC. And I think through the point of the question of how do we make sure that the families don't keep them and the bassinets [inaudible 00:53:07] them, I think that one of the things that helps is that babies grow. And so after a while, they cannot fit in the bassinet. So we really want to talk about these different types of sleep products because after a certain point, the baby can't fit in the bassinet anyway. And so transitioning them from a bassinet to a crib or maybe even a play yard; we recognize that cribs can be expensive and for some families, not affordable. But play yards are less expensive and can definitely be used as a sleep surface to promote placing the baby in once he or she can no longer fit in the bassinet.

So really thinking about ways you can talk about promoting other sleep surface items such as a play yard that may be affordable if a crib is not affordable. And so really talking with families about where they can get these items. Some

families are in communities where they have a crib distribution program. Where they're able to get a crib or a play yard for sleep. And so that's really important because using items that are safety-approved by the CPSC and being careful about hand me down products because oftentimes, those items may have been sold before the latest regulations or standards came out on CPSC. So being careful with using secondhand sleep items, such as cribs or play yards. So that's important as well.

Megan: Thank you. So we're going to back to your slide, Dr. Artis, where you talked about the resources that you have available. But this person was asking about where they can get hard copies of brochures or printed online and I was just wondering if you could review how they can get access to the materials again.

Dr. Artis: Yes, if you go to our website, there's a tab for campaign materials. You can click on it and you can actually scroll down to the material that you're most interested in, whether it's our general materials, our Spanish-translated materials, our materials for African-Americans or American Indians and Alaska Natives and actually click on those materials and order them online or you can call our 1-800 number, which is 1-800-505-CRIB to order materials from our information resource center over the phone. And again, all of our materials are free.

Megan: Great, okay. Another question, "How do you advise parents who are concerned about their baby rolling onto their stomach on his or her own during sleep?"

Dr. Artis: That's an important question and one that's frequently asked. And what we want to emphasize is that it's important that the baby starts every sleep time on his or her back. And once the baby is able to roll over onto his or her stomach and back on his or her own, you do not have to re-position the baby. If the baby is able to roll over on his or her own, then that baby is able to roll over back. And so it's important that they start every sleep time on his or her back.

But you do not need to re-position the baby if the baby is able to roll onto his or her stomach on his or her own.

Megan: Great, okay. Another question, "What should breastfeeding moms be told about the use of a pacifier?"

Dr. Artis: We like to stress that pacifiers should not be introduced until breastfeeding is firmly established. There is some evidence that that can take place within four weeks. But for some, it may take longer. It may take up to six. It's important the mother determines once latching has really occurred successfully, to determine when a pacifier should be introduced. Or if at all.

Some families are not comfortable with using pacifiers and I think it's important to stress that the recommendation for a pacifier is to consider it. It does not have to be used, but it's definitely been recommended to be considered to be used before placing the baby to sleep. Because there is evidence that babies who were placed to sleep with a pacifier, were less likely to die from SIDS. And so that suckling effect obviously is protective in some way. But pacifiers should not be introduced until breastfeeding is firmly established. And once latching has been taking place successfully, then a mother could be told they may want to introduce a pacifier, but not until that has been done first.

Megan: Okay. I think we'll take one more question and that question is what about . . . or I guess, what would be your guidance or recommendations about a light sheet that would be tucked in the side to the bassinet or a mattress due to being cold?

Dr. Artis: We like to stress no blankets in the baby's sleep area. However, if there is an issue with actually keeping the baby warm and a blanket must be used because there's no sleep clothing available, then it's important to use the feet to foot method, where the sheet is tucked on each side of the baby as well as the foot of the baby with the baby's arms on the outside. And so if a sheet

must be used, we definitely recommend the feet to foot method to be used. But preferably, using sleep clothing, which is a wearable blanket for the baby to wear, so that there's not a chance of the blanket becoming loose and covering the baby's head.

Megan: Great. Well, thank you so much, Dr. Artis and Erin for your sharing of your information. I did want to let you know that in the chat box, there have been a lot of thank you's being chatted in. So I just wanted to let you folks know, as speakers, that folks are sharing their gratitude for what you're saying.

I wanted to remind all of the Healthy Start grantees on the line about the 2015 Healthy Start Grantee convention. That is scheduled for November 16th and 17th with additional activities on November 18th for members of the Healthy Start COIN and new Healthy Start project directors. But just mark your calendars for that and more save the date information is being shared through the help of the EPIC Center's LISTSERV.

So just one more time, thank you so much to our great presenters for today on the webinar and thanks so much to you all grantees for your participation. Dr. Artis or Erin, any closing remarks that you'd like to make?

Erin: No. Just thank you so much for all the hard work that you're doing and thanks for spending time with us.

Dr. Artis: Yes, I echo Erin's comment. Thank you so much and we wish you all the success as you're working with families.

Megan: Okay, great. Thanks so much. That will conclude this webinar and have a great day.